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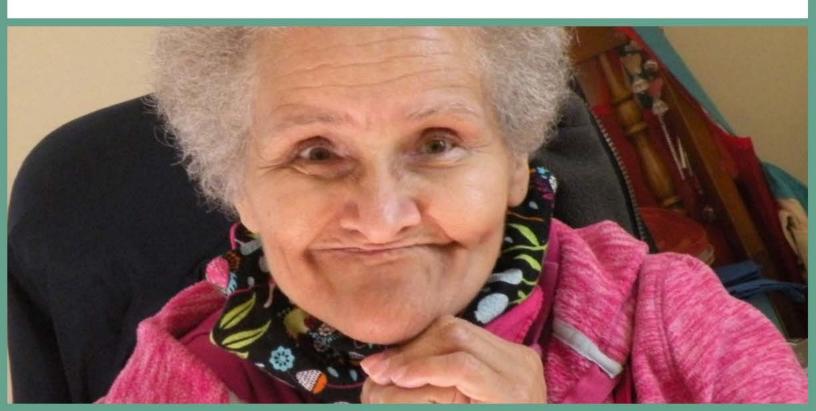


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RIGHTS MAINE !

2015 Annual Report



our programs

PADD: Protection and Advocacy for Developmental Disabilities

serves individuals 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 serves individuals who have a diagnosis of a serious mental illness with priority given to persons residing in facilities.

Advocacy for Individual Rights serves individuals who have a disability and who are not eligible for

PAIR: Protection and

either the PADD or PAIMI programs. PAIR focuses on civil rights violations.

PAAT: Protection and Advocacy for Assistive Technology serves individuals 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 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 serves individuals who have a brain injury and who have experienced a rights violation or discrimination.

PAVA: Protection and Advocacy for Voting Access

was created by the Help America Vote Act and works to increase access to voting and represents individuals who have been denied the right to vote.

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 (DHHS) 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, DRM provides legallybased advocacy to individuals with
intellectual disabilities and autism from
offices in Augusta, Bangor, Caribou,
Lewiston, Portland, and Rockland.

Children's Advocacy is funded by the Maine Department of Health and Human Services, Office of Child and Family Services. In addition to individual representation, DRM conducts outreach and monitoring of children's services in the community, hospitals, residential treatment facilities, and out-of-state placements.

Deaf Services, new to DRM at the end of the 2015 fiscal year, are funded by the Federal Communications Commission, the Maine Department of Labor, the Maine Department of Health and Human Services and Hamilton Relay Services. Individual programs include Employment Advocacy, Civil Rights Advocacy, Communication Technology and Outreach, Peer Support Group (PSG) and Visual Gestural Communication (VGC), the Deaf-Blind Equipment Program, and the Telecommunication Equipment Program (TEP).

a message from the ed

Dear Friends and Colleagues,

Once again, I am delighted to share a snapshot, a small piece of the work done by Disability Rights Maine during 2015. This Annual Report highlights examples of the impactful casework and the relentless and systemic advocacy undertaken by DRM staff during the year.

But 2015 was also a year of great change for DRM. With only 3 months left in our fiscal year, we stepped up to take over most of the programs that had been operated for years out of the Maine Center on Deafness (MCD). MCD offered vitally important services to the Deaf, hard-of-hearing, Deaf-Blind and late deafened communities for 30 years and when they had to close their doors for financial reasons, DRM had to save those important programs and the excellent staff who ran them.

It has been a year of constant adjustment and change but it is all positive. We are a better agency and a stronger team with the addition of the Deaf Advocacy and Communication Access Program.

DRM is an organization fueled by our collective desire to achieve justice for citizens with disabilities in the State of Maine. There is still much work to be done to ensure that people with disabilities are not only protected from discrimination, but are active and equal participants in our social and professional communities. We must continue in our efforts to engage children with disabilities in an education that meets their needs and encourages their potential; we must break down the barriers to equal societal participation for adults with disabilities; and we must protect individuals with psychiatric identifications from the damaging treatment that often accompanies their labels.

I am thankful to my coworkers, our clients, DRM's Board of Directors, our financial contributors, our interns and externs, as well as to all of our partners and collaborators. I am especially thankful to our Developmental Disabilities Advisory Council which is brand new but already highly effective, our Supported Decision-Making Coalition which is also brand new and impressive, and our PAIMI Advisory Council which is reinvigorated to work on mental health systems change. Thank you for your time and your interest in DRM and in the vital issues facing Maine citizens with disabilities.

