September 12, 2016

Minutes

Present: Jeffrey Walawender, Ed & Suellen Doggett, Mary Chris Semrow, Ann-Marie Mayberry, J. Richardson Collins, Nancy Beatty, Debbie Dionne, Gil Moreno, Megan Meehan, John Regan, Margaret Cardoza, Romy Spitz, Elizabeth MyLroie, Eve Sawyer, Erin Vogel, Julie Brennan, Jennifer Putnam, Arthur P. Clum, Karen Mason, Jamie Whitehouse, Patrick Moore, Richard Norton, Sue Murphy, Kathy Adams, Frances Ryan, Maura McDermott, Staci Converse, Rachel Dyer, Representative Peter Stuckey, Luc Nya, Representative Drew Gattine, Jerry Silbert, Cullen Ryan, and Vickey Rand. Via Zoom – Bangor (UCPofME): Andrew Cassidy, Cynthia Wailus, Deb Somers. Sanford (Waban): Morgan Jones. Auburn (John F. Murphy Homes): Darla Chafin, Jamie Way, and Ann Bentley. Winthrop (Autism Society of Maine): Cathy Dionne and Ann Long. Gardiner (Uplift): Charlene Kinnelly. Orono (Center for Community Inclusion and Disability Studies): Bonnie Robinson. Misc. sites: Jon’s iPad, Heidi Mansir, and Stacy Lamontagne.

Cullen Ryan introduced himself and welcomed the group. Participants introduced themselves. A motion was made and seconded to accept the minutes from last month’s meeting. Minutes were accepted.

*Thank you to Senscio Systems, who has very generously covered the cost of lunch for our meetings!* *For more information on Senscio Systems you can visit their* [*website*](http://www.sensciosystems.com/)*, or connect with them on* [*Facebook*](https://www.facebook.com/senscio) *and* [*Twitter*](https://twitter.com/senscio)*.*

**Featured speaker: Dr. Jeffrey Walawender, DDS, Community Dental, and David Cowing, Parent & Community Connect member.** [**www.communitydentalme.org**](https://www.communitydentalme.org/) **Topic: Community Dental – How this service works in Maine.**

**Cullen:** Over the yearsI’ve watched dental become an issue for folks. Most people think dental just has to do with teeth; it has to do with so much more, especially for this population. The notion of getting someone who has a serious disability, some challenges in understanding what’s going on, and difficulty enduring pain to undertake a dental experience can be a significant challenge. A few years back a dental clinic in the Portland area closed. Parents talked for a long time about how challenging it was to bring their sons and daughters to Bangor, the location of the replacement clinic. This added a lot of challenges, traveling a long distance being among them. I am aware of people within this population who have died as a result of having too many teeth extracted at one time, without a good plan in place to deal with after care, bleeding, and potential infection. This is a big deal to all of us. At our last meeting we said let’s get this on the table. David Cowing wanted to talk about his experience with his son and arranged for Dr. Jeffrey Walawender from Community Dental to be part of this discussion as well. Thank you both for being here.

**David Cowing**: For my son J, who is now 41, the biggest challenge is that his teeth are connected to him. We have done work historically with J regarding health concerns. The biggest stressor has been around dental and medical procedures; these take a lot out of us, especially dental work. J has been very fortunate to have worked with the same dental hygienist for 35 years; this is great for J but we realize how rare this is. For a long time, we were taking J to Boston for procedures because that’s where the expertise was. The drive to Tufts was often worse than the dental procedure itself. Part of what we ran into is how stressful this is for the whole family unit. J would have stress, which would then cause my wife stress, which caused me stress, then J would see us getting stressed and it would build from there. We ended up accessing dental services through the Preble Street clinic which closed, after which fillings and maintenance where done at Mercy Hospital. Having J’s procedures performed in Portland alleviated many of the challenges we were encountering, specifically with travel. In my professional life I was a Special Education teacher and administrator, and with that training I sometimes found myself restraining J when he would get extremely agitated. I realized what we were doing wasn’t working very well, and J has never been shy about saying this is the case. After the Preble Street clinic closure, it was great to hear that there was another system being set up with Community Dental. Our experience with Community Dental has been very positive. We had an instance where paperwork between Community Dental, Maine Medical Center (MMC), and us got lost on three separate occasions. It appears this was an issue for others and Community Dental has remedied that. This was the only hitch in the whole procedure. We were very pleased with how everything worked out for J and it was much less stressful for all of us.

