

MAINE STATE LEGISLATURE

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1986 MAINE SOCIAL SERVICES REPORT

Prepared By

Maine Division of Community Services

Maine Department of Mental Health and Mental Retardation

Maine Department of Human Services

With Contributions From Other State Agencies

Involved In Social Services

December 1, 1986

To The Honorable Joseph E. Brennan, Governor:

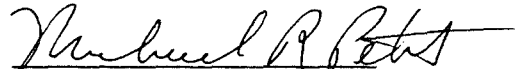
The Department of Human Services, the Department of Mental Health and Mental Retardation, and the Division of Community Services are pleased to submit Maine's 1985 Social Services Report which has been developed pursuant to 5 M.R.S.A., Chapter 148-A, Sections 1641-1643. It is intended to summarize the State of Maine's entire social services capability regardless of the specific agency or department in which a particular program may be placed. It addresses all social services, including certain health programs and income maintenance programs such as the Aid to Families with Dependent Children (AFDC) Program and the Food Stamp Program and related social services delivered by other state agencies.

For years, Maine citizens have had difficulty understanding the social services system because of the multiplicity of programs and the varied sources of information about them. This has been particularly true where different programs seemed to serve similar purposes or identical groups of people. This document represents an effort to consolidate and to simplify program information. It is designed to enable the reader to gain a concise understanding of the scope and cost of the social service system.

The report presents social service program descriptions and budget information on all state administered funds (including federal accounts) for state fiscal years 1984, 1985, 1986, and 1987. We expect this information to facilitate the departments' joint planning responsibilities and to enable greater public participation in that process.

This report does not include any FY 87 additional requests for resources to the Legislature made after October, 1986.


Submitted respectfully by:



Michael R. Petit, Commissioner
Department of Human Services



Kevin Concannon, Commissioner
Department of Mental Health and
Mental Retardation



Nancy Boothby, Director
Division of Community Services

cc: Joint Standing Committee on Human Resources
Joint Standing Committee on Appropriations and Financial Affairs

"HOW TO USE" THE MAINE SOCIAL SERVICES REPORT

PAGES Purpose; This report is a tool to assist the reader in developing social service public policy. The report describes how state administered
AND funds are expended or proposed to be invested to help people. It also describes the people helped and the units of social service production.
COLOR This report has two sections.

iv - 2 A. The green section summarizes social services in terms of total finances, broad classes of services, and key target populations.
Green

3 - 70 B. The yellow section summarizes services administered through state agencies. Readily recognized program areas are described by concisely
Yellow stating in two page summaries:

The top page has the following format:

1. Problem Statement: The problems a program area is designed to address are briefly noted.
2. Mission-Philosophy-Expected Outcome Statement: The purpose, philosophy, and anticipated results of services are concisely noted, as are goals and objectives.
3. Services Provided: An overview of services delivered by the program area is presented.
4. Priorities for Service: The priorities utilized in a given program area are described.
5. Examples of Inter-Departmental Coordination. Only the highlights of such coordination is depicted, not the routine.
6. Policy Issues: Pressing issues confronting the program area are noted.

The lower page has fiscal details and the types of services provided to clients.

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INTRODUCTION AND OVERVIEW

This document details how more than 600 million dollars of state and federal social services resources are planned to be expended in Maine with comparisons to previous expenditures.

"Social services" is a generic expression covering any helping activity or set of activities that intends to alleviate the effects if not the cause of a social problem or condition.

A social problem is a problem that society collectively identifies as a condition that needs change or relief directed toward it.

For example, alcoholism is a social problem and there are a host of social services directed at changing the behavior of the alcoholic including counseling, detoxification, shelter, support groups, etc.

Child abuse is a social problem and there are child protective services directed at it that may include case assessment, case management, counseling and in some instances legal intervention. There may be other social services used to alleviate factors contributing to the condition including day care, homemaker, emergency shelters, mental health services, etc.

Lack of proper shelter and warmth has been a critical social problem for many low-income families and we have a set of services to respond including heating assistance, counseling, and weatherization.