Kim Moody, Executive Director

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contents

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

DRM team

Available in alternative formats upon request

Cover: Stories of Communication

Beth – Fighting for a Place to Call Home

Beth Talbot knows what it means to be independent and to make choices. For the first time in many years, she's making the choices that dictate the quality of her life.



Beth Talbot

For the last six years, Beth, who is Deaf and has cerebral palsy, has lived in a nursing home. She described it as a lonely and isolating period in her life. No staff or residents at the nursing

A new home and community based waiver has allowed Beth to move to a home with an engaged team of supporters.

home knew American Sign
Language. Occasionally, Jehovah's
Witnesses, who were learning
sign language themselves to
facilitate their outreach work,
would visit with her and talk
in ASL. Other than that, her
communication with those around
her was severely limited. It was a
challenge at times to even convey
her need to use the restroom.

Then, in collaboration with DRM, Beth fought for changes in her life. She wanted to live outside of a nursing facility, in a place that she could call home. And she wanted to have the ability to communicate with people in her own language.

As a result of DRM's systemic litigation - which targeted the State of Maine's failure to create alternatives to nursing home existences for people like Beth she has been able to move into her own home in Southern Maine. A new home and community based waiver, developed as a result of DRM's advocacy, has allowed Beth to move to a home with an engaged team of supporters. Her team, with Beth participating, is learning to communicate using ASL through training with DRM's Michelle Ames.

Beth's commitment to improving the quality of her life is ongoing. She visits the library regularly – one of her favorite things to do. She engages with peers and friends and is able to immerse herself in an environment where ASL is used. She looks forward to attending Camp Sign, a three day event occurring at the Pine Tree Camp next fall.

Rebecca & Marina Yao - Building a New Life

Sisters Rebecca and Marina Yao were raised in the Ivory Coast and arrived in Maine two years ago. Born Deaf, they had no access to education or useable language while growing up. With no hearing aids, audiologist or teacher of the Deaf available to the family, the girls had no language skills and were left to try and make sense of their world based solely on what they could figure out by watching those around them. They developed a rudimentary gesture system between them, but had no

program to assess their ability to learn, and to teach them how to work in the US. Advocate Michelle Ames also helped the sisters learn key elements of American culture, such as hot and cold markings on water faucets, operation of basic office equipment, recycling, and using American money.

With the support of Vocational Rehabilitation, both Rebecca and Marina were accepted into the Teen Employment Program at Maine Medical Center.
Unfortunately, they didn't have transportation and were adamant that they did not want to learn



Rebecca (L) and Marina (R) Yao pose with DRM Deaf Services Advocates Ashley Whittaker and Michelle Ames.

way to communicate with their family or anyone else.

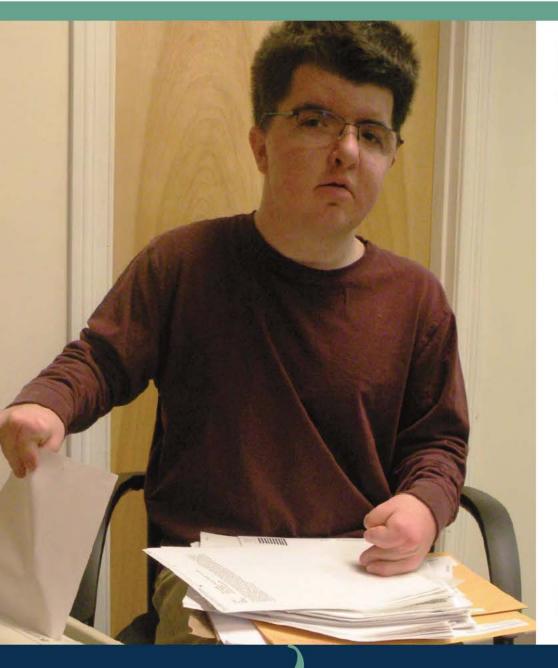
In 2014, Rebecca and Marina moved to the U.S. to live with their father, who had immigrated here during their youth. A kind community member referred the sisters to DRM Deaf Services, which developed an individualized to ride the bus; it was too scary. DRM Deaf Services provided them with hands-on training on how to use the bus. Michelle worked with the sisters to develop navigation skills, which enabled them to get to and from the employment experience independently. After completing the Teen Employment Program, both Rebecca and

DRM Deaf Services provided Rebecca and Marina with hands-on training on how to use the bus.