As an educator, I became familiar with Social Stories ([*David passed around sample Social Stories*](http://www.maineparentcoalition.org/uploads/2/6/1/1/26115022/sample_social_stories.pdf)). We’ve created Social Stories a lot in the last several years with J and have found this method to be very effective. If he can preview what’s going to happen, knows what’s going on, and has some sense of control over what will happen, it’s very reassuring for him. Prior to going to Community Dental we came up with *J’s Story About Being Healthy*, as a means to ease into dental care. The Social Story gives you an idea what has worked for J. Social Stories have proven to be a great help to my son. He reviews them on his own after we introduce them, and takes comfort in being able to rehearse how he can handle various situations he might find challenging. Please note,I am *not* an expert on Social Stories. Anyone interested in the idea who would like to know more can visit the [Carol Gray Social Stories website](http://carolgraysocialstories.com/social-stories/).

-It was stated that Carol Gray, the inventor of Social Stories, is coming to Maine. There is a [Social Stories training with Carol Gray on September 29th](https://umaine.edu/autisminstitute/2016/09/07/not-late-register-social-stories-carol-gray/).

**David**: It might be advantageous to have a Coalition meeting on the topic of Social Stories.

-It was asked how David and his family deal with prevention – getting J invested in brushing, cleaning, flossing, etc.

**David**: One of the things that drives my wife and me crazy is J’s OCD ([Obsessive-compulsive disorder](http://www.mayoclinic.org/diseases-conditions/ocd/basics/definition/con-20027827)). However, one exception is his OCD about brushing his teeth! He has to brush his teeth whenever he eats something. We’re not sure if this partially stems from his dental hygienist’s praise or not, as that tends to motivate him as well. Between J seeing his dental hygienist on a quarterly basis and his OCD about brushing his teeth we’ve been very lucky with preventative maintenance. As most of us are aware, MaineCare pays for extractions but not maintenance. I’ve known of a lot of situations where individuals who were dealing with mouth pain were put on “good behavior” plans, as pain can cause people to act out. I think any of us would be less than thrilled if we had constant tooth pain. I think dental care is an issue that, when we’re involved with everything else going on, can get put on the back burner, but it’s very important and can have ripple effects throughout the family.

**Dr. Jeffrey Walawender:** My name is Jeff Walawender and I am the lead dentist at Community Dental; I’m starting my 7th year there. I did my residency at Togus, and am also on staff at MMC so I’m the one who takes patients to MMC when they need to be in the operating room. We hope to bring IV sedation patients back to Portland. I want to talk to you about barriers to access and what’s covered for the patients, your children and family members. MaineCare only covering extractions isn’t necessarily true. If you have a MaineCare patient under 21 just about everything is covered. For patients ages 21 and over it changes, and MaineCare will only cover emergency services. It is up to the individual provider to determine what constitutes an emergency service. For example, a root canal would be potentially covered if the tooth can and should be saved, if the patient can keep it clean, and so on. Fillings can also be covered, but there are certain criteria, such as if the tooth is causing the patient pain, if the cause stems from trauma, or if the tooth is in jeopardy. It’s up to the dentist to make these decisions. MaineCare covers emergency dental services, so if someone is in pain bring them to a dentist that accepts MaineCare to find out what options are available.

**Discussion:**

-A member of the group stated that historically for people who lived in Pineland, all extractions were performed without anesthesia. The history of dental care for this population and their experiences in institutions are severe and traumatic. One of the techniques in the institution was to extract teeth as a mean to remedy people biting staff. Due to this complex history, people may rather be in pain than know they’re facing the dentist’s chair. Additionally, gum problems and teeth grinding are significant problems for this population.

