

# MAINE STATE LEGISLATURE

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L.D. 1793

DATE: 3/30/94

(Filing No. H-1008)

HUMAN RESOURCES

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STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
116TH LEGISLATURE  
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 1330, L.D. 1793, Bill, "An Act to Implement the Recommendations of the Health and Social Services Transition Team"

Amend the bill by striking out everything after the title and before the statement of fact and inserting in its place the following:

'Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, recent efforts to restructure health and social services have not achieved sufficient consensus; and

Whereas, those efforts were not guided by a set of fundamental principles held by the citizens of the State; and

Whereas, the status quo is not acceptable and efforts to reform the system must continue; and

Whereas, those efforts must begin with a broad process of public participation; and

Whereas, those efforts must begin as soon as possible to give the Governor-elect the benefit of the results of that process before the Governor-elect takes office; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

COMMITTEE AMENDMENT

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

PART A

Sec. A-1. Health and social services broadly defined. Health and social services include, but are not limited to, the following:

1. Preventive, acute and long-term health services, including physical and mental health;
2. Substance abuse services;
3. Developmental, physical and other disability services;
4. Protective services for children and adults;
5. Services for people who are poor, including income assistance, shelter, food and employment assistance;
6. Juvenile justice services; and
7. Other family services, including adoption and child care.

Sec. A-2. Health and social services policy principles. The goal of the State is to achieve a health and social services system that embodies the following policy principles.

1. The service system should use local, natural points of entry into comprehensive services.
2. Consumers who need an array of services should have easy access to accurate comprehensive information and to a single accountable entity that assists in the coordination of those services.
3. Services should be interdisciplinary in nature, serving all health and social service needs of the consumer at once.
4. The service delivery system should use the best available technology to enhance delivery and make services more efficient.
5. Services should be developed and delivered at regional and local levels and should reflect documented needs. The primary role of the State is to ensure that minimum standards of service delivery are met.
6. Consumers should be active participants in developing and using services. Services should be individualized to meet

2 the particular needs of each consumer and should not be  
determined by the restrictions of particular funding streams.

4 7. The service system should emphasize prevention and early  
intervention.

6 8. The service system should strengthen and support  
8 families.

10 9. The service system should enable consumers to achieve  
economic self-sufficiency.

12 10. Education is inextricably linked to consumers' needs  
14 for and access to health and social services. School facilities  
should be fully utilized as access points for services.

16 11. Consumers should be treated respectfully and  
18 consistently by all service providers.

20 **Sec. A-3. Public Participation Team.** The Public Participation  
22 Team, referred to in this Part as the "team," is created to  
solicit broad public response and comment regarding the policy  
24 principles articulated in section 1 and to gather recommendations  
from the public regarding changes in the service system that  
26 would achieve those principles. The team consists of 7 members  
as follows.

28 1. Five must be members of the Joint Standing Committee on  
Human Resources appointed jointly by the chairs of that  
30 committee. Two of the members must be from the minority party  
and 3 must be from the majority party.

32 2. Two must be mid-level policy makers appointed by the  
34 Chair of the Interdepartmental Council. Of the 2 members  
appointed under this subsection, one must be an employee of the  
36 Department of Human Services and one must be an employee of the  
Department of Mental Health and Mental Retardation.

38 **Sec. A-4. Responsibilities of the team.** The team shall select and  
40 oversee one or more facilitators experienced in public  
participation processes and require them to engage the public in  
42 a discussion of the policy principles articulated in section 1  
and changes to the system to achieve those principles. The team  
44 shall ensure that consumers, state and private service providers  
at all organizational levels, municipal officials, teachers and  
46 educational administrators and other citizens are encouraged to  
participate in the process across the State. Processes may  
48 include, but are not limited to, public meetings, focus groups,  
surveys and service delivery site visits. The facilitators shall  
50 compile and analyze the results of this public participation  
process and submit a written report to the team.

R. of S.

2           **Sec. A-5. Submission of results.** By December 1, 1994, the team  
 4 shall submit the written report of the facilitators along with  
 any recommendations of the team to the Governor-elect, and shall  
 6 submit any recommended legislation to the 117th Legislature. By  
 April 1, 1995, the Governor shall submit to the joint standing  
 8 committee of the Legislature having jurisdiction over human  
 resources matters an implementation plan and any necessary  
 10 legislation that includes, but is not limited to, a process for  
 conducting a needs assessment and developing benchmarks for  
 health and social services in the State. The joint standing  
 12 committee of the Legislature having jurisdiction over human  
 resources matters may report out a bill during the First Regular  
 14 Session of the 117th Legislature to further achieve the  
 principles articulated in section 1.

