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DEAF SERVICES

A BIENNIAL REPORT TO THE MAINE LEGISLATURE

of Services
for Deaf,
Hard of hearing
and deaf/blind
Persons with
Mental Illness,
Mental
Retardation
and/or
Substance Abuse
Service Needs

FEB 26 2004

DEPARTMENT OF
BEHAVIORAL AND
DEVELOPMENTAL
SERVICES

JANUARY 2004



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DEAF SERVICES
A BIENNIAL REPORT TO THE MAINE LEGISLATURE
DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES
JANUARY 15, 2004
submitted in accordance with
Public Law Chapter 519

TABLE OF CONTENTS:

| | | |
|-----|---|----------------|
| I. | EXECUTIVE SUMMARY | |
| | HIGHLIGHTS OF THE PERIOD COVERED | 2 |
| II | DEFINITIONS | 6 |
| III | DEMOGRAPHICS | 9 |
| IV | CURRENT SERVICE SYSTEM | 10 |
| | Departmental/Internal | 11 |
| | National Level | 15 |
| | Interdepartmental | 15 |
| | Residential and Supports | 16 |
| | Clinical | 19 |
| | Case Management | 19 |
| | Outreach and Advocacy | 20 |
| | Psychosocial/Recreational | 22 |
| | Interpreters | 24 |
| | Professional Development/ Public Education | 25 |
| | Inpatient | 27 |
| | Children's Services | 27 |
| V | ACTIVITIES PLANNED FOR 2004 - 2005 | 28 |
| VI | HISTORICAL HIGHLIGHTS | 29 |
| VII | APPENDICES* | Yellow Section |

*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 enabling legislation.

EXECUTIVE SUMMARY - HIGHLIGHTS OF THE PERIOD COVERED

2002

Maine Deaf Professional participated in **establishing a national standard for limiting use of seclusion and restraint** on deaf and hard of hearing persons receiving mental health services at NASMHPD-sponsored planning session.

BreakOut VII Conference in NC – Seventh national gathering of psychosocial rehabilitation services for the deaf

DEEP Training to Deaf Services Professionals – an overview of the new Substance Abuse screening tool used in Maine's Driver Education and Evaluation Program for signing professionals

14th Annual Deaf Services Conference: Deaf Diversity, attended by 175 participants, piloted using mentored conference interpreters from Northeastern University Interpreter Training Program*

What to do until the Interpreter Arrives handout produced and distributed*

Need Help? 911 vs. Crisis Line guideline paper researched and translated into common languages, distributed with magnets at appropriate venues *

Cultural Competence Train the Trainer attended nationally acclaimed weeklong session to build networking opportunities and learn new training materials.

Healthy Maine 2010: Opportunities for All - contributed to Maine's report on barriers to health care services for many different groups in Maine, including Deaf and hard of hearing

Policies finalized and disseminated; meet with state access coordinator of DOL to look at model for potential statewide policy

Bishop Street home opens to serve 4 deaf adults with mental retardation who also have strong behavioral and safety needs.

Community Inclusion Conference: Deaf Services - Organized a consortium of presenters to represent all aspects of deaf services for adults with developmental disabilities, including linguistic, residential, social-recreational, and developmental programs and resources throughout Maine

Direct Care Conference – presentations on structuring a visually oriented environment

2003

ASL Classes taught in AMHI and Region 1

VG info for ISCs – daylong workshop in the mid-coast area

Medicaid Waiver covers Visual Gestural Communication – after 2 years of planning, state dollars are maximized by federal recognition of VG services as a covered service.

Domestic Violence service system training for interpreters (signed and spoken languages)

Intern from USM Social Work program assists with Domestic Violence initiative

Signing Therapeutic services statewide consolidated under Community Counseling Center

15th Annual Deaf Services Conference "Strengthening the Fabric of our Community" held at GBSD – 220 attendees*

GBSD Holds ASL classes for families and caretakers of deaf adults with developmental delays
"You Can Get Help" brochure updated *

MaineCare reimburses medical services providers for the full cost of interpreting

Kinney Home opens in Bangor area to serve 2 deaf adults with mental retardation

Deaf Community Forum III - A gathering of Safer Place members and professionals to cover laws, procedures to file a claim under BCA, and services available to former students

My Client Needs a Hearing Aid. What's an ISC to DO? brochure developed and distributed*

BDS Visual Gestural Training! brochure developed and distributed*

* = Item can be found in the Appendices (yellow paper) at the back of this report

Ongoing Membership/Participation in Various Organizations and Collaborations:

Baxter Compensation Authority – Assistance provided to BCA in recruiting, selecting and training the 2 Claims Consultants, recruit potential candidates for the Compensation Panel, and attendance at bimonthly meetings.

Visually Impaired Hard of Hearing /Deaf -Blind Attended meetings, created a workshop session at annual conference, disseminated materials to providers

GBSD/DHS/Community Collaboration - Attend quarterly meetings to increase collaboration, improve DHS oversight, and assist in improving GBSD safety towards a mentally healthy environment

Pine Tree Society Video Relay Interpreting - Serve on Steering Committee and co-train member hospitals in the pioneering use of videoconference equipment to provide sign language interpretation statewide. Recruited BDS and AMHI as participants and a member hospital.

NEU Interpreter Education Advisory Board - Participate in semi-annual meetings to oversee Northeastern University's use of Federal Grant funds, and to strategize on interpreter training needs in Maine and throughout New England. Mentoring and Deaf Interpreters are hot topics to be solved at the regional level.

Domestic Violence - Collaborate with DHS to improve DV system for Deaf & Multicultural women. Co-authored a grant request with Family Crisis Services (not funded), planned DV participation at SUFU conference, built support for DV picture book to be adapted to Maine and presented to police, DV workers, interpreters (spoken and sign) and diverse communities. One Deaf woman interested in starting signing safe houses; assist her efforts, along with VR.

Maine Center on Deafness participate in recruiting and training new Peer Support Group leader and Camp coordinator, assist in training to camp staff, assist in applying for grant for Safer Place activities.

Maine Registry of Interpreters for the Deaf - provide leadership to Maine's chapter of the Registry of Interpreters for the Deaf to increase the pool of potential interpreters to serve our clientele. Ensure trainings include issues important to MH, MR and SA work. Edited one edition of the MeRID newsletter, work with planning team for the annual immersion weekend.

Maine Medical Center's new ADA Access Coordinator assisted with orientation to Maine's Deaf Services, assisted in planning and coordinating a series of 3 interpreter workshops

Deaf Rights Group - participate in monthly gatherings of Deaf Services professionals.

Interpreting Licensing Advisory Board - member, educate interpreters and the public, help write policy and determine standards for the field.

Deaf Culture Week - nominated award winners for Deaf Culture Tea, distributed Deaf Culture Week posters, assisted in planning and setting up for Deaf Culture Festival

Newborn Hearing Screening Program Advisory Board - Participation in quarterly meetings to implement and monitor progress regarding the initial audiologic screening and subsequent audiological and early intervention follow-up for Maine newborns; participation in the development of informational materials for medical providers and family members

Legislative Task Force: Resolve, to Study the [Mental Health and Behavioral Health] Needs of Deaf and Hard of Hearing Children and Adolescents – LD553 – Assess the current services, needs of the population, and recommend improvements.

BDS Deaf Services provides 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, plan for additional diversity awareness events and training, prepare and distribute materials for 7 Diversity Bulletin Boards, email education campaign of Multi-Cult-O-Grams. Define Role of Team, create a Plan and promulgate Best Practice Standards.

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.

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: 540)

Visual Gestural Training Team: conducts trainings 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. Requires a command of written English.
- **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 visual and gestural language used both expressively and receptively by Deaf people (and those who wish to communicate with them) 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).

BAXTER COMPENSATION AUTHORITY (BCA): A non-governmental entity established by MRSA PL 2001 c439, PtT@5Title 5 Part 29 "to recognize and validate the suffering endured by former students who were physically and sexually abused at the Governor Baxter School for the Deaf and The Maine School for the Deaf through the offer of compensation in a supportive process".
<http://www.baxtercomp.org/index.htm>

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 specially 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 also 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.

DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES (BDS): the state entity responsible for the mental health, mental retardation and substance abuse services systems, for children and adults. Formerly named Department of Mental Health, Mental Retardation and Substance Abuse Services. The Office of Deaf Services (and Multicultural Diversity) is housed within Adult Mental Health Services.

DIVISION OF DEAFNESS (DoD): 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. DoD publishes **RESOURCES: A GUIDE TO SERVICES FOR PEOPLE WHO ARE DEAF OR HARD OF HEARING**, <http://www.state.me.us/rehab/dod/resource.htm>, 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, 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.

INDIVIDUAL SUPPORT COORDINATOR (ISC): a BDS staff person overseeing services and supports to clients with mental retardation, similar to a case manager function.

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 can be 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. Staff and families must then also be taught to understand and expand on the gestures used by the client.

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 1.3 million, those statistics equal

153,000 deaf/hard of hearing and 15,300 profoundly deaf individuals.

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

15,300 deaf/hard of hearing and 1,530 profoundly deaf substance abusers.

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

4,600 deaf/hard of hearing and 460 profoundly deaf people with mental illness.

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

4,600 deaf/hard of hearing and 460 profoundly deaf people with mental retardation.

Of deaf respondents to the Schein and Delk survey, 1.6% reported mental retardation. 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 **15,300 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)

Within **Mental Retardation Services**, there are **110 deaf and 161 Hard of Hearing out of approximately 4,000 adult clients state wide, about 7%.** At least 113 (Pineland) Community Consent Decree class members have a hearing loss.

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 with mental retardation** 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. **Today that number is 592.**

A survey of **Children's Services** is now underway, at the close of 2003 to determine the mental, emotional and behavioral health needs of deaf and hard of hearing children and adolescents.

CURRENT SYSTEM DESCRIPTION

The Office of Deaf Services within the 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. For ease of reading, the term 'deaf' will be used throughout this report as inclusive of the sub-categories listed above. It is a monumental challenge to serve a relatively small number of people with high intensity and individualized 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 is currently within BDS Adult Mental Health Services, and providing leadership to the other BDS program areas, Children's Services, Mental Retardation Services and the Office of Substance Abuse. Originally responsible for Adult Mental Health Services only, Public Law Chapter 519 added responsibility for access to specific services within the mental retardation system in addition to mental health in July of 1994. Working closely with the Director is a Technical Consultant on Deafness, Romy Spitz, Ph.D., with a specialty in Neurolinguistics and Atypical Childhood Language Development. Dr Spitz was hired by Mobius Inc., a non-profit agency serving adults with mental retardation in the mid-coast area, to lead the Visual Gestural Assessment project in the spring of 2000.

