

DEAF SERVICES  
A BIENNIAL REPORT TO THE MAINE LEGISLATURE  
DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES  
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\*This visual overview of the accomplishments of the reporting period contains fliers for the workshops and conferences held, announcements of specialized services offered, Deaf Culture Week posters, Camp Sign-A-Watha information and PL 519.

## **EXECUTIVE SUMMARY - HIGHLIGHTS OF THE PERIOD COVERED**

### **2000**

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

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

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

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

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

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

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

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

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

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

### **2001**

BDS COMMUNICATION ACCESS POLICY DEVELOPED AND IMPLEMENTED.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NON-TRADITIONAL COMMUNICATION ASSESSMENTS AND CONSULTATION BECAME MEDICAID WAIVER REIMBURSABLE

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

**ONGOING LEADERSHIP IN THE FOLLOWING GROUPS:**

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

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

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

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

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

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

## **DEFINITIONS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## DEMOGRAPHICS

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

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

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

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

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

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

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

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

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

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

### RECEIVING BDS SERVICES IN MAINE:

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

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

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

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

Of the 786 **AMHI Class members included in this census, 35 persons (4.4%) are hearing impaired.** (The Maine Adult Mental Health Client Census: A Descriptive Analysis, Prepared by David Lambert, Ph. D. for the Maine Department of Mental Health and Mental Retardation, August, 1991)

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

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

## **CURRENT SYSTEM DESCRIPTION**

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

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

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

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

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

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

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

**Accommodations to existing services:** The chronic shortage of service providers who can communicate with Deaf persons using sign language, and the low numbers of deaf individuals with any given special need in any given geographic locality requires that a number of accommodations be made to mainstream (hearing) services in order to serve this population. For the Deaf Community, accommodation means:

- Communication accessibility,

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

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

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

**Departmental/Internal:**

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

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

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

The Director, Office of Deaf Services is the Chair of the BDS DIVERSITY TEAM, and has become a trainer in the National Coalition Building Institute’s Prejudice Reduction Workshop. A 4-hour version of this workshop has been presented with a co-facilitator to a wide variety of BDS

BDS staff. While not specifically focusing on Deaf issues, the workshop provides opportunities for participants to examine their own beliefs and prejudices about differences and similarities, including “ableism” (the belief that it is far better to be “able” than disabled, and that people with disabilities are “less than” and have inherent limitations). Materials from the Deaf Services Library are showcased on a display table in the room.

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

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

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

To date, 470 ASSESSMENTS HAVE BEEN CONDUCTED to determine whether the individual uses, or has the potential to learn to use, sign language and/or visual gestural communication. In some cases, following extensive interviews with the Individual Service Coordinator and residential staff it is determined that the person does not meet the criteria for needing signing services due to the fact that they prefer to communicate via speech or a graphic device, or are profoundly impacted by MR and would not benefit. Individuals who appear to be able to use or learn some kind of signed or gestured communication receive a second, intensive one-on-one assessment that examines their use of gesture and signs. This formal assessment is extensive examining everything from vocabulary for single signs or gestures, to gesture combinations (either with other gestures or with speech), to ability to convey sentence-level information specifying at a structural level “who did what to whom”, to conversational abilities. Each of these intensive assessments is described in a report that includes information on the person’s preferred communication style, communication abilities, and communication and psychosocial

psychosocial communicative needs.

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

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

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

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

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

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

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

Based on the assessment recommendations, 68 individuals have been identified as being able to benefit from the use of a sign language interpreter at important meetings such as Person Centered Planning Meetings, doctors visits, and guardianship determinations. 145 individuals who use sufficient signed or gestured communication were identified as able to benefit from a psychosocial Peer Support Group where communication is visually accessible. Through these groups, consumers will be able to participate in a variety of learning, social, and recreational activities while working to improve their communication abilities. For more than 200 consumers, there is a recommendation that staff be trained to use visual gestural communication (a communication mode based on natural gestures) in order to communicate more effectively with consumers experiencing barriers to communication.

