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DEAF SERVICES

Biennial Report to Maine Legislature

Department of Behavioral and Developmental Services

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DEAF SERVICES
A BIENNIAL REPORT TO THE MAINE LEGISLATURE
DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES
JANUARY 15, 2002
submitted in accordance with
Public Law Chapter 519

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*This visual overview of the accomplishments of the reporting period contains fliers for the workshops and conferences held, announcements of specialized services offered, Deaf Culture Week posters, Camp Sign-A-Watha information and PL 519.

EXECUTIVE SUMMARY - HIGHLIGHTS OF THE PERIOD COVERED

2000

GOODWILL DEAF SERVICES OPENED THE DEAF COMMUNITY SUPPORT PROGRAM, THE FIRST DAY PROGRAMMING OF ITS KIND IN MAINE. The 5 day-a-week community based program has since grown from serving 6 to 13 Deaf adults with MR. Many attend the day services program part time, and work part time in community jobs.

LUNCH & LEARN BIENNIAL SEMINARS, FEATURING DR. SANJAY GULATI AT COMMUNITY COUNSELING CENTER, PORTLAND, attended by 20 signing professionals from southern Maine, meets biennially thereafter.

DEAF AWARENESS DAY AT THE HALL OF FLAGS, AUGUSTA, at the invitation of Senator Sharon Treat and Representative Richard Thompson, featuring displays on Camp Sign-A-Watha, DeafPAH, DMHMRSAS Office of Deaf Services, and Safer Place.

DEAF COMMUNITY FORUM, CASCO, daylong gathering of Deaf adults to begin the discussion of SAFER PLACE issues on a community level. Signing mental health therapists were standing by if needed, and special Deaf interpreters were brought in from Massachusetts to ensure understanding by deaf adults with mental retardation.

12th ANNUAL DMHMRSAS/DEAF SERVICES CONFERENCE: RAISING THE STANDARDS, AUGUSTA, 200 attendees.

NEW ENGLAND REGIONAL GATHERING OF PROVIDERS OF MENTAL HEALTH SERVICES FOR THE DEAF, WESTBOROUGH, MASS. Maine sent 10 professionals, 2 of whom presented, and sponsored the cost of one interpreter.

ANATOMY FOR SIGN LANGUAGE INTERPRETERS WORKSHOPS #1 & #2, sponsored by Maine Center on Deafness under the grant from the Office of Substance Abuse. 35 interpreters attended each.

BREAKOUT IV, THE SIXTH BIENNIAL NATIONAL DEAFNESS AND PSYCHOSOCIAL REHABILITATION SERVICES CONFERENCE, ST. LOUIS, MO. Three presentations by the Office of Deaf Services, in collaboration with Safer Place, Vocational Rehabilitation Counselors for the Deaf, and Maine Center on Deafness. Six specialized service providers and clients from Maine attended and presented. The Director served as Chair of the Exhibition Committee for the conference.

CAMP SIGN-A-WATHA HOSTS 50 CAMPERS, Weld.

SAFER PLACE QUILT contains good wishes and warm messages to the survivors. It is lent to any survivor in need of support, and displayed in several locations where Deaf people congregate.

2001

BDS COMMUNICATION ACCESS POLICY DEVELOPED AND IMPLEMENTED.

FLORIDA DREAM VACATION FOR 5 DEAF ADULTS WITH MENTAL RETARDATION AND ADDITIONAL HANDICAPPING CONDITIONS, administered by Maine Center on Deafness, at consumer request.

GATHERING OF STATE COORDINATORS OF MENTAL HEALTH SERVICES TO DEAF AND HARD OF HEARING PERSONS IN MYRTLE BEACH, SC. Six of the specialist positions from across the country networked, shared strategies, goals and plans.

MENTAL HEALTH SERVICES RESPOND TO THE DEAF COMMUNITY IN THE WAKE OF THE JAMES LEVIER TRAGEDY.

13TH ANNUAL DEAF SERVICES CONFERENCE IS HOST TO A 2-DAY NEW ENGLAND REGIONAL CONFERENCE: FROM RAGE TO HOPE, PORTLAND, attended by 200 professionals and consumers.

LD 178 BECOMES LAW, P & S 2001, Chapter 12, REQUIRING MENTAL HEALTH SERVICES FOR FORMER STUDENTS OF THE GOVERNOR BAXTER SCHOOL FOR THE DEAF be provided at no cost to them.

INTERPRETING IN MENTAL HEALTH SETTINGS: A MENTORED CURRICULUM, TRAINING TO INTERPRETERS, 2 DAYS IN BANGOR

EDITED AND CONTRIBUTED TO NASMHPD NTAC PUBLICATION ON DEAFNESS AND MENTAL HEALTH which will serve as a guidepost, distributed to all 50 state's Commissioners of Mental Health Services.

PRESENTATIONS MADE AT ADARA NATIONAL CONFERENCE, MONTEREY, CA: SAFER PLACE, LICENSING INTERPRETERS, and COMMUNICATION ASSESSMENTS.

SUMMER INTERN EXTENDS OFFICE CAPABILITY AND ASSISTS AT SEVERAL FUNCTIONS. Vanessa Kalter-Long, a Bates College senior, fluent in ASL

NATIONWIDE GATHERING OF STATE COORDINATORS OF DEAF & MULTICULTURAL MENTAL HEALTH SERVICES, WASHINGTON, DC, sponsored by NASMHPD NTAC.

CAMP SIGN-A-WATHA MOVES TO ELLSWORTH AND HOSTS 58 CAMPERS.

PEER SUPPORT GROUP BUS TRIP TO BOSTON, 60 CONSUMERS AND THEIR STAFF, First time out of Maine for many.

“CLIFTON ROGERS AWARD” FROM THE DEAF COMMUNITY/DIVISION OF
DEAFNESS PRESENTED TO DIRECTOR AT BLAINE HOUSE TEA.

CHAPTER 1 OF THE MAINE MEDICAID MANUAL REVISED TO PROVIDE
REIMBURSEMENT FOR PART OF THE COST OF THE INTERPRETERS (SPOKEN
AND SIGNED LANGUAGES) FOR *ALL* REIMBURSABLE SERVICES.

WORKING WITH DEAF VICTIMS OF DOMESTIC VIOLENCE, TRAINING IN
COLLABORATION WITH THE MAINE COALITION TO END DOMESTIC
VIOLENCE. FEATURED NATIONALLY KNOWN SPEAKER, MARILYN SMITH
of Abused Deaf Women’s Advocacy Services, Seattle, WA.

4 MENTAL HEALTH MINI-WORKSHOPS FOR SIGN LANGUAGE INTERPRETERS
via videoconferencing, connecting interpreters in Portland, Augusta and Presque Isle.

NON-TRADITIONAL COMMUNICATION ASSESSMENTS AND CONSULTATION
BECAME MEDICAID WAIVER REIMBURSABLE

DEAF COMMUNITY FORUM II, Augusta, the second gathering of Deaf adults to discuss
Safer Place issues on a community level, this year focusing on HEALING. Signing
mental health therapists, Legislators and members of the Baxter Compensation
Authority attended for a portion of the day.

ONGOING LEADERSHIP IN THE FOLLOWING GROUPS:

SIGNING ISC TEAM: semimonthly meetings of the designated signing mental retardation
caseworkers and other interested parties to network and build system capacity across regions.

DIVERSITY TEAM: department-wide representation works to provide basic diversity training
to all BDS staff to fulfill the 4-hour mandatory training requirement, and plan for additional
diversity awareness events and training.

SAFER PLACE & SAFER PLACE PROFESSIONALS: Survivors of abuse at the state-run
Governor Baxter School for the Deaf, signing professionals, and supporters gather monthly to
share information in sign language, plan, and connect as a community. Professionals gather
monthly to coordinate supports across agencies, plan for Safer Place meetings and Deaf
Community Forums.

OSA/DEAF FORUM: bringing together staff from the BDS Office of Substance Abuse and
Deaf Service providers to strategize effective treatment, prevention and intervention services for
the Deaf and hard of hearing.

COMMUNICATION ASSESSMENT TEAM: groundbreaking assessments of adults within the
mental retardation service system, to evaluate communication needs and recommend services to
maximize potential and improve quality of life (assessments to date: formal 95; informal 250)

VISUAL GESTURAL TRAINING at various BDS and provider locations, in collaboration with
Maine Center on Deafness and Mobius Inc, to enhance communication options for adults within
the mental retardation service system, and in connection with recommendations of the
communication assessments noted above.

DEFINITIONS

ADAPTIVE EQUIPMENT: machines or devices used by people with disabilities in order to live as "normal" and active a life as possible. For Deaf and hard of hearing people these include

ASSISTIVE LISTENING DEVICES (ALDs): equipment to enhance hearing, such as telephone amplifiers, hearing aids, FM loop systems for auditoriums, etc.

TTY: a typewriter-like device used with a telephone to type back and forth over the phone lines to another party with a similar device. Also referred to as TDD or TT.

Available FREE to low income deaf Maine residents from the Maine Center on Deafness under contract to the Division of Deafness.

TV DECODER: a box that can connect to any television to unscramble the otherwise hidden code containing written transcription of the soundtrack (closed captions). All newer TVs, 13" or larger sold in the US, are required to have a built-in caption decoder chip. Increasing numbers of broadcast programs and videotapes are now captioned.

VISUAL ALERT SYSTEMS: fire alarms, doorbells, telephone ringers and alarm clocks are available in models that replace the audible signals with flashing light and/or vibratory signals. Also available are baby cry signalers, and door-knock alerts.

AMERICAN SIGN LANGUAGE (ASL): a beautiful, visually expressive language used in the United States. Complete with a grammar and syntax of its own (and separate from English), ASL is non-verbal and has no written form. Recognized by the Maine Legislature in 1991 as the "official state language of the Deaf Community" (MRSA s219).

COMPUTER AIDED REAL-TIME TRANSCRIPTION (CART): also referred to as Print Interpreting, this is similar to closed-captioning in that spoken words are displayed on a screen for viewing. A trained court reporter types the spoken message onto a steno machine and the text appears instantly on a laptop computer in front of the individual, a large screen television or projected onto a screen. CART is generally used by people who are late deafened, deaf or hard of hearing, and can be of benefit to people who are visual learners and those with a learning disability. Reading skills are a necessity. There are only two CART reporters in Maine.

DEAF: the sense of hearing is nonfunctional for the purpose of communication and the individual must depend primarily upon visual communication [Maine Legislature]. "D" Deaf indicates the person identifies as a member of the Deaf Community, uses sign as their primary language, possibly attended a residential school for the Deaf, and lives within Deaf Culture. "d" deaf indicates the audiological, medical fact of hearing loss.

DEAF COMMUNITY/CULTURE: a group of people who share a common means of communication, set of values, attitudes, experiences, history and art forms, which provide a basis for group cohesion and identity.

DEAF CULTURE WEEK: established by Maine Legislation in 1991 as the last full week in September, as a commemorative week and special school observance (MRSA s132).

DEVELOPMENTAL DISABILITY: an umbrella term describing a cluster of severe, chronic disabilities including mental retardation, autism, cerebral palsy and epilepsy.

DIVISION OF DEAFNESS: a division within the Bureau of Rehabilitation, Department of Labor. The DoD contracts for distribution of TTYs and Faxes, publication of statewide TTY Directory, and legal interpreting; and provides training and public education. An Advisory Council meets quarterly and through a system of subcommittees plans the Deaf Culture Week Tea and award ceremony at the Blaine House, participates in planning emergency service system response, and the Maine Telephone Relay Services Committee.

DMHMRSAS: Department of Mental Health, Mental Retardation and Substance Abuse Services, former name of the Department of Behavioral and Developmental Services (BDS).

DMH: former Division of Mental Health, now Mental Health Services within BDS

DMR: former Division of Mental Retardation, now Mental Retardation Services within BDS

GALLAUDET UNIVERSITY: the world's only liberal arts university for the Deaf, located in Washington, DC.

GOVERNOR BAXTER SCHOOL FOR THE DEAF (GBSD): Maine's only residential school for the deaf. Formerly a state-run institution, now governed by an independent school board, with state employee staff and state funding. Services include an early intervention program for parents of deaf infants, K-12 academic program, out-reach to deaf and hard of hearing students mainstreamed into their local public schools, and ASL classes for hearing adults.

HARD OF HEARING: hearing loss in the mild to moderate range; may require the use of hearing aids or other devices to understand speech.

HEARING IMPAIRMENT: a generic term indicating any loss of hearing, from mild to profound as indicated otologically, audiometrically and functionally. Use of the term "deaf and hard of hearing" is preferred.

INTERPRETER: a bilingual, bicultural professional, fluent in both ASL and English, trained to convey communications between deaf and hearing parties who do not share a common language. Interpreters adhere to a Code of Ethics, which requires confidentiality, impartiality, accuracy and professionalism. Interpreting is very different from delivering services directly to the consumer in sign language. As of January 1, 1999, all sign language interpreters working for compensation in Maine must have been registered with the Dept. of Professional and Financial Regulation. Starting July 1, 2000 interpreters had to meet a more stringent requirement for a License under the same Department's jurisdiction.

DEAF (RELAY) INTERPRETER: a Deaf individual working as a team member with a hearing interpreter to provide effective communication for deaf persons who do not use standard forms of sign language, such as individuals who have not been exposed to true sign language, who are in psychiatric crisis, or who have physical disabilities that impair signing ability.

LATE DEAFENED or DEAFENED: Severe to profound hearing loss, as defined by audiological measurement, which occurs after age 19; requires visual cues to understand spoken words.

MAINE CENTER ON DEAFNESS (MCD): Maine's only community center for the Deaf, providing information, referral, and advocacy; connecting deaf individuals with the services they need; providing technical assistance to agencies serving deaf and hard of hearing individuals; and consultation to the Maine Legislature on issues of deafness. MCD is contracted by BDS to run a psychosocial peer support group, provide administration for Camp Sign-A-Watha, provide HIV+/AIDS & Substance Abuse training, and Civil Rights advocacy.

MENTAL ILLNESS: a cluster of severe and prolonged illnesses, such as depression, bipolar (manic-depressive) disorder, and schizophrenia.

MENTAL RETARDATION: significantly sub-average intellectual functioning, together with significant deficits in adaptive behavior, both occurring prior to the person's 18th birthday.

SAFER PLACE: a group of survivors who were abused at the Governor Baxter School for the Deaf, and professionals and friends who support them, working to obtain help for the survivors, to develop community resources which would promote further healing, to ensure state-of-the-art safeguards are put in place to protect current and future students, and seeking compensation for the pain and suffering endured. Please note: These efforts are to improve services available to Deaf adults in Maine and should not be confused with the current status of GBSD and services for children.

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS (NASMHPD): a national organization conducting research, disseminating model policy and providing a forum for all 50 states to improve the quality of mental health services.

VISUAL GESTURAL COMMUNICATION (VG): a form of non-verbal communication, similar to a stylized mime, which is intuitively used by people who have not developed true ASL. If the person is capable of physically DOING the activity, he/she can be taught to communicate via gestures about the activity.

DEMOGRAPHICS

Exact statistics of deafness in the population do not exist; the US Census Bureau has not gathered data on deafness since 1930. The generally accepted estimate is that 8.5% of the general population have some form of hearing loss, with 10% of those falling in the category of profound deafness (Schein and Delk, 1974).

In Maine, with a total population of 1.2 million, those statistics equal

102,000 deaf/hard of hearing and 10,200 profoundly deaf individuals.

With a 10% rate of substance abuse in the Maine population, that would equal

10,200 deaf/hard of hearing and 1,020 profoundly deaf substance abusers.

With a 3% mental illness rate in the Maine population, that would equal

3,060 deaf/hard of hearing and 306 profoundly deaf people with mental illness.

With a 3% mental retardation rate in the Maine population, that would equal

3,060 deaf/hard of hearing and 306 profoundly deaf people with mental retardation.

Of deaf respondents to the Schein and Delk survey, 1.6% reported mental retardation, but that number is believed to be low because the survey did not include any institutionalized deaf persons, and a disproportionately high number of people who were either born deaf or became deaf as children are institutionalized. Another suggestion by Healey, 1975, estimates 10% of the "hearing impaired" to be mentally retarded. That would equal **1,020 deaf/hard of hearing Mainers with mental retardation.**

RECEIVING BDS SERVICES IN MAINE:

A "Snapshot" survey taken the week of March 19 - 25, 1990 revealed that of the 5,241 people in the Mental Health System, 2.5% were "receiving services for selected conditions - Hearing Impaired", for a total of **131 deaf/hard of hearing persons utilizing mental health services:**

3.5% of those in State Institutions were deaf or hard of hearing

2.1% of those at Community Mental Health Centers were deaf or hard of hearing

2.8% of those in "other settings" were deaf or hard of hearing

Of the 786 AMHI Class members included in this census, 35 persons (4.4%) are hearing impaired.

(The Maine Adult Mental Health Client Census: A Descriptive Analysis, Prepared by David Lambert, Ph. D. for the Maine Department of Mental Health and Mental Retardation, August, 1991)

An August 1994 "head count" of adult clients of the **Division of Mental Retardation revealed 316 out of approximately 4,000 adult clients state wide, about 8%, have some form of hearing loss**, ranging from a mild, correctable loss to profound, un-aidable deafness in both ears.

A 1999 review of the Management Information System for MR clients listed as deaf; hard of hearing; or speech- impaired/likely to utilize sign language resulted in 575 clients referred for communication evaluations by the Communication Assessment Team. Of those evaluated, 90 individuals have been identified as able to benefit from a signing or gesturing milieu for day services and residential supports.

CURRENT SYSTEM DESCRIPTION

The Office of Deaf Services within the Office of Program Development, Department of Behavioral and Developmental Services (formerly the Department of Mental Health, Mental Retardation and Substance Abuse Services) also includes Multicultural Diversity, adding issues of all foreign spoken languages and cultural differences on to the tasks of the Director (not included in this report).

The role of the Office of Deaf Services (and Multicultural Diversity) is to network, educate and expand existing resources to better serve deaf, deafened, hard of hearing, and deaf/blind Maine citizens with mental illness and/or mental retardation, and/or substance abuse issues. It is a monumental challenge to serve a relatively small number of people with high intensity needs, spread over a large geographic area, in a resource-poor environment.

The Director, Meryl C. S. Troop, a nationally certified sign language interpreter, has worked for the Department since 1988 in the position of DMH Deaf Services Coordinator. The Office of Deaf Services was created on the Department level in July of 1994 in response to Public Law Chapter 519, which added responsibility for access to specific services within the mental retardation system in addition to mental health.

This office is one of only 13 nationwide providing a centralized, state-level focus on mental health, mental retardation or substance abuse services specifically to the deaf and hard of hearing population, putting Maine in the vanguard for such specialized services. No other New England state has such a position; Massachusetts has a coordinator of deaf services for mental retardation only.

A three-pronged approach has been utilized to design and develop services for these unique population groups: specialized services, accommodations to existing services, and involvement of the Deaf Community.

Specialized Services: The development of specialized services was originally based on information compiled by the Department showing outstanding needs across all service areas. Specialized services have continually grown and adapted to meet the changing needs of this dynamic community and reflect the trends of service delivery in general. These programs are specifically designed to meet the unique needs of deaf clients, and typically have the following characteristics:

- Adaptive equipment such as described under Definitions, page 5;
- Staff (deaf or hearing) who are fluent in American Sign Language, visual gestural communication and other communication modes utilized by deaf persons; and
- Knowledge about Deaf Culture and the Deaf Community in Maine.

Accommodations to existing services: The chronic shortage of service providers who can communicate with Deaf persons using sign language, and the low numbers of deaf individuals with any given special need in any given geographic locality requires that a number of

accommodations be made to mainstream (hearing) services in order to serve this population. For the Deaf Community, accommodation means:

- Communication accessibility,
- Cultural competency from agencies and individuals providing direct services,
- Training for those providers to orient them to issues and considerations for work with Deaf persons.

Involvement of the Deaf Community: The Office of Deaf Services works with the Deaf community on several levels in order to:

- Educate the Deaf Community regarding mental health, mental retardation and substance abuse issues;
- Inform the Deaf Community of the availability of accessible services;
- Provide the necessary support to help connect targeted agencies and deaf and hard of hearing consumers;
- Combat stigma against mental illness, mental retardation and addictions, which exists in the Deaf Community perhaps to an even greater extent than the general population due to a long history of misdiagnosis, the dynamics of oppression, and a lack of awareness (anti-stigma campaigns have historically been inaccessible);
- Encourage deaf persons to seek employment in the social services field, providing internship opportunities, and collaborating with the Vocational Rehabilitation Counselors for the Deaf to provide training and job opportunities;
- Use their insight and feedback to develop more responsive services.

Departmental/Internal:

A module on DEAF AWARENESS AND THE NEW BDS COMMUNICATION ACCESS POLICY has been incorporated into the NEW EMPLOYEE ORIENTATION TRAINING so that all new employees will be aware of existence of the Office of Deaf Services and of the Department's obligation and commitment to providing communication-accessible services. New Employee Orientation is offered two or three times a year.

TTYs are placed at every BDS office location. They are tested and maintained periodically. Entries in the telephone books and the Maine TTY directory are updated annually. All letterhead and business cards have a TTY notation on them, as do all brochures, posters, etc. TTY access remains a contractual requirement for many large provider agencies and for contracted telephone support services such as the statewide 888-568-1113 Crisis hot line and the RapeTTYCrisis hot/warm lines. Constant vigilance and testing is required to ensure that all TTYs are answered promptly, properly, and utilizing established protocol. Refresher training was provided to all Administrative Support staff at the 2001 retreat.

