

**DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202**

**ANNUAL CLIENT ASSISTANCE PROGRAM REPORT
(October 1, 2009 – September 30, 2010)**

DESIGNATED AGENCY IDENTIFICATION

Name: BUREAU OF REHABILITATION SERVICES

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Augusta, ME 04333-0150

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Phone: (207) 624-5977 Fax: (207) 624-5980

OPERATING AGENCY (IF DIFFERENT FROM DESIGNATED AGENCY)

Name: C.A.R.E.S., Inc.

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Website: www.caresinc.org

Phone: (207) 377-7055 Fax: (207) 377-7057

Fiscal Year 2010

PART I. AGENCY WORKLOAD DATA

A. Information/referral services

(Multiple responses are not permitted)

1. Information regarding the Rehabilitation Act	151
2. Information regarding Title I of the ADA	4
3. Other information provided	79
4. Total I&R services provided (Lines A1+A2+A3)	234
5. Individuals attending trainings by CAP staff (approximate)	65

B. Individuals served (An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines B1-B3)

1. Individuals still being served as of October 1 carryover from prior year)	34
2. Additional individuals who were served during the quarter	47
3. Total of individuals served (Lines B1+B2)	81
4. Individuals (from Line B3) who had multiple case files opened/closed this year. (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line B3 above.)	1

C. Individuals still being served as of September 30

(Carryover to next year) (This total may not exceed Line I.B3.) 38

D. Reasons for closing individuals' case files

(Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files closed during the year.)

1. All issues resolved in individual's favor	18
2. Some issues resolved in individual's favor (when there are multiple issues)	8
3. CAP determines VR agency position/decision was appropriate for the individual	11
4. Individual's case lacks legal merit; inappropriate for CAP intervention	1
5. Individual chose alternative representation	0
6. Individual decided not to pursue resolution	1
7. Appeals were unsuccessful	0
8. CAP services not needed due to individual's death, relocation, etc.	0
9. Individual refused to cooperate with CAP	3
10. CAP unable to take case due to lack of resources	0
11. Other (Please explain on separate sheet)	0

E. Results achieved (Choose one primary outcome for each closed case file. As stated in Section D, there may be more case files than the total number of individuals served.)

1. Controlling law/policy explained to individual	26
2. Application for services completed	0
3. Eligibility determination expedited	1
4. Individual participated in evaluation	2
5. IPE developed/implemented	10
6. Communication re-established between individual and other party	0
7. Individual assigned to new counselor/office	4
8. Alternative resources identified for individual	0
9. ADA/504/EEO/OCR complaint made	0
10. Other (Please explain on separate sheet)	0

PART II. PROGRAM DATA

A. Age (as of the beginning of the fiscal year)
(Multiple responses not permitted)

1. 21 and under	12
2. 22 - 40	26
3. 41 - 64	41
4. 65 and over	2
5. Total (Sum of Lines A1 through A4. This total must equal Line I.B3)	81

B. Gender (Multiple responses not permitted)

1. Females	41
2. Males	40
3. Total (Lines B1+B2. This must equal Line I.B3)	81

C. Race/ethnicity (Multiple responses not permitted)

1. American Indian or Alaskan Native	1
2. Asian	3
3. Native Hawaiian or Other Pacific Islander	0
4. Black of African American	1
5. Hispanic or Latino	0
6. White	76
7. Unknown	0
8. Total (Sum of Lines C1 through C7. This total must equal Line I.B3)	81

