

**DEAF SERVICES
A BIENNIAL REPORT TO THE MAINE LEGISLATURE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
JANUARY 15, 2006 & 2008**

submitted in accordance with
MRSA 34-B §1218



**Living “I LOVE YOU” hand shape
created of and by students and teachers at
Waterville area schools during a celebration of
Deaf Culture Week.**

Photo courtesy of Rebecca Kane

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*This visual overview of the accomplishments of the reporting period contains fliers for the workshops and conferences held, announcements of specialized services offered and enabling legislation.

EXECUTIVE SUMMARY - HIGHLIGHTS OF THE PERIOD

2004 HIGHLIGHTS

Deaf Adolescent Mental Health Needs Study bill Legislative Task Force met, produced report, recommended legislation.

Interpreting in Mediation Settings workshop held in Augusta in collaboration with Community Mediation Services, 40 interpreters attend

16th Annual BDS Deaf Services Conference: Tending Our Garden – Ramada, Lewiston, 125 attendees

Visual Communication Information Days, Bangor and Damariscotta attended by 50 direct service providers – both residential and day services, MR services case managers (ISCs), families and interpreters

BDS-BCA Forum gathered signing and deaf service providers to discuss the impact of BCA process on survivors served in the MR system, culminating months of planning and adaptation to the BCA claims process

Conducted Reliability Assessment and Piloted the (EIPA 2) EDUCATIONAL INTERPRETER PERFORMANCE ASSESSMENT, a specialized assessment tool for Sign Language Interpreters working in educational settings

BDS Regional MR Training Coordinators Subgroup and MH training representatives met with providers and Deaf agency staff to discuss linguistic and cultural access to required trainings for Deaf staff – MHSS and DSP Curricula

Signing ISC Gatherings, MR ISCs who are designated signing case managers met periodically to share resources and exchange information. Meetings conducted via videoconferencing to minimize work time lost and expense incurred due to travel to meetings

Monitor relevant Legislative hearings:

- Changes to **legal interpreting fund**, transferring responsibility from the Division of Deafness in DOL to the Maine Judicial Branch
- **Baxter Compensation Authority funding**, administrative and procedural changes
- **Deaf Adolescent services study** bill task force

The Farmhouse on the campus of the Governor Baxter School for the Deaf was burned down; therapeutic activities took place for survivors of abuse at the school as fire fighters from Falmouth had the opportunity to train and practice fire fighting techniques.

Women's Clothing Swap social event and fund raiser for visual-gestural and communication-building activities with the Maine Center on Deafness Peer Support Group

Emergency preparedness for behavioral health providers committee included the Director and 3 Deaf services professionals at various times; Deaf volunteers included in Emergency Preparedness drills at Portland Jet Port

BreakOut Conference for Deafness/MH Professionals as part of a “conference within a conference”, the National Alliance for the Mentally Ill national conference in Washington, DC. Director attended and assisted in including the Deafness activities into the overall conference.

2-day Mental Health Interpreter Training held at Spring Harbor Hospital, included both sign language and spoken language interpreters

Justice Action Group – Limited English Proficient Task Force – participated in a year and a half-long process of advising and creating a report for the JAG regarding linguistic access to court services

2005 HIGHLIGHTS

Project Hope – 4 Deaf Nicaraguans, three of whom are teachers at the Bluefields School for the Deaf, visited Maine to learn about Domestic Violence services to replicate services and policies back home.

NexTalk – DHHS joins state-wide transition to computer-based TTY calls. Survey of TTY needs, staff responsibilities, installation of software and training

New England Minority Health Conference – DHHS was co-sponsor, staffed information tables and provided interpreter services for plenary sessions to enhance visibility of Deaf health service needs

17th Annual DHHS Deaf Services Conference: Chicken Soup for the Deaf Services Provider's Soul - UNE Westbrook Campus, Portland, 150 attendees

International Translation and Interpretation Day Celebration – Maine's first! State and Portland City proclamations issued to celebrate and educate about importance of using qualified interpreters

MHSS "Deaf Friendly" Training is developed based on input from BDS Regional MR Training Coordinators Subgroup, MH training representatives, providers and Deaf agency staff. The Mental Health Support Services Curriculum required training is adapted and 2 Deaf professionals begin train-the-trainer sessions preparatory to teaching the curriculum in American Sign Language.

Maine's Communication Initiative: Report of Activities since the initiative began in 1998 describing the Department's innovative approaches to ensuring access to services for adults with communication barriers to spoken communication. This initiative is an integral part of the Department's response to meeting the needs of clients under the Community Consent Decree (C.A.B. vs. Nicholas).

Goodwill's Deaf Service Community Skills Program and the Deaf Services Intensive Community Integration Program moved to newly renovated space in the former retail store at Goodwill's headquarters on Cumberland Avenue in Portland.

Community Counseling Center's Deaf Services program:

- ◆ hired a new Director, Bruce Munro-Ludders, LCSW, former State Coordinator of Deaf Mental Health Services in Illinois,
- ◆ moved to expanded offices, and
- ◆ began providing adult mental health case management services
- ◆ expanded case management services for children with serious emotional/behavioral health needs
- ◆ added Group Therapy services such as DBT, Parenting Skills, and various coping skill groups.

Domestic Violence Pictorial Interview Booklet finalized, sent to the printers and posted on line.

<http://www.maine.gov/dhhs/mh/MulticulturalResource/DV/index.html> For use by police, DV advocates, and interpreters (both sign and spoken languages)

Court LEPT Task Force – member of 10-person task force and two sub-committees to operationalize the recommendations of the JAG LEP Task Force (above in 2004)

Maine New Born Hearing Screening Advisory Board created Family Resource Guide: "A Parent's Guide to Infants and Children with Hearing Loss" for infants newly diagnosed with hearing loss, including those infants with syndromic deafness who may become clients of DHHS
Deaf Professionals Group established for mental health, mental retardation and rehabilitation professionals who are deaf.

2006 HIGHLIGHTS

18th Maine DHHS Deaf Services Conference: Coming of Age, Claiming our Power, USM, June 30. 150 participants

Language Access Resolution Agreement signed by DHHS Commissioner with federal DHHS Office of Civil Rights, March 10, 2006. Policy development, procedural processes and mandatory staff training on language access issues developed.

3000+ DHHS workers trained in policy and practical usage of interpreters

Medical Interpreter Training curriculum developed, funding secured, and training established for spoken and sign language interpreters, Language Access for New Americans

International Translation and Interpretation Day Celebration – State and Portland City proclamations issued to celebrate and educate about importance of using qualified interpreters. Featured speaker: Dr. Nat James from Maine Medical Center's International Clinic, to highlight upcoming 100+ hour Medical Interpreter training.

Justice Action Group's Access to Justice Retreat and Committee - worked with lawyers, community activists and stakeholders to evaluate barriers to equal access to justice, such as language barriers, poverty, illiteracy, race, etc. <http://www.mbf.org/justice.htm>

Continued work with **Maine Judicial Branch LEPT Task Force** to develop a comprehensive plan, policies and training regarding court users who are Limited English Proficient. These efforts will complement the court's services for deaf, hard of hearing and late deafened courtroom users.

Visual Gestural Communication training offered throughout the state via contract with Maine Center on Deafness

Caron Street Residential Program celebrates 20 years of providing housing and supports to Deaf adults with mental illness and/or mental retardation

American Bar Association requests and funds Coordinator's participation in curriculum development to **train lawyers working in domestic violence programs** to appropriately use interpreters

New England Rural Health Round Table conference – presentation on use of interpreters

MJB presents **Volunteer of the Year Award** to Beth Stickney and Meryl Troop for work on LEPT Task Force

Multi-disciplinary workshop on working with Deaf/Hearing Interpreter Teams at PCP/ISP Meetings held at Goodwill Industries

Deaf Services Case Management Gathering – day-long educational and team building gathering of all Deaf services case managers, VR, MR, MH, Rockland

Becoming Communication Partners with Non/Low-verbal Clients training took place in March 2006 at Training Partners Inc. in Norway, Maine with the dual purpose of training staff to better communicate with consumers and providing tools and training to potential providers of NTC consultation services.

Mental Health Support Specialist Curriculum: The first “**deaf-friendly**” training to Deaf Agency staff taught by Deaf trainers in American Sign Language finally took place in the Spring of 2006.

2007 HIGHLIGHTS

19th DHHS Deaf/Hard of Hearing/Late Deafened Conference: You Can't Go Home Again Accepting and Embracing Change, June 29, 2007, Colby College, Waterville, 135 participants

Interpreting in Mental Health Settings, 2 day workshop in Bangor and in Portland, in collaboration with private psychiatric hospitals. 37 students included both sign language and spoken language interpreters

Medical Interpreter Training conducted for spoken and sign language interpreters, Language Access for New Americans in Portland and University of Southern Maine

International Translation and Interpretation Day Celebration – Maine's third. State and Portland City proclamations issued. Featured speaker: Attorney General Steven Rowe, to highlight work with Maine Judicial Branch on language access issues. US DHHS Office of Civil Rights Boston Office Director Peter Chan, responsible for oversight of the Maine DHHS Language Access Resolution Agreement attends.

Consulted with the American Bar Association to develop training for lawyers working in federally funded domestic violence programs throughout the country.

Visual Gestural Communication training offered throughout the state via contract with Maine Center on Deafness

Interpreting in Mental Health Settings – 2-day workshop for sign and spoken language interpreters held at Acadia Hospital, Bangor

New England Regional Minority Health Collaborative - 3-day conference in Connecticut, served on planning committee, demonstrated sign language interpreting at a plenary session

Arts Access Conference, Portland – collaboration with Maine Arts Commission and VSA/Arts for All, culmination of months of planning around an audience and presenters with a wide variety of disabilities, including deafness and hearing loss.

LD1514 Passed: a law requiring insurers in Maine to provide **health insurance benefits to cover hearing aids to Maine's children**. Under any policy issued or renewed after January 1, 2008, insurers in Maine must provide children with a \$1,400 per ear benefit once every three years, to be phased in over three years. Starting January 1, 2008, children aged zero to five will be eligible; January 1, 2009, children aged six to thirteen; starting January 1, 2010, children aged fourteen to eighteen.

Court Alternative Dispute Resolution Services (CADRES) professionals trained in use of interpreters, Augusta and Bangor

LD 1055, An Act to Establish the Hearing Assistance Program for Low-income Persons Who Are Elderly or Disabled - This working group produced a report on the population of Maine elders who are low-income and need hearing aids, the consequences of not providing hearing aids, the cost of a pilot program to provide hearing aids, the existing resources for hearing aids for low-income seniors, and more. The group met on October 15, held a public hearing on November 15, and then finalized its report and submitted it to the Legislature in December 2007. The Division of Deafness is awaiting an audience with the Legislature's Labor Committee to discuss its written report. It is unclear whether the original sponsor of this bill will push the bill forward after the report is heard in the Labor Committee.

LD 740, An Act to Promote the Safety of Deaf and Hard-of-hearing Drivers - the Secretary of State agreed to add text notification to driver's licenses upon request.

LD 1901, A Bill to Establish a Deaf and Hard of Hearing Children's Educational Bill of Rights.

This large working group worked throughout the second quarter with discussion and hard labor in between meetings. Subcommittees will work on the 9 substantial issues delineated by the Legislature. MCD Civil Rights authored or assisted in writing at least 5 subcommittee reports/recommendations, each of which took substantial time and effort. The group continues to meet.

ONGOING MEMBERSHIP/PARTICIPATION/COLLABORATIONS:

GBSD/DHS/Community Collaboration - Attend quarterly meetings to increase collaboration, improve DHS oversight, and assist in improving GBSD safety towards a mentally healthy environment, group transitioned to a Mental Health Advisory Committee to this office

Pine Tree Society Video Relay Interpreting - Served on Steering Committee and co-train member hospitals in the pioneering use of videoconference equipment to provide sign language interpretation statewide. Recruited BMHI as member hospital. Project ended 2004.

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, Use of Deaf Interpreters, and Video Relay Services are hot topics at the regional and national levels.

Domestic Violence - Collaborate with DHS to improve DV system for Deaf & Multicultural women. Spoke at several panel presentations in workshops, attending planning sessions, finalized DV pictorial book to be used by police, DV workers, interpreters (spoken and sign) and diverse communities. Continue to support efforts of one Deaf woman interested in starting signing safe houses.

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 DHHS clientele. Ensure trainings include issues important to MH, MR and SA work. 2006 & 2007 – Legal Interpreter Representative on the Board.

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

Deaf Culture Week - nominated award recipients for Deaf Culture Tea, assisted in planning and set-up for Deaf Culture Festival, sponsored Signing Red Hat Society Tea.

Justice Action Group – Limited English Proficient Task Force – participated in a year and a half-long process of advising and creating a report for the JAG regarding linguistic access to court services.

Maine Judicial Branch Limited English Proficiency Task Force – member of 10-person task force and two sub-committees to operationalize the recommendations of the JAG LEP Task Force (above), to develop policy, procedure, and training for MJB staff (all clerks, security marshals, judges and magistrates) regarding language access to Maine's courts and the full judicial system. Resulted in one the country's most comprehensive plans of service for Deaf and Limited English Proficient (LEP) court users.

Maine Judicial Branch Tri-Branch Ad Hoc Facilities Committee – called upon the Coordinator as one of 2 Executive Branch representatives to assist in trimming the MJB budget and look at facility closure.

Division of Deafness Interagency Collaborative – network to create seamless deaf service delivery system, avoid duplication of services, and prioritize efforts of the Division of Deafness.

Language Access for New Americans – Board Member, Medical Interpreting 100 hour training planning, curriculum development and delivery. Grant-funded and hosted by the United Way of Greater Portland.

NAACP Health Services Committee - in addition to monthly meetings, this group included deaf service issues and sign language interpreters at two Cross-Cultural Family Health and Wellness Fairs.

Community Mediation Services Board – served as board member for 3 years for this non-profit providing free mediation services to the community and DHHS clients in disputes.

Co-Occurring Disorders Integration Implementation - a grant-funded DHHS initiative to foster collaboration between the mental health and substance abuse service delivery systems.

Eliminating Health Disparities, New England Regional Minority Health Planning Team – a gathering of professionals and stakeholders in eliminating health disparities directly tied to racial, ethnic and linguistic minority status. In addition to the biennial conference, relationships are built and information and resources are shared throughout New England. This office's presence has been the

catalyst for inclusion of deafness and hearing loss issues into the discussion and on the conference agendas.

Signing Red Hat Society – a psychosocial group for Deaf and signing women, 50+

Department of Professional and Financial Regulation, Office of Licensure and Registration, Interpreters and Translators for the Deaf Advisory Board – provide programmatic advice to the OLR staff regarding training and credentialing recommendations for sign language interpreters.

Association of Late Deafened Adults, Maine chapter – a psychosocial network of late deafened adults in Maine, their families and professionals who work with this population. This group has come and gone through the years, as a loose affiliate with the national association, dependant completely on volunteer efforts and minimal fundraising.