10 ASSISTIVE LISTENING DEVICES are strategically located in BDS facilities throughout the state and are maintained on a regular basis. They are available for use by BDS employees, consumers and/or family members who are hard of hearing. Large, colorful plastic signs are prominently posted in all facilities indicating the availability of TTYs, ALDs, and interpreters for both spoken and signed languages.

The Director, Office of Deaf Services is the Chair of the BDS DIVERSITY TEAM, and has become a trainer in the National Coalition Building Institute's Prejudice Reduction Workshop. A 4-hour version of this workshop has been presented with a co-facilitator to a wide variety of BDS staff. While not specifically focusing on Deaf issues, the workshop provides opportunities for participants to examine their own beliefs and prejudices about differences and similarities, including "ableism" (the belief that it is far better to be "able" than disabled, and that people with disabilities are "less than" and have inherent limitations). Materials from the Deaf Services Library are showcased on a display table in the room.

A LIBRARY OF DEAF-RELATED MATERIAL - AUDIO, VIDEO AND PRINT - is maintained in the Central Office. Library listings are updated annually and distributed within the Department and to any interested party in Maine. Materials from the library are showcased at appropriate events such as Case Management Resource Fair, Diversity Training, Trauma Conference, and the annual Deaf Services Conference.

THE COMMUNICATION ASSESSMENT PROJECT is a groundbreaking project, established in 1999 to determine the communication needs of deaf, hard of hearing, and nonverbal consumers with mental retardation. Pursuant to PL 519 (see Appendix), the Department is obligated to identify which clients are deaf or hard of hearing, ensure appropriate assessment of communication skills including ASL, and ensure provision of interpreters, staff, and therapeutic residence options. While the law only applies to clients with hearing loss, BDS expanded the assessment to all consumers with barriers to communication, including hearing but nonverbal individuals.

In 1999, the population was surveyed and 557 INDIVIDUALS WERE IDENTIFIED AS HAVING SEVERE COMMUNICATION BARRIERS, some of which potentially might need signing services. This population is diverse, ranging from fluent signers, to those who communicate using only 4 gestures, to those who neither speak nor gesture. Very few had been exposed to signing as a means of communication and even fewer had staff trained to communicate nonverbally. Through Mobius, Inc. a team of communication assessors was convened and an assessment tool was developed in conjunction with USM's Signed Language Research Laboratory that could best capture the signing and gestural communication abilities of individuals across this range. Romy Spitz, Ph.D. with a specialty in Neurolinguistics and Atypical Childhood Language Development was hired to lead the assessment work in the spring of 2000.

To date, 470 ASSESSMENTS HAVE BEEN CONDUCTED to determine whether the individual uses, or has the potential to learn to use, sign language and/or visual gestural communication. In some cases, following extensive interviews with the Individual Service Coordinator and residential staff it is determined that the person does not meet the criteria for needing signing services due to the fact that they prefer to communicate via speech or a graphic device, or are profoundly impacted by MR and would not benefit. Individuals who appear to be able to use or learn some kind of signed or gestured communication receive a second, intensive one-on-one assessment that examines their use of gesture and signs. This formal assessment is

extensive examining everything from vocabulary for single signs or gestures, to gesture combinations (either with other gestures or with speech), to ability to convey sentence-level information specifying at a structural level “who did what to whom”, to conversational abilities. Each of these intensive assessments is described in a report that includes information on the person’s preferred communication style, communication abilities, and communication and psychosocial communicative needs.

Each person, regardless of which kind of assessment they received, is then given a rating of how intensive their need for signing services is, ranging from 1 (requires an interpreter, needs signing staff and signing psychosocial milieu) to 4 (does not gesture or sign and is unlikely to benefit from signing services). This rating is used for program development within BDS and will also become part of the new BDS Enterprise database to identify client communication needs. The reports are eagerly received by the ISCs and direct care staff and they are often used in the annual Person Centered Planning Meeting in order to make communication part of the person’s plan. This work has become an integral part of the BDS response to meeting the needs of clients under the Community (Pineland) Consent Decree. As a result of this project, many consumers have been identified as being able to participate in a number of psychosocial services where all communication is visually accessible, such as Peer Support Groups, Camp Sign-a-watha, and Visual Gestural Communication classes. This assessment project is unique and we have received inquiries from other states regarding how they might establish a similar assessment process.

TABLE 1: Number of Consumers by Region and Level of Communication Skill

Region	Level 1	Level 2	Level 3	Level 4
1	10	17	15	54
2A	3	10	12	41
2L	3	5	10	74
2T	1	3	6	24
3B	1	13	26	87
3P	0	2	8	42
Totals	18	50	77	322

Level 1: Fluent signer: requires an interpreter, signing staff, and sign-based psychosocial milieu.

Level 2: Communicates well via sign or gesture, likely to require an interpreter, requires staff trained in visual gestural communication, and sign/gesture-based psychosocial milieu.

Level 3: Has a limited number of single signs or gestures (typically less than 20), requires staff trained in visual gestural communication and willing to learn the consumer’s gestures. May benefit from sign/gesture-based psychosocial milieu.

Level 4: Does not communicate via signing or gesturing, either due to use of spoken language, profound cognitive deficits, or preference to use graphic communication devices.

Based on the assessment recommendations, 68 individuals have been identified as being able to benefit from the use of a sign language interpreter at important meetings such as Person Centered Planning Meetings, doctors visits, and guardianship determinations. 145 individuals who use sufficient signed or gestured communication were identified as able to benefit from a psychosocial Peer Support Group where communication is visually accessible. Through these

groups, consumers will be able to participate in a variety of learning, social, and recreational activities while working to improve their communication abilities. For more than 200 consumers, there is a recommendation that staff be trained to use visual gestural communication (a communication mode based on natural gestures) in order to communicate more effectively with consumers experiencing barriers to communication.

The federal Medicaid program approved NON-TRADITIONAL COMMUNICATION AND CONSULTATION SERVICES under Home and Community Waiver services on June 18, 2001, retroactive to July 1, 2000. Assessment, code W-131, allows up to 12 hours of assessment time at a rate of \$ 40.00 per hour. Consultation, code W-130, allows up to 10 hours, also at \$40.00 per hour. This will soon to be incorporated into the MR Services Checklist, pending the rewrite of the State Medicaid Manual Section 21, which describes the waiver. DHS has agreed to begin payment once the two Departments have an agreed upon draft. A team has been working on this since summer 2001, and it is anticipated to become a billable service in January 2002.

In FY 2001, language was added to RIDER D OF ALL BDS CONTRACTS for all services, requiring providers to provide adaptive equipment for deaf and hard of hearing clients, and to provide a visually accessible communication environment for those who are deaf, hard of hearing or non-verbal/potentially signing. This is the first time providers have been uniformly held contractually accountable to meet these needs.

Meetings between the Office of Deaf Services, other professionals providing specialized services to the Deaf Community, and the BDS Office of Substance Abuse have taken place during 2001 to better understand the service systems and to begin collaboration to improve accessible substance abuse services. DeafPAH, a Deaf-to-Deaf peer support group, and an HIV/AIDS Education Outreach worker position continues to be funded by the Office of Substance Abuse via a contract with the Maine Center on Deafness. Planned for early 2002 is a half-day workshop on the new Driver Education and Evaluation Program for the Deaf Services providers.

MR Services is creating a curriculum for training direct support personnel. The Office of Deaf Services contributed a 19-page COMMUNICATION TRAINING MODULE for this project. Included are: identifying clients with barriers to communication, use of ASL, VGC, interpreters, augmentative communication devices, and limited English Proficiency. Including this module in the training for Direct Care Staff will ensure all staff have a basic knowledge of the Department's philosophy of and methods for communication as a two-way street.

In the summer of 2001, the BDS Office of Deaf Services was host to AN INTERN FROM BATES COLLEGE, VANESSA KALTER-LONG. Ms. Kalter-Long, who is a signer, was able to assist in many projects, the represent the Office at several functions in Deaf Services and in the Multicultural Diversity arena.

Interdepartmental:

Throughout the reporting period, the Director participated in meetings with representatives of the Departments of Human Services and Labor and in order to better coordinate the state's response to the requests for services made by SAFER PLACE, a group of survivors of abuse at the

Governor Baxter School for the Deaf and the professionals and friends who support them. BDS created a mechanism for providing mental health counseling at no out-of-pocket expense to the survivors, and LD178 (see appendix) was enacted requiring ongoing mental health services for this population. The Department of Labor assists with transportation and child care expenses if necessary. The Director attends Safer Place meetings and related legislative hearings on a regular basis. BDS, DOL, and DHS have also collaborated closely with the Governor Baxter School for the Deaf to assist in upgrading the training to staff and students about safety, mandatory reporting, and abuse.

DEAF COMMUNITY FORUMS were held in 2000 and 2001. The first focused on defining abuse, the difference between abuse and discipline, and two well-respected former teachers were flown in to share their recollections of the dark times at GBSD. The second forum focused on healing, and featured a panel of Legislators, introduced the members of the Baxter Compensation Authority, and included a one-woman show by a Deaf actress about her journey of healing from childhood abuse. The events were both well received and extremely powerful. The BDS Office of Deaf Services partnered with MCD, DOL and the Legislature in hosting the events.

In March 2001, a member of Safer Place came to a tragic end in an armed stand off with police. The solid teamwork between the Director, Jon Connick of Maine Center on Deafness, Jan DeVinney of DOL's Division of Deafness, and Sara Treat of Safer Place, developed over the past two years of meetings and planning sessions, paid off in a swift showing of support and critical incident response services to the Deaf Community and the individual's family. Maine Center on Deafness opened its doors throughout the weekend to all needing comfort, consoling, and the community of others. Ingraham's staff answered TTY calls to the crisis hotline throughout the next two weeks, and provided many hours of critical incident debriefing for several work groups and agencies providing specialized Deaf services. Interpreters showed up to lend support and ease communication wherever they could. DOL and BDS contributed to the burial costs, and Safer Place has donated a headstone.

Two SAFER PLACE QUILTS have been created, with squares of warm wishes painted by the survivors, their friends and supporters. The quilts are loaned to any survivor in need of a bit more TLC, to wrap the warm wishes around themselves. When not in use, the quilts are on display in various locations where Deaf people gather for services and recreation. The visible, tangible objects are reminders that progress is being made and survivors are healing, though much of the progress remains invisible and intangible. See Appendix for a photo of one of the quilts, being held by survivors and Governor King.

The Department of Labor, Bureau of Rehabilitation continues as a funding partner for Camp Sign-A-Watha and the annual Deaf Services Conference. The publication of the book, Resources, A Guide to Services for People Who are Deaf or Hard of Hearing has been assumed by the Division of Deafness, with assistance in updating and shared printing expenses between the two Departments.

Residential and Supports:

PETRA HOME was established in 1999 in Waterville with Employment Support Services to serve two deaf women with mental retardation. During the reporting period management of the program has been taken over by Ken-A-Set, and staff are learning to sign and use Visual Gestural communication. Year-round sign language classes are offered on site to staff, and staff and clients take classes in conversational sign at Waterville Adult Ed.

GOODWILL INDUSTRIES OF NORTHERN NEW ENGLAND'S DEAF SERVICES programs continue to provide case management and direct care supports to a total of 40 Deaf adults. Goodwill Deaf Services employs 30 staff including a Director, 5 Program Managers/Supervisors, and full, part time, and on call Direct Care staff. Sixteen of the staff are Deaf or hard of hearing, and all are proficient in ASL. The team provides 24-hour supports to clients through its "Administrator on Duty" system.

The CARON STREET GROUP HOME was established in 1985 as a program for 8 deaf adults with mental illness, and in 1996 changed programmatically to serve 4 Deaf adults with mental retardation, 24 hours a day, 7 days a week. Residents receive assistance and enjoy taking part in all activities of home living: meal preparation, managing personal finances, and community based social/ recreational activities.

COMMUNITY SUPPORT SERVICES is the largest of Goodwill's Deaf Services programs, serving 26 Deaf adults with serious mental illness. Individuals live in housing of their choice throughout Southern Maine, some on their own, others with a roommate, spouse, or family member. The office, which includes a drop-in center, is at 169 State Street. The 5 year-old program has grown significantly, from 6 to 26 individuals served.

Some of the seriously mentally ill individuals who receive Community Support services nonetheless struggle tremendously with community living. They suffer from feelings of intense isolation, symptoms that are resistant to psychopharmacological treatment, and experience subsequent problems with drugs, alcohol, risk taking behaviors, and the legal system. In an effort to better meet the needs of these individuals, Goodwill Deaf Services provides intensive IN HOME SUPPORTS to these people, yet even that is often insufficient to meet their high needs. Goodwill applied for and was awarded a MAINE STATE HOUSING AUTHORITY GRANT of \$100,000 in the spring of 2001. The goal is to purchase a building that could house the (larger) drop in center and fully staffed office space, and rent apartments in the same building to the high-risk clients described above. Clients would benefit from increased staff time and having these supports on site. Due to unforeseen circumstances within the agency the project must postpone purchase until a later date. The team has just located larger rental space for the interim that will also meet accessibility requirements. The move will occur in early 2002.

Motivational Services, Inc. (MoCo) administers an assisted living residential program, SUNRISE HOUSE. The Sunrise House provides residentially based mental health rehabilitation services to 5 Deaf persons, 4 of whom had been institutionalized for long periods of time and have intensive mental health support needs. The fifth person filled a vacancy in the program created when one

of the original consumers "graduated" to a lower level of support, described under the segment on Community Support and Case Management.

Four of the current residents are class members of the AMHI Consent Decree; one of the four is also a Pineland Center Consent Decree class member. Sunrise House transitioned from a group home on the grounds of AMHI to community apartment building in 1997. The apartments, all under one roof, provide common space for staff offices, group and individual rehabilitation services. One example of the rehabilitation focus of these services is a seemingly small but important change: from serving group meals to helping people prepare meals in their own kitchens. Each resident can now choose if they want to eat alone or invite guests (other residents, friends, family, etc) to their home for meals. The program does, with resident involvement, plan and offer group meals around special occasions. The Sunrise House employs and trains all staff to be able to communicate in American Sign Language in order to enhance service delivery.

MOTIVATIONAL SERVICES COMMUNITY SUPPORT AND CASE MANAGEMENT services are based at Pine View Estates. This location reflects requests from the 15 consumers being served to have services located as close as possible. The office at Pine View functions as a Community Support hub, with phone, fax, e-mail, TTY, and staff available on a flexible 24-hour on-call basis. Currently two full time staff function as Case Manager/Community Support Worker; both are fluent signers. Community Support and Case Management are combined into one position. Case Managers assess, plan for services, link to services and monitor and evaluate those services for effectiveness. This is a critical activity for deaf consumers of mental health services. Community Support Workers provide services aimed at helping deaf consumers to live and work in their community through a process of recovery-based psychosocial rehabilitation. They work with deaf persons in need of mental health services, easing their transition into treatment and actively helping to create alternatives to costly hospitalizations. Anticipated structural changes to the programs will allow more clients to be served in the near future.

The continuity of services provided in this program is illustrated in the transition of one individual who, through psychosocial rehabilitation, psychiatric services and familial support network, was able to develop the necessary daily living skills to move from the intensive residential service to the flexible and always-available community support and case management service. Both programs provide unique services and supports both in their rehabilitative orientation and in their collaborations with other organizations such as Maine Center on Deafness, Youth and Family Services and other deaf service organizations.

OUTREACH TO OTHER RESIDENTIAL PROGRAMS serving deaf persons with mental retardation continues through various channels: Mental Retardation Communication Assessment Team interviews, Camp Sign-A-Watha, Vocational Rehabilitation Counselors, Advocates, and input from the Deaf community at large. As programs are identified as serving deaf consumers they are sent periodic informative mailings, and invitations to specialized training; deaf persons looking for employment where their language skills can make a unique contribution are linked with programs.

Clinical:

Mental health clinicians knowledgeable in Deafness and proficient in American Sign Language continue to be scarce. One additional specialized position has been created during this reporting period, for a clinician who has the appropriate licensure to be Medicaid reimbursable, is fluent in American Sign Language, knowledgeable about Deaf culture and the psychosocial impact of deafness and hearing loss, and trained in working with survivors of abuse. The position has been contracted to Motivational Services, but the agency has so far been unable to fill it.

Each of the 6 clinical positions is able to carry a caseload of up to 20 clients and run support groups addressing a variety of specific topics. Unfortunately, it is extremely difficult to fill such positions, as there are few schools training future clinicians to meet this need, and Maine is competing against all other programs nationwide to attract the few graduates. The position in Bangor at COMMUNITY HEALTH AND COUNSELING SERVICES has been vacant for almost the full reporting period; one position is insufficiently funded to attract a qualified applicant. The clinician at YOUTH AND FAMILY SERVICES has been out on medical leave for a year and is only now able to return to work part time.

The program at COMMUNITY COUNSELING CENTER, Portland, created in 1996, has undergone personnel changes. The three clinicians and their supervisor remain a reliable service for D/deaf and hard of hearing clients and their families serving 72 (27 adults and 45 children) in 2000 and 75 (28 adults and 47 children) in 2001. A description of their services and announcement of a specialized support group is contained in the Appendix.

Prior to the establishment of the positions noted above, and in other areas of the state, clinical needs were, and still are, met by providing a sign language interpreter to facilitate communication between clinician and client. The three functioning specialized signing clinical positions have eased the crisis of too few qualified interpreters available to interpret in mental health settings, eliminate an awkward third party in counseling situations, and cost less to serve more people.

The only signing and deaf-knowledgeable mental health clinicians in addition to the positions above are one psychiatrist, two psychologists and 3 licensed therapists in private practice in the southern part of the state. They have varying levels of proficiency in sign language. Though far from the ideal, qualified mental health services and appropriate diagnostic testing is available to Maine's Deaf citizens in the southern part of the state, if transportation, scheduling and interpreters can be arranged, and if case workers know to seek out these few experts.

Initiatives by Safer Place (survivors of abuse at Governor Baxter School for the Deaf, friends, professionals, and supporters) resulted in the publication of a TRI-FOLD BROCHURE with photographs (modeling visually oriented publications) and contact information for all the signing mental health clinicians in Maine (see appendix). Support groups have been offered - two male survivor groups in Portland, a women's group in Portland, and a mixed gender group in Augusta have been very successful. A support and planning group for the professionals who work closely with Safer Place meets monthly in order to avoid vicarious trauma and to collaborate across agency lines.

Case Management:

In the mental health system, Case Managers for the Deaf coordinate supports and linkages for deaf consumers that enable them to live and work in their community. They also work with deaf persons in need of mental health services, easing their transition into treatment and at times avoiding costly hospitalizations. These positions are designed to work with a reduced case load of 10 - 15 individuals, compared to the typical "hearing" case load of 20, due to the intensity of supports needed by some consumers, increase in "collateral contact" time, and the lack of other services available to assist Deaf consumers. These specialized case management services are available through:

1. Community Counseling Center, Portland (1 FTE)
2. Goodwill Community Support/Deaf Services, Portland (3 FTEs as listed above)
3. Motivational Services Sunrise Program, Augusta (2 FTEs, as listed above)
4. Youth and Family Services, Skowhegan/Augusta, in addition to providing therapy.

Within the Mental Retardation service system, PL 519 REQUIRES THAT MR SERVICES "DESIGNATE ONE STAFF PERSON WHO IS RESPONSIBLE FOR THE COORDINATION OF DEAF SERVICES WITHIN THAT OFFICE". They are:

Region I	Marty Golden and Theresa Jack (Portland)
Region II	Dan Crawford (Lewiston), Stephanie Emmons, Barbara Bernier and Lynn Chellis Tyler (Augusta), and Robbie Hinchey (Rockland)
Region III	vacant (Bangor), vacant (Presque Isle)

PL 519 also requires MR Services to "provide ongoing training to regional office staff with the goal of having at least one person in each regional office who is proficient in American Sign Language." Sign language and visual-gestural communication classes have been offered in Portland, Lewiston, Augusta (twice) and Bangor, open to case managers, providers, families and guardians. There are a total of 131 MR case managers statewide; 101 of them are serving individuals identified as potentially benefiting from signing or visually accessible communication.

Outreach:

RESOURCES: A GUIDE TO DEAF SERVICES IN MAINE continues to be updated and reprinted annually, now by the Division of Deafness in collaboration with this office. Listings such as State Offices, Agencies, Interpreting, Educational, Residential, and Organizations of the Deaf contain contact person, phone numbers (indicating TTY accessibility), and a brief description of the program or services provided. Over 3,000 more copies have been distributed by BDS for reference use by service providers, family members and the Deaf community.

In celebration of DEAF CULTURE WEEK, decreed annually by the Governor to be the last full week in September, the Office of Deaf Services has:

- ☞ Participated in the annual reception and tea at the Blaine House,
- ☞ Successfully nominated individuals and agencies to receive awards,

- ✎ Been honored by receiving awards for Promoting Interagency Cooperation and for Outstanding Advocacy for the Needs of the Deaf Community (1994), and the Clifton Rogers Award for Outstanding Services (2001).
- ✎ Contributed financial support to events during Deaf Culture Week,
- ✎ Designed, produced and distributed 500 special POSTERS each year, featuring consumers or consumer artwork. The posters educate the general mental health and mental retardation communities about the availability of specialized services for their deaf consumers, offer technical supports to service providers, and promote the cultural (rather than pathological) view of Deafness (see Appendix for copies of the posters)
- ✎ Rented and staffed tables for informative displays at the annual Deaf Culture Festival, held the Saturday of Deaf Culture Week at the Governor Baxter School for the Deaf.

