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DRMI

2020 ANNUAL REPORT



programs

DD Advocacy provides legally based advocacy to individuals with intellectual and developmental disabilities who have experienced abuse, neglect, exploitation or who have been discriminated against based on their disability. The federal Protection & Advocacy for Developmental Disabilities (PADD) program can serve all eligible individuals with developmental disabilities. The State funded program, Developmental Services Advocacy (DSA) can serve only adults with intellectual disabilities or autism who are eligible to receive the State's Developmental Services.

MH Advocacy serves individuals who have a diagnosis or label of serious mental illness, with priority given to persons residing in facilities. In addition to the federal Protection & Advocacy for Individuals with Mental Illness (PAIMI) program, DRM also provides advocacy services to residents of Acadia Hospital and receives State funding for advocacy in Riverview and Dorothea Dix Psychiatric Centers.

Protection and Advocacy for Voting Access (PAVA) is a federal program that allows DRM to represent individuals who have been denied the right to vote and to increase access to the polls for people with disabilities.

Protection and Advocacy for Individual Rights (PAIR) serves individuals who have a disability and who are not eligible for either the PADD or PAIMI programs. PAIR focuses on civil rights violations under the Americans with Disabilities Act (ADA).

Social Security Advocacy serves individuals with disabilities 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. DRM also monitors, investigates and reviews representative payees to prevent and detect financial exploitation or misuse of an individual's benefits.

Brain Injury Advocacy provides legally-based advocacy for people who have a brain injury and who have experienced a rights violation or discrimination. The federally funded Protection and Advocacy for Traumatic Brain Injury (PATBI) program can serve both children and adults. The State Brain Injury monies supplement the federal program so that DRM can serve people who are eligible to receive brain injury services from the State of Maine.

Protection and Advocacy for Assistive Technology (PAAT) assists individuals with disabilities in obtaining assistive technology devices or equipment in order to live more independently, work, attend school, or meet medical needs.

Children's Advocacy State funds allow DRM to serve children with disabilities who are denied access to appropriate and inclusive educational services; have been subjected to restraint and seclusion in school; are seeking assistance with obtaining appropriate home and community services; or who are in a hospital or residential facility and have experienced abuse, neglect or violations of their basic rights.

Deaf Services provides legally based advocacy to individuals who are Deaf, late-deafened, hard of hearing and Deaf-Blind; provides technology to improve communication access; provides peer support to Maine citizens who also have developmental disabilities; and provides outreach statewide to ensure that people know about communication options and access.

Client Assistance Program (CAP) is a federally funded program that provides assistance and advocacy to people with disabilities receiving services under the Rehabilitation Act.

a message from the ed

Dear Friends and Colleagues,

It is with much hope that I present the 2020 Disability Rights Maine Annual Report. I hope that we can all soon return to some sort of normalcy, I hope people stop getting sick and dying and I hope that the restrictions put in place on the rights of our clients with disabilities during this pandemic will be openly acknowledged and dispensed with as soon as we are safe again.

In March of 2020, on Friday the 13th, I knew that we would have to quickly figure out how to do our work from home. But worse, within a few weeks, we all knew we would have to figure out how to zealously advocate for our clients remotely, as they began to experience greater rights restrictions than normal. And we had to figure out how to balance their safety with their rights.

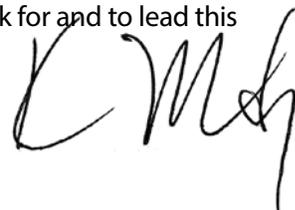
I have often thought that any of the things that adversely impact human beings have an even worse impact on people with disabilities because people with disabilities are more apt to experience a lack of access to quality health care, to safe and affordable housing, to nutritious foods, and to the supports and services that mitigate risk. In the case of COVID-19, we have certainly seen this proven true. In particular, our clients who are already isolated by virtue of living in congregate settings were at far greater risk of contracting COVID-19 and of getting sicker than their nondisabled peers if they got it, and of dying.

On top of living with that fear daily, their already tightly controlled lives became even more controlled. So many people contacted us to say they could not see their families or friends and that they were not even allowed out of their "home". People watched their staff coming and going, people watched their staff refusing to wear masks or keep their distance and they were too often powerless to exert any control over their situations.

DRM was able to very quickly rally, to get all staff set up to work at home and to then start recording trainings and getting them into facilities, implementing remote monitoring strategies, getting trained to do our own fit testing for n95 respirators so that we could get into the community when necessary, surfing our clients statewide, calling group homes to speak with residents, issuing guidance documents where we could, contacting families of kids in school and so much more.

The staff in each program at DRM were and are amazing. They worked quickly to figure out and to guess what their clients might be facing and then to develop ways to address those needs. From DD and MH advocacy, to investigating Social Security Representative Payees, to offering peer support to Deaf individuals with developmental disabilities, to trying to get kids educated, and every single bit of important work in between, the DRM staff made certain our programs were flexible and responsive.

Thank you to our clients for being patient through this time and thank you to DRM staff for being so dedicated to disability civil rights. I am proud to work for and to lead this organization, more so now than ever before.