Maine Arts Commission Advisory Council, Arts Accessibility Task Force – working to improve full access to the wealth of arts for all of Maine's citizens: inclusivity, tolerance, and freedom of expression.

Hard of Hearing Ad Hoc Committee of the Division of Deafness Advisory Council, working to increase understanding of hearing loss, review existing needs assessments, and ways to maximize resources; investigate feasibility of providing hearing aids to low-income seniors.

ONGOING LEADERSHIP IN THE FOLLOWING GROUPS:

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

SAFER PLACE & SAFER PLACE PROFESSIONALS: Survivors of abuse at the state-run Governor Baxter School for the Deaf, signing professionals, and supporters gathered monthly to share information in sign language, and to plan, and connect as a community. Professionals also gathered monthly, and later only as needed 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: 558 adults, 13 children), including **VISUAL GESTURAL TRAINING** at various Department 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.

DEAF MENTAL HEALTH AND MENTAL RETARDATION PROFESSIONALS GROUP: met bi-monthly to share resources, identify training needs, and establish cross-agency cooperation to enhance service provision and professional development. Participants included agency administrators, direct support professionals, deaf interpreters, deaf counselors, deaf social workers, and other allied professionals, and had been meeting regularly January 2005 – mid-2007.

MAINE NEWBORN HEARING SCREENING ADVISORY BOARD: The Technical Consultant on Deafness worked collaboratively with DHS, CDS, Early Childhood and Family Services, Maine Educational Center for Deaf and Hard of Hearing Children and other stakeholders to create a Family Resource Guide: “A Parent’s Guide to Infants and Children with Hearing Loss” for infants newly diagnosed with hearing loss, including those infants with syndromic deafness who may become clients of DHHS. This resource is being shared with other states. Dr. Spitz is co-chair of the Advisory committee.

National EDUCATIONAL INTERPRETER PERFORMANCE ASSESSMENT (EIPA 2): In collaboration with University of Southern Maine, University of Colorado/Boulder, and the Boystown Research Hospital’s Educational Interpreter Performance Assessment Group, the Technical Consultant served as the primary pilot site coordinator and statistical reliability testing site logistician for the **EDUCATIONAL INTERPRETER PERFORMANCE ASSESSMENT (EIPA 2)**, a specialized assessment tool for Sign Language Interpreters working in educational settings. 55 Maine working sign language interpreters were assessed.

TRAINING PROVIDED TO DHHS STAFF AND COMMUNITY SERVICE PROVIDER AGENCIES:

2004 Trainings

Agency	Training Topic	Attendees
Woodfords Family Services, Portland		
	Deaf and Hard of Hearing Kids 101	18
Skills	NTC & Accessing Visual Gestural Assistance	12
Preble Street Resource Center – staff and clients, Portland		
	Deafness 101	37
Healthy Maine Initiative	Seniors, Hearing Loss, Interpreters & ALDs	67
Crisis Service Providers (state-wide), Augusta		
	Video Relay Interpreter Use	23
Children’s Services Team, Interpreters		25
SMCC social work class	Deafness & Cultural Competence	25
BDS Region 2A	Video Relay Interpreter Use	16
SMCC	Deafness & Cultural Competence	13
BDS Region 2 Thomaston	Video Relay Interpreter Use	7
SMAA, Scarborough	How to use Your TTY Comfortably	12
BDS statewide thru ITV	Video Relay Interpreter Use	8
Multicultural Conf, Auburn	Legal Implications & Interpreters	32
SMCC social work class	Deafness 101	17
SMCC social work class	Use of Interpreters	17
Mercy Hospital, Portland	Orientation/Deaf patients & Family (2 sessions)	83
BDS Region 1 Portland	How to use Your TTY Comfortably	11
SMAA Scarborough	Hearing Loss 101	20
Sweetser, Biddeford	TTY Refresher	14
Atlantic Home Health, Brunswick	TTY Demonstration	8
16 th Annual BDS Deaf Services Conference: Tending Our Garden – Lewiston		125

Individuals receiving Deaf services training, 2004:	590
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2005 Trainings

Agency	Training Topic	Attendees
DHS Child Protective, Adoption & Supervisors, Portland	Introduction to Deaf Services	40
Southern Maine Community College Social Work Program (SMCC)	Introduction to Deaf Services	9
New England Regional Minority Health Conference, Portland	Display Table, Interpreter Info	72
BDS & CBHC Region Aroostook	Communication Options and Becoming a Communication Ally with Adult and Child clients	60
BDS Region 2	Using Interpreters/Policy	43
Independence Assoc.	Deaf/Interpreting/Diversity	55
SMCC	Deaf/Interpreting/Diversity	25
SMCC	Deaf/Interpreting/Diversity	25
USM Psychology class	Deaf/Interpreting	17
SMAA Aging	TTY use	9
BDS Region 1	Using Interpreters/Policy	32
SMCC	Introduction to Deaf Services	12
Bridges of Maine	Cultural Competence/Interpreters/Legal issues	34
Community Counseling Center	Use of Interpreters	57
DHS Augusta	Using Interpreters/Policy	60
Mercy Hospital	Introduction to Deaf Services/Interpreters	45
MR Community Case Managers	Deaf Services Resources	
Bangor		17
Augusta		22
Portland		8
Youth Alternatives	TTY	6
Deaf Timberfest	Display Table: Alcohol & Substance Abuse	25
Youth Alternatives	Cultural Competency/Interpreters	146
Deaf Culture Festival	Labyrinth, Red Hat Society Tea	60
York County CAP	Signing with Deaf and Non-Verbal clients	12
PCP Providers, Portland	Deaf Services/Visual Gestural/Interpreters	30
Police: Bangor, Old Town, UMO, Hampden, Wardens, Passamaquoddy	Deaf/Visual Gestural/Interpreters	52
17 th Annual DHHS Deaf Services Conference: Chicken Soup for the Deaf Services	Provider's Soul - UNE Westbrook Campus, Portland	150
Individuals receiving Deaf services training, 2005:		1130

2006 Trainings

Agency	Training Topic	Attendees
Elderly Services	Language Access	45
Goold elder care, Augusta	Interpreter Issues	62
Amistad MH Club, Portland	Use of Interpreters	9
Motivational Services, Augusta	Diversity	17
USM Social Work	Cultural Competence & Diversity	26
DHHS Reg. 1, Portland	Cross Cultural Services	32
Alpha One, So. Portland	Using Interpreters	28
York Co. CAP, Sanford	Driving Signing & Gesturing Clients	8
Home Care for ME, Farmingdale	Using Interpreters	22
Assistance Plus, Benton	Use of Interpreters	18
Lewiston MH Collaborative	Use of Interpreters	21
Southern Maine Community College, So. Portland	Deafness 101 & Use of Interpreters	7
SMCC, So. Portland	Deafness 101 & Use of Interpreters	13
NE Rural Health Round Table	Using Interpreters	42
WIC Conference, Orono	Language Access	67
CADRES (Court Mediators, Lewiston)	Using Interpreters	16
Department of Ed	Language Access & Diversity	8
SMCC Social Work class	Language Access	10
SMCC Social Work class	Language Access	21
DHHS Staff, statewide	Language Access (continued into 2007)	
Individuals receiving Deaf services training, 2006:		472

2007 Trainings

Agency	Training Topic	Attendees
DHHS Staff, statewide	Language Access	3,000+
St. Mary's Hosp., Lewiston	Use of Interpreters, Grand Rounds	54
SMCC, So. Portland	Cultural Competence	38
Penobscot Co. Hospitals	Use of Interpreters, Grand Rounds	51
Penobscot County Dual Diagnosis Collaborative, Bangor	Language Access	8
Wings, Bangor	Language Access	18
Provider Community Case Managers, Augusta	Language Access	25
Childhood Lead, Me CDC	Language Access	15
Interpreters, Bangor	Interpreting in MH Settings	18
Amicus, Bangor	Incorporating Sign & Gesture in Day program 14 (clients)	
Amicus, Bangor	Incorporating Sign & Gesture in Day program 12 (staff)	
Children's Service providers	Language Access	39
CADRES, Augusta	Use of Interpreters in Court mediation	15
Community MR case mgrs	Language Access	32
Thrive Conference, Lewiston	Language Access	36
Motivational Service, Aug	Deaf Services Staff Retreat – teamwork	12
DOL ADA Coordinators	Deaf Services & Interpreting	53
Unity College Public Safety	Language Access	48
University of New England	Cultural Competence	16
Central Maine Medical Center, Lewiston	Use of Interpreters	51
The Bridge, Portland	Working with This Deaf Client	8
CCME Multicultural Teleconference Series Using Interpreters		16
UNE Biddeford	Using Interpreters	14
CADRES, Bangor	Use of Interpreters in Court mediation	18
Individuals receiving Deaf services training, 2007:		3,611

“You have no idea how much more enlightened we are because of your visit. Thank you so much for sharing your wealth of knowledge with us. We will now begin to put things in place.”

Director, Assistance Plus

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 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. These are being phased out in the Deaf community.
- **TEXT PAGER:** increasingly used by Deaf persons in the US to communicate wirelessly in typed English, akin to email. Requires a device and monthly service fee.
- **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 §219).

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 or auditory processing problem. Reading skills are a necessity. There are only two certified 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 §132).

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 former name of the state entity responsible for the mental health, mental retardation and substance abuse services systems, for children and adults. Also previously 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS): The new state entity created in 2005 by the merger of the Department of Behavioral and Developmental Services (BDS) with the Department of Human Services (DHS).

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), now merged with DHS to form DHHS.

DMH: former Division of Mental Health, now Office of Adult Mental Health Services within DHHS
DMR: former Division of Mental Retardation, now Office of Cognitive and Physical Disabilities Services within DHHS.

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, under the umbrella of the Maine Educational Center for Deaf and Hard of Hearing (MECdh). Formerly a state-run institution, now governed by an independent school board, with state employee staff and state funding.

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 DHHS 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. Under rules phased in since January 1, 1999, all sign language interpreters working for compensation in Maine must be licensed by the Department of Professional and Financial Regulation (DPFR). The national professional association, Registry of Interpreters for the Deaf, Inc., tests interpreters and grants Certification, a higher standard than Licensing.

DEAF (RELAY) INTERPRETER: a Deaf individual licensed as an interpreter, working with an interpreter who can hear to provide effective communication for deaf persons who do not use standard forms of American Sign Language, such as

- deaf individuals from other countries using a different signed language,
- those who have not been exposed to true sign language,
- are in psychiatric crisis, or
- 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 DHHS to run a psychosocial peer support group, provide HIV+/AIDS & Substance Abuse training, and Civil Rights advocacy.

MAINE EDUCATIONAL CENTER FOR DEAF AND HARD OF HEARING (MECdhh): An umbrella agency which includes the Governor Baxter School for the Deaf, an early intervention program for parents of deaf infants, K-12 academic program, and out-reach and consultation to deaf and hard of hearing students mainstreamed into their local public schools.

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, professionals and friends. Goals of the group are: to obtain help for the survivors, to develop community resources which would promote further healing, to ensure safeguards are in place to protect current and future students, and to address the pain and suffering endured.

Note: This addresses services available to Deaf adults in Maine and should not be confused with the current status of GBSD/MECdhh and services for children.

VISUAL GESTURAL COMMUNICATION (VG): a form of non-verbal communication that can be used by people who are deaf, or those who can hear but have speech impairments, and cognitive disabilities, and 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)

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 638 clients with mental retardation** referred for communication evaluations

It is unknown how many deaf, hard of hearing and non-verbal children and adolescents in Maine have serious emotional or behavioral needs.

CURRENT SYSTEM DESCRIPTION

The Office of Deaf Services within the Department of Health and Human Services (formerly the Department of Behavioral and Developmental 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). In 2006, this Office was rolled into the Maine Office of Multicultural Affairs within DHHS and the Director's title became Language Access and Deaf Services Coordinator.

The role of Deaf Services (and Multicultural Diversity) within DHHS is to network, educate and expand existing resources to better serve deaf, deafened, hard of hearing, and deaf/blind and hearing/speech impaired Maine residents 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 Coordinator, Meryl C. S. Troop, a nationally certified sign language interpreter, has worked for the Department since 1988 in the position of DMH Deaf Services Coordinator. The Office of Deaf Services was created on the Department level in July of 1994 in response to Public Law Chapter 519, which added responsibility for access to specific services within the mental retardation system in addition to mental health. 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 was one of only 10 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. No other New England state has such a position; Massachusetts has a coordinator of deaf services for mental retardation only. With the change in scope in 2006 to include language access across all state service sectors, this intensive focus on mental health and mental retardation is no longer possible in Maine.

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:

- Staff (deaf or hearing) who are fluent in American Sign Language, visual gestural communication and other communication modes utilized by deaf persons
- Knowledge about Deaf Culture and the Deaf Community in Maine, and
- Adaptive equipment such as described under Definitions, page 14.

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
- Training for providers to orient them to issues and considerations for work with Deaf persons
- Adaptive equipment; staff and clients trained in its use and maintenance.

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
- Connect targeted agencies with 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 inaccessibility of anti-stigma campaigns
- Encourage deaf persons to seek employment in the social services field, providing internship opportunities and specialized training in ASL, and collaborating with Vocational Rehabilitation Counselors for the Deaf to provide training and job opportunities;
- Solicit their insight and feedback to develop more responsive services.

ALL DHHS CONTRACTS for services require 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. All providers have been held contractually accountable to meet these needs since this contract language was introduced in 2001. As the former departments of BDS and DHS merged in 2005, contract language was reviewed and the process of standardizing language access across the breadth of the new DHHS was begun.

Monthly “Bangor Workday”: Monthly visits to North-Central Maine DHHS offices provides outreach and consultation to caseworkers and agencies who have deaf, hard of hearing, or non/low-verbal clients. These regular visits have given the Office of Deaf Services a more systematic presence in the Bangor and Houlton areas and has reduced delays between the time state caseworkers and agencies request assistance to the time the client receives the needed accommodation to access DHHS services.

Assisted in CLARIFYING MAINECARE RULES FOR CHAPTERS 2 & 3 for Sections 1 (General Rules), 21 (Home and Community Benefits for Adults with Mental Retardation and Autism), and 65 (Mental Health Services) to ensure that MaineCare members who are deaf, hard of hearing, or nonverbal have equal access to MaineCare services.

TTYs have long been located at every DHHS office location. They are tested and maintained periodically. Entries in the telephone books and the Maine TTY directory are updated annually. During the reporting period a transition to NexTalk was implemented. This is a computer-based way of communicating with those using TTY equipment. The entire DHHS phone system and protocol has been analyzed, and licenses obtained for use of the software. As phone lines were transitioned, some phone numbers were changed and this was coordinated with the state email and data system, the state TTY directory and all letterhead, business cards, 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 were strategically located in the former BDS facilities throughout the state and are maintained on a regular basis. They are available for use by DHHS 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. Kits and equipment need to be replaced and repaired to keep the equipment functioning and ready for use.