Similarly, our citizens who are mentally retarded; the person who is mentally ill, and the child who is emotionally disturbed, also require a multiplicity of services, as well as an ongoing effort to combat the continuing stigma associated with needing and using such services.

Maine is reportedly a "poor state" as evidenced by 140,996 (13.0%) of its people living in poverty. Children in Maine represent 35.4% of the poor. Although the number of elderly poor has declined in the past few years, 15.3% of Maine's poor are over age 65 years.

Other factors contributing to or influencing social problems besides poverty include:

- wages in employment are generally lower in Maine for all occupations and Maine ranks 48th compared to other states in median income
- nearly one in ten people aged sixteen years and over has a work disability (9.7% or 68,000 persons)
- the number of families headed by women is also increasing and the poverty rate is greater among women at all ages.
- Maine has a large proportion of older housing and housing that is not adequately insulated

State agencies and programs have been created to respond to the specific social issues of specific target populations and to bring relief, if not change, to social problems. These agencies were created by legislative authority and their activities are influenced by the Legislature, the Congress through the federal bureaucracy and sometimes by the courts. The Executive Branch of government is expected to manage the programs upon receiving direction by the Legislative and Judicial branches of government.

State agencies are dependent on input and support from Maine's citizens in order to retain the responsibility for dealing with social problems with adequate resources.

Each program area within each agency defines service units differently and similar services across agency lines may have variations, e.g., hours, miles, days.

Units may vary in definition by program areas. Most face to face services are measured in hours, but some treatment and residential services are measured in days. Transportation is either measured in trips, passengers or miles.

Programs can offer the definitions of their particular services usually in their particular state plans and the brevity of this report does not offer detailed information on the definition of services.

Expenditures of funds are usually either by specific program area or by specific type of disability. For example, while we can say we expend a certain amount of monies toward the problem of child abuse and neglect in our Child Protective services or expenditures for services to the person who is mentally retarded, it is more difficult to identify that part of expenditures in either Child Protective services or the Bureau of Mental Retardation which are used to identify, counsel, and refer for treatment those who are also alcohol abusers.

The three state agencies do not routinely collect specific income level information on the people receiving social services. Some services are based upon need regardless of income and the need to collect detailed income level information has not been present. Although we know that most of the mental retardation population receives SSI benefits and nearly half of child protective services families receive AFDC benefits, they are limited to specific income levels captured by target groups, services or programs.

State agencies have staff available to elaborate on the details behind this brief overview of social services.

This report is developed pursuant to 5 M.R.S.A., Chapter 148-A, Sections 1641-1643, as amended. The 1983 Maine Social Services Report served as a base year document.

TOTAL SOCIAL SERVICES
FINANCES AND PROGRAMS
ADMINISTERED BY THREE STATE AGENCIES

1986 Maine Social Services Report

SUMMARY #1 TOTAL SOCIAL SERVICE FINANCES AND PROGRAMS ADMINISTERED BY THREE STATE AGENCIES SHOWN BY BROAD CLASSES OF SERVICES
ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS ALL SERVICES RENDERED WITH STATE ADMINISTERED FUNDS

