

# MAINE STATE LEGISLATURE

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# 2012 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.

# history

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 the "R word" 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.** 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.



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, 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.



# foreward

Dear Friends and Colleagues,

Thank you for the opportunity to share the important work of the Disability Rights Center. Over the last fiscal year, DRC advocates and attorneys have continued to enforce and protect the rights of Maine citizens with disabilities, and this annual report highlights 2012 examples of DRC advocacy and legal intervention.

Every day, DRC staff are present in psychiatric hospitals, youth residential treatment centers, nursing homes, group homes, schools and other settings where the rights of vulnerable people are at risk. Every day, DRC fights to protect people with disabilities from housing discrimination, from the denial of reasonable accommodations in the workplace, and from abuse and neglect. DRC attorneys and advocates also work daily to improve access to services and supports, increase the collective voice of people with disabilities in the public policy arena, improve educational and rehabilitation services, enhance employment opportunities and community inclusion and educate people with disabilities as to their rights.

As always, our work is guided by a commitment to maximizing the independence and autonomy of Maine citizens with disabilities. In this report you will see examples of cases where DRC has worked in conjunction with our clients to achieve access to appropriate education, maintain a job, and overcome discrimination. These successes demonstrate not just the quality of our advocacy, but the commitment and determination of our clients. Thank you for your support for the work that we do. I hope that you will join with us to promote a vision of a society where people with disabilities have equal opportunity and are able to participate fully in community life.

Respectfully,



Kim Moody, Executive Director

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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

Available in alternative formats upon request

Acacia Marquis requires multiple medications to control her spastic cerebral palsy and chronic seizure disorder, and needs help to propel her wheelchair, to get in and out of bed, and to use the bathroom. She must eat, drink and take medicine through a gastronomy tube and be constantly assessed for life-threatening seizures.

# cover story: Acacia

---

For more than six years, Acacia received 48 hours per week of registered nursing (RN) services in her home. These services were crucial, not only to Acacia's health, but also for the family's well-being. Acacia's mother, Julie, is a single parent and the sole provider for the family, and so these services allowed her to maintain her job as a waitress. When Acacia was 14, and a sophomore in high school, MaineCare reduced her care to 12 hours per week (a 75 % reduction!) and said the services would now need to be provided by a certified nursing assistant (CNA) rather than an RN. Upon learning of MaineCare's reduction and change to her daughter's services, Julie contacted the Disability Rights Center.

Acacia's case was assigned to DRC attorney Staci Converse. On behalf of Acacia, Julie and Staci appealed MaineCare's decision to cut her nursing hours. At the three-hour administrative hearing before a Department of Health and Human Services

(DHHS) hearing officer, Julie testified that when she was not working, she met all of Acacia's needs. Julie woke at 5:30 each morning to start Acacia's feeding and medication regimen and her days did not end until 11 at night. Julie told the hearing officer that without nursing services, she would have to quit her job, leaving her and Acacia with no way to support themselves. The only other option, she said, would be to place Acacia in an institution.

“so much of the hearing was legal lingo; we would have been lost without Staci's help.”

During the hearing, Julie explained that when Acacia was 2 ½, she spent a year at the Elizabeth Levinson Center, an intermediate-care facility, to

stabilize her medical conditions. Acacia, who at that time weighed only 18 pounds, wouldn't eat, and cried constantly. Julie said this was the worst year of her life and she would do anything in her power to keep Acacia home with her. In reflecting on the hearing, Julie remarked: "so much of the hearing was legal lingo; we would have been lost without Staci's help."

At the hearing, the nurse who was in charge of Acacia's services also testified that MaineCare's proposal would not even come close to meeting Acacia's medical needs. Not only were the hours insufficient, but the care Acacia required could not be provided by a CNA as they would not have the necessary training to meet her needs. For example, the nurse testified that a CNA cannot administer anything through Acacia's gastronomy tube,

meaning that while Julie was away, Acacia would be unable to even have a drink of water. Even more concerning, a CNA would be unable to give Acacia her emergency medicine to control her seizures – without which she would be at risk of dying.