D. Primary disabling condition of individuals served (Multiple responses not permitted)	
1. Blindness (both eyes)	4
2. Other visual impairments	2
3. Deafness	3
4. Hard of hearing	0
5. Deaf-blind	1
6. Orthopedic impairments	9
7. Absence of extremities	0
8. Mental illness	36
9. Substance abuse (alcohol or drugs)	0
10. Mental retardation	6
11. Specific learning disabilities (SLD)	7
12. Neurological disorders	1
13. Respiratory disorders	1
14. Heart & other circulatory conditions	2
15. Digestive disorders	0
16. Genitourinary conditions	0
17. Speech impairments	0
18. AIDS/HIV positive	0
19. Traumatic brain injured (TBI)	4
20. All other disabilities	5
21. Disability not known	0
22. Total (sum of Lines D1 through D21. This must equal Line I.B3)	81
E. Types of individuals served (Multiple responses permitted)	
1. Applicants of VR Program	5
2. Clients of VR Program	76
3. Applicants or clients of IL Program	0
4. Applicants or clients of other programs and projects funded under the Act	0
F. Source of individual's concern (Multiple responses permitted)	
1. VR agency only	80
2. Other Rehabilitation Act sources only	1
3. Both VR agency <u>and</u> other Rehabilitation Act sources	2
4. Employer	0
G. Problem areas (Multiple responses permitted)	
1. Individual requests information	81
2. Communication problems between individual and counselor	64
3. Conflict about services to be provided	42
4. Related to application/eligibility process	15
5. Related to IPE development/implementation	32
6. Other Rehabilitation Act-related problems	1
7. Non-Rehabilitation Act related	0
8. Related to Title I of the ADA	0
H. Types of CAP services provided (Choose one primary service CAP provided for each closed case file. As stated above, there may be more case files than actual individuals served)	

1. Information/referral	9
2. Advisory/interpretational	12
3. Negotiation	21
4. Administrative/informal review	0
5. Alternative dispute resolution	0
6. Formal appeal/fair hearing	1
7. Legal remedy	0
8. Transportation	0

PART III. NARRATIVE (Attach separate sheet)

Within 90 days after the end of the fiscal year covered by this report, mail one copy of this report to the RSA Central Office specified in the instructions.

STEPHEN J. BEAM, PROGRAM DIRECTOR (207) 377-7055

Person to contact about this form (Print name) Phone

December 22, 2010
 Signature and Title of Designated Agency Official Date

NARRATIVE REPORT

FISCAL YEAR 2010

I. Introduction

The Bureau of Rehabilitation Services is the designated agency for the Client Assistance Program (CAP) in Maine. Since 1984 the State Agency has subcontracted with outside agencies to provide CAP services throughout the state of Maine. C.A.R.E.S., Inc., in existence since November 1, 1988, is a closely held, for-profit corporation making the Maine CAP an external-other organization. Since September 1992, Consulting, Advocacy, Research and Evaluation Services, Inc. (C.A.R.E.S., Inc.) has been effectively administering the CAP in Maine. CAP offers the full range of services required by Section 112 of the Rehabilitation Act. The CAP is staffed by three professionals for a total of three (3) person-years. Two of the professionals are full-time (2.0 FTE), the third is part-time (.10 FTE). Additionally, C.A.R.E.S., Inc. has a retainer agreement with a qualified attorney for the purpose of providing legal representation to CAP consumers and legal consultation to CAP personnel.

The FY 2010 budget is enclosed as Attachment II. In FY 2010 the federal funds expended for the CAP were supplemented by SSA-VR funds.

During FY 2010 the CAP achieved all program goals and objectives in the following areas: Informing the general public and consumer organizations about CAP; informing consumers of their rights to services under the Act and advocating for these rights; developing a positive working relationship with appropriate agencies; advising the state agency about systemic issues and obtaining training for CAP personnel.

The Consumer Advisory Board (CAB) was reconvened during the past year after a 9 month hiatus. The reason for the hiatus was the health of CAB members. During the past year, we recruited several new members and met 1 time. The CAB assists the program to identify systemic issues in delivering vocational rehabilitation and independent living services to people with disabilities as well as to assess consumer satisfaction concerning services received from the Client Assistance Program. We plan to meet quarterly, starting in December, during the upcoming fiscal year.

The CAP was afforded good access to the directors of the state agencies regarding policy and systemic issues. CAP's access regarding policy matters was via quarterly meetings with the directors and other key staff from Central Office, through our participation in both State Rehabilitation Councils (SRCs) and on an as needed basis. CAP is a mandated member of and an active participant in the SRC for both the Division for Vocational Rehabilitation (DVR) and the Division of the Blind and Visually Impaired (DBVI). (See Section V).