Marina obtained full-time jobs in the laundry department at Maine Medical Center, where they received support from a signing job coach and Deaf interpreter.

Our work together is not yet done. DRM Deaf Services is now developing a training to teach the sisters the concept of paying rent and utilities in preparation for them to move into their own apartment. There is also a need to teach their family members to sign, so they can understand when Rebecca and Marina express their gratitude to their family for all they have done for them.

employment



Devin is a young man with an intellectual disability whose shared living provider contacted DRM when his transportation services were terminated. Without transportation, Devin would be unable to get to work. DRM contacted Devin's guardian and the Employment Coordinator for the Office of Aging and Disability Services to discuss loss of transportation services. Devin's services were reinstated.

Phillipe is an Office Assistant at DRM's Portland Office.

training+ outreach

>> DRM presented two housing trainings to approximately 75 community social workers/mental health case managers at the request of a mental health provider agency.



Terry had been successfully employed

for almost twenty years when she began experiencing hearing loss. She requested that her employer communicate with her via text rather than telephone while she was on the road, which her employer accommodated for a short time. The employer later discontinued the accommodation and terminated Terry because of her hearing loss. DRM filed a complaint with the Maine Human Rights Commission on Terry's behalf. When attempts to resolve the case through mediation failed, DRM filed a lawsuit alleging violations of the Americans with Disabilities Act (ADA) and the Maine Human Rights Act (MHRA). Soon thereafter, the employer offered to engage in mediation and the case was resolved. The employer agreed to institute a new non-discrimination policy, provide training, and compensate Terry for her termination.

Felicity, a woman whose diabetes-related complications resulted in

complications resulted in the loss of her lower leg, contacted DRM after her employer, a health care provider, terminated her from employment. When she was rushed to the hospital and underwent amputation, Felicity's employer agreed to allow her leave under the Family Medical Leave Act (FMLA) for surgery and rehabilitation. However, after her FMLA leave ended, Felicity requested a reasonable accommodation for a gradual return to work. Instead, her employer terminated her. DRM filed a complaint with the Maine Human Rights Commission and was able to negotiate a settlement that included a new policy and ADA training.

Scott is a 47 year old with a spinal cord injury

who contacted DRM when his SSDI benefits were terminated due to work earnings. Scott was selfemployed as a lobsterman, and while his business was growing, he did not yet earn enough to maintain health insurance or meet necessary living expenses without his SSDI benefits. DRM reviewed Scott's records and determined that he had several businessrelated expenses, including costs for equipment and boat repairs. When these expenses were taken into account, Scott should have remained eligible for benefits. DRM documented these expenses for SSA and successfully negotiated for them to reverse their decision.

These trainings focused on the rights of individuals in the community who seeking to obtain housing, who have housing but are at risk of homelessness, or who may be entitled to a reasonable accommodation on the basis of disability in order to maintain housing.

housing



Carla, a 49 year old woman with a brain

injury, requested assistance when she went back to work and her Section 8 rent increased. Carla did not know her rent would increase because of work earnings, and was struggling to afford the new amount, DRM determined that Carla was eligible for the Maine Earned Income Disregard (MEID), which allows Section 8 recipients with disabilities to work without experiencing any rent increases for one year, followed by a limited rent increase in the second year of working. DRM contacted the local housing authority and successfully advocated for Carla to receive the MEID back to when the rent first increased, keeping her in her home.

training+ outreach

>> DRM's Children's Team offered a series of 19 rights trainings to 505 children's Targeted Case Managers throughout Maine.

Topics included: An Overview of Special Education; Introduction to



Jeff, a 40 year old man with an intellectual disability who lives in a subsidized apartment, received a letter from the local housing authority asking him to either voluntarily move or face eviction for allegedly harassing other tenants. Jeff acknowledged that he had some social skill limitations and had been attempting to get supportive services in the home. DRM assisted Jeff with obtaining a new case manager who, in turn, was able to obtain in home support services. With these additional supports in place, DRM reached an agreement with the housing authority and they agreed not to seek to evict Jeff.