16           **Sec. A-6. Appointments; initial meeting; chair.** Appointing  
 18 authorities shall make all appointments to the team by May 15,  
 1994, and shall report those appointments to the Chair of the  
 20 Legislative Council, who shall call the first meeting of the team  
 by June 1, 1994. At the first meeting, the team shall elect a  
 22 chair from among its members.

24           **Sec. A-7. Expenses and staff.** Legislative members of the team  
 are entitled to receive legislative per diem and expenses for  
 26 days on which the team meets. The team may request staffing  
 assistance from the Legislative Council.

28           **Sec. A-8. Appropriation.** The following funds are appropriated  
 30 from the General Fund to carry out the purposes of this Part.

|    |  |                 |
|----|--|-----------------|
|    |  | <b>1994-95</b>  |
| 34 | <b>LEGISLATURE</b>   |                 |
| 36 | <b>Public Participation Team</b>   |                 |
| 38 | Personal Services  | \$2,200         |
|    | All Other  | 12,500          |
| 40 |  |                 |
| 42 | Provides funds for the Public Participation<br>Team for the per diem and expenses of<br>legislative members, contracted facilitators<br>and miscellaneous team expenses. |                 |
| 44 |  |                 |
| 46 | <b>LEGISLATURE</b>   |                 |
|    | <b>TOTAL</b>   | <b>\$14,700</b> |
| 48 |  |                 |

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PART B

2  
4 Sec. B-1. 5 MRSA §12004-I, sub-§65, as enacted by PL 1987, c. 786, §5, is amended to read:

6  
8 65. Residential Not Autho- 22 5 MRSA  
Mental-Health Treatment rized §8154  
and-Mental Centers §19114  
10 Retardation Advisory  
12 Children's Group  
Services

14 Sec. B-2. 5 MRSA §12004-L, sub-§§7 and 9, as enacted by PL 1993, c. 381, §9, are amended to read:

16  
18 7. Children's Not Autho- 22 5 MRSA §8151  
Residential Treatment rized §19114  
Committee

20  
22 9. Interdepart- Not Autho- 34-B 5 MRSA  
mental Council rized §1214 §19111

24 Sec. B-3. 5 MRSA c. 437 is enacted to read:

26 CHAPTER 437

28 INTERDEPARTMENTAL COUNCIL

30 §19111. Interdepartmental council

32 1. Establishment. The Interdepartmental Council, as  
34 established by section 12004-L, subsection 9, is referred to in  
this chapter as the "council."

36 2. Membership. The council is composed of 6 members: the  
38 Commissioner of Corrections, the Commissioner of Education, the  
40 Commissioner of Human Services, the Commissioner of Mental  
Health and Mental Retardation, the Director of the Office of  
Substance Abuse and the chair, who is appointed by the Governor  
pursuant to subsection 3.

42  
44 3. Chair. The Governor shall appoint a chair from among  
the staff within the Office of the Governor, who serves as chair  
at the pleasure of the Governor.

46 §19112. Goals of the council

48 The goals of the council are:  
50

1. Encourage coordinated system. To encourage a statewide system of coordinated services that are responsive to the current needs of children and families and that are delivered by a partnership of public, private and nonprofit, state-level and community-based agencies and to promote access to services by all children and their families who are in need of these services;

2. Evaluate allocation of resources. To evaluate on a continuing basis the allocation of resources to ensure the availability of quality services delivered in a coordinated and efficient manner that is consistent with the needs of children and families; and

3. Develop coordinated policy. To continue the development of a comprehensive and coordinated approach to initiation and revision of policy affecting services to children and families.

§19113. Powers and duties

1. Duties. The council shall:

A. Meet on a regular basis; and

B. Report annually by January 15th to the Legislature on its progress in meeting the goals cited in section 19112 and its proposals for implementing those goals in the forthcoming year. A copy of the report must be submitted to the Executive Director of the Legislative Council.

2. Powers. The council may:

A. Appoint subcommittees to carry out its work. Subcommittee membership may include representatives of public and private agencies that serve youth and families and other persons with special knowledge of, responsibility for or interest in an area related to the goals of the council; and

B. Accept funds from the Federal Government, from any political subdivision of the State or from any individual, foundation or corporation and may expend these funds for purposes that are consistent with this section.

§19114. Children's Residential Treatment Committee

1. Establishment. The Children's Residential Treatment Committee, as established by section 12004-L, subsection 7, is a committee of the council and is referred to in this section as the "committee." The committee exists to jointly develop and coordinate the State's role in contracting for the placement and treatment of children in residential treatment centers. The

committee is composed of the members of the council or their designees.