II. Information and Referral

During the reporting period, 234 individuals received information and referral (I&R) services from C.A.R.E.S., Inc. Of this total, 151 individuals received information and referral services regarding the Rehabilitation Act, 4 regarding Title I of the ADA and 79 individuals were provided other information. Examples of "other" information and referral services include a variety of requests such as social security, special education, guardianship, disability/advocacy agencies and community rehabilitation providers, adult day care, MaineCare, child protective issues, fuel assistance, Maine Handicapped Skiing, assistive technology, housing, resources for interpreters, health insurance, service animal resources, etc.. CAP staff uses VR/IL I&R related requests to emphasize self-advocacy and empowerment of people with disabilities. The CAP staff also used information obtained from I&R requests to identify trends, patterns and issues of a systemic nature. This information was provided to State Agency staff during our regularly

scheduled quarterly meetings and as appropriate. Finally, requests for information and referral were used to identify potential training needs within both the CAP and the state agencies.

III. Client Data

Along with the 234 individuals who requested and received information and referral services, 81 individuals were served as “cases” as defined by the RSA-227 reporting instructions. Of the 81 individuals served as open/active cases, 34 were pending as of October 1, 2009. Another 47 individuals had cases opened with CAP during the fiscal year. Five (5) individuals were applicants of Title I, Vocational Rehabilitation (VR) Program and 76 individuals were Title I consumers. For the first time in our history of administering the CAP, we did not represent any clients or applicants of the Independent Living Program. Of the open 81 cases, individuals with mental illness comprised the largest group of individuals served (36 cases). They were followed by individuals with orthopedic impairments (9) learning disabilities (7), mental retardation (6), traumatic brain injury (4), and blindness (4).

During the past fiscal year, 43 cases were closed. Of this figure, 18 were closed with all issues resolved in the individual’s favor, while another 8 cases were closed with some issues resolved in the individual’s favor when there were multiple case problems. In 11 cases CAP determined that the VR agency had taken appropriate action, while in 1 case CAP determined the case lacked legal merit to pursue a due process hearing.

CAP represented 1 individual at Due Process Hearings during the past fiscal year. The individual was a client from the Division for the Blind and Visually Impaired and the appeal was due to a case closure. The client’s case was closed because, in the agency’s opinion, he required intensive long term support. With the assistance of CAP, the client prevailed and his case was ordered to be opened by the Hearing Officer.

CAP staff responded to the following problem areas for the 81 individuals we represented: Information requested (81), communication problems between individual and counselor (64), conflict regarding services to be provided (42), problems related to IPE development/implementation (39) and problems related to the application/eligibility process (15). Obviously, multiple responses are permitted for open cases.

During the past fiscal year Maine’s CAP represented individuals in all five VR regions; 20 cases in Region 1; 28 in Region 2; 21 in Region 3; 10 in Region 4 and 2 in Region 5. Of the 81 individuals we represented during the year, 41 were females and 40 were males.

We estimate that CAP resolved 15 potential due process cases using negotiation and other alternative dispute resolution activities. The primary issues in these cases included case closure, self-employment, eligibility (advance in employment), long term support/supported employment, post-secondary education and the broad area of IPE goal and/or services to reach the goal.

*(Please see **Attachment I** for examples of cases handled during FY 2010)*

IV. Training, Outreach and Linkage Activities

A. Training Received. During FY 2010 CAP staff received the following training to enhance our skills:

1. CAP staff attended the Statewide Bureau of Rehabilitation Services training during the past fiscal year. The sessions that we attended include: Access to Distance Education and Collaboration; Promoting Assistive Technology in Maine; Neuropsychological Evaluations and VR; Ethics; and, Working with individuals with Borderline Personality Disorder.
2. CAP staff attended the Native American Awareness Conference that was held at the Bangor Hilton Inn.
3. A CAP staff member attended the Council of State Administrators of VR Annual Conference in Bethesda, MD. A portion of that conference is dedicated to training for members of the State Rehabilitation Councils throughout the country.
4. CAP staff attended the “Skills for Success” training offered by Karen Wolfe. This training identified the skills people with visual impairment need in order to be successful in employment.
5. CAP staff received training at the 2 SRC Annual Conferences on topics such as the role of council members and the Federal regulations governing the SCR.
6. CAP staff participated in the meeting that explained the Hearing Aid Purchase protocol.