Ed lived in the same apartment for 14 years,

but after returning home from a psychiatric hospital, he received an eviction notice. Facing homelessness, which put him at risk of further hospitalization, Ed called DRM. He had experienced a mental health crisis earlier in the year, during which he spent all of his rent money, and was now thousands of dollars in arrears. DRM obtained documentation from Ed's mental health providers that showed his falling behind on rent was due to his mental health crisis and that he was now receiving treatment. Ed also agreed to obtain a representative payee and have his monthly rental payments withdrawn directly from his account. DRM successfully requested a reasonable accommodation for the arrears to be paid back over a 20 month period. After the rent was repaid, the eviction action was dismissed and Ed was able to keep his apartment.

Fiona, a 53 year old woman with mental

illness, was awarded a housing voucher but unable to find an apartment in her area. The voucher required Fiona to find an apartment in a specific geographic area within an allotted period of time or she would lose it. DRM made a reasonable modification request to the mental health agency that was administering her voucher and asked that Fiona be given more time to find an apartment. Fiona also filed a grievance directly with the Maine Department of Health and Human Services (DHHS), which administers all the housing vouchers. DHHS granted Fiona a waiver allowing her to use her voucher at any time and in any community throughout Maine.

rights violations



When Rita had questions about guardianship, she contacted DRM. She explained that she had an intellectual disability and worried that she sometimes made poor choices. Rita wished there was someone who would help her think through decisions. DRM attended a team meeting and talked to Rita about guardianship and the alternatives that exist, including supported decision-making (SDM). Rita said she wanted to try SDM and so DRM helped her write a plan. When DRM followed up a month later, Rita said she was successfully using SDM to continue making her own choices and decisions with her team of supporters.

training+ outreach

At the May 2015 HOPE Conference, a DRM advocate partnered with a Consumer Council System of Maine (CCSM) staff



Joe wanted to return to college after successfully undergoing treatment for cancer. The school attempted to prevent this, so he contacted DRM. Due to his compromised immune system, Joe sought to participate in classes via Skype or other technology. The college denied the accommodation, claiming they could not alter the curriculum to meet his medical needs. DRM contacted the school's attorney and explained that by failing to provide Joe with a reasonable accommodation, the college violated the ADA, the Rehabilitation Act and the Maine Human Rights Act. Due to DRM's intervention, the school reversed its position and agreed to accommodate Joe's disability, allowing him to resume his studies and earn his degree.

Lisa, a young woman with an intellectual disability, called DRM for help after she was denied medical treatment. Lisa swallowed a battery and her staff would not take her to the hospital because they did not believe she ingested anything. DRM spoke with staff, the supervisor, and Lisa's public guardian, and advocated for her to go to the emergency room for medical treatment. Emergency room doctors determined that Lisa had in fact swallowed a battery, which already passed through her throat, and that it was not leaking. The doctors monitored the battery via x-ray until it passed and Lisa was no longer at risk.

Bill has a history of psychiatric hospitalizations and resides in an apartment complex that provides daily living support services (DLSS), including medically-certified staff who administer his medications. Bill also receives community DLSS that works with him on community integration and housekeeping skills. When told his community DLSS would be terminated, Bill contacted DRM. The MaineCare administering organization incorrectly claimed that because two different agencies provided DLSS, one of them had to terminate Bill's services. However. MaineCare rules allow for individuals to receive DLSS from multiple agencies. DRM intervened and Bill's needed services were restored.

education



The mother of Hunter, a student with cerebral palsy, sought DRM's assistance because the lifts in her son's school were inoperable. As a result, Hunter was forced to go outside and travel around the school in order to access his upstairs classroom. DRM's intervention resulted in the school replacing two of the three lifts and agreeing to move the upstairs classroom to the lower level.

training+ outreach

DRM was asked to participate in the Maine Commission on Indigent Legal Services Juvenile Law Training. A DRM managing attorney participated in two sessions, providing training on: search



The parents of Joy, a 7 year old student with epilepsy, contacted DRM when her school district refused to allow staff to administer emergency medications that were prescribed by her doctor. The district's policy prohibited anyone, except for the school nurse, from administering emergency seizure medications. However, the school did not have a full-time nurse in the building. Due to DRM's intervention, the district agreed to train school staff to administer the emergency medication when needed. The district also indicated that it would revise the health plans of all students who required emergency seizure medications.