## Today, Acacia continues to live at home with her mom and receives the nursing care she requires.

The hearing officer agreed with Julie and Acacia's nurse and issued a recommended decision that MaineCare was wrong in reducing Acacia's services, an

assessment that was upheld by the DHHS Commissioner. During a subsequent reconsideration mandated by the Commissioner, the hearing officer also found that Acacia's needs could only be met by an RN. When the case was finally resolved, over a year had passed since Julie first contacted DRC. Julie says that DRC's help allowed her "to be a mom during this time" because "the DRC kept her fully apprised of what was going on in the case and what to expect in the future." She said the DRC's representation "significantly reduced her stress while the case was pending."

Today, Acacia continues to live at home with her mom and receives the nursing care she requires. Julie said that the help the DRC provided "is huge for people like Acacia and me who can't afford a lawyer."



ACACIA AND MOM, JULIE, COURTESY OF STACI CONVERSE



# employment



Sue sought DRC assistance in obtaining a reasonable accommodation from Vocational Rehabilitation. Based on her mental health condition, Sue sought an accommodation to have the career assessment process done on an individualized basis, as opposed to the group setting VR normally requires. Initially, VR was unwilling to waive this group requirement. DRC assisted Sue in preparing and submitting a request for reasonable accommodation. The request was granted and Sue was allowed to proceed on an individualized basis.

## advocacy successes

During the course of ongoing monitoring at inpatient psychiatric facilities, DRC identified problems around a lack of consistent educational services for children who are inpatient, and that

the work provided by each facility is typically not work from their school and is significantly below their grade level. DRC convened meetings at all the psychiatric hospitals that admit



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

With DRC's intervention, Jill was able to return to work after her illegal termination from employment. Jill had been working for several years when she experienced mental health difficulties. Due to medication changes, Jill went into a manic state and had to go out on leave. A short while after returning to work, Jill entered a psychiatric facility. When she called her manager from the hospital, Jill was informed that she was no longer an employee. Jill called DRC because she wanted her job back. When Jill's doctor supported her return to work, DRC urged her to apply for a job with her former employer. Jill applied and was

told there were no positions open, which was untrue. On Jill's behalf, DRC filed a charge of discrimination with the Maine Human Rights Commission. After the charge was filed, the employer's attorney contacted DRC and they negotiated Jill's return to work. Jill is now working at her location of choice with benefits.

Hal, who is diagnosed with kidney failure, interviewed for a job with a large company and received a job offer, contingent on a successful drug test. When Hal went to take the test he was unable to produce enough urine due to his kidney failure. Hal explained the situation, but the employer insisted he drink more water and try again.

He made three unsuccessful attempts. The next day, Hal's doctor wrote a letter stating that he could not produce urine due to his kidney disease, but he could take an alternative drug test such as a blood test. Hal gave this information to the employer, who said they never heard of this and never called Hal back. DRC filed a complaint with the Maine Human Rights Commission and, following the filing, the parties mediated the case and DRC successfully negotiated Hal's return to work. Hal received an alternative drug test, passed and successfully began working for the first time in many years.

children and adolescents to discuss the state of educational programming for children who are hospitalized. Each meeting brought together hospital administration, special education staff

from the district where the hospital was located, and representatives from the Maine Department of Education. Barriers to the provision of education were identified, best practices were

shared, and a consensus emerged that it is important to maintain some continuity of educational programming especially for students whose placements exceed 10 days.



# housing




Due to DRC representation, the termination of a client's government subsidized "Section 8" housing voucher was reversed. Henry was issued a Section 8 voucher that required it be used within a certain period of time. He later received a letter from the housing authority informing him that this time would expire soon. At the time this letter was sent, Henry was in the hospital due to both a physical and mental health crisis. Therefore, he did not respond and his voucher was terminated. DRC obtained clinical support from Henry's providers that he was incapacitated during this time. DRC also assisted Henry in seeking a reasonable

## advocacy successes

Through individual representation of a 13-year-old female and monitoring of a child and adolescent Residential Treatment Facility, DRC staff identified

numerous rights violations at that facility, most seriously with respect to the manner in which seclusion and restraint were implemented. Staff then filed a



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

accommodation from the housing authority to reverse its decision terminating his voucher and requesting reinstatement of the voucher. The housing authority agreed to this accommodation and Henry's Section 8 voucher was reinstated.