A LIBRARY OF DEAF-RELATED MATERIAL - AUDIO, VIDEO AND PRINT - is maintained in the Central Office. Materials from the library are showcased at appropriate events such as Case Management Resource Fair, Diversity Training, Child protective conference, and the annual Deaf Services Conferences.

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 the Office of Adults with Physical and Cognitive Disabilities. Pursuant to Maine Law (34-B MRSA §1218 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, the assessment process was extended to all adult consumers with barriers to communication, including hearing but nonverbal individuals. The Communication Assessment Project has become an integral part of the Department's response to meeting the needs of clients under the Community Consent Decree (C.A.B vs. Nicholas).

Since the first communications barrier survey in 1999, we have continued to monitor the population and to date 638 INDIVIDUALS HAVE BEEN IDENTIFIED AS HAVING SEVERE COMMUNICATION BARRIERS who 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 1999-2005

Barrier	Deafness	Mild-Moderate Hearing Loss	Severe Speech Disorder	Hearing but Non Verbal	Other (errors, nonresponsive)
# cases*	108 (99)	162 (149)	77 (74)	239 (225)	52

* number in parentheses reflects consumers currently being served

To date, 638 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 we have seen an increase in the number of requests for initial assessments for consumers who can hear but cannot speak (Hearing Non-Verbal Consumers) and those with profound retardation.

Both of these groups were previously categorized as not needing formal assessment. This indicates that more case managers and agencies are becoming aware of the benefits of visual gestural and non-traditional communication modes as a result of the training provided by Maine's Communication Initiative on visual gestural communication, becoming communication partners, and education regarding the Non-Traditional Communication Services. 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 HCB Benefit. 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.

Independent of the report, 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 Office of Cognitive and Physical Disabilities Services (Mental Retardation Services). 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: Year 2005 Number of Consumers by Region and Need for Signing Services

Region	Level 1	Level 2	Level 2.5	Level 3	Level 4
1	13	18	6	21	56
2A	5	6	6	21	32
2L	4	6	8	13	61
2T	0	4	2	11	24
3B	3	7	8	36	76
3P	0	0	3	7	31
Totals	25	41	33	109	280

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 that is used to communicate, but no combinations. This category seems to be unique to the MR/DD population and includes both consumers who communicate an entire idea with one gesture, and those who can use a series of single gestures if appropriately supported. These individuals are likely to require a visual gestural assistant for communication, requires staff trained in his/her communication style and in communication supports for low verbal communicators, 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, severe medical conditions, or preference to use graphic communication devices. For hearing but non-verbal adults, this has often been the initial determination based on the interviews, and many of these adults are now being formally assessed and reclassified to level 3 as more information becomes available.

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 the Home and Community Benefits for Adults with Mental Retardation in 2002 (formerly HCB Waiver), and these services became proceduralized in 2003. Currently, three NTC services are covered under the HCB Benefit: 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.

While progress continues to be made, identifying individuals with the appropriate qualifications to become providers continues to be a challenge. Originally, these services were intended to target deaf and hard of hearing consumers and deaf providers were solicited. However, in the past two years the majority of the requests for services have come from agencies serving consumers who are hearing but non-verbal. Depending on the receptive capabilities of the consumer, this population may need providers who can communicate via speech and also have high signing or gestural skills.

Outreach to Agencies with potentially “visual-gestural capable” staff has resulted in 21 individuals who wish to provide services. The Technical Consultant on Deafness meets with all potential candidates to discuss qualifications and potential to provide services. Training in VG and how to provide NTC consultation is needed in order for many of these 21 people to become providers. The Technical Consultant provides limited mentorship to those who require some supports regarding assessment tools or consultation tools in order to become ready to provide services.

11 Providers of Non-Traditional Communication Consultation services have completed the approval process and are capable of providing services at this time. 4 Providers of Non-Traditional Communication Assessment have completed the approval process and are providing services in 2005; 7 additional providers have been approved by 2007. Two potential providers withdrew prior to final approval due to the higher payment rate for providing similar services under Speech and Language Services.

Quality Improvement: There is an ongoing effort to obtain feedback from ISCs and agencies in order to 1) identify barriers for obtaining NTC services and 2) assess the quality of the services provided by

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individual providers. Providers and Resource Coordinators are being asked to notify the Technical Consultant on Deafness when an agency requests services, allowing the agency to be sent a form to provide written feedback to DHHS Language Access and Deaf Services Coordinator, Meryl Troop. This office participated in the EMERGENCY PREPAREDNESS FOR BEHAVIORAL HEALTH CARE PROVIDERS committee, and facilitated the participation of three Deaf mental health professionals. The goal was to ensure that plans devised to meet the unique needs of behavioral health services clients would be addressed in planning for emergency services would also take into account the doubly unique needs of Deaf and hard of hearing clients of behavioral health services. Two Deaf volunteers participated in the Jet Port Disaster Drill to help first responders learn how to accommodate these communication needs. Lessons learned were discussed regionally and helped Boston include Deaf volunteers in their drill.

LANGUAGE ACCESS RESOLUTION AGREEMENT WITH THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF CIVIL RIGHTS, was signed by Commissioner Harvey on March 10, 2006. The Resolution Agreement articulates major policies based on the Title IV of the 1964 Federal Civil Rights Act. Ms. Troop was directly involved in developing and implementing the DHHS language Access Policy, which is now used as a model by other state agencies and service providers in the community. Deafness and hearing loss issues are woven through the policy, training and all aspects of the compliance with the Resolution Agreement.

All department staff are required to be trained on the Language Access Policies. The Language Access Coordinator personally trained over 3,000 DHHS staff in offices from Fort Kent to Sanford, in groups as small as 4 and as large as 120; intact work groups and all those within a geographic area. In addition to developing the 2-hour training, producing handouts, and obtaining the needed AV equipment, this office developed the content for an on-line Language Access training to be administered by the Staff Education and Training Unit of DHHS. Over 500 DHHS staff have taken the training on line. Train-the-Trainer sessions were conducted for the professional development staff at Riverview and Dorothea Dix Psychiatric Centers.

This office conferred with DHHS Purchased Services staff to draft contract language so that all DHHS contract agreements with service providers throughout Maine are held accountable for language access to their services.

Data bases used throughout the Department, and in other state departments as well, are being updated to contain a data field for Language, which will help identification of trends and needs, and to measure our progress in compliance with the RA.

The Resolution Agreement contained several major elements of compliance:

1. Training – including serving Deaf, hard of hearing and late deafened clients (Status: completed and ongoing as described above)
2. Identification and translation of vital documents (Status: ongoing)
3. Establish a process for determining vital documents that are created in the future (Status: ongoing)
4. Provide notification of availability of language assistance to Limited English Proficient (LEP) communities, including Deaf, hard of hearing and late deafened (Status: completed, and ongoing)
5. Language Assistance announcement poster, including sign language logo for “interpreter” (Status: designed, printed, posted at all office locations, and smaller versions made available to key personnel in the field)

6. Poster/sign for grievance procedure (Status: procedure developed, translated into 3 top languages. Not yet made into posters or distributed)
7. Revise interpreter list (Status: completed, and ongoing)
8. Recruit and employ bilingual staff (Status: ongoing. Specific outreach was conducted to recruit a bilingual Somali/English receptionist for the Lewiston office)
9. Develop and maintain the list of bilingual staff as a tool for effective resource management (Status: completed and ongoing as new staff come on board)
10. Ensure all contractors execute assurance of compliance (Status: completed in FY '07; language added to all DHHS contracts for FY'08)
11. Review and random sample for all elements above (Status: ongoing)

National Level:

The number of states that maintain a position of State Coordinator of Mental Health Services for the Deaf has dwindled to just a handful – South Carolina, North Carolina, Kentucky, Alabama, Illinois. Others of the 13 states that used to host such a position have subsumed the duties of the State Coordinator/Deaf MH into other positions, as has Maine, to the detriment of Deaf mental health services and program viability and visibility at the state and national levels.

So, too, has the national biennial BREAK-OUT conference on deafness and mental health diminished. In 2004, the National Alliance of the Mentally Ill, NAMI, collaborated to host the (deaf) BREAK-OUT conference within the (hearing) NAMI national conference in Washington, DC. The Director attended and assisted in integrating the Deaf group into the larger conference experience. Since the 2004 conference, no funds are available for out of state training.

THE NEW ENGLAND REGIONAL MINORITY HEALTH CONFERENCE, Eliminating Health Disparities, took place in Portland Maine in 2005 and at Foxwoods Resort in Connecticut in 2007. The Coordinator attended several planning sessions and staffed a display table of information and library materials during these 3-day events. Sign language interpreting was demonstrated during selected plenary sessions.

The Technical Consultant on Deafness wrote a report for the Office of the Director of MR Services to be shared with other states. MAINE'S NON-TRADITIONAL COMMUNICATION INITIATIVE: A CASE FOR SYSTEMS INNOVATION describes Maine's efforts to enhance client communication and access to services from 1998-2005. It includes description of the Communication Assessment Project outlined above, training for staff and clients in visual gestural and non-traditional communication modes, incorporation into MaineCare HCB Waiver services, and sustainability efforts. The report was shared with other states interested in similar commitment to communication and equal access to services. Interest from other states has been high.

The Deaf Services Coordinator was invited and funded to consult with the American Bar Association to develop training for lawyers working in federally funded domestic violence programs throughout the country. Sections relating to working with sign language interpreters and deaf victims of domestic violence were designed, developed and delivered in 2 national sessions. Additionally, the ABA hosted a 3-day training on state-of-the-art techniques for training adult learners when the goal is to effect behavior changes, not just deliver the message and hope it gets through. The learning from these sessions was of value to improving the DHHS Language Access trainings and annual Deaf Conferences.

Interdepartmental/Interagency:

Throughout the reporting periods, the Coordinator 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.

The Office of Adult Mental Health continues to provide mental health counseling at no out-of-pocket expense to the survivors, per requirements of LD 178 (see appendix), which requires ongoing mental health services for this population. The Department of Labor assisted with transportation and child care expenses if necessary through 2005. The Coordinator attended Safer Place meetings and related legislative hearings and has collaborated with the Governor Baxter School for the Deaf in ongoing efforts at improving safety, teaching students about safety, and reviewing internal policies and safeguards.

In conjunction with the Baxter Compensation Authority, a **BDS-BCA Forum** gathered signing and deaf service providers to discuss the impact of applying for BCA compensation on survivors served in the MR system, culminating months of planning and adaptation to the BCA claims process. The standard BCA claims process would not be effective for survivors who have additional handicapping conditions such as development disabilities, and outreach, education and adaptations were made to the system to better serve those who would have difficulty telling their stories in a safe, supported fashion.

The Technical Consultant facilitated the DEAF MENTAL HEALTH AND MENTAL RETARDATION PROFESSIONALS GROUP, for Deaf individuals who work in the mental health or mental retardation fields. The group met bi-monthly to share resources, identify training needs, and establish cross-agency cooperation to enhance service provision and professional development. Participants include agency administrators, direct support professionals, deaf interpreters, deaf counselors, deaf social workers, and other allied professionals and had been meeting regularly since January 2005 to mid-2006. See flier in appendix.

As co-chair of the MAINE NEWBORN HEARING SCREENING ADVISORY BOARD, the Technical Consultant on Deafness worked to create a Family Resource Guide: "A Parent's Guide to Infants and Children with Hearing Loss" for infants newly diagnosed with hearing loss, including those infants with syndromic deafness who may become clients of DHHS. A collaboration with DHS, CDS, Early Childhood and Family Services, Maine Educational Center for Deaf and Hard of Hearing Children and other stakeholders, this resource is being shared with other states.

This Office worked to pilot the EDUCATIONAL INTERPRETER PERFORMANCE ASSESSMENT (EIPA 2), a specialized assessment tool for Sign Language Interpreters working in educational settings. This Office has supported a change to the DOE regulations requiring that all educational interpreters and educational technicians working with deaf children in the public schools be required to take the EIPA and receive a score of 3.5 or higher by 2007. This will ensure that all deaf children, including those served by DHHS due to cognitive or social/emotional disabilities, have appropriate access to the curriculum and further professionalized the pool of educational interpreters. The collaborative efforts included the Maine Department of Education, University of Southern Maine, University of Colorado/Boulder, and the Boystown Research Hospital's Educational Interpreter Performance Assessment Group.

In collaboration with University, the Technical Consultant served as the primary pilot site coordinator and statistical reliability testing site logistician for the EIPA 2. 55 interpreters were tested within a three-week period, 18 of whom held national certification of interpreting skill and desired the

additional credential as educational interpreter. In 2004 Spitz was approved as a proctor for the EIPA and was responsible for training additional proctors in Northern and Southern Maine.

The four DEAF SERVICES CONFERENCES held during this reporting period were examples of inter-departmental cooperation, with programmatic support from DOL and GBSD, as well as the University of New England, University of Southern Maine, Colby College and agencies in the private sector. Conferences are reported on in greater detail in the section on Education and Outreach.

The Maine Judicial Branch invited the Director to participate in the JUSTICE ACTION GROUP (JAG) LIMITED ENGLISH PROFICIENCY (LEP) TASK FORCE. Convened primarily to address issues of linguistic access for persons who can hear but do not speak or understand English well, much of the systemic infrastructure recommendations will improve access for Deaf and hard of hearing court participants as well. Subsequent to the JAG task force, the Maine Judicial Branch established its own internal task force to operationalize the recommendations, and again requested the Director participate in helping to design a systemic response to justice and language access needs. At the conclusion of this committee's work, a report was generated <http://www.mbf.org/LEP%20Final%20Report%201-05.PDF>

In 2006, the MJB chartered a TASK FORCE ON LIMITED ENGLISH PROFICIENCY, of which the Coordinator was a key part. This Task Force was designed to continue the work of the Justice Action Group as noted above. The goals of the committee were to develop a Limited English Proficiency Program Plan that would address:

1. court practices for using interpreter services;
2. interpreter standards, practices, and qualifications;
3. training programs for interpreters, court staff, and attorneys;
4. an LEP information system to track requests for LEP assistance;
5. improved access to interpreter services;
6. translation of key court documents;
7. communicating and working with LEP community service and resource groups and with professional associations to improve the quality of LEP services; and
8. other key issues identified by the Task Force.

<http://www.courts.state.me.us/committees/LEPTCharterRev11-9-06.pdf>

Work of this committee covered all aspects of provision of language assistance, drawing from national resources. As a result of this work, Maine formed a unique partnership with New Hampshire and Vermont to jointly become members of the National Consortium of State Court Administrators, which, among other things, provides invaluable tools for training and evaluating interpreters. By the end of 2007, completed plans, policies and training curricula were proposed to the Chief Justice for potential implementation.