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 8;
- 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 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 due to a long history of misdiagnosis, the dynamics of oppression, and the historical inaccessibility of anti-stigma campaigns;
- 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;
- Solicit their insight and feedback to develop more responsive services.

Departmental/Internal:

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.

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 (www.ncbi.org) and the Cross Cultural Health Care Program's Cultural Competence Train-the-Trainer (www.xculture.org). Four-hour versions of these workshops have been presented with a co-facilitator to a wide variety of BDS and provider agency 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 biennial Deaf Services Conference.

POLICIES regarding service expectations when serving clients, interacting with deaf professionals, and when holding conferences or public forums have been implemented and are available on the BDS intranet page, available to all employees.

RIDER D OF ALL BDS CONTRACTS for services requires 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 language was first introduced in 2001, and since that time providers have been uniformly held contractually accountable to meet these needs.

Early in 2002 the BDS Office of Deaf Services and the BDS Office of Substance Abuse (OSA) collaborated to provide a half-day workshop on the new Driver Education and Evaluation Program (DEEP). The target audience was professionals providing specialized services to the Deaf Community. HIV/AIDS Education and Outreach continues to be funded by the Office of Substance Abuse via a contract with the Maine Center on Deafness. DeafPAH, a Deaf-to-Deaf peer support group with an addictions recovery focus, formerly funded by OSA, is no longer running.

In the fall of 2003, the BDS Office of Deaf Services was host to AN INTERN FROM USM. Alyssa Gagnon, a sociology major with an ASL interpreting minor, was able to assist in many projects related to Domestic Violence, and represented the Office at several functions in Deaf Services and in the Domestic Violence arena. See appendix for photos of the Adopt-A-Room Project, organized by Ms. Gagnon, encouraging Deaf women to take a leadership role so they can assist other Deaf women in need of the services, and assure one Deaf-friendly room within the Portland shelter. Based on the success of this project in Portland, a Deaf woman in the Augusta area plans to collaborate with the Augusta shelter in a similar vein.

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 served by BDS Adult Services. Pursuant to PL 519 (see Appendix), the Department is obligated to identify clients who 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 adult consumers with barriers to communication, including hearing but nonverbal individuals. The Communication Assessment Project has become an integral part of the BDS response to meeting the needs of clients under the Community (Pineland) Consent Decree.

Since the first communications barrier survey in 1999, we have continued to monitor the population and to date 592 INDIVIDUALS HAVE BEEN IDENTIFIED AS HAVING SEVERE COMMUNICATION BARRIERS, some of whom potentially may benefit from 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 non-profit agency serving adults with mental retardation in the mid-coast area, a team of communication assessors was convened. An assessment tool that could best capture the signing and gestural communication abilities of individuals across this range was developed in conjunction with USM's Signed Language Research Laboratory. 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.

TABLE 1: Communication Barriers in the Adult MR/DD Population 1999-2003

| Barrier | Deafness | Mild-Moderate Hearing Loss | Severe Speech Disorder | Hearing but Non Verbal | Other (errors, nonresponsive) |
|---------|----------|----------------------------|------------------------|------------------------|-------------------------------|
| # cases | 107 | 163 | 62 | 210 | 50 |

To date, 540 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 the past two years there has been an increase in the number of requests for initial assessments for clients with dual sensory impairment (e.g., deaf/blindness) and those with profound retardation who were previously categorized as not needing formal assessment. The team is also responding to requests for follow-up assessments to document improved communication skills or need for gesturally-based communication training, in order to allow appropriate individuals to access training and services for Non-Traditional Communication under the MaineCare Waiver. All individuals are screened through extensive interviews with the Individual Service Coordinator and residential/day program staff to explore their ability to benefit from the gestural communication. 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 all communicative abilities: vocabulary for single signs or gestures; gesture combinations (either with other gestures or with speech); ability to convey sentence-level information specifying at a structural level "who did what to whom"; and conversational abilities. Each intensive assessment is described in a report that includes information on the person's preferred communication style, communication abilities, and his/her communication and psychosocial communicative needs.

A rating system is used, indicating the level of need for signing services, 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 to guide agency staff in their service delivery and for program development within BDS. The reports are eagerly received by the ISCs and direct care staff and they are often used in the annual Person Centered Planning Meeting, as communication has become a priority item within Maine's new PCP procedure.

TABLE 2: 2003 Number of Consumers by Region and Level of Communication Skill

| Region | Level 1 | Level 2 | Level 2.5 | Level 3 | Level 4 |
|--------|---------|---------|-----------|---------|---------|
| 1 | 13 | 17 | 4 | 23 | 57 |
| 2A | 5 | 5 | 5 | 17 | 37 |
| 2L | 3 | 6 | 8 | 12 | 73 |
| 2T | 1 | 3 | 2 | 12 | 31 |
| 3B | 2 | 8 | 7 | 34 | 86 |
| 3P | 0 | 0 | 3 | 8 | 41 |
| Totals | 24 | 39 | 29 | 106 | 325 |

- Level 1: Fluent signer: requires an interpreter, signing staff, and sign-based psychosocial milieu.
- Level 2: Communicates using sign or gesture combinations, likely to require a specialized interpreter or visual gestural assistant, requires staff trained in visual gestural communication, and a sign/gesture-based psychosocial milieu.
- Level 2.5: Has a large “vocabulary” of signed or gestured labels, but no combinations. This category seems to be unique to the MR population and is likely due to emphasizing vocabulary rather than communication, likely to require a visual gestural assistant for communication, requires staff trained in his/her communication style, and sign/gesture-based psycho-social 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, there are recommendations that STAFF BE TRAINED TO USE VISUAL GESTURAL COMMUNICATION (a communication mode based on natural gestures) in order to communicate more effectively with MORE THAN 200 CONSUMERS experiencing barriers to communication. 75 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. 180 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.

The federal Medicaid program approved NON-TRADITIONAL COMMUNICATION AND CONSULTATION SERVICES (NTC) under Home and Community Waiver services in 2002, and these services became proceduralized within BDS in 2003. Currently, three NTC services are covered under the Waiver: Communication Assessment (Code W-131); Communication Consultation/Training (Code W-130); and Visual Gestural Assistant (Code W-119). The Office of Deaf Services is the PRIMARY AGENT FOR APPROVING INDIVIDUALS AS PROVIDERS of these services and has implemented service descriptions and requirements for each service (see Appendix). These services have been incorporated into the MR Services Checklist and a one-day training to ISCs regarding the procedures necessary to obtain these services was held. A second training for ISCs in the central and northern part of Maine is planned for May 2004. At the close of 2003, due to the state’s economic situation, the need to limit Medicaid services has severely limited client access to some NTC services. The Office of Deaf Services is seeking to meet the most immediate communication needs through contracts with agencies, such as Maine Center on Deafness and Mobius Inc.

MR Services launched 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. The Technical Consultant on Deafness has provided direct training on this module and agencies provide training to their own staff.

National Level:

Maine was represented 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 held January 30 – 31, 2002 in St. Petersburg, Florida. Peter Martineau, an employee of Goodwill Industries Deaf Services was requested to participate and contributed to creating a new national standard.

In 2003, Maine's Director of Adult Mental Retardation Services, Jane Gallivan, was asked to present to the National Association of State Directors of Developmental Disabilities Services (NASDDDS) regarding Maine's groundbreaking Communication Initiative. David Lawlor, Executive Director of Mobius, Inc., and Romy Spitz of the Communication Assessment Project, were co-presenters. Pennsylvania's Department of Mental Retardation Services subsequently invited Spitz and Lawlor to present at their Biennial Statewide Conference. This assessment project is unique and we continue to receive inquiries from other states regarding how they might establish a similar assessment process.

The seventh biennial NATIONAL DEAFNESS AND PSYCHOSOCIAL REHABILITATION SERVICES CONFERENCE, BREAKOUT VII, took place in Raleigh, NC in 2002. Federal funding permitted the statewide coordinators of mental health services for the deaf to attend at no cost to the states. The Director attended the conference as well as participated in state coordinator events. For the past 12 years, the Breakout Conference has been the national, interdisciplinary, biennial event that has brought together professionals who provide culturally competent community mental health services, particularly psychosocial and psychiatric rehabilitation, to people who are deaf, hard of hearing, late deafened, and deafblind. The first Breakout conference was held in 1989 in the Washington, D.C. area through collaboration between Deaf Reach of Washington, D.C. and Thresholds of Chicago, IL. Breakout has provided a wide variety of presentation opportunities, including treatment information, research, best practice models, resources and networking for providers and consumers of mental health and addictions services within the deaf community.

The National Technical Assistance Center for State Mental Health Planning of NASMHPD requested the Director's substantive contribution and assistance in editing **Meeting the Mental Health Needs of Persons Who Are Deaf** as part of their Cultural Diversity series. The publication was distributed to all the states' Departments of Mental Health in May of 2002 and is available on line at <http://www.nasmhpd.org/ntac/reports/Deaf.pdf>.

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.

A DEAF COMMUNITY FORUM was held in March of 2003, building on the forums held in 2000 and 2001. This gathering of Safer Place members and Deaf Services professionals covered applicable laws, services available to former students, and the procedures to file a claim under BCA. The BDS Office of Deaf Services partnered with MCD, DOL and the Legislature in hosting the event.

The two DEAF SERVICES CONFERENCES held during this reporting period were both examples of inter-departmental cooperation, with funding and programmatic support from DHS, DOL and GBSD, as well as agencies in the private sector. Conferences are reported on in greater detail in the section on Education and Outreach.

The Bureau of Health within the Department of Human Services asked the BDS Office of Deaf Services to contribute to their report, Healthy Maine 2010: Opportunities for All. The Director and Technical Consultant contributed a section on barriers to health care for Deaf and hard of hearing Mainers.

Residential and Supports:

During this reporting period, BDS Region 3 developed and OPENED A TWO-PERSON WAIVER-FUNDED GROUP HOME FOR DEAF ADULTS WITH MENTAL RETARDATION IN BANGOR. The support staff working within this home are mainly members of local deaf community, either Deaf or associated with Deaf individuals in some capacity. It is a requirement to be knowledgeable of American Sign Language and Deaf Culture in order to be employed. The home, referred to as the KINNEY HOME, has been up and running since March of 2003 with success. This home currently supports one individual who has made great progress since it opened. He has increased his communication both at home and at his day program, his "behaviors" have decreased since his ability to communicate with those around him has been enhanced. The home itself has had very few difficulties; the provider makes every effort to meet the needs of the consumer and the staff that work with him. An interpreter was contracted when the home opened and has been available at all staff meetings. There is an available bed for someone with similar needs and interests.