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Disability Rights
Maine is supported
by funding from:

the Administration on
Intellectual and
Developmental Disabilities

the Center for Mental
Health Services

the Rehabilitation Services
Administration

the Social Security
Administration

the Federal
Communications
Commission

the State of Maine

Acadia Hospital

the Maine Civil Legal
Services Fund Commission

private donors

DRM would like to thank all the individuals, businesses and organizations whose generosity enables our work, and hope this report illustrates how vital your support is to the disability community.

To learn how you can aid the work of DRM, visit www.drme.org/support

To protect the confidentiality of our clients, pseudonyms have been used.

Available in
alternative formats
upon request

Educational Advocacy

Too many of Maine's children are excluded from school. Exclusions take many forms, including: expulsions, suspensions, abbreviated school days, tutorial placements, and repeated calls to parents to pick children up early. These exclusions occur throughout the state even though we know that school attendance is linked to achievement. We also know that these exclusions increase the risk of a range of educational, economic, and social problems including dropout and involvement with the juvenile justice system. Students with disabilities are disproportionately subjected to exclusionary practices and are often uniquely harmed by exclusions from school.

Prior to the COVID 19 educational disruptions, DRM was intensely focused on addressing exclusionary practices to ensure that all Maine students, and particularly students with disabilities, have access to their education all day, every day. DRM attorneys represented students on a wide range of school

exclusion cases, often with very positive results. Here are just a few examples:

When an 8 year-old student with a mental health diagnosis and an extensive trauma history was removed from school to a tutoring placement after making suicidal comments, DRM supported the family in filing a Complaint with the Maine Department of Education. The school convened an IEP team meeting where DRM successfully secured the Student's immediate return to school, an agreement to engage two independent experts to conduct evaluations to inform programming, an agreement to train staff in trauma informed practices, and an increase in social work services.

When a 15 year-old with Autism was removed from school to a tutoring placement, DRM filed a due process hearing and the Student was immediately returned to school. DRM represented the student at a subsequent IEP meeting where the school agreed to consult with the Student's

community-based providers, increase consultation with the school behavior analyst, increase the focus on positive behavior interventions and supports, and increase communication between school, home and community.

DRM provided self advocacy assistance to a 16 year old with a mental health diagnosis who was facing expulsion from school the following day. DRM met with the Student and his family and helped them prepare a statement to be delivered to the school board at the hearing. In the statement, the Student outlined the bullying he had experienced, his ineffective efforts to address it with the administration, and explained he had brought a screwdriver to school for protection due to a specific threat. After the Student read the prepared statement to the school board, they voted unanimously against expulsion and directed the administration to work on a reentry plan to allow the Student to continue competing in robotics competitions.

Every Student, All Day, Every Day



Although suspensions, expulsions and other disciplinary exclusions appear to have been significantly reduced since the start of the pandemic, DRM's systemic efforts to address exclusionary practices have taken on a renewed importance as pandemic related closures have left many students profoundly disconnected from school. When schools reopen full time for all students, we need to make sure that their doors remain open to every student, all day, every day.

In November 2019, DRM, in collaboration with Pine Tree Legal Assistance, the Cumberland Legal Aid Clinic, and the ACLU of Maine, organized a day long continuing legal education event for attorneys

and advocates - Every Student, All Day, Every Day: Legal Strategies to keep Maine Kids in School. The event, attended by almost 100 people, was designed to increase the number of attorneys willing and able to represent students facing exclusionary discipline. Over 40 attorneys who attended committed to take at least one pro bono discipline case. A follow up lunchtime CLE event was held in November 2020, where additional attorneys were recruited to join the pro bono panel, which is administered by Pine Tree Legal Assistance.

Although slowed somewhat by the pandemic, the first cases were referred to the Every Student, All Day, Every Day project toward

the end of 2020. DRM provided technical support on the first pro bono case, where a volunteer attorney was able to assist a student in avoiding an expulsion from school. As schools move toward reopening full time, DRM will continue to work with our partners to expand and support this panel of pro bono attorneys to ensure that students facing harmful exclusions from school have access to counsel.

DRM will also continue to prioritize cases where students are facing disciplinary removals from school. But at the same time, we will work to continue to educate policymakers and others about the harms of exclusionary practices and the benefits of positive behavior interventions and supports. One day, exclusionary discipline will end in Maine. Until then, students facing extended removals from school should have access to an attorney or an advocate to ensure their rights are protected. DRM is working to help make that happen.