As a result of DRC's advocacy, Rita, an individual with Asthma, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), and mental illness was permitted to access services at a homeless shelter in her community. Rita contacted DRC and reported that the homeless shelter would not allow her to stay with an oxygen tank, which she requires at all times. DRC provided the shelter's executive director

with a written reasonable modification request from Rita's pulmonologist. DRC also educated the shelter regarding its obligation to provide reasonable modification pursuant to state and federal regulations. After being contacted by DRC, the shelter allowed Rita to have her oxygen tank present and she was able to access shelter services in her community.

Dave was living in an apartment for the past five years as a tenant at will when his landlord served him with a 30-day eviction notice. DRC spoke with Dave, his psychiatrist and his case manager. It was apparent that Dave's hoarding behavior was a driving factor behind the

eviction notice. DRC contacted Dave's landlord and negotiated a reasonable accommodation agreement whereby Dave would briefly move out of his apartment in order to allow the landlord to make necessary repairs and clean the apartment. Dave would then move back into the unit and access services through his mental health providers in order to maintain the apartment's habitability.

complaint pursuant to state regulations and negotiated with representatives of the group home for some improvements. DRC then appealed its

remaining claims to the Department of Human Services. DHHS issued findings supporting DRC's complaint and required the facility to amend its policies

and practices. As a result, children will be better protected at the home and the uses of behavioral interventions will have greater professional oversight.



# rights violations



Joe contacted DRC because his service provider put an intrusive behavior plan in place without proper approval, severely restricting his privacy and his rights. Joe had no bedroom door, his personal property was removed without cause, and there were restrictions on his access to the community. DRC negotiated a resolution to the privacy concerns, and continues to work with DHHS, as well as the provider, on changes to policies and practices that violate client rights.

Will, a young man with Traumatic Brain Injury, called DRC because his guardian and team were violating his rights by threatening to have

## advocacy successes

While conducting outreach to adolescents and monitoring activities at a psychiatric hospital, DRC received several complaints from patients that they were unable to access outdoor

recreation. After numerous attempts to resolve the issue informally, DRC filed a complaint pursuant to state regulations. In response to that complaint, the hospital committed to developing a



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

his phone disconnected. The team wrote phone restrictions into Will's plan as a way to motivate him to participate in daily activities. DRC contacted Will's provider and guardian, requesting they not disconnect the phone, as he would be unable to access emergency services. The team agreed, and will pursue alternatives to come up with ways to support Will without violating his rights.

**DRC successfully negotiated the discharge of Emma**, a young woman under public guardianship, to a less restrictive residential program. Emma contacted DRC because she was living at a staff intensive residential program without a clear discharge

or permanency plan. Emma received information about her rights and DRC participated in numerous treatment team meetings to incorporate Emma's choices into a life plan that offered her less restriction. With DRC's help, Emma actively participated in her planning meetings and is now living in the home of her choice with a plan in place to be able to stay there, rather than having to change residence based upon the decisions of others.

**Ben, a Deaf man with a mental health diagnosis**, contacted DRC after he was refused participation in an intensive outpatient program (IOP). Ben was referred to IOP as part of his discharge plan from

a psychiatric hospital. Prior to starting, Ben was told he would not be able to receive interpreter services and therefore he was refused admittance to the IOP. DRC contacted the program and spoke with the manager, who stated that "the providers agree that the IOP is not a great place for a Deaf person". The manager said that the concept of group therapy is "not part of Deaf culture" and the IOP's "system is not Deaf friendly." DRC informed the manager and head interpreter that by denying Ben access to the program, they were in violation of state and federal law. The program reversed its decision and Ben was allowed to participate in the IOP.

secure recreational area on its campus.