The parents of Kayla, a 10 year old student with autism, contacted DRM because their daughter had been excluded from school for more than 100 days. After DRM filed a complaint and sought a due process hearing from the Maine Department of Education, the school district agreed to return Kayla to full-time attendance at the public school, to provide her additional services, and to conduct new evaluations. In mediation, DRM obtained compensatory education services for Kayla, as well as attorney's fees for our representation.

When Billy, a 17 year old with label of mental illness, returned home after an extended stay in residential treatment, he was refused enrollment by all high schools in his area. There was no high school in his community and although students had school choice. his home district did not have agreements with any neighboring schools requiring them to accept students. Eventually Billy's home district placed him in a segregated private day treatment setting. After two separate Due Process filings against the district, one of which was also against the Maine Department of Education, DRM negotiated a settlement agreement resulting in Billy attending his chosen high school, with transportation provided and in a mainstream setting with appropriate supports.

community integration



Scott, a 32 year old man with an intellectual disability, was denied access to the telephone, social activities, and access to the community as part of a behavior plan. Such limits on freedoms and basic rights constitute "severely intrusive" interventions under Maine law, and require carefully vetted plans to be implemented. In Scott's case, no plan for such rights limitations had been approved. DRM's intervention resulted in the restrictions being lifted and the agency instead developing a positive support plan to address their behavior concerns.

training+ outreach

➢ DRM's Public Policy Director trained 300 municipal clerks and registrars at the Secretary of State's Statewide Elections Conference. She trained on the need to ensure polling places are

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

Grant spent 24 years in an out of state facility

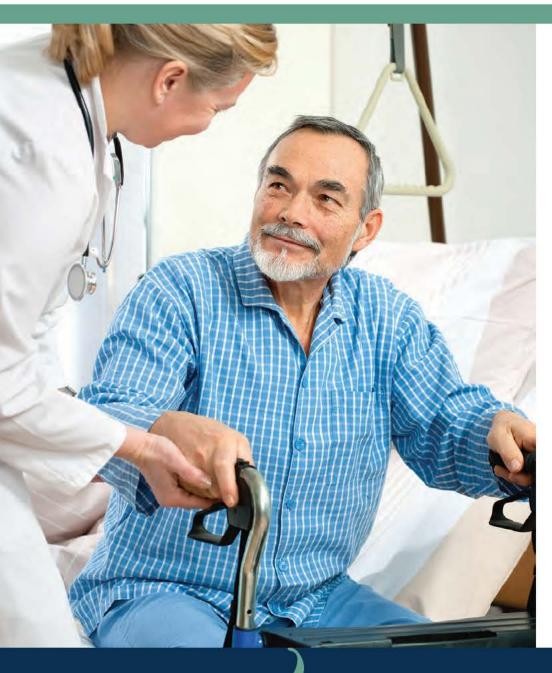
due to a lack of appropriate brain injury services in Maine. When DRM staff visited the facility and met Grant, he requested assistance with returning to Maine to be closer to his father. When conditions at the facility deteriorated and its closure was ordered. Maine continued to assert that there were no appropriate services to meet Grant's level of need. Instead, they proposed sending him to a facility in Illinois. DRM participated in numerous team meetings to advocate against an out of state placement, and pushed for Grant's return to Maine. Grant successfully transitioned to a supported apartment in Maine, where his father reports that he is learning to cook his own meals and has greater access to the community.

Sam, a young man with mental illness,

wanted to move out of his residential program and live more independently, but faced interference from program staff in making this happen. DRM assisted Sam and his guardian in enforcing his right to receive services in the least restrictive setting of his choosing, and assisted him in negotiating a plan that provided for independent living with inhome support services. With DRM's assistance and on-going support in the community, Sam now lives more independently.

Bonnie, a 42 year old woman, was admitted to the hospital for mental health treatment. When she was ready to be discharged, the residential provider refused to allow Bonnie to return home. Bonnie's guardian contacted DRM because the hospital doctors were concerned that continued hospitalization would not be in her best interests. After obtaining documentation to support this clinical opinion, DRM contacted the residential provider and successfully advocated for Bonnie to be allowed to return home.