Discrimination is an everyday event in Maine for Deaf, hard of hearing, deafened, and deaf/blind individuals. Each group suffers discrimination and is denied equal access to programs and services that people who can hear take for granted. Maine Center on Deafness was created in 1988 to serve the needs of the Deaf and hard of hearing communities in Maine, and has steadily expanded services to better meet those needs. Maine Center on Deafness started its CIVIL RIGHTS PROGRAM, funded largely by BDS (then DMHMRSAS) in September 1997 to improve access and to stop this discrimination. In July 1999, MCD received additional funds from the Maine Department of Labor, Bureau of Rehabilitation Services to expand this program. Staff includes one full-time director, one half-time attorney, one half-time advocate, and twenty-five percent of the MCD Executive Director's time. Without an effective Civil Rights advocacy program in Maine, Deaf individuals in the state would have no recourse to address the denial of equal access to government services, the legal system, telephones, educational opportunities, health care, and jobs.

SERVING INDIVIDUALS WITH MENTAL ILLNESSES, MENTAL RETARDATION AND SUBSTANCE ABUSE ISSUES IS A PRIORITY OF THE CIVIL RIGHTS PROGRAM. Working relationships are maintained with Goodwill Industries and Community Counseling Center in Portland, Motivational Services in Augusta, Youth and Family Services in Skowhegan and Alpha One in Portland and Bangor, referring individuals with civil rights problems to MCD on a regular basis. Several of the Peer Support Group (individuals who are deaf and have mental retardation) participants have been referred to the Civil Rights program for individual advocacy.

MCD's Civil Rights Program uses two complementary approaches in its civil rights work to increase access and stop discrimination: direct representation of Deaf individuals, and a systemic advocacy initiative called the Deaf Advocacy Group (DAG – disbanded in early 2001), and it's Bangor offshoot, the Deaf Advocacy Network (DAN). The ability to identify problems that individuals encounter helps to prioritize the issues that DAG needs to address to achieve widespread systemic change.

MCD uses a variety of strategies to represent clients including mediation, negotiated settlements and formal complaints with the Maine Human Rights Commission, the Office of Civil Rights, the Department of Justice, the Equal Employment Opportunity Commission and the Department

of Education. Individuals call on the phone for assistance as well as physically come to MCD. MCD is committed to serve people's immediate needs even though this often interrupts addressing the pressing problems and clients to whom they are already committed. The D/deaf community has many more needs than MCD can effectively address. Resources are limited and the problems that the D/deaf community faces are vast.

98 new concerns and complaints in FY 01 included the following issues (see Appendix for further details):

- Lack of interpreters in a variety of situations including doctor appointments and with other public accommodations such as lawyers, banks, credit agencies and insurance companies;
- Discrimination by government entities such as the jails, courts, schools, police departments state agencies and towns' public assistance programs, problems with day and residential programs for deaf people with mental retardation;
- Job concerns;
- School issues; and
- Housing issues, especially the need for visual fire and safety alarms and doorbells.

OUTREACH AND EDUCATION ON HEALTH, SUBSTANCE ABUSE, AND HIV/AIDS-RELATED ISSUES are provided by MCD under contract with the BDS Office of Substance Abuse. Individual support and systemic education are two ways in which the needs are addressed. Workshops such as Anatomy for Interpreters I & II took place during the reporting period, reaching more than 60 interpreters. In 2001, an HIV/AIDS awareness survey was mailed to 180 members of the Deaf Community of which 50 were returned. Questions included current levels of awareness of prevention, of the link between HIV/AIDS and alcohol use/abuse, and interest in trainings offered in ASL.

Psychosocial/Recreational:

A PEER SUPPORT GROUP for Deaf persons sponsored by MH Services has been administered by Maine Center on Deafness since 1989. The group meets twice monthly and at times has been facilitated by Deaf staff or a deaf & hearing team. During the reporting period attendance ranged from 20 – 40 participants, mostly deaf consumers with mental retardation who find this forum to be one that meets their psychosocial needs, accompanied by staff. Activities are selected by the members and include outings (one to the Boston Aquarium – for some, their first time out of Maine), holiday parties, pizza nights, BBQs, an interpreted performance of A Christmas Carol at Portland Stage company, and guest speakers on educational topics. Thanksgiving dinner at the Country Buffet restaurant has attracted as many as 30 consumers and 20 staff. See appendix for sample pictorial fliers, made using the Boardmaker computer program to enhance clients' understanding of upcoming activities.

Peer Support Group is not simply social activities. It's not just Bingo and bowling. Clients are, perhaps for the first time in their lives, in an environment in which all communication is accessible to them – visual, and adapted for varying cognitive levels. While the client may be the only signer in his/her home programs, this is an environment with true peers. Social

interaction among peers, rather than dependence on staff, is encouraged and fostered. For some, this means developing eye contact with others, for others, appropriate turn-taking skills in conversation, and for others, it is finally having someone explain the events of September 11 in a way that is understandable. Staff are exposed to a deaf-friendly, consumer –focused signing/gesturing environment, and learn new ways of interacting with the consumers through the modeling of the leader and the deaf staff from the specialized programs.

Despite funding from MR Services in FY 1999, additional Peer Support-type groups in other areas of the state did not materialize. In 2001 Maine Center on Deafness applied for and was awarded a BINGHAM GRANT through BDS for \$54,330 for three years to establish similar groups in Bangor, August and Lewiston.

At the request of one woman who is deaf, a survivor of abuse at GBSD, and has borderline MR and Multiple Sclerosis, a TRIP TO FLORIDA was organized through Maine Center on Deafness. In February of 2001, a total of five clients (all with multiple handicapping conditions) and six staff rented a wheelchair-accessible condo and two vans to enjoy the sights of Orlando: Disney World, Universal Studios, and sandy beaches. For many, it was the first time flying in an airplane. Those who went on the most hair-raising roller coasters had the biggest smiles.

SUPPORT GROUPS FOR ADULTS WHO ARE HARD OF HEARING OR LATE DEAFENED that were previously conducted by the Technical Consultant on Deafness and a signing mental health clinician, with two sign language interpreters and a CART reporter, were suspended when the Technical Consultant took a new position with the Division of Deafness. A new group formed in the summer of 2001 and is affiliated with the national organization, Self Help for Hard of Hearing. Located at Maine Medical Center's Dana Conference Center in Portland, meetings take place on the third Tuesday of the month. BDS, DoD and Maine Medical Center jointly sponsor communication access.

CAMP SIGN-A-WATHA is an annual 5-day summer camp experience for deaf adults with mental retardation, and may be only one of its kind in the world. For people on the fringe of both the mental retardation and deafness worlds, and marginalized by both, camp provides:

1. A fun, language-accessible camp experience;
2. A peer group and social network;
3. Exposure to appropriate leisure and potential vocational activities;
4. Language- and communication- awareness workshops for both campers and hearing staff;
5. Stigma- reduction by exposing deaf consumers of MR services and the general deaf community to each other.

In 2000 there were 53 "campers" and 58 in 2001, many of whom live in communication isolation as the only deaf or signing person in programs scattered throughout the southern half of the state. Approximately 10 campers from Massachusetts also attend, as this is a one-of-a-kind camp. They all enjoyed events such as tie-dying camp T-shirts, arts and crafts, picture bingo, juggling lessons and performances, TTY and FAX training, computer games, swimming, fishing, boating, driving a golf cart (WOW, was that a hit!), and a bon fire/marshmallow roast; and were able to fully participate in every barrier-free event. A staff-in-training program affords students at the

Governor Baxter School for the Deaf, as well as hearing students with an interest in signing and social work, an opportunity for meaningful community service and exposure to the social work field as a potential vocational option. A "Helper" category of staff allows deaf individuals with mental health issues or mental retardation work to his/her capacity with supports while still benefiting from the camp environment. Visual Gestural Communication was a key element in staff training and modeled in many interactions by those who have taken VGC classes in Maine.

Camp Sign-A-Watha is a much-anticipated annual event for the campers and helpers, added to the limited list of great events in their lives, such their own birthdays and Christmas. Camp has also meant a great deal to some of the deaf staff who have been able to connect with agencies for jobs, add vocational experiences to their resumes, and enjoy the rare opportunity to volunteer in a language barrier-free environment. By dinner- time Thursday the camp community swells to over 100, including staff, visitors, volunteers, and children of staff. The success of this camp experience is due in large part to the deaf and hearing administration team, contracted through the Maine Center on Deafness. Camp is followed up each year with a souvenir videotape and a photo-calendar mailed to each camper. See Appendix for camp photos.

Day Services:

In January of 2000, Goodwill of Northern New England's Deaf Services opened the Deaf Community Support Program, the first signing DAY PROGRAMMING of its kind in Maine. In less than two years, the 5 day-a-week community based program has grown from serving 3 to 13 participants who are Deaf and experience MR/DD. Many attend the day services program part time, and work part time in community jobs. This is the only day program option in the state of Maine that offers a full ASL & VGC milieu. In newly renovated space in Portland, consumers are designing and developing the kind of educational and recreational experiences they are most interested in, from classes in such diverse topics as yoga, cooking, sewing, health, using public transportation and African Dance, to outings such as agricultural fairs, Red Sox trips, horseback riding, state parks and shopping. The program schedule changes every four months to reflect seasonal recreational activities and changes in the participants' interests. The Program Coordinator is Deaf and has several years experience working with this population at Goodwill's residential program as well as at Camp Sign-A-Watha.

Interpreters:

At best, use of interpreters is only second best. It is far preferable for services to be delivered directly by a bilingual worker in the language the consumer is most comfortable with and knowledgeable in Deaf culture. Failing that, qualified interpreters must be provided to communicate with those who understand and/or produce any sign language as their most readily usable language.

There is shortage of qualified sign language interpreters of crisis proportions in Maine as well as nationally. The lack of qualified interpreters is most strongly felt in Washington, Piscataquis, and Aroostook Counties and in other rural areas, though services can be difficult to obtain even in Portland and Bangor. At the close of 2001, there are 112 LICENSED INTERPRETERS (having met or in process of meeting the standard of 100 hours of training in ASL and 100 hours of training in interpreting), of whom 35 ARE NATIONALLY CERTIFIED (passed a

performance test offered by one of two national testing bodies), practicing in Maine. The number of nationally certified interpreters has doubled in the past three years, in large part due to the cumbersome nature of the licensing process and to the ASL/English Interpreting Program at USM.

The specialized nature of interpreting in mental health and substance abuse settings, and the unique mix of signs and gestures a person with mental retardation may have acquired require that only the most skilled, specially trained interpreters be utilized. Extensive training and experience are required to accurately convey sensitive personal information, to translate technical or medical information to someone with poor language skills, to work with individuals in crisis, and to maintain professional distance throughout.

This crisis was being addressed during this reporting period by active involvement with several committees, task forces, and professional organizations, including the Interpreter Licensing Task Force (Department of Professional and Financial Regulation), the Deaf Advocacy Group (Maine Center on Deafness), Interpreter Education Program Advisory Committee (Northeastern University), Maine Registry of Interpreters for the Deaf, and in collaboration with the ASL/English Interpreting Program at the USM Department of Linguistics.

During this reporting period sponsorship was provided to workshops aimed at improving the skills of Maine's professional interpreters, such as the annual ASL Immersion Weekend, MCD's HIV/AIDS Outreach trainings, a two-day workshop in Bangor based on *Mental Health Interpreting: A Mentored Curriculum*, Anatomy for Interpreters I & II, and a series of 4 mini-workshops with Dr. Graham of Goodwill's Deaf Services program. A component of each annual BDS Deafness Conference is devoted to interpreting issues.

Early in 2001, Maine's Bureau of Medical Services instituted changes suggested by this office to Chapter 1 of the Maine Medicaid Manual. MAINE MEDICAID NOW REIMBURSES ALL MEDICAID SERVICE PROVIDERS (except for hospitals) FOR PART OF THE COST OF INTERPRETING, BOTH SIGNED LANGUAGE AND SPOKEN LANGUAGES. See Appendix for this portion of the Maine Medicaid Manual. With prior approval, BDS may elect to cover the cost of interpreting for mental health and substance abuse providers in private practice who are not Medicaid providers, or who are serving non-Medicaid clients. As specialized signing mental health services have expanded, the demand for interpreting services funded by the Department has stabilized.

BDS has clear POLICIES regarding the provision of sign language interpreters that were further refined in 2001 (See Appendix). In addition to the Director, there is one advocate in the Office of Advocacy who is a fluent signer, and within MR services, seven case managers have been identified as having some sign language skills; as many as 575 consumers of MR Services potentially use signs and/or gestures as part of their communication strategy. Case managers who have deaf clients on their caseload must realize the need, arrange for and find payment for interpreter services to access BDS services; they must also educate and advocate that agencies providing direct services do the same. Despite the fact that the cost of interpreter services can be written into plans for MR clients receiving Medicaid Waiver services, interpreter services are to

date underutilized. Recognizing the value of interpreters, obtaining seed money (approximately 1/3 the actual cost) and the shortage of qualified interpreters remain barriers to communication between client and worker.

Pine Tree Society, an interpreter referral service, has joined a consortium of health care providers, the Maine Hospital Association, and several hospitals with psychiatric units in an innovative collaboration utilizing VIDEOCONFERENCING EQUIPMENT and high-speed dedicated phone lines already in some MAINE HOSPITALS to provide interpreter services via two-way television from an interpreter referral agency studio location to emergency rooms and psychiatric units in remote areas of the state. Though still a far cry from solving ALL of the issues involved in the interpreting shortage, a tele-interpreter will surely be better than the wait for a qualified medical or mental health interpreter to arrive live on the scene if you are a deaf person in a hospital in Calais during a snow storm! Pilot programs are starting up in December 2001, and will progress on grant funding until 2004.

There are ongoing requests for interpreters at AA and NA meetings. There is no entity legally responsible for ensuring communication access to these self-supporting groups.

Professional Development and Public Education:

Since 1983 national experts in the provision of mental health services to Deaf persons have conducted workshop sessions on a variety of topics of interest to deaf consumers, their families and mental health professionals. Attendance at the annual BDS Deaf Services Conference attendance has grown from 30 participants at the first conference to a record of nearly 200 attendees from a wide range of services and interests.

2000'S CONFERENCE, "RAISING THE STANDARDS" focused on the new sign language licensure credentialing requirements, utilizing the National Association of the Deaf's *Standards of Care in Mental Health Service Delivery to Deaf and Hard of Hearing Persons*, and the raised expectations and contractual requirements of providers who serve deaf, hard of hearing and non-verbal/signing clients. See Appendix for flier and agenda.

In 2001, what would have been the 13th Annual BDS Deaf Services Conference was the host for the FIRST NEW ENGLAND REGIONAL CONFERENCE ON MENTAL HEALTH AND DEAFNESS, ENTITLED "FROM RAGE TO HOPE". Presenters and attendees from throughout New England spent a day and a half analyzing such issues as abuse of deaf children at state-run schools for the deaf, hearing loss and identity, and approaches to working with "psychologically unsophisticated" deaf persons. Friday night included an optional banquet with entertainment provided by Missouri's state coordinator of mental health services for deaf people, who presented "A View From the Asylum", a wry use of humor to make sense of the way people who hear behave towards those who don't.

A 40-hour VISUAL GESTURAL COMMUNICATION TRAIN-THE-TRAINER WORKSHOP was held in March of 2000 in Topsham. Attendance was by invitation only, for hand-selected deaf and hearing signers, who will then be able to teach VGC to staff and consumers throughout the state. This was designed to help address the need for more MR staff fluent in American Sign

Language and visual gestural communication in residential settings, vocational/day treatment settings, and as MR Services case managers. The instructor approved a few of the students to begin teaching VGC, but most were determined to need more training. Due to the instructor's very difficult health condition, he has not been able to return to Maine. One alternate instructor at Gallaudet University was contacted many times but has proved unavailable. We piece together classes and workshop sessions, as trainers are available.

The sixth biennial national Deafness and Psychosocial Rehabilitation Services conference, BREAKOUT IV took place in May of 2000 in St. Louis, MO. All three presentation proposals submitted by the Office of Deaf Services, in collaboration with Safer Place, a Vocational Rehabilitation Counselor for the Deaf, and the National Association of the Deaf were accepted. Six specialized service providers and clients from Maine attended and presented. The Director served as Chair of the Exhibition Committee for the conference.






Office of Deaf Services staff also presented at the ADARA Conference (Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf or Hard of Hearing), in May 2001 at Monterrey, California. "Safer Place Update," "Ratcheting UP the Standards: Licensure of Interpreters" and the "Communication Assessment Process for Deaf Adults with Mental Retardation" were presented to peers nationally.

The National Association of State Mental Health Program Directors (NASMPHD) convened a GATHERING OF STATE COORDINATORS OF MENTAL HEALTH SERVICES FOR DEAF AND FOR MULTICULTURAL DIVERSITY for two days in Washington, DC in June of 2001. Themes included utilizing research, networking, and universal difficulty to calling attention to the unique needs of these underserved populations.

The National Technical Assistance Center for State Mental Health Planning of NASMPHD requested the Director's assistance in editing a PUBLICATION ON DEAFNESS AND MENTAL HEALTH as part of their Cultural Diversity series. The publication will be distributed to all the states' Departments of Mental Health.

A NEW ENGLAND REGIONAL MH/DEAFNESS NETWORKING SESSION took place on April 10, 2000 in the only signing in-patient unit in the region, Westborough State Hospital in MA. 10 Mainers participated, representing BDS, Goodwill, Community Counseling Center, and Safer Place. Discussion of potential follow up led to the decision for the 2001 BDS/Deaf Services Conference to become a region-wide event.

Presentations were made, informative displays were set up and resource materials distributed at forums reaching the deaf community and service providers such as:

-  Crisis Service Providers group, Augusta
-  Preble Street Resource Center staff, Portland
-  Kennebec Valley Mental Health Center, Mobile Crisis workers, Waterville
-  Deaf Culture Festival, Falmouth
-  Maine Medical Center Grand Rounds, Portland

- ✎ Deaf Community Forum 1, Sebago
- ✎ Camp Sign-A-Watha Open House, Weld
- ✎ Southern Maine Technical College MHRT course in Special Populations, S. Portland
- ✎ Domestic Violence Conference, Rockland
- ✎ Maine Association of the Deaf Convention, Portland
- ✎ Legislature Deaf Awareness, Augusta
- ✎ BDS Trauma Conference, Portland and Augusta
- ✎ CH&CS Crisis Workers, Bangor
- ✎ Counseling Services Inc., Saco
- ✎ LEAP, Farmington
- ✎ Community Partners, Inc., Portland
- ✎ MR Services Supervisors and Resource Developers, Thomaston
- ✎ St. Mary's Hospital, Lewiston
- ✎ Spring Harbor Hospital, S. Portland
- ✎ DHS Case Workers, Bar Harbor
- ✎ United Way-- member agency Executive Directors, Portland
- ✎ Eastern Maine Medical Center, Bangor
- ✎ BMHI Lunch & Learn program, Bangor
- ✎ Elder Independence of Maine, Bangor and Lewiston
- ✎ Southern Maine Area Agency on Aging (SMAAA), Portland
- ✎ Maine Coalition to End Domestic Violence, Augusta
- ✎ Senior Enrichment Center, Portland
- ✎ Deaf Community Forum II, Augusta
- ✎ BDS Administrative Support Staff, Orland

In addition to these face-to-face training activities, the Office of Deaf Services continues to provide Periodic Informative Mailings to a mailing list of over 500 persons who have attended trainings and serve on committees. These mailings typically include articles of note, announcements of upcoming workshops, and a newsletter-style update from the Office of Deaf Services.

Inpatient:

NO SPECIALIZED HOSPITAL SERVICES FOR THE DEAF EXIST IN MAINE, in public or private hospitals, for Deaf persons in need of psychiatric (or medical) hospitalization. Deaf persons are treated in local hospitals around the state despite most hospitals' inability to provide basic access to services. This Office provides consultation to hospital staff when requested. The Civil Rights Director at Maine Center on Deafness intervenes in situations where Deaf persons are denied admission based on their Deafness, are not provided appropriate accommodations, or request transfer to one of the 10 specialized deaf in-patient psychiatric or substance abuse treatment units around the country. Deaf-friendly design suggestions have been proposed to the new PSYCHIATRIC TREATMENT CENTER to be built in Augusta. The planning committee staffed a table at the 2000 Deaf Services conference to elicit feedback from the Deaf community and Deaf professionals in attendance.

ACTIVITIES PLANNED FOR 2002 AND 2003

There is ONGOING NEED FOR ALL SERVICES CURRENTLY AVAILABLE. They will be continued to the extent the Department budget and outside resources will allow. Activities, plans and changes for many of the existing programs have been listed in the appropriate description of the programs above. Other anticipated activities include:

The 14TH ANNUAL BDS DEAFNESS CONFERENCE is planned for March 15, 2002 in Portland. The theme will be DEAF DIVERSITY, and will explore the psychosocial and linguistic issues in being a minority within Maine's Deaf population. Topics to be covered include Deaf &... Jewish, Gay, Blind, In Recovery, Asian, and adopted into a white hearing family. For the first time, this conference will be rolled into the BDS contract with the Muskie School's Center for Learning to plan and coordinate the conference logistics. Breakout sessions will include Ending Bullying and Teasing, and Serving and Befriending Deaf/Blind people.

Ground has been broken for a NEW FOUR-PERSON GROUP HOME under the administration of Medical Care Development. It is designed to be a one-floor, wheelchair accessible, deaf-friendly signing environment. Three men and one woman, all of whom are deaf and have mental retardation, are slated to move in the fall of 2002. Staffing patterns are 2:4 with 24-hour staff trained in American Sign Language, Visual Gestural Communication and dealing with challenging behaviors. The program is located on acres of wooded land in Windham near 2 other supported residences.

The DEAF RESOURCES GUIDE WILL BE ADDED TO THE BDS WEB SITE, with links to the Division of Deafness and the State web page, making the information instantly available to all Internet users and reducing the costs incurred by printing and mailing hard copies.