B. Training Provided. During FY 2010, CAP staff provided the following training to consumers, family members and professionals:

1. CAP staff provided a training session on the VR process and the role of CAP to a rehabilitation counseling class at the University of Maine in Rockland.
2. We provided an overview of the VR process and information on the role of CAP to a “People First” group in Biddeford, ME.
3. CAP staff provided an overview of the role of CAP and the appeals process as part of new counselor orientation. We provided this training 3 times during FY 2010.
4. CAP provided an overview of CAP and the VR process to Community Rehabilitation Providers (ESM) in Augusta.
5. CAP staff provided a presentation to the Region 3 - Augusta VR staff regarding the role of CAP and how to have a productive professional working relationship.

C. Linkages/Outreach with consumers, family members, advocacy organizations and community agencies occurred on a regular and as-needed basis during the past year. Examples of those contacts are as follows:

1. Alpha One
2. Maine Consumer Information and Technology Exchange (Maine CITE)
3. Pine Tree Legal Services
4. State Rehabilitation Councils (both DVR and DBVI)
5. Committees and Councils on Transition
6. Maine Parent Federation
7. Mental Health Providers
8. Houlton Band of Maliseet Indians
9. Disability Rights Center
10. Goodwill of Northern New England

11. Maine Vocational Rehabilitation, Assoc.
12. Employment Support Services
13. Assumption College/TACE
14. Alliance for the Mentally Ill
15. Developmental Disabilities Council
16. Kennebec/Somerset Mental Health Advisory Council
17. Alternative Services, Inc.
18. Creative Works Systems
19. National Protection & Advocacy Services
20. Rehabilitation Services Administration
21. York County Parent Awareness
22. Motivational Services, Inc.
23. Statewide Independent Living Council
24. Catholic Charities
25. Employment Specialists of Maine
26. Maine Children's Alliance

V. Systemic and Policy Issues

The Client Assistance Program continues to place considerable emphasis and program resources on systemic advocacy. During the past year our involvement in the State Rehabilitation Councils for both agencies presented us with many opportunities to provide input on issues that have systemic implications for individuals with disabilities. Within the framework of the SCR, we reviewed and commented on the proposed State Plans for both agencies. Additionally, we provided input to proposed changes to the DBVI State Rules.

CAP staff continues to be involved in numerous committees that have systemic implications. Examples of these committees include:

- DVR/SRC Policy Group. This committee provides input into the State Plan, agency procedural directives and important topical areas. Much of the past year was spent writing the Statewide Comprehensive Needs Assessment, a document that is jointly developed every 3 years by the council and state agency.
- Participation in internal BRS Committees such as Transition and Self-Employment Services. CAP's role in these committees has been to present individual case considerations as the agency develops procedural directives and training for staff members.

CAP staff met with the Director of the Independent Living Center during the past fiscal year. We discussed IL issues such as assistive technology and case management as well as notification of CAP services for consumers of IL services.

Staff from Maine's CAP continued to be a member of the Region I Technical Assistance and Continuing Education (TACE). TACE has replaced the Rehabilitation Continuing Education Programs (RCEP) and is responsible for designing and implementing training for all VR staff in New England. We feel our participation on the TACE Advisory Committee presents an excellent opportunity to provide input on VR staff training needs. As a member of this committee, the Maine CAP staff person also plans and organizes staff training for all New England CAP personnel. During the past year, Maine CAP staff discussed possible training agendas with staff from other New England CAPs.

The CAP program director was asked to become a member of the Wabanki Vocational Rehabilitation Program's Advisory Committee. This program is the first recipient of Section 121

funds under the Rehabilitation Act. CAP staff attended the initial advisory meeting in Houlton during the past fiscal year.

Examples of other systemic advocacy activities conducted during the year included providing input into the Memo of Understanding between the Bureau of Rehabilitation Services and the Maine Department of Education.

VI. Other Activities

During the past year, CAP staff met with the Directors of both agencies and other staff from Central Office on a quarterly basis per the contract between C.A.R.E.S. Inc and the Bureau of Rehabilitation Services. The purpose of the meetings is to review cases being handled by the CAP, and to identify and discuss any trends and systemic issues concerning the delivery of employment services for people with disabilities.

Also during the past year, a Request for Proposals to administer the Client Assistance Program was issued by the Bureau of Rehabilitation Services. The end of that process resulted in C.A.R.E.S., Inc. being awarded the administration of the CAP for another 4 years.