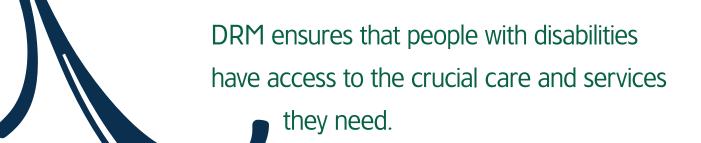
healthcare



Paul, a 38 year old man diagnosed with a severe and persistent mental illness, contacted DRM after receiving notice that his Assertive Community Treatment (ACT) Team services would be terminated. Because he resides in a group home, Paul was told that MaineCare would not allow him to also receive ACT services, which enable him to successfully live in the commuity. DRM investigated the issue and determined that Paul met the waiver eligibility criteria, which would allow him to keep his services while living in the group home. DRM advised the community service provider on how to apply for the waiver, and later followed-up with the prior authorization agency to ensure the waiver had been processed appropriately. Ultimately, the waiver request was approved and Paul is able to continue accessing his ACT services.

training+ outreach

At the 2015 Southern Maine Autism Conference, DRM's Executive Director spoke before the entire audience of more than 400 people about the 25th Anniversary of the Americans with

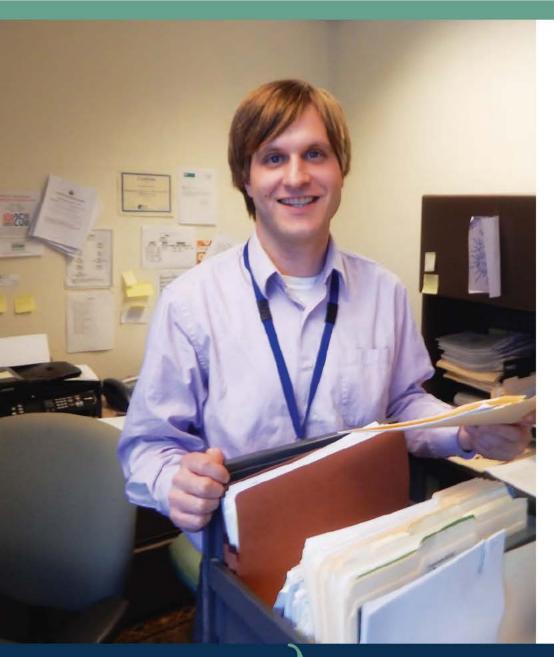


Joan, a 64 year old amputee, contacted DRM when MaineCare refused to authorize the purchase of a prosthetic leg. Joan's doctors recommended a new prosthesis so that she could continue to live independently and to maintain an active lifestyle. MaineCare denied the prosthetic leg four times because the prior authorization included the purchase of a microprocessor-controlled knee. DRM appealed the decision and represented Joan at an administrative hearing. Following the hearing, a settlement was reached in which MaineCare approved each and every component recommended by Ioan's doctors.

Max has an intellectual disability and when his provider failed to staff the hours he had been approved to receive, he was at risk of a more restrictive placement. His mother reached out for help. DRM provided information and attended numerous treatment team meetings to advocate for appropriate services. When those interventions proved unsuccessful, DRM filed a grievance and successfully represented Max in mediation. As a result, the agency agreed to provide the necessary services and improve communication within the treatment team. Max now receives the services he needs in order to learn independent living skills and access the community.

Kelly, a young woman with significant medical conditions, received 70 hours per week of private duty nursing services, which allowed her to live at home with her parents. In anticipation of her 21st birthday, DHHS' assessing agency conducted an advisory assessment of these services. The agency determined that when she turned 21, Kelly's services would be reduced to 38 hours per week. Kelly's mother appealed the reduction and sought DRM's assistance. DRM represented Kelly in a pre-hearing conference and also prepared a federal complaint and motion for a temporary restraining order. DRM asserted that the reduction violated Kelly's ADA rights under the Olmstead decision. To avoid litigation, and 4 days before her 21st birthday, DHHS agreed to continue providing Kelly with 70 hours per week of nursing services, which allowed her to remain in her home.

in-patient advocacy



Craig, a 40 year old patient at a psychiatric hospital, was told by staff to remove his religious headdress. Staff claimed that Craig needed a doctor's order in order to be allowed to wear the headdress. He was also told that his ability to wear the headdress was at the discretion of the nursing staff. DRM assisted Craig with filing a grievance, asserting that this restriction violated his right to religious freedom. The grievance also stated that the restriction was arbitrary and not based on an assessment that Craig was a danger to self or others. It also was not identified in his treatment plan. The hospital responded favorably to the grievance and Craig is now able to wear his headdress.