Simultaneously, the JUSTICE ACTION GROUP convened a work group, JUSTICE FOR ALL, with the goal of analyzing and addressing the barriers to justice for those in poverty, those who are members of a racial, ethnic or linguistic minority, the elderly, the undereducated, and those in rural areas. The Coordinator and one of the Civil Rights lawyers at Maine Center on Deafness were active in the initial planning retreat and in the ongoing committee work. Reports of the Committee's work can be seen at <http://www.mbf.org/justice.htm>.

MAINE JUDICIAL BRANCH TRI-BRANCH AD HOC FACILITIES COMMITTEE called upon the Coordinator as one of 2 Executive Branch representatives to assist in trimming the MJB budget and look at facility closure.

Legislature-Related Activities:

DEAF ADOLESCENTS MENTAL HEALTH NEEDS STUDY BILL convened a task force designed to investigate the special needs of deaf and hard of hearing children's mental health, with special focus on the signing mental health needs. Representatives from the Legislature were Senator Beth Edmonds and Representative Makakis, Department of Education, Division of Deafness, Governor Baxter School for the Deaf, Community Counseling Center, parents and mental health service providers. Both the Director and Technical Consultant participated in analyzing the issues and drafting the recommendations. The report can be found at <http://www.state.me.us/legis/opla/ndsdeafnpt.PDF>.

Part of the LEGAL INTERPRETING FUND, which had been under the direction of the Division of Deafness was transferred to the Maine Judicial Branch for the provision of ASL interpreters in all court matters. See **MRSA §48-A**. The Division of Deafness maintains a portion of the funds allocated for legal consultation outside of the Judicial Branch. This office consulted with the Maine Judicial Branch as to drafting guidelines on the use of the funds, and worked with the Division of Deafness to establish credentialing criteria for interpreters eligible to bill under this fund. These criteria and the list of interpreters meeting the standards are posted on the DoD web site: http://www.maine.gov/rehab/dod/legal_interp_info.htm and http://www.maine.gov/rehab/dod/legal_interps.htm.

Monitored the administrative and procedural changes in Baxter Compensation Authority funding and disbursement of funds.

In 2007, the following bills were monitored, and the Coordinator and Technical Consultant served on committees, task forces, and work groups:

LD1514 Passed: a law requiring insurers in Maine to provide health insurance benefits to cover hearing aids to Maine's children. Under any policy issued or renewed after January 1, 2008, insurers in Maine must provide children with a \$1,400 per ear benefit once every three years, to be phased in over three years. Starting January 1, 2008, children aged zero to five will be eligible; January 1, 2009, children aged six to thirteen; starting January 1, 2010, children aged fourteen to eighteen.

LD 1055, An Act to Establish the Hearing Assistance Program for Low-income Persons Who Are Elderly or Disabled - This working group produced a report on the population of Maine elders who are low-income and need hearing aids, the consequences of not providing hearing aids, the cost of a pilot program to provide hearing aids, the existing resources for hearing aids for low-income seniors, and more. The group met on October 15, held a public hearing on November 15, and then finalized its report and submitted it to the Legislature in December 2007. The Division of Deafness is awaiting an audience with the Legislature's Labor Committee to discuss its written report. It is unclear whether the original sponsor of this bill will push the bill forward after the report is heard in the Labor Committee.

LD 740, An Act to Promote the Safety of Deaf and Hard-of-hearing Drivers - the Secretary of State agreed to add text notification to driver's licenses upon request.

LD 1901, A Bill to Establish a Deaf and Hard of Hearing Children's Educational Bill of Rights. This large working group worked throughout the second quarter with discussion and hard labor in between meetings. Subcommittees will work on the 9 substantial issues delineated by the Legislature. MCD Civil Rights authored or assisted in writing at least 5 subcommittee reports/recommendations, each of which took substantial time and effort. The group continues to meet.

Residential and Supports:

Specialized residential programs provide homes, adaptive equipment and support services all under one roof, or on an "a la carte" as needed basis. Group homes, clustered apartments, single apartments or roommate situations, as well as home ownership are possible choices. Services include direct care

support staff that provide independent living skills, transportation, guidance and companionship. Case Managers assess, plan for services, link to services and monitor and evaluate those services for effectiveness. 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.

During this reporting period, A TWO-PERSON WAIVER-FUNDED GROUP HOME FOR DEAF ADULTS WITH MENTAL RETARDATION IN BANGOR was reformulated to be economically viable. Most of the support staff working within this home are members of local deaf community, either Deaf or associated with Deaf individuals in some capacity. Knowledge of American Sign Language and Deaf Culture are required for employment. The home, referred to as the KINNEY HOME, has been up and running since March of 2003 with success. This home 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. Efforts to locate a suitable roommate were unsuccessful.

The BISHOP STREET HOME opened its doors in spring of 2002 in Windham, providing a supportive therapeutic home for up to 4 deaf adults with mental retardation. This program is administered by Medical Care Development, the first 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 building have been designed to accommodate the unique behavioral needs of the residents, and incorporate principles of sensory integration work into the milieu in addition to 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 45 staff, 23 of whom are Deaf or Hard of Hearing. Staff roles include 3 Program Manager/Supervisors and 1 case manager; and full, part time, and on call Direct Care staff. The team provides 24-hour supports to clients through its "Administrator on Duty" system. The Deaf Services programs run by Goodwill are listed below:

COMMUNITY INTEGRATION SERVICES FOR THE DEAF (CISD) is the largest of Goodwill's Deaf Services programs, serving 21 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 2005, its third location in the 9 years of the program. Program hours are 8AM – 8PM Monday through Friday; weekend hours vary. The drop-in center was cut in 2006.

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.

In January of 2000, Goodwill of Northern New England's Deaf Services opened the DEAF COMMUNITY SKILLS PROGRAM (DCSP) still the only DAY PROGRAM that offers a full ASL & VGC milieu in Maine. This community-based program has grown from serving 3 to 20 participants who are Deaf and MR/DD. Many attend the day services program part time, and work part time in community jobs. Program hours are 9 – 2, Monday through Friday. 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; some taking place in community settings and others in the program location. The 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. SUPPORTED LIVING services are provided to individuals needing in-home and community support and transportation in order to access DCSP.

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 take part in all activities of home living: meal preparation, managing personal finances, and community-based social/recreational activities.

Motivational Services, Inc. (MoCo) administers an assisted living residential program, SUNRISE PROGRAM. 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 two staff are undertaking training to become teachers of American Sign Language, to be able to offer classes in the community, increasing the pool of potential employees and the number of people in the local community who can better communicate with clients and Deaf staff.

MOTIVATIONAL SERVICES COMMUNITY SUPPORT AND CASE MANAGEMENT services supports 15 consumers. The office at Pine View Estates had functioned as a Community Support hub, with phone, fax, e-mail, TTY, and staff available on a flexible 24-hour on-call basis, but the office is now less accessible to clients on an as-needed basis. Two full time staff function as Case Manager/Community Support Worker; both are fluent signers. Community Support and Case Management are combined into one position, working with deaf persons in need of mental health services, easing their transition into treatment and actively helping to create alternatives to costly hospitalizations.

LUTHERAN SOCIAL SERVICES became a key service provider for this population during the reporting period. The programs of Lutheran Social Services (LSS) for persons with disabilities focus on the potential rather than the limitations of each individual. By developing an individualized approach for each participant that emphasizes self-determination and community integration, LSS

assists people with disabilities open up new worlds of possibility for rich and fulfilling lives. LSS support services to individuals who are deaf or hard of hearing include:

- ◆ Support to adults with Developmental Disabilities in residential programs. These homes provide a communication rich, bilingual, bicultural environment where those served can reach their fullest levels of independence and fulfillment. In these deaf services programs, all staff are fluent in American Sign Language, and more than 90% of the staff are deaf themselves.
- ◆ Vocational and transitional support to individuals seeking employment opportunities.
- ◆ Visual Gestural Communication trainings throughout Maine for Maine Center on Deafness
- ◆ Educational interpreting services in public school settings.

LSS's success is due in part to their unique approach to hiring, training, and retaining deaf and signing staff. In 2005, LSS offered required courses such as the Certified Residential Medication Aide (CRMA) and the Direct Support Professional (DSP) training directly in ASL, not in English, without the need for interpreters. Staff receive a higher quality, cost effective training in a more comfortable and welcoming environment. These trainings in ASL are now being offered to deaf staff persons working in other agencies throughout Maine.

LSS is also employing a TRAUMA-INFORMED approach to employment, using therapy consultants and a strong teamwork/open communication approach to supporting Deaf staff who would otherwise not be able to maintain employment in a less supportive atmosphere.

In 2006 and 2007, LSS continued to expand its deaf services, with the introduction of mental health services, and substance abuse counseling services for individuals who are deaf and hard of hearing.

OUTREACH TO OTHER RESIDENTIAL PROGRAMS serving deaf persons with mental retardation continues through various channels: Mental Retardation Communication Assessment Team interviews, 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 trainings. 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. During this contract period, the Deaf Services program at COMMUNITY COUNSELING CENTER in Portland, created in 1996, hired a new Director, Bruce Munro Ludders, LCSW, former State Coordinator of Deaf Mental Health Services in Illinois, expanded to provide statewide clinical services consolidated under one agency, and moved to larger quarters. CCC remains a reliable service for D/deaf and hard of hearing clients and their families. During this period CCC added a weekly Signing for Babies class and the increased space allowed for more group therapy services such as Dialectical Behavior Therapy (DBT), Parenting Skills, and various coping skill groups.

Staff currently consists of: 1 FTE Program Director, 3 FTE Outpatient Therapists, 1 FTE Adult Case Manager—Region I, .5 Outpatient Therapist—Region III, 1 FTE Children's Case Manager—Region III, 3 FTE Children's Case Managers—Region I.

Services:

- 138 clients served; 79 female, 56 male, 1 transgendered, 2 identified as “other.”
- 69 children served.
- 69 adults served.

Productivity expectations & results:

Program productivity for therapy was at 85% of the targeted goal (2375 actual billable hours/2787 budgeted); Program productivity for case management was at 110% of the targeted goal (399 actual units [~ 1000 hours]/362 budgeted).

Diverse Populations:

84% of clients racially identify as Caucasian. There is a wide range of other traits reflected in the population in such elements as financial status, sexual orientation, styles and effectiveness of language (signed and/or speech). There is also significant diversity within the Deaf population in terms of how an individual views and relates to their deafness.

Key Outcomes:	Results:
1. 5 families will attend Developmental Sexuality Workshop.	1. A total of 7 families attended on three different Sexuality Workshop dates.
2. 50% of GBSD survivor clients will have filed compensation claim.	2. 90% of GBSD clients eligible for the BCA claims have completed the filing process.
3. At least 20 clients will have participated in group therapy offered through DCS	3. 26 Deaf clients participated in therapy groups: DBT, FM Hearing Aids, Boys Dormitory Sexuality, GBSD Relational
4. 25 hours of Equine Assisted Psychotherapy (EAP) will be offered	4. 25.33 hours of EAP were provided to Deaf individuals.

2006-2007 Community Counseling Center Usage:

Deaf Counseling Services saw 130+ clients annually

Deaf Services Case Management (both children and adult) saw 90+ clients annually.

There has been an increase in services with both child and adult case management services and staff size has increased as a result of this growth of demand.

Groups:

The primary groups held during 2006 & 2007 that were sustained (or are currently still running) for significant periods of time have included:

Parenting Skills Group
 Deaf Woman's Health Group
 Deaf Men's Social Support Group
 Mind/Body Connections (yoga coupled with therapy)
 DBT Skills Group
 MRDD/Deaf Social and Coping Skills Group
 Signing for Babies Class

Staff Transitions (Additions): In 2007 we had growth in staff mostly in our Deaf Services Case Management Program:

Amanda Kyajohnian- Case Manager for adults

Jolene MacDonald- Case Manager for children
John Post- Case Manager for adults.
Michelle Ames- a Case Manager for adults.

Interns within the last two years:

Amanda Kyajohnian, BSW, Aleah Mathews, BSW, Marie Desrosiers, MSW

Both Portland and Bangor Offices continue to experience overall growth.

The only signing and deaf-knowledgeable mental health clinicians in addition to the positions at Community Counseling Center listed above are a psychologist and 3 licensed therapists in private practice in the southern half of the state. 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 the ideal, qualified mental health services and appropriate diagnostic testing is available to Maine's Deaf citizens in the southern part of the state, if transportation, scheduling and interpreters can be arranged, and if case workers know to seek out these few experts.

Pursuant to a law, P & S 2001, Chapt.12, DHHS must provide all former students of the Maine School for the Deaf and/or the Governor Baxter School for the Deaf trauma-related mental health services at no out-of-pocket expense. The SAFER PLACE account, covering co-pays, deductibles and uninsured, spent \$274,000 in FY04 and \$260,588 in FY05; projected expenses for FY 06 based on current billing (\$74,290) will be \$222,870. Total spent from inception to October, 2005 is \$1,022,676. Individual trauma therapy and support groups have been offered. A support and planning group for the professionals who work closely with Safer Place has been meeting monthly to collaborate across agency lines, and is now tapering off.

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 (2 children's and 2 adults'), Region 2 (1), and Region 3 (1)
2. Goodwill Community Support/Deaf Services, Portland (3 as listed above)
3. Motivational Services Sunrise Program, Augusta (2 FTEs, as listed above)

Within the Mental Retardation service system, 34-B MRSA §1218 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	vacant (Lorrie Mitchell works in Adult Mental Health Services nearby)
	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.

During the 2004-2005 reporting period, the signing ISCs gathered quarterly to share resources and exchange information. Due to limitations on staff time and travel expenses, we switched to holding meetings via videoconferencing between 4 remote sites. Attendance began to dwindle as the personal and human contact could not be maintained remotely via videoconferencing.

34-B MRSA §1218 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 to case managers and providers periodically.

A GATHERING OF CASE MANAGERS took place on October 11, 2007 at the DHHS offices in Rockland. Designed for professionals such as MH case managers, Community integration specialists, MHRT/C, MR/DD community case managers, ISCs, Special Ed case managers and transition specialists, Children’s services case managers, RCDs and VR counselors, and Adult Protective Case Managers who work with signing clients. See flier in the attachments.

Outreach and Advocacy:

RESOURCES: A GUIDE TO DEAF SERVICES IN MAINE continues to be updated and reprinted annually 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. This office has distributed over 3,000 copies for reference use by service providers, family members and the Deaf community. View the guide on-line at:
<http://www.maine.gov/rehab/dod/resource.htm>

Publications are produced and updated for outreach and PR purposes regularly. 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. Visual Gestural Training and My Client Needs Hearing Aids: What’s an ISC To DO? brochures were developed as handouts for a specific training and have proven useful in a wider application. Another piece, entitled: Need Help? 911 vs. Crisis Line is a guideline paper written in clear, simple English with graphics to help folks make the correct call during a stressful moment: 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.

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

-  Participated in the annual reception and tea at the Blaine House,
-  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,
-  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 providing services to deaf, hard of hearing and non-verbal consumers of mental health or mental retardation services to receive awards.