The BISHOP STREET HOME opened its doors in spring of 2002, providing a new supportive therapeutic home for up to 4 deaf adults with mental retardation in Windham. There have been three residents since the program opened, and there is a referral in the works for a fourth resident. This program is administered by Medical Care Development, and marks the first fully signing/gesturing program for that agency. They administer one other program that is home to one deaf client, who has one-to-one deaf staff. The program and the building itself have been designed to accommodate the unique behavioral needs of the residents, and incorporates principles of sensor integration work into the milieu in addition to ensuring a signing/gesture-rich environment.

PETRA HOME was established in 1999 in Waterville managed by Ken-A-Set, as a home for 2 deaf women with mental retardation. Staff sign and use Visual Gestural communication to some extent. Sign 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 programs run by Goodwill are listed below:

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, moved to a new location in Portland during 2002, in a building with apartments above. The 7 year-old program has grown significantly, from 6 to 26 individuals served.

Some of the deaf individuals with mental illness who receive Community Support services 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.

In January of 2000, Goodwill of Northern New England's Deaf Services opened the Deaf Community Support Program, still the only DAY PROGRAM that offers a full ASL & VGC milieu in Maine. This community-based program has grown from serving 3 to 15 participants who are Deaf and experience MR/DD. Many attend the day services program part time, and work part time in community jobs. Consumers design and develop the educational and recreational experiences they are most interested in, from classes in such diverse topics as cooking, sewing, health, using public transportation; outings such as agricultural fairs, horseback riding, state parks and shopping. In FY 03, 35 % of the activities took place in community settings rather than in the program location. The program schedule changes 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.

MOTIVATIONAL SERVICES Inc. (MoCo) administers a few residential and support options for deaf adults with serious and prolonged mental illness, described below:

The SUNRISE PROGRAM 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. 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 an apartment building in Augusta 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 Program trains all staff to be able to communicate in American Sign Language, and one staff has completed the Visual Gestural Communication Train-the-Trainer course.

MOCO's COMMUNITY SUPPORT AND CASE MANAGEMENT services are based at Pine View Estates in Augusta. 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 Workers; both are fluent signers. 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.

The continuity of services provided by MoCo 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, signing therapists, 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 invitations to specialized training and 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. The program at COMMUNITY COUNSELING CENTER in Portland, created in 1996, has been expanded to provide statewide services, now consolidated under one agency. BDS provides grant money for capacity building (6 clinical positions) and seed money for MaineCare service recipients. CCC remains a reliable service for D/deaf and hard of hearing clients and their families serving 36 adults and 42 kids in FY 02 and 39 adults and 44 kids in FY 03. A CCC brochure with a description of their services 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 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 two psychologists and 3 licensed therapists in private practice in the southern half of the state. They have varying levels of proficiency in sign language. Additionally, three non-signing therapists who have gained the trust of their deaf clients and work well through interpreters are supported in their work with deaf individuals. Though far from ideal, qualified mental health services and appropriate diagnostic testing is available to Maine's Deaf 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.

Pursuant to a law, P & S 2001, Chapt.12, BDS must ensure that all former students of the Maine School for the Deaf and/or the Governor Baxter School for the Deaf are provided with mental health services at no out-of-pocket expense. In FY 02 BDS spent \$136,766 and in FY 03 \$204,682 was expended from the SAFER PLACE account. Individual trauma therapy and support groups continue to be 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 group for women is forming for 2004 in the Augusta area. 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.

A TRI-FOLD BROCHURE with photographs (modeling visually oriented publications) and contact information for all the signing mental health clinicians in Maine has been updated and redistributed at the end of 2003 (see appendix).

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) and Region 2 (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)

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

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.

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 (twice) and AMHI, open to case managers and providers, or to AMHI staff. Additional classes are planned for 2004.

Outreach and Advocacy:

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.

Four publications were produced for outreach and PR purposes during this reporting period. What to Do Until the Interpreter Arrives is a pocket-sized accordion-folded quick reference guide for basic signs, and contains information as to where to find an interpreter and which agencies can provide information and referral. Another piece, entitled: Need Help? 911 vs. Crisis Line is a guideline paper that was researched and approved by the BDS Crisis workers, BDS contracted crisis provider agencies, and several local and county law enforcement entities. Written in clear, simple English, with a few graphics to further demonstrate the concept, it will allow folks in need of help during a stressful moment make the correct call: do you want to activate a law enforcement response or a social work response? Translated into languages frequently encountered in Maine, it is distributed with crisis phone number magnets at appropriate venues (see Appendix).

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

- ✎ Participated in the annual reception and tea at the Blaine House,
- ✎ 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

☞ 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,

☞ Successfully nominated individuals and agencies to receive awards. In 2002:

Community Counseling Center Outstanding Advocate for the Needs of the Deaf Community

Peter Martineau Outstanding Advocate for the Needs of the Deaf Community

Goodwill Deaf Services Programs Special Commendation

Tracey Frederick Clifton F. Rodgers Award, the highest honor, for over 20 years of dedication and hard work with Deaf individuals living with mental retardation

In 2003:

BDS employee Lorrie Chipman, signing case manager for MR Services in Bangor,

Outstanding Advocate for the Needs of the Deaf Community

David Lawlor, Executive Director of Mobius Inc., (and former BDS Deaf Services Coordinator)

Promoting ASL, Deaf Culture, and Deaf People

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 the discrimination that is an everyday event in Maine for Deaf, hard of hearing, deafened, and deaf/blind individuals. Each routinely suffers discrimination and is denied equal access to programs and services that people who can hear take for granted. 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 this 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, and Alpha One in Portland and Bangor, referring individuals with civil rights problems to MCD on a regular basis. Several Peer Support Group participants (individuals who are deaf and have mental retardation) have been helped by the Civil Rights program.

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: the Deaf Rights Group (DRG). The ability to identify trends in problems that individuals encounter helps to prioritize the issues that DRG addresses 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.

Typical concerns and complaints include:

- 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 governmental entities such as 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.

Psychosocial/Recreational:

BDS and Alpha-One are working together to support and assist individuals within the deaf community to enhance their knowledge of employment skills. John Dunleavy of Alpha-One has assisted in these discussions. The first two sessions were roundtable discussions with the Bangor Deaf Community to assess their needs. The attendance was good and with everyone's support the leadership hopes to make services more available to assist these people in enhancing their lives. Some of the great feedback: "I want to get as much information about the Insurance as I can to share with the group, very valuable information" "another idea for workshop...financial Independence/Starting business, etc... Financial stuff" "Good Ideas for information" "Very Interesting" "Good Job up there" "Valuable information"

A PEER SUPPORT GROUP (PSG) for Deaf persons sponsored by MH Services has been administered by Maine Center on Deafness since 1989. The group meets twice monthly and has been facilitated by Deaf staff or a deaf & hearing team. The annual Thanksgiving dinner 2003 at the Country Buffet restaurant in Portland had 98 people attend, almost doubling each year from 36 in 2001, 54 in 2002, to 98 in 2003. Consumers came from as far away as Bangor, Augusta, Damariscotta and Poland.

Peer Support Group is 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, PSG 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 yet others, it is finally having someone explain the events of 9/11 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.

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. In the period of July 2002-June 2003, groups were running in:

Augusta: 21 meetings with an average of 8 consumers at each meeting
Bangor: 18 meetings with an average of 3 consumers at each meeting

Damariscotta: 2 meetings with 2 consumers participating
Lewiston: 1 meeting with 4 consumers in attendance
Portland: 19 meetings with an average of 13 consumers at each meeting

Portland and Augusta have the largest attendance. In those cities, there are several specialized group homes. It is much easier for the consumers living in group homes to attend meetings, since paid staff transport them to outside activities. In the other PSG locations, consumers live with foster families or family members, making it more challenging to arrange for consumers to attend, and requires one-to-one outreach efforts.

Attendance for the Damariscotta and Lewiston groups is expected to increase; those groups met for the first time in June 2003. Outreach activities will be conducted in those areas to inform families and foster families of the program, along with encouraging the BDS ISCs to build PSG activities into clients' annual plans. Bangor has historically had low attendance, with transportation as a primary problem. With the exception of the new, 2-person group home, all consumers live with family members or foster families, and are unable to arrange rides to attend. There are seven consumers in the Dover-Foxcroft area that are served by one BDS contract agency, however, none of these consumers have been able to attend. The agency has indicated that they would have to be reimbursed \$200 for each meeting to cover the costs of transporting these seven individuals to and from each PSG meeting. The program has asked MCD to start a separate group in the Dover-Foxcroft area, but there is no funding to add an additional group. Doing so would also be counter-productive in efforts to encourage broader socialization among the consumers.

CAMP SIGN-A-WATHA was an annual 5-day summer camp experience for deaf adults with mental retardation, and was the only one of it's kind in the world. For people on the fringe of both the mental retardation and deafness worlds, and marginalized by both, camp provided:

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 2002 there were 43 "campers", many of whom live in communication isolation as the only deaf or signing person in programs scattered throughout the southern half of the state. 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, and a bon fire/marshmallow roast; and were able to fully participate in every barrier-free event. 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/enjoying 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. By dinner-time Thursday the camp community had grown to over 100, including staff, visitors, volunteers, and children of staff. Camp was followed up each year with a souvenir videotape and a photo-calendar mailed to each camper.

In 2003, the administrative fee paid to Maine Center on Deafness was cut, and camp was not able to continue. Efforts are underway to look for alternative funding or an alternative format that would

allow some kind of camp experience to resume. Camp Sign-A-Watha was a much-anticipated annual event for the campers and helpers, added to the limited list of great events in their lives, such their own birthday 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.

A SUPPORT GROUP FOR ADULTS WHO ARE HARD OF HEARING OR LATE DEAFENED reformed 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.

Interpreters:

At best, use of interpreters is only second best. It is far preferable for services to be delivered directly by a bilingual/bicultural worker in the language that is most comfortable for the consumer. 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. 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.

Maine is working to address the chronic SHORTAGE OF QUALIFIED SIGN LANGUAGE INTERPRETERS that exists 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 2003, there are 115 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 45 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 more than doubled in the past three years, in large part due to the training requirements of the licensing process and to the ASL/English Interpreting Program at USM.

This shortage 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 Rights Group (Maine Center on Deafness), Interpreter Education Program Advisory Committee (Northeastern University, Boston), Maine Registry of Interpreters for the Deaf, and in collaboration with the ASL/English Interpreting Program at the USM Department of Linguistics.