Mental Health Advocacy

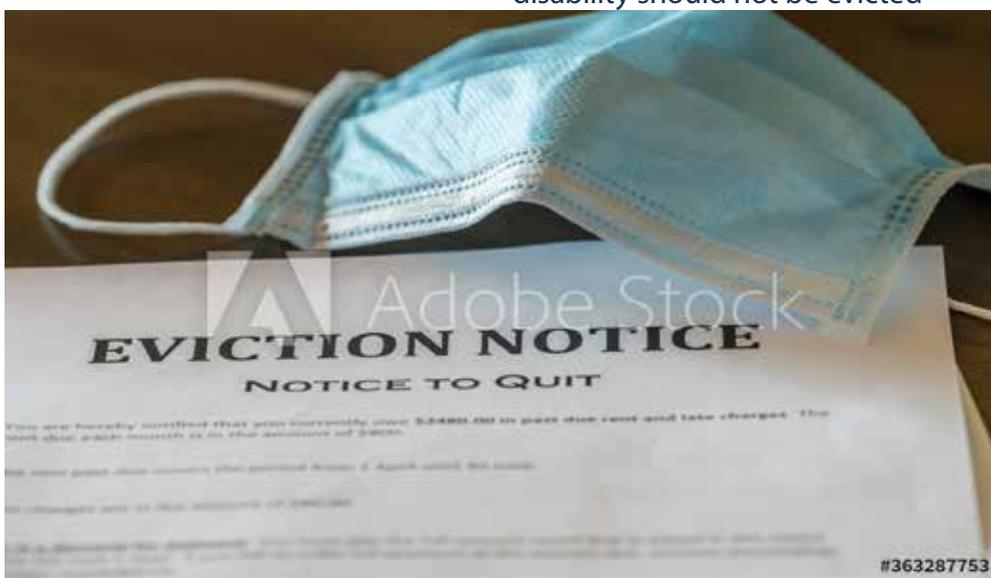
Individuals with disabilities in Maine frequently face the prospect of being evicted from their homes. A record of eviction may disqualify the individual from being able to rent another home or, in some cases, disqualify them for certain types of rental assistance. Either outcome easily leads to long term homelessness. For example, according to a 2019 City of Portland Housing report, 14,000 to 16,000 households were waiting for affordable housing within the state. If a person with a disability loses their home due to an eviction it can have devastating consequences, not only regarding the ability to

find a new place to live but also the ability to afford a place to live. The snowball effect of eviction can lead to long term homelessness and even institutionalization as practical repercussions, stigma, and the resource drain impacts a person's life.

DRM is committed to ensuring that individuals with disabilities are not evicted in violation of Maine state and federal civil rights law. One of the key civil rights laws protecting individuals with disabilities in housing is the right to request a reasonable accommodation based on disability. A person with a disability should not be evicted

if such an accommodation can adequately address the underlying reasons for the eviction. It is important to understand that this type of request is designed to grant the person with a disability with an equal opportunity to enjoy their home to the same extent as a person without a disability. It is a civil right not a special privilege. In FY 2020 DRM successfully brought two discrimination claims before the Maine Human Rights Commission based on these reasonable accommodation laws. In one case the outcome resulted in a man with a disability, who had been without a home for over a year, being able to move into his own apartment.

Regina a 70-year-old woman with mental illness received a notice terminating her tenancy while she was a patient receiving treatment in a psychiatric hospital. This was the first step towards eviction and would not only lead to Regina losing her housing, but it would also lead to her losing her voucher eligibility. The grounds for the



DRM Assisting People With Keeping Their Housing

eviction were related to her mental illness for which she was receiving treatment at the hospital. DRM advocated on behalf of the client for an accommodation that included the hospital arranging a discharge plan that would provide her with the necessary supports in the community, which she did not have upon admission to the hospital, in order to move back to her apartment and comply with the terms of the lease. The landlord agreed and Regina was able to discharge from the hospital back to her apartment.

Roger is a 55-year-old man with mental illness who was given a notice to vacate his apartment. The notice was based upon behaviors related to his disability. Roger wanted to move but also wanted more mental health services and needed time to find them. DRM asked the landlord for a reasonable accommodation of delaying the eviction for the client to have more time to find different housing with more supportive services. DRM then worked with representatives



of the state who oversaw funding for additional services along with the client's case manager. As a result of this collaboration the client was able to obtain funding for moving, a security deposit, and a supported apartment with on-site staff to assist him daily. The client moved to his new apartment and avoided eviction.

DRM continues to advocate for individuals housing rights throughout the state both through individual cases and trainings. DRM participated on a panel with the Maine Human Rights Commission and Pine Tree Legal

as part of a workshop on housing rights that was presented at the 2019 Maine Real Estate Managers Association Conference. The panel presentation covered how the Maine Human Rights Act and the Fair Housing Act apply to housing providers. DRM's presentation focused on reasonable accommodations in housing for individuals with disabilities. This year DRM will be part of a workshop presentation on emotional support animals in housing at the virtual Consumer Council System of Maine's annual conference.

Supported Decision-Making

Many adults with developmental disabilities are subject to guardianship, a legal proceeding that takes away the individual's decision-making authority and gives it to another. Adult guardianship often deprives individuals of many of their fundamental rights, such as freedom of association, consent to medical treatment, and the right to marry and have a family.

For many individuals with developmental disabilities their families are encouraged by school professionals, medical providers, and others to seek guardianship of their loved one when they turn 18. These guardianships and the restrictions imposed by them are typically life-long. The severe restrictions imposed by guardianship are used too frequently on a national level, but even more so in Maine. For example, in Maine, approximately 70% of adults receiving developmental services have a guardian. Nationally, only 35% of individuals receiving similar services

have a guardian.

