

MAINE STATE LEGISLATURE

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1 FIRST REGULAR SESSION
2

3 ONE HUNDRED AND ELEVENTH LEGISLATURE
4

5 Legislative Document

No. 1490

6
7 S.P. 490

In Senate, April 15, 1983

8 Referred to the Committee on Health and Institutional Services. Sent
9 down for concurrence and ordered printed.

10 JOY J. O'BRIEN, Secretary of the Senate

Presented by Senator Gill of Cumberland.

Cosponsor: Representative Nelson of Portland.

11
12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-THREE
16

17 AN ACT Establishing Emergency Mental
18 Health Services.
19

20 Be it enacted by the People of the State of Maine as
21 follows:

22 Sec. 1. 34 MRSA §2052, first ¶, as amended by PL
23 1981, c. 493, §2, is further amended to read:

24 The Department of Mental Health and Mental Retar-
25 dation may provide mental health services throughout
26 the State, and for that purpose may cooperate with
27 other state agencies, municipalities, persons, unin-
28 corporated associations and nonstock corporations.
29 These services shall include respite care services
30 and crisis intervention assistance delivered in the
31 natural setting, as defined in chapter 188. The
32 department shall adopt and promulgate rules, regula-
33 tions and standards relating to the administration of
34 the services authorized by this chapter and to

1 licensing under this chapter. Under this chapter,
2 funds may be granted by the department only to those
3 applicants whose programs provide for adequate stan-
4 dards of professional service. The department may
5 receive and use for the purpose of this chapter money
6 appropriated by the State and grants by the United
7 States Federal Government, gifts from individuals and
8 from any other sources.

9 Sec. 2. 34 MRSA c. 188 is enacted to read:

10 CHAPTER 188

11 EMERGENCY MENTAL HEALTH SERVICES

12 §2161. Intent

13 It is the intent of the Legislature to assist
14 families as primary care givers for the mentally ill
15 by developing and assuring the availability of
16 respite care services. It is further the intent of
17 the Legislature to reduce the need for
18 rehospitalization by developing and assuring the
19 availability of cost-effective, quick-responses cri-
20 sis intervention services.

21 §2162. Definitions

22 As used in this chapter, unless the context indi-
23 cates otherwise, the following terms have the follow-
24 ing meanings.

25 1. Crisis intervention services. "Crisis inter-
26 vention services" means services delivered at the
27 crisis site, whether home, job or elsewhere, to
28 enable the disabled person and involved family,
29 friends and other crucial relators to cope with emer-
30 gencies in a way that maintains effective community
31 ties.

32 2. Respite care services. "Respite care ser-
33 vices" means short-term services provided to indi-
34 viduals who are unable to care for themselves in the
35 absence of those who normally provide that care or
36 who require short-term crisis support in a live-in
37 situation other than their current residence. These
38 services may be provided in an individual's home or

1 in a facility approved by the State for the delivery
2 of respite care.

3 §2163. Responsibilities

4 The Department of Mental Health and Mental Retar-
5 dation shall be responsible for assuring the develop-
6 ment of necessary services in each catchment area of
7 the State. These services shall include:

8 1. Crisis intervention personnel. Crisis inter-
9 vention personnel, both professionals and others, who
10 deliver crisis intervention services and:

11 A. Are able to intervene at the crisis site;

12 B. Are available on a 24-hour basis; and

13 C. Are able to provide referral services to or
14 direct assistance with emergency hospitalization,
15 transportation to other sites and respite ser-
16 vices;

17 2. Respite care services. Respite care ser-
18 vices; and

19 3. Respite care sites. Respite care sites.
20 These sites shall include a variety of options,
21 including community shelters or host families, and
22 may include, in addition to residential services,
23 planned social rehabilitative and therapeutic activi-
24 ties.

25 §2164. Report

26 The department shall evaluate the feasibility,
27 utilization and cost of these alternatives to hospi-
28 talization, including the use of different models in
29 different areas of the State, and shall submit a
30 report to the joint standing committee of the Legis-
31 lature have jurisdiction over health and institu-
32 tional services by December, 1985.

33 STATEMENT OF FACT

34 Many individuals suffer crisis episodes of mental
35 illness for which institutionalization is inappro-

1 priate. Others, who are unable to care for them-
2 selves, are looked after by family or friends, who
3 need a respite from this responsibility. This bill
4 requires the Department of Mental Health and Mental
5 Retardation to oversee the development of emergency
6 services in different areas of the State, and to
7 report to the Joint Standing Committee on Health and
8 Institutional Services on the use and cost of these
9 services by December, 1985.

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