



## Electoral Reform in New York State: Have We Finally Turned a Corner?

By Joe Adler

Our Empire State is justly recognized as one of the most progressive states in disability legislation and delivery of services. Sadly enough, we cannot include electoral reform in this assessment. New York ranks dead last (50<sup>th</sup>) in compliance with those sections of HAVA dealing with voting access rights! It was for this reason that federal Judge Gary Sharpe of the Northern District of New York told the New York State Board of Elections (SBOE) on December 20, 2007, that he was ashamed to be a citizen of New York. Noting that the Help America Vote Act was passed as long ago as 2002 and that the SBOE had failed to comply substantially with the Court's directives issued during the past five years, Judge Sharpe repeatedly warned counsel for the commissioners that non-compliance is not an option. Recognizing that full compliance with HAVA (and the even stricter standards passed by our state



legislature) was likely not achievable by November 2008, Judge Sharpe laid out a timetable for compliance, including weekly progress reports, which must be supplied to the Court. Full compliance is expected by next year's Fall primary in September 2009. This more favorable outlook emerged only after a protracted struggle with the SBOE by disability groups and other stakeholders, such as the League of Women Voters and New Yorkers for Verified Voting.

In this brief article, we will update our readers on the likely changes in voting options for people with disabilities. As we write in March 2008, the state and county BOE are scrambling to comply with Judge Sharpe's order that there be at least one accessible voting machine in EACH POLLING PLACE by November 2008. While most voters will still likely be voting on the old lever machines utilizing a full face ballot, people with disabilities will be encouraged to use one of four electronic machines which have been given preliminary approval by the SBOE for purchase by the county

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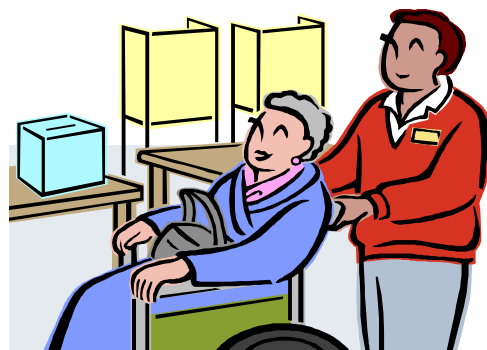
Boards of Election. These machines are still being tested for use in New York State, although some have already been used successfully in other states. All of the machines have auditory capacity, sip and puff devices and are suitable for use by wheelchair voters. NYSILC has participated actively in the testing process by arranging for voters with different disabilities to test the machines, by hosting three of the test sites, by administering a post-test questionnaire to the testers, and by preparing a detailed report on the test results. Significantly, all of the voting machine vendors encouraged voter feedback and expressed a willingness to modify their equipment to improve their models.

As with most new technologies, we can expect a learning curve for both the poll workers and the voters. It is recognized that not all people with disabilities will opt immediately to use the new machines; some will continue to vote by absentee ballot or will utilize a helper at the voting site. In an effort to allow people with disabilities and poll workers to become familiar with the new machines, it has been proposed that the counties be encouraged to loan out some of the machines to the Independent Living Centers. This might also encourage more people with disabilities to apply for positions as poll workers. As noted above, Judge Sharpe has ruled that all of the time-tested lever machines be replaced by the September 2009 primary. When the switch-over from the lever to the electronic machines is complete, Empire State voters will have experienced a monumental change. Voter access should be easier and simpler for all Americans. Finally, after 200 years, the seminal right to vote independently and confidentially will have been extended to the last major group to be disfranchised.

How will full compliance change the voting experience of people with disabilities in New York State? All voters will utilize the new electronic machines. Nearly all people with disabilities will have the opportunity to vote independently and privately, and have their ballots counted on the SAME day.

There are currently four models of voting machines *"certified"* for use in New York State by the SBOE. The county BOE are completing their selection from the approved list, with most counties opting for the Sequoia Dominion Image Cast and others choosing the Premier Automark, the ES&S Automark or the Liberty Vote DRE.

The voting machine vendors continue to be guided by the suggestions of disabled voters who test the machines. All of the machines tested have an audio capacity and are accessible to wheelchair users. For voters unable to move their hands, there is a sip and puff feature standard on all machines, which enables some voters to cast ballots by utilizing their mouths. All states are required to arrange for the training of poll workers in this new technology. We at NYSILC have observed that the ability of an individual voter to cast a ballot independently sometimes hinges on the poll worker's knowledge of the machine's features. Small changes, such as adjusting the screen's contrast, can sometimes make all the difference. In sum, the recent developments described above are encouraging ♦