2. Responsibilities. The responsibilities of the committee are as follows.

A. The committee, in consultation with the Residential Treatment Centers Advisory Group, shall develop overall state policies for placement of children in need of treatment in residential treatment centers.

B. The committee shall develop a plan to implement those policies. The plan must include a determination of the current and projected need for placement of children in residential treatment centers. The plan must also determine the number of children to be served in residential treatment centers.

C. The committee shall develop, in consultation with the Residential Treatment Centers Advisory Group, contract procedures for the provision of these services by community-based provider agencies consistent with the following requirements.

(1) Residential treatment centers desiring to provide services to children in need of placement shall submit the necessary budget data to the committee on or before May 15th of each year.

(2) The committee shall prepare for the State a contract to offer to the residential treatment centers by July 1st of each year that states:

(a) The reason for the number of children being contracted for;

(b) The rate established for payment for those services; and

(c) The basis for that rate.

(3) The committee shall develop an interim rate procedure that is consistent with subparagraph (4).

(4) If a residential treatment center has substantially complied with subparagraph (1) and if the State has not offered, in good faith, a contract to a residential treatment center by July 1st of each year, services that are currently being provided by that residential treatment center must be paid at a rate equal to the rate established immediately prior to July



R & S.

COMMITTEE AMENDMENT "A" to H.P. 1330, L.D. 1793

2 1st of each year, increased or decreased by the annual  
4 inflation rate as measured by the most recent Consumer  
6 Price Index for all Urban Consumers (CPI-U) All Items,  
8 published by the United States Department of Labor.  
10 This interim rate remains in effect for a residential  
treatment center until the State offers that  
residential treatment center a contract. The rate must  
then return to the level established immediately prior  
to July 1st of each year until a negotiated contract  
has been signed by both parties.

12 (5) The committee shall, in establishing rates, take  
14 into account the importance of recruiting and retaining  
16 qualified child care staff in the current labor  
18 market. The rates established by the committee must  
20 provide funds adequate to meet increased staff costs,  
including increased base salaries for residential child  
care staff. The Department of Human Services shall  
increase Medicaid ceiling levels for the following  
facilities to allow adequate funding of staff costs to  
meet competitive wages statewide:

22 (a) Intermediate care facilities for persons with  
24 mental retardation; and

26 (b) Waiver homes approved by the Division of  
28 Mental Retardation within the Department of Mental  
Health and Mental Retardation.

30 The minimum wage reimbursement must be based on an  
32 average starting wage of \$5.25 per hour in areas with  
an unemployment rate of 5% or less.

34 D. The committee shall adopt rules to carry out the  
36 purposes of this section.

38 E. The committee shall establish guidelines and policies  
40 for its departments that encourage, to the maximum extent  
feasible, the placement of Maine children in treatment  
programs located within the State.

42 3. Residential Treatment Centers Advisory Group. The  
44 Residential Treatment Centers Advisory Group, as established by  
46 section 12004-I, subsection 65, consists of a representative from  
48 each residential treatment center in the State, 2 members who  
represent community mental health services and additional members  
at the discretion of the committee. All members must be selected  
annually by July 1st by the committee. The committee shall meet  
50 with the advisory group at least 4 times each year to review rate  
and placement policies and procedures.

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**§19115. Administration**

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All funds received by the council must be administered by the Office of the Governor. Any funds appropriated for the council must be appropriated to the Office of the Governor.

Sec. B-4. 22 MRSA c. 1670, as amended, is repealed.

Sec. B-5. 34-B MRSA §1214, as amended by PL 1993, c. 410, Pt. LL, §13, is repealed.

Sec. B-6. Transition. Employees assigned to the Interdepartmental Council who are transferred to the Office of the Governor as a result of this Part retain their employee rights, privileges and benefits, including sick leave, vacation and seniority. The Bureau of Human Resources shall assist with the orderly implementation of this section.

Sec. B-7. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Part.

1994-95

**EXECUTIVE DEPARTMENT**

**Administration - Executive - Governor's Office**

|                               |          |
|-------------------------------|----------|
| Positions - Legislative Count | (0.5)    |
| Personal Services             | \$18,606 |
| All Other                     | 3,100    |

Provides for the appropriation of funds including one part-time Comprehensive Health Planner II position through a transfer from the Department of Human Services to establish the Interdepartmental Council within the Executive Department.

**EXECUTIVE DEPARTMENT  
TOTAL**

\$21,706

**HUMAN SERVICES, DEPARTMENT OF**

**Administration - Human Services**

|                               |            |
|-------------------------------|------------|
| Positions - Legislative Count | (-0.5)     |
| Personal Services             | (\$18,606) |
| All Other                     | (3,100)    |

R.S.