Early in 2001, Maine's Bureau of Medical Services instituted changes suggested by this office to Chapter 1 of the Maine Medicaid Manual. In 2003, changes were made so that MAINECARE (MEDICAID) NOW REIMBURSES ALL MEDICAID SERVICE PROVIDERS (except for hospitals, nursing facilities, and certain group homes) FOR THE FULL COST OF INTERPRETING, BOTH SIGNED LANGUAGE AND SPOKEN LANGUAGES. The new policy can be found at: http://www.state.me.us/bms/rulemaking/c_i_s_1_f_complete/c_i_s_1_f_complete.pdf

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, and clear guidelines in contracts with provider agencies. Within MR services, seven case managers have been identified as having some sign language skills; as many as 592 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 (or VG Assistant services) to access BDS services; they must also educate and advocate that agencies providing direct services do the same. Despite the fact that 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 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 commenced in December 2001. BDS will join as a participating facility in the final year of grant funding, December 2003 - October 2004. As a participating facility, BDS will have unlimited use of the VRI interpreting during working hours, and at a reduced rate in non-business hours.

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 220 attendees representing a wide range of services and interests.

14th Annual BDS DEAF SERVICES CONFERENCE on March 15, 2002 was entitled "DEAF & : AN INTRODUCTION TO DEAF DIVERSITY" This conference looked beyond simply deafness to see what additional cultural and sociological factors need to be considered by service providers. There was a Diversity Panel, moderated by Tara Copeland, a black deaf professional working in the Northeastern University Interpreter Education Program, featuring Mainers who are Deaf &...Jewish, Gay, In Recovery, Blind, Black, and Adopted into a white hearing family. Some of the afternoon workshop sessions were experiential in nature. Feedback and overheard comments reveal that this exploration into diversity and cultural competence is needed by all, regardless of one's knowledge and competency in one aspect of diversity. A Conference flier can be found in the Appendix.

On March 14th, 2003 15TH ANNUAL MAINE DEAF SERVICES CONFERENCE

“STRENGTHENING THE FABRIC OF OUR COMMUNITY” was in partnership with and held at Governor Baxter School for the Deaf. The featured speaker was Marilyn Smith, Executive Director of Abused Deaf Women’s Advocacy Services, a dynamic, deaf-run organization located in Seattle, Washington. 220 people attended, including the GBSD staff, for whom this conference was a school-sanctioned teacher workshop/staff development day. There were four afternoon workshops covering a variety of topics (see conference flier in Appendix). Of the 103 evaluations returned, the majority found the conference to be very good, offering a wealth of information.

- 63 percent of participants felt the presenter(s) were very good, 30 percent thought they were good, less than 7 percent thought they were average, and less than 1 percent thought they were less than satisfactory.
- 54 percent found the day to be very satisfactory, 37 percent found it to be good, 8 percent found the whole day to be average, and one percent thought it was less than satisfactory.

Many participants felt that as a result of this training they had a better understanding of the Deaf Community and how to better serve as allies. This conference also supplied many new ideas and ways to think about an individual’s role in serving D/deaf individuals- clients, children, and/or adults. It also supplied the grounds to explore other perspectives with a healthier respect and make or strengthen professional relationships. Overall, most participants felt better informed and looked forward to applying this new information and sharing it with their colleagues. Everyone seemed grateful this annual conference was offered. Conference flier can be found in the Appendix.

VG DAY FOR ISCs was held at the Mobius Community Center in Damariscotta on August 19, 2003, and was attended by 35 BDS case workers, resource developers, and a few providers. The day provided an in-depth overview of the Visual Gestural Communication project, how it can be beneficial for clients, how to access the services, and how to maximize the funding available. The summary of evaluations from the day is included in the appendix; it seems the workshop was highly successful, and plans are to repeat the event in the Bangor area in 2004.

“Visual Environments and Visual Communication: Working with Deaf and Nonverbal Consumers” was the title of Dr. Spitz’s presentation to approximately 60 people at the BDS 16th Direct Support Professional Conference in November 2002. The presentation addressed the environmental and communication needs of hearing and deaf consumers who use visual forms of communication including gestures, signing, and pictorial forms of communication. Discussions included how to optimally set up a residential or work facility to maximize the availability of visual information, how to maximize consumer’s abilities to communicate with others, the importance of ensuring communication access to the PCP process, and how to access supports, such as visual gestural assistants, interpreters, visual alerting systems, hearing aids or other equipment, and training related to visual communicators.

Also in November of 2002, Dr. Spitz organized a consortium of presenters to represent all aspects of deaf services for adults with developmental disabilities in Maine at the statewide Community Inclusion Conference. Presentations on Deaf Services included linguistic, residential, social-recreational, and developmental programs and resources from around the state.

The 2002 Community Inclusion Conference featured a section, organized by Dr. Spitz, consisting of a consortium of presenters to represent all aspects of Deaf Services for adults with developmental

disabilities, including linguistic, residential, social-recreational, and developmental programs and resources throughout Maine. The presentation was very well received.

In the fall of 2003, GOVERNOR BAXTER SCHOOL FOR THE DEAF initiated a new program called 'ASL for Families'. This FREE CLASS was offered to FAMILY MEMBERS, FRIENDS, AND SUPPORTERS OF DEAF CHILDREN AND DEAF ADULTS WITH DEVELOPMENTAL DISABILITIES. It was 'in real life' on Mackworth Island where the school is situated and carried via distance learning technology to several sites in the state. The classes are designed to be fun, friendly, and emphasize everyday communication. It is an excellent avenue for staff to improve both their comprehension of their deaf consumer who signs and their own ability to converse with consumers using basic signing. GBSD was quickly overwhelmed by the response from agencies, group homes, work programs, and families who have frequent contact with deaf consumers.

Due to the high demand for the GBSD classes, BDS instituted BASIC ASL CLASSES FOR PROVIDERS AND BDS STAFF at AMHI (2 class sections) and in Region I. Plans and budget for continuing ASL classes are in the works for 2004.

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 being built in Augusta. The VRI Project grant administered by Pine Tree Society-Deaf Services has provided education to 16 participating hospitals around the state, and allows interpreters to be "beamed in" when hospital staff initiate the connection.

Children's Services:

CHAPTER 84 S.P. 193 - L.D. 553, entitled "Resolve, To Study the [Mental and Behavioral Health] Needs of Deaf and Hard-of-hearing Children and Adolescents" convened a task force charged with examining current services, quantifying the needs, and making recommendations to improve services. Preliminary findings show a severe shortage of culturally and linguistically accessible services and a lack of data collection. New collaborations were forged and recommendations drafted for the report back to the committee. It is anticipated that forward progress will be made in areas that do not require new funding, and that having a blueprint for future development will be helpful.

ACTIVITIES PLANNED FOR 2004 AND 2005

There is ONGOING NEED FOR ALL SERVICES CURRENTLY AVAILABLE. They will be continued to the extent the Department budget and outside resources will allow. In anticipation of the merger between BDS & DHS, 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.

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.

The 16TH ANNUAL BDS DEAFNESS CONFERENCE is planned as a half-day workshop due to budget constraints, or possibly in collaboration with the Division of Deafness,

The DEAF RESOURCES GUIDE WILL BE LINKED 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 costs incurred by printing and mailing hard copies.

Create a repeat of the VG Day for ISCs to be held in the Bangor area, providing information to another set of M R case managers, supervisors and resource developers.

Hold a VG Provider training session to all those who have been approved as MaineCare providers of VG Services. This will ensure that all providers are aware of the latest trends, resources available, and provide opportunity for new learning with a specialist brought up from Westborough State Hospital's Deaf Unit in Massachusetts.

Continue to raise 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 serving seniors are unaware of their obligations to provide accommodations and the (precious few) available resources.

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 knowledgeable of issues related to mental retardation, developmental delays and severe mental illness AND 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, 2002, 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 meryl.troop@maine.gov. Highlights include:

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 MR services 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. a full-time licensed mental health clinician fluent in American Sign Language, for deaf / hard of hearing residents of Cumberland & York counties & 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 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 (ALDs) 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

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

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, and special Deaf interpreters from Massachusetts were hired 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, 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.

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, 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.

2002 & 2003 can be found in Executive Summary, pages 3 – 5.

Appendices

Enabling Legislation:

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

1. Mental health services. The department 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 department. 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; [1993, c. 519, §1 (new).]

B. Provision of interpreter services for treatment; [1993, c. 519, §1 (new).]

C. Educational and training for mental health staff providing treatment to persons who are deaf or hard-of-hearing; [1993, c. 519, §1 (new).]

D. Placement of telecommunication devices for persons who are deaf or hard-of-hearing in comprehensive community mental health facilities; [1993, c. 519, §1 (new).]

E. Support and training for families with members who are deaf or hard-of-hearing who experience mental health problems; and [1993, c. 519, §1 (new).]

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. [1993, c. 519, §1 (new).]
[1995, c. 560, Pt. K, §24 (amd).]

2. Mental retardation services. The department 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 department. These accommodations and services must include, but are not limited to, the following.

A. The department 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 department shall survey the client population to determine which clients are deaf or hard-of-hearing. [1995, c. 560, Pt. K, §24 (amd).]

B. For purposes of treatment, the department shall ensure the provision of interpreter services by a person proficient in American Sign Language. [1995, c. 560, Pt. K, §24 (amd).]

C. The department 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. [1995, c. 560, Pt. K, §24 (amd).]

D. The department shall provide for the placement in comprehensive community mental retardation facilities of telecommunication devices for persons who are deaf or hard-of-hearing. [1995, c. 560, Pt. K, §24 (amd).]

E. The department shall ensure the provision of support and training for families with members with mental retardation who are deaf or hard-of-hearing. [1995, c. 560, Pt. K, §24 (amd).]

F. The department 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 trained in mental retardation treatment and proficient in American Sign Language. Therapeutic residence options must be flexible and allow for individual choice. [1995, c. 560, Pt. K, §24 (amd).]

G. The department shall designate in each regional office one staff person who is responsible for the coordination of deaf services in that office. The department 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. [1995, c. 560, Pt. K, §24 (amd).]
[1995, c. 560, Pt. K, §24 (amd).]

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. [1993, c. 519, §1 (new).]

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. [1993, c. 519, §1 (new).]

Section History:

PL 1993 Ch. 519, §1 (NEW).

,

PL 1995 Ch. 560, §K24 (AMD).