The Director will renew efforts to provide basic Deaf Awareness training to Child Protective, Adult Protective and Elder and Adult Services workers within Department of Human Services.

Maine will have a representative at the National Association of State Mental Health Program Directors' (NASMHPD) Third Technical Report Meeting on Seclusion and Restraint: Special Focus on Persons Who are Deaf or Hard of Hearing to be held January 30 – 31 in St. Petersburg, Florida. Peter Martineau, an employee of Goodwill Industries Deaf Services has been requested to participate and will contribute to creating a new national standard.

Explore the development of specialized signing MR group housing in Augusta and Bangor, with additional programs to be developed as the Communication Assessment Team identifies more individuals who can benefit from a signing/visual communication environment. Despite funding for the Bangor Medicaid waiver home having been approved, no interested and dependable provider came forward to deliver the services; therefore this remains an ongoing need.

ASL and VGC training for service providers and family members throughout the state. There are not enough trainers to meet the demand.

Address the possibility of consolidation of caseloads to match the Designated Deafness Specialist case managers within the mental retardation service system with the clients who are identified as utilizing sign and visual gestural communication. Issues such as consumer preference, geographic feasibility, the 35 client to case manager ratio mandated by the Community Consent Decree, and the equitable distribution of workload must be addressed.

Outreach to the Elder and Aging service system to anticipate and plan for the needs of deaf persons in BDS services as they age, and to provide increased training awareness of the full ramifications of hearing loss in the general elderly population. There are NO specialized health, supported living or nursing level care services available to deaf, hard of hearing, or late deafened seniors. Programs may be unaware of their obligations to provide accommodations and are unaware of the (precious few) available resources.

Outreach to the children's service system, to educate and advocate that providers give full consideration to recommending the use of sign and visual gestural communication with children who are deaf, hard of hearing or non-verbal/potentially signing and have additional handicapping conditions. Appropriate language intervention must occur at a very early age, when optimal language learning occurs, thus ensuring the lifelong right to communicate.

Ongoing challenges beyond the scope of this Departments' purview and felt by all social service providers who attempt to serve deaf and hard of hearing persons include: the increasing cost and lack of availability of sign language interpreter services; and difficulty in recruiting and retaining qualified Direct Care staff who are not only knowledgeable in issues related to mental retardation, developmental delays and severe mental illness but who are also fluent in sign language. Higher wages and a differential paid for the second language requirement could help with this problem of an ongoing direct care staff shortage.

HISTORICAL HIGHLIGHTS

Detailed reports have been submitted biennially to the Maine Legislature in 1986, 1988, 1990, 1992, 1994, 1996, 1998, 2000, plus an Initial Report on Mental Retardation Services for the Deaf in 1995. Copies are available from the Legislative Library or from the BDS Office of Deaf Services and Multicultural Diversity, (207) 287-4240 Voice/TTY. Summarized below are highlights excerpted from those reports.

1981

ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES TO DEAF PERSONS
ESTABLISHED

1983

TRAINING WORKSHOPS PROVIDED TO MENTAL HEALTH PROVIDERS AND
SIGN LANGUAGE INTERPRETERS

1984

INTERPRETER SERVICES CONTRACTED FOR MENTAL HEALTH SERVICES -
Pine Tree Society, Deaf Services

DEAF SERVICES COORDINATOR HIRED - David Lawlor, a graduate of Gallaudet
University

TTY ESTABLISHED IN THE DEPARTMENT (207) 287-2000

"YOU CAN GET HELP" VIDEOTAPE MADE - featuring deaf actors using American Sign
Language, explains what mental health services are and where they are available

1985

LEGISLATIVE ENACTMENT OF L.D. 1543, ESTABLISHING AN 8-BED COMMUNITY
RESIDENTIAL PROGRAM FOR DEAF PERSONS WITH MENTAL HEALTH
PROBLEMS - Caron Street Transitional Program for the Deaf in Portland, administered
by Goodwill Industries of Northern New England

1986

AMHI DEAFNESS SPECIALIST POSITION ESTABLISHED

COMMUNITY MENTAL HEALTH SUPPORT WORKER ESTABLISHED, ½ time position at
Pine Tree Society, Portland

MAINE CENTER ON DEAFNESS ESTABLISHED, Portland. DMH contributed startup funds
and ongoing support for Information and Referral

SUBSTANCE ABUSE AND DEAFNESS WORKSHOP

1987

LEGISLATIVE ENACTMENT OF S.P. 351: AN ACT TO ENSURE ACCESSIBILITY TO
MENTAL HEALTH SERVICES FOR DEAF PERSONS

PARENT EFFECTIVENESS TRAINING/SUPPORT FOR DEAF PARENTS

through the Community Support Worker at Pine Tree Society

SERVICE PROVIDERS DEAFNESS SKILLS DEVELOPMENT INITIATIVE

1988

RESIDENTIAL PROGRAM FOR HOSPITALIZED DEAF PATIENTS ESTABLISHED -

Sunrise House, a 5-bed group home administered by Motivational Services, Inc.

DEAF SERVICES COORDINATOR POSITION VACANT: PART-TIME COORDINATOR

WORKING IN ACTING CAPACITY - Meryl Troop, Sign Language Interpreter

CLINICIAN/INTERPRETER TRAINING HELD 2-days

PRESENTATIONS TO DEAF CLUBS - Silent Impressions, a sign language performing troupe, presented skits on mental health to deaf clubs in Portland, Bangor and Lewiston

1989

2ND ANNUAL CONFERENCE FOR CLINICIANS/INTERPRETERS

RESOURCES FOR DEAF SERVICE RECIPIENTS IN MAINE BROCHURE developed, printed and distributed

DEAF SERVICES COORDINATOR HIRED IN NOVEMBER

CONFERENCES ON MENTAL HEALTH AND THE HARD OF HEARING HELD

PEER SUPPORT GROUP FOR THE DEAF ESTABLISHED, facilitated by a Deaf leader, at Maine Center on Deafness, Portland

1990

3RD ANNUAL CONFERENCE: MENTAL HEALTH AND DEAFNESS "CULTURAL ACCESSIBILITY", 2 days, 132 participants

WORKSHOP BY DR. FRAN DEMIANY, a case-conference program in Augusta, attended by interpreters, group home staff and clinicians

OUTREACH TO BUREAU OF MENTAL RETARDATION AND PINELAND CENTER

2 REGIONAL WORKSHOPS ON SEX ABUSE TREATMENT, Portland and Waterville

CONTRACTUAL ACCESSIBILITY REQUIREMENTS FOR 10 MENTAL HEALTH

CENTERS requires TTY accessibility, listing in TTY Directory, publishing TTY access on all printed materials, and a deafness liaison learning ASL

"A WORKING CONFERENCE ON INTERPRETERS IN THE EDUCATIONAL SETTING: EXPLORING ADMINISTRATIVE, PSYCHOLOGICAL, LINGUISTIC AND CULTURAL ISSUES", 2 days at USM - sponsored a deaf psychologist to present on psychological issues of mainstreaming

1991

4TH ANNUAL CONFERENCE: MENTAL HEALTH AND DEAFNESS "HANDS ON", 98 attendees

"A VISUAL-GESTURAL APPROACH TO COMMUNICATING AND THINKING"

WORKSHOP cosponsored with Pineland Center

DEAF PROFESSIONALS GROUP ESTABLISHED, a forum for the increasing number of deaf persons working in the field to network and contribute to the development of services

LEGISLATIVE ENACTMENT OF L.D. 1663: AN ACT TO PRESERVE THE

CONFIDENTIALITY OF COMMUNICATION BY INTERPRETERS FOR THE

DEAF, gave legal substance to the Confidentiality clause in the Registry of Interpreters for the Deaf Inc.'s Code of Ethics for interpreting in mental health and other settings

LEGISLATIVE ENACTMENT OF L.D. 940: AN ACT TO INCREASE THE AVAILABILITY OF SIGN LANGUAGE TRAINING leading toward a greater pool of sign-language fluent people to work with this population group

COSPONSORED AMERICANS WITH DISABILITIES ACT (ADA) & DEAFNESS TRAINING, presented by a deaf civil rights attorney from the US Department of Justice.

Two sessions: for deaf people and for agencies

ADVISORY COMMITTEE 10TH ANNIVERSARY RETREAT

AMHI DEAFNESS REHABILITATION POSITION CUT - no more long-term deaf patients!

1992

5th ANNUAL CONFERENCE ON DEAFNESS AND MENTAL HEALTH

"ADVOCACY: GETTING NEEDED SERVICES" Margaret Bibum of DeafPride, in Washington DC, planned by Deaf Professionals Group, 100+ attendees

"UNDERSTANDING THE DYNAMICS OF DEAF CONSUMER - INTERPRETER RELATIONS" Eileen Forestal, Deaf Interpreter Trainer, planned by Deaf Professionals Group, 46 attendees

HOLY INNOCENTS ADDS CASE MANAGER FOR THE DEAF POSITION in Portland - Diane McGinley serves a caseload of 10

DEAF CULTURE WEEK POSTER printed and 150 distributed

1993

6th ANNUAL CONFERENCE ON MENTAL HEALTH & DEAFNESS

"BREAKING DOWN THE WALLS: Searching for Community" 100+ attendees

4 "FALL TRAINING OPPORTUNITIES" WITH SEAC & GOODWILL

"WHAT VOCATIONAL SERVICE PROVIDERS NEED TO KNOW" workshop held at Amity Center, 50 vocational workers

CASE MANAGEMENT/OUTREACH POSITION AT PINE TREE SOCIETY CUT
RIGHTS VIDEOTAPE COMPLETED AND DISTRIBUTED in American Sign Language for deaf consumers of mental health services to understand their rights, by the Deaf Professionals Group

DEAF CULTURE WEEK POSTER printed and 200 distributed

CAMP SIGN-A-WATHA FOR DEAF ADULTS WITH MENTAL RETARDATION ESTABLISHED, 16 "campers"

1994

DIRECTOR ATTENDED 6-WEEK INSTITUTE ON MENTAL HEALTH AND REHABILITATION at the University of California, San Francisco Center on Deafness
7TH ANNUAL DMH&MR/DEAFNESS CONFERENCE "ALL ABOARD", Governor Baxter School for the Deaf, 100 participants from various disciplines.

BREAKOUT III NATIONAL MENTAL HEALTH CONFERENCE, CHARLESTON, SC presentations made by Meryl Troop, Diane McGinley (Case Management), and T J Pawol (Camp Sign-A-Watha)

LEGISLATIVE ENACTMENT OF P.L. 519, AN ACT TO ENSURE ACCESSIBILITY TO MENTAL RETARDATION SERVICES FOR PERSONS WHO ARE DEAF OR HARD

OF HEARING requires DMR to provide specialized programming, adaptive equipment and deliver services in sign language for deaf consumers.

DMH DEAF SERVICES COORDINATOR POSITION BECOMES DEPARTMENT-

WIDE. Director, Office Of Deaf Services provides technical assistance to DMR

DMR REGIONAL DEAF SERVICES LIAISONS monthly meetings: Representatives from the 5 DMR Regions and Pineland Center, bridge the centralized function of the DMH&MR. Director, Office of Deaf Services and each office.

1st NATIONAL MENTAL HEALTH/DEAF SERVICES STATE COORDINATORS'

CONFERENCE, Arlington, VA. "Role of the State Coordinator" presented by Dave Lawlor, Meryl Troop attended

CAMP SIGN-A-WATHA FOR DEAF ADULTS WITH MR - 26 "campers"

"PROMOTING INTERAGENCY COOPERATION FOR INCREASED SERVICES TO THE DEAF COMMUNITY" AWARD bestowed by Deaf Community to DMHMRSAS

1995

MEDICAID POLICY REGARDING REIMBURSEMENT OF INTERPRETER EXPENSES

STANDARDIZED and implemented as each chapter came up for renewal.

8TH ANNUAL DMH&MR/DEAFNESS CONFERENCE: "BUILDING BRIDGES", Governor Baxter School for the Deaf, record-breaking 175 participants.

OPEN HOUSES HELD IN 4 LOCATIONS AROUND MAINE, in model facilities to promote regional networking among providers of MH, MR and Vocational services.

CAMP SIGN-A-WATHA enjoyed by 23 DEAF ADULTS WITH MR, Deaf administration team runs much of the camp.

INTERN FROM SMITH COLLEGE, Anna Gailitis, works for one semester with the Director on projects such as the 1995 Legislative Report, site visits and Open Houses.

HALF-TIME CASE MANAGER FOR THE DEAF ESTABLISHED through Motivational Services for the residents of Sunrise House in Augusta - Carolyn Fairservice.

SITE VISITS TO MR SERVICES in Region V, both residential and vocational, reveal minimal appropriate adaptations for deaf consumers.

TWO DEAF "FOCUS GROUPS", HELD BY OFFICE OF CONSUMER AFFAIRS, Portland and Camp Sign-A-Watha in Weld. Lack of appropriate Deaf services called "pitiful".

DEAF CULTURE WEEK ACTIVITIES EXPANDED - TTY-A-Thon at DMH&MR Central Office, 500 posters distributed, display tables at GBSD Festival.

1996

ASL MENTAL HEALTH THERAPIST POSITION ESTABLISHED, COMMUNITY

COUNSELING CENTER, PORTLAND. Counseling services from a full-time licensed mental health clinician fluent in American Sign Language, in a family service agency, for deaf or hard of hearing residents of Cumberland and York counties and their families.

STATE STREET SUPPORTED APARTMENT PROGRAM SUPPORTS 15 DEAF ADULTS WITH MENTAL HEALTH PROBLEMS, PORTLAND. Administered by Goodwill

Industries, the funds used to support 5 individuals in a group home now provide flexible supports to 15 consumers in their own homes.

CARON STREET GROUP HOME RECEIVES MR FUNDING TO SERVE 4, PORTLAND, the first MR-funded program to serve deaf consumers in a signing environment.

CAMP SIGN-A-WATHA FOR DEAF ADULTS WITH MR - a 5-day sign language immersion summer camp experience in Weld serves 28 "campers". A Deaf administrator is hired to conduct the on-site operations.

DEAF SOCIAL WORK INTERN FROM USM, Terry Morrell, works with the Office of Deaf Services as an extension to maintain a presence at the Maine Center on Deafness.

DEAF PARENTING GROUPS, PORTLAND AND AUGUSTA. Deaf leaders conduct psychosocial educational groups for deaf parents their children based on a curriculum developed by the Northern Virginia Deaf Resource Center.

"3 FOR ALL" WEEKEND WORKSHOP, BAR HARBOR, FEATURES 3 TRACKS:
 VISUAL GESTURAL COMMUNICATION,
 INTERPRETING IN MENTAL HEALTH SETTINGS - BEGINNERS, AND
 INTERPRETING IN MENTAL HEALTH SETTINGS - ADVANCED, taught by national leaders in the fields to 60 participants.

"WE DON'T SERVE DEAF PEOPLE HERE" CONFERENCES, PORTLAND AND BANGOR, for service providers to understand the legal, social and linguistic implications of service provision (or the lack thereof) to deaf consumers. 110 + 95 attendees (in lieu of annual DMHMRSAS /Deaf Services Conference)

1997

TECHNICAL CONSULTANT ON DEAFNESS ADDED TO STAFF. Jan DeVinney, a late deafened Masters in Rehabilitation Counseling student at USM is contracted through Mobius Inc. to provide training, consultation, and technical assistance.

9TH ANNUAL DMHMRSAS /DEAFNESS CONFERENCE: "EVALUATING DEAF PERSONS: WE'RE NOT IN KANSAS ANY MORE", PORTLAND. 158 participants.

CAMP SIGN-A-WATHA enjoyed by 47 DEAF ADULTS WITH MR, Deaf administration team runs much of the camp. By Thursday evening's indoor flashlight bonfire, we were a community of 113!

CASE MANAGER FOR THE DEAF TRANSFERRED FROM HOLY INNOCENTS TO GOODWILL, CONSOLIDATING DEAF SERVICES AT THE STATE STREET OFFICE. 35 consumers with mental health issues receive comprehensive services.

½-TIME ADVOCATE POSITION AT HOLY INNOCENTS INCREASED TO FULL TIME, AND TRANSFERRED TO MAINE CENTER ON DEAFNESS.

DEAF CULTURE WEEK ACTIVITIES - 500 posters distributed, display tables at GBSD Festival for Camp Sign-A-Watha, BDS, and 2 signing MH clinicians.

10 ASSISTIVE LISTENING DEVICES (ALD) PURCHASED AND DISTRIBUTED TO ALL DMHMRSAS OFFICE LOCATIONS; STAFF TRAINED IN ALD AND TTY USE

SIGNING MENTAL HEALTH THERAPIST POSITION AT COMMUNITY HEALTH AND COUNSELING SERVICES, BANGOR, the second such position in Maine.

FUNDING COMMITTED FOR A THIRD SIGNING MENTAL HEALTH THERAPIST: PORTLAND. Community Counseling Center conducting nationwide search for qualified applicants, to augment the existing position, which cannot keep up with demand.

VISUAL GESTURAL WORKSHOPS - 2 weekend-long in Portland, 1 one-day in Bangor, 3 two-hour sessions in Caribou. Total: 235 participants.

DEAF RIGHTS CONFERENCES HELD, PORTLAND AND BANGOR in collaboration with many agencies, to educate deaf persons about their rights to accessible services
SUNRISE HOUSE GROUP HOME PROGRAM FOR DEAF ADULTS WITH MENTAL ILLNESS MOVES FROM THE GROUNDS OF AMHI TO AN APARTMENT BUILDING IN AUGUSTA, giving each resident his/her own apartment, with supports
SPECIALIZED SUPPORT GROUPS PROLIFERATE IN PORTLAND: Late Deafened Adults, Deaf Mothers, Deaf Boys 4 -7, Depression/Manic Depression, Clinical Supervision
DEAF SUBSTANCE ABUSE SPECIALIST TOURS MAINE TO EDUCATE DEAF PEOPLE AND SERVICE PROVIDERS IN 7 FORUMS FROM PORTLAND TO BANGOR
RFP ISSUED TO CREATE A THERAPEUTIC TREATMENT PROGRAM FOR DEAF ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCES, "PRIDE", including three components: residential, community support, and clinical.

1998

10TH ANNUAL DMHMRSAS /DEAFNESS CONFERENCE: FAMILY SYSTEMS, PORTLAND, 148 participants.

CAMP SIGN-A-WATHA enjoyed by 53 DEAF ADULTS WITH MR, Deaf administration team runs the camp.

DEAF CULTURE WEEK ACTIVITIES - 500 posters distributed, display tables at GBSD Festival for Camp Sign-A-Watha, DMHMRSAS, and 2 signing MH clinicians.

SIGNING MENTAL HEALTH THERAPIST POSITION ESTABLISHED AT YOUTH AND FAMILY SERVICES, SKOWHEGAN & AUGUSTA, the fourth such position in Maine.

SECOND ASL MENTAL HEALTH THERAPIST POSITION ESTABLISHED AT COMMUNITY COUNSELING CENTER, PORTLAND. Counseling services from TWO full-time licensed mental health clinicians fluent in American Sign Language, in a family service agency, for deaf or hard of hearing residents of Cumberland and York counties and their families. CHILDREN'S SERVICES: CASE MANAGEMENT AND MENTOR POSITIONS ESTABLISHED for a total of 4 signing FTEs at CCC.

DEAF SUBSTANCE ABUSE PROGRAM, "DEAF PAH" ESTABLISHED TO TRAIN AND SUPPORT DEAF PEER EDUCATORS TO SERVE AS RECOVERY SUPPORT GROUP LEADERS AND LIAISONS BETWEEN THE DEAF COMMUNITY AND THE TREATMENT COMMUNITY.

"WORDSHOP", PORTLAND & BANGOR, a workshop to learn to work more effectively with challenging communication needs of Deaf adults with mental retardation.

SAFER PLACE advocates for improved services for survivors of abuse at the Governor Baxter School for the Deaf. DMHMRSAS representatives attend meetings and provide support, increased funding for services, ongoing administrative support and informational brochures distributed to the Deaf Community.

1999

VISUAL GESTURAL COMMUNICATION/SIGN LANGUAGE CLASSES - PORTLAND, LEWISTON, AUGUSTA (2x), BANGOR: 5 10-week classes; 59 STUDENTS, including 2 consumers of MR services, family & guardians, DMHMRSAS case managers, and program staff, via contract with Maine Center on Deafness.

SAFER PLACE advocates for improved services for survivors of abuse at the Governor Baxter School for the Deaf. DMHMRSAS representatives attend meetings and provide support, increased funding for mental health services, ongoing administrative support and informational brochures distributed to the Deaf Community.

COMMUNICATION ASSESSMENT TEAM FORMED AND GROUND BREAKING ASSESSMENT TOOL DEVELOPED to assess visual communication skills and potential for deaf adults in the mental retardation system as required by PL 519. 575 people were identified through the Management Information System as potentially benefiting from visual communication.

STICKY SITUATIONS: DEAF, HEARING AND INTERPRETERS STICKING TOGETHER, PORTLAND, 75 participants, in collaboration of Maine Center on Deafness, Maine Registry of Interpreters for the Deaf, and DMHMRSAS.

MR/DEAF SERVICES STATEWIDE PRESENTATION OVER ITV, 2 hours of interactive participation for a total of 94 participants. Videotapes of the session have been captioned and are available through each Designated Signing Case Manager.

11TH ANNUAL DMHMRSAS/DEAFNESS CONFERENCE: "BOUNDARIES & BORDERLINES", Waterville, 154 participants.