COMMITTEE AMENDMENT "A" to H.P. 1330, L.D. 1793

2 Provides for the deappropriation of funds  
including one part-time Comprehensive Health  
4 Planner II position through a transfer to  
the Executive Department to establish the  
6 Interdepartmental Council within the  
Governor's Office.

8 DEPARTMENT OF HUMAN SERVICES  
TOTAL (\$21,706)

10 SECTION B-7  
12 TOTAL APPROPRIATIONS -\$0-

14 Sec. B-8. Allocation. The following funds are allocated from  
the Federal Expenditure Fund to carry out the purposes of this  
16 Part.

18 1994-95

20 EDUCATION, DEPARTMENT OF

22 Division of Special Services

24 Positions - Other Count (-1.0)  
Personal Services (\$23,807)  
26 All Other (719)

28 Provides for the deallocation of funds  
including one Director, Interdepartmental  
30 Council position through a transfer to the  
Executive Department to establish the  
32 Interdepartmental Council within the  
Governor's Office.

34 DEPARTMENT OF EDUCATION  
36 TOTAL (\$24,526)

38 EXECUTIVE DEPARTMENT

40 Administration - Executive -  
Governor's Office

42 Positions - Other Count (0.5)  
44 Personal Services \$23,807  
All Other 719

46 Provides for the allocation of funds  
48 including one 16-hour per week Director,  
Interdepartmental Council position through a  
50 transfer from the Department of Education to

establish the Interdepartmental Council within the Governor's Office.

EXECUTIVE DEPARTMENT  
TOTAL

\$24,526

SECTION B-8  
TOTAL ALLOCATIONS

-\$0-

Sec. B-9. Effective date. This Part takes effect July 1, 1994.

PART C

Sec. C-1. 17 MRSA §1636 is enacted to read:

§1636. Posing as Indian in vending

A person who is not a member of the Passamaquoddy Tribe or the Penobscot Nation and who represents oneself to be such a member while engaged in the vending of goods and wares is assessed a fine of not more than \$250.

Sec. C-2. 22 MRSA c. 253, as amended, is repealed.

Sec. C-3. 22 MRSA c. 256, as enacted by PL 1991, c. 703, §1, is repealed.

Sec. C-4. 22 MRSA §2761-A is enacted to read:

§2761-A. Baptismal records in lieu of birth certificates

Any Indian whose birth is not recorded pursuant to this Title relating to the registration of live births may, in lieu of a birth certificate, present an official copy of the baptismal record from the files of the mission where the Indian was baptized. The baptismal record has the same evidentiary character as an unamended and undelayed birth certificate under section 2707.

Sec. C-5. 22 MRSA §2842-B is enacted to read:

§2842-B. Indian bones

From October 3, 1973 and thereafter all Indian skeletons and bones that come into the possession of any person, state department or organization, whether public or private, must be transferred to appropriate Indian Tribes in Maine for reburial.

R & S

2 Prior to the time of transferral to the Indian Tribes, any  
3 Indian bones or skeletons found may be subjected to scientific  
4 study by persons skilled in the anthropological and  
5 archaeological fields, but in no instance may the study continue  
6 longer than one year from the time of the bones' discovery,  
7 before the bones are transferred to the Indian Tribe.

8 Sec. C-6. 22 MRSA Subtitle 3, Pt. 6, as amended, is repealed.

10 Sec. C-7. 30-A MRSA c. 201-A is enacted to read:

12 CHAPTER 201-A

14 MAINE INDIAN HOUSING AUTHORITY

16 §4995. Create respective tribal housing authorities

18 The Passamaquoddy Tribe, the Penobscot Nation and the  
19 Houlton Band of Maliseet Indians are authorized by Title 5,  
20 section 12004, subsection 10 to create respective tribal housing  
21 authorities. The respective tribe, nation or band shall prescribe  
22 the manner of selection of the members, their terms and grounds  
23 for removal. Except as otherwise provided in this chapter or  
24 clearly indicated otherwise, the Maine Housing Authorities Act  
25 applies to the tribal housing authorities referred to in this  
26 chapter as "authority" or "authorities." The power of tribal  
27 housing authorities may be exercised only within the Indian  
28 territory of the respective tribe or nation or the trust land of  
29 the Houlton Band of Maliseet Indians. Tribal housing authorities  
30 are in substitution for any tribal housing authority previously  
31 existing under the laws of the State and assume all the rights  
32 and obligations of those predecessor housing authorities. The  
33 presently constituted tribal housing authority of the respective  
34 tribe or nation continues in existence and may exercise all the  
35 authority previously vested by law until the respective tribe or  
36 nation creates the tribal housing authority authorized by this  
37 section.