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

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

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

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

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

**Interdepartmental:**

Throughout the reporting period, the Director participated in meetings with representatives of the Departments of Human Services and Labor and in order to better coordinate the state's response to the requests for services made by SAFER PLACE, a group of survivors of abuse at the Governor Baxter School for the Deaf and the professionals and friends who support them. BDS created a mechanism for providing mental health counseling at no out-of-pocket expense to the survivors, and LD178 (see appendix) was enacted requiring ongoing mental health services for this population. The Department of Labor assists with transportation and child care expenses if necessary. The Director attends Safer Place meetings and related legislative hearings on a regular basis. BDS, DOL, and DHS have also collaborated closely with the Governor Baxter

School for the Deaf to assist in upgrading the training to staff and students about safety, mandatory reporting, and abuse.

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

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

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

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

### **Residential and Supports:**

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

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

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

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

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

Motivational Services, Inc. (MoCo) administers an assisted living residential program, SUNRISE HOUSE. The Sunrise House provides residentially based mental health rehabilitation services to 5 Deaf persons, 4 of whom had been institutionalized for long periods of time and have intensive mental health support needs. The fifth person filled a vacancy in the program created when one of the original consumers "graduated" to a lower level of support, described under the segment on Community Support and Case Management.

Four of the current residents are class members of the AMHI Consent Decree; one of the four is also a Pineland Center Consent Decree class member. Sunrise House transitioned from a group home on the grounds of AMHI to community apartment building in 1997. The apartments, all under one roof, provide common space for staff offices, group and individual rehabilitation services. One example of the rehabilitation focus of these services is a seemingly small but important change: from serving group meals to helping people prepare meals in their own

kitchens. Each resident can now choose if they want to eat alone or invite guests (other residents, friends, family, etc) to their home for meals. The program does, with resident involvement, plan and offer group meals around special occasions. The Sunrise House employs and trains all staff to be able to communicate in American Sign Language in order to enhance service delivery.

#### MOTIVATIONAL SERVICES COMMUNITY SUPPORT AND CASE MANAGEMENT

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

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

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

#### **Clinical:**

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

Each of the 6 clinical positions is able to carry a caseload of up to 20 clients and run support groups addressing a variety of specific topics. Unfortunately, it is extremely difficult to fill such

positions, as there are few schools training future clinicians to meet this need, and Maine is competing against all other programs nationwide to attract the few graduates. The position in Bangor at COMMUNITY HEALTH AND COUNSELING SERVICES has been vacant for almost the full reporting period; one position is insufficiently funded to attract a qualified applicant. The clinician at YOUTH AND FAMILY SERVICES has been out on medical leave for a year and is only now able to return to work part time.

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

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

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

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

### **Case Management:**

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

1. Community Counseling Center, Portland (1 FTE)

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

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







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

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

**Outreach:**

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

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

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

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

#### SERVING INDIVIDUALS WITH MENTAL ILLNESSES, MENTAL RETARDATION AND SUBSTANCE ABUSE ISSUES IS A PRIORITY OF THE CIVIL RIGHTS PROGRAM.

Working relationships are maintained with Goodwill Industries and Community Counseling Center in Portland, Motivational Services in Augusta, Youth and Family Services in Skowhegan and Alpha One in Portland and Bangor, referring individuals with civil rights problems to MCD on a regular basis. Several of the Peer Support Group (individuals who are deaf and have mental retardation) participants have been referred to the Civil Rights program for individual advocacy.

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

MCD uses a variety of strategies to represent clients including mediation, negotiated settlements and formal complaints with the Maine Human Rights Commission, the Office of Civil Rights, the Department of Justice, the Equal Employment Opportunity Commission and the Department of Education. Individuals call on the phone for assistance as well as physically come to MCD. MCD is committed to serve people's immediate needs even though this often interrupts addressing the pressing problems and clients to whom they are already committed. The D/deaf community has many more needs than MCD can effectively address. Resources are limited and the problems that the D/deaf community faces are vast.

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

- Lack of interpreters in a variety of situations including doctor appointments and with other public accommodations such as lawyers, banks, credit agencies and insurance companies;
- Discrimination by government entities such as the jails, courts, schools, police departments state agencies and towns' public assistance programs, problems with day and residential programs for deaf people with mental retardation;

- Job concerns;
- School issues; and
- Housing issues, especially the need for visual fire and safety alarms and doorbells.