In 2004:

Stephen Greene, Psychologist in private practice	Special Commendation
Kathy Cooper, Case management and Direct care, Mobius Inc.	Outstanding Advocate for the Needs of the Deaf Community
Elinor Brown, Deaf Services, Sunrise Program, MoCo Inc.	Promoting ASL, Deaf Culture and Deaf People



In 2005:

Romy Spitz; Outstanding Advocate for the Needs of the Deaf Community

"Communication opens doors to the mind". In her work for Mobius, Inc, under contract to the Department of Health and Human Services, Romy Spitz has used her vast knowledge of atypical language development to enhance communication with deaf, hard of hearing and non-verbal adults with mental retardation. Whether working tirelessly at Camp Sign-A-Watha, traveling the state to assess clients' communication skills, presenting at state and national conferences, or wading through Maine Care policies, Romy is dedicated to improving clients' quality of life through improving communication. In her spare time, Romy serves on the GBSD school board, administers the Educational Interpreter Proficiency Assessment, consults with schools for children with communication barriers, works on grants at the USM signed Languages Lab and travels to Nicaragua to bring language to the deaf there. Romy spends countless dedicated hours ensuring that the needs are being met for a variety of consumers around the state including the deaf and hard of hearing population of Maine.

Jana Harbaugh, Clinical Director of Mental Health Services, YWCA and former Director, Deaf Services, Community Counseling Center – Special Commendation

Jana has been an extraordinary friend and counselor to many Deaf and hard of hearing people in Maine. She is highly respected among everyone she helps and encounters.

Comments from supporters:

Jana is now working at the YWCA in Portland and continues to develop and expand programs, making them accessible and deaf friendly to help fill the gaps in services and needs for some of the most vulnerable members of our community.

Jana spent 9 years at Community Counseling Center working and providing high quality mental health services for people who are deaf or Hard of Hearing. She goes the extra mile to advocate and support her clients to get the services they need. She collaborated with Goodwill, YWCA, hospitals, schools and other organizations, and worked with them to get the best high quality services for her clients.

She was the first ASL fluent therapist hired by Community Counseling Center and gradually expanded the program to include 8 ASL fluent deaf & hearing professionals who now provide therapy & case management statewide to deaf & hearing people and their families. Jana and her team also provided case management, therapy, & psycho-educational classes to students at Governor Baxter School for the Deaf. She has worked hard to support many of her clients as they went through the Baxter Compensation Authority process, which can be very difficult.

Jana has taught me so much during our counseling sessions. I had stuffed away my feelings and it was hard for me to love myself. There were times when I thought my life was over but she gave me hope and compassion to keep going.

The 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 DHHS (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 a percentage 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.

In 2005, three Deaf teachers from the Bluefields School for the Deaf in Nicaragua came to Maine to learn about the Domestic Violence interventions and services common in the United States, and how to adapt these services to meet the needs of Deaf victims, survivors and even perpetrators. Dubbed PROJECT HOPE, tours of facilities, interviews with service providers and survivors (both Deaf and Hispanic), and visits to court, pre-trial services and domestic violence shelters were arranged. The 4-

week intensive program was of great benefit to not only the teachers, but also their students and other Deaf adults in Nicaragua.

A DOMESTIC VIOLENCE PICTORIAL INTERVIEW BOOKLET drafted in 2003 and 2004 by local artists and domestic violence advocates was finalized, sent to the printers and posted on line. It can be found at <http://www.maine.gov/dhhs/mh/MulticulturalResource/DV/index.html> Designed to be used by police, DV advocates, and interpreters (both sign and spoken languages), hard copies were distributed to DV programs and in places where the Deaf community, refugees and immigrants were able to obtain them.

Psychosocial/Recreational:

A PEER SUPPORT GROUP (PSG) for Deaf, Hard of hearing and non-verbal 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 2005 at the Country Buffet restaurant in Portland had 115 people attend, increasing each year from 36 in 2001, 54 in 2002, 98 in 2003, 102 in 2004. Consumers come from as far away as Bangor, Augusta, Skowhegan and Damariscotta.

Peer Support Group is not simply social activities, not just bingo and bowling. PSG is an environment in which all communication is accessible - 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 current events 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. At the conclusion of that grant, the 2 funding sources for PSG are

- the State General Fund funds the Portland group
- DHHS Centers for Medicare and Medicaid Services, Medical Assistance Program for the Northern PSG. (The funding is for running the program only. The activities are funded by donations and fundraisers.)

Last year there were 93 clients from all over Maine who attended at least one PSG event.

Peer Support Group Attendance - July 03-June 04

Augusta	21 meetings	with an average of 6 consumers at each meeting
Bangor	21 meetings	with an average of 4 consumers at each meeting
Damariscotta	14 meetings	with 2 consumers participating
Lewiston	16 meeting	with an average of 5 consumers in attendance
Portland	18 meetings	with an average of 12 consumers at each meeting
Statewide Activities:	6 events	with an average of 20 consumers participating
Number of cancelled meetings:		8 meetings were cancelled due to weather conditions

Peer Support Group Attendance - July 04-June 05

Augusta	12 meetings	with an average of 6 consumers at each meeting
Bangor	14 meetings	with an average of 4 consumers at each meeting
Damariscotta	3 meetings	with 2 consumers participating
Lewiston	11 meeting	with an average of 5 consumers in attendance
Portland	12 meetings	with an average of 9 consumers at each meeting
Statewide Activities:	6 events	with an average of 20 consumers participating
Number of cancelled meetings:		8 meetings were cancelled due to weather conditions

In 2006 & 2007, attendance at support group meetings was higher, yet problems due to transportation, staff motivation, clients without sufficient staffing to attend, long travel distances, and Maine winter weather pose challenges.

Portland and Augusta have the largest attendance. In those cities, there are several group homes serving this target population. 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 requiring one-to-one outreach efforts. Recent high gas prices exacerbated attendance issues. Many group homes were only able to attend a few meetings because of the extreme cost of gas to get to meetings.

In addition, the Office of Adults with Cognitive and Physical Disabilities contracts with Maine Center on Deafness to conduct Visual Gestural Trainings for service providers throughout the state. More information is in the Training section and Appendix.

This office helped organize and run a WOMEN'S CLOTHING SWAP - a social event and fund raiser for visual-gestural and communication-building activities with the Maine Center on Deafness Peer Support Group, and in 2006, ran the clothing swap as an adjunct activity and the Deaf Culture Festival.

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

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

In 2003, the administrative fee paid to Maine Center on Deafness was cut, and after ten years, camp was not able to continue. 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. The Maine Center on Deafness continued to look for funding, however, most of their fundraising has focused on continuing the four Peer Support Groups that run through the year instead of this one-week event. Lutheran's Social Services is poised to take on the challenge of resurrecting Camp.

A SUPPORT GROUP FOR ADULTS WHO ARE HARD OF HEARING OR LATE DEAFENED that had re-formed in the summer of 2001 and was affiliated with the national organization, Self Help for Hard of Hearing folded during 2005. Located at Maine Medical Center's Dana Conference Center in Portland, meetings took place monthly. BDS, DoD and Maine Medical Center jointly sponsored communication access. Shortly thereafter, a Maine chapter of the Association of Late Deafened Adults, ALDA, took root in the mid-coast area. ALDA conducted several state-wide meetings and tried to establish local gatherings with late deafened leaders. Due to the volunteer nature of this organization and the lack of funding for essential communication access such as CART and sign language interpreters, this effort is dwindling.

The FARMHOUSE on the campus of the Governor Baxter School for the Deaf was burned down; this office assisted in designing and conducting the therapeutic activities that took place for survivors of abuse at the school as fire fighters from Falmouth had the opportunity to train and practice fire fighting techniques.

Interpreters and Visual Gestural Communication Assistants:

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.

There is a chronic SHORTAGE OF QUALIFIED SIGN LANGUAGE INTERPRETERS 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 2005, there are 112 LICENSED INTERPRETERS (having met the standard of 100 hours of training in ASL and 100 hours of training in interpreting), of whom 42 ARE NATIONALLY CERTIFIED (passed a performance test offered by one of two national testing bodies), practicing in Maine. 12 of these interpreters also participated in the testing of the new EIPA, Educational Interpreting Proficiency Assessment.

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.

The interpreter shortage was 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, as well as networking with groups who are undertaking similar initiatives to increase the pool of spoken language interpreters.

Changes suggested by this office since 2001 were adopted and encoded into Maine's Bureau of Medical Services Maine Medicaid Manual, Chapter 1. MAINECARE REIMBURSES MEDICAL PROVIDERS FOR THE FULL COST OF INTERPRETING, both signed and spoken languages, for MaineCare covered services (except in hospitals, nursing facilities, and certain group homes). During this reporting period the reimbursement policy was monitored and comments issued when revisions

were proposed. Providers were educated as to the availability of the reimbursement.

<ftp://ftp.maine.gov/pub/sos/cec/rcn/apa/10/144/ch101/c1s.doc>

With prior approval, DHHS may elect to cover the cost of interpreting for mental health and substance abuse providers in private practice who are not MaineCare providers, or who are serving non-MaineCare clients. As specialized signing mental health services have expanded, the demand for and expense of interpreting services funded by the Department has dramatically decreased.

DHHS has clear POLICIES regarding the provision of sign language interpreters that were further refined in 2001 and upon the merger of BDS and DHS in 2005. Clear guidelines in contracts with provider agencies provide guidance on services for deaf, hard of hearing or speech impaired clients. Within MR services, seven ISCs have been identified as having some sign language skills; **638** consumers of MR Services use signs and/or gestures as part of their communication strategy. ISCs 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 services; they must also educate and advocate that agencies providing direct services do the same. Despite the fact that interpreter and Visual Gestural services can be written into plans for MR clients receiving Medicaid Waiver services, these services are to date underutilized. Recognizing the value of communication and the shortage of qualified interpreters and VG Assistants remain barriers to communication between client and worker.

PINE TREE SOCIETY, an interpreter referral service, piloted a VIDEO RELAY INTERPRETING Project, in conjunction with a consortium of health care providers, the Maine Hospital Association, and several hospitals with psychiatric units. Utilizing VIDEOCONFERENCING EQUIPMENT and high-speed dedicated phone lines already in some MAINE HOSPITALS, interpreter services are provided via two-way television from an interpreter referral agency studio location to emergency rooms and psychiatric units in remote areas of the state. BDS joined as a participating facility in the final year of grant funding, December 2003 - October 2004 and had unlimited use of VRI during working hours and a reduced rate for non-business hours.

INTERNATIONAL TRANSLATION AND INTERPRETATION DAY CELEBRATION – Maine's first! State and Portland City proclamations were drafted and issued to celebrate and educate the community at large about the importance of using qualified interpreters in all settings. The event held with collaboration of Portland Public Schools Multicultural/Multilingual Program, Language Access for New Americans and Catholic Charities RISinterpret, and honored both sign and spoken language interpreters. Governor Baldacci was keynote speaker. This office has assisted in planning and hosting the day annually since the first celebration in 2005. Speakers at subsequent celebrations include Dr. Nat James of Maine Medical Center's International Clinic, and Attorney General Steven Rowe. In 2007, US DHHS Office of Civil Rights Boston Office Director Peter Chan, responsible for oversight of the Maine DHHS Language Access Resolution Agreement, attended. He was pleased to see the profession of interpreting progressing in Maine.

Language Access for New Americans' (LANA), a grant-funded project of United Way of Greater Portland, has developed, with intense participation by this office, a 100+ HOUR MEDICAL INTERPRETER TRAINING in which 30 interpreters took part, some of them sign language interpreters. This effort led to the first course on Medical Interpreting at the University of Southern Maine's ASL/English interpreting program in 2007. Offering training to both sign and spoken language interpreters together raises the standards that will impact both the Deaf and Limited English Proficient (LEP) communities, and provides a greater array of training choices to all.

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 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. In recent years, only New England or Maine-based presenters have been hired due to budget limitations.

16th ANNUAL BDS DEAF SERVICES CONFERENCE on June 4, 2004 in Lewiston and was entitled, “Tending Our Garden”, a theme inspired by a consumer, who was invited to give the Opening Address. The keynote presenter was Morag MacDonald, a Deaf RN MSW from Connecticut, who was able to fill in when our planned key note presenter was unable to make it. The keynote topic was Horizontal Violence.

Afternoon workshop sessions were: Working with Deaf and Hard of Hearing Children in These Economic Times, Working in the Field of Mental Health (in ASL only, no voice), Consumer Perspectives for Interpreters, Casework with the Deaf or Hard of Hearing Adult Consumer, and Ice Storm, Flood, 9/11, Terrorism – Disaster Preparedness for Deaf Programs. 111 people attended. Feedback on evaluation forms reveal learning, growth, thoughtfulness, mindfulness, and appreciation of the positive approach and use of humor and analogy in the theme of tending our garden/taking care of ourselves while helping clients. A Conference flier can be found in the Appendix.

17TH ANNUAL MAINE DEAF SERVICES CONFERENCE was in partnership with many sponsors and was held at the University of New England’s Westbrook Campus. The theme of the conference was “Chicken Soup for the Deaf Service Providers’ Soul” and featured speaker was Bruce Munro Ludders, the new Director of Deaf Services at Community Counseling Center and former state Coordinator of Mental Health Services for the Deaf in Illinois. His presentation focused on success and the real impact that social services has on people’s lives.

150 people attended, including then-Commissioner Jack Nicholas who delivered welcoming remarks. 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.

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.

The 18th Maine DHHS Deaf Services Conference, Coming of Age, Claiming our Power was held on June 30, 2006 at the Luther Bonney Hall & Abromson Center of the University of Southern Maine in Portland. Thanks to the generosity of co-sponsors, 150 attendees were able to learn from the following workshop sessions:

- Coming of Age: Dare to Dream – Leadership, Volunteerism and Self Determination, Mark Prowatzke, Ph. D., Mill Neck Family of Organizations
- From Vision to Action: The Healing Labyrinth, Kathy Wooten
- For Interpreters: Interpreting Assessments – Steven Hardy-Braz, Psy.S., NCSP
- For Deaf: Aging, Ourselves and Caring for Aging Consumers – Morag MacDonald, RN, MSW
- For DHHS & Contract Providers: Understanding Hearing Loss: Testing hearing loss, what hearing loss means, how can you help– Eileen Peterson
- For those who Already work with Deaf - Savvy: Strategy and Excitement: Where do we go from here? Walk the Labyrinth! Predicting & getting excited about what we need next –Larry, Bruce, Mark, Lisa, Steve, Michael and YOU

19th DHHS Deaf/Hard of Hearing/Late Deafened Conference, entitled You Can't Go Home Again: Accepting and Embracing Change took place on June 29, 2007 at Colby College, Waterville. 135 participants, deaf and hearing, professionals and consumers, attended sessions such as:

- Accepting and Embracing Change: John Shattuck, Director, Division of Deafness, Dept. of Labor and Larry Taub, Ph.D., Superintendent of the Maine State Educational Center for the Deaf and Hard of Hearing
- Updates & new services: Maine Center on Deafness, Community Counseling Center & more
- Interpreters: Signed and Spoken Languages - Interpreting in Child Protective Situations: DHHS Child Protective; Guardian ad Litem; Victor Vigna, Certified Interpreting; Greg Bernstein, AAG
- Deaf: Moving forward after the Heyday of Deaf President Now
- Oral Hearing Loss: Moving forward after a hearing loss: Kristine Dach, CCC
- Elder Care Service Providers: Hearing Loss in Elders – The Laws, The Practical, The Resources: Amy Sneirson, Civil Rights Director @ Maine Center on Deafness, Debbie DiDominicus, Southern Maine Agency on Aging, Leslie Bray, Family Caregiver @ Senior Spectrum
- Education: Changes in Early Intervention: Implications for Deaf and HoH Children 0-5: Karen Hopkins, ECFS, Louise Packness, SLP-CCC, Romy Spitz

As always, these conferences provide an excellent opportunity to network and come together as a learning community for the betterment of services. Funding is never a given, and the conference's future is always in doubt.