38 Sec. C-8. 32 MRSA §87-B is enacted to read:

40 §87-B. Trauma-incidence registry

42 The board shall collect trauma data as follows.

44 1. Registry. The board shall maintain a statewide  
45 trauma-incidence registry that meets the requirements of the  
46 federal Trauma Care Systems Planning and Development Act of 1990,  
47 Public Law 101-590, Section 1, 104 Stat. 2915. The board shall  
48 adopt rules to define trauma.

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R of S.

2 2. Reporting by physicians and hospitals. Physicians and  
3 hospitals may report trauma information to the board as follows.

4 A. A hospital may report to the board information regarding  
5 persons diagnosed as suffering from trauma. Trauma reports  
6 should be made no later than 30 days from the date of  
7 diagnosis or the date of discharge from the hospital,  
8 whichever is later.

10 B. A physician, upon request of the board, may report to the  
11 board any further information requested by the board  
12 concerning any person now or formerly under that physician's  
13 care who was diagnosed as having suffered from trauma.

14 C. A physician or hospital that reports in good faith in  
15 accordance with this section is not liable for any civil  
16 damages for making the report.

18 3. Confidentiality. Any information provided to the board  
19 under this section is confidential if the information identifies  
20 or permits the identification of a trauma patient or a member of  
21 that patient's family. A person who releases information that is  
22 confidential under this section commits a civil violation for  
23 which a forfeiture not to exceed \$1,000 per violation may be  
24 adjudged.

26  
27  
28 **PART D**

30 **Sec. D-1. Consolidation of homeless services.** The Interagency  
31 Task Force on Homelessness and Housing Opportunities, referred to  
32 in this section as the "task force," shall develop a plan to  
33 consolidate services for people who are homeless into a single  
34 agency or as few agencies as practicable. In developing the  
35 plan, the task force shall include participants representing  
36 consumers, service providers, the Department of Human Services,  
37 the Department of Mental Health and Mental Retardation, the  
38 Department of Education, the Maine State Housing Authority and  
39 the Office of Substance Abuse. The task force shall present its  
40 findings, along with any necessary implementing legislation, to  
41 the Legislature by November 1, 1995. A copy of the report must  
42 be submitted to the Executive Director of the Legislative Council.

44 **Sec. D-2. Auditing.** The Commissioner of Administrative and  
45 Financial Services shall convene a task force to recommend the  
46 consolidation of all financial audits of health and social  
47 service providers into an existing state agency. The task force  
48 must include, but is not limited to, representatives from the  
49 Department of Human Services, the Department of Mental Health and  
50 Mental Retardation and the Office of Substance Abuse. By  
December 1, 1994, the Commissioner of Administrative and

2 Financial Services shall submit the recommendations of the task  
force, along with implementing legislation, to the joint standing  
4 committee of the Legislature having jurisdiction over human  
resource matters. A copy of the recommendations must be  
submitted to the Executive Director of the Legislative Council.

6  
8 **Sec. D-3. Administrative hearings.** The Attorney General and the  
Commissioner of Human Services shall establish jointly a planning  
10 group to examine the feasibility of having the Department of the  
Attorney General provide administrative hearings that are  
12 currently provided by the Department of Human Services. The  
planning group may include representatives from other  
14 departments. The planning group may explore the broader option of  
consolidating in the Department of the Attorney General the  
16 administrative hearings from several departments. The study must  
include an examination of the consistency of decisions made by  
18 hearing officers and must recommend minimum qualifications for  
hearing officers.

20 By January 1, 1995, the Attorney General and the  
Commissioner of Human Services shall submit a joint report to the  
22 joint standing committee of the Legislature having jurisdiction  
over human resource matters. If the Attorney General and the  
24 commissioner have found that it is feasible for the Department of  
the Attorney General to provide administrative hearings that are  
26 currently provided by the Department of Human Services, the  
report must include all legislation necessary to implement that  
28 transfer of responsibility.

30 **Sec. D-4. Food safety.** By June 1, 1994, the President of the  
Senate and the Speaker of the House of Representatives shall  
32 establish jointly a process through which the joint standing  
committees of the Legislature having jurisdiction over human  
34 resource matters, agriculture matters and marine resource matters  
study the issue of food safety and present a plan to the 117th  
36 Legislature. The plan must address, but is not limited to, the  
following.

38  
40 1. The plan must standardize food and beverage safety rules  
across agencies wherever appropriate.

