DISABILITY RIGHTS MAINE

Fall 2017

DRM NEWS

Disability Rights Maine cordially invites you to attend our 2017 Annual Dinner

Friday, October 6, 2017

Hilton Garden Inn
Freeport, Maine

5:30 pm Reception
6:30 pm Dinner

Keynote Speaker

Eve Hill
Disability Rights Attorney
Brown, Goldstein & Levy

2017 Award Recipients

Helen M. Bailey Advocacy Award – Avery D. Olmstead, IV
Business Award – Union Farm Equipment

Contribution Levels:

Event Ticket/Patron	*75.00*
Supporter	*250.00*
Benefactor	*500.00*
Sponsor	*1000.00*

Please RSVP by September 22, 2017

To register online, go to http://drme.org/2017-annual-dinner

For more information, contact Shannon Crocker at 1.800.452.1948

Contributors To Date

ACLU of Maine, Consumer Council System of Maine,
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Updated Legal Protections Against Solitary Confinement

Jeff Skakalski, Esq., Staff Attorney

An experiment in correctional rehabilitation began in 1829 at Eastern State Penitentiary in Philadelphia, Pennsylvania. This is where solitary confinement was pioneered in the United States and from which models have been replicated in hundreds of correctional settings across the country and throughout the world. The idea was that by isolating inmates in their cells with no contact with others, where they read their Bibles, worked only in their cells, and contemplated their crimes, the inmates would become penitent. But, the experiment had devastating, permanent consequences on the health of its subjects. Charles Dickens toured Eastern State Penitentiary in 1842 and met with some of its inmates. Dickens' observations of this experiment are as true now as they were then:

> I believe that very few men are capable of estimating the immense amount of torture and agony which this dreadful punishment, prolonged for years, inflicts upon the sufferers . . . I hold this slow and daily tampering with the mysteries of the brain to be immeasurably worse than any torture of the body; and because its ghastly signs and tokens are not so palpable to the eye and sense of touch as scars upon the flesh; because its wounds are not upon the surface, and it extorts few cries that human ears can hear; therefore the more I denounce it, as a secret punishment which slumbering humanity is not roused up to stay.

Mary Hawthorne, *Dept. of Amplification: Charles Dickens on Solitary Confinement*, The New Yorker (March 23, 2009). About 50 years after Dickens' visit, the United States Supreme Court observed that solitary confinement caused "[a] considerable number of prisoners [to] f[a]ll, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane." *In re Medley*, 134 U.S. 160, 168 (1890).

Despite the well-known harms caused by solitary confinement, and the closure of Eastern State Penitentiary in 1971, the practices born from it continue to this day. It is estimated that approximately 80,000 - 100,000 inmates are in solitary confinement at any given time. Because the phrase solitary confinement has such a meaning, corrections officials may instead refer to the practice as "administrative segregation," "special management," or "restrictive housing." Changing the name, however, does not erase the harm that solitary confinement causes.

Although the purpose of solitary confinement has changed since the days of

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Human Trafficking: A Call for Awareness

CLARISA SÁNCHEZ, ADVOCATE

In its February 2017 report, *Human Trafficking in Maine*, the Maine Advisory Committee to the U.S. Commission on Civil Rights acknowledges the crime of human trafficking is a growing problem in Maine. Modern slavery, or human trafficking – the coercion of human beings for the purpose of involuntary labor, sexual exploitation, or both, is often thought of as an international cross border issue that undocumented immigrants fall victim to. According to a September 2016 article in the *Bangor Daily News*[1], providers and officials trying to help victims and survivors in our state are underfunded and ill-equipped. As this epidemic grows, both in Maine and across the nation, so too must our awareness of how our community members with disabilities are impacted by this heinous state and federal crime. Disability Rights Maine stands ready to work with our partners to help individuals with disabilities who are being trafficked or have been trafficked obtain the assistance they need to move beyond a life of slavery.

In May 2017, DRM held an agency-wide training by Sarah Branch, an attorney with Fairfield and Associates in which staff from all of DRM's programs learned to identify victims/survivors of human trafficking. At the beginning of this year DRM's parent organization, the National Disability Rights Network (NDRN), signed a memorandum of understanding[2] with the Human Trafficking Pro Bono Legal Center to work more closely to prevent the human trafficking of people with disabilities. This MOU and training are just the start of working together to become better aware and to help identify people with disabilities who are being trafficked.