STATE AGENCY AND BROAD CLASSES OF SERVICES	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Authorized Projected Expenditures
Year Ending: June 30, 1983	June 30, 1983	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987
<u>DIVISION OF COMMUNITY SERVICES</u>					
Community Services Block Grant	\$ 1,983,624	1,724,284	\$ 1,648,465	\$ 1,682,634	\$ 1,615,000
Home Energy Assistance Program	24,959,647	23,696,054	23,092,890	20,934,192	21,858,000
Weatherization Program	5,960,972	8,881,920	8,258,895	8,451,542	10,412,330
Head Start	-0-	-0-	1,616,238	1,693,737	1,900,000
Other Programs	67,028	362,848	364,902	317,847	240,000
Purchased Services Subtotal	32,971,271	34,665,106	34,981,390	33,079,952	36,025,330
Central Office Admin.	1,218,659	1,015,526	1,203,893	1,308,544	1,499,865
DIVISION SUBTOTAL	34,189,930	35,680,632	36,185,283	34,388,496	37,525,195
<u>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</u>					
Bureau of Mental Health	33,463,172	35,634,069	38,920,560	39,333,726	43,528,376
Bureau of Mental Retardation	26,966,680	29,287,347	32,657,977	32,908,680	33,829,642
Office of Children's Services	2,141,529	2,141,529	2,558,691	-	-
Bur. of Children w/ Special Needs	-	-	-	7,403,187	8,146,939
Alcohol & Substance Abuse Services	211,103	211,103	261,123	265,526	596,500
Developmental Disabilities Council	278,520	278,520	247,552	316,652	309,705
Department Admin.	2,005,505	2,294,798	2,043,041	2,655,375	1,920,531
DMH&MR TOTAL	65,066,509	69,847,366	76,688,894	82,883,146	88,331,693
<u>DEPARTMENT OF HUMAN SERVICES</u>					
Alcohol & Substance Abuse Services	5,558,065	5,716,679	5,915,095	5,766,503	6,662,209
Adult Services	1,774,000	1,647,000	2,176,000	2,619,000	2,756,000
Children Services	16,602,000	17,912,000	22,830,000	34,102,000	35,045,000
Families At High Risk	2,726,477	3,146,029	3,781,226	3,543,859	4,336,694
Purchased Services ²	9,124,000	10,781,000	10,702,185	13,413,820	14,190,460
Elderly Services	6,696,818	6,721,434	9,634,691	9,752,160	10,801,124
Rehabilitation Services	6,443,904	7,472,342	8,827,628	8,833,129	10,467,600
Special Physical Characteristics	3,131,993	4,497,790	5,067,436	4,089,434	6,046,986
Health Services	10,254,174	9,764,731	14,191,031	16,078,106	17,099,078
Medical Services	100,417,106 ¹	237,328,952	258,901,146	278,457,197	294,375,415
Income Maintenance	-	155,574,845	162,388,053	180,646,514	184,151,350
Department Central Office	3,902,817	3,806,575	4,481,106	4,922,592	5,407,659
DHS SUBTOTAL	166,631,354 ¹	464,369,377	499,265,597	562,224,304	591,339,575
<u>GRAND TOTAL THREE STATE AGENCIES</u>	<u>\$265,887,793¹</u>	<u>\$569,897,375</u>	<u>\$612,139,774</u>	<u>\$679,495,946</u>	<u>\$717,196,463</u>
Other State Agencies are not included in this summary.					

¹ Excluded some health and income supplementation in FY 1983.

² Excludes Family Planning funds which are included in Health.

1986 Maine Social Services Report

SUMMARY #2 TOTAL PEOPLE SERVED

SHOWN BY BROAD CLASSES OF SERVICES

ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS ALL SERVICES RENDERED WITH STATE ADMINISTERED FUNDS

STATE AGENCY AND BROAD CLASSES OF SERVICES	Actual Services	Actual Services	Actual Services	Actual Services	Projected Services
	Year Ending: June 30, 1983	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987
<u>DIVISION OF COMMUNITY SERVICES</u>	<u>Number of People Served and Units of Service (Duplicated)</u>				
Community Services Block Grant	N/A	N/A	N/A	N/A	N/A
Home Energy Assistance Program	55,397	55,797	64,197	60,208	65,000
Weatherization Program	5,302	8,700	7,195	6,839	8,516
Head Start		-0-	665	774	774
Other Programs	N/A	N/A	220,000	220,000	220,000
<u>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</u>					
Bureau of Mental Health ¹	23,000	26,161	32,151	27,930	27,930
Bureau of Mental Retardation ¹	7,000	7,559	8,808	7,996	8,192
Office of Children's Services	1,443	1,562	2,416	-	-
Bur. of Children w/Special Needs	-	-	-	9,802	10,368
Alcohol & Substance Abuse Services	1,400	1,470	1,680	1,680	1,745
Developmental Disabilities	5,000	7,000	7,946	7,946	8,100
Department Administration	N/A	N/A	N/A	N/A	N/A
<u>DEPARTMENT OF HUMAN SERVICES</u>					
Alcohol & Substance Abuse Services	10,956 people	12,581 people	12,765 people	13,000 people	13,000 people
Adult Services	2,224 people	3,345 people	4,171 people	5,214 people	6,518 people
Children Services	14,500 people	21,249 people	21,238 people	21,533 people	21,658 people
Families At High Risk	2,200 people	people	6,169 people	6,694 people	7,028 people
Purchased Services	22,964 people	20,139 people	29,000 people	24,706 people	27,500 people
Elderly Services	68,486 people	53,409 people	55,420 people	57,082 people	58,795 people
Rehabilitation Services	6,490 people	6,874 people	7,406 people	11,724 people	12,310 people
Special Physical Characteristics	N/A	1,886 people	6,721 people	7,058 people	3,894 people
Health Services	45,564 people	293,382 people	321,513 people	328,084 people	345,000 people
Medical Services	73,698 people	343,200 people	342,621 people	342,710 people	343,000 people
Income Supplementation	An unduplicated estimate would approach 100,000 people.				