DRC staff participated in the Maine Developmental Disabilities Council's initiative to improve the quality of

mental health services for adults with developmental disabilities in Maine by assessing services and providing training on dual diagnosis for supporters, family members and clinical professionals.

DRC staff helped design an outline for training on dual diagnosis intended to be included as part of Maine's College of Direct Support curriculum.



# education



Cody is a young boy with Spina Bifida, whose mom called DRC about his lack of integrated educational services. Cody was in his regular classroom for less than 1 hour per day. DRC filed for mediation, which prompted the district to reduce Cody's resource room time to 30 minutes per day. Additionally, the district agreed to conduct evaluations to better understand Cody's needs, provide significant compensatory education services, contract with Cody's private OT provider, add an expert in communication to the IEP Team, and fund Cody's participation in summer recreational programming for a period of three years.

## advocacy successes

DRC's Executive Director was asked by the Chief Justice to serve on a stakeholder group regarding the building and renovation of the district court building in Augusta. She served

with Maine judges, law enforcement personnel, architects and members of the bar. DRC's role was to ensure that the plan of the structure be as close to universal design as possible.



## DRC advocates for appropriate education for Maine students with disabilities.

After Paul's Teacher of the Deaf (TOD) was replaced with interpreting services, his parents called DRC. At the end of the prior school year, the TOD left her position and the educational unit wrote the IEP to provide interpreting services in lieu of sign language instruction. Paul's parents called DRC for assistance. DRC attended an IEP meeting and was successful in reinstating Paul's sign language instruction.

Ana's parents sought DRC's help in negotiating with her school to reduce the amount of time she was removed from the regular classroom due to her behavior. Previously, Ana spent numerous hours sitting in the school's

office and did not receive instruction; these removals were undocumented. DRC attended an IEP meeting and the school agreed to document all classroom removals. The following were also added to Ana's IEP: visual schedule of the day, sensory diet, and visual schedule of tasks to be accomplished, as well as an increase to Ana's direct specialized instruction.

DRC negotiated full and equal access to playground equipment and an adaptive walker on behalf of Cole, who has a physical impairment. Prior to DRC's involvement, Cole was unable to join his peers on the playground because the district did not provide the necessary

adult support during recess, and they failed to provide an adaptive walker necessary for him to make progress towards his therapy goals. At an IEP meeting, DRC negotiated Cole's immediate access to adult support, allowing him to play with his peers during recess, as well as the completion of a physical therapy evaluation. DRC attended further IEP meetings to review relevant evaluations, develop an appropriate IEP, including adult support during recess and the use of an adaptive walker in the classroom. DRC also worked with the school to have Alpha One, Maine's Independent Living Center, complete a school-wide accessibility evaluation.

DRC staff participated in the first meeting of the ANSI/A117.1 Committee, which is tasked with developing the standards for accessible buildings and facilities. The standards

were last issued in 2008 and the committee has begun the next review cycle. The scope of this committee includes site design and architectural features affecting the accessibility

and usability of buildings and facilities, consideration to be given to all types of physical and sensory disabilities, to publicly used buildings and facilities and to residential structures.



# community integration



While in the hospital, Joan met with DRC staff about concerns with her residential placement. With DRC's guidance, she was able to articulate needs for more reliable transportation, more interaction with her case manager, and better relations with the direct support staff. With DRC's support, Joan was able to relay these concerns to her residential staff and engage in a productive conversation about how to address her needs. Joan returned home and reported that she was experiencing more independence because staff were now accommodating her needs.

training+  
outreach

DRC staff conducted 76 trainings for 2,521 people.

The PAIMI Coordinator provided training on Advance Directives to approximately

25 mental health peers at their annual Maine Association of Peer Support and Recovery Center's retreat. As a result, individuals with mental illness are better informed regarding advance directives



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

Roger experienced a crisis and was voluntarily admitted to a private psychiatric hospital. His crisis plan stated that he would get the treatment he needed and return back to his group home. Instead, Roger's provider refused to allow him to return home and claimed he had been appropriately "discharged" to the hospital. DRC filed an administrative appeal against the agency and a hearing was held. After the hearing, the agency offered to place Roger in another group home that it operated in the same community, if he withdrew his appeal. Roger agreed and was discharged from the hospital to a group home located in his community.