Much needed guardianship reform in Maine took a huge step forward in September 2019, when Maine's new guardianship law went into effect. Due to many years of DRM advocacy, Supported Decision-Making (SDM) is prominent among the many positive changes to Maine's new guardianship law. SDM is an innovative alternative to guardianship that has been gaining support in Maine and nationally.

Recognizing the long-standing overuse of guardianship in Maine, the updated guardianship law requires that guardianship is only considered after less restrictive alternatives have been tried. Supported Decision-Making is explicitly named as an alternative in the new law. SDM is a flexible model where individuals communicate with preferred supporters to make specific decisions.

In anticipation of the inclusion of SDM in the revised guardianship law, DRM placed a new emphasis

on training stakeholders and also developed a comprehensive, written handbook on SDM (available at supportmydecision.org).

DRM has provided training on SDM to approximately 4005 people, 640 of whom were people with disabilities. These trainings targeted the stakeholders most closely involved with guardianship proceedings, including individuals with disabilities, case managers for adults and children, family members of people with disabilities, special education professionals, and probate court judges and registers.

The trainings offered specific information to participants, but they also sparked a larger statewide conversation about promoting the autonomy of individuals with developmental disabilities. Self-advocates and their supporters had the opportunity to ask questions and share their own experiences. Coupled with individual advocacy cases, these formal trainings have enabled DRM advocates and attorneys to share information

SDM Changes Lives

about SDM with a diverse group of stakeholders.

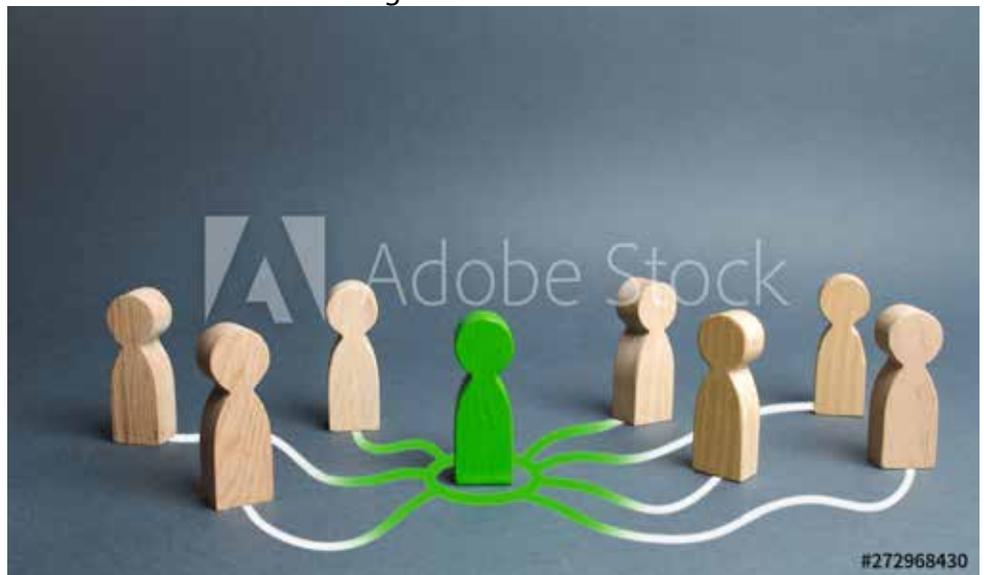
Former DRM client, Joshua Strong was profiled in a Portland Press Herald article about SDM, and in a subsequent Editorial Board piece in support of his use of SDM, Our View: Mainer with autism takes pioneering step: Joshua Strong, once deemed 'incapacitated,' is now in control of his life, thanks to innovative policies and reliable supports and services. (<https://www.pressherald.com/2019/09/01/hes-42-autistic-and-finally-independent/> and <https://www.pressherald.com/2019/09/20/our-view-mainer-with-autism-takes-pioneering-step/>).

Mr. Strong was the first person in Maine to officially have his guardianship terminated in favor of SDM. Prior to representing Mr. Strong in his guardianship case, DRM worked with him as part of a Supported Decision-Making (SDM) pilot project. The SDM pilot project was a joint venture between DRM and a Mobius, a service provider. The Editorial

Board surmised "Strong's progress toward independence over the years should be an inspiration to others who are told they'll never make it on their own. . . . And it's a great argument for the expansion of supported decision-making. As a result of a new state law, Maine probate courts now have supported decision-making as an alternative in cases like Strong's."

Looking ahead, DRM will continue to represent individuals seeking to limit or terminate their guardianship and work with individuals and their supporters in considering SDM. DRM will also continue to offer trainings

on supported decision-making statewide. As COVID-19 abates, these trainings will increasingly take place in community support programs, residences, and educational settings, providing individuals with disabilities with the tools they need to implement supported decision-making in their own lives. DRM believes that decision-making is a skill that should be taught and then supported and a right that should be honored.