,

Presentations reaching the deaf community and service providers reaching an audience of over 1865:

| | | |
|------------------------------|--|-----|
| Muskie Staff | How to use your TTY & Put the Number on Everything | 15 |
| BDS Port. New staff | How to use your TTY & Put the Number on Everything | 5 |
| CCC Elder Services | Deafness and Hearing Loss and Older Folks | 15 |
| BDS Presque Isle | Diversity Training w/Ron Bridges | 30 |
| Ingraham Crisis | Using an Interpreter | 10 |
| MAADRP | Using an Interpreter, Spoken & Signed Languages | 25 |
| Spring Harbor Hosp | Using an ASL interpreter, Live & VRI, w/PTS | 6 |
| SMTC MHRT 2 class | Deafness 101, with Romy | 25 |
| CSI Supervisors, Saco | Deafness 101, Using Interpreters & TTY training | 45 |
| Penn-Bay Hosp | Using an ASL interpreter, Live & VRI, w/PTS | 25 |
| Geriatric Providers | Hearing Loss and the Elderly, Bar Harbor | 35 |
| ELC | Assistive Listening Device training | 7 |
| DHS Case workers | Using a Sign Language Interpreter | 30 |
| MGMC, Augusta | Using an ASL interpreter, Live & VRI, w/PTS | 35 |
| UNE Biddeford | Deafness 101; Hearing loss syndromes for PT's | 30 |
| DRC, Augusta | Cultural Competence and Disability | 20 |
| MGMC, Augusta | Using an ASL interpreter, Live & VRI, w/PTS | 35 |
| Sweetser, Alfred | Deaf Parents & Kids with Special Needs | 30 |
| St. Mary's, Lewiston | Using an ASL interpreter, Live & VRI, w/PTS | 35 |
| CASA, Westbrook | Using Interpreters, Sign & Spoken | 20 |
| BMHI staff, Bangor | Communication Challenges to Teamwork: Hearing loss & Other Ability Challenges | 40 |
| Inland Hospital, Waterville | Using an ASL interpreter, Live & VRI, w/PTS | 35 |
| Region I Providers, Portland | Cultural Competence and Disability | 20 |
| NCBI, Portland | Cultural Competence and Disability | 4 |
| Mayo Hosp, Dover/Fox | Using an ASL interpreter, Live & VRI, w/PTS | 20 |
| Stephens Mem Hosp, Norway | Using an ASL interpreter, Live & VRI, w/PTS | 25 |
| DHS/WIC, Bar Harbor | Cultural Competence and Disability | 90 |
| BDS, CO | Cultural Competence and Disability | 15 |
| Portland | Community Resource Fair | 75 |
| BDS Resource Coordinators | Visual Gestural Communication update | 17 |
| BDS Admin Support Group | Obtaining Interpreters and signage | 16 |
| UMA Social Work Profs | Weaving Cultural Competence into the Curriculum | 5 |
| Shalom House staff | Cultural Competence & Using Interpreters | 100 |
| BDS Region 1 | Welcoming Diversity | 12 |
| MMC, Portland | Using Videoconferencing for Interpreters | 40 |
| BDS Region 3, Bangor | Working with Deaf and Hard of Hearing | 11 |
| M H Providers, Waterville | Display table at "Exploring Somali Culture" | 125 |
| Portland agencies | Display table at "Safe Home – Refugees & DV" | 125 |
| BDS Region 1 | Moderator of "Diversity Discussions" | 23 |
| BDS Region 3 | Overview of Diversity Issues | 20 |
| Deaf Community | Forum 3 Mental Health Services @GBSD | 55 |
| Crisis Clinicians | Crisis Clinician Conference display table | 200 |
| Husson College | Center for Family Bus. – Low Cost Accommodations | 30 |
| Trauma Conference (2 day) | Integrating Trauma, SA & MH, display table | 250 |
| SMTC MHRT 2 class | Deafness 101 | 15 |

NAD Position Statement on Mental Health Services For People who are Deaf and Hard of Hearing

Open Letter to the Mental Health Community and Allied Service

Providers

The Board of the National Association of the Deaf (NAD), staff and Mental Health Committee presents its *Position Statement on Mental Health Services for People who are Deaf and Hard of Hearing*.

The purpose of this position statement is to acknowledge and emphasize the importance and need for direct communication, sensitivity to cultural affiliation, and sensitivity to the psychosocial impact of hearing loss in the delivery of mental health, mental retardation, and substance abuse services to people who are deaf, hard of hearing, late deafened, and deafblind in every state throughout the country.

The NAD recommends that individuals with hearing loss be referred to specially trained providers whenever and wherever possible and/or that appropriate support services, guided by consumer choice, be made available, such as sign language interpreters, captioned videotapes, telecommunication devices for the deaf, tele-mental health capability, and closed captioning.

In addition, the NAD encourages organizations to inform their membership about this position paper and incorporate the language used in this position statement wherever possible and appropriate in mental health policy statements on multicultural approaches to care, cross-cultural and cultural care, limited English speaking/signing procedures and guidelines, Olmstead planning, and other kinds of policies, procedures, and standards of care that exist in the mental health field and profession. The population of people with hearing loss should be included, alongside other ethnic and cultural groups, in efforts to eliminate disparities in mental health care.

The NAD has specialized consultants available for referral to assist state and local departments, programs, and professionals with needs assessments and identifying and developing resources to serve this population across the country.

NAD Position Statement on

Mental Health Services for People who are Deaf and Hard of Hearing

People who are deaf or hard of hearing (1) are an underserved cultural and linguistic population within the nation's mental health system. Tragically, normal adjustment, cultural, language and communication issues are often mistaken for developmental delays, mental illness or mental retardation.

Since the mid-1950s, the NAD and the professional community of skilled and experienced providers in various fields serving this population have addressed and advocated for quality mental health services (2) for people who are deaf and hard of hearing. As a result of these efforts, extensive theoretical, policy, and practice literature has developed, including the

Americans with Disabilities Act (ADA) and several landmark court cases on mental health and hearing loss, particularly supporting and promulgating appropriate care guidelines for services and the importance of consumer voice.

The NAD recognizes that, for the estimated 28 million individuals who have hearing loss in the United States, mental health services should be provided using cultural and linguistic affirmative approaches. Cultural and cross cultural providers in public and private mental health care service delivery systems are aware that a positive therapeutic process includes facilitating the acceptance of hearing loss as an integral and potentially valued part of the individual and understanding and respecting communication choice and family needs, both nuclear and extended.

Public and private mental health services should be available in all states to serve this population and should be equal in quality and effectiveness to those provided to persons who are able to hear. These services should be provided by culturally and linguistically competent providers using appropriate support services.

The skills of culturally and linguistically competent providers, whether hearing, deaf or hard of hearing include:

- Ability to communicate directly with deaf and hard of hearing individuals, frequently requiring fluency in American Sign Language, but may include other modes of signed or visual communication systems used by deaf and hard of hearing people; and
- Appropriate use of services and adaptive technology as is best identified and utilized by the consumer and his/her family members, including qualified and certified interpreters, assistive listening devices and real-time captioning services, and;
- Intensive and extensive awareness of the cultural and linguistic differences, and psychosocial impact associated with hearing loss.

The skills of cross-culturally trained providers include:

- Appropriate use of services and adaptive technology as is best identified and utilized by the consumer and his/her family members, including qualified and certified interpreters, assistive listening devices, and real-time captioning services; and
- Awareness of and sensitivity to the cultural and linguistic factors that impact the quality of the delivery of mental health services to this population.

The NAD further recommends that public and private providers work together to develop an array of appropriate and accessible cultural and cross-cultural services, based on the identified and assessed needs of this population in each state to ensure the provision of culturally and linguistically competent mental health services.

Recommended State Actions

- Establish an advisory council to the State's department of mental health services including consumers with hearing loss and their family members;
- Establish a position of State Coordinator in the department of mental health services to coordinate and provide technical assistance on appropriate service delivery solely for this population;
- Assess need and establish a statewide and/or regional continuum of public and/or private cultural and cross-cultural mental health services and programs (including

Maine's
status re: NAD
Recommendations

©Informal
advisory
committee
©Have State
Coordinator

©Assessment of
needs for deaf
children underway

professional training) for adults, adolescents and children who are deaf and hard of hearing. This continuum of services shall be integrated and coordinated with the existing service delivery system. This continuum should include separate, specialized services and programs, where needed.

- Report the efforts and results of building this continuum of cultural and cross-cultural services in the annual plan of care to the federal government through state mental health planning councils;
- Recognize, acknowledge, and integrate the cultural, cross-cultural, and linguistic needs of this population in state mental health policy. The access needs of this population should be strongly considered and included in the creation and revision of strategic plans, the submission of block grant applications, and response to legislative mandates, such as Limited English Proficiency, Olmstead planning, and human rights. Culturally sensitive language should be included that directs attention and increases awareness of the need for direct communication and communication facilitation in service delivery for this population.
- Encourage the involvement of consumers who are deaf and hard of hearing and their family members through public and private offices of consumer affairs and other consumer and family member community-based organizations in the state.
- Develop a registry of public and privately employed practitioners with expertise working with people who are deaf or hard of hearing to be made available for referral upon consumer request.
- Mandate referral to specialized providers, as appropriate, and coverage (by public, private, managed care, and self-insured health plans) for interpreting services for subscribers and family members who are deaf and hard of hearing.
- Create and/or utilize existing tele-mental health network resources to improve statewide access to services and provide needed technical assistance and consultation.
- Develop and provide professional training resources, such as classes, workshops, conferences and community events to improve the skills and knowledge of cultural and cross cultural professional providers who deliver services to this population. Coordinate these efforts with academic institutions that educate and train human service workers throughout the country.

This paper is predicated on existing legislation including the ADA, the Rehabilitation Act of 1973, and other federal and state civil rights laws requiring state and local governments, and private providers to ensure access, effective communications and equal opportunities for deaf and hard of hearing individuals. It can be found on the web, complete with references, at: www.nad.org/infocenter/newsroom/positions/mentalhealth.html

1. The term " deaf and hard of hearing" is to be interpreted as inclusive of all individuals with hearing loss including those who are late deafened and deaf-blind.

2. The term " mental health services" is to be interpreted as inclusive of the identification, evaluation, diagnosis, and treatment of individuals with mental health care needs, including but not limited to mental illness, mental retardation, and substance abuse. The term includes the delivery of mental health care services on an inpatient or outpatient care basis, by counselors, psychologists, psychiatrists, social workers or other mental health care professionals, and delivery in public and private mental health care systems.

Produced by the NAD Mental Health Committee in coordination with State Directors of Mental Health and NAD staff. Approved by the NAD Board of Directors, May 3, 2003

☺Continuum exists for adults

☺Included in policy and Block Grant, along with plans for serving LEP population

☺Encourage consumer and family input directly to Director and social clubs
 ☺ brochure w/ photos; on-line Resource Guide
 ☺contract language & policy require interpreters; MaineCare covers interpreters
 ☺Tele-interpreting being piloted
 ☺Annual conference, ASL & VG training provided; guest lectures at community colleges

Need help?