WHAT DEAF SERVICE PROVIDERS SHOULD KNOW ABOUT REPORTING ABUSE TO DHS, SKOWHEGAN, collaboration between DHS, DMHMRSAS, and Youth & Family Services, 16 participants

SUBSTANCE ABUSE & THE DEAF COMMUNITY: KNOWLEDGE IS POWER, PORTLAND (64 participants) & BANGOR (40 participants) features Deaf speaker in recovery, noted author of *Deaf and Sober*, Betty Miller, cosponsored by Deaf PAH, DMHMRSAS and Maine Center on Deafness.

WHAT INTERPRETERS SHOULD KNOW BEFORE, DURING AND AFTER INTERPRETING WHERE ABUSE IS DISCUSSED OR REVEALED, PORTLAND & BANGOR a collaboration between DHS, DMHMRSAS & Youth & Family Services

DAY-LONG VISUAL GESTURAL WORKSHOPS HELD IN PRESQUE ISLE (2x), BANGOR (3x), CAMP SIGN-A-WATHA (2x), taught by BILL HUSTON to 116 participants - providers, DMHMRSAS staff, deaf community members and interpreters.

CAMP SIGN-A-WATHA FOR DEAF ADULTS WITH MR - a 5-day sign language immersion summer camp experience in Weld serves 42 "campers" and 10 "Helpers". Featured an internationally known Maine actress performing "Opening Night, Carmen" a very visual version of the opera performed with mops, buckets and teakettles (you had to be there!)

PETRA HOME OPENS IN WATERVILLE, serving 2 deaf adults with mental retardation supported by deaf and fluently signing hearing staff, administered by Employment Support Services.

DEAF CULTURE WEEK ACTIVITIES - 500 posters distributed, display tables at GBSD Festival for Camp Sign-A-Watha, DMHMRSAS, Safer Place, Deaf PAH, and 3 signing Mental Health clinicians.

GOODWILL COMMUNITY SKILLS PROGRAM/DEAF SERVICES OPENS, PORTLAND a signing day-habilitation program for Deaf adults with mental retardation. Three initial clients, under the supervision of a Deaf program manager.

DEAF AWARENESS TRAINING TO DHS INSTITUTIONAL ABUSE INVESTIGATIONS UNIT & LICENSING STAFF, AUGUSTA, 60 participants.

DEAF PAH ENTERS PARTNERSHIP WITH GOVERNOR BAXTER SCHOOL FOR THE DEAF TO ESTABLISH A "SAFE AND DRUG FREE SCHOOL" AT GBSD.

ALL THREE REGIONS HAVE A DESIGNATED SIGNING CASE MANAGER WITHIN MENTAL RETARDATION SERVICES as of December 1999.

SUPPORT GROUP FOR PERSONS WHO ARE LATE DEAFENED OR HARD OF HEARING, AUGUSTA, beginning December 15th as a collaboration of Youth and Family Services and Bureau of Rehabilitation Counselor for the Deaf.

DEAF PAH LEADERS DISTRIBUTE 7 ADA COMPLIANCE KITS TO BE SHARED BY 11 RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS, AND CONDUCT TWO-HOUR TRAININGS ON "DEAFNESS 101" AND USING THE ADAPTIVE EQUIPMENT, 53 participants.

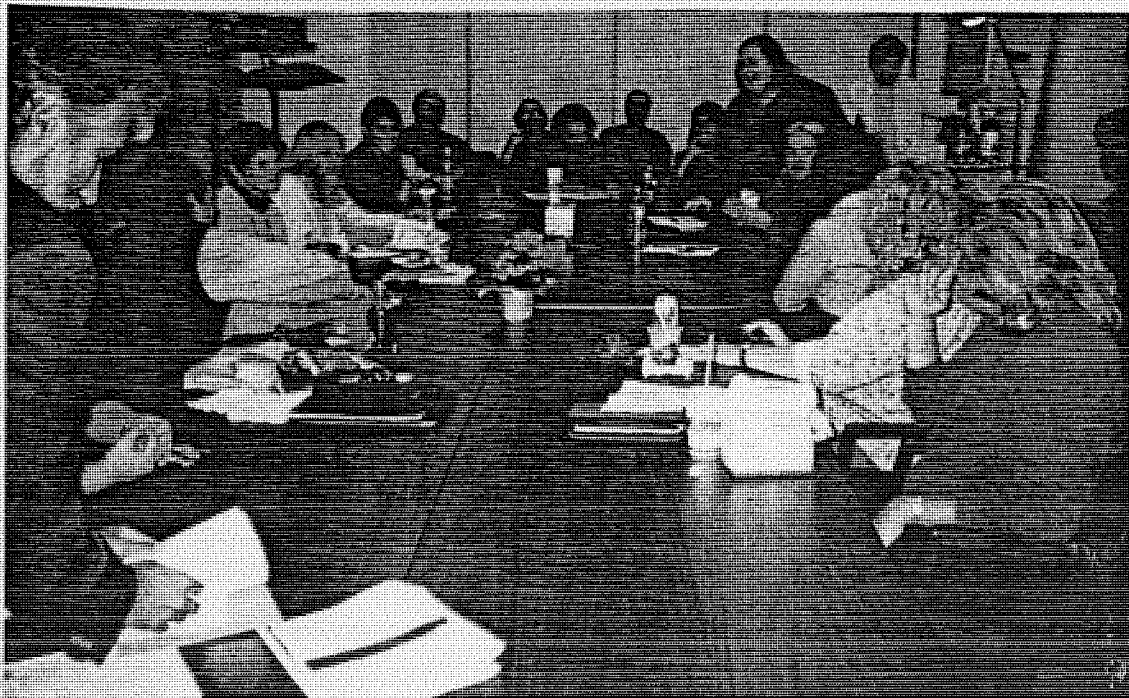
DEAF PAH PRESENTS DEAF GUEST SPEAKERS MELINDA SMITH on "ABUSE", 12 attendees, MARIO MAURO on "OPPRESSION" 6 attendees and "DEPRESSION & ANGER" 8 attendees, TAMMY FORD on "DEAF PERSON IN RECOVERY" 20 adolescent and adult attendees.

2000 & 2001 can be found in Executive Summary, pages 3 – 5.

BROWN BAG LUNCH & LEARN FEATURING DR. SANJAY GULATI*
AT COMMUNITY COUNSELING CENTER, PORTLAND

2000 – 2001

attended by 20 signing professionals from southern Maine



*New England's only Deaf Psychiatrist

Maine Center on Deafness
Civil Rights Cases by Issue

Issue	Cases Open During Report Period	% of Total Cases
CART	2	1.5%
Denial of Services	3	2.3%
Doorbells	1	0.8%
Fire Alarms	7	5.3%
General Legal Services	9	6.8%
Housing Problems	2	1.5%
Interpreter	73	54.9%
Personnel Action	13	9.8%
Program Placement	13	9.8%
Access to TTY	3	2.3%
Other Issue	7	5.3%
Total, All Cases	133	



&



COME

AND

SEE

“What’s up” with the
Deaf Community of Maine

Hall of Flags

March 23, 2000

8 a.m. to 10 a.m.

Displays Include:

- Maine Center on Deafness
- Camp Sign-A-Watha
- Deaf PAH (Substance Abuse Support Group)
- Telephone Relay Services
- DMHMRSAS Deaf Services
- Safer Place
- Deaf/Blind

Distributed at the request of
Rep. Richard Thompson and Sen. Sharon Treat

DEAF COMMUNITY FORUM

Point Sebago Resort

Casco, Maine

October 20, 2000 9 A.M. – 4 P.M.

ALL SIGN LANGUAGE—NO VOICE INTERPRETERS

DEAF INTERPRETERS PROVIDED

FREE BUS TRANSPORTATION

FREE LUNCH AND REFRESHMENTS

NO REGISTRATION FEES

PLEASE RSVP BY October 12th BY CONTACTING MCD

Sjarvis@maine.rr.com

207-797-7656 TTY

207-797-9791 FAX

OPEN DISCUSSION WITH DEAF COMMUNITY

- **ABUSE AT GBSD—WHAT IS ABUSE AND ITS LONG TERM EFFECTS**
- **YOUNG'S PORTRAIT REMOVAL-WHY OR WHY NOT?**
- **SERVICES/HELP AVAILABLE FOR STUDENTS WHO WERE HURT**
- **LEGISLATIVE UPDATES/COMPENSATION INFORMATION**
- **FORMER TEACHERS: BETTY (WOOD) BOUNDS & SUSAN (NORDMAN) RAMIREZ WILL SHARE THEIR EXPERIENCE AT GBSD**

We want to make the forum safe and educational for all people to share their opinions. Please come with open mind and respect what others say. We will have a Deaf mediator who will guide us through the day. We will have 4 safe rooms with ASL fluent counselors if you need someone to talk to.

NO CHILDREN UNDER AGE 18 PLEASE

“A SAFER PLACE”

Comforter

A patchwork quilt of good wishes for the survivors of abuse at the Governor Baxter School for the Deaf. To be displayed in locations that the Deaf Community of Maine frequent, and loaned to any survivor who is hospitalized, to wrap our good wishes around him or herself.

Material donated by: *Safer Place*

Designed & Cut by: *Sandie Spencer, BDS*

Squares Painted by: *Deaf People, signing Mental*

Health professionals, Legislators and interpreters at various events within the Deaf Community

Sewn and Quilted by: *Anne Nelson, certified interpreter, GBSD Outreach Office in Fort Fairfield*



12th Annual DMHMRSAS/Deaf Services Conference

Raising the Standards

March 10, 2000 8:30 - 4:00 Augusta Civic Center

- 8:30 Coffee & Registration**
- 9:00 Welcome - Meryl C. S. Troop, Director,
Office of Deaf Services & Multicultural Diversity**
- 9:15 Jennifer McCann, LMSW, *Using the Standards of
Care: MH Services / Deaf & Hard of Hearing***
- 10:15 Break**
- 10:30 Roxane Davis, M.Ed: *A Deaf Professional's View
of Maine's New Interpreter Licensing Standards***
- 11:30 Romy Spitz, Ph.D.: *USM Courses Raise the ASL
Standards for Signers and Interpreters; and with
Tracey Frederick: *Raising the expectations of those
who serve deaf and nonverbal consumers****
- 12:30 LUNCH, Networking, Displays**
- 1:30 - 4:00 Break Out sessions - choose one:**
- a. Bill Huston, MS, CSC: *VG-II (you must have
taken VG-1 already! Voice off- no interpreters!)***
 - b. Trauma Track:**
 - Jana Harbaugh, LCSW, *Non-Threatening Artistic
Therapeutic Approach to Trauma***
 - Peter Martineau & Sara Treat: *A Safer Place***
 - c. The State of the State:**
 - Jonathan Connick: *Maine Center on Deafness***
 - Terry Valente: *A parent's view of services for a deaf
transition-age child with mental retardation***
 - Sharon Oulette: *A Deaf consumer/provider's view***
 - A Bureaucrat from MR Services: *On the Road***
 - Josh Libby: *Cued Speech & Loving It!***
 - Barry Critchfield: *The South Carolina Standard***

PM Breaks will be determined by the session leader.

Dessert and beverages will be available in the Registration Area .

An afternoon feature:

Try the Communication Assessment Yourself!

Join Tracey Frederick and Romy Spitz in the Registration area to see the Communication Assessment process - hands on. No sign language skills needed, no speech or hearing required. Try it, you'll like it! You'll wonder how you ever got along without it before!

Special THANKS to:

Sponsors:

Department of Mental Health, Mental Retardation and Substance Abuse;
Department of Labor - Division of Deafness; and Northeastern University
(NUIEP, US Dept. of Ed Rehab Services Admin Terp Training Program Grant #H160A50009-97)

Interpreters:

Betsy Reifman, Margaret Haberman, Linn Staton, Laurie Shaffer
All of the above interpreters hold Certification from the Registry of Interpreters for the Deaf, Inc.

CART Reporters:

Marsha Swain and Shari Majeski

Cued Speech Transliterators:

Suzanne Laptewicz, Stephanie Higgins, Carolyn Ostrander, Jean Krause -
and Polly Earl, our Cued Speech connection!

Conference Logistics:

Jane Malinowski

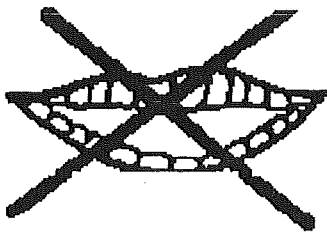
***Please fill out your evaluation sheets and hand them in to the
Registration Table at the end of the afternoon session.***

**Certificates of attendance for 6 Contact Hours awarded by
DMHMRSAS will be available there, as well as the sign-up sheets
for specialty certificates such as RID Certified & ACET, and CRC.**

Thank YOU for your attendance today.

Mobius, Inc.
 Business Route 1
 Damariscotta, ME 04543
 Phone # 563-3511
 TTY 563-3864
 1:00 p.m. to 3:00 p.m.

non-speaking



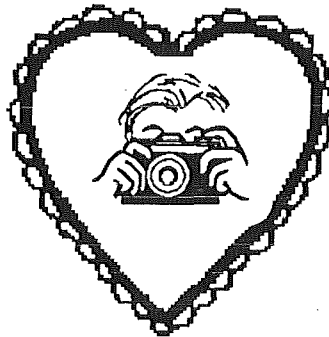
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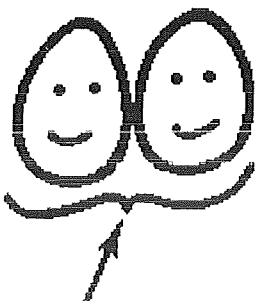
February

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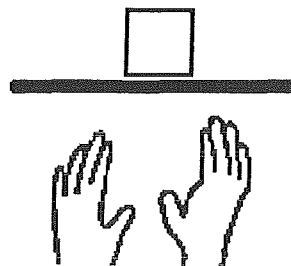
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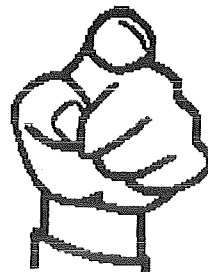
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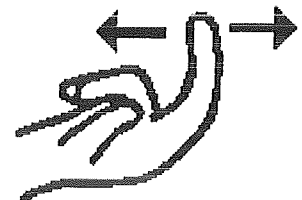
want



you



come



Please contact
 Margaret Holden
 at Mobius
 by 2/10/00
 if you are coming

~~SEE OVER
 for MAP~~

ONCE-IN-A-LIFETIME DREAM VACATION TO FLORIDA
5 DEAF ADULTS WITH MENTAL RETARDATION
AND ADDITIONAL DISABLING CONDITIONS
VISIT DISNEY WORLD, UNIVERSAL STUDIOS AND FLORIDA'S BEACHES
With 6 staff (2 Deaf, 4 hearing)
February, 2001





CAMP SIGN-A-WATHA

2000 Calendar



DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES (BDS)

POLICY GOVERNING COMMUNICATION ACCESS WITH PERSONS WHO ARE DEAF, HARD OF HEARING, OR HAVE LIMITED ENGLISH PROFICIENCY

#01-CS-

Issue:

Background:

Since 1964, with the passage of the Civil Rights Act, great strides have been made toward the inclusion of all people in the mainstream of American life. People are guaranteed access to public accommodations regardless of race, creed, color, national origin or disability. In Maine, much work has been done to ensure the provision of qualified interpreters for people who do not recognize English as their preferred language and for people who are deaf or hard of hearing. The Department seeks to make every effort to ensure equal access to services to all people served, regardless of communication circumstances.

Policy Statement: It is the policy of BDS to ensure that clients who are deaf, hard of hearing, blind, visually impaired or deaf-blind, or who have limited proficiency in written or spoken English, be provided interpretation and translation services sufficient to permit the clients to access and receive services on par with clients who are not deaf, hard of hearing or with limited English proficiency. The application of this policy shall be consistent with the provisions of the Civil Rights Act of 1964 (78 stat 241, Pub. L. 88-352, 42 USC sections 2000a et seq.,); the Americans with Disabilities Act of 1990 (104 Stat 327, Pub. L. 101-336, 42 USC sections 12101 et seq.); the Rehabilitation Act of 1973 (87 Stat. 355, Pub. L. 930112, 42 USC sections 701 et seq.); Federal non-discrimination rules (28 CFR Part 42, 28 CFR 35.160); and Maine statutes regarding services to persons who are deaf or hard-of-hearing (34B MRSA § 1218), ASL interpretation (32 MRSA § 1521 (5)).

Definitions:

American Sign Language: A visually expressive language, reported to be the fourth most widely used language the United States. Complete with a grammar and syntax of its own (and separate from that of English), ASL is non-verbal and has no written form. Recognized by the Maine Legislature in 1991 and "the official state language of the Deaf Community (1 MRSA § 220)."

Bicultural: Consisting of cultural characteristics representative of two ethnic or social groups. Bicultural individuals may acquire the norms, attitudes and behavior patterns of their own and another group.

Bilingual: Expressed in or able to speak two languages.

Blind: The legal definition established by the Social Security office in the 1930s is a visual acuity of 20/200 or less in the better eye OR a field of view of 20 degrees or less in the better eye.

Deaf: The association with the Deaf Community, its characteristics and its values. Some but not all persons who are audilogically deaf are participants in or associated with the Deaf Community.

Deafblindness: The combination of vision and hearing loss that affects an individual's ability to function within his or her environment. Being deafblind presents unique challenges in learning about the world and often has an impact on one's ability to communicate, move about freely, and interact with others. Many people who are deafblind have some usable vision and/or hearing.

Deafness: A degree of hearing loss severe enough to render the perception of human speech ineffective for communication.

Hard of Hearing: A functional hearing deficit. A person who is hard of hearing may or may not primarily use visual communication or assistive devices such as hearing aids or amplification devices.

Interpreting: The act by a third party of receiving a spoken or signed message in one language and delivering it in another language, between two persons who do not share a common language. Interpreting ASL is "the process when a linguistic intermediary between a deaf or hard-of-hearing person and another person translates the spoken utterances or signs, gestures or writing of either person into a linguistic form other than that which that person uses as a primary and preferred form of communication (32 MRSA§1521 (5))."

Interpreter: A neutral bilingual, bicultural "third party" fluent in both English and the target language, trained to convey communications between two or more parties who do not share a common language. An interpreter should not be confused with a bilingual worker who can perform the job function directly in the target language without the services of an interpreter.

Limited English Proficiency: The inability or difficulty to use English beyond basic day-to-day conversation. Usually, persons who have limited English proficiency are those for whom English is not a native language (Civil Rights Act of 1964).

Multicultural: Consisting of cultural characteristics representative of two or more ethnic or social groups. Multicultural individuals may acquire the norms, attitudes and behavior patterns of their own and other groups.

Qualified interpreter: A person "who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary (28 CFR 35.104)."

Qualified staff interpreter: A person on BDS staff who is bilingual in spoken language and has completed a basic course in interpretation techniques, and who is therefore able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.

Relay Service: A service of the telephone company that provides for conversation between a hearing person without a TTY and a deaf, hard of hearing, or speech impaired caller who uses a TTY. The Communication Assistant serves as a bridge between the two callers, speaking the typed TTY message to the hearing party and typing the spoken message to the TTY user.

Silent calls: A received telephone call during which no sound is heard. Silent calls frequently are calls made from a TTY to a telephone not directly linked to a TTY.

TTY, TDD, TT: A device that allows typed conversations over ordinary phone lines between two parties with compatible equipment or through the Relay Service.

Translation: The act by a third party of receiving a written message in one language and delivering it in another language, between two persons who do not share a common language. To ensure accuracy, translated documents are back-translated by another translator into the original language, and compared to the original message.

Visually Impaired: A vision impairment (acuity or field of vision or both) that prevents the individual from performing a major life function, i.e., vocational, mobility, activities of daily living, etc.

Procedures:

1. Access to the Department

- a. *TTY numbers* must be included in any listing of Department telephone numbers. TTY numbers must be listed and clearly identified on all letterhead, business cards, brochures or fliers, facsimile cover pages, posters, web sites, or similar documents or communication tools. Telephone listings and State or Departmental telephone directories must include TTY numbers. The BDS ADA Compliance Officer has primary responsibility for compliance.
- b. *TTY telephones* must be available and operational in all BDS office locations, facilities and institutes. Staff must have instruction and demonstrated proficiency in TTY use and access to TTYs sufficient to perform their job tasks. Receptionists and switchboard operators, including those assigned back-up responsibilities, must be capable of receiving and initiating TTY calls. Training and performance standards must include the handling of potential TTY calls ("silent calls").

2. Contracts and Service Agreements

- a. *Every contract or service agreement* that governs the provision of services to clients must be consistent with Department Rules (*see* 14-191 CMR Ch 45), which must include a statement by the vendor to comply with the provisions of all applicable State and Federal laws, including those described in this policy. In negotiating contracts and service agreements with prospective vendors, Department staff may consider and discuss how the vendor proposes to:
 - Determine a client's primary language;
 - Assure access to qualified interpreters;
 - Provide for tactile and/or visual alarms for safety and privacy where needed;
 - Provide adaptive equipment where needed;
 - Pay for communications access services;
 - Develop communication policies; and/or
 - Train staff.
- b. *Contract managers and Quality Assurance* staff must ensure contractors' compliance with contract provisions and the provision of linguistically accessible culturally appropriate services.
- c. *Staff will bill Medicaid* for interpreters and assist contracted provider to do so, when appropriate, under provisions of Chapter 1, Maine Medical Assistance Manual.

3. Data management

- a. *Client data bases* developed by or for BDS must include the capacity to record and retrieve information about communication barriers, spoken or sign language preferences, interpreter needs, visual or tactile alerts required, assistive listening devices needed, TTY phone numbers, and other similar information relevant to the purpose of the data base.