-It was asked how well dentists are trained about the ID/DD population. It was stated that this training is critical; if we’re really trying to create an inclusive world we need people to learn how to provide these services.

**Dr. Walawender**: If I’m being honest, not well. However, you also don’t want someone on their first day doing this. At our clinic we have a residency program, with people who have graduated from dental school looking to learn more. The biggest thing is patience, treating people individually, and explaining everything you do before you do it.

- It was asked if Community Dental provides free services.

**Dr. Walawender:** Once a year Dentists Who Care for Maine, a group of dentists volunteering their time, holds free walk-in clinics across the state. At Community Dental we see patients all the time and offer free services. If we offer this publically everyone would want it. We have some special funds and we’ve been able to provide some services for low or no cost. We don’t get any state money except Fund for a Healthy Maine, but that has diminished over the years; we receive some foundation funding, but most of our funding comes from fee-for-service, and the little reimbursement we receive from MaineCare. We do give quite a few free services that aren’t advertised. Many of my colleagues provide free care as well.

-There was discussion regarding legislation that passed in the session before last that allows mid-level providers (dental hygienists) to see patients in lieu of a dentist, after a certain level of training and under the supervision of a dentist.

-It was stated that there needs to be more access to dental care.

**Dr. Walawender**: There is the [University of New England (UNE) College of Dental Medicine](http://www.une.edu/patients) in Portland, which operates teaching clinics. The school is graduating 60 dentists per year, which will increase access. The more dentist the better.

-It was stated that there are loan repayment programs for Doctors of Dental Surgery (DDS) and Doctors of Medicine in Dentistry (DMD) who work in rural areas.

**Dr. Walawender**: There is one federal loan repayment program for dentists working at rural clinics – in Maine eligible clinics would likely be in northern and western Maine. There’s also FAME ([Finance Authority of Maine](http://www.famemaine.com/)), which will repay a portion of student loans as well. The typical debt from the UNE College of Dental Medicine is $430,000, not including the cost of undergraduate studies; FAME will only pay up to $20,000.

-It was asked if the people eligible to go to [CareFirst Dental](http://www.yellowpages.com/bangor-me/mip/carefirst-dental-clinic-527708478) in Bangor are able to be assisted by Community Dental.

**Dr. Walawender**: People on DHHS’ list can come see us in Portland if they qualify for anesthesia; we don’t currently provide IV sedation like they do at CareFirst Dental in Bangor. We will be offering IV sedation once we move to our new location on November 1st.

**Karen Mason**: I never realized I would get so steeped into dental services in this position! Funding for Community Dental and CareFirst Dental came about as part of the closure of the Preble Street dental clinic. Money was journaled to both of those entities for patients who had been receiving dental care services from the Preble Street clinic. At this point in time there are a few differences in the services – Community Dental provides hospital sedation (anesthesia), and CareFirst Dental in Bangor provides IV sedation. When Dr. P (Dr. Pavuluru, CareFirst Dental) believes someone needs hospital sedation he refers that patient to Community Dental. Community Dental has done a wonderful job; last year they had funds available so that they could take on more patients. There continues to be a waitlist with Dr. P and a waitlist at Riverview. At the end of the last fiscal year, around May, we knew there were people seeing Dr. P in Bangor who were driving quite a distance who need that level of sedation. We thought it was pertinent to offer IV sedation services to those people who were waiting. This year we hope to open that up as Community Dental looks to provide that level of sedation so people don’t have to drive as far. We’re very excited to partner with Community Dental in that endeavor.

-It was asked if opening it up it refers to people who were not clients at the Preble Street clinic.

**Karen Mason**: Most likely there will be people who did not go to the Preble Street clinic. The Preble Street clinic closed about four years ago; between CareFirst Dental and Community Dental, most of the folks who had gone to Preble Street are being served. Once in a while someone will call saying they were on the list who hasn’t been seen and we’ll look through our records. It’s all about the dollars. Community Dental really works with patients to mitigate their emergency or chronic dental issues, and with this a lot of people who go to Community Dental are there for their follow-up visits and cleanings which costs less money. We’re looking to add people on a case by case basis depending on available funds.