¹Substantial changes in individuals served in FY 86 and 87 is primarily related to transfer of funds and responsibility for services to the Bureau of Children with Special Needs.

Other state agencies are not included in this summary.

PROGRAM SUMMARIES

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DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES	Pages 69 - 71

DIVISION OF COMMUNITY SERVICES

SUMMARY #3A COMMUNITY SERVICES BLOCK GRANT ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

The Community Services Block Grant Program was funded to attack the causes of poverty.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To provide a range of services and activities having a measurable and potentially major impact on causes and conditions of poverty. Such services and activities may include but are not limited to:

- Securing and retaining meaningful employment;
- Obtaining and maintaining adequate housing;
- Attaining an adequate education;
- Obtaining emergency assistance;
- Making better use of available income;
- Achieving greater participation in the affairs of the community;
- Making more effective use of other programs related to the purposes of this CSBG program.

3. SERVICES PROVIDED.

Outreach community organization; information & referral; child development; volunteer coordination; nutrition and surplus food distribution; family planning; housing; transportation; community development; resource mobilization; elderly meals sites; youth services.

4. PRIORITIES FOR SERVICE.

To receive services under the CSBG, the individual's or family's income must be at or below 150% of the poverty line promulgated by the Federal Office of Management and Budget.

5. INTER-DEPARTMENTAL COORDINATION.

Information sharing - outreach. Participation on Governor's Task Force on the Homeless with Department of Human Services, Department of Mental Health and Mental Retardation, and Maine State Housing Authority.

6. POLICY ISSUES.

Increased use of funds for direct services (at least 20%) as compared to for core administrative support, CAA role in coordination of local services, networking local information and referral capability, availability of additional resources for CAA's. Discretionary funds are earmarked for Homeless, Food, Volunteers and merger.

SUMMARY #3A CONTINUED		ALL CSBG APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL CSBG SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected		Actual	
COMMUNITY SERVICES BLOCK GRANT	Expenditures	Expenditures	Expenditures	Expenditures		Services	
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1985	June 30, 1986
						Number of People Served and Units of Services (Duplicated)	
STATE GENERAL FUND							
STATE GENERAL FUND SUBTOTAL							
FEDERAL FUND							
Community Services Block Grant	\$ 1,814,628	\$ 1,756,325	\$ 1,750,105	\$ 1,700,000			
FEDERAL FUND SUBTOTAL	\$ 1,814,628	\$ 1,756,325	\$ 1,750,105	\$ 1,700,000			
OTHER FUNDS							
OTHER FUNDS SUBTOTAL							
GRAND TOTAL COMMUNITY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 1,814,628	\$ 1,756,325	\$ 1,750,105	\$ 1,700,000			
Community Services Cen. Off. Admin.	90,344	107,860	67,471	85,000			
COMMUNITY SERVICES PURCHASED SVS.	\$ 1,724,284	\$ 1,648,465	\$ 1,682,634	\$ 1,615,000			
TYPES OF COMMUNITY SERVICES (BLOCK GRANT) RENDERED BY THE DIVISION OF COMMUNITY SERVICES							

All of the programs/services
administered by the CAPs.