4. Public communication

- a. *Video programs, Non-Commercial Sustaining Announcements and Public Service Announcements* produced or used by or for BDS must be closed captioned. Labels and promotional material must clearly identify the presence of closed captioning.
- b. *Notices of conferences or workshops* open to the general public with preregistration must state that sign language interpreters and assistive listening devices are available upon request. Notices of events open to the general public without preregistration must state that sign language interpreters and assistive listening devices will be available.
- c. *Printed material* for the use of the general public must include the notation that the material is available in alternate formats. The notice will include an offer to translate the material to a specific language upon request.

5. Interpretation Access

- a. *Work areas* will have posted or otherwise available up-to-date information about accessing interpretation services. See Appendix A.
- b. *Qualified staff interpreters* for spoken languages should be utilized when possible.

6. Staff Expectations

- a. *Department staff serving clients who do not speak the language of staff serving them* must provide the services of a qualified interpreter. It is the responsibility of the staff member serving such clients to acquire the services of a qualified interpreter. It is not permitted to rely upon provider staff or client peers to interpret, unless they meet the requirements of a qualified interpreter. It is not permitted to rely upon family members to interpret.
- b. *Staff members who are proficient in languages other than English*, including ASL, are prohibited from providing interpreting services between their clients and service providers, other BDS or state agency staff, client family members, or peers. The Department recognizes that the roles assumed by its staff in the provision of services of clients are incompatible with the interpreter role and that a conflict of interest will result. BDS staff may act as a resource to interpreters and others in situations involving the client, and should maintain their roles of advocates, problem solvers, and resource developers. Staff members who are proficient in languages other than English are encouraged to utilize those languages in communicating directly with a client, if it the client's choice.
- c. *Qualified staff interpreters* may provide interpretation services at meetings or in other situations involving clients of the Department. Qualified staff interpreters may NOT interpret at any meeting or situation for their own clients. They may interpret at meetings involving clients carried on the caseloads of other Departmental staff.
- d. *Interpretation in legal or quasi-legal situations* by BDS staff for clients is specifically forbidden. Examples of such situations include landlord/tenant relations, guardianship hearings, involuntary commitment proceedings, child custody matters, and any interactions with law enforcement authorities or courts. BDS staff are reminded that communication access is a basic right, and that advocacy on behalf of their client to receive the services of a qualified interpreter in situations such as those described above is an appropriate task of staff.
- e. *Emergencies*, during which life, health or safety of clients or others may be in immediate jeopardy, permit BDS employees to utilize their best judgment and efforts to facilitate communication until such time as qualified interpreters become available (32 MRSA §1525.A(2)).
- f. *Qualified interpreters* who are also BDS staff, and who function as an interpreter outside the scope of their roles in the Department, may not accept interpreting assignments or jobs from provider agencies with whom

the State contracts, except with specific written permission of the Bureau of Purchases. Those with such permission must use discretion and exercise sound judgment when accepting interpreting assignments involving any individual receiving services from the Department or its contractors.

Commissioner

Date

APPENDIX A
INTERPRETATION RESOURCES

Sign Language Interpreter Referral Agencies In Maine

- 1) Pine Tree Society (PTS) 885-0536 V/TTY
 - ⇒ holds the state contract for provision of interpreters for legal situations
 - ⇒ maintains an after hours emergency response system for Augusta-south
 - ⇒ providing services throughout the state
 - ⇒ not-for-profit
- 2) Certified Interpreting (CI OR CIA) 798-7995
 - ⇒ providing services throughout the state
 - ⇒ for-profit
- 3) The Bangor Interpreting Agency (formerly HandsOn ASL) 667-8872 V, 667-0815 TTY
 - ⇒ based in Bangor and serves the greater Bangor area and north
 - ⇒ for-profit

Foreign (Spoken) Language Interpreters Referral Agencies in Maine

- 1) RISinterpret (Refugee and Immigration Services, Catholic Charities, Maine) 871-7437 V; 871-7465 FAX
 - ⇒ interpreters available in over 30 languages
 - ⇒ requires 48 hours advance notice.
- 2) The Language Exchange, Inc. 772-0405 V; 775-7795 FAX email: lexchang@ime.net, <http://www.translationservices.com>
 - ⇒ Interpreters for business meetings, conferences, etc. in 14 different languages
 - ⇒ written translations and technical writing
 - ⇒ Culture Awareness seminars.
- 3) Maine S.A.F.E. 634-3326 V; 634-5389 FAX email: padoel@colby.edu
 - ⇒ Interpreting and translating,
 - ⇒ Spanish classes.

Telephone Interpreter Services - 24 Hours a day - Immediate Service:

- 1) Pacific Interpreters 1-800-870-1069 V/TTY
 - ⇒ contract with BDS
 - ⇒ code _____
- 2) Language Line 1 (formerly AT&T Language Line) 1-800-752-0093
 - ⇒ preferred provider for state business
- 3) Certified Languages International 1 (800) CERTIFIED; 1-800-237-8434; 1-800-362-2941 FAX
- 4) Choice Translating and Interpreting (CTI) 1(888)721-2077
www.choicetranslating.com
- 5) inlingua: 1-800-832-0302

13th Annual Maine DMHMRSAS/Deaf Services Conference

From **Rage** to *Hope!*

**1st New England Regional Conference on
Mental Health and Deafness
at the historic Eastland Park Hotel, Portland, Maine
March 30 & 31, 2001**

*This conference is dedicated to the memory of
James Levier - Artist, Advocate, Survivor*



"Either we have hope within us or we don't; it is a dimension of the soul, and it's not essentially dependent on some particular observation of the world or estimate of the situation... Hope is an orientation of the heart; it transcends the world that is immediately experienced, and is anchored somewhere beyond its horizons. Hope is an ability to work for something because it is good, not just because it stands a chance to succeed...It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out."

- President Vaclav Havel

Conference Communication Guidelines developed by Michael Krajnak, Communication Specialist, Westborough State Hospital:
Presenters are encouraged to use their native language and have the interpreter speak or sign for them as appropriate. In informal conversations such as over breaks, people who sign are encouraged to sign for themselves. Unless the deaf participants state another preference, when signing it is preferable not to use your voice. If no interpreter is available and if all participants in a conversation are not fluent in sign, signing and voicing together are one possible option. Although we can't spend our day discussing this important topic and seeking consensus, during informal meetings participants should check in briefly with the deaf members about communication preferences (sign for yourself? With or without voice? Use interpreters if available?) and follow the deaf person's preference to the best of your ability.

Friday, March 30, 2001

8:00 – 8:30

Registration, Coffee, Displays

8:30 – 9:00

Welcome and Opening Remarks

Meryl C. S. Troop, Director, Office of Deaf Services

Lynn Duby, Commissioner, Maine Department of Mental Health,
Mental Retardation & Substance Abuse Services

9:00 – 10:15

Keynote: From Rage to Hope Bill Huston, MSW, CSC

10:15 – 10:30 Break

10:30 – 11:15

Wraparound Services With Deaf Clients: A Coordinated Approach to Challenging Cases in Schools, Vocational, and Community Mental Health Stephen Greene, Ph. D.

11:15 – 12:00

What Helps, What Hurts in Healing From Abuse at a Deaf School Sara Treat, LCPC

LUNCH! Caesar Salad w/wo Chicken, Blueberry Pie

AFTERNOON BREAKOUT SESSIONS: CHOSE ONE!

1:30 – 4 with a break mid afternoon and time at the end for filling out evaluations and getting CEUs

A. Teaching Coping Skills to Psychologically Unsophisticated Deaf Persons - Neil Glickman, Ph.D. & Susan Salinas, LCSW

Westborough Hospital Deaf Unit

After a brief overview of the characteristics of "psychologically unsophisticated" deaf persons, the presenters will provide an overview of the approach used at Westborough State Hospital Deaf Unit to teach patients skills for coping with anger, depression, and anxiety. This is a cognitive-behavioral approach made exceptionally simple and concrete using pictorial skill cards and relying heavily

13th Annual Maine DMHMRSAS/Deaf Services Conference

From **Rage** to *Hope!*

**1st New England Regional Conference on
Mental Health and Deafness
at the historic Eastland Park Hotel, Portland, Maine
March 30, 2001**

Host for the evening: Larry Taub, Superintendent of the Governor Baxter School for the Deaf

6:00 Banquet in "Cumberland A"

Choice of Indonesian Spiced Vegetables (Vegan) **or** Baked Local Haddock with Seafood Stuffing and Lemon Butter Crumb Topping; Tomato Basil Soup, Vegetable, Potato Herbed Bread, Coffee, tea, and dessert....chocolate or ????

Door Prizes: Lynn Chellis Tyler will be our "Vanna White" for the evening, assisting with the presentation of door prizes donated by: Meryl C. S. Troop, Betsy Reifman, Jan DeVinney, Laura Rankin, Kim Grebert, Light Talk, National Deaf Academy, Maine Center on Deafness, Brenda Schertz & John Dunleavy, GBSD, Borders Books, and more.....

8:00 The View from the Asylum

Steve Hamerdinger, State Coordinator of Mental Health Services for Deaf Persons, Missouri

"View from the Asylum" is a profoundly deaf man's view of the world. This show looks at the weird behavior of people who are "deaf-impaired" (hearing) and tries to help the audience understand this "handicap" of hearing in a humorous and thought-provoking manner. Along the way, no cow is too sacred, no institution too lofty, and no tradition too treasured to escape the critical (and deprecating) examination of a Deaf man with a slightly warped sense of humor.

What others are saying about the show: "*A View from the Asylum* by Steve Hamerdinger is an opportunity to reassess our views of the world, and take a delightful journey into the funny conundrums and sanctimonious biases we all hold."

Barry Critchfield, Ph.D. Director, Deaf and Hard of Hearing Services
South Carolina Department of Mental Health

upon role play to provide patients opportunities for skill practice. The workshop will include a videotape demonstrating this skills training with patients as well as opportunities for workshop participants to learn and practice an easy and effective anger control technique.

B. Regional Approach to Conceptually Accurate MH

Interpreting - Sanjay Gulati, MD, Boston Children's Hospital, with co-facilitators: Jennifer McCann, LMSW, Community Counseling Center; E. Ned Graham, D.S.W., Clinical Director, Goodwill of Northern New England; Michael Krajnak, Communication Evaluator, Westborough Hospital Deaf Unit; Tina Englert, CI/CT, Interpreter. Deaf persons seeking mental health service may likely be referred across state lines and encounter different ways of signing the same mental health concepts. How can we sign mental health terms if we don't really understand the meaning? This may be a guided tour through the DSM IV-R (don't know what that is? Are you an Interpreter? Pick this session!) We will video tape some of the signs and make the tape available throughout the region. This is *not* a vocabulary lesson!

C. Visual Gestural = Try Another Way Tracey Frederick, Special Projects Coordinator, Maine Center on Deafness & Lulabelle Tompkins, VG Expert

What is Language, communication? Can a person communicate without language? This workshop will tap into your hidden ability to communicate without language, give you specific strategies to pull the communication out of yourself and the consumers you support. If this sounds interesting or maybe impossible then this is the workshop for you. A background in American Sign Language is not necessary!

D. Post Traumatic Stress Disorder: Trauma Recovery Treatment Model, Morag MacDonald, RN, MSW

Pilot Program with Dr. Julian Ford at Capitol Region Mental Health Center, CT. This presentation will review the myth and truth about trauma and recovery. The goal of the presentation is to help the audience learn how PTSD has a major impact on our client's life. This model focuses on learning what the PTSD symptoms are and how each one is addressed through skill training and use of "Life Line" and "Life Experience Closet" exercises. This presenter is one of the participants in this pilot program and has seen tremendous success in enabling her client to overcome some PTSD symptoms and begin the process of working on their traumatic past. There will be a group activity using a case vignette based on the presentation. It will be an exciting and fulfilling presentation!

Saturday, March 31, 2001

8:00 – 8:30

Registration, Displays

8:30 – 9:30

Breakfast & Networking

All American Breakfast Buffet including scrambled eggs with bell peppers, New England home fried potatoes, sliced fresh melon, sausage & bacon, muffins, breakfast breads, juices, coffee, teas.

9:45 – 12:00

Panel Discussion: Deaf Oppression and Mental Health

Moderator: Suzann Bedrosian, Deaf Inc.'s Project Hope

Panelists: Morag MacDonald, RN, MSW, Kim Grebert, Heidi Clemmy &

Clinical Approaches – how are they oppressive towards recovery, functioning and stability? Oppressive realities: how much is tolerable for the client? For the provider? Professionals can appear oppressive (transference/countertransference) – conducive or harmful to the therapeutic process?

Conference Interpreters:

Betsy Reifman, CI&CT, Maine State License #CIT 11;
Margaret Haberman, CI&CT, Maine State License #CIT 61;
Mary Jane Tarazawich, CI, Maine State License #CIT 23;
Gayle Shaw, Maine State License #LIT 36;
Kellie Mills Stewart, CI&CT, CSC; Carol Fay, MA, CI&CT;
Cindy Wallace, MA, CI&CT; Joan Wattman, CI and CT, CSC, SC:L

CART Reporters:

Marsha Swain & Shari Majeski, Swain CART Services
swaincart@aol.com

Conference sponsors: Maine DMHMRSAS Office of Deaf Services * Maine Registry of Interpreters for the Deaf * Community Counseling Center * Mobius * Maine Center on Deafness * MA Department of Mental Health * Sullivan & Associates * National Mental Health Academy * Division of Deafness/Maine Dept. of Labor * Northeastern University Interpreter Education Grant (NUIEP, US Dept of Ed Rehab Services Admin Terp Training Prog Grant #H160A50009-00)

TRouble HEARING

FOR MORE INFO...

SHHH is a national organization with more than 250 chapters. Visit www.shhh.com.
For local info contact Hilary: hiliscorb@msn.com or 207-865-1786 & leave a msg.

NEW SHHH GROUP

(Self Help for Hard of
Hearing People)

- ♦ Learn about hearing technology
- ♦ Meet other hard of hearing people
- ♦ Learn about your rights
- ♦ share resources & ideas

**EVERYONE
WELCOME!**

**3rd TUESDAY OF
THE MONTH**

In Portland at the
Dana Center
(attached to ME Med)

7-9 pm.

Every meeting captioned.

DIVISION OF DEAFNESS

MAINE-LINES

A QUARTERLY NEWSLETTER FOR PEOPLE WHO ARE DEAF, HARD OF HEARING OR LATE-DEAFENED

Blaine House Tea A Great Success!

By Alice Crandall Johnson

The Deaf Community, friends and supporters celebrated the 10th annual Blaine House Tea on September 19, 2001. The Tea starts Maine's Deaf Culture Week activities, which ends with the Deaf Culture Festival at Governor Baxter School for the Deaf. This year, Elisa Boxer, Anchor/Reporter for WMTW Channel 8 News, presented the keynote address. Her speech was entitled "Weathering the Silent Storm: Lessons Learned Covering a Community of Survivors," and outlined her journey and education in reporting on Safer Place since 1999. Elisa received the Media Award last year for her sensitive reports on and about Safer Place.

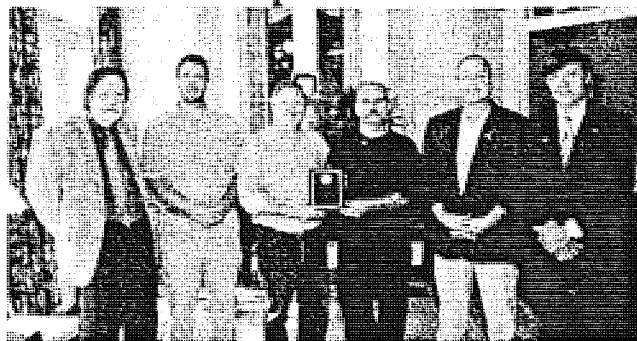


Elisa Boxer, Keynote Speaker

Each year, individuals are honored for their contributions and activities with the Deaf Community. This year six awards were presented by the Deaf Community, and the Division of Deafness Advisory Council presented its annual Clifton F. Rodgers Awards for long-time service to the Deaf Community.

Media Award for Safer Place What is Safer Place? It is a safe haven for the Deaf victims and survivors to meet, share and make plans to improve services relating to the abuse suffered at Governor Baxter School and Portland School for the Deaf.

Media on ASL, Deaf Culture and Deaf People Award



G. Hinkley, C. Bolduc, R. Gorneau, G. Pelletier, P. Martineau, D. Boilard, Not Pictured, James Levier's sister.
Safer Place

Why are we giving the media award to a group of people? The survivors/victims have been the driving force in getting services and compensation established. These individuals came forward to tell their stories in newspapers and on television. This media coverage not only educated Maine's citizens, it also educated other survivors/victims that they were not alone, nor responsible for what happened to them. Safer Place made a positive impact on the Deaf Community. We are finally able to start the HEALING process. We are now looking forward to a stronger and healthier Deaf Community.

This year three awards were presented for Outstanding Advocate for Needs of the Deaf Community.

Mary Edgerton, Civil Rights Director at Maine Center on Deafness, received her award for "working tirelessly for the Deaf Community." Mary has been advocating for the rights of Deaf, hard of hearing and late-deafened individuals in Maine for over 10 years. This year, she received over 8 nominations for an individual award. In fact, she has been nominated almost every year.
(Continued on next page)

**Outstanding Advocate
Special Commendation
Clifton F. Rodgers
Awards**



M. Edgerton, M. Troop, R. Thompson, J. Moore

(Continued from page 1)

Mary's hard work has resulted in convincing the highways to install the TTYs at rest areas, providing interpreters at the State Capitol two days a week when the legislature is in session, addressing many concerns with local television stations regarding emergency alerts and weather captioning, and providing advocacy for individuals.

James Moore, the Assistant U.S. Attorney in Bangor, also received an award. He has worked on several ADA lawsuits defending the rights of Deaf and hard of hearing individuals. Most of his cases have involved the denial or lack of interpreting services to Deaf individuals in a medical setting. For example; Janet DeVinney and the United States of America V. Maine Medical Center and United States et al., V. York Obstetrics & Gynecology, P.A. Jim has attended the Deaf Advocacy Group and the Legal Justice Subcommittee meetings to champion the rights of Deaf and hard of hearing people.

Representative Charles LaVerdiere was given the third Advocate Award. As Chair of the Judiciary Committee, he was cited for his compassion for the survivor/victims of abuse at Governor Baxter School and Portland School for the Deaf and for his tireless work on the three bills related to services and compensation for them. He also made sure that people from the Deaf Community and interpreters were notified when the compensation bill came to the floor of the Maine Legislature, so they could witness the historic vote of 132 to 0 in favor of compensation.

Representative LaVerdiere was unable to attend the Blaine House Tea and received his award at the Division of Deafness Advisory Council's Annual meeting in October.

A Special Commendation Award was presented to former Representative Richard Thompson, who has been a great advocate and supporter of former students who were abused at GBSD and Portland School for the Deaf.

Representative Thompson vigorously educated legislators and the public about "institutional abuse" when he served as chair of the Judiciary Committee. As a legislator, he championed Safer Place's efforts to improve services and to ensure cooperation of state agencies in preventing abuse and discrimination. He deserves to be recognized and applauded for being a key player in the passage of the compensation plan. He worked closely with the Judiciary Committee from the sidelines after he left the Legislature.

The Clifton F. Rodgers Award is presented by the Division of Deafness' Advisory Council to an individual who has served the Deaf Community for many years. This year's recipient was Meryl Troop, Director, Office of Deaf Services, Department of Behavioral and Developmental Services (BDS), formerly DMHMRSAS.

Meryl established Annual Conferences on Deafness and Mental Health to educate on the needs and rights of Deaf individuals with Mental Illness. She was active in establishing services for Maine's Deaf individuals with mental retardation, including a week-long summer camp, Camp Sign-A-Watha.

Meryl has also worked to improve the quality and quantity of interpreters in the State of Maine by advocating for Licensure, setting up workshops for mental health interpreting and working with Maine's Registry of Interpreters for the Deaf (MeRID). When Meryl began this effort, there were no ASL-fluent mental health counselors in the state; now we have five positions funded by BDS.

She has worked with Safer Place since it's beginning in 1998, and even before there was a group she listened to stories, provided support and set-up services for survivors.

She has done a tremendous amount of work for and with the Deaf Community.

APPROVED

CHAPTER

MAY 02 '01

12

BY GOVERNOR

P & S LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND ONE

H.P. 167 - L.D. 178

**An Act to Implement the Continuation of Service
Recommendations of the Committee to Develop a Compensation
Program for Victims of Abuse at the Governor Baxter School
for the Deaf**

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, former students of the Governor Baxter School for the Deaf and the Maine School for the Deaf have been using counseling and mental health services provided at no cost to them through the Department of Mental Health, Mental Retardation and Substance Abuse Services; and

Whereas, there should be no interruption of the provision of these services; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. Continuation of services. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall continue to offer counseling and other mental health services at no cost to former students of the Governor Baxter School for the Deaf and the Maine School for the Deaf.

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.

MENTAL HEALTH SERVICES FOR FORMER BAXTER STUDENTS

Access to DMHMRSAS Funded Mental Health Services

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) funds Mental Health Services through contracts with Mental Health Agencies around the State. These agencies receive state money, Federal medicaid money and also bill individual insurance companies or use sliding fee scales. Sometimes a co-pay is required for people not eligible for Medicaid.

In addition to these funded services the Department has established a small fund (\$10,000) to help pay for mental health services needed by former Baxter school students. These funds may be used to pay for any out of pocket expenses.

Anyone interested in accessing DMHMRSAS funded services can make a request through the Departments three Regional Mental Health Team Leaders. Requests may be made by consumers, therapists, family members or anyone else representing the consumer.

Eligibility for designated Baxter Funds

Any person who was a student at the Governor Baxter School for the Deaf and asserts that he/she was abused there is eligible to apply.