-Members of the group expressed their thanks to Dr. Walawender, and stated that they have been very impressed with Community Dental.

-It was stated that for patients with congenital heart defects sedation is very tricky. Additionally, amalgams are of concern.

**Dr. Walawender**: Typically we ask before we do [amalgam fillings](http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DentalProducts/DentalAmalgam/default.htm). We don’t want to become an amalgam-free office because in all honestly sometimes they are the best possible thing for people who have trouble taking care of their teeth. Composite fillings are technique-sensitive. Sometimes amalgams are the better choice. However, if you have concerns talk with your dentist; simply say you don’t want them. As far as patients with congenital heart defects, when we’re taking them to the operating room we generally do IV antibiotics ahead of time.

-It was stated that people with Down syndrome have had difficulty coming back from the anesthesia; there’s a substantially higher death rate for people with Down syndrome.

**Dr. Walawender**: Every time we do dental services it’s a risk. We try to tell people we don’t want to see them every year. We set up 3 to 5-year recalls because every time there’s a risk. 99.9% of the time complications are due to the anesthesia. There is risk and we need to determine whether the benefits outweigh the risks associated with anesthesia.

-A parent stated that a cardiologist said that most important thing is preventative care. She mentioned that oil pulling is one means of preventative dental care. Oil pulling is a type of oral detoxification that involves swishing organic coconut oil in one’s mouth for twenty minutes. This has a saponification effect; soap-like bubbles rub off the plaque in hard to reach areas. This technique could be important for people who may not have consistent preventative dental care.

**Dr. Walawender**: What we tell patients and families is that one’s diet is key. One of thing we’ve discovered is that if patients aren’t feeding themselves they typically have fewer cavities. Cavities can’t exist without the presence of sugar. People on low sugar diets are generally less susceptible to getting cavities. If you can regulate when sugary things are consumed, for instance at meal time only, you will be better off.

-It was stated that when the Preble Street clinic closed the conversations with Community Dental were productive, particularly about taking on the Preble Street patient list as regular patients versus simply focusing on the services not available anywhere else in the community. The goal was to integrate these patients into Community Dental’s regular service system. It was asked what whether or not this integration has occurred.

**Dr. Walawender**: When we took on the list originally we prepared for having special days. However, we found that the best method of providing care is to integrate people with all of our other patients. DHHS is letting us determine how frequently cleanings occur. Sometimes we’ll see a patient every three months for cleanings, doing a little bit at a time. As far as integration – patients have been completely integrated in our practice. Everyone who was served at the Preble Street clinic is able to be seen. Once they got into our system and on a recall system, we have been able to be more efficient and thus able to do more preventative services.

**Karen**: I’ve been blown away by the work done by Community Dental. There were some people who were in need of hospital sedation and over time no longer need that level of sedation. It’s been an amazing transformation.

**Representative Peter Stuckey**: Originally, the Preble Street clinic closure came from nowhere. I remember meeting with folks when that happened, and it sounds like there has been a lot of very collaborative and sensitive work done all around since that occurred.

**Dr. Walawender**: Also the Preble Street clinic had limited resources. We have all digital x-rays and patient charts. We have associates volunteer their time for free to come in and help with specialty services. We have a lot of things that even some general private practices don’t have because of our affiliation with Tuft’s and having multiple different locations.

-It was stated that people around this table attend various meetings and dental often comes up. The conversations around dental care have gone from panic to people being satisfied with how things have gone.

-A provider stated that someone they serve is currently saving up for dentures. This individual received an estimate of $8,000 for dentures.

**Dr. Walawender**: Regarding this particular case you can feel free to email me (jwalawender@communitydentalme.org) or call our office (207-874-1028). MaineCare will pay for dentures in some instances, though it has to be a medical necessity. There is a denturist in town and oral surgeons that take MaineCare. It might be worth looking into.