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

**Psychosocial/Recreational:**

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

Peer Support Group is not simply social activities. It’s not just Bingo and bowling. Clients are, perhaps for the first time in their lives, in an environment in which all communication is accessible to them – visual, and adapted for varying cognitive levels. While the client may be the only signer in his/her home programs, this is an environment with true peers. Social interaction among peers, rather than dependence on staff, is encouraged and fostered. For some, this means developing eye contact with others, for others, appropriate turn-taking skills in conversation, and for others, it is finally having someone explain the events of September 11 in a way that is understandable. Staff are exposed to a deaf-friendly, consumer –focused signing/gesturing environment, and learn new ways of interacting with the consumers through the modeling of the leader and the deaf staff from the specialized programs.

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

At the request of one woman who is deaf, a survivor of abuse at GBSD, and has borderline MR and Multiple Sclerosis, a TRIP TO FLORIDA was organized through Maine Center on Deafness. In February of 2001, a total of five clients (all with multiple handicapping conditions) and six

and six staff rented a wheelchair-accessible condo and two vans to enjoy the sights of Orlando: Disney World, Universal Studios, and sandy beaches. For many, it was the first time flying in an airplane. Those who went on the most hair-raising roller coasters had the biggest smiles.

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

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

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

In 2000 there were 53 "campers" and 58 in 2001, many of whom live in communication isolation as the only deaf or signing person in programs scattered throughout the southern half of the state. Approximately 10 campers from Massachusetts also attend, as this is a one-of-a-kind camp. They all enjoyed events such as tie-dying camp T-shirts, arts and crafts, picture bingo, juggling lessons and performances, TTY and FAX training, computer games, swimming, fishing, boating, driving a golf cart (WOW, was that a hit!), and a bon fire/marshmallow roast; and were able to fully participate in every barrier-free event. A staff-in-training program affords students at the Governor Baxter School for the Deaf, as well as hearing students with an interest in signing and social work, an opportunity for meaningful community service and exposure to the social work field as a potential vocational option. A "Helper" category of staff allows deaf individuals with mental health issues or mental retardation work to his/her capacity with supports while still benefiting from the camp environment. Visual Gestural Communication was a key element in staff training and modeled in many interactions by those who have taken VGC classes in Maine.

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

**Day Services:**

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

**Interpreters:**

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

There is shortage of qualified sign language interpreters of crisis proportions in Maine as well as nationally. The lack of qualified interpreters is most strongly felt in Washington, Piscataquis, and Aroostook Counties and in other rural areas, though services can be difficult to obtain even in Portland and Bangor. At the close of 2001, there are 112 LICENSED INTERPRETERS (having met or in process of meeting the standard of 100 hours of training in ASL and 100 hours of training in interpreting), of whom 35 ARE NATIONALLY CERTIFIED (passed a performance test offered by one of two national testing bodies), practicing in Maine. The number of nationally certified interpreters has doubled in the past three years, in large part due to the cumbersome nature of the licensing process and to the ASL/English Interpreting Program at USM.

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

This crisis was being addressed during this reporting period by active involvement with several committees, task forces, and professional organizations, including the Interpreter Licensing Task Force (Department of Professional and Financial Regulation), the Deaf Advocacy Group (Maine Center on Deafness), Interpreter Education Program Advisory Committee (Northeastern

University), Maine Registry of Interpreters for the Deaf, and in collaboration with the ASL/English Interpreting Program at the USM Department of Linguistics.

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

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

BDS has clear POLICIES regarding the provision of sign language interpreters that were further refined in 2001 (See Appendix). In addition to the Director, there is one advocate in the Office of Advocacy who is a fluent signer, and within MR services, seven case managers have been identified as having some sign language skills; as many as 575 consumers of MR Services potentially use signs and/or gestures as part of their communication strategy. Case managers who have deaf clients on their caseload must realize the need, arrange for and find payment for interpreter services to access BDS services; they must also educate and advocate that agencies providing direct services do the same. Despite the fact that the cost of interpreter services can be written into plans for MR clients receiving Medicaid Waiver services, interpreter services are to date underutilized. Recognizing the value of interpreters, obtaining seed money (approximately 1/3 the actual cost) and the shortage of qualified interpreters remain barriers to communication between client and worker.