Types of Services Eligible

The assumption is that most requests will be for either individual or group counseling. However, our intent is to be flexible in order to meet individual service needs. Therefore, requests for adjunct services such as supervision or consultation will be considered.

Payment

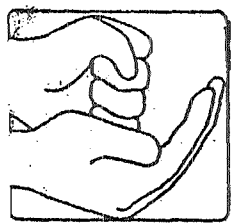
If someone has insurance, Medicaid or other payment options, those should be billed first for services rendered. Departmental funds can be used for co-payment for those without any type of insurance or funds and for people otherwise ineligible for services under terms of DMHMRSAS Mental Health contracts.

If services cannot be provided under an existing contract, the Mental Health Team Leader completes a brief referral form to access the Baxter fund, requesting the following information:

- who is making the request (name, position, address, phone)
- the client's name and funds requested, and a brief description of the services to be provided

This information is then submitted to DMHMRSAS Central Office for payment of services.

There is now HELP




Maine has services in ASL
with professionals
for very low cost !

“SAFER PLACE”
*if you were hurt by
a teacher, staff or
student at GBSD,
counseling is at
no cost to you*


Want more information?

Safer Place - 892-6814 TTY/V
place4safe@aol.com

**Department of Behavioral and
Developmental Services**

 Meryl Troop - Portland 822-0341
V/TTY - Augusta 287-4240
meryl.troop@state.me.us

**Department of Labor
Division of Deafness**

 Jan DeVinney - 624-5964 TTY
1-800-698-4440 V/TTY Maine
jan.a.devinney@state.me.us

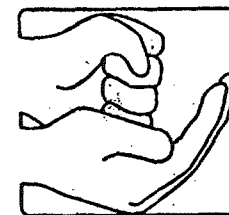
Maine Center on Deafness
Sarena Jarvis - 797-7656 TTY/V
1-800-639-3884 V/TTY
sjarvis@maine.rr.com

VR Counselors for the Deaf:

AnneMarie Riley-1-800-492-0670 TTY
1-800-521-5871 Voice
Rod MacInnes - 1-800-492-0670 TTY
1-800-521-5871 Voice
Kelley MacKenzie - 753-9060 TTY
1-800-741-2991 Voice
Debbie Myers - 1-800-633-0770 TTY
1-800-760-1573 Voice
Bangor office - 1-800-498-6711 TTY
1-888-545-8811 Voice

YOU CAN GET HELP

You are worth it!



Do you...

have trouble sleeping?
Bad dreams?

still think of bad
experiences from past?

pass along the hurt
to your children, wife,
girlfriend or husband?

Hard to keep intimate
(close) relationships?

**You Can Feel Better
You are not alone.....**

These *signing* mental health counselors are trained to help deaf people who were abused. Call to arrange confidential counseling low cost.

If abused at GBSD, no money will be charged to you for co-pay or deductible. Insurance or Medicaid will be billed.

If you need \$\$ to pay for gas or childcare while you go to get help call Mary Goodheart at Division of Deafness 1-800-698-4440 TTY (in Maine) or (207) 624-5955 TTY; (207) 624-5954V



Cathy Abernathy, Ph.D.
Windham: 892-2047 V/T

(with interpreter)

Shana Cohen, LMSW
Community Counseling Ctr
Portland: 874-1043 TTY

874-1030 V

874-1044 Fax

cohen@commcc.org

Stephen S. Greene, Ph.D.
Augusta & Bangor

923-3235 V/TTY

923-3035 FAX

dktrdume@aol.com



Jana Harbaugh, LCSW
Community Counseling Ctr
Portland: 874-1043 TTY
874-1030 V
874-1044 Fax

roberts@commcc.org



Elaine Yates Lodrige,
LSW, RADC
Youth and Family Svcs
Augusta: 621-6390 TTY
626-3478 V/TTY
626-7586 Fax
DeafAccess@yahoo.com



Jennifer McCann, LMSW
Community Counseling Ctr
Portland: 874-1043 TTY

874-1030 V

874-1044 Fax

mccann@commcc.org



Kathy Muzzy, LCSW
Belfast: 338-9707 V
answering machine V only
kmuzzy@mint.net



Ralph Sprague, MA
Auburn: 795-4970 V/TTY
(answer machine V only)
783-1286 Fax



Sara Treat, LCPC
Windham & Portland
892-6814 V/TTY;
892-6602 Fax
streat187@aol.com

Other non-signing counselors with a qualified interpreter can also be arranged, at no cost to you, if you prefer. Call the people on the back page to find out more.

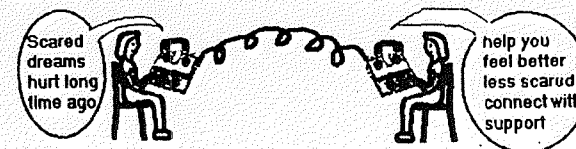
Sexual Assault Hotline

rape? force touch, kiss, clothes off?
1-888-458-5599 TTY

FREE call

**Happen yesterday or long time ago,
no matter!**

CALL ANY TIME Day and Night



Sponsored by Maine's Department of Behavioral and Developmental Services and the Department of Labor which do not discriminate on the basis of race, disability, color, creed, gender, age or national origin.

STATE OF MAINE

10-144

DEPARTMENT OF HUMAN SERVICES

BUREAU OF MEDICAL SERVICES

Chapter 101

MAINE MEDICAL ASSISTANCE MANUAL

CHAPTER I

GENERAL ADMINISTRATIVE POLICIES AND PROCEDURES

www.state.me.us/sos/cec/rcn/apa/10/ch101.htm

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SECTION I GENERAL ADMINISTRATIVE POLICIES AND PROCEDURES

7/1/79

1.06-2 Telemedicine (cont.)

Telemedicine is defined as interactive, visual, real-time telecommunications. Telemedicine must be a medically appropriate means of provider-patient interaction. The Medicaid Program will not reimburse for the use or upgrade of technology, transmission charges, any charges for an attendant who instructs a patient in the use of the equipment or supervises/monitors a patient during the telemedicine encounter, or for consultations between professionals.

Providers who want to provide and bill for services via telemedicine must submit a specific description of the services/telemedicine program with a list of the servicing providers and copies of their licensure/certification. The documentation must be sent to the Division of Policy and Programs, Bureau of Medical Services, 11 State House Station, Augusta, ME 04333-0011. The Bureau will review and, if appropriate, return a letter of approval which must be kept on file. Services delivered by means of telemedicine are not billable if the provider does not have a letter of approval. Any changes in program description or the servicing providers must be reported to the address noted above.

Services are to be billed in accordance with applicable Sections of the MMAM. Claims must include diagnostic code V630, listed as a secondary diagnosis. This coding will serve only for tracking purposes and no additional reimbursement will apply. The same procedure codes and rates apply as for services delivered in person.

1.06-3 Interpreter Services

The provider is responsible for ensuring that Medicaid clients are able to communicate effectively with the provider regarding their medical needs. Providers may be reimbursed for interpreters required for non-English and limited English speaking clients and/or deaf/hard of hearing clients, when these services are necessary to communicate effectively with the clients regarding health needs. Interpreter services can only be covered in conjunction with another covered Medicaid service. Wait time is not covered.

In situations where interpreters are required, in no cases may family members or personal friends be used as paid interpreters. "Family" means any of the following: husband or wife, natural or adoptive parent, child, or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, spouse of grandparent or grandchild or any person sharing a common abode as part of a single family unit.

However, family members or friends, with the exception of minors, may be used as non-paid interpreters if: 1) requested by the client; and 2) the use

1.06-3 Interpreter Services (cont.)

of such a person would not compromise the effectiveness of services or violate the client's confidentiality; and 3) the client is advised that an interpreter is available at no charge to them.

If a paid interpreter is hired, the selection of the interpreter is at the discretion of the provider. In addition, the interpreter cannot be reimbursed for transporting the client at the same time as billing for interpreter services. All interpreter services must be provided in accordance with the Americans with Disabilities Act.

A. Interpreters for Deaf/Hard of Hearing client:

Providers of interpreter services must be licensed by the Maine Department of Professional and Financial Regulation as: Certified Interpreters/Transliterators, Certified Deaf Interpreters, Limited Interpreters/Transliterators, or as Limited Deaf Interpreters.

Reimbursement will be available for an interpreter's hourly minimum charge and beyond this first hour, reimbursement is based on the quarter hour including associated travel to and from the location where the services are performed. For interpreter sessions lasting longer than one hour, reimbursement for two interpreters may be allowed with proper documentation indicating the total length of the session.

Additional reimbursement for deaf Medicaid recipients who have non-standard signing, is available consisting of a relay interpreting team including a deaf interpreter, for whom signing is in his/her native language, working with a hearing interpreter. In such cases, reimbursement for two interpreters will be made.

When requesting reimbursement for Interpreter Services, a statement of verification regarding the interpreter's certification and cost of performing the services shall be documented in the recipient's record.

The following codes are to be used for reimbursement for interpreters for deaf/hard of hearing clients:

- ZA1 One hour of deaf/hard of hearing interpreter services during normal business hours. Maximum allowance @ \$30.00/hour.
- ZA2 One hour of deaf/hard of hearing interpreter services during non-business hours. Maximum allowance @ \$40.00/hour.
- ZA3 Deaf/hard of hearing interpreter services per additional ¼ hour increments @ \$7.50 per ¼ hour.

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1.06-3 Interpreter Services (cont.)

Note: Existing codes for interpreter services for deaf/hard of hearing clients as currently listed in the specific service Sections of the Maine Medical Assistance Manual may be used until the effective date of this rule. After this date, all providers are to use the above codes.

B. ^{Spoken} Language Interpreters

The provider may provide ^{spoken} language interpreter services either through local resources, or through national language interpreter services such as the "Pacific Interpreters, AT&T Language Line," or comparable services.

In all cases, the provider shall include in the billing document: date and time of the interpreter service, duration, language used, and the name of the interpreter.

For language interpreters required for non-English speaking clients, the following codes are to be used:

ZA4 One hour of language interpreter services during normal business hours. Maximum allowance @ \$30.00/hour.

ZA5 One hour of language interpreter services during non-business hours. Maximum allowance @ \$40.00/hour.

ZA6 Language interpreter services per additional ¼ hour increments @ \$7.50 per ¼ hour.

ZA7 Interpreter services via documented use of Pacific Interpreters, AT&T Language line, or equivalent telephone interpreting service, by report with copies of the invoice attached.

Providers are responsible for ensuring that interpreters protect patient confidentiality and adhere to an interpreter code of ethics.

Providers shall document that interpreters have provided evidence of having read and signed a code of ethics for interpreters equivalent to the model included as Appendix #1.

Wherever feasible, local and more cost effective interpreter resources are to be utilized first. Interpreter language lines are to be used as a last option and when no other local resources are available.

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1.06-3 Interpreter Services (cont.)

C. Exceptions

Hospitals, private non-medical institutions, intermediate care facilities for people with mental retardation (ICFs-MR), and nursing facilities cannot bill separately for either language or deaf/hard of hearing interpreter services. For hospitals, private non-medical institutions, ICFs-MR, and nursing facilities, these costs will be allowable and are included as part of the rate of reimbursement.

When requesting reimbursement for any interpreter services, a statement of verification regarding the interpreter qualifications including date, time of service, and the cost of performing the services shall be documented in the recipient record.

1.06-4 Non-Covered and Non-Reimbursable Services

A. Recipients may be charged for a non-covered or non-reimbursable service, only if prior to the provision of the service, the provider has clearly explained to the recipient that the service is not covered by Medicaid and that he or she will be financially liable for payment of such a service. Providers shall document in the recipient's record that notification of financial liability for non-covered or non-reimbursable services has been made.

B. Non-covered or non-reimbursable services include, but are not limited to:

1. services not described in Chapter II, III or V of the Maine Medical Assistance Manual, or related Principles of Reimbursement;
2. broken appointments;
3. experimental procedures or drugs not approved by the Food and Drug Administration (FDA);
4. services for which the basic nature is custodial, respite care, socialization, academic, religious, vocational, or educational, unless specifically permitted elsewhere in policy.

a. Custodial Services

Any programs, services, or components of services, of which the basic nature is to provide custodial care are not reimbursable under the Medicaid Program.

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APPENDIX #1

CODE OF ETHICS FOR INTERPRETERS*

The following principles of ethical behavior are affirmed to protect and guide interpreters and transliterators, both for non-English speaking, and for hearing and deaf consumers. Underlying these principles is the desire to insure for all the right to communicate.

This Code of Ethics applies to all interpreters and transliterators providing services to Maine Medicaid clients and reimbursed by the Maine Medicaid Program.

- Interpreters/translitterators shall keep all assignment-related information strictly confidential.
- Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
- Interpreters/translitterators shall not counsel, advise or interject personal opinions.
- Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
- Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
- Interpreters/translitterators shall function in a manner appropriate to the situation.
- Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
- Interpreters/translitterators shall strive to maintain high professional standards in compliance with the Code of Ethics.

I have read, understand and agree to abide by the Code of Ethics as stated above.

printed name

written signature

date

* Adapted from the Code of Ethics of the Registry of Interpreters for the Deaf (RID).

Where:
University of
Maine— Augusta
Jewett Hall

Time:
9:00 am to
4:00 pm

DEAF COMMUNITY FORUM 2



DECEMBER 1, 2001

Find out from Maine State Legislators about the:
Baxter Compensation Program

- Why, What it is, How it works
 - Time for questions and answers from the Legislators
 - Why did they make the decisions they did?
-



No Children under 18

Performance by Terrylene, Nationally known Deaf Actress

"IN THE NOW"

"From Victim to Survivor to I AM!"

"Coping , Healing and Empowerment"

Group Discussion for survivors, family members,
and Professionals

FREE to former students, family members, professionals
FREE lunch and snacks. Interpreters Provided

You must call to register: DEADLINE: November 27th

MCD- 1-800-639-3884 TTY/Voice

207-797-9791 FAX

Jconnick@maine.rr.com

Sponsored by: Maine Center on Deafness
Dept of Labor-Division of Deafness
Maine State Legislature
University of Maine-Augusta
Dept of Behavioral and Development Svs

Need Ride to Augusta
from Bangor or Portland?
Contact MCD

DEAF COMMUNITY FORUM II "THE PATH TO RECOVERY"

DECEMBER 1, 2001 9:00 - 4:00

UNIVERSITY OF MAINE-AUGUSTA

9:00 - 9:15 WELCOME, INTRODUCTIONS & GROUND RULES -Jonathan Connick
-Governor King's videotaped welcome

9:15 - 10:15 LEGISLATIVE PANEL-Introduction by Jan DeVinney

- Former Representative Rich Thompson
- Representative Charlie LaVerdiere (D-Wilton)
- Representative Bill Schneider (R-Durham)
- Representative David Madore (R-Augusta)
 - The history of the Compensation Program
 - The process-how we got here
 - The program-how it will work

10:15 - 10:30 BREAK

10:30 - 11:15 QUESTIONS AND ANSWERS WITH THE LEGISLATIVE PANEL
Jonathan Connick & Jan DeVinney -- moderators

11:15 - 12:00 INTRODUCTIONS OF BAXTER COMPENSATION AUTHORITY (BCA) BOARD MEMBERS
by Jonathan Connick

Alan Hinsey-temporary coordinator for BCA

John Paterson (Portland lawyer)

Former Senator Buddy Murray (Bangor lawyer)

Brenda Schertz (not yet confirmed) (Deaf Community rep., from Boston area)

Unable to attend

Lois Reckitt (Director of Family Crisis Services, Portland)

Steve Rich (Assistant VP of Claims for Acadia Insurance, Westbrook)

12:00- 1:00 LUNCH

1:00 - 2:30 PERFORMANCE BY TERRYLENE "In the NOW" From Victim to Survivor I AM

2:30 - 2:45 BREAK

2:45 - 3:45 RAP SESSIONS - COPING AND HEALING for VICTIMS/SURVIVORS **OR**
DISCUSSION/SUPPORT FOR FAMILY MEMBERS

3:45 - 4:00 THE PATH TO RECOVERY ACTIVITY Meryl Troop

4:00 CLOSING REMARKS- Jonathan Connick

***For more information about this or
other Deaf Counseling Services
programs, please contact Jennifer
McCann or Shana Cohen at:***

Community Counseling Center
343 Forest Avenue
Portland, ME 04101
(207) 874-1030 (voice)
(207) 874-1043 (TTY)
(207) 874-1044 (fax)
Email: mccann@commcc.org

or

Email: cohen@commcc.org
www.commcc.org

Community Counseling Center is accredited by the Council on Accreditation for Children and Family Services, Inc.; is licensed by the State of Maine as a Comprehensive Mental Health Center; is affiliated with Alliance for Children and Families, and Child Welfare League of America; and is a United Way member agency.

Community Counseling Center does not discriminate on the basis of race, creed, religion, gender, age, national origin, sexual orientation, political belief, or handicapping conditions.

Community
Counseling Center 

Announcing...

Community
Counseling Center 

The Center for Emotional Health

***An Upper Elementary &
Middle School***

***Group for
Deaf &
Hard-of-Hearing
Girls in
Mainstream
Programs***

This program is brought to you by
Deaf Counseling Services
a program of Community Counseling Center.

*An Upper Elementary &
Middle School*

*Group for Deaf &
Hard of Hearing Girls in
Mainstream Programs*



**Eight sessions on Tuesdays
from 4:30 P.M. to 5:30 P.M.
starting January 8, 2002**

The purpose of the group is to provide support to girls in mainstream schools, to give them an opportunity to connect and share experiences, and to teach and strengthen skills they need when working with hearing peers, teachers, and interpreters. This group will help girls to know their rights, to be more assertive, and to become advocates for themselves. The group will start with eight sessions, with the possibility of continuing, depending on needs and interests of the group.

Groups will be led by two signing counselors: Shana Cohen, LMSW and Jennifer McCann, LMSW.

We will have a group registration and informational meeting for parents on

**Wednesday, December 19
from 5:30 P.M. to 6:30 P.M.
at Community Counseling Center
343 Forest Avenue
Portland, ME 04101**

*Please contact Shana or Jennifer by
December 12 to RSVP.*

*Call 874-1030(V) or 874-1043(TTY),
or email: cohen@commcc.org
or mccann@commcc.org.*

If you cannot attend but would like your child to participate in the group, please contact Shana or Jennifer to schedule an individual meeting with one of them.

(Parking is available at the side of the building.)

Group fees may be paid by Medicaid, third party insurance, and/or a fee determined by a sliding scale based on family income.

Community
Counseling Center 

About Community Counseling Center

Since 1971 Community Counseling Center has provided outpatient mental health counseling and support services to more than 50,000 local residents to help them achieve their best potential.

The agency's mission is to develop and provide quality clinical services to Cumberland County residents who need assistance to resolve personal, interpersonal, and environmental problems. As Maine's only accredited Family Service Agency, the agency takes a leadership role in community planning by identifying and responding to societal problems that have an impact on family and individual life, and by promoting high professional standards through education, training and research.

Community Counseling Center is governed by a board of directors. The staff, headed by an executive director, includes qualified, experienced social workers and psychiatric and psychological consultants.

Community Counseling Center is funded in part by the United Way of Greater Portland, service contracts, private contributions, endowment income, and fees paid on a sliding scale by consumers. Fees are charged based on family size and income; however, no one is denied services because of an inability to pay. The agency also holds contracts from the Maine Department of Human Services and the Department of Mental Health, Mental

Retardation, and Substance Abuse Services.

Deaf Counseling Services is a program offered in Outpatient Clinical Services. Initiated in 1996 with financial support from the Maine Department of Mental Health, Mental Retardation, and Substance abuse Services, and the Bureau of Rehabilitation Services, Deaf Counseling Services is the first counseling program for residents of Cumberland and York counties available from a family service agency. Deaf Counseling Services also offers deaf children's case management services within the same region. For more information about this program please contact:

Deaf Counseling Services
Community Counseling Center
343 Forest Avenue
Portland, ME 04101-2006

(207) 874-1030 (voice)
(207) 874-1043 (TTY)
(207) 874-1044 (fax)

Community
Counseling Center 

Deaf Counseling Services

Community
Counseling Center 

The Center for Emotional Health

Sponsored by:
Community Counseling Center
a subsidiary of
Community Counseling of Maine, Inc.

Deaf Counseling Services

Through this highly specialized program, Community Counseling Center provides outpatient mental health services to eligible deaf, hard of hearing, deaf-blind, and late deafened adults and children in Cumberland and York Counties. This program also offers services to hearing children of deaf parents. In addition, it makes case management and mentoring services available to eligible children. Services are provided by full-time licensed mental health clinicians who are skilled in American Sign Language and familiar with deaf culture and the unique needs of members of the deaf community.

Counseling Services

People come to Community Counseling Center for help in resolving a wide range of issues. Some issues that Deaf Counseling Services addresses are:

- Communication struggles and conflicts
- Relationship conflicts
- Sexual and physical abuse
- Depression
- Change of life issues
- Parenting
- Grief and loss
- Adjustment disorders
- Personality disorders
- Thought disorders
- Sexuality
- Oppression
- and many more

Treatment Approaches

After an initial assessment, each client in the Deaf Counseling Services program will be offered treatment which fits their particular needs. Services are currently available for:

- Individuals • Families
- Couples • Groups

Children's Case Management Services

Deaf Counseling Services provides eligible children with a range of case management services which may include the following:

- Mental health assessment
- Development of a treatment plan
- Coordination with parents, counselors, schools, and other organizations to carry out the treatment plan.

Children's Mentoring Services

Children's Mentoring Services provide support for clients who wish to gain access to recreational, social, spiritual, and other resources in the community.

Eligibility

Deaf, deaf, hard of hearing; deaf-blind; and late deafened adults and children who live in Cumberland or York Counties are eligible for counseling in the Deaf Counseling Services program. Deaf children's case management and mentoring services are available to children who live in Cumberland or York Counties and are clients of the Deaf Counseling Services program.