Awareness begins with knowing and recognizing the signs of human trafficking of people with disabilities. The Polaris Project, a leader in the global fight to eradicate modern slavery, has published on their website a list of potential red flags. The most prevalent signs that individual with disabilities may be a victim of trafficking include when the individual:

- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture
- Appears malnourished
- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid
- Exhibits unusually fearful or anxious behavior after bringing up law enforcement
- Is not in control of their own money, no financial records, or bank account

[1] http://bangordailynews.com/2016/09/08/mainefocus/maine-police-know-sex-trafficking-is-here-yet-many-still-fail-to-fight-it/

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Disability Rights Maine is supported by grants from the Administration on Intellectual and Developmental Disabilities, the Center for Mental Health Services, the Rehabilitation Services Administration, the Social Security Administration, the Federal Communications Commission, the State of Maine, Acadia Hospital, Hamilton Relay Services, the Maine Civil Legal Services Commission, and private donations.

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Donations are tax deductible and gratefully accepted.

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Eastern State Penitentiary, the basic characteristics remain mostly unchanged. Today, it is used for administrative convenience, punishment, or other assorted reasons. A prisoner is locked in their cell for 22 to 23 hours a day with little or no meaningful human contact, little or no mental stimulation, and inadequate mental health care. Solitary confinement is still used for weeks, months, or years on end. The cells, which are about the size of a horse stall or a bathroom, will likely have some combination of a hard bed with a thin mattress, a toilet, a steel sink, and maybe a very small steel desk and chair which are secured to the wall and floor. Privileges such as visitation and access to reading and writing materials are often denied. There is little if any natural light or fresh air. Prisoners shout obscenities and threats at all hours and lights are often left on 24/7 for the convenience of staff. The sights and sounds within solitary confinement housing units are often violent and disturbing, and the smells can be rancid or worse.

Earlier this year, a federal appeals court issued two important decisions which recognized and clarified the rights of prisoners to be free from arbitrary long-term solitary confinement, and used some of the strongest language of any court in condemning the practice. These decisions should be useful for disability advocates and attorneys who work with adults and juveniles placed in solitary confinement.

In *Williams v. Sec. PA Dept. of Corrections*, 848 F.3d 549 (3d. Cir. 2017), *petition for cert. filed*, (U.S. July 11, 2017, No. 17-53; U.S. July 12, 2017, No. 17-5116), the Third Circuit Court of Appeals held that former death row inmates cannot be placed in solitary confinement once their capital sentences are vacated unless they are provided with due process to justify the placement. The court cited three other federal appeals courts decisions (2nd, 4th, and 6th Circuits) which found that solitary confinement creates atypical hardships not imposed on other inmates and thus implicates constitutionally protected liberty interests. The *Williams* decision does not apply to prisoners who are presently on death row and awaiting execution. In reaching its decision prohibiting solitary confinement, the *Williams* court acknowledged the robust body of legal and scientific authority recognizing the damaging effect on mental health caused by long-term isolation in solitary confinement. The court would later describe its observations from *Williams* in *Palakovic v. Wetzel*:

> we observed a growing consensus—with roots going back a century—that conditions like those [in solitary confinement] can cause severe and traumatic psychological damage, including anxiety, panic, paranoia, depression, post-traumatic stress disorder, psychosis, and even a disintegration of the basic sense of self identity. And the damage does not stop at mental harm: 'Physical harm can also result. Studies have documented high rates of suicide and self-mutilation amongst inmates who have been subjected to solitary confinement. These behaviors are believed to be maladaptive mechanisms for dealing with the psychological suffering that comes from isolation.'

Palakovic, 854 F.3d 209, 225-26 (3d. Cir. 2017) (citations omitted). The *Williams* court's brief discussion about an increased risk of suicide due to solitary confinement would become more focused in *Palakovic*.

In *Palakovic*, the Third Circuit once again found that solitary confinement implicates constitutional protections, this time the Eighth Amendment protection against cruel and unusual punishment. In *Palakovic*, the court addressed the claims brought by the parents of a young man with mental illness who committed suicide after repeatedly being placed in solitary confinement. The *Palakovic* court vacated the decision of the lower court, which dismissed all of

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- Is not in control of their own identification documents (ID or passport)
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating)

For an exhaustive list of potential red flags to look for in recognizing various types of human trafficking visit https://polarisproject.org/recognize-signs.