## Historic Bill Strengthens Mental Health Coverage

By Patty Black

On Wednesday, March 5, 2008 the House passed a broad bill guaranteeing better mental health coverage for people with private insurance, giving a big victory to patients and medical groups in support of this bill. The legislation is entitled *The Paul Wellstone Mental Health & Addiction Equity Act* (H.R. 1424) and it was first introduced by House member Patrick J. Kennedy. This parity is very important in ending the current insurance discrimination against mental health service recipients, including higher costs and limited treatments for those requiring mental health/substance abuse services. Kennedy, a RI Democrat, points out that the mental health population has been unfairly stigmatized for a long time by outdated stereotypes. He describes this bill as a civil rights issue for this population, explaining that too many Americans have long been denied access to affordable mental-health care that is on par with physical health coverage. The mental health parity act has a large group of supporters among both parties. This legislation needed the approval by a majority vote in the House so it could now go on to conference committee. The Senate has already passed a more restrictive version of parity legislation for mental health consumers. If the two legislative houses can agree, the measure will then go to President Bush's desk for his signature. The lead Democratic sponsor in the Senate, Senator Edward M. Kennedy (father of Patrick) feels strongly that the tighter Senate version stands the best chance of enactment because it has health industry support and would be less costly. Whereas, the House version of the bill requires coverage of a large array of mental health conditions, the Senate version mandates coverage for fewer diagnostic categories. Supporters of both bills have been informally discussing compromise options for many months, and have reason to hope that an agreement will be reached. Coverage will be enhanced by this federal legislation, especially if the final law is closer to the House bill.

We can take great pride in the progress toward full parity. Without our repeated efforts and vigilant advocacy, the successes at the legislative level would not have been possible ♦

## Collaboration/Innovation -- What Do Other SILCs Do?

By Edith Prentiss

(EDITH PRENTISS IS A MEMBER OF THE NYSILC COUNCIL AND REPRESENTS REGION 2 AT THE SILC CONGRESS. IN JANUARY 2008, EDITH ATTENDED THE SILC CONGRESS IN NEW ORLEANS. HER REPORT FOCUSES ON A MEETING THERE OF REPRESENTATIVES OF THE STATE COUNCILS)

The cracker barrel session was an opportunity for states to discuss the issues they're facing and to share what they have done in the last year. Brad spoke about our election machine issues. Numerous states spoke about their problems with RSA, their SPIL and their 704 reports. Several states spoke about having strong youth programs, while others are developing youth programs. Hawaii has had 3 directors in 2 years and the problem of trying to complete the 704 using a screen reader. RSA used forms that don't work well with screen reading programs. A SILC member from Virginia characterized recent staff and board losses in his state as a *bloodbath*. Both states, however, were well represented and worked hard. I made a pitch for states to work with the ILRU to ensure that their websites information is current, so we can all work better together. Here are a few issues from other SILCs:

**Illinois** . the SILC and CIL state association meetings are coordinated over 2 days to reduce travel time and expense.

**Louisiana** . The Louisiana Independent Living collaborative is an umbrella that goes beyond the traditional models to incorporate all parties. Participants were asked what they were doing that supported the independent living philosophy and how could they do it better, together. The result

was a state plan that forges partnership, thereby increasing the capacity of each individual partner.

**Montana** - New SILC members receive an easy to read, easy to follow notebook and are assigned a mentor to bring them up to speed quickly. The notebook includes information about each CIL with staff and site photos, as well as contact information.

**New Jersey** - Developed a 12 page booklet that describes Independent Living, the SILC, CILs and what it's all about and how it comes together. They also developed the Parent Action Transition Handbook (PATH) that gives parents the down and dirty about what happens when the school bus starts coming, which is posted on their website.

**Oregon** . Realizing that their CILs needed technical assistance, they approached their VR agency, which provided funding for APRIL (Association Of Programs For Rural Independent Living) mentors to help develop program improvement plans. The SILC's role is to keep reminding the CILs to use the plans, not put them on a shelf.

**Texas** - CHIRP (Centers Hatching Initiatives for Realizing Potential) is a targeted collaborative project comprised of rehab counselors and CILs staff, and guided by a national think tank. A 2-day team building activity focused on serving youth as they transition out of high school. Although they have 21 centers, there is a great unmet need.

Their SILC and state association of CILs mapped the potential service areas. They worked their DSU, met with legislators and testified at appropriation hearings. By working together, 10 new CILs were funded this year.

**Vermont** . Council members receive a complete list of legislators. They don't just call when they have a problem but engage in ongoing dialogues. State agency and commission staff are regularly invited to meetings. The Pride Project is a curriculum for grades K-12 that promotes respect for PWDs and develops regular lesson plans. For example, a math worksheet included calculating ramp lengths for wheelchair users. It is available on discs and includes worksheets teachers can print for class use.

**Virginia** . To help bring order to meetings, the Chair hired a parliamentarian. They have just finished a 6-year project that led to a lot of good collaboration between the SILC and the CILs. It primarily involved local grass roots advocacy at each CILs that led to statewide coordinated advocacy efforts, and culminated in annual legislative activities where SILC members can participate. Their new SPIL is focused on implementing MFP (Money Follows the Person). The main components are working with their local public housing authorities on expanding housing options and implementing ADA accessibility tool kits ♦

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