Caleb Baker is a DRM patient advocate who works at Riverview Psychiatric Center.

training+ outreach

At the request of the Department of Health and Human Services, a DRM Managing Attorney provided regional trainings to a total of 342 DHHS guardians, foster parents, case managers,



Martin was denied admission to a Private Non-Medical Institution (PNMI) supported apartment, and as a result was forced to remain at a state psychiatric facility. Both the hospital and the Department of Health and Human Services (DHHS) determined that Martin met criteria for the PNMI. The provider, however, wanted to assess the severity of his disability before making an admission decision, so it demanded copies of his hospital records. DRM advocated that this inquiry was illegal because the provider has a contract with DHHS to serve individuals leaving the hospital. Due to DRM's intervention, Martin was discharged from the hospital and moved into the PNMI.

Betty faced inappropriate restraint and seclusion while involuntarily hospitalized in a psychiatric facility. DRM filed an administrative complaint on her behalf, alleging that staff failed to use less restrictive treatment alternatives, that the treatment was coercive, and that staff failed to report the use of restraints, as is required. The hospital issued a favorable response to Betty's complaint and took immediate steps to address the rights violations. Staff were counseled on the proper use of restraint and seclusion and the hospital convened a meeting with DRM's patient advocates in order to discuss concerns regarding the use of restraint and seclusion and identify ways to address these issues.

Cindy, a 25 year old patient at a state psychiatric facility, receives 1:1 staffing due to self-injurious behaviors. The hospital staff was antagonistic and insensitive to Cindy's needs, which increased her desire to hurt herself. On one occasion, DRM witnessed a negative interaction and filed a report with the hospital superintendent. The facility identified staff culture as a primary barrier to patients being treated with dignity and respect. Due to DRM's intervention, unit staff was counseled and the nurse manager agreed to monitor the situation. Additionally, at the request of hospital administrators, a de-identified copy of DRM's report was used as a training tool, illustrating how not to interact with patients.

and other professionals serving children under state guardianship. These trainings were designed to ensure that participants had a working knowledge of the education rights of students with disabilities.

systems

speakers with disabilities from throughout the state who shared personal experiences of

life both before and after the passage of the Americans with Disabilities Act. The event was attended by over 150 individuals.

change in the mental health system. The second meeting was called "Speaking Truth to Power" and was a workshop on how to be an effective change agent, how the Legislature works and effective ways to make voices heard.

DRM formed a Developmental Disabilities Advisory Council to build partnerships in policymaking, to partner in outreach and training activities, and to advise the PADD Program on the development and implementation of priorities and program activities. The council also assisted DRM's Developmental Services Advocacy Program with reviewing and revising its rights training. As part of this work, DRM staff and the council collaborated on the production of five videos that illustrate basic rights, including dignity, respect, privacy, property, and the Person-Centered Planning process.

DRM planned and executed an "ADA 25th Anniversary Celebration" event in Capitol Park to raise awareness of disability rights and issues in Maine. The celebration featured

DRM's Executive Director worked with psychiatric survivors to bring together a group of people interested in reinvigorating the consumer movement in Maine. This project, named Sharing Voices, is a collaborative effort of the DRM staff, the PAIMI Advisory Council, the Consumer Council System of Maine, the Advocacy Initiative Network, The Maine Association of Peer Support & Recovery Centers, and the Wrendy Hayne Foundation. Its primary goal is to support increased voice, presence, and participation of people with psychiatric histories in all areas that impact quality of life. Two meetings were held in FY 2015. DRM PAIMI staff were all involved as organizers and moderators at a large meeting (80 ppl) of consumers, survivors, and former patients to create a state plan for influencing positive

DRM's Executive Director and a staff attorney started the supported decision-making (SDM) initiative and invited Maine's disability leaders to collaborate on this project. A coalition was formed, which now includes DRM staff, members of DRM's DD Advisory Council, and representatives of 12 agencies that serve individuals with disabilities. In the spring of 2015, the National Resource Center for Supported Decision-Making awarded a grant to Maine's Supported Decision-Making Coalition. This grant will fund a year-long outreach project to educate and provide resources to the community on SDM and the empowerment it offers people with disabilities. SDM is a creative alternative to guardianship and offers a formal method of decision-making in which a person can designate trusted individuals to help him or her process information and work through

change

decisions. SDM can offer people with disabilities an important alternative to guardianship, which otherwise can completely usurp a person's autonomy and civil rights.