Whether you are a Department of Health and Human Services Adult Protective Services investigator, DHHS or community case manager, direct service provider, doctor, nurse, employer, disability rights advocate, family or friend of a person with disabilities, please remember to actively look for the aforementioned red flags when having an appointment/meeting or visiting with an individual with disabilities. Learning these signs and taking an additional few minutes of your time to identify the signs could save someone from a life of human trafficking and trauma. Furthermore, your agency or program may not need additional funding for training on this crucial issue as there are already many training and outreach materials available such as those available on the Maine Sex Trafficking and Exploitation Network's website, http://www.mainesten.org/training.html.

Let us work together to each do our part in stopping this atrocious crime from continuing in our state. If you suspect someone with a disability is a victim of trafficking, please call the National Human Trafficking Hotline at 1.888.373.7888 and local or state law enforcement.

[2] http://ndrn.org/en/component/content/article/5/614-human-trafficking.html

Putting "Dignity" Back Into the "Dignity of Risk"

LAUREN WILLE, ESQ., STAFF ATTORNEY

In the world of disability rights, there is a concept known as the "dignity of risk." Disability rights advocate Robert Perske first introduced this concept in 1972, writing:

> Many of our best achievements came the hard way: We took risks, fell flat, suffered, picked ourselves up, and tried again. Sometimes we made it and sometimes we did not. Even so, we were given the chance to try. Persons with special needs need these chances, too. . . We have learned that there can be healthy development in risk taking and there can be crippling indignity in safety!

Indeed, many of the rights violations DRM encounters in its advocacy work occur in the name of safety and by those with good intentions. Dignity of risk is a concept that is often overlooked in this process.

For many individuals with developmental disabilities, the idea of choice can be elusive. The concept of civil rights might exist only in theory. The rights to humane treatment, to work, to vote, to personal property, to nutrition, to the practice of religion—these are all guaranteed by law to individuals with developmental disabilities. Laws like this shouldn't need to exist. People with disabilities automatically have these rights, the same as every other American. But these laws do exist because historically, individuals with disabilities have been deprived of basic rights, and thus extra protection has been required. The choice of where to live, where to work, what to eat, what to wear…these are choices many of us take for granted. However, for so many individuals with disabilities, these choices are made

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DRM Deaf Services Celebrates Two-Year Anniversary!

DRM Deaf Services Staff

Deaf Services programs have been a part of DRM since July 2015. Through our advocacy and communication access programs, DRM works with individuals who are D/deaf, hard of hearing, late deafened, Deaf-Blind (dual sensory loss - sight and sound), or who use signs and gestures to communicate. Here are some program highlights:

Advocacy and Civil Rights

Effective communication is an essential part of health care, even if no adverse medical consequences occur. DRM Deaf Services has fielded several calls from Deaf American Sign Language (ASL) users in Maine who are concerned about poor quality Video Remote Interpreting (VRI) services in hospitals, and we're working closely with one large health care system to improve the quality of service and ensure that in-person interpreting remains an option, when necessary. Recent court decisions that address interpreting ASL in hospitals via VRI versus in-person ASL interpreters are making it easier to improve services in Maine without having to go to court.

Systemic issues we're working on include sign-accessible housing options for Deaf senior citizens, captions turned on all televisions in public places in Portland, discount pricing on high speed internet for low-income deaf people who use a videophone or captioned telephone, and working with first responders throughout Maine to provide training and education around communication with Deaf and hard of hearing people.

Peer Support Group

Peer Support Group (PSG) is a monthly gathering for adults with intellectual and developmental disabilities who use signs and gestures to communicate. PSG members may be D/deaf, Hard-of-Hearing, or non-verbal/hearing. Friends, caregivers, housemates, co-workers, and families are welcome to participate in our programming. The focus of these group sessions is to enhance communication skills through structured (fun!) activities. These gatherings increase clients' communication, thereby improving access to health, safety and employment. PSG held a gathering as part of the Maine Deaf Timberfest, integrating with the larger Deaf Community, and will attend a sign language and gesture-friendly session at Pine Tree Camp, which the campers just named Sign Tree Camp.