ATTACHMENT I

THE FOLLOWING CASES ARE REPRESENTATIVE OF OUR ADVOCACY EFFORTS IN
FY 2010 ON BEHALF OF PEOPLE WITH DISABILITIES

(Client names have been changed to protect confidentiality)

Problem: Rita is a woman with multiple physical and emotional impairments. She contacted CAP when she was denied support for a class she needed to graduate from her post secondary program.

Intervention Summary: CAP's review of the case and discussion with the VRC involved revealed the reason for the denial was that Rita had previously failed the course in question. The VRC said there was a "policy" against providing support in such an instance.

Outcome: CAP staff had a discussion with the VRC about VR policy and procedure and convinced the counselor that there wasn't anything to support his decision. Additionally, CAP pointed out that there were extenuating circumstances in Rita's life at the time she failed the course. The VRC changed his decision and authorized support for the course.

Problem: Elizabeth is a woman who has both mental health impairment and a visual impairment. She contacted CAP when she found herself not being served by either DVR or DBVI.

Intervention Summary: CAP's investigation revealed Elizabeth had been a client of DVR who was recommended she be served by DBVI due to a new diagnosis of visual impairment. After an evaluation indicated that was not a physical basis for her visual impairment, her case with DBVI was closed and she was referred to DVR. DVR declined to accept an application.

Outcome: CAP discussed the situation with supervisory staff from both agencies. CAP also consulted with staff from Rehabilitation Services. CAP then informed the staff that it was possible to have concurrent cases open with both agencies. In the end, that is what happened.

Problem: Marianne is a 50 year old woman with mental illness. She contacted CAP she was told at reapplication that she was unable to receive services from VR because of her past history with the state agency.

Intervention Summary: CAP reviewed the case record and discovered that Marianne had 6 previous cases with VR and that she had been most recently closed as "too severe to benefit". CAP negotiated her case be reopened in extended evaluation and that a trial work experience, with job coaching, be developed.

Outcome: Marianne exhibited the same behaviors as in the past and the trial work experience was not successful. The case was closed unsuccessfully with specific recommendations by the VR counselor regarding the areas Marianne needed to demonstrate improvement.

Problem: William is a young man who has mental retardation, cerebral palsy and is blind. His father/guardian contacted CAP after he felt there was little progress in William's case with VR.

Intervention Summary: CAP reviewed the case and met with the supervisor. CAP determined it was the parent/guardian who was the barrier to progress being made. CAP tried to assist William by attending meetings and negotiating with VR. The parent guardian then brought 5 issues for an appeal.

Outcome: Due to lack of merit, CAP declined to represent William in the appeal. The hearing officer ruled against the client in all 5 issues. CAP closed the case.

Problem: Frank is a young man who is blind. He contacted CAP when his case with DBVI was closed because, as a Supported Employment client, the state agency determined he needed "Intensive Long Term Support" that was not available.

Intervention Summary: CAP reviewed the case and spoke with staff from three community agencies who had worked with Frank in the past. It was their collective opinion that with the right job match and frontloading of job coaching, Frank would need a minimal amount of support to be successful.

Outcome: After attempts to resolve the situation informally failed, CAP represented Frank at a Due Process Hearing. With help from testimony of community rehabilitation provider staff, the case closure was reversed in the hearing decision.

ATTACHMENT II

CAP BUDGET - FY 2010

Salaries and Wages:

1. Program Director	\$ 49,000.00
2. Field Advocate	\$ 40,000.00
3. Executive Director (.10 FTE)	<u>\$ 4,055.00</u>
Sub-total	\$ 93,055.00

Fringe Benefits:

1. FICA	\$ 7,147.93
2. Unemployment Compensation	<u>\$ 692.00</u>
Sub-total	\$ 7,839.93

Consultant Fees:

1. Legal Fees	\$ 4,000.00
2. Accounting Fees	\$ 3,300.00
3. Bookkeeping Fees	\$ 3,500.00
4. Data Entry	<u>\$ 1,500.00</u>
Sub-total	\$ 12,300.00

Equipment Rental \$ 0

Rent \$ 3,000.00

Maintenance: \$ 750.00

Telephone: \$ 3,800.00

Materials/Supplies/Copying/Postage: \$ 2,688.07

Staff Travel: \$ 5,200.00

Bonding/Insurance \$ 2,800.00

Worker's Compensation \$ 676.00

Other: \$ 500.00

Total Project Costs: \$ 132,609.00