**Cullen**: Dr. Walawender and David, I want to thank you for being here and sharing this information with all of us!

**End of presentation.** *(Round of applause)*

**DHHS Update:**

**OADS, DHHS -** [**www.maine.gov/dhhs/oads**](http://www.maine.gov/dhhs/oads)**:**

**Waitlist Numbers as of 8/31/16:** Section 21 – 1277, Priority 1 – 0, Priority 2 – 393, Priority 3 – 884. Section 29 – 0.

**Karen Mason:** There are two rule making processes going on right now. Regarding Section 29: The waiver amendment was approved and dates back to 1/2016. We are going to post the rules for Section 29 when we post the rules for Section 21, so the public hearings will be scheduled on the same day. We don’t have the date and time yet, because both of those sets of rules are going through the internal review and approval process. We are hopeful that it will be sometime in October. In terms of Section 21: There are going to be two sets of Chapter 3 rules because of the provider tax increase. One Chapter 3 rule is just around the provider tax issue; the other rule is for all of Section 21. I want to make sure providers know there is a separate Chapter 3 process specifically for the provider tax.

**Discussion:**

-It was asked what the minimum amount of time is between posting the rule and holding the public hearing.

**Karen:** I’ll get that information for you. *(After the meeting Karen informed that per the APA (Administrative Procedures Act) rule, the hearing must be held between 17 and 24 days of the rule posting.)*

-It was stated that the Department keeps reporting that there isn’t an official waitlist for Section 29; however, it appears that there is approximately a five-month wait for an offer to be made. It was stated that there are people who applied back in May and have not received an offer.

**Karen**: We have been looking at a few factors. We have been looking at the budget and making sure that we’re staying within our budgetary means for both Section 21 and Section 29. We are also looking at our point-in-time limit and our unduplicated count for both Section 21 and Section 29. We need to ensure that we’re staying within our unduplicated counts. For Section 29, we have gone over our point-in-time count; as you know with the Aldridge settlement, we made offers to eliminate the waitlist for Section 29 through the end of June. We have done this analysis and continue to make offers. We will be able to start making more offers more quickly, so you should see the pace picking up.

-It was asked if Section 21, Priority 1 is open.

**Karen**: Priority 1 is for folks who end up, unfortunately, in situations with abuse, neglect, and/or exploitation. In these circumstances we offer services immediately. We don’t have a waitlist for Priority 1, and haven’t for over a year.

-There was discussion regarding the Department’s reserved capacity of 90 slots. It was stated that it appears, based on the number of people served in 2015, that the Department was authorized to serve more.

**Representative Drew Gattine**: My understanding was that the Department’s intent was to have the rules out by the end of August. Based on your report this didn’t happen.

**Karen**: We hope to have the rules out sometime in mid-October, but we don’t know for sure.

**Cullen**: Thank you Karen, it’s great to have you here!

**Special Education:**

**Patrick Moore:** The federal government passed a rule recently that mandates special education teachers be fully professionally certified; this goes into effect next year. This was mentioned in a [Portland Press Herald article](http://www.pressherald.com/2016/08/29/special-education-teacher-shortage-worsens-at-maine-schools/) a few weeks ago. We know it is difficult to find special education teachers. Currently, special education teachers can receive temporary certification, but as of next year this will no longer be an option. Nationally, there are a lot of states that have very few certified special education teachers and the government looked to bring the hammer down. However, this new mandate will create a crisis next year because there aren’t that many fully certified special education teachers in Maine. The number of graduates from University of Maine campuses has reduced by approximately 35% in recent years. Fewer people are going into special education than ever before. The issue has also existed for educational technicians who want to work an hourly wage during the school year; having the capacity to do that is becoming much more difficult. And, in northern Maine it’s an even bigger problem. This year, our district’s strategy is to take a look at our educational technicians who are interested in pursuing a special education teaching career, find a way to get their course work paid for, and eventually get them certified. Over one-third of special education teachers were formerly educational technicians.