Telecommunications Equipment Program

Finally, there is a high quality, hearing aid compatible cordless phone amplified to 50 decibels. That's comparable to even the most highly adjustable corded phones, rating it beneficial to individuals with mild, moderate and severe hearing loss. Typically cordless phones amplified to this level become distorted, but the sound on the new Panasonic KX-TGM450S is crystal clear and client responses so far have been great! This and other phones help many people with a barrier to using the phone – not only with hearing loss – stay in touch, stay employed and stay connected.

Deaf-Blind Equipment Program

Great news! The Federal Communications Commission (FCC) declared the National Deaf-Blind Equipment Distribution Program (NDBEDP) a permanent program! Launched as a pilot program in 2012 , NDBEDP works with individuals who are low-income and have significant combined vision and hearing loss. Individuals can receive equipment and training to engage in distance communication via the telephone and internet. Through this program, over 80 Mainers have received equipment and training to help them keep in touch with loved ones and friends and

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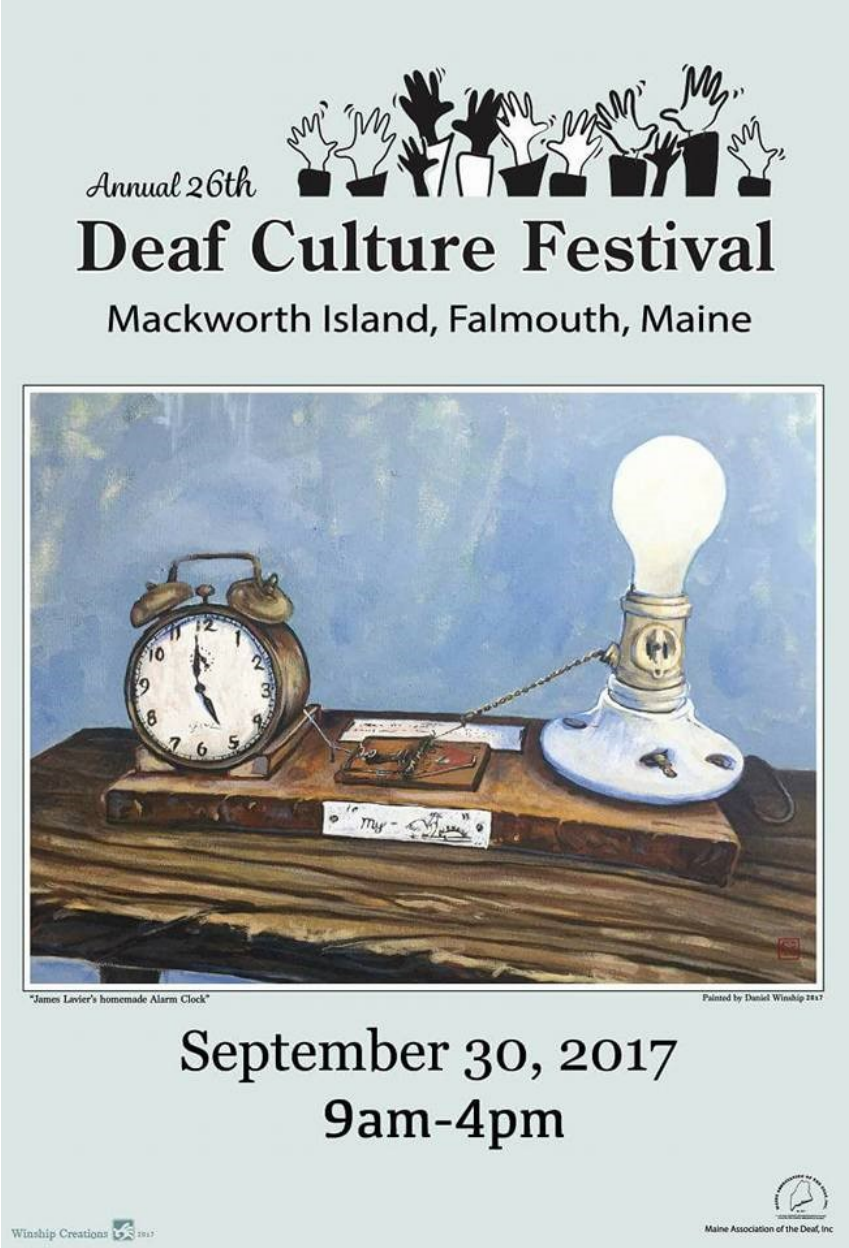
to maintain access to services and providers, thus increasing their independence.