42 2. The plan must reduce duplication and clarify the  
respective responsibilities of the various public agencies  
44 involved in food and beverage safety.

46 3. The plan must recommend reallocation of staff and  
resources among agencies as appropriate.

48  
50 The process established by the President of the Senate and  
the Speaker of the House of Representatives must require the plan

R of S

to be presented to the 117th Legislature, along with implementing legislation, by December 1, 1994.

PART E

Sec. E-1. 34-B MRSA §5201, sub-§§1, 2 and 4, as enacted by PL 1983, c. 459, §7, are amended to read:

1. Institutional programs. The supervision of adult mental retardation programs in the state institutions;

2. Statewide system. The planning, promotion, coordination and development of a complete and integrated statewide system of mental retardation services for adults;

4. Community-based services. Ensuring that ~~mentally retarded--persons~~ adults with mental retardation residing in community residential facilities, including nursing homes, boarding homes, foster homes, group homes or halfway houses licensed by the Department of Human Services are provided, insofar as possible, with residential accommodations and access to habilitation services appropriate to their needs; and

Sec. E-2. 34-B MRSA §5204, as amended by PL 1993, c. 410, Pt. CCC, §31, is repealed.

Sec. E-3. 34-B MRSA §6201, sub-§2, as enacted by PL 1985, c. 503, §12, is amended to read:

2. Child in need of treatment. "Child in need of treatment" means:

~~A. A child age 0 to 5 years who is developmentally disabled or who demonstrates developmental delays; and~~

B. A child ~~age 6 to 20 years~~ 17 years of age or younger who has treatment needs related to mental illness, mental retardation, autism, developmental disabilities or emotional or behavioral needs that are not under current statutory authority of ~~existing~~ other state agencies; or

C. A person 18 years of age or older and under 21 years of age who has treatment needs related to mental illness, mental retardation, autism, developmental disabilities or emotional or behavioral needs if the department has determined that it is in the interest of that person to receive treatment through the bureau.

Sec. E-4. 34-B MRSA §6205 is enacted to read:



§6205. Services for juveniles committed to the Maine Youth Center

2  
3  
4 1. Bureau authority. The bureau may provide consultation  
5 services to any juvenile with mental retardation committed to the  
6 Maine Youth Center if those services are requested by the  
7 Commissioner of Corrections. Consultation services may include  
8 participation by appropriate bureau professionals on the Clinical  
9 Services Committee of the Maine Youth Center in order to assist  
10 in the design of individual treatment plans to provide  
11 habilitation, education and skill training to juveniles with  
12 mental retardation in residence at the Maine Youth Center.

13  
14 2. Support services. Whenever a program has been designed  
15 for a juvenile with mental retardation by the Clinical Services  
16 Committee of the Maine Youth Center and the clinical services  
17 committee has included participation by the bureau professionals,  
18 the bureau shall provide, insofar as possible, support services  
19 to implement that program.

20 3. Case management. The bureau may provide case management  
21 services to juveniles with mental retardation who are released  
22 from the Maine Youth Center.

23  
24 **Sec. E-5. Appropriation.** The following funds are appropriated  
25 from the General Fund to carry out the purposes of this Part.

26  
27 1994-95

28 **MENTAL HEALTH AND MENTAL RETARDATION,**  
29 **DEPARTMENT OF**

30  
31 **Mental Health Services - Children**

|    |                               |           |
|----|-------------------------------|-----------|
| 34 | Positions - Legislative Count | (10.0)    |
| 35 | Personal Services             | \$395,641 |
| 36 | All Other                     | 170,777   |
| 37 |                               | <hr/>     |
| 38 | TOTAL                         | 566,418   |

39 Provides for the appropriation of funds  
40 including 10 Department of Mental Health and  
41 Mental Retardation Caseworker positions  
42 through a transfer from the Mental  
43 Retardation Services - Community program.

44  
45 **Mental Retardation Services - Community**

|    |                               |           |
|----|-------------------------------|-----------|
| 46 | Positions - Legislative Count | (-10.0)   |
| 47 | Personal Services             | (395,641) |
| 48 | All Other                     | (170,777) |

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|    |  |           |
|----|--|-----------|
| 2  | TOTAL  | (566,418) |
| 4  | Provides for the deappropriation of funds including 10 Department of Mental Health and |           |
| 6  | Mental Retardation Caseworker positions through a transfer to the Mental Health        |           |
| 8  | Services - Children program.   |           |
| 10 | <b>Mental Health Services - Child Medicaid</b>   |           |
| 12 | All Other  | 363,282   |
| 14 | Provides for the appropriation of funds through a transfer from the Medicaid           |           |
| 16 | Services - Mental Retardation program.   |           |
| 18 | <b>Medicaid Services - Mental Retardation</b>  |           |
| 20 | All Other  | (363,282) |
| 22 | Provides for the deappropriation of funds through a transfer to the Mental Health      |           |
| 24 | Services - Child Medicaid program.   |           |
| 26 | <b>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</b>                              |           |
| 28 | <b>TOTAL</b>   | \$-0-     |

30 **SECTION E-5**

32 **TOTAL APPROPRIATIONS** - \$0-

34 **Sec. E-6. Effective date.** This Part takes effect July 1, 1994.