DRM's Legal Director served as a member of the Commission on Independent Living and Disability, which the Maine Legislature created to evaluate the needs of Maine citizens with disabilities, review existing resources and services around access to housing transportation, public accommodations education and employment and make recommendations for cost effective changes that would promote independent living and community inclusion. Its recommendations covered a wide array of issues, including transportation, education, housing, employment, legal advocacy, and access to health care.

DRM's PABSS advocate attended a statewide staff meeting for CareerCenter Disability Employment Initiative (DEI) staff. The advocate presented an overview of DRM's services, and also spoke of advocacy services offered under the PABBS Program. The advocate and DEI staff also discussed common employment barriers, trends, and issues encountered by DEI staff when serving clients, and several potential referrals and systemic issues were identified. In particular, DEI staff discussed the very high denial rate of transitionage students with disabilities applying for Job Corps.

DRM staff at state hospitals conducted voter outreach and education activities, and assisted in troubleshooting voting problems. On Election Day, DRM operated an agency hotline to address voting access concerns statewide. The hotline, which was open 8am-8pm, was publicized on our website, social media forums, and via our network of partner agencies during the weeks leading up to Election Day.

A DRM managing attorney offered a comprehensive presentation on service animals at the Maine Partners in Emergency Preparedness Statewide Conference. The attorney spoke of regulations that covered service

animals in housing and public accommodations, and focused on the obligation of state and local government to ensure that the rights of individuals who use service animals are protected.

DRM is an active participant on the Coalition for Housing and Quality Services with DD Council, Speaking Up For Us, DHHS, parents of children with Intellectual Disabilities and Autism and others to address housing issues for people with DD (and other disabilities). This group is also helping to make policy changes in the service delivery system and promoting self-determination, so that people receiving services and their families have more control over housing and the services they receive. DRM continues to promote the Coalition's 'white paper', which calls for more self and family direction, more community inclusion and more preventative services.

our clients

In fiscal year 2015, DRM provided direct representation to 1151 clients for 1584 cases. Information and referral services were provided to an additional 1788 individuals.

Client Age		Client Disability
4 and under	11	Blindness/Visual Impairment 8
5 to 12	100	Brain Injury 45
13 to 18	117	Deafness/Hard of Hearing 25
19 to 25	163	Developmental Disability 694
26 to 64	685	Learning Disabilities 12
65 and over	75	Mental Illness 293
		Physical Disability, Health Impairment, Chronic Illness 74
Clients by County		
Androscoggin	129	
Aroostook	83	
Cumberland	188	Case Problem Area
Franklin	18	
Hancock	28	Abuse/Neglect 378
Kennebec	158	Education 99
Knox	23	Employment 41
Lincoln	17	Financial Entitlements 23
Oxford	34	Government Benefits and Services 31
Penobscot	191	Guardianship/Conservatorship 65
Piscataquis	22	Healthcare 123
Sagadahoc	25	Home + Community Based Care 521
Somerset	45	Housing 44
Waldo	35	Non-Government Services 41
Washington	14	Rights Violations 191
York	96	Transportation 19
Out-of-State	43	Voting 8
Unknown	2	

financial summary

Year Ending September 30, 2015

REVENUE AND SUPPORT

Federal Grants	\$1,142,041
State Grants	\$781,355
Other Revenue	\$333,641
TOTAL DEVENUE	\$2.257.037

EXPENSES		
PADD	\$290,467	
PAIMI	\$423,719	
PAIR	\$195,936	
PAAT	\$43,826	
PABSS	\$94,322	
PATBI	\$35,096	
PAVA	\$50,020	
EA	\$129,586	
Psychiatric Ctr Adv	\$200,292	
Maine Civil Legal Svs	\$35,104	
Rep. Payee Reviews	\$4,545	
Developmental Svc Adv	\$357,138	
Deaf Advocacy +		
Comm Access Prog	\$110,593	
Supported Decision-Making \$1,747		
Management + General	\$235,739	
TOTAL EXPENSES \$	2,208,130	

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our mission

Disability Rights Maine 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.

DRM 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.

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