On July 1st of this year, the FCC changed the program status from pilot to permanent. As part of that transition, each state was required to reapply for certification. Thanks to the collaborative effort of DRM staff and letters of support from our partner organizations, including like The Iris Network, Mainely Access and Maine CITE, DRM was again selected to administer the permanent program through the next five-year funding cycle.

We are thrilled to have the opportunity to continue offering equipment and training to people with dual-sensory impairment and look forward to raising awareness about this program across Maine.

Hamilton Relay - A Friendly Reminder!

Relay telephone calls must be treated like voice phone calls: Don't hang up! There's a Deaf, hard of hearing or speech impaired person on the other end of the line, wanting to connect with you, your business or service.



Learn More at https://www.facebook.com/MaineDeafCultureFestival

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the parents' Eighth Amendment claims against prison officials and medical personnel for failing to prevent their son's suicide. Even though other prisoners nicknamed the deceased young man "Suicide" and had other information that he was exhibiting symptoms of suicidality, the lower court did not find that correctional and mental health staff and officials knew or should have known that the young man had a "particular vulnerability to suicide." The *Palakovic* court found that the lower court erred by ignoring the following evidence presented by the parents of the young man:

> [w]hen a mentally ill, depressed person has attempted to kill himself multiple times, has engaged in self-harm, declares he has been thinking about killing and harming himself, and has made an actual plan of how he would carry out his own suicide, it cannot be said as a matter of law that the risk of suicide is nothing more than a "mere possibility." [The decedent's] suicidal propensities were so readily apparent that his fellow inmates nicknamed him "Suicide." If we were to conclude that circumstances were insufficient to allege a "particular vulnerability to suicide," it is difficult to imagine how any plaintiff could ever succeed in doing so.

Palakovic, 854 F.3d at 230 (citations omitted). The court reinstated all of the parents' Eighth Amendment claims against the corrections staff, corrections officials, and corporate health care providers regarding their respective legal obligations to prevent the suicide of a prisoner with a "particular vulnerability to suicide," train staff to manage prisoners with serious mental illness or who are suicidal, provide necessary mental health treatment, and not place prisoners with serious mental illness in solitary confinement.

Protection and Advocacy systems, including Disability Rights Maine, continue to advocate for an end to the harmful and illegal placement of prisoners with mental illness in solitary confinement. The AVID Prison Project recently highlighted the work being done by P&A systems to prevent this abusive practice. Anna Guy, *Locked Up and Locked Down: Segregation of Inmates with Mental Illness*, AVID Prison Project (2016) (http://www.disabilityrightswa.org/locked-up-and-locked-down). Remarkably, some juveniles are also housed in solitary confinement. The placement of juveniles in solitary confinement is considered torture under international law. Nat'l Comm'n on Correctional Health Care, *Position Statement: Solitary Confinement (Isolation)*, http://www.ncchc.org/solitary-confinement (last visited Aug. 24, 2017) ("Juan Méndez, U.N. special rapporteur on torture and cruel, inhuman, and degrading treatment . . . states that the imposition of solitary confinement of any duration on juveniles is cruel, inhuman, and degrading treatment and violates both the International Covenant on Civil and Political Rights and the Convention against Torture.")

DRM continues to fight for the elimination of solitary confinement against juveniles and adults with mental illness. This work is being done through on-site visits to correctional facilities where DRM staff meets with inmates and corrections administrators, consultation with government officials, and individual advocacy.

Disability Rights Maine seeks public comment on our program priorities throughout the year.

To submit a comment, please send an e-mail to advocate@drme.org.

The Bridging Rental Assistance Program (BRAP)

You May Qualify for Rental Assistance Under this 6.6 Million Dollar Program

MARK C. JOYCE, ESQ., MANAGING ATTORNEY

The recent State of Maine biannual budget included 6.6 million dollars in funding for the Bridging Rental Assistance Program or BRAP. BRAP is a housing voucher program for individuals with psychiatric disabilities. Program participants pay 51% of their income, from whatever source, for rent. BRAP subsidizes the remaining portion of the rent up to the Fair Market Rent as determined by the Department of Housing and Urban Development (HUD).

1. **Who is eligible to apply for BRAP?**

   A: The following people are eligible to apply for BRAP:

   - ✓ If you were a patient at the former Augusta Mental Health Institute at any time on or after January 1, 1988 you automatically qualify for BRAP.
   - ✓ If you were ever a patient at the Riverview Psychiatric Center you automatically qualify for BRAP.
   - ✓ If you are an individual who meets the eligibility for Care Criteria for Community Support Services as defined in the most recent version of Section 17 of the MaineCare Benefits Manual you also are eligible for BRAP.