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

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

### **Professional Development and Public Education:**

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

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

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

A 40-hour VISUAL GESTURAL COMMUNICATION TRAIN-THE-TRAINER WORKSHOP was held in March of 2000 in Topsham. Attendance was by invitation only, for hand-selected deaf and hearing signers, who will then be able to teach VGC to staff and consumers throughout the state. This was designed to help address the need for more MR staff fluent in American Sign Language and visual gestural communication in residential settings, vocational/day treatment settings, and as MR Services case managers. The instructor approved a few of the students to begin teaching VGC, but most were determined to need more training. Due to the instructor's very difficult health condition, he has not been able to return to Maine. One alternate instructor at Gallaudet University was contacted many times but has proved unavailable. We piece together classes and workshop sessions, as trainers are available.

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

Office of Deaf Services staff also presented at the ADARA Conference (Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf or Hard of Hearing), in May 2001 at Monterrey, California. "Safer Place Update," "Ratcheting UP the

Standards: Licensure of Interpreters” and the “Communication Assessment Process for Deaf Adults with Mental Retardation” were presented to peers nationally.

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

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

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

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

- 👏 Crisis Service Providers group, Augusta
- 👏 Preble Street Resource Center staff, Portland
- 👏 Kennebec Valley Mental Health Center, Mobile Crisis workers, Waterville
- 👏 Deaf Culture Festival, Falmouth
- 👏 Maine Medical Center Grand Rounds, Portland
- 👏 Deaf Community Forum 1, Sebago
- 👏 Camp Sign-A-Watha Open House, Weld
- 👏 Southern Maine Technical College MHRT course in Special Populations, S. Portland
- 👏 Domestic Violence Conference, Rockland
- 👏 Maine Association of the Deaf Convention, Portland
- 👏 Legislature Deaf Awareness, Augusta
- 👏 BDS Trauma Conference, Portland and Augusta
- 👏 CH&CS Crisis Workers, Bangor
- 👏 Counseling Services Inc., Saco
- 👏 LEAP, Farmington
- 👏 Community Partners, Inc., Portland
- 👏 MR Services Supervisors and Resource Developers, Thomaston
- 👏 St. Mary’s Hospital, Lewiston
- 👏 Spring Harbor Hospital, S. Portland
- 👏 DHS Case Workers, Bar Harbor
- 👏 United Way-- member agency Executive Directors, Portland
- 👏 Eastern Maine Medical Center, Bangor
- 👏 BMHI Lunch & Learn program, Bangor
- 👏 Elder Independence of Maine, Bangor and Lewiston

- 👏 Southern Maine Area Agency on Aging (SMAAA), Portland
- 👏 Maine Coalition to End Domestic Violence, Augusta
- 👏 Senior Enrichment Center, Portland
- 👏 Deaf Community Forum II, Augusta
- 👏 BDS Administrative Support Staff, Orland

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

**Inpatient:**

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

### **ACTIVITIES PLANNED FOR 2002 AND 2003**

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

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

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

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

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

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

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

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

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

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

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

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

## **HISTORICAL HIGHLIGHTS**

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

### **1981**

ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES TO DEAF PERSONS  
ESTABLISHED

### **1983**

TRAINING WORKSHOPS PROVIDED TO MENTAL HEALTH PROVIDERS AND  
SIGN LANGUAGE INTERPRETERS

### **1984**

INTERPRETER SERVICES CONTRACTED FOR MENTAL HEALTH SERVICES -  
Pine Tree Society, Deaf Services  
DEAF SERVICES COORDINATOR HIRED - David Lawlor, a graduate of Gallaudet  
University

TTY ESTABLISHED IN THE DEPARTMENT (207) 287-2000

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

### **1985**

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

### **1986**

AMHI DEAFNESS SPECIALIST POSITION ESTABLISHED

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

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

SUBSTANCE ABUSE AND DEAFNESS WORKSHOP

### **1987**

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

PARENT EFFECTIVENESS TRAINING/SUPPORT FOR DEAF PARENTS

through the Community Support Worker at Pine Tree Society

SERVICE PROVIDERS DEAFNESS SKILLS DEVELOPMENT INITIATIVE

### **1988**

RESIDENTIAL PROGRAM FOR HOSPITALIZED DEAF PATIENTS ESTABLISHED -  
Sunrise House, a 5-bed group home administered by Motivational Services, Inc.  
DEAF SERVICES COORDINATOR POSITION VACANT: PART-TIME COORDINATOR  
WORKING IN ACTING CAPACITY - Meryl Troop, Sign Language Interpreter  
CLINICIAN/INTERPRETER TRAINING HELD 2-days  
PRESENTATIONS TO DEAF CLUBS - Silent Impressions, a sign language performing troupe,  
presented skits on mental health to deaf clubs in Portland, Bangor and Lewiston