With DRC's assistance, Callie received a reasonable accommodation and is able to access transportation services. Callie called DRC after a volunteer driver for a transportation provider would not allow her to take her walker to an appointment. DRC contacted the provider, stating that volunteer drivers should be made aware of their ADA obligations to provide reasonable accommodations to individuals with disabilities. The provider agreed that Callie had a right to reasonable accommodation and promised to ensure that volunteers are aware of their obligation. Callie confirmed that she can now bring her walker when going to appointments.

Dawn, a young woman with an intellectual disability, contacted DRC because she disagreed with parts of her Person Centered Plan and her Behavior Plan, the plans that both outline her services and dictate her treatment. Dawn felt like her agency and support staff were pushing her and making things worse, not better. DRC attended Dawn's team meetings and reviewed her behavior plans. DRC was successful in getting parts of Dawn's behavior plans changed or removed. She also received information about shopping for services and the rules of Person Centered Planning. Dawn is now actively involved in her planning, including the development of her behavior support plan.

and have materials to develop their own advance directives.

During the summer of 2012, the DRC's Education Team trained 202 individuals,

most of whom were children's case managers working for agencies throughout Maine. The Team provided training in nine of the state's 16 counties and held 17 training sessions on topics

such as Maine's restraint and seclusion regulations for schools, special education disciplinary rights, and regulations related to abbreviated or shortened school days.



# healthcare



Due to DRC efforts, Leo, who has a degenerative developmental disability, was able to obtain a wheelchair. Even though his ability to walk independently deteriorated to the point that he could not walk safely, MaineCare denied Leo's request for a wheelchair. Leo's doctor prescribed a power wheelchair for him because he was unable to operate a manual wheelchair. MaineCare denied this request because, according to the paperwork, it did not clearly indicate that Leo's doctor met with him in person and the prescription was not in the proper form. Leo appealed the denial and called DRC.

training+  
outreach

A DRC attorney trained individuals with mental illness who are members of a clubhouse and who are employed or who are interested in seeking

employment. Over 25 individuals were trained on employees' rights to leave and other reasonable accommodations under the federal and state Family and



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

DRC spoke with Leo's doctor and obtained the clarifying documentation, provided this to MaineCare, and the request was approved.

DRC was able to resolve a Medicaid billing problem for a veteran who'd been denied a request for an ocular prosthesis because his Medicaid was supposedly terminated. When Mark's eye was surgically removed, he was given a temporary prosthetic. After this procedure, Mark received a MaineCare denial for the permanent prosthesis. Without the prosthesis, Mark was facing further medical problems so he contacted DRC for assistance. After making

multiple calls to DHHS and to Mark's oculist, DRC was able to get the problem corrected. DHHS expedited the correction and Mark was scheduled to receive a permanent prosthesis.

A young boy continues to receive much needed professional nursing care at home due to DRC intervention. Frankie is blind and has diagnoses of an intellectual disability, schizencephaly, and an adrenal gland insufficiency. He needs significant nursing care, including daily intravenous injections, constant nursing assessment and treatment of his seizures (sometimes requiring emergency medication),

administration of oxygen, and total assistance in performing all daily living activities. DHHS denied his continued request for 50 hours per week of RN services at home, instead, finding that Frankie could be served with CNAs, who would be unable to perform much of the care he requires. DRC filed an appeal. A week prior to the hearing, DHHS reconsidered its position and offered Frankie the full 50 hours per week of RN services he initially requested.



# 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 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.

**CMHA:** 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, funded by the Maine Department of Health and Human Services (DHHS), began operation in September of 2012. With this state funding, DRC provides legally based advocacy to persons with intellectual disabilities and autism from offices in Caribou, Bangor, Rockland, Lewiston, and Portland.