2. **If I am not a former patient of AMHI or Riverview, does this mean I have to be receiving Section 17 services in order to be eligible for BRAP?**

   A: No, you only need to be *eligible* to receive Section 17 services. You do not actually have to be *receiving* that service.

3. **How do I prove my eligibility for Section 17 if I am not actually receiving the service?**

   A: Have any one of the following professionals fill out and sign a "BRAP Enrollment" form verifying you are eligible for Section 17 services:

   - ✓ Advanced Practice Registered Nurse (APRN)
   - ✓ Doctor of Osteopathy (DO)
   - ✓ Licensed Clinical Social Worker (LCSW)
   - ✓ Licensed Clinical Professional Counselor (LCPC)
   - ✓ Licensed Psychologist (PhD)
   - ✓ Medical Doctor (MD)
   - ✓ Nurse Practitioner Certified (NPC)

The BRAP Enrollment Form is available from the Local Administrative Agency (LAA) that serves your county. The list of Local Administrative Agencies can be found on page 11.

5. **If I meet the initial eligibility criteria, what other paperwork do I need in order to apply for a BRAP voucher?**

   A: You will need the following paperwork:

   - ✓ If you are receiving SSI or SSDI verification of this from the Social Security office dated at least 120 days from the date of the BRAP application.
   - ✓ If you are not receiving SSI or SSDI, verification of application and/or appeal status from the Social Security Office.
   - ✓ If you are not currently receiving SSI/SSDI, documentation of General Assistance or another source of

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income (TANF, Employment, etc.).

- ✓ If you have applied for subsidized housing and/or Section 8, verification from a housing authority or management company where you have applied for subsidized housing and/or Section 8.
- ✓ If you have not applied for subsidized housing, or do not qualify, a written statement from the PHA of the reasons.
- ✓ A completed BRAP application, which may require additional verification paperwork depending on the priorities as explained below.

6. If my application is accepted, am I given a voucher or put on a waitlist?

A: BRAP does not operate on a traditional waitlist system. Instead, the BRAP program operates on a priority system and vouchers are awarded based upon where the person who applied is at on the list of priorities.

7. What are the BRAP priorities?

A: The BRAP priorities are as follows:

- ✓ Priority 1: Adults who are being discharged from Riverview Psychiatric Recovery Center or Dorothea Dix, a private psychiatric hospital, or who have been discharged in the past twenty four (24) months, after 72hr admission, from any of such institutions; or leaving a state funded Mental Health Residential Treatment program (PNMI).
- ✓ Priority 2: Adults who are homeless.
- ✓ Priority 3: Adults who are living in substandard housing in the community.
- ✓ Priority 4: Adults who are discharged to homelessness after leaving correctional facilities (jail/prison) and persons adjudicated through a mental health treatment courts.

8. If my application is denied, what is the appeal process?

A. If your BRAP application is denied you will be given information on how and where to file an appeal of the denial.

9. Where do I apply for BRAP?

A: You apply for BRAP through your Local Administrative Agency (LAA) designated for you county (see page 11).

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for them. Many times, these choices are made by people who have the best of intentions. What is overlooked in this process is that the very act of choosing for oneself can give life meaning and direction.

People with disabilities are too often deprived of this basic concept of being able to make their own decisions. Disability Rights Maine believes that individuals with disabilities are entitled to the same dignity of risk as anyone else. In our developmental disabilities program, we help individuals with many types of issues, ranging from civil rights education to MaineCare services to providing assistance with guardianship matters. Our advocates and attorneys are available to answer questions or assist individuals who want to terminate, limit, or avoid a guardianship. We can also talk with you about alternatives to guardianship, such as Supported Decision-Making (learn more at www.supportmydecision.org). Most of all, DRM is here to help people with disabilities advocate for themselves!

If you or someone you know has questions about their rights or wants to see how DRM may able to help them, please contact our office at 1.800.452.1948.