Removing Communication Access Barriers

Seniors who are Deaf, Hard of Hearing, or DeafBlind face unique challenges to aging in place. Communication barriers frequently prevent access to needed services and resources, and leave individuals at increased risk of social isolation. For example: an elderly man who cannot afford hearing aids finds himself unable to understand phone calls or discussions with his doctor. A DeafBlind senior on a limited income wants to apply for affordable housing, but the application is not accessible. A Deaf woman qualifies for in-home services, but the agency declines to provide an ASL interpreter for the services. These barriers are all too common in Maine – despite the fact that accommodations and assistive technology solutions are often readily available.

DRM Deaf Services is focused on removing barriers to ensure that Deaf, Hard of Hearing and

DeafBlind seniors are able to live independently and remain connected to their communities as they age. DRM assists individuals through advocacy, education, outreach and technology, to resolve communication access issues.

DRM assisted an elderly woman who is hard of hearing to obtain adaptive telephone equipment in order to regain access to telephone calls. Due to her progressive hearing loss, she could no longer understand conversations on the phone, making it difficult for her to check in with her doctor, or her children who lived some hours away. She felt increasingly frustrated, isolated, and concerned about her ability to continue living safely on her own. DRM helped her to identify and obtain an adaptive telephone which had flashing signalers, additional amplification, and easy to use settings – allowing her to understand phone calls and

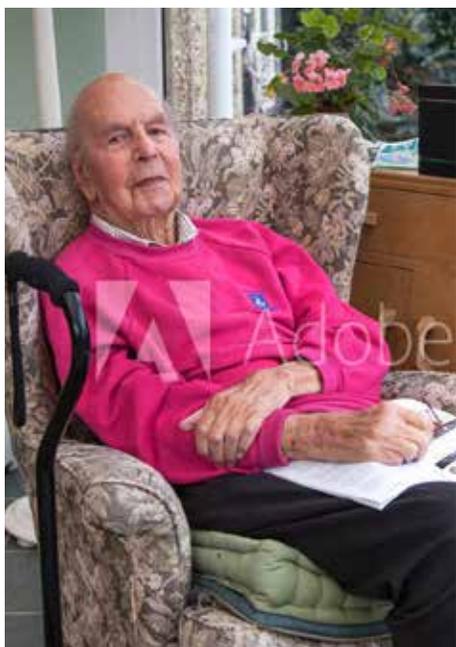
voicemail messages again. Her family contacted DRM to share that the adaptive phone had been a ‘lifeline’ for them.

DRM provided advocacy assistance to an older Deaf man struggling to communicate with the Social Security Administration (SSA) about his Medicare benefits. His primary language was American Sign Language; however, all of the information he received about his benefits was in English. His Medicare benefits inexplicably were costing him several hundred dollars per month, which he could not afford. He thought he may need to drop the benefits. DRM helped him to contact SSA and request a meeting with an ASL interpreter. During the meeting, he learned his premium was so expensive because he had been assessed a Medicare penalty several years ago - based on incorrect information. Due to language barriers, he had

Allowing Deaf Seniors to Age in Place

not understood the issue at the time and was unable to resolve it. As a result of DRM advocacy, SSA agreed to remove the penalty and reimburse him for the incorrect fees he had paid to date. He was reimbursed \$13,000, and was able to afford his Medicare benefits going forward.

DRM conducted monitoring of communication access in DHHS



offices statewide to identify issues for Deaf, Hard of Hearing and Deafblind individuals seeking help with food stamps, MaineCare, and other basic needs benefits. Advocates identified communication access issues occurring at regional offices, including refusals of relay calls and the lack of availability of Video Remote Interpreting (VRI) services. Advocates met with the DHHS Civil Rights Coordinator regarding the concerns, who then followed up to resolve the problems with the offices identified. Advocates were also invited to train DHHS staff on VRI, relay services and Deaf and Hard of Hearing Awareness.

DRM provides individual assistance to ensure that seniors receive the communication and language services necessary to access services, supports, technology and housing.

DRM is also advocating for the development of Deaf-friendly affordable housing options, which would allow for Deaf seniors to remain connected to their signing community and fight off social isolation as they age. DRM will also work with partners including the Division for the Deaf, the Commission for the Deaf, Hard of Hearing and Late-Deafened, and the Maine Association of the Deaf to ensure that Deaf seniors have access to information in American Sign Language about critical resources like Medicare, advanced directives, and affordable housing.

The Home and Community Based Settings Rule

For the better part of the last century, individuals with disabilities were forced to live in institutions in order to receive services. Self-advocates and their allies pushed for change, and, with the implementation of the Americans with Disabilities Act (ADA) and the Supreme Court's decision in *Olmstead*, the focus was shifted away from institutional care to community-based care.

As a result of these victories, people with disabilities now have the right to receive services in their homes and communities. These are called Home- and Community-Based Services, or "HCBS." The idea behind HCBS is that people who have disabilities have a right to be fully integrated in their communities, instead of separated from them. With the closure of Pineland in 1996, Maine no longer has any state-run institutions for people with developmental disabilities.

Individuals with developmental disabilities in Maine now receive services outside of large

institutions—in their own homes, in group homes, at community and work support programs, and in shared living environments. Even though these services are undoubtedly more integrated than the institutional care, it is time to take the next step toward ensuring that individuals with disabilities are experiencing full participation in the greater community.