# our clients

In fiscal year 2012, DRC provided direct representation to 745 clients for 847 cases. Information and referral services were provided to an additional 1845 individuals.

| Client Age  |     | Client Disability           |      |
|-------------|-----|-----------------------------|------|
| 4 and under | 22  | Physical Disability, Health |      |
| 5 to 12     | 84  | Impairment, Chronic Illness | 154  |
| 13 to 18    | 75  | Developmental Disability    | 185  |
| 19 to 25    | 84  | Brain Injury                | 21   |
| 26 to 64    | 441 | Deafness/Hard of Hearing    | 4    |
| 65 and over | 39  | Learning Disabilities       | 24   |
|             |     | Mental Illness              | 350* |
|             |     | Blindness/Visual Impairment | 7    |

\* Includes RPC/DDPC/Acadia clients

| Clients by County |     | Case Problem Area                 |     |
|-------------------|-----|-----------------------------------|-----|
| Androscoggin      | 64  | Abuse/Neglect                     | 234 |
| Aroostook         | 23  | Architectural Accessibility       | 4   |
| Cumberland        | 116 | Education                         | 76  |
| Franklin          | 16  | Employment                        | 21  |
| Hancock           | 15  | Financial Entitlements            | 7   |
| Kennebec          | 180 | Government Benefits and Services  | 4   |
| Knox              | 15  | Guardianship/Conservatorship      | 4   |
| Lincoln           | 11  | Healthcare                        | 69  |
| Oxford            | 16  | Housing                           | 10  |
| Penobscot         | 93  | Non-Government Services           | 11  |
| Piscataquis       | 10  | Program Access                    | 1   |
| Sagadahoc         | 11  | Rehabilitation Services           | 8   |
| Somerset          | 17  | Rights Violations                 | 168 |
| Waldo             | 16  | Transportation                    | 2   |
| Washington        | 17  | Voting                            | 2   |
| York              | 41  | Acadia Hospital and Dorothea Dix  |     |
| Unknown           | 84  | and Riverview Psychiatric Centers | 226 |

# financial summary

Year Ending September 30, 2012

## REVENUE AND SUPPORT

|                      |                    |
|----------------------|--------------------|
| Revenue and Support  | \$1,234,591        |
| Federal Grants       | \$336,092          |
| State Grants         | \$9,181            |
| Fiscal Agent Fees    | \$20,839           |
| Other Revenue        | \$230,791          |
| <b>TOTAL REVENUE</b> | <b>\$1,831,494</b> |

## EXPENSES

|                        |                    |
|------------------------|--------------------|
| PADD                   | \$373,803          |
| PAIMI                  | \$424,097          |
| PAIR                   | \$152,838          |
| PAAT                   | \$38,722           |
| PABSS                  | \$112,900          |
| PATBI                  | \$94,917           |
| PAVA                   | \$60,092           |
| EA                     | \$122,716          |
| Psychiatric Ctr Adv    | \$155,756          |
| Maine Civil Legal Svc  | \$18,449           |
| Acadia                 | \$67,311           |
| Employment Adv         | \$10,512           |
| Developmental Svc Adv  | \$26,328           |
| Management and General | \$181,239          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,839,680</b> |



# staff

## board of directors

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Richard O'Meara, Esq., Vice President

Chad Hansen, Esq., Treasurer

Corin Swift, Esq., Secretary

Jim Clifford, Esq.

Debbie Gilmer

Vickie McCarty

Patrick O'Brien, MBA, CAS

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Leeann Mosley, Operations Director

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Bernadette O'Donnell, Attorney

Carolyn O'Malley, Advocate

Atlee Reilly, Attorney

Peter Rice, Legal Director

Katrina Ringrose, Advocate

Laura Rowland, Advocate

Sara Squires, I & R Coordinator

## PAIMI advisory council

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Melissa Caswell

Kandie Dessell

Karen Evans

Victor Greenwood

Virginia Jewell

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Carolyn Mosher

Lydia Richard

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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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