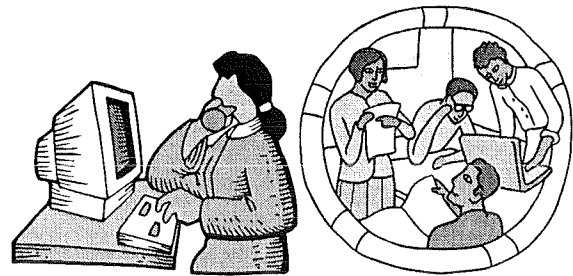
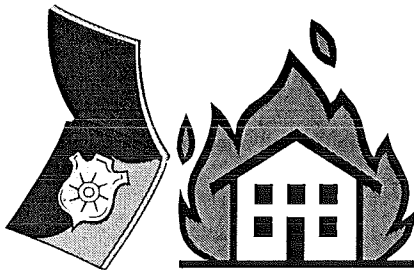
911

Emergency
Life or Death Emergency
Fire
Smell smoke
Robber, Burglar is there now
Ambulance needed
Car accident
Weapons involved: Gun, knife
People fighting, dangerous and
someone is getting hurt
Medical emergency
Someone is trying to kill himself
or herself
Crime is happening now
Feel threatened

Crisis

1-888-568-1112

Can't sleep - bad memories
Nightmares over and over
Someone is having a hard time
coping with life
Someone says they want to kill
himself or herself,
or other person
Confused thinking
Emotional crisis
Personal crisis
Feeling out of control
Feeling overwhelmed



Crisis Line is Voice & TTY
Telephone Interpreters Available

Mental Retardation Services

Maine Dept. of Behavioral and
Developmental Services

Training Evaluation Summary

Topic: Visual-Gestural Communication Information Session **Date:** August 19, 2003

Location: Mobius, Inc., Damariscotta **Presenter:** M. Troop, R. Spitz, E. Babcock, M. Cousins,

Total # attending: 35 **total # evals returned:** 26

| Please rate this training from 0 (poor) to 5 (excellent): | 0 | 1 | 2 | 3 | 4 | 5 | Avg. |
|--|---|---|---|---|----|----|------|
| 1. The information will be useful in my work | | | | 2 | 8 | 16 | 4.54 |
| 2. The training was interesting | | | 1 | 1 | 11 | 13 | 4.38 |
| 3. The presenter was prepared and knowledgeable | | | | 2 | 8 | 16 | 4.54 |
| 4. The training was well organized | | | 1 | 4 | 8 | 13 | 4.27 |
| 5. The environment was comfortable | | | 1 | 6 | 7 | 12 | 4.15 |
| 6. Overall, I would rate this training as... | | | | 2 | 9 | 14 | 4.48 |

Summary of comments

1. What benefits did you get from this session?

- Better understanding of ASL and VG [7]
- Better understanding of various aids, resources, types of services, etc. available [4]
- Reminder of the need for more communication free environments in my area
- Very useful handouts/resources [3]
- New resources to assist consumers to communicate better or get assessment
- Better understanding of the world deaf people live in, and how to communicate in a way that is more understandable to them
- Opportunity to network
- Finally getting basic, specific information to put the info to work for my consumers
- Renewed my interest in providing services for my deaf consumers
- Learning what VG is and realizing who needs a VG assessment on my caseload

2. What were the major strengths of the session?

- Great presentations, knowledgeable presenters [4]
- The instructors: Romy was very informative [7], Mike very helpful in a concrete way [2]
- Learning about MaineCare reimbursement [2]
- Role-playing!
- Explanation of language vs. vocabulary
- Having a deaf person be part of the presentation [2]
- Having time for questions
- Informative, interesting, entertaining
- Lots of information in one place
- Well organized [2]; session moved right along
- Fast-paced – love it! Visuals, variety, useful practical information
- Romy! What a wonderful resource – such talent!

3. What changes can you recommend for improving this program?

- More clarity about everyone's roles with ISC, agencies, etc.
- Referral process and what are the parameters, expectations of the assessors of those who are doing the referring
- More in-depth discussion of communication evaluation components and outcomes
- More of Mike
- It would be great if this were done twice a year
- Need more info re VG assistant
- Assuring that all ISCs and Supervisors are aware of VG and Waiver

4. Other comments: Very informative and interesting; Great job; Good training – very functional

- Coffee was appreciated – decaf; Thank you!; Grateful! Excellent workshop!

Non-Traditional Communication Services “Job Descriptions”

The following three descriptions constitute new services available to clients who are served by the Maine Department of Behavioral and Developmental Services, Mental Retardation Services and who receive MaineCare Waiver Services.

Non-Traditional Communication Consultant (NTCC): W130

This service involves providing communication consultation and training in Visual Gestural Communication to clients and the staff who work with them. Emphasis should be on the client, with staff members trained along with the client whenever practical. The NTCC job is similar to that of a “speech therapist” but without the “speech”. Training goals should focus on improving the client’s ability to communicate using signs, gestures, pictures, and any other communication mode the client has. Reimbursement from MaineCare is \$40/hour; maximum number of authorized hours is 60 hours per client prior to a communication assessment; thereafter as recommended in the assessment.

NTCC Qualifications:

1. Demonstrated ability to use VG effectively with MR consumers as shown by:
 - Observations by the BDS Office of Deaf Services of provider working with consumers
 - Successful completion of a program for teaching Visual Gestural Communication (Huston or other)
 - Resume of experience working with consumers using Visual Gestural Communication and references.
2. Ability to provide VG training to clients, which includes writing clear training goals, teaching consumers to achieve those goals, and documenting the training provided and noting improvement in the client’s abilities resulting from the training.
3. Ability to instruct staff on a training regimen to occur at times outside of the consultation so that communication will continue to grow on a daily basis (written or video log of client’s gestures, staff practice materials, etc).
4. Ability to teach staff to understand and use the VG of their clients, as well as model communication using VG to expand current abilities.
5. Ability to read and understand a NTCA (see below) and seek clarification when needed; translate NTCA Recommendations into Training Goals.
6. Ability to plan ahead, arrive on time, with minimal scheduling changes.
7. Ability to completely document services provided.
8. Proof of training in confidentiality and HIPPA.

Please note: This service should NOT be used to cover teaching ASL to staff members. If staff want training in ASL, advise them to contact their local University or Adult Education program or ask their Agency to hire an ASL instructor to teach on-site.

Non-Traditional Communication Services “Job Descriptions”, Continued

Non-Traditional Communication Assessment (NTCA): W131

This service involves the assessment and analysis of the client's signs, gestures and other communication modes including speech, affect, and direct behaviors. A key component is the preparation of recommendations to staff in order to enhance their communication with the client and recommendations of potential avenues for improving the client's communication with others. It is the VG equivalent of the language analysis typically done by a Speech/Language Pathologist. Reimbursement by MaineCare is \$40/hour; the maximum number of authorized hours is 12 hours per client per year.

NTCA Qualifications:

1. Demonstrated ability to use VG effectively with MR consumers (see NTCC above)
2. Demonstrated ability to do the testing and analysis needed to produce an appropriate assessment report as shown by:
 - Direct observation of the provider's assessment skills by BDS Office of Deaf Services
 - Documentation of previous assessments performed (e.g., reports)
 - Training/Licensing in a related field of analysis (linguistics, speech/language pathology, communication disorders, early education, etc.).
3. Ability to generate a written report which includes information regarding the person's
 - preferred communication modes (sign, gesture, speech, AAC devices),
 - receptive abilities in those modes (ability to understand what others are communicating) using those modes,
 - productive abilities (ability to communicate to others) using those modes,
 - preferred structure (how they put signs, gestures, and/or words together to make a sentence),
 - communication needs (ASL or Deaf Relay interpreter, VG assistant, VG training, therapeutic psychosocial supports, communication boards, or consultation by other specialists such as an Audiologist, Speech Therapist or Specialist in Augmentative Devices such as TouchTalkers, etc.).
4. Proof of training in Confidentiality and HIPPA.

Non-Traditional Communication Services “Job Descriptions” Continued

Visual Gestural Assistant: W119

In this service, the provider establishes a communication-based relationship with a client who employs VG as part of his/her communication strategies, and functions as a communication conduit between that client and others. This will often entail knowing details about the client's life: residential, day programming, leisure activities, and social contacts in order to communicate effectively. It is the VG equivalent of an interpreter. The VG Assistant will typically be called in to communicate in situations that involve others who can not communicate directly with the client (new staff, acclimating to a new environment, medical appointments, etc.), or situations where there needs to be someone with the sole responsibility of ensuring that effective communication happens, rather than acting in a dual role as both communication facilitator and staff participant (team meetings, holiday parties, group activities, etc.). The hourly reimbursement rate from MaineCare has no set amount at this time but is expected to be less than \$40 an hour. Currently the number of NTCC and VG Assistant hours combined cannot exceed 60 hours per year without an NTCA that recommends a higher number of service hours.

VG Assistant Qualifications:

1. Demonstrated ability to use VG effectively with MR consumers (see NTCC above).
2. Ability to function as a communication conduit, to develop the trust of both parties to impartially, neutrally facilitate communication without interjecting one's own opinions or taking control of the situation/encounter.
3. Proof of training related to confidentiality and HIPPA.
4. Ability to schedule appointments and reliably show up, dressed appropriately for the occasion/activity, maintain friendly work relations with staff and client; complete relevant paperwork/billing.
5. Proof of training in Confidentiality and HIPPA.

Please note: This is NOT an ASL Interpreter.

If an ASL interpreter is wanted, please refer to any of the interpreter referral agencies:

- Pine Tree Society, 885-0536 v/TTY; www.pts.org
- Certified Interpreting, 798-7995 V/TTY; www.certifiedinterpreting.com
- Bangor Interpreting Agency, 947-2341 V, 947-4337 TTY handsonterp@cs.com
- KEWL ASL, 549-4733 V/TTY; kewlasl@earthlink.net
- Professional Interpreting Services, 774-3068 V/TTY

The full cost of ASL interpreting for a MaineCare covered service is reimbursable under MaineCare Chapter One rules.