As mentioned above, in 2006 & 2007, this office personally directly TRAINED OVER 3,000 DHHS EMPLOYEES THROUGHOUT THE STATE ON LANGUAGE ACCESS, including access for people who are Deaf, hard of hearing, late deafened, or deaf/blind. Utilizing the American Bar Association's training techniques for adult learners, evaluations from the training participants, despite the mandatory nature of the training were overall quite positive:

“The training made me aware of the process necessary to assist our clients in need of such services, and made it easier to inform staff of their responsibilities, although many had not yet had the opportunity to receive the training.” RN, Riverview

VISUAL COMMUNICATION DAY was held at the United Technology Center in Bangor on May 11, 2004, and was attended by 29 participants, made up of 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. A summary of the evaluations of the day is included in the Appendix. A previous session

had taken place in Damariscotta in 2003; with the Bangor training the combined total of participants was 50.

MHSS: Mental Health Support Specialist Curriculum: The Technical Consultant on Deafness supported two Deaf candidates to become certified trainers of MHSS. The team worked closely with Christine Robinson, MH Training Coordinator, to adapt the MHSS curriculum to match the unique informational, linguistic, and cultural needs of Deaf Staff. The first “deaf-friendly” training to Deaf Agency staff taught by Deaf trainers in American Sign Language finally took place in the Spring of 2006. Motivational Services Inc, Mobius, Inc., and Goodwill Industries of Northern New England have been pivotal in this effort, allowing staff time to ensure that the team members meet regularly

“BECOMING COMMUNICATION PARTNERS WITH NON/LOW-VERBAL CLIENTS” training provided to 30 case managers and agency staff in Aroostook County working with non/low-verbal consumers, focusing on tools and strategies for interactive communication that afford a communication partnership between a more versatile and less versatile communicator. A similar training took place in March 2006 at Training Partners Inc. in Norway, Maine with the dual purpose of training staff to better communicate with consumers and providing tools and training to potential providers of NTC consultation services.

“PCP: USING INTERPRETERS AND VG ASSISTANTS” Training provided to 30 state and community case managers, and administrators regarding the use of interpreters and visual gestural assistants to ensure communication access during the Person Centered Planning process.

DHHS Children’s Services: Presented to the DHHS Team Leaders for Children’s Services and Region 2 Children’s Services Providers regarding communication access for deaf, hard of hearing, and hearing but non-verbal children.

In the fall of 2005, GOVERNOR BAXTER SCHOOL FOR THE DEAF ended their adult education sign language program. This also ended the 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.

Training for interpreters in specialized topics related to the Department’s work was held: INTERPRETING IN MEDIATION SETTINGS was held in Augusta in collaboration with Community Mediation Services. 40 sign language interpreters attended.

MENTAL HEALTH INTERPRETING, two 2-day trainings were held at SPRING HARBOR HOSPITAL IN SOUTH PORTLAND AND AT ACADIA HOSPITAL IN BANGOR, for 35 sign and spoken language interpreters. This workshop has always been popular, and will be offered again periodically in the future. Bringing together sign and spoken interpreters for training is an exciting new model here in Maine. These trainings could not have taken place without the assistance and support of the private hospitals and their staff.

The Office of Adults with Cognitive and Physical Disabilities contracts with Maine Center on Deafness to offer VISUAL GESTURAL TRAININGS to DHHS staff, contract agencies and clients’ families. The VGC classes are being taught by Darleen Winship, a Deaf woman, and are offered in

several locations throughout the state and are often full with a waiting list. Bangor, Lewiston, Rockland, Sanford (but because half of the state was underwater and without electricity, the Sanford class had to be postponed, but still took place), Caribou/PI and Augusta were training sites annually. Feedback on the trainings included: liked the social interaction, the trainer, the games, the visuals, learning from others, more insight on communication with clients.

In collaboration with the Maine Judicial Branch, training was provided to members of the Court Alternative Dispute Resolution Services, CADRES on use of interpreters in mediation and alternative dispute resolution. Trainings were held in Augusta and Bangor.

“It’s such an important area in which to educate our mediators, and you did a wonderful job in helping them understand the issues and learn best practices. I would be interested in discussing future training sessions for mediators and/or interpreters with you.”

Diane Kenty, Director, Court Alternative Dispute Resolution Services (CADRES)

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.

UNMET NEEDS AND ACTIVITIES PLANNED

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 creation of the DHHS Office of Immigrant and Multicultural Services, The Director will renew efforts to provide basic Deaf Awareness training to Child Protective, Adult Protective and Elder and Adult Services workers within the former 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 20TH ANNUAL DEAFNESS CONFERENCE is planned in collaboration with the many partners to help defray costs.

Continue to raise the possibility of consolidation of caseloads to match the Designated Deafness Specialist case managers within the mental retardation and child protective service systems 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 receiving DHHS 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.

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.

There is a void of services and supports for hard of hearing and late deafened folks, those who lost their hearing after acquiring language since the Maine chapter of Self Help for Hard of Hearing folded. We will provide continue to provide assistance and support to the Maine Chapter of the Association of Late Deafened Adults (ALDA) and anyone wishing to revitalize the SHHH chapter.

Camp Sign-A-Watha is sorely missed by clients as well. This office will continue to support fund raising efforts to allow camp to take place again. Lutheran Social Services is interested in taking the lead on Camp.

CONTINUE MONITORING LEGISLATION AND ASSIST IN COMMITTEE WORK:

LD 1055, AN ACT TO ESTABLISH THE HEARING ASSISTANCE PROGRAM FOR LOW-INCOME PERSONS WHO ARE ELDERLY OR DISABLED - This working group produced a report on the population of Maine elders who are low-income and need hearing aids, the consequences of not providing hearing aids, the cost of a pilot program to provide hearing aids, the existing resources for hearing aids for low-income seniors, and more. The Division of Deafness is awaiting an audience with the Legislature's Labor Committee to discuss its written report. It is unclear whether the original sponsor of this bill will push the bill forward after the report is heard in the Labor Committee.

LD 740, AN ACT TO PROMOTE THE SAFETY OF DEAF AND HARD-OF-HEARING DRIVERS - the Secretary of State agreed to add text notification to driver's licenses upon request.

LD 1901, A BILL TO ESTABLISH A DEAF AND HARD OF HEARING CHILDREN'S EDUCATIONAL BILL OF RIGHTS. This large working group worked throughout the second quarter with discussion and hard labor in between meetings. Participants included representatives from the Maine special educators' group, the Maine superintendents' group, the Child Development System, the Maine Educational Center for the Deaf and Hard of Hearing, the Maine Department of Education, parents, Maine Hands and Voices advocacy group, MCD, and others. Subcommittees will work on the 9 substantial issues delineated by the Legislature. MCD Civil Rights authored or assisted in writing at least 5 subcommittee reports/recommendations, each of which took substantial time and effort. The group plans to meet on January 10, 2008, and again on February 11, 2008 and submit its report to the Legislature thereafter.

BUDGET CHALLENGES include cuts in funding to all services, and Deaf Services are no exception. MCD'S CIVIL RIGHTS PROGRAM learned on December 18, 2007 that the Governor was curtailing the contract that MCD has with the DHHS for advocacy. This means that the Civil Rights Program will lose approximately \$42,500 in the upcoming fiscal year.

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 - 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 34-B MRSA 1218 . 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

Maine Deaf Professional participates 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
 DEEP TRAINING TO DEAF SERVICES 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.
 CULTURAL COMPETENCE TRAIN THE TRAINER attended nationally acclaimed week-long
 session to build networking opportunities and learn new training materials.
NEED HELP? 911 VS. CRISIS LINE guideline paper researched and will be translated into common
 languages, distributed with magnets at appropriate venues (see Appendix)
 ELIMINATING HEALTH DISPARITIES - contributed to Maine's report on barriers to health care
 services for 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.

2003

ASL CLASSES TAUGHT IN AMHI AND REGION 1
 DIRECT CARE CONFERENCE – presentations on structuring a visually-oriented environment
 VG INFO FOR ISCS – DAY-LONG 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

APPROVED

CHAPTER

MAY 02 01

12

BY GOVERNOR

P & S LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND ONE

H.P. 167 - L.D. 178

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

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

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

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

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

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

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

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

1-0338(4)

Title 34-B, Chapter 1, GENERAL PROVISIONS

§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).]

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).]

PL 1993, Ch. 519, §1 (NEW).

PL 1995, Ch. 560, §K24 (AMD).

Project Hope
Deaf Nicaraguan Teachers visit Maine to learn about Domestic Violence services
that can assist Deaf people.
Visit to Family Crisis Services office in Cape Elizabeth, 2004



Are you a Deaf person working with people with
mental illness or mental retardation?



This meeting is for you!

What? Open meeting for all Deaf MH/MR professionals to talk about:

- * work issues
- * training issues
- * the need for collaboration between agencies with deaf staff
- * training hearing staff to work with Deaf staff
- * increasing skills for job advancement
- * any other topic you want related to MR/MH issues

The meeting is ASL only and Deaf-to-Deaf. The goal is for members to exchange ideas, discuss topics, and brainstorm some ways to solve the problems that currently block Deaf from progressing in their field.

Where? Ground Round in Augusta, near Civic Center (bring \$\$ if you plan to eat)

future meetings will rotate to different cities, Augusta, Portland, Bangor

When? Date: January 11, 2004

Time: 5-7pm

If you have questions, contact:

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or Romy Spitz 874-5923 TTY Romy@tmail.com

Hope to See You There!

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Tuesday, November 22, 2005

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Supporting Deaf Employees group

Nov. 18, 2005

Attending:

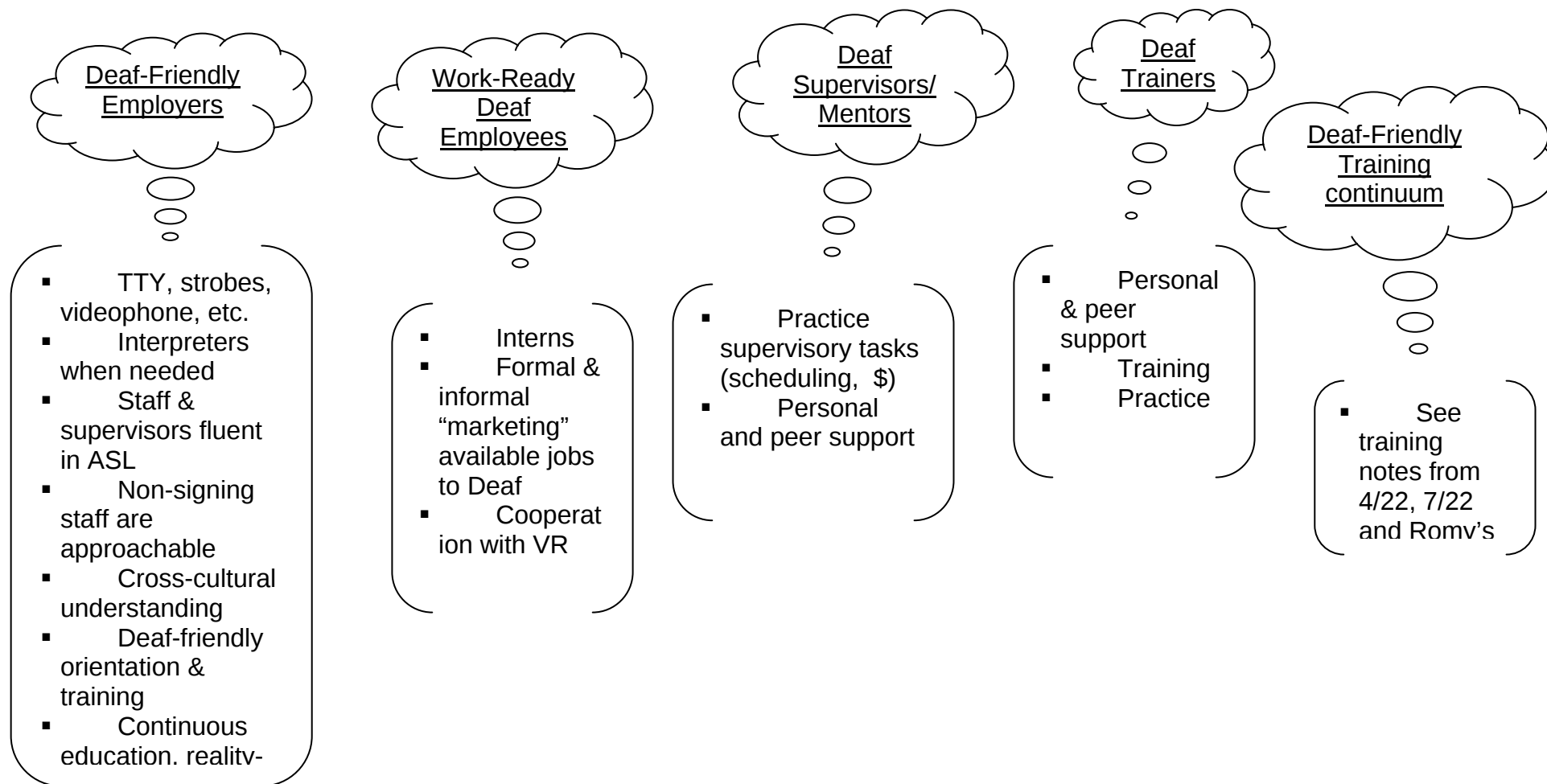
Paul Tabor, DHHS
Tracey Frederick, Lutheran Social Services
Meryl Troop, DHHS

Romy Spitz, Mobius, Inc.
Ken Olson, Lutheran Social Services
Rick Terry, Lutheran Social Services

1. Lutheran will be hosting a visit from Mark R. Prowatzke, Ph.D., President of the Mill Neck Deaf Services, a Lutheran affiliate in New York state. Mill Neck has several schools for Deaf as well as programs for adults with developmental disabilities.
2. Lutheran is working with Bruce Emerson, a signing substance abuse counselor, to offer counseling in ASL.
3. Discussion of what we've discovered so far through meeting together, and possible strategies for building on what we've learned. Some ideas are:
 - Graphic of the elements of supportive environments for Deaf employees (attached)
 - Mailing list of supervisors (Deaf and Hearing) and other key contact people (attached)
 - "Best Practice" Fact Sheet/brochure to be shared with Deaf employees and their supervisors. Paul will draft this.
 - Workshop for Deaf staff and supervisors at Deaf Services Conference. Tracey, Steve Green, Rick will plan this. Paul & Meryl letter of official support
 - Ongoing supervisors group, providing leadership training and support, assigned mentors. Tracey talk to Steve Green, Meryl look into BCA for funding.
 - Professional journal article on effective support for Deaf staff – Tracey, Steve, Romy?
 - Paul advocate for including costs of supporting Deaf staff in rate setting protocol
4. This group is not scheduled to meet again at this time, but participants are encouraged to keep in touch and collaborate to improve training opportunities for Deaf staff. Thanks to everyone for bringing their knowledge, experience and ideas to this effort.