### **1989**

2ND ANNUAL CONFERENCE FOR CLINICIANS/INTERPRETERS  
RESOURCES FOR DEAF SERVICE RECIPIENTS IN MAINE BROCHURE developed,  
printed and distributed  
DEAF SERVICES COORDINATOR HIRED IN NOVEMBER  
CONFERENCES ON MENTAL HEALTH AND THE HARD OF HEARING HELD  
PEER SUPPORT GROUP FOR THE DEAF ESTABLISHED, facilitated by a Deaf leader, at  
Maine Center on Deafness, Portland

### **1990**

3RD ANNUAL CONFERENCE: MENTAL HEALTH AND DEAFNESS "CULTURAL  
ACCESSIBILITY", 2 days, 132 participants  
WORKSHOP BY DR. FRAN DEMIANY, a case-conference program in Augusta, attended by  
interpreters, group home staff and clinicians  
OUTREACH TO BUREAU OF MENTAL RETARDATION AND PINELAND CENTER  
2 REGIONAL WORKSHOPS ON SEX ABUSE TREATMENT, Portland and Waterville  
CONTRACTUAL ACCESSIBILITY REQUIREMENTS FOR 10 MENTAL HEALTH  
CENTERS requires TTY accessibility, listing in TTY Directory, publishing TTY access  
on all printed materials, and a deafness liaison learning ASL  
"A WORKING CONFERENCE ON INTERPRETERS IN THE EDUCATIONAL SETTING:  
EXPLORING ADMINISTRATIVE, PSYCHOLOGICAL, LINGUISTIC AND  
CULTURAL ISSUES", 2 days at USM - sponsored a deaf psychologist to present on  
psychological issues of mainstreaming

### **1991**

4TH ANNUAL CONFERENCE: MENTAL HEALTH AND DEAFNESS "HANDS ON",  
98 attendees  
"A VISUAL-GESTURAL APPROACH TO COMMUNICATING AND THINKING"  
WORKSHOP cosponsored with Pineland Center  
DEAF PROFESSIONALS GROUP ESTABLISHED, a forum for the increasing number of deaf  
persons working in the field to network and contribute to the development of services  
LEGISLATIVE ENACTMENT OF L.D. 1663: AN ACT TO PRESERVE THE  
CONFIDENTIALITY OF COMMUNICATION BY INTERPRETERS FOR THE  
DEAF, gave legal substance to the Confidentiality clause in the Registry of Interpreters  
for the Deaf Inc.'s Code of Ethics for interpreting in mental health and other settings  
LEGISLATIVE ENACTMENT OF L.D. 940: AN ACT TO INCREASE THE AVAILABILITY  
OF SIGN LANGUAGE TRAINING leading toward a greater pool of sign-language  
fluent people to work with this population group

COSPONSORED AMERICANS WITH DISABILITIES ACT (ADA) & DEAFNESS  
TRAINING, presented by a deaf civil rights attorney from the US Department of Justice.  
Two sessions: for deaf people and for agencies  
ADVISORY COMMITTEE 10TH ANNIVERSARY RETREAT  
AMHI DEAFNESS REHABILITATION POSITION CUT - no more long-term deaf patients!

## **1992**

5th ANNUAL CONFERENCE ON DEAFNESS AND MENTAL HEALTH  
"ADVOCACY: GETTING NEEDED SERVICES" Margaret Bibum of DeafPride, in  
Washington DC, planned by Deaf Professionals Group, 100+ attendees  
"UNDERSTANDING THE DYNAMICS OF DEAF CONSUMER - INTERPRETER  
RELATIONS" Eileen Forestal, Deaf Interpreter Trainer, planned by Deaf Professionals  
Group, 46 attendees  
HOLY INNOCENTS ADDS CASE MANAGER FOR THE DEAF POSITION in Portland -  
Diane McGinley serves a caseload of 10  
DEAF CULTURE WEEK POSTER printed and 150 distributed