Local Administrative Agencies (LAA)

Agency	Contact	Contact Numbers	E-mail	Counties Covered
Aroostook Mental Health Center One Edgemont Dr Presque Isle, ME 04769	**Christine Brown** Kathryn Allenby	207.498.6431 207.764.0759	cbrown@amhc.org kallenby@amhc.org	Aroostook
Common Ties Mental Health Services PO Box 1319 Lewiston, ME 04243	**Jeff Ahlberg** Robin Berube Bobbie Jean Banton	207.795.6710 x150 207.795.6710 x302 207.795.6710 x202	jahlberg@commonties.org rberube@commonties.org bbanton@commonties.org	Androscoggin, Franklin & Oxford
Community Health and Counseling PO Box 425 Bangor, ME 04402	**Meredith Smith** Heidi Bradley (BRAP) Jennifer Weatherbee (SPC)	207.922.4423 207.922.4478 207.922.4516	msmith@chcs.me.org hbradley@chcs.me.org jlweatherbee@chcs.me.org	Hancock, Penobscot, Piscataquis, & Washington
Kennebec Behavioral Health 67 Eustis Parkway Waterville, ME 04901	**Donna Kelley** Amanda Jankowski (applications only)	207.873.2136 x1241 207.873.2136 x1352	dkelley@kbhmaine.org ajankowski@kbhmaine.org	Kennebec & Somerset
Shalom House 106 Gilman St Portland, ME 04102	**Susan Wiley**	207.874.1080 x123	swiley@shalomhouseinc.org	Cumberland & York
Sweetser 329 Bath Rd, #1 Brunswick, ME 04011	**Rita De Fio** Linda Frost	207.373.3049 207.373.3118	rdefio@sweetser.org lfrost@sweetser.org	Knox, Lincoln, Sagadahoc, & Waldo + Brunswick, Harpswell & Freeport
DHHS Augusta, ME 04333	**Chet Barnes** Statewide Rental Assistance Manager	207.557.5030	chester.barnes@maine.gov	Statewide

Central Administrative Agency Contact Information

Agency	Contact	Contact Numbers	Email
Shalom House Inc. 106 Gilman St Portland, ME 04102	Ginny Dill, Subsidies Director	207.874.1080 x 147	vdill@shalomhouseinc.org
	Jill Damion, Subsidies Coordinator	207.874.1080 x 111	jdamion@shalomhouseinc.org

Join MaineShare's Annual "Small Footprint" Summer Hike & Bike

July 14 - September 20, 2017

Joining is easy!

First, visit https://www.razoo.com/team/Mainesharehikebike17 to join MaineShare's team and then create your own! Customize your team's page. Your team can be one person or it can be many! Add your story (let MaineShare know if you need help with this).

Second, plan your trek! Decide who you want to hike and bike with and where you want to go! You can hike and/or bike on your own, or challenge your co-workers, friends, and family to join you on a trek! Feel free to kayak, jog, run, or wheel any where you like, for as long as you like. Plan at least one day, time, and activity for your team, or simply keep a log of your own regular hiking and biking!

Third, invite people to join and/or sponsor you and your team! Use the social media tools provided and send the link to the page you create to your friends via email!

Then, get out there and do it! Share your stories and pictures of your accomplishments as you spin, step and paddle. When you go, take a few pictures and post to Twitter, Instagram and Facebook. When you do, don't forget to tag and follow us @maineshare!

Razoo keeps track of your team's progress based on the goal you set. Raise the bar on the entire challenge, but of course, have fun outdoors - at your own pace!

Last, you might end your team challenge in a gathering - at a local juice bar or pub or picnic ground to celebrate your hard work at being outdoors while helping us support causes you care about!

100% of the sponsorship and pledges you raise go directly to MaineShare to continue to support the MaineShare community - a progressive group of over 40 statewide organizations working for education, cultural diversity and the arts, economic opportunity, safety and health, the environment, and social justice and peace.

To learn more about MaineShare, visit www.maineshare.org.

Disability Rights Maine
24 Stone St, Suite 204
Augusta, ME 04330
207.626.2774 (V/TTY) • 1.800.452.1948 (Toll-Free)
207.621.1914 (Fax)
advocate@drme.org • drme.org

Disability Rights Maine - Deaf Services
68 Bishop St, Suite 3
Portland, ME 04103
207.797.7656 (V/TTY) • 800.639.3884 (V/TTY)
207.766.7111 (VP) • 207.797.9791 (Fax)
deafservices@drme.org

https://www.facebook.com/DisabilityRightsMaine

https://www.facebook.com/DRMDeafServices