36 **PART F**

38 **Sec. F-1. 22 MRS A §6-B** is enacted to read:

40 **§6-B. Joint location of services**

42 In cooperation with the Bureau of General Services and the  
 44 Department of Mental Health and Mental Retardation, the  
 46 department shall locate its service delivery sites jointly with  
those of the Department of Mental Health and Mental Retardation,  
subject to the following provisions.

48 1. Leases. Joint location must occur as leases expire,  
except as provided in subsection 2. A lease may be renegotiated

R & S.

2 or extended on a short-term basis in order to make its expiration  
3 date coincide with those of other relevant leases.

4 2. Exceptions. Joint location is not required if the costs  
5 of joint location as estimated by the Bureau of General Services  
6 substantially exceed the benefits of joint location as estimated  
7 by the Bureau of General Services. In estimating benefits, the  
8 Bureau of General Services shall consider, but is not limited to,  
9 the following:

10 A. Monetary savings expected from leasing fewer but larger  
11 spaces;

14 B. Administrative savings expected by either the department  
15 or the Department of Mental Health and Mental Retardation  
16 from sharing regional administrative functions;

18 C. Improved access expected for customers; and

20 D. Improved coordination and quality of services expected  
21 from greater interaction of staff across departments.

22 3. Other departments. This section does not prohibit the  
23 Bureau of General Services from including other state agencies at  
24 a joint location site. Other state agencies include, but are not  
25 limited to, the Department of Labor, the Department of the  
26 Secretary of State and the Department of Education.

28 4. Reports. The Bureau of General Services shall submit  
29 progress reports regarding the implementation of this section to  
30 the joint standing committee of the Legislature having  
31 jurisdiction over human resource matters by the following dates:

34 A. January 1, 1996;

36 B. January 1, 1998; and

38 C. January 1, 2000.

40 Sec. F-2. 34-B MRSA §1201-B is enacted to read:

42 §1201-B. Joint location of services

44 In cooperation with the Bureau of General Services and the  
45 Department of Human Services, the department shall locate its  
46 service delivery sites jointly with those of the Department of  
47 Human Services, subject to the following provisions.

48 1. Leases. Joint location must occur as leases expire,  
49 except as provided in subsection 2. A lease may be renegotiated  
50

1 or extended on a short-term basis in order to make its expiration  
2 date coincide with those of other relevant leases.

4 2. Exceptions. Joint location is not required if the costs  
5 of joint location as estimated by the Bureau of General Services  
6 substantially exceed the benefits of joint location as estimated  
7 by the Bureau of General Services. In estimating benefits, the  
8 Bureau of General Services shall consider, but is not limited to,  
9 the following:

10 A. Monetary savings expected from leasing fewer but larger  
11 spaces;

14 B. Administrative savings expected by either the department  
15 or the Department of Human Services from sharing regional  
16 administrative functions;

18 C. Improved access expected for customers; and

20 D. Improved coordination and quality of services expected  
21 from greater interaction of staff across departments.

22 3. Other departments. This section does not prohibit the  
23 Bureau of General Services from including other state agencies at  
24 a joint location site. Other state agencies include, but are not  
25 limited to, the Department of Labor, the Department of the  
26 Secretary of State and the Department of Education.

28 4. Reports. The Bureau of General Services shall submit  
29 progress reports regarding the implementation of this section to  
30 the joint standing committee of the Legislature having  
31 jurisdiction over human resource matters by the following dates:

34 A. January 1, 1996;

36 B. January 1, 1998; and

38 C. January 1, 2000.

40 **PART G**

42 **Sec. G-1. Resolve 1993, c. 36 is repealed.**

44 **Emergency clause.** In view of the emergency cited in the  
45 preamble, this Act takes effect when approved.'