Elements of Supportive Environments for Deaf Employees

Bi-Cultural, Bi-Lingual, Trauma-Informed



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 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

<http://www.nad.org/infocenter/newsroom/positions/mentalhealth.htm>

Maine's Deaf Mental Health Report Card:

- ☺ Continuum of community-based mental health services exists for adults
- ☹ No crisis or in-patient specialty services
- ☺ 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 available
- ☺ Annual conference, ASL & VG training provided; guest lectures at community colleges

Training Evaluation Summary

Topic: Visual Communication Information Day

Date: May 11, 2004

Location: United Technology Ctr., Bangor .

Presenter: Spitz, Troop, Cousins

Total # attending: 29 **total # evals returned:** 25

Please take a moment to rate this training from 0 (poor) to 5 (excellent):

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>Avg.</u>
1. The information will be useful in my work				3	6	16	4.52
2. The training was interesting				1	6	18	4.68
3. The presenter was prepared and knowledgeable					5	20	4.8
4. The training was well organized				1	4	20	4.76
5. The environment was comfortable				3	5	17	4.56
6. Overall, I would rate this training as...				1	5	19	4.72

Summary of comments

1. What benefits did you get from this session?

- Increased knowledge of resources [4] and VG vs. ASL
- 1) ideas to try with non-verbal, hearing child w/ MR to help him communicate & to share his style with others in his life. 2) knowledge of available resources
- Good overall review
- I was reminded that it is not about how I think the client should be communicating
- Reminder that I may be frustrated not understanding, but to someone who is trying to explain, it's worse
- Descriptions of services available and contacts for services [5]
- Better understanding of issues encountered by deaf consumers
- I learned some facts about VG that I can use
- Resource materials [3]. Introduction to new material. Increased comfort level to introduce at meetings
- Very informative, especially working with someone where I don't understand her way to communicate
- I didn't realize VG existed – I want to continue to educate myself
- Desire to learn more VG and ASL
- A full understanding of VG as it applies to my consumers and how I may pursue more knowledge about VG and ASL

2. What were the major strengths of the session?

- Interactive [2] various learning/teaching methods
- 1) outside-the-box ideas 2) hands-on demo 3) explanation of available resources 4) encouragement!
- Mike Cousins' VG presentation [8]. He doesn't make it easy – that's how I learn the best
- Very well presented
- Presenters were enthusiastic and interesting [2]
- Presenters' vast knowledge of the subject [3]
- Informal. Speakers were fun to listen to and watch
- Romy's information [2] was great
- The NTCC 'Whats' and 'Hows'
- How VG works, where to go for help. How much communication means to the disabled
- Romy and Mike [2]
- Video examples
- Romy's PowerPoint and Serena's Community Resources

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

- Get a better videotape of Earl
- More chances to learn about all of this. This was a wonderful start
- Romy is soft-spoken, and it was hard to hear her
- More hands on
- None- it was perfect!
- Shorter segments, longer demos, more group involvement
- Actually doing VG was not informative and was not useful
- Applications that can be generalized to the severe and profound populations

4. Other comments:

- Excellent. Thank you
- Thank you! [4]
- Worthwhile training
- This is great. Makes me think quite a bit. Thanks
- Excellent program
- I just have a greater perspective after this class on how to communicate better
- More trainings!
- Very well presented. Enjoyed the role play and participation
- I really enjoyed the demonstrations
- Volunteers should be asked to participate, not pointed out to participate [2]
- Great lunch. Thank you, Mobius and BDS
- I did not appreciate having no choice of sandwich. When I asked for a substitute I was told "No" in an unsympathetic manner. I do not care for onion rings, either. It was a high fat lunch, though well prepared and the waiter was very nice



State of Maine

Department of Behavioral and Developmental Services

Edmund S. Muskie School of Public Service
Institute of Public Sector Innovation
The Center for Learning
295 Water Street
Augusta, ME 04330



UNIVERSITY OF
SOUTHERN MAINE

*The Maine Department of
Behavioral and Developmental Services
16th Annual Deaf Services Conference*



Tending Our Garden



June 4, 2004
Ramada Inn
Lewiston



Co-sponsored by:

The Maine Department of
Behavioral and Developmental Services in collaboration with the
University of Southern Maine, Muskie School, Center for Learning

Overall Learning Goals and Objectives

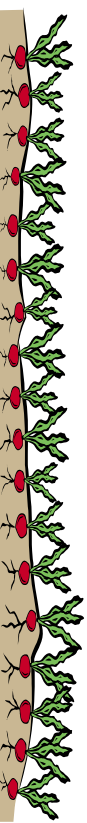
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Participants will learn basic information regarding the experience of deaf individuals and deaf culture. Participants will learn how to recognize the need for and advocate for the most culturally and linguistically appropriate services consistent with local resources for deaf and hard of hearing clients.



Participants will learn about the impact of different levels of hearing loss on children's psychological development. Participants will also learn to distinguish between mental health issues common to all children versus those that are specific to deafness.



Participants will learn what kinds of collateral services might be appropriate for deaf, hard of hearing, and late deafened adults and how to access these services. Participants will be supplied with a local/national_resource guide to these services.

On-line access:

State employees - Listed on your intranet
Others - www.cfl-muskie.org

AGENDA

8:00 Registration & Breakfast

9:00 Welcome, Announcements and Awards—

Meryl Troop, Director BDS Office Deaf Services and Multicultural Diversity

9:30 Tending Our Garden—Regan Thibodeau—

10:00 Break

10:15 Keynote—"Horizontal Violence" - Linda Russell

12:00 Lunch on your own

Display Tables & Networking

1:30 Workshops

A. Working with Deaf and Hard-of Hearing Children in these Economic Times

B. Working in the Field of Mental Health *(Session in ASL Only)*

C. Consumer Perspectives for Interpreters

D. Casework with the Deaf or Hard of Hearing Adult Consumer
(Session will be in English & C-Print)

E. Ice Storm, Flood, 9/11, Terrorism—Disaster Preparedness for Deaf Programs

Presenters

- Susan Brule, CI, SC:L, Interpreter
- Kristine Dach, Community Counseling Center
- John Dunleavy, Alpha One
- Rod MacInnes, Vocational Rehabilitation Counselor for the Deaf—Department of Labor
- Jennifer McCann, LCSW – Community Counseling Center
- Linda Russell, Wisconsin Department of Health & Family Services, Mental Health and Substance Abuse Services, Social Services Specialist for the Deaf and Hard of Hearing
- Ralph Sprague, MA PA
- Regan Thibodeau, CDI
- Lori Tully, LCPC, CRC – Goodwill Industries of Northern New England
- Panel of Deaf staff working in MH/MR fields.

Chicken Soup for the Deaf Service Provider's Soul

June 30, 2005 University of New England 'Westbrook' Campus, Portland, Maine



- 8:00 **Registration, coffee, displays and networking**
9:00 **Welcome:** *Meryl C. S. Troop, DHHS Deaf & Multicultural*
John R. Nicholas, Commissioner, DHHS
Ellen Beaulieu, Dean UNE College of Health Professions
9:30 **Chicken Soup for the Deaf Service Provider's Soul**
Bruce Munro-Ludders, Community Counseling Center
12:15 **Lunch, Displays, Networking:**

So nu? Chicken Soup, Chicken Salad & fixings, Veggie Options

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

- **Interpreters: Interpreting for Visual Ways of Being Ben Bahan** (ASL, no interpreters) Objectives: Able to demonstrate an English to ASL interpretation culturally and conceptually accurate for a visual way of being & able to articulate visual way of being to hearing non-signers.
Interpreter session will run from 1:15 to 4:15!!
- **Deaf: Deaf-Friendly Training: Confidentiality, HIPAA & Reportable Events** *Morag MacDonald*
(ASL, no interpreters)
- **DHHS & Contract Providers: Avoiding Hot Water** Learning How to Comply Can Be Fun! DHHS Communication Access Policy & Contract requirements *Jennifer McCann, CCC*
Hip Deaf – new ways for phone contact *John Dunleavy, Alpha One*
Matching luggage: What Baggage do Deaf & Hearing People Bring to Interactions? *Larry Taub Ph.D., GBSD (Session interpreted)*
- **Already work with Deaf - Savvy: Beyond Basic Soup** Hearing provider's role in mediating the deaf consumer's world contacts – *Lisa Southwick, UNE (C-print, no interpreters)*
- **Substance Abuse & HIV/AIDS Providers: A Recipe for Prevention** Exploring cultural nuances of prevention & service provision to deaf and hard of hearing people *Toby Perlman, Ph.D.*
(session interpreted) Sponsored by Maine Center on Deafness

Directions: <http://www.une.edu/directions/index.html#westbrook>
UNE Ludcke Auditorium, 716 Stevens Avenue, Portland, ME 04103

Sponsors: Department of Health and Human Services and University of New England College of Health Professions, Northeastern University Interpreter Education Project, U.S. Department of Education Rehabilitation Services Administration, Interpreter Training Program Grant #H160A000020. In-kind support from Community Counseling Center, Governor Baxter School for the Deaf, Hamilton Communication, Maine Center on Deafness, Maine Medical Center, Maine Registry of Interpreters for the Deaf (RID CMP and ACET), Mobius Inc.

Cost: FREE- Includes breakfast, lunch, materials and CEUs. **But you MUST pre-register or no soup for you!** No Walk-ins, please. If you register, do attend, as you will be counted in the food we pay for.

CEUs for Social Workers, Substance Abuse Counselors, Teachers applied for; Maine Interpreter Licensees and MHRT/C students will be awarded certificates of attendance for 6 Contact Hours. MERID is an approved RID CMP sponsor for Continuing Education Activities. This workshop is offered for .6 CEUs Professional Studies at the some – extensive knowledge level.



Communication Access: Sign Language-English interpretation will be in morning sessions and at the “Hot Water” session. C-Print Services (typed English projected onto a screen) in morning sessions and at the “Beyond Basic” session in the afternoon. Assistive Listening Devices available.

For your comfort, please dress in layers – there is air conditioning, but ...

PR material can be placed on a shared information table.

Après Conference visit the UNE Art Gallery on campus, free and open ‘til 7. Now showing: **Recent Acquisitions to the Permanent Collection**
<http://www.une.edu/artgallery/current.html>

19th DHHS Deaf/Hard of Hearing/Late Deafened Conference:

You Can't Go Home Again

Accepting and Embracing Change

June 29, 2007

Colby College, Waterville, ME

- 8:30 **Registration, coffee & snacks, displays and networking**
- 9:00 **Welcome:** *Meryl C. S. Troop, Language Access and Deaf Services,
Noël Bonam, Director, Maine Office of Multicultural Affairs*
- 9:30 **Accepting and Embracing Change:**
*John Shattuck, Director, Division of Deafness, Dept. of Labor
Larry Taub, Ph.D., Superintendent of the Maine State Educational Center for
the Deaf and Hard of Hearing*
- 10:45 **Break & Welcome back to your seats YOGA**
- 11:15 **Updates & new services:**
Maine Center on Deafness, Community Counseling Center &...
- 12:15 **Lunch, Displays, Networking**
- 1:30 **Concurrent workshop sessions (choose one)**
- ♦ **Interpreters:** Signed and Spoken Languages
Interpreting in Child Protective Situations
DHHS Child Protective; Guardian ad Litem; Victor Vigna, Certified
Interpreting; Greg Bernstein, AAG
 - ♦ **Deaf:** (ASL, no interpreters)
Moving forward after the Heyday of DPN
 - **Oral Hearing Loss:** (C-Print & interpreters)
Moving forward after a hearing loss: *Kristine Dach, CCC*
 - ♦ **Elder Care Service Providers:**
Hearing Loss in Elders – The Laws, The Practical, The Resources
*Amy Sneirson, Civil Rights Director @ Maine Center on Deafness
Debbie DiDominicus, Southern Maine Agency on Aging
Leslie Bray, Family Caregiver @ Senior Spectrum*
 - **Education:** Changes in Early Intervention: Implications for Deaf and
HoH Children 0-5: – *Karen Hopkins, ECFS, Louise Packness, SLP-CCC,*
Romy Spitz,    
- 4:00 **Evaluations, CEUs, and Adjourn**

Sponsors: Colby College; Maine DHHS Offices of Multicultural Affairs, Mental Health, and Elder Services; Maine DOL Division of Deafness; Sorenson; Mobius Inc; Maine Registry of Interpreters for the Deaf; Community Counseling Center; Maine Educational Center for Deaf and Hard of Hearing; Certified Interpreting

Free thanks to DHHS Mental Health & MeRID! Includes light breakfast, lunch, materials and CEUs. **You MUST pre-register!** No Walk-ins, **please**. If you register, do attend, as you will be counted in the food order.

CEUs for Social Workers, Substance Abuse Counselors, and Teachers applied for; Maine Interpreter Licensees and MHRT/C students will be awarded certificates of attendance for 6 Contact Hours. MeRID is an approved RID CMP sponsor for Continuing Education Activities. This workshop is offered for .6 CEUs Professional Studies at the same – extensive knowledge level.

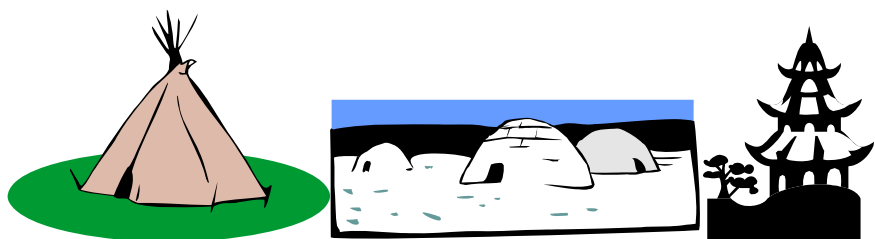


Communication Access: Sign Language-English interpretation will be in morning sessions and at selected afternoon sessions. C-Print Services (typed English projected onto a screen) in morning sessions and at the Oral Hearing Loss session in the afternoon. Afternoon 'Deaf' session in ASL only until the break, when Oral Hearing Loss and Deaf sessions combine. **Assistive Listening Devices** available for loan at the registration table.