Enter, the federal HCBS Settings Rule. The goal of the Settings Rule is to make sure the lives of people receiving services look as much like the lives of people not receiving services as possible. Services for people with disabilities should provide support for full integration, not act as a barrier to it.

The Settings Rule seeks to ensure that when big institutions close, people are not simply transferred to smaller institutional settings that also isolate them.

The Settings Rule directs that

any place where HCBS services are provided meet certain requirements. The requirements include making sure the setting is integrated in and supports full access of recipients to their community activities. Including opportunities to seek employment, work in integrated settings, control personal resources, and receive services. Perhaps most importantly, the Settings Rule requires the same degree of community access as is enjoyed by people who don't receive services.

The Settings Rule also requires that people have choice as to where they receive services from a variety of options, "including non-disability specific settings." It ensures people's rights of privacy, dignity, respect, and freedom from coercion and restraint. It requires that settings provide flexible, individualized services that maximize people's autonomy and independence. It promotes choice regarding who provides support to people receiving services. In places that are owned or controlled by

HCBS Moves Forward Quickly Under Mills Administration

the provider, there are additional requirements to make sure people have freedom and are integrated in their communities.

DRM has been contracted to validate self-assessments that were completed by providers about the places where they deliver services. DRM conducted over 400 on-site and virtual reviews in order to help the State determine what changes need to be made to the HCBS system of services in order to comply with the Settings Rule. DRM is also working with Maine's stakeholder advisory group in order to provide feedback to the State on its efforts to come into compliance with the Settings Rule. Finally, DRM is encouraging and working closely with self-advocates to help ensure they stay informed on HCBS and to make sure they know how to make their voices heard.

Case examples:

Through the efforts of DRM advocacy, a provider ended its practice of locking an individual

with an intellectual disability in her bedroom. Locking a person in her room is an act of seclusion of an adult with a developmental disability, and is a prohibited practice in Maine.

DRM assisted an individual with an intellectual disability whose service provider told him that he was not allowed to have his fiancée spend the night in the group home where he lived, because his housemate's guardians objected. The DRM advocate filed a grievance on the client's behalf, and the provider reconsidered and opted not to interfere with the individual's rights to have guests over of his choosing at any time.

DRM intervened on behalf of a woman with an intellectual disability and was able to get her community support provider to end its practice of confiscating all clients' cell phones during "program". Individuals have a right to their personal property and a right to communicate, and service providers cannot restrict these rights.

DRM successfully assisted an individual with a physical disability, whose staff was taking his wheelchair away from him and forcing him to crawl around in his home in order to comply with his guardian's requirement that he get "exercise." The DRM advocate ensured that the individual has an accessible home, and unrestricted access to his wheelchair.

DRM will continue to monitor compliance with the Settings Rule going forward, and educate individuals and providers alike. Together we will continue to make progress on the treatment of individuals with disabilities, keeping them a part of their communities instead of segregating them.

Employment Advocacy

Individuals with disabilities often face significant barriers to employment. In order to ensure equal employment opportunity for people with disabilities, the Americans with Disabilities Act (ADA) and the Maine Human Rights Act (MHRA) give individuals with disabilities the right to reasonable accommodations in employment.

A reasonable accommodation is any change to the application or hiring process, to a job, to the way a job is done, or to the work environment that allows a qualified person with a disability to perform the functions of a job. Employers are obligated to provide necessary reasonable accommodations in all scenarios except those where providing the accommodation would create an undue hardship or a direct threat to health or safety.

Unfortunately, employers sometimes deny accommodations

that would create neither an undue burden nor a direct threat. The ADA and MHRA define such denials as a form of employment discrimination. As a result of this discrimination, many individuals with disabilities are denied employment opportunities for which they are highly qualified.

DRM works to combat employment discrimination by educating individuals and employers regarding the rights employees have to reasonable accommodations, and by representing individuals who are denied employment opportunities because of their need for reasonable accommodations.

DRM represented two individuals, Sadie and Chris, who were denied employment because of their disability and their disability-related need for accommodation. Sadie and Chris, who are both

blind, applied to work as Customer Service Representatives for LogistiCare Solutions. At the time of application, both Sadie and Chris had years of customer service experience and both possessed all of the necessary qualifications for the job. And yet, both Sadie and Chris's job applications were rejected.

Sadie and Chris use a screen-reading technology called JAWS to use computers. When they informed LogistiCare Solutions that they required JAWS as a reasonable accommodation, both were told that LogistiCare would not make the modifications necessary to grant the accommodation. They were told they could not be hired by LogistiCare because of the reasonable accommodation they had requested.

A DRM attorney represented Sadie and Chris in filing complaints

We Want to Work: Reasonable Accommodations Work

of employment discrimination with the Maine Human Rights Commission. As a result of DRM's assistance, Sadie and Chris were able to reach a resolution with LogistiCare. LogistiCare issued a public statement announcing the implementation of new, accessible software and affirming its commitment to nondiscrimination on the basis of disability.