DEAF & ...:

An Introduction to Deaf Diversity
14th Annual BDS Deaf Services Conference
March 15, 2002
DoubleTree Hotel, Portland, ME

- 8:00 Registration & Breakfast
- 9:00 Welcome & Announcements - Meryl Troop
- 9:15 Guest Speaker - Larry Taub, Superintendent, Governor Baxter School
for the Deaf
- 9:30 Keynote - Soohyun Tak
- 10:45 Break
- 11:00 Diversity Panel: Tamara Copeland, Moderator
Deaf &..... Jewish
Gay
In Recovery
Blind
Black
Adopted into a white hearing family
- 12:15 Lunch & Displays
- 1:30 Breakout Sessions & PM Break:
Ending Bullying & Teasing - Peggy Moss,
USM Center for the Prevention of Hate Crimes
Understanding & Befriending DeafBlind People -
Patty Sarchi & others from the VIHH/DB Task Force
Cultural Assumptions & Biases Embedded in Language
aka: Falling on Deaf Ears - Sociolinguist & AM Panel
Deaf & In Recovery - Elinor Brown & John Dunleavy
- 4:00 Adjourn, Evaluations & Certificates of Attendance



“Strengthening the Fabric of our Community”

March 14, 2003

Governor Baxter School for the Deaf

Mackworth Island, Falmouth, Maine

8:00 **Registration, coffee, displays and networking**

9:00 **Welcome:** Larry Taub, Superintendent, Governor Baxter School for the Deaf

9:30 **What's HOT in Maine:** Updates from key Deaf Service Organizations

10:15 **Break**

10:30 ***Strengthening the Fabric of our Community:*** Marilyn J. Smith, Director, ADWAS

12:00 **Lunch** in the Cafeteria: Lentil Soup, Baked Chicken & the fixin's, Salad Bar
Visit displays in the Gym Annex; Networking

1:30 **Concurrent workshop sessions** (choose one)

- **The Role of Interpreters in the Fabric of Deaf Community:** Marilyn J Smith
- **Deaf Fabric:** (ASL only!) Michael Ralph, GBSD School Psychologist & Jonathan Connick, Executive Director, Maine Center on Deafness
- **Mindful Classroom & Parenting:** Jana Harbaugh, Community Counseling Center
- **Working with Deaf People:** Brenda Schertz, ASL Instructor at USM

4:00 **Evaluations, CEUs, and Adjourn**

Sponsors: Governor Baxter School for the Deaf, Department of Human Services, Department of Behavioral and Developmental Services, Community Counseling Center, Maine Center on Deafness, University of Southern Maine – Department of Linguistics, Maine Registry of Interpreters for the Deaf, sponsors of the RID CMP and ACET CEUs.

Cost: ONLY \$15 per person! Includes breakfast, lunch, snack, materials and CEUs. Limited number of scholarships are available; contact Maine Center on Deafness: 797-7656 V/TTY

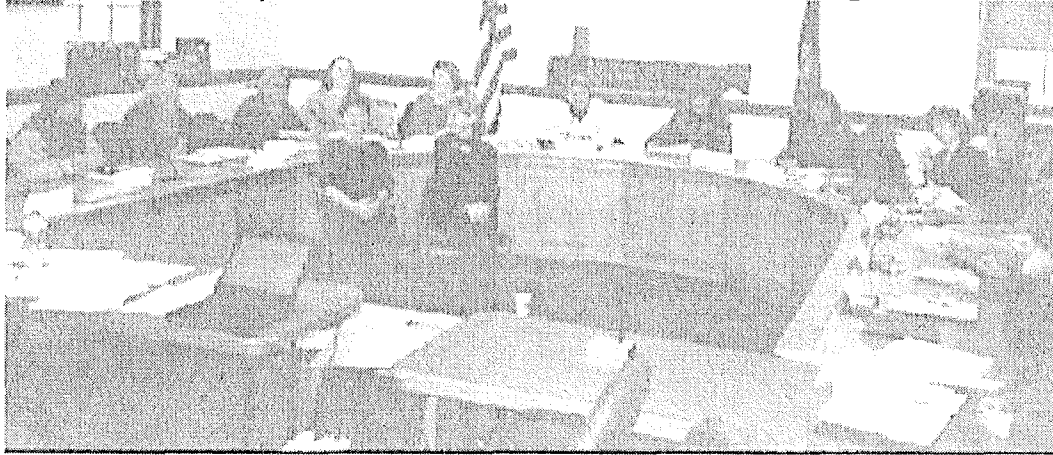
Communication Access: Sign Language interpretation will be provided in all sessions except Deaf Fabric, which will be in ASL only. Some sessions will also include CART Services (typed English projected onto a screen). Assistive Listening Devices available.

PK material can be placed on a shared information table. To reserve your own display table contact Charlene Gianios 781-6201 V/TTY; Charlene.Gianios@fc.baxter.pvt.k12.me.us.

CEUs for Social Workers, Substance Abuse Counselors, Teachers and RID Interpreters have been applied for; 6 Contact Hours credit towards the MHRT/C certification requirement for "Cultural Competency/Diversity" and Maine Interpreter License requirements.

CHAPTER 84 S.P. 193 - L.D. 553

Resolve, To Study the Needs of Deaf and Hard-of-hearing Children and Adolescents



Sec. 1. Task force established. Resolved: That the Task Force to Study the Needs of Deaf and Hard-of-hearing Children and Adolescents, referred to in this resolve as "the task force," is established; and be it further

Sec. 2. Task force membership. Resolved: That the task force consists of 18 members appointed as follows:

1. Two members of the Senate, appointed by the President of the Senate;
2. Two members of the House of Representatives, appointed by the Speaker of the House;
3. Five members appointed by the Speaker of the House as follows:
 - A. A behavioral health service provider providing specialized services for deaf or hard-of-hearing youths;
 - B. A behavioral health service provider not serving deaf or hard-of-hearing youths;
 - C. A parent of a deaf or hard-of-hearing youth;
 - D. A representative of a hospital with an inpatient psychiatric unit; and
 - E. A representative of a public school district;
4. Six members appointed by the President of the Senate as follows:
 - A. A representative from the Governor Baxter School for the Deaf;
 - B. A representative of educators of deaf students;
 - C. A representative of the Department of Labor, Bureau of Rehabilitation Services, Division of Deafness;
 - D. A representative of providers of behavioral health services;
 - E. A representative of persons who advocate for deaf students in special education proceedings; and
 - F. A representative of a nationally accredited, statewide provider of behavioral health services providing specialized mental health services for deaf or hard-of-hearing youths in a day treatment model;
5. The Commissioner of Human Services, or the commissioner's designee;
6. The Commissioner of Education, or the commissioner's designee; and
7. The Commissioner of Behavioral and Developmental Services, or the commissioner's designee; and be it further

Sec. 3. Chairs. Resolved: That the first-named Senate member is the Senate chair of the task force and

the first-named House of Representatives member is the House chair of the task force; and be it further

Sec. 4. Appointments; convening of task force; meetings. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the chairs shall call and convene the first meeting of the task force. The task force may hold up to 4 meetings; and be it further

Sec. 5. Duties. Resolved: That the task force shall examine the behavioral, developmental, social, emotional and educational needs of deaf and hard-of-hearing children and adolescents who are not receiving adequate services because of a lack of appropriate resources in the State. In examining these issues, the task force shall specifically examine:

1. Services that are currently available to serve the needs of deaf and hard-of-hearing children and adolescents and the ability of the providers of those services to provide culturally competent, linguistically accessible services. The task force shall review educational services within the context of the behavioral and mental health needs of the children and adolescents;
2. Demographic data of the numbers of deaf and hard-of-hearing children and adolescents in need of such specialized services and projections regarding the number of deaf and hard-of-hearing younger children who may require such services in the future; and
3. Proposals designed to improve the delivery of services to meet the needs of deaf and hard-of-hearing children and adolescents, including, but not limited to, the development of in-state specialty services, collaborative agreements with bordering states and states with specialized facilities and training initiatives; and be it further

Sec. 6. Staff assistance. Resolved: That, upon approval of the Legislative Council, the Office of Policy and Legal Analysis shall provide necessary staffing services to the task force; and be it further

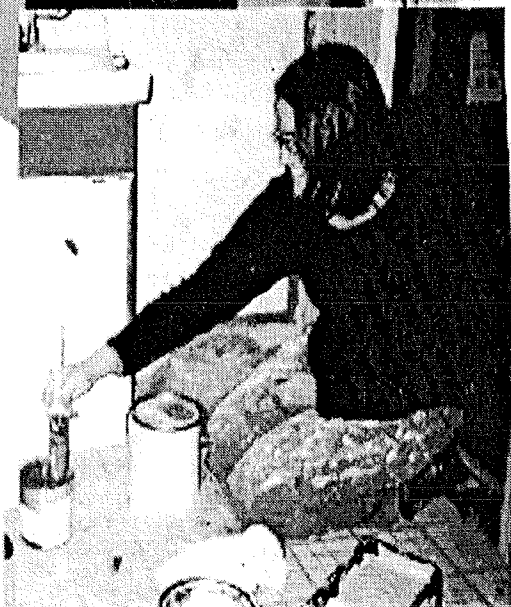
Sec. 7. Compensation. Resolved: That the legislative members of the task force are entitled to receive legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for travel and other necessary expenses related to their attendance at meetings of the task force. Public members not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem for their attendance at authorized meetings of the task force; and be it further

Sec. 8. Report. Resolved: That the task force shall submit a report that includes its findings and recommendations, including suggested legislation, to the Second Regular Session of the 121st Legislature no later than December 3, 2003. The task force is not authorized to introduce legislation; and be it further

Sec. 9. Extension. Resolved: That, if the task force requires a limited extension of time to complete its study and make its report, it may apply to the Legislative Council, which may grant an extension; and be it further

Sec. 10. Task force budget. Resolved: That the chairs of the task force, with assistance from the task force staff, shall administer the task force's budget. Within 10 days after its first meeting, the task force shall present a work plan and proposed budget to the Legislative Council for its approval. The task force may not incur expenses that would result in the task force exceeding its approved budget.

Upon request from the task force, the Executive Director of the Legislative Council or the executive director's designee shall promptly provide the task force chairs and staff with a status report on the task force's budget, expenditures incurred and paid and available funds.



Deaf Women
"Adopt-a-Room"
at the Portland
Domestic Violence
Shelter

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 throughout the state of Maine. This program also offers services to hearing children of deaf parents. In addition, it makes case management and mentoring services available to eligible children in southern Maine. 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.

Communication assessment

Eligibility

Deaf; deaf, hard of hearing; deaf-blind; and late deafened adults and children who live in Maine 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 the southern Maine regions 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.

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, inter-personal, 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 Behavioral and Developmental Disabilities.

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, 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

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



Should your VG training
be under the Waiver?

If at all possible,

YES!

Why?

- **Client-Specific training**
- **Designed to meet PCP goals**
(general training may not be sufficient)
- **Direct Service to Agencies on site**
- **Uses MaineCare funds rather than direct Agency or BDS funding.**



Other VG Services

included under the Non-Traditional Communication Services provided by MaineCare:

- Communication Assessment for ASL and gesture-based communication (Code W131). Assessment allows the consumer's communication needs and abilities to be formally analyzed.
- Visual Gestural Communication Assistants under the Service Category of Communication Aides (Code W119) to assist consumers in communicating via VG at meetings, such as their annual PCP.