For your comfort, please dress in comfortable layers – there is air conditioning. Massage for \$1/minute and free **Yoga** for those who wish.

Fliers, Brochures, Job Announcements, etc can be placed on a shared information table – bring them along.

Bring old hearing aids & assistive listening devices – donate them to be refurbished and re-used by people who can't afford hearing help. Thank you!





18th Maine DHHS Deaf Services Conference:

Coming of Age, Claiming our Power

June 30, 2006

**Luther Bonney Hall & Abromson Center
USM, Portland ME**

8:00 Registration, coffee & snacks, displays and networking

9:00 Welcome: *Meryl C. S. Troop, Language Access and Deaf Services
Maine Office of Multicultural Affairs*

Wayne Cowart, Chair, USM Department of Linguistics

**9:30 Coming of Age: Dare to Dream – Leadership,
Volunteerism and Self Determination**

Mark Prowatzke, Ph. D., Mill Neck Family of Organizations

10:45 Break & Welcome back to your seats YOGA

11:25 From Vision to Action: The Healing Labyrinth
Kathy Wooten

12:15 Lunch, Displays, Networking:
Euro-Baguette Buffet

1:30 Concurrent workshop sessions (choose one)

♦ **Interpreters:**

Interpreting Assessments – *Steven Hardy-Braz, Psy.S., NCSP*

♦ **Deaf:** *(ASL, no interpreters)*

Aging, Ourselves and Caring for Aging Consumers – *Morag MacDonald, RN, MSW*

♦ **DHHS & Contract Providers:** *(C-print, no interpreters)*

Understanding Hearing Loss: Testing hearing loss, what hearing loss means, how can you help – *Eileen Peterson*

• **Already work with Deaf - Savvy:**

Strategy and Excitement: Where do we go from here? Walk the Labyrinth! Predicting & getting excited about what we need next – *Larry, Bruce, Mark, Lisa, Steve, Michael and YOU*

4:00 Evaluations, CEUs, and Adjourn



Sponsors: Maine Department of Health and Human Services, Mental Health Services and Office of Elder Services; University of Southern Maine Department of Linguistics; The Foundation for Maine's Deaf and Hard of Hearing Children, Lutheran Social Services, Maine CITE, Maine Registry of Interpreters for the Deaf (RID CMP and ACET), Mobius Inc, Pop-Pics (Martin McDonough, The Labyrinth Guy) and Sorenson. THANK YOU, ALL.

* Mr. Prowatzke has generously donated his speaker fee to a Deaf family in need, through the Foundation for Maine's Deaf and Hard of Hearing Children.

Free, thanks to Mental Health Services, DHHS! Includes light breakfast, lunch, materials and CEUs. Thank you for pre-registering AND attending, as you will be counted in the food we pay for.

CEUs for Social Workers, Substance Abuse Counselors approved; Teachers, Maine Interpreter Licensees, MHRT/C students and DSPs will be awarded certificates of attendance for 6 Contact Hours.

MERID is an approved RID CMP sponsor for Continuing Education Activities. This workshop is offered for .6 CEUs Professional Studies at the some – extensive knowledge level. RID CEUs and ACET must sign the RID Scantron bubble sheets at the end of both the morning AND afternoon sessions.



Communication Access: Sign Language-English interpretation will be in morning sessions and at 2 afternoon sessions, Interpreters and Deaf Savvy. C-Print Services (typed English projected onto a screen) in morning sessions and at the DHHS & Contractor session in the afternoon. Afternoon 'Deaf' session in ASL only. Assistive Listening Devices available for loan at the registration table.

Be comfortable. Hope you dressed in comfortable layers – there is air conditioning, but ... We have **yoga/movement** as well as a Labyrinth Walk for those who wish ... **chair massages are available at \$1/minute.**

PR material has been placed on a shared information table. Help yourself! Schmooze, learn, look for job openings, place your resume or business card.

Expanding Opportunities for Workers with Disabilities

Working Together News

A newsletter about Maine's efforts to increase work opportunities for people with disabilities

September 2007

Spotlight on Workers



Judith and Duane have been married for six years. Both have disabilities, including deafness, and both work. Judith is employed at a steakhouse on the busiest nights of the week — Friday, Saturday, and Sunday. She does prep-work, such as rolling silverware in napkins. Judith likes earning a wage but especially enjoys the camaraderie of her fellow co-workers. Duane, an accomplished artist, works a five-day-a-week, part-time schedule. Like Judith, he is in the food service industry — clearing and cleaning tables and putting away dishes.

The Portland office of the Division of Vocational Rehabilitation (DVR) was instrumental in helping Duane and Judith on the path to employment. About the time that they married, a job developer at DVR found Judith the position at the steakhouse. They provided job coaching and sign language interpreting — essential to getting Judith trained for her new job.

Having a job coach on site was important to Duane as he trained for his job in a hospital cafeteria. Because Duane has difficulty communicating with hearing people, he had no way of finding or training for a job without the assistance of a coach and interpreter. Like his wife, Duane takes pride in his job and enjoys and values his relationships to co-workers. He does his best to keep positive relationships with those he works with.

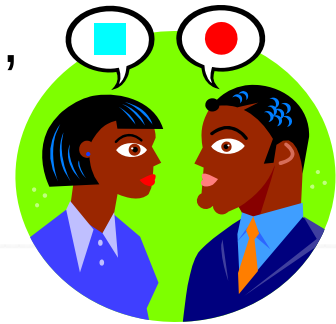
Both Duane and Judith are committed to working hard and both find satisfaction from their work experience. "If you like to be kept busy and enjoy people, a job can be wonderful," Judith said.

<http://choices.muskie.usm.maine.edu/newsletter/2007-09.html>

Interpreting in Mental Health Settings

Mental Health Settings For Signed and Spoken Language Interpreters

The Acadia Hospital,
Bangor, Maine
March 24 & April 14, 2007



For Interpreters who:

1. Have completed a basic interpreter training or permission of instructor. Sign Language interpreters must be licensed.
2. Be available to work as an interpreter for mental health treatment services.
3. Have desire to increase knowledge and skills in the areas of interpreting mental health and cross-cultural communications.

Sponsored by:

Maine Office of Multicultural Affairs, DHHS
and The Acadia Hospital
with AMIT, MeRID, Bangor Interpreting Agency, Integrated Interpreters Inc.

Faculty & Consultants:

Dr Paul Tisher, Psychiatrist, Medical Director, The Acadia Hospital
Brent Scobie, LCSW, CCS, Director of Substance Abuse Services at Acadia
Rick Redmond, LCSW
Dan Johnson, LCPC, Specializing in Child and Adolescent Trauma Treatment
Meryl Troop, Nationally Certified Sign Language Interpreter; Language Access & Deaf Services
Coordinator, Department of Health and Human Services



Interpreting in Mental Health Settings
For Signed and Spoken Language Interpreters
The Acadia Hospital, Bangor, Maine

Program in the Penobscot Room

March 24, 2007

- 8:30 Registration and Continental Breakfast
- 9:00
- Welcome and Introduction**
- 9:30 **Mental Health System in Maine** – Meryl Troop
- BREAK
- 10:30 **Mental Health Professionals: Roles & Responsibilities**
– Dr Paul Tisher, Medical Director, The Acadia Hospital
- 11:30 LUNCH (Hospital Cafeteria suggested)
- 12:30 **Substance Abuse: The 700** – Brent Scobie, LCSW, CCS,
Director of Substance Abuse Services at Acadia
- BREAK
- 1:30 **Tour of Hospital**
– Susan Cullen, RN MSN, Director of Education Service
- 3:00 **Interpreting Exercises** - Participants, Led by Meryl Troop
- 3:45 Wrap-Up; Homework assignment
- 4:00 ADJOURN

April 14, 2007

- 8:30 Continental Breakfast & Check-in
- 9:00 **PTSD and Intergenerational Trauma** – Dan Johnson
- 10:15 BREAK
- 10:30 **Bridging Cultural Differences** – video and discussion
- 11:45 LUNCH (Hospital Cafeteria suggested)
- 12:45 **Psychiatric Evaluation & MH Diagnoses** - Rick Redmond
- 1:15 **Interpreter Resources** – Meryl Troop
- 1:45 BREAK
- 2:00 **Ethics: Scenarios, Role-plays, Consumer Perspective**
- 3:30 Q&A, Wrap-Up, Quiz, Evaluations
- 4:00 ADJOURN

Interpreting in Mental Health Settings
for Signed and Spoken Language Interpreters
The Acadia Hospital, Bangor, Maine

ψ **Objectives:**

1. To increase knowledge and skills in the areas of mental health and interpretation.
2. To gain familiarity with interpreting for clients undergoing mental health and substance abuse treatments.
3. To identify and define cultural nuances in the interpretation of sensitive and confidential materials.
4. To improve ability to work with clients and professionals in mental health and substance abuse settings.
5. To identify how to incorporate cultural perspectives on mental illness and seeking treatment into the interpretation.

ψ **Tuition:**

This course is offered for the minimal charge of \$20 for both days and includes beverages and light snacks, course materials and certificate of completion. Tuition fee is non-refundable, but may be transferred to another qualifying interpreter.

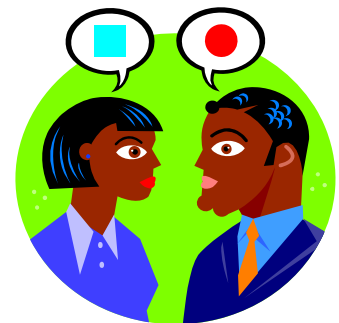
Sign Language interpreters: This course is offered for RID CMP and ACET in Professional Studies, Intermediate for 1.1 credits through MeRID which is an approved sponsor for Continuing Education Activities. Maine licensure contact hours = 11.

Lunch will be on your own; hospital cafeteria offers a large selection at reasonable prices. You are also welcome to bring your lunch, microwave available.

ψ **Application:**

Please complete the attached application, with a check for \$20.00, no later than March 16, 2007 and return to:

Stephanie Partridge
The Acadia Hospital
Stillwater Ave
Bangor, ME 04401
scullen@emh.org



MAKE CHECKS PAYABLE TO: The Acadia Hospital

A Gathering of Case Managers Working with Signing and VG Clients

October 11, 2007

DHHS Office, 91 Camden St. Rockland
above Bookland



For CASE MANAGERS such as:

MH case managers, Community integration specialists, MHRT/C

MR/DD community case managers, ISCs

Special Ed case managers and transition specialists

Children's services case managers

RCDs and VR counselors

Adult Protective Case Managers // WHO WORK WITH SIGNING/VG CLIENTS

9:30 Arrival, check in, networking, displays

10:00 Welcome, Introductions including agency info

10:30 Maine Signing Services as a System – the State of the State

Case Management – what flavor are you?

Map of Maine – where are the clients, where are the agencies

Unmet needs – what do you struggle with?

11:30 Doing More with Less: How to prevent Case Management Burnout

12:00 Lunch provided, Harvest Bounty, with veggie options

1:00 Equipment Show and Tell: Kick the Tires

Groovy new hearing aids, cap tel uses you never imagined before,

VRS in state offices or via videoconferencing??, HCO phones,

What the heck is a boom mike?

2:00 Case Studies: VR/substance abuse, transition age, homelessness, MH/MR

3:00 Adjourn, CEUs and Certificates of Attendance

Rockland District Office

91 Camden Street

Rockland ME 04841

Phone: (207)596-4200

Toll free: (800)432-7802

Fax: (207)596-4331

TDD: (800)606-0215

Sign language interpreters will be provided. All communication modalities will be respected.

Social Work CEUs have been applied for.



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0 I will be able to attend. Please register me.

Enclosed is some information about me/my agency and the services I/we provide.

Name _____

Agency _____

Email _____

What type of case management do you provide? _____

As case manager serving signing and VG clients:

0 What I struggle with is (this will be de-identified when presented to the group):

0 I have a tough case I would like group discussion on. Please contact me for de-identified case synopsis so the group can consult.

Phone or text _____

0 I will bring display material about my/my agency for a table

PLEASE collect used hearing aids (year-round!) and bring to this event. We will donate them to the Warren Center

Mail to:

Romy Spitz romy.spitz@maine.gov or DHHS 175 Lancaster St. Portland 04101

FAX: 207-822-0295

Questions??? Romy romy.spitz@maine.gov or Meryl Troop meryl.troop@maine.gov



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CUMBERLAND COUNTY COURTHOUSE
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October 30, 2006

PRESS RELEASE

—For Immediate Release—

Chief Justice Leigh Saufley of the Maine Supreme Judicial Court, has named Beth Stickney and Meryl Troop as co-recipients of the Judicial Branch Volunteer of the Year Award. The recipients were recognized for their outstanding efforts to assist the court system in its work to improve access to the courts for those with Limited English Proficiency.

Beth Stickney is the Executive Director of the Immigrant Legal Advocacy Project. In that role, she has become very familiar with the difficulties that immigrant members of the community can have in dealing with the legal system because of language barriers. She has worked tirelessly with the Limited English Proficiency Task Force to establish procedures and policies, and to develop training materials, to assist Judges and Clerks in working with those persons who are limited in their ability to communicate effectively using the English language.

Ms. Stickney chaired the Committee that published a report, in January of 2005, which contains numerous recommendations for improvements in meeting the needs of non-English speaking persons. Since then she has been an active member of the committee that is implementing those recommendations.

Meryl Troop is the Director of the Office of Deaf Services and Multi-Cultural Diversity for the Department of Health and Human Services. As an American Sign Language Interpreter, she has spent many hours in the State's Courthouses and is familiar with court procedures and the issues that affect members of the

deaf and hard of hearing community. Ms. Troop is also a member of the Task Force on Limited English Proficiency, which is currently developing recommendations to the State's Supreme Judicial Court.

In making the presentations Chief Justice Saufley noted that, "Ms. Stickney and Ms. Troop have served as experts and advocates who have been extraordinary in their willingness to spend many hours creating draft documents and procedures to assist Judges, Clerks, and other Court Staff, in addressing the goal of access to the courts. Their efforts have been invaluable to the improvements that are being made.

The Outstanding Volunteer of the Year is awarded to that person or program who, in a voluntary capacity, assists the Judicial Branch in fulfilling its mission of administering justice by providing an accessible, efficient, and impartial system of dispute resolution. Beth Stickney and Meryl Troop have met that criteria, making a substantial contribution of their time and expertise to the benefit of all of those seeking access to Maine's Court System. The Judicial branch is indebted to these two dedicated individuals for their hard work in this most important area.