In addition to protecting Sadie and Chris's rights to equal employment opportunity, DRM ensured that LogistiCare opened its doors to any future qualified applicants who may require reasonable accommodation to enjoy equal opportunity.

Simultaneous to representing individuals by challenging employment discrimination, DRM also engages in broader systemic advocacy around employment rights. This year, a DRM attorney

led a working group for the Supreme Judicial Court of Maine which reviewed and proposed changes to rule proposals that stood to create significant barriers to employment for people with disabilities. The attorney also participated in a workgroup to propose changes to the Maine Human Rights Act, including a change that was enacted to clarify that a leave of absence can be a reasonable accommodation in employment.

DRM's work to combat employment discrimination on the basis of disability serves a dual purpose: it protects individuals against violations of their civil rights, and it spurs systemic changes to employers' and institutions' policies and practices, thereby protecting all people with disabilities from future violations of their rights to seek employment free from discrimination on the basis of disability.



Children's Advocacy

Over the past several years, the wait lists for home and community based services for children with disabilities have continued to grow or stay steadily high. Hundreds of families statewide are waiting months or even years for services that would teach them skills and provide them with therapeutic support, allowing children to succeed at home. Because these children cannot access the services they need or the amount of hours they need in their communities, they and their families have struggled for years and sometimes have had to face the painful reality of moving into an institutional setting. This problem has been well-defined, with recent comprehensive assessments of Maine's children's behavioral health and juvenile justice systems.

DRM believes that we need to focus on supporting children with disabilities to thrive in their homes and communities. Maine has an opportunity to take the recommendations from these expert assessments and fully

recommit to our children. While we create long-term plans that will develop the sustainable and effective systems that we need, we also must creatively problem-solve for children who are falling through the gaps today. Many of DRM's cases illustrate the importance of home and community based services.



DRM prevented the inappropriate discharge of specialized Section 28 services on behalf of a 12-year-old boy with autism. The parent contacted DRM after the specialized Section 28 provider stated they were discharging him from the service, which the parent strongly

believed the client still needed. DRM contacted the provider's director of quality assurance to advocate on the client's behalf. Due to DRM's advocacy, the provider agreed to continue to serve the client until another provider was available. DRM also pushed the provider to clarify the involvement of the Board Certified Behavior

Analyst, and ensure that the treatment plan was updated to accurately reflect the client's needs. The parent subsequently reported that the provider continued to provide services, although not as many hours as the client was approved for, and the parent was

Kids Need Home and Community Based Services

working with the client's case manager to try to get him fully served.

DRM provided information and technical assistance to the parents of a 15-year-old boy with autism. The parents contacted DRM for assistance as they received notice from their Home and Community-Based Treatment (HCT) provider that services were going to end. The client had been on the waitlist for other in-home services for over one year and if the HCT provider discharged him, he would be without any services at all. DRM provided the parents with information about the client's rights and technical assistance to his team regarding the ongoing delivery of services, as the HCT provider reported that continued services were clinically appropriate. With DRM's assistance the HCT provider submitted another request to continue services and it was approved.

DRM successfully advocated for a 15-year-old girl with mental illness to live with her grandparents

with appropriate home and community treatment. Prior to DRM's assistance, the client was stuck in an emergency department for several weeks with no clear discharge options. The team was pursuing residential treatment, including out of state programs, even though she had spent over five years in various residential programs without significant progress. The client expressed to DRM a desire to live with her grandparents and the client's mother supported this option. DRM pushed the client's team to concurrently plan for a community placement and refer her for home and community based services. As a result of DRM's intervention, the client was able to go live with her grandparents and receive treatment in the least restrictive setting.

DRM participated in multiple stakeholder groups convened by DHHS in the process of implementing the recommendations from the children's behavioral health

systems assessment. DRM has also participated in the planning teams that DHHS established to come into compliance with the federal Family First Prevention Services Act. DRM continues to collaborate with other stakeholders and advocacy groups across the state who focus on children.

Recognizing that Maine's children cannot afford to continue to wait for community-based behavioral health services, DRM will continue to prioritize this issue. DRM will continue to seek opportunities to educate legislators, media, and community members about children waiting for treatment. DRM will present trainings requested by family organizations and others who want to learn about pressing issues for children with disabilities and will collaborate with national partners to stay up to date on best practices and innovations.

DRM TRAINING:

Individuals with mental illness are frequently subjected to abuse, neglect or other rights violations. In DRM's PAIMI program it is the number one priority we are tasked with addressing. These issues can occur anywhere in institutions or in the community. While addressing issues of abuse, neglect or other rights violations after they have occurred is extremely important; it is just as important to make sure that similar instances do not occur

in the future to others. Many of our clients tell us that one of the main reasons they want what happened to them investigated, is to make sure that the same thing does not happen to another person in the future.

There are laws and regulations that give people the right to be free from abuse and neglect in various settings. It is important that those responsible for following these laws

and regulations be aware that they exist, and what types of actions violate these rights. Sometimes, for a variety of reasons, they may not possess such knowledge. This lack of training increases the chance of rights violations which might never have taken place if there had been proper training on those rights.