## **1993**

6th ANNUAL CONFERENCE ON MENTAL HEALTH & DEAFNESS  
"BREAKING DOWN THE WALLS: Searching for Community" 100+ attendees  
4 "FALL TRAINING OPPORTUNITIES" WITH SEAC & GOODWILL  
"WHAT VOCATIONAL SERVICE PROVIDERS NEED TO KNOW" workshop held at Amity  
Center, 50 vocational workers  
CASE MANAGEMENT/OUTREACH POSITION AT PINE TREE SOCIETY CUT  
RIGHTS VIDEOTAPE COMPLETED AND DISTRIBUTED in American Sign Language for  
deaf consumers of mental health services to understand their rights, by the Deaf  
Professionals Group  
DEAF CULTURE WEEK POSTER printed and 200 distributed  
CAMP SIGN-A-WATHA FOR DEAF ADULTS WITH MENTAL RETARDATION  
ESTABLISHED, 16 "campers"

## **1994**

DIRECTOR ATTENDED 6-WEEK INSTITUTE ON MENTAL HEALTH AND  
REHABILITATION at the University of California, San Francisco Center on Deafness  
7TH ANNUAL DMH&MR/DEAFNESS CONFERENCE "ALL ABOARD", Governor Baxter  
School for the Deaf, 100 participants from various disciplines.  
BREAKOUT III NATIONAL MENTAL HEALTH CONFERENCE, CHARLESTON,  
SC presentations made by Meryl Troop, Diane McGinley (Case Management), and T J  
Pawol (Camp Sign-A-Watha)  
LEGISLATIVE ENACTMENT OF P.L. 519, AN ACT TO ENSURE ACCESSIBILITY TO  
MENTAL RETARDATION SERVICES FOR PERSONS WHO ARE DEAF OR HARD  
OF HEARING requires DMR to provide specialized programming, adaptive equipment  
and deliver services in sign language for deaf consumers.  
DMH DEAF SERVICES COORDINATOR POSITION BECOMES DEPARTMENT-  
WIDE. Director, Office Of Deaf Services provides technical assistance to DMR

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

1st NATIONAL MENTAL HEALTH/DEAF SERVICES STATE COORDINATORS' CONFERENCE, Arlington, VA. "Role of the State Coordinator" presented by Dave Lawlor, Meryl Troop attended

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

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

## **1995**

MEDICAID POLICY REGARDING REIMBURSEMENT OF INTERPRETER EXPENSES STANDARDIZED and implemented as each chapter came up for renewal.

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

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

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

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

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

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

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

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

## **1996**

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

STATE STREET SUPPORTED APARTMENT PROGRAM SUPPORTS 15 DEAF ADULTS WITH MENTAL HEALTH PROBLEMS, PORTLAND. Administered by Goodwill Industries, the funds used to support 5 individuals in a group home now provide flexible supports to 15 consumers in their own homes.

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

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

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

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

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

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

## **1997**

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

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

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

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

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

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

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

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

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

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

DEAF RIGHTS CONFERENCES HELD, PORTLAND AND BANGOR in collaboration with many agencies, to educate deaf persons about their rights to accessible services

SUNRISE HOUSE GROUP HOME PROGRAM FOR DEAF ADULTS WITH MENTAL ILLNESS MOVES FROM THE GROUNDS OF AMHI TO AN APARTMENT

BUILDING IN AUGUSTA, giving each resident his/her own apartment, with supports

SPECIALIZED SUPPORT GROUPS PROLIFERATE IN PORTLAND: Late Deafened Adults, Deaf Mothers, Deaf Boys 4 -7, Depression/Manic Depression, Clinical Supervision DEAF SUBSTANCE ABUSE SPECIALIST TOURS MAINE TO EDUCATE DEAF PEOPLE AND SERVICE PROVIDERS IN 7 FORUMS FROM PORTLAND TO BANGOR RFP ISSUED TO CREATE A THERAPEUTIC TREATMENT PROGRAM FOR DEAF ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCES, "PRIDE", including three components: residential, community support, and clinical.

## **1998**

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

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

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

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

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

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

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

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

## **1999**

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

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

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

people were identified through the Management Information System as potentially benefiting from visual communication.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Maine Center on Deafness**  
**Civil Rights Cases by Issue**

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