-It was stated that part of the problem is every hour special education teachers spend with children comes with another hour of documentation. Then, with the economic downturn caseloads have doubled. Special education teachers manage students, run IEP meetings, and are responsible for documentation. These teachers are served by the same contract as regular education teachers, but the work load is much heavier. This is a large reason why teachers don’t want to go into the field. A former special education teacher stated that she would spend every night doing paperwork, into all hours of the night, and it was difficult to keep up with that pace. If special education teachers had their own, separate contract their workloads could be truly analyzed and reimbursement set accordingly. It was stated that how special education teachers are treated within the school should be examined.

-It was asked if the 282 certificate is the certification required.

**Patrick**: Yes, it is. During this transitional period, if they’re working towards it this year they’ll be covered. As of 7/1/17 they will have to be fully professionally certified.

-It was asked how Patrick would solve this issue.

**Patrick**: I would suggest working with colleges and universities to start addressing course work needed to become a successful special educator. I would also address paperwork issues; it has to be a manageable work load. I believe the answer is more and better training for special educators.

-It was stated that the same could be said for general educators. It was suggested that having a dual certification would be ideal so that kids could be truly inclusive.

**Patrick**: There needs to be much more collaboration between general and special education. I often end up with an applicant pool where people only have one course in teaching reading; that’s not enough. Or someone might have had one course in behavior management; that’s not enough. We need expert clinical reading teachers, people willing and able to deal with youngsters with irregular behavior issues, and people who can work successfully with people with reading and math problems. In our district, schools are struggling with the number of youngsters coming in who don’t have the necessary social skills. In general, kids having trouble in school is on the rise. We were lucky to convince our Board of Education to hire behavior strategists, with one in every elementary school. Behavior strategists are general educators with a special education background, who work on a response to intervention system. We shifted the position from special education because the primary responsibility is in general education. Everyone needs to be involved.

-It was asked if there are opportunities for general educators to have access to a special education background, whether trends in teacher training allow general educators to acquire these skills. It was stated that this knowledge is very important for general educators and it won’t happen if it’s not part of the training.

**Patrick**: The University of Maine is developing a program that would include a dual certification in general and special education. In theory, this is nothing new. However, the colleges and universities in Maine need to look at exactly what course work they expect of their graduates. Additionally, special educators need to know what’s on the general educators’ plates and vice versa. In general I don’t think there is as great an understanding of what’s on special educators’ plates.

-It was stated that training for interventions is necessary.

**Patrick**: I think people need good training in passive interventions. Good training is essential to prevent getting into those situations that require taking care of the safety of the child and others. One of the realities for public schools is that deinstitutionalization brought great opportunities to become an inclusive society. These children are now in our own communities. We need school systems that are prepared and able to work with a whole spectrum of youngsters. There are instances where we’re presented with kids who present safety risks and you need to be able to plan around that.

-A member of the group stated that she had been in a school district prior coming to Maine where teachers had to be certified in order to be hired. Unfortunately, there was an “us versus them” mentality, where it should have been collaborative. All students should be able to access regular education classrooms, where regular education teachers are equipped with the necessary knowledge, and the comfort level needed to be able to collaborate with special education teachers. Also given the recent media coverage about the challenge in finding regular education teachers, it’s important to think about how to entice people to a career in special education. Financial incentives would go a long way; to make it financially feasible for people to say yes to pursuing this career.

**Patrick**: Accompanied by genuine collaborative structures, this would be a great way to go. If there is a fault, it’s because work needs to be done to ensure regular and special educators get the resources they need to do their jobs. I know many regular educators who are willing to work with kids as long as they have the resources to do so.

**Cullen**: This topic generated a good discussion. It might be advantageous to make this a topic for a future meeting. Thank you!

**SMACT (**[**Southern Maine Advisory Council on Transition**](https://www.facebook.com/someadvisorycouncilontransition)**):** The Next SMACT meeting is on Friday, October 7th, from 1-3pm at Martin’s Point.