48 Further amend the bill by inserting at the end before the  
49 statement of fact the following:

FISCAL NOTE

2

1994-95

4

APPROPRIATIONS/ALLOCATIONS

6

General Fund \$14,700

8

Part A of this bill includes a General Fund appropriation of \$14,700 in fiscal year 1994-95 for the Public Participation Team for the per diem and expenses of legislative members, contracted facilitators and miscellaneous team expenses. The costs associated with staffing the team can be absorbed by the Legislature utilizing existing budgeted resources.

Part B provides for a General Fund transfer of \$21,706 from the Department of Human Services and a Federal Expenditure Fund transfer of \$24,526 from the Department of Education to the Executive Department to establish the Interdepartmental Council within the Governor's Office.

The additional costs to collect trauma data can be absorbed by the Emergency Medical Services Board utilizing existing budgeted resources.

The additional workload and administrative costs associated with the minimal number of new cases filed in the court system can be absorbed within the budgeted resources of the Judicial Department. The collection of additional fines may increase General Fund revenue by minor amounts.

The additional costs to develop and present a plan to consolidate services for people who are homeless can be absorbed by the member agencies of the Interagency Task Force on Homelessness and Housing Opportunities utilizing existing budgeted resources.

The Department of Administrative and Financial Services, the Department of Human Services, the Department of Mental Health and Mental Retardation and the Executive Department will incur some minor additional costs to convene a task force to recommend a plan to consolidate the certain audit functions within an existing agency. These costs can be absorbed within the respective departments' existing budgeted resources.

The additional costs to examine the feasibility of having the Department of the Attorney General provide administrative hearings that are currently provided by the Department of Human Services can be absorbed by the 2 departments utilizing existing budgeted resources.

R & S

COMMITTEE AMENDMENT "A" to H.P. 1330, L.D. 1793

2 Part E of this bill provides for a General Fund transfer of  
3 \$566,418 from the Mental Retardation Services - Community program  
4 to the Mental Health Services - Children program and a transfer  
5 of \$363,282 from the Medicaid Services - Mental Retardation  
6 program to the Mental Health Services - Child Medicaid program to  
7 reflect the transfer of responsibility for certain children from  
8 the Division of Mental Retardation to the Bureau of Children with  
Special Needs.

10 The additional costs to explore joint location upon the  
11 expiration of certain leases can be absorbed by the Department of  
12 Administrative and Financial Services, the Department of Human  
13 Services and the Department of Mental Health and Mental  
14 Retardation.

16 The Department of Administrative and Financial Services will  
17 also incur some minor additional costs to prepare and submit the  
18 required progress reports. These costs can be absorbed within  
19 the department's existing budgeted resources.'

22 STATEMENT OF FACT

24 The original bill abolished the Department of Human Services  
25 and the Department of Mental Health and Mental Retardation and  
26 created 2 new departments: the Department of Children and  
27 Families and the Department of Health and Developmental  
28 Services. This amendment does not abolish or create any  
29 department. Instead, in Part A, it establishes policy principles  
30 for health and social services and creates the Public  
31 Participation Team to solicit broad public comment on the policy  
32 principles and suggestions for changing the service delivery  
33 system in a manner that will achieve those principles.

34 Part B moves the Interdepartmental Council to the Office of  
35 the Governor, as recommended in the original bill. Part B takes  
36 effect July 1, 1994.

38 Part C repeals archaic language and moves other language to  
39 more appropriate places in the laws. Part C does not enact any  
40 new law that does not already exist elsewhere. These changes  
41 were recommended in the original bill.

44 Part D creates 3 studies recommended in the original bill:  
45 consolidation of homeless services, transfer of administrative  
46 hearings from the Department of Human Services to the Department  
47 of the Attorney General, and integration of food safety  
48 functions. In addition, Part D directs the Commissioner of  
49 Administrative and Financial Services to convene a task force to  
50 recommend consolidation of health and social service financial  
audits into one agency. This differs from the original bill,

COMMITTEE AMENDMENT

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COMMITTEE AMENDMENT "A" to H.P. 1330, L.D. 1793

2 which consolidated those services into the Department of Health  
and Developmental Services.

4 Part E moves services for children with mental retardation  
6 from the Division of Mental Retardation to the Bureau of Children  
with Special Needs, as recommended in the original bill. Part E  
takes effect July 1, 1994.

8 The amendment retains sections 1 and 2 from Part G of the  
10 original bill. Those sections require the Department of Mental  
Health and Mental Retardation and the Department of Human  
12 Services to jointly locate their service delivery sites as leases  
expire, when doing so passes a cost-benefit test. Those  
14 provisions appear as Part F of this amendment.

16 The amendment repeals the resolve that created the Health  
and Social Services Transition Team, as recommended in the  
18 original bill.

20 This amendment also adds a fiscal note to the bill.