All Community Counseling Center clients are treated with confidentiality, dignity,

and courtesy, free of abuse and exploitation, and free of discrimination on account of race, creed, religion, sex, age, national origin, sexual orientation, political belief, or handicapping condition.

Fees

Services may be paid for by Medicaid, third party insurance, and/or a fee determined by a sliding scale based on family income. No one is denied services because of an inability to pay.

Referral Process

Clients may be self-referred, or referred by a family member, friend, or social service provider. The client or the referral source should call Community Counseling Center at 874-1030 (voice) or 874-1043 (TTY) to request an appointment with a program counselor. The counselor will call back to schedule an appointment.

Confidentiality

Confidentiality is maintained at all times to the extent allowed by law. No staff member will be given access to a client's record unless they have a need to know information in that record. No staff member will reveal that a person came to Community Counseling Center for help, or why, without that person's permission, except as required by law.

HIV, Substance Abuse & Health Services

The HIV and Health Services program provides education, advocacy and referral services to the D/deaf Community, professional sign language interpreters, and community service providers regarding HIV/Aids and substance abuse issues.

Peer Support Group

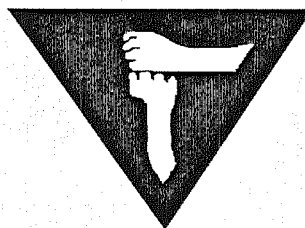
PSG is a support group for D/deaf adults with mental retardation which meets twice a month providing psychosocial recreation in a signing and gesturing environment. PSG encourages its members to participate in D/deaf Community events, and offers group trips to various places of interest in Maine and beyond.

Camp Sign-a-Watha

Camp Sign-A-Watha is a 5-day American Sign Language/Visual Gestural camp experience for D/deaf adults with mental retardation. This is a special project organized by individuals from various agencies and state offices. Some of the special activities include: swimming, boating, horseback riding, dance, hiking, & wood carving.

Mission Statement

To identify the needs and maximize the potential of D/deaf, hard of hearing, late deafened, deaf-blind, individuals throughout the State of Maine by providing information, empowerment, advocacy, and referral services to promote public awareness and understanding of Deaf Culture.



MCD has several funding sources. The Maine Department of Labor, Division of Deafness, Bureau of Rehabilitation Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services provide the greater part of MCD's funding. MCD also receives private foundation funding and donations from individuals and companies, as well as from fund raising activities that MCD holds throughout the year.

Maine Center On Deafness



68 Bishop Street
Portland, Maine 04103

(207) 797-7656 TTY/V
1-800-639-3884 TTY/V
(207) 797-9791 Fax

www.mainecenterondeafness.org

The Maine Center on Deafness (MCD) was created to serve the needs of the D/deaf and hard of hearing communities in Maine. Since opening in 1988, MCD has steadily expanded services.

MCD has specialized knowledge about deafness necessary to effectively serve those who cannot hear and communicate easily in the hearing world.

Information & Referral Services

MCD provides information and referral services to D/deaf and hard of hearing individuals, their families, health care and other service providers; homeless shelters, lawyers, libraries, and phone companies; state government, church organizations; and employers.

Information & Referral Services include:

- ASL Classes
- Specialized Telephone Equipment
- Hearing Aids & Tests
- Information About Child/Infant Services
- Jobs
- Interpreter Services
- Health Services
- Camps
- Deaf Community Events



Civil Rights Program

Discrimination is an everyday event for many D/deaf Mainers. The Civil Rights program was created to address discrimination and the lack of equal access.

MCD advocates for D/deaf and hard of hearing individuals when they experience civil rights problems in:

- Employment
- Housing
- Federal, State and Local Government Programs
- Education
- Public Accommodations

MCD provides individual representation at meetings, hearings and in court. MCD helps obtain accommodations, such as TTY's and interpreters in the workplace and other settings including, doctors, hospitals, government and schools in accordance with the Americans with Disabilities Act and other laws.

MCD also coordinates the Deaf Advocacy Group (DAG), which is a statewide coalition of organizations and individuals committed to obtaining equal access for the D/deaf and hard of hearing in Maine. DAG is open to anyone who shares this commitment.

Telecommunications Equipment Project

Telecommunications Equipment Project (TEP) has two programs: Cost sharing and lending programs. Telecommunication devices, including TTY's, amplified telephones, speaker phones and large button speaking phones are either loaned or sold at half price depending on the individual's income.

TEP annually publishes a directory of TTY users in Maine. Call for a copy.



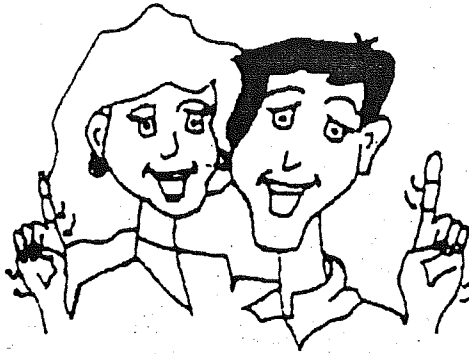
Maine Relay Service Outreach Program

Maine Relay Service (MERS), offered to all Maine residents, is provided by AT&T under an agreement with the Public Utilities Commission (PUC).

Communication Assistants (CA's) relay conversations between D/deaf/hard of hearing/speech impaired and hearing people, twenty-four hours a day, seven days a week.

Workshops, brochures, relay videotapes and information are available through MCD.

Deaf Pal



New Location!

Recovery Support

All in ASL

Date: Every Thursday night

Time: 6:30 p.m. to 8:30 p.m. (please, come on time)

Where: Youth & Family Services

475 Western Ave. #7

Augusta, Maine

(behind the *Tea House Chinese Restaurant* on the right side)

Contact: Elinor Brown (TTY) 621-1896 (Fax) 626-7586

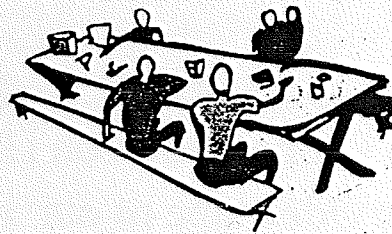
For voice, please use Relay Service, 1 (800) 457 1220



You All Come To The 9th Year Camp Sign-A-Watha Party

When: Thursday, August 30, 2001
12 P.M. - 8 P.M.

Lunch & Dinner will be served!



Admission cost will be 12 dollars per person.

Donations accepted!

Location: Camp Sign-A-Watha
(At Camp Jordan), Ellsworth, ME

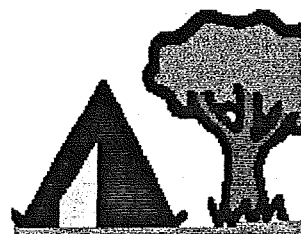
Directions on back



Friends, Family, Staff Administrators, Commissioners, each
and everyone are welcome to come!!!!

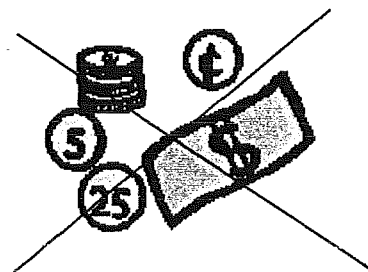
Bring your bathing suit, towel and lots and lots of FUN. YES!

Maine Center on Deafness Peer Support Group News July 2001



July 25 5:30—8:00 PM Wednesday

Come to Maine Center on Deafness for PIZZA and
watch the video tape of our new camp for Camp
Sign —A —Watha. You will love this new place!!



There will be NO Peer Support Group in August

See you at CAMP August 27 - 31, 2001

Any ?? Please call 797-7656 or 1-800-639-3884
TTY/V or FAX 797-9791

JUNE / JULY/ 2000
PEER SUPPORT GROUP NEWS

June 14th at 6:00 – 8:00 pm
DEERING OAKS PARK
NEAR THE POND
PICNIC, BRING YOUR OWN DINNER

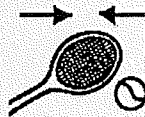
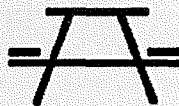
MCD WILL BRING FRISBEES, CROQUET SET, AND OTHER FUN
LAWN GAMES.

If it rains, come to Maine Center on Deafness. We can picnic inside and watch movies

fun

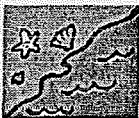


picnic



Ever wanted to learn to clam dig? What about making fried clams?
Because of Melinda, we can do this. Come to Melinda's house on Saturday
July 8th at noon.(rain date will be July 22) Bring a lawn chair, towel, and
sneakers to wear in the mud flats, sunscreen and a towel. Melinda lives in
Harpwell but the trip will be worth it. **PLEASE** CALL ME AND LET ME
KNOW IF YOU CAN COME. 797-7656 X 303 TTY OR X 103 VOICE!!!

beach



friend



sneakers



beach towel



MCD will be serving hot dogs, hamburgers, chips and drinks.
Dear support staff, I know the above activity may be in the middle of a work shift and
tuff to plan transportation and coverage . Some of the members of PSG, may not be able
to say "thank you" but with their smiles and excitement you know it is their way of
saying it! On behalf of all the PSG members and myself, THANK YOU for supporting
the consumers you work with and for supporting Peer Support Group. Honestly, without
you, this could not happen!

Tracy

Maine Association of the Deaf, Inc.

12th Biennial Conference

June 22-24, 2001

Holiday Inn - Portland West

81 Riverside Street

Portland, Maine

Acknowledgements

The Maine Association of the Deaf, Inc. wants to thank the following donors, agencies for their generosity and support. We appreciate it very much.

To Clay Jordan for his contribution

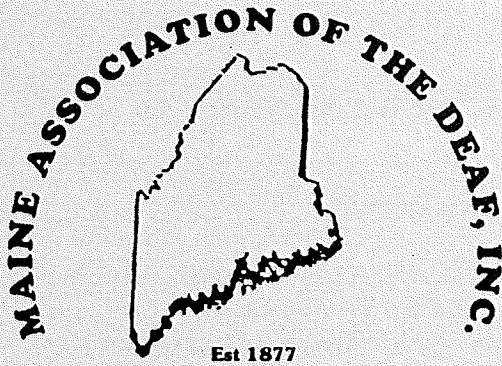
To Maine Center on Deafness for its contribution, sponsorship and exhibit

To Certified Interpreting Agency for providing an interpreter

To Pine Tree Society Deaf Services for providing an interpreter and for its exhibit

To Department of Mental Health, Mental Retardation, Substance Abuse Services for its exhibit





A STATEWIDE NONPROFIT ORGANIZATION SERVING THE DEAF
AFFILIATED WITH NATIONAL ASSOCIATION OF THE DEAF

Maine Association of the Deaf, Inc.
P.O. Box 1014, Portland, Maine 04104

July 2, 2001

DMHMRSAS Deaf Service
Meryl C.S. Troop
175 Lancaster Street
Portland ME 04101

Dear Meryl,

We want to thank you for setting up an exhibit at the Maine Association of the Deaf conference on Saturday, June 23, 2001 at the Holiday Inn – Portland West. It was nice meeting Vanessa Kalter-Long, an intern with your department.

We are enclosing a program book for your keep.

Thank you for your support to our organization.

Sincerely,

James O. Snow
Conference Chair

Encl.

Communication is the key to helping people achieve a satisfying life, no matter who they are or what their capabilities may be.

Romy's Top Ten Recommendations (with Explanation)

1. Everyone deserves a name. A name is a powerful thing; it's really part of your personal identity. Many people who do not speak have no way to tell you who they are. Many do not point to themselves to indicate "I" or "me". However, most can learn a name sign for themselves and will use that "name" to refer to themselves. Other people can learn the person's sign name and use it to refer to the individual also (see name signs below). Teaching the person to fingerspell their name is not a good solution to the problem of self-identity. Unless you already know what the letters stand for (i.e., you can "read" them), it's just a bunch of wiggling fingers. As a result of teaching fingerspelling, many deaf MR adults have learned to respond to "What's your name" with meaningless wiggles or a two letter combinations repeated over and over (A-S-A-S-A-S). Name signs are much easier to produce and can be made meaningful to the individual.
2. Use name signs for others. All individuals who interact frequently with the consumer should have a namesign and that name sign should be used consistently across environments and conversations. You don't have 3 different names for your co-worker depending on which of three people you are talking to, so why should the deaf adult? Learn the name signs of the people involved with that individual so that you always know how to refer to them or understand when others are referring to them.

How do you create a name sign? Often this is done by taking the first initial of the person's name and giving it a particular location on the body (e.g., chest, left shoulder, cheek, or forehead) or in space. That sign can then be used to refer to that person. You can also create name signs by focusing on a specific feature of the person (the person who has long, wavy hair, the guy with the beard). Although this second way is much less often used in the Deaf Community, the non-speaking individual can use this to create name signs for new people that are more easily remembered than a letter at a location. Having a name sign allows the individual to refer to staff, friends, parents, co-workers and can sometimes be a lifesaver—"Who fell?" "Who is sick?" "Who are you mad at?" "Who do you want to eat with?" The consumer can provide the name sign as a one "sign" answer to these questions.

3. Use Visual-Gestural Communication (VGC) at all times. If the person has the ability to learn signs or visual gestural communication, by all means get a tutor, but don't ignore the ordinary, everyday opportunities to attempt communication. We suggest using visual gestural communication (gestures, mime) rather than getting a sign language dictionary. If you are standing there trying to remember the sign for "bathroom" or "throw-up", you may find it is too late! Use everyday gestures, act things out, use pictures or make yourself in to a picture of what the object is used for, looks like, feels like. Be creative in your communication.
4. Get training in Gestural Communication. There are people available to help staff and service providers get training on how to communicate more effectively with their clients. It's not an American Sign Language Class—it's a Visual-Gestural "whatever works" approach. Contact Paul Tabor (207) at DMHMRSAS for information about staff training. It may be free!
5. Use interpreters. The assessment recommendations will usually state which individuals need interpreters for meetings and other situations (Team meetings, PCP, job coaching, hospitalization, medical appointments, legal situations). Know when and how to get interpreters for consumers who use visual communication. Call Maine DMHMRSAS Office of Deaf Services for

more information (822-0341 V/TTY, 822-0306 TTY only)

6. Don't teach signs from a list. There are people out there who can show you the correct ASL sign to match more than 100 line drawn pictures, but who cannot tell you what they want to eat or that they need to use the bathroom. Learning to label pictures with the correct motor response may increase the number of signed labels a person can produce on demand ("John will learn 30 new signs this year"), but it does not lead to increased use of signs for communication. We don't care how many signs John knows, we care that John can use his signs or gestures to tell us what is important to him.
7. Understand and be supportive of "single gestures". Many deaf people who grow up without signed language produce only one gesture at a time. Research has shown this to be true not only for deaf people with mental retardation, but just as true for people without mental retardation who grow up isolated from language. It is a core characteristic of any "homesigner". In trying to describe the fact that they saw a big black dog sitting next to the neighbor's house, they are likely to produce one gesture, such as "dog". Use their first gesture as a way of continuing the communication "dog where?". They may surprise you and respond "house" or "garden" or even point outside to where the house is. Just because they start with one gesture per event does not mean that they cannot tell you more. With encouragement and patience, a series of single signs can be a dialogue.
8. Don't mistake lack of signing with a lack of understanding. Some people cannot easily produce signs because of motor problems, but they can learn to understand signs and gestures. Don't judge a person's understanding of communication with their ability to produce communication. The person may have gone to a deaf school or learned sign language through interactions with the Deaf Community and be a fluent "understander" of signs and still not be able to coordinate their motor activities to be able to sign for themselves. Keep communicating, they may be a limited partner or even seem uninterested in your gestures, but they are catching everything you say.
9. Use whatever communicative strengths the person has. If they cannot or do not produce signs, you can still offer them choices using signs and gestures ("What do you want to eat next? Chicken? Peas?" "Where should we go? McDonalds? The park? The pool?"). The person can indicate a choice by a nod, or eye gaze, or by giving some signal when they see the sign for the item they prefer. Some people even have a "functional echo" through which they will imitate the sign for their choice. They couldn't initiate the sign themselves, but they can use your sign or gesture as a cue to "echo" the sign for the object or activity they choose. For other individuals for whom cognitive problems make it too hard to learn a sign or gesture, use a picture or the object or a small toy version of the object.
10. Look for opportunities for social interactions. Communication does not happen in a vacuum. If there is no one to talk to or nothing new to talk about, even the most "chatty" person will become unwilling to communicate. Individuals who use gestures and signs to communicate need to socialize with other individuals who use visual-gestural communication. Seeing others communicate through gesture and signs the same way that you do, makes it more fun for you to try to communicate. So encourage people that communicate visually to participate in activities such as Peer Support Group and Camp Signawatha that focus on visual communication.

Peer Support Group meets twice a month and activities are designed to encourage social communication in adults with mental retardation who use visual communication. Participants play games, make crafts or food, watch videotapes, and just plain having fun together. Camp Signawatha is a weeklong sleep away camp for adults with mental retardation that focuses on the use of gestures and

APPROVED

CHAPTER

MAR 14 '94

519

BY GOVERNOR

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY-FOUR

H.P. 1241 - L.D. 1668

An Act to Ensure Accessibility to Mental Retardation
Services for Persons Who are Deaf or Hard of Hearing

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 34-B MRSA §1218 is enacted to read:

§1218. Services to persons who are deaf or hard-of-hearing

1. Mental health services. The Division of Mental Health shall provide accommodations and services for persons who are deaf or hard-of-hearing in order to provide access to mental health programs funded or licensed by the division. These accommodations must include, but are not limited to, the following:

A. Appropriate mental health assessments for clients who are deaf or hard-of-hearing;

B. Provision of interpreter services for treatment;

C. Educational and training for mental health staff providing treatment to persons who are deaf or hard-of-hearing;

D. Placement of telecommunication devices for persons who are deaf or hard-of-hearing in comprehensive community mental health facilities;

E. Support and training for families with members who are deaf or hard-of-hearing who experience mental health problems; and

F. Establishment of a therapeutic residence program for persons who are deaf or hard-of-hearing and in need of residential mental health treatment. The therapeutic residence program must be operated in conjunction with existing rehabilitation, education, mental health treatment and housing resources. The therapeutic residence program must be staffed by individuals trained in mental health treatment and proficient in communication for the deaf.

2. Mental retardation services. The Division of Mental Retardation shall provide accommodations and services ensuring access for persons who are deaf or hard-of-hearing to mental retardation programs funded or licensed by the division. These accommodations and services must include, but are not limited to, the following.

A. The Division of Mental Retardation shall ensure the provision of appropriate assessments for clients who are deaf or hard-of-hearing. Assessments must be performed by a person who is proficient in American Sign Language and must include an assessment of mental retardation and an assessment of communication skills, including the capacity to communicate using American Sign Language. The division shall survey the client population to determine which clients are deaf or hard-of-hearing.

B. For purposes of treatment, the Division of Mental Retardation shall ensure the provision of interpreter services by a person proficient in American Sign Language.

C. The Division of Mental Retardation shall ensure that mental retardation staff providing direct services to persons who are deaf or hard-of-hearing have education and training in American Sign Language and deaf culture.

D. The Division of Mental Retardation shall provide for the placement in comprehensive community mental retardation facilities of telecommunication devices for persons who are deaf or hard-of-hearing.

E. The Division of Mental Retardation shall ensure the provision of support and training for families with members with mental retardation who are deaf or hard-of-hearing.

F. The Division of Mental Retardation shall establish therapeutic residence options for persons with mental retardation who are deaf or hard-of-hearing and in need of a residence. The therapeutic residences must be operated in conjunction with existing rehabilitation, education, mental retardation treatment and housing resources. The therapeutic residences must be staffed by individuals



3 5082 00053616 6

trained in mental retardation treatment and proficient in American Sign Language. Therapeutic residence options must be flexible and allow for individual choice.

G. The Division of Mental Retardation shall designate in each regional office one staff person who is responsible for the coordination of deaf services in that office. The division shall provide ongoing training to regional office staff with the goal of having at least one person in each regional office who is proficient in American Sign Language.

3. School-aged children. This section does not diminish or alter in any way the Department of Education's responsibility to provide free and appropriate education to students with disabilities.

4. Report. The department shall prepare a biennial report that describes accommodations and services available under this section and identifies unmet service needs and a plan to address those needs. The commissioner shall include representatives from deaf communities, families and public and private service agencies in the preparation of the report. The report must be submitted to the joint standing committee of the Legislature having jurisdiction over human resource matters and the Office of the Executive Director of the Legislative Council by January 15th of every even-numbered year.

Sec. 2. 34-B MRSA §3005, as amended by PL 1993, c. 410, Pt. CCC, §19, is repealed.

Sec. 3. Report. The Department of Mental Health and Mental Retardation shall submit a report to the joint standing committee of the Legislature having jurisdiction over human resource matters and the Office of the Executive Director of the Legislative Council by January 15, 1995. The report must describe the efforts of the Division of Mental Retardation to provide accommodations and services for persons who are deaf or hard-of-hearing, unmet service needs of department clients and persons who are not clients and a plan to address those needs. The report must also describe strategies employed by other states to provide services for persons who are deaf or hard-of-hearing. States described must include, but are not limited to, Maryland, Massachusetts, New Hampshire and Rhode Island. The Commissioner of Mental Health and Mental Retardation shall include representatives from deaf communities, families and public and private service agencies in the preparation of the report.

Sec. 4. Coordination. The Deaf Services Coordinator within the Department of Mental Health and Mental Retardation, Division of Mental Health on the effective date of this Act shall serve as a departmentwide coordinator of services for persons who are deaf

or hard-of-hearing, including clients of the Division of Mental Health and the Division of Mental Retardation.