**Legislative Updates:**

**Cullen:** Congress did not come together with a HUD budget before the August recess. Congress will be working on a Continuing Resolution (CR), which will either fund the government through December or through March. We will see if there’s anything that comes out of that regarding the HUD budget. MaineHousing has stated that they do not have any funding for supportive housing, for either homeless or special needs populations. This is something for which this group may want to advocate.

**Representative Drew Gattine:** We’ve been out of session since April; there’s no update since then. I’ve been following the upcoming Section 21 rule making process. Currently I’m working with my Co-Chair of the Health and Human Services Committee (HHS), Senator Brakey, to look into scheduling a Committee meeting in the next month or so to talk about the Section 21 rule, along with a number of other topics. This way the Committee would be as prepared as possible going into the next legislative session, which begins in January 2017. I have reached out to Commissioner Mayhew regarding this as well. We’ll see; I’ll let you know when I know more about this. In general, I’m continuing to follow all of the important issues we talked about last session, including Section 21 and mental health services.

**Cullen:** Representative Gattine, I want to thank you for being here and for your work on the HHS Committee. Last session you and your Co-Chair came together and allowed for an educational session, where parents had the opportunity to participate in a robust discussion with the Committee and help Legislators better understand the challenges facing our sons and daughters. Thank you for that opportunity; forums like those allow for an open dialogue which is rare.

**Representative Drew Gattine**: Representative Stuckey, who will not be back for the 128th Legislature in January 2017, has been a constant supporter for this group. I can tell you that beginning last August or September I heard from Peter every day about all of the issues that are important to the people in this room. His commitment has been profound – you have not had a better champion in the Legislature. *(Large round of applause).*

**Cullen:** I wanted to add that now is the perfect time to meet with candidates and your state Legislators, have them over to your house, and educate them on your son or daughter’s needs.

**Disability Rights Maine (DRM) update**

**Staci Converse:** People with disabilities represent 15% of the voting-age population. Yet, during the 2012 elections: 30% of people with disabilities said they wanted to vote but were unable to; 72% of polling places were not accessible; and 57.2% of people with disabilities did not vote. DRM, in partnership with local providers, is hosting voting fairs in Saco, Brunswick, and Belfast.  Free events of food, fun, information, and action to promote the involvement of people with disabilities in the election process.  For more information or to RSVP for this event, call or email Rick Langley: 1.800.452.1948, Ext. 208 or rlangley@drme.org.  [Click here for the flyers and more information](http://www.maineparentcoalition.org/september-2016-presentation.html). Additionally, DRM is hosting two voter registration events on Tuesday, September 27th, in Portland and Bangor.  [Click here for the flyers and more information](http://www.maineparentcoalition.org/september-2016-presentation.html).

**Announcements/handouts:**

* [Let's Go! Toolkit for Children with Intellectual and Developmental Disabilities](http://www.maineparentcoalition.org/september-2016-presentation.html)
* This week (September 11 – 17) is 2016 Direct Support Professionals Week. If you have the opportunity, please thank DSPs for their dedication and hard work!
* A family member of an individual with Autism has asked that her brother’s story pertaining to Section 21 be shared widely ([click here for a link to more information](https://www.change.org/p/chellie-pingree-quality-support-for-maine-s-developmentally-disabled-community)).

**Cullen:** Check out our website [www.maineparentcoalition.org](http://www.maineparentcoalition.org). You can find the title of any of our past presentations; Click the link, and you will go right to the minutes. There is also a forum on the Section 21 & 29 page on the website. You can log in and post questions/topics for other parents to answer. Additionally, the website can always use more pictures. Take another look at the website from a parent perspective and make sure things are really clear, such as transition. Our goal is to be an easily accessible information clearinghouse.

**Cullen:** At our next meeting on **\*\*October 17, 2016\*\* (third Monday),** and our featured speaker and topic are yet to be determined**.**

Unless changed, Coalition meetings are on the 2nd Monday of the month from 12-2pm.

***Burton Fisher Community Meeting Room, 1st Floor of One City Center in Portland (off of the food court).***