Other VG Events

- Peer Support Groups for adults with mental retardation that use VG—now in Portland, Augusta, Lewiston, Damariscotta and Bangor.
- Camp Signawatha: one week VG camp for adults with mental retardation

Contact Maine Center on Deafness for more information:
1-800-639-3884 Voice and TTY or
email mcdmr@maine.rr.com



BDS Visual-Gestural Training!



*Collaborative Project between
Mobius, Inc.
Maine Center on Deafness
Department of Behavioral and Developmental Services*



Visual-Gestural? What's That?

Visual Gestural Communication (VG) is a way of communicating based on using the face, hands, and body. Often individuals who cannot communicate effectively using either a spoken language, like English, or a formal signed language, like ASL, will be able to communicate more effectively using natural gestures—this is VG!

Why do I need training?

Training will help you be more aware of your body language and learn how to use VG effectively. Training will help you get out of the habit of speaking and into the habit of gesturing in a way that best fits your consumer's communication needs and goals. Your modeling of this form of communication may expand their use of gestures and enhance their communication options.

VG Development in Maine

VG was introduced in Maine in 1997 and has become widely used to enhance communication with individuals who have little or no formal language.

In 2002 VG trainers developed a ground-breaking curriculum, training for trainers, and a new funding source: Starting in 2003, some VG training qualifies as "Non-Traditional Communication Consultation" under the MaineCare Waiver Services!

VG Training

VG training is separated into two forms, General Training and Consultation Training. And these forms may not be interchangeable!

General VG Training

General training involves 8-12 hours of training provided to BDS staff, agency staff, consumers, family members and others. Classes are large (20-30 people) and topics are general. Classes usually meet for 2 hours a week for 4-6 weeks. General Trainings are a good way to get started in VG, particularly for those who either do not provide Direct Support, or who support individuals who are not served by the MaineCare Waiver. General Training is paid for through BDS contracts with Maine Center on Deafness and Mobius, Inc. A limited number of General Trainings are available each year. Trainings are coordinated through the BDS Regional Training Coordinator and preference is given to participants who can not access Consultation VG Training via Waiver Services.

Consultation VG Training

Consultation training allows up to 60 hours of initial training and is covered by MaineCare for those individuals served by the Home and Community Based Waiver as "Non-Traditional Communication Consultation", Code W130. Consultation training is one-on-one with the consumer; staff participate and learn along with the consumer. Topics are tailored to match the needs of the consumer and the goals of their PCP. Consultation Training can be in addition to General Training. Like any other waiver service, the need for consultation must be documented in the individual's Person Centered Plan and it must be on the Waiver Checklist before services can begin.



Need More Information?

To request a General Training, call your BDS Regional Training Coordinator:

Region 1: 822-0270 V 822-0272 TTY

Region 2: 287-1798 V 287-1798 TTY

Region 3: 941-4360 V 941-4392 TTY

To request a Consultation Training, call the Consumer's BDS Individual Service Coordinator (ISC) and make sure that Non-Traditional Consultation is discussed at the person's annual planning meeting.

Or call Maine Center on Deafness

1-800-639-3884 V/TTY or 797-7656 V/TTY

OTHER ASSISTIVE LISTENING DEVICES

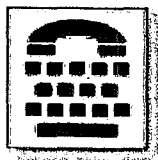
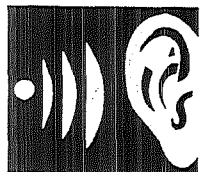
In addition to hearing aids, there are a number of other devices that can help improve the quality of life for deaf and hard of hearing clients. All of these are covered under the MaineCare Waiver for eligible clients.

Personal FM systems allow clients to amplify desired sounds within their immediate environment (e.g. conversation, TV or radio) without interference from background noise.

Amplified telephones or headsets allow hard of hearing consumers to converse with others over a standard telephone.

TTY's and FAX machines can substitute for telephones to allow a client to communicate with others and are provided for free or low cost through Maine Center on Deafness 1-800-639-3884 V/TTY.

To read about these and other appropriate equipment and services for people with hearing loss, call the BDS Office of Deaf Services for a Checklist of Appropriate Services for People who Rely on Visual Cues.

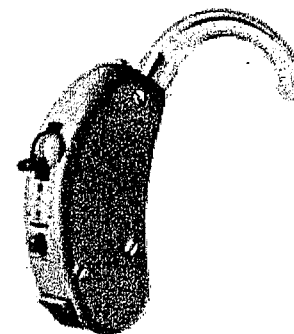


BDS
Sabra Burdick,
Acting Commissioner

Office of Deaf Services
40 State House Station
Marquardt Building
Augusta, ME 04333-0040
Phone: 207-287-4240 V/TTY
Fax: 207-287-1022
Email: Meryl.Troop@maine.gov

MY CLIENT NEEDS A HEARING AID.

WHAT'S AN ISC TO DO?

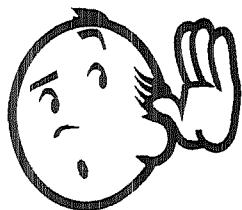


Resources for Obtaining Hearing
Aids for BDS Clients

BDS Office of Deaf Services
40 State House Station
Augusta, ME 04333-0040

HEARING LOSS AND HEARING AIDS

Over 28 million people in the United



States have a significant hearing loss. In Maine alone, we estimate that there are at least 1400 individuals with men-

tal retardation who also have significant hearing loss. Hearing aids are expensive, costing as much as \$3,000 per aid. So "Who pays for the hearing aid for my client?" is one of the most frequent questions we are asked. We hope this brochure will give you some options in finding funding for aids for your client.

BDS Wrap-Around Funds:

You can apply for BDS Wraparound funds to cover the expense of hearing aids. But, as we all know, wrap-around is limited. Here are other avenues to consider in order to reduce reliance on wraparound funds.

Hearing Aid Dealers: Often dealers will have reconditioned aids available but only if you ask for one. These are used hearing aids that have been refurbished. Typically a one-year warranty is provided. The cost for a reconditioned aid is often less than half of that of a new hearing aid. The cost of programming and fitting the hearing aid is not changed by whether the aid is new or reconditioned.

Medicaid/MaineCare:

MaineCare provides funding for adult hearing tests but not hearing aids except through the MaineCare Waiver. Funding for hearing aids and repairs come under Communication Aids (W119). Only approved providers may be used

For Children Only: Often private insurance companies will cover hearing aids for children. Medicaid provides limited coverage of hearing aids up to \$400 per set of aids until age 21. Child Developmental Services coordinates services for children 0 to 5 years of age with disabilities and can also provide funding for hearing aids through CDS funds, SSDI, or Katie Beckett funds. Contact your local CDS site for more information.

Community Service

Organizations: Many Community Service Organizations recycle hearing aids and donate them to people in need. Some organizations have income or age restrictions. Each local club may not have a hearing aid program but may decide to fund a "one time" application. Contact your local club to learn more.

- Lions Clubs
- Rotary Clubs
- Masonic Lodges

These organizations may also collect used hearing aids so please consider this when replacing old hearing aids. *What goes around, comes around!*

VR Funds: Vocational Rehabilitation may have limited funds to pay for hearing aids for clients who are served by both VR and BDS, particularly for those in transition from school to work.

Hear Now: Hear Now is part of the Starkey Hearing Foundation. It maintains the National Hearing Aid Bank, which provides new and reconditioned hearing aids to people who qualify under the National Poverty Index. There is a \$50 non-refundable application fee. Download an application from www.sotheworldmayhear.com.

Or contact:

Hear Now
6700 Washington Avenue South
Eden Prairie, MN 55344
(800) 648-4327 V
(952) 828-6946 FAX



Office of Deaf Services
40 State House Station
Marquardt Building
Augusta, ME 04333-0040
Phone: 207-287-4240 V/TTY



**You can get help from
signing mental health
therapists if you:**

*Still think about bad
experiences in the past

*Have trouble sleeping

*Bad dreams

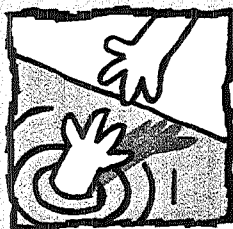
*Hurt people
you love

*Scared to
have close relationships

*Feel sad or worthless

**You can feel better.
You are not alone.**

If you were a student at
Maine School for the Deaf
or Governor Baxter
School for the Deaf,
help is no cost to you.



Department of Behavioral and
Developmental Services
40 State House Station
Augusta, ME 04333

Phone: 207-822-0341 V/TTY
Fax: 207-287-1022
Email: meryl.troop@maine.gov

BDS Office of Deaf Services

YOU CAN GET HELP

You are worth it!



BDS Office of Deaf Services

Tel: 207-822-0341 V/TTY

Signing Counselors for Mental Health

Community Portland, ME
(207) 874-1043 **Counseling Center**
343 Forest Ave, TTY
874-1030 V; 874-1044 Fax



Jana Harbaugh, LCSW
roberts@commcc.org



Terry Morrell
morrell@commcc.org



Shana Cohen, LMSW
cohen@commcc.org



Kristine Dach
dach@commcc.org



Kathy Muzzy, LCSW
Muzzy@commcc.org



Jennifer McCann, LCSW
mccann@commcc.org

Independent Counselors:



Kathy Muzzy, LCSW
Bangor: 338-9707 V only
(answering machine v only)
albatros@zwi.net



Ralph M. Sprague, M.A.
86 Main Street
Auburn, Maine 04210
795-4970 (v) (tty - use relay)
786-7761 (fax)
ralph.sprague@verizon.com



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



Stephen S. Greene, Ph.D.
Portland to Bangor:
649-4046 cell/voice
861-7420 FAX
dktrdume@aol.com



Lori Tully, LCPC
Falmouth & Portland
781-3224 V/T
ltully@maine.rr.com

OR

**you can go to any non-signing
licensed mental health coun-
selor with an interpreter at
no charge to you.**

If you were abused at MSD or GBSD...

...no money will be charged to you for co-pay or deductible. Insurance or Medicaid will be billed. The counselor can contact Meryl Troop for details 207-287-4240 V/TTY (Meryl.Troop@maine.gov).

If you need \$\$ to pay for gas or child care while you go to counseling, call the Division of Deafness 1-888-755-0023 TTY or 1-800-698-4440 Voice in Maine; alice.c.johnson@maine.gov

1-888-458-5599 TTY



Sexual Assault Hotline

Rape? Force touch, clothes off?
Happen yesterday or long time ago,
no matter. Call anytime, day or night
FREE CALL, Free Service

Baxter Compensation Authority

**\$\$ for former MSD or GBSD
students who were abused:**
69 Sewall St. (to visit)
47 State House Station (mail)
Augusta, ME 04333-0047
Phone: 207-287-6711 V/TTY
John.G.Shattuck@state.me.us
www.BaxterComp.org