DRM is committed to providing training not only when related to specific instances that we have investigated, but also as part of our ongoing general education effort to ensure that these types of incidents do not occur in the first place. For example, DRM currently has hospital advocates at both of Maine's state hospitals as well as a private psychiatric hospital. These advocates provide patient rights trainings to new employees as part of the hospital's orientation process as well as provide training on specific targeted areas. DRM has also presented training to other



ENSURING RIGHTS PROTECTION THROUGH TRAINING

private psychiatric hospitals on issues ranging from seclusion and restraint to discharge planning.

DRM provides trainings to organizations in the community. Some of the locations and agencies that DRM has provided client rights training include:

- Emergency rooms of general hospitals
- Mental Health Crisis Residence Agencies
- Mental Health Mobile Crisis Agencies
- Mental Health Group Homes
- Law Enforcement Agencies
- Nursing student interns
- Mental Health Rehabilitation Technician (MHRT) programs.

The ongoing nature of this type of training is particularly important given how laws and regulations can quickly change, and they are different around the country. DRM

has conducted trainings where a person did not think they were violating a client's rights because such a right did not exist in the state where they had worked.

It is not only important to provide education, but also to make sure staff are aware that they can call DRM when one of their clients might need assistance. There have been many occasions when a staff who attended one of our trainings contact DRM on behalf of a client whose rights have been violated.

They will tell us that had they not attended one of our trainings they would not have thought that what happened to their client was a violation of their rights.

DRM will continue to offer a wide variety of trainings on client rights.



our clients

DRM provided direct representation to 1064 clients for 1302 cases. Information and referral services were provided to an additional 1859 individuals.

Client Age

| | |
|-------------|-----|
| 4 and under | 7 |
| 5 to 12 | 89 |
| 13 to 18 | 110 |
| 19 to 25 | 152 |
| 26 to 64 | 632 |
| 65 and over | 74 |

Clients by County

| | |
|--------------|-----|
| Androscoggin | 107 |
| Aroostook | 39 |
| Cumberland | 234 |
| Franklin | 24 |
| Hancock | 14 |
| Kennebec | 118 |
| Knox | 31 |
| Lincoln | 15 |
| Oxford | 32 |
| Penobscot | 165 |
| Piscataquis | 14 |
| Sagadahoc | 31 |
| Somerset | 58 |
| Waldo | 39 |
| Washington | 18 |
| York | 109 |
| Out-of-State | 16 |

Client Disability

| | |
|---|-----|
| Blindness/Visual Impairment | 13 |
| Brain Injury | 69 |
| Deafness/Hard of Hearing | 67 |
| Developmental Disability | 645 |
| Mental Illness | 205 |
| Physical Disability, Health Impairment, Chronic Illness | 65 |

Case Problem Area

| | |
|---|-----|
| Abuse/Neglect & Other Rights Violations | 554 |
| Community Integration | 313 |
| Due Process | 25 |
| Education | 119 |
| Employment | 51 |
| Government Services & Public Accommodations | 140 |
| Guardianship | 59 |
| Housing | 26 |
| Vocational Rehabilitation | 9 |
| Voting | 3 |

financial summary

Year Ending September 30, 2020

REVENUE AND SUPPORT

| | |
|----------------------|--------------------|
| Federal Grants | \$1,366,417 |
| State Grants | \$1,557,732 |
| Contributions | \$10,795 |
| Other Revenue | \$414,827 |
| TOTAL REVENUE | \$3,349,771 |

EXPENSES

| | |
|-------------------------------------|--------------------|
| PADD | \$393,046 |
| PAIMI | \$360,752 |
| PAIR | \$205,602 |
| PAAT | \$44,181 |
| PABSS | \$92,313 |
| PABRP | \$96,462 |
| PATBI | \$36,060 |
| PAVA | \$97,956 |
| Client Assistance Program | \$25,118 |
| EA | \$104,866 |
| Psychiatric Ctr Adv | \$158,800 |
| Maine Civil Legal Svs | \$30,745 |
| Acadia | \$53,819 |
| Developmental Svc Adv | \$611,084 |
| Deaf Advocacy + Comm Access Prog | \$607,722 |
| Supporting Services | \$333,466 |
| TOTAL EXPENSES | \$3,251,992 |

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Richard O'Meara, Esq., Treasurer
Monica Elwell
Karen Farber
Claire Ginder, Esq.
Eric McVay
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Andrew R. Sarapas, Esq.
Tracy Silverman
Rachel Violette, Esq.
Sally Walsh

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Mary Herman
Pat O'Brien, MBA, CAS
Howard Reben, Esq.
David Webbert, Esq.
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Katrina Ringrose, Program Director
Meghan Ryan-Rolfe, Advocate
Megan Salvin, Esq.
Susan Schroeder, Administrative Assistant
Abigail Silsby, Advocate
Sara Squires, Public Policy Director
Denise Tuggle, Advocate
Kevin Voyvodich, Esq.
Lauren Wille, Esq.



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 ensure autonomy, inclusion, equality, and access for people with disabilities in Maine.

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.

Please consider donating to support us in this mission. Donations accepted at our website.

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