Not available. These funds are used to
support all of the Community Action Agency
Programs.

SUMMARY #3B HOME ENERGY ASSISTANCE PROGRAM FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

Due to the rising cost of energy many of Maine's poor find themselves unable to afford to heat their homes adequately during the winter months.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES

The Home Energy Assistance Program (HEAP) makes funds available to assist low-income households to meet the costs of home energy through direct payments to households or to home energy suppliers.

3. SERVICES PROVIDED.

Assistance with: cost of purchasing fuel; emergency heating needs; replacement/repair of unsafe or inefficient heat sources; weatherization; emergency housing.

4. PRIORITIES FOR SERVICE.

- Elderly, 60 and over (55 and over for off-reservation Indians)
- Handicapped
- Families with children under 2 years old

5. INTER-DEPARTMENTAL COORDINATION.

The Division of Community Services and the Department of Human Services share information on client eligibility in order to reduce administrative costs. The two agencies also make referrals and coordinate assistance efforts.

6. POLICY ISSUES.

Securing the cooperation of subsidized housing operators to upgrade subsidized housing units in need of rehabilitation and improved weatherization. Securing adequate funding. Currently able to serve less than 65% of the potentially eligible population at approximately 24% of their estimated average annual fuel bills. Timeliness of the availability of administrative funds to hire and train staff and establish administrative systems. Availability of dry wood in December for those clients who use wood. Securing cash price discounts and interest on credit balances from oil dealers for HEAP eligible and certified clients. Refine and integrate computer capabilities of DCS and twelve community action agencies. Benefit level determined based on energy need matrix. Insuring timely payment of benefits.

SUMMARY #3B CONTINUED		ALL HEAP APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL HEAP SERVICES RENDERED WITH DCS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected		Actual		
HOME ENERGY ASSISTANCE PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures		Services		
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985	June 30, 1986
					Number of People Served and Units of Services (Duplicated)			
STATE GENERAL FUND								
STATE GENERAL FUND SUBTOTAL								
FEDERAL FUND	\$ 24,106,485	\$ 23,499,237	\$ 21,387,139	\$ 22,100,000		55,797	64,197	60,208
FEDERAL FUNDS SUBTOTAL	\$ 24,106,485	\$ 23,499,237	\$ 21,387,139	\$ 22,100,000		55,797	64,197	60,208
OTHER FUNDS								
PVE				200,000				
OTHER FUNDS SUBTOTAL				200,000				
GRAND TOTAL HOME ENERGY ASSIST.								
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 24,106,485	\$ 23,499,237	\$ 21,387,139	\$ 22,300,000				
Central Office Administration	410,431	406,347	452,947	442,000				
HOME ENERGY ASSISTANCE SUBTOTAL	\$ 23,696,054	\$ 23,092,890	\$ 20,934,192	\$ 21,858,000				
TYPES OF HOME ENERGY ASSISTANCE RENDERED BY THE DIVISION OF COMMUNITY SERVICES								
Households Assisted:								
Home Energy-Fuel	\$ 53,158	\$ 60,664	\$ 60,208	\$ 61,000				
Energy Crisis	2,639	3,533	4,400	4,000				
TOTAL TYPES HOME ENERGY ASSIST.								
RENDERED BY ONE STATE AGENCY	\$ 55,797	\$ 64,197	\$ 64,608	\$ 65,000				

SUMMARY #3C WEATHERIZATION PROGRAM FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

The cost of energy to adequately heat one's home is a major expense. Low-income households are hardest hit by home heating costs, paying a larger percentage of their income for heating costs. Reduction of fuel consumption, while maintaining adequate home heating, reduces heating costs. Improved weatherization and more efficient fuel consumption are necessary for adequate home heating at reduced costs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To provide energy conservation materials and related repairs to the homes and heating systems of low-income persons, particularly elderly, handicapped, and families with children under 2 years of age.

3. SERVICES PROVIDED.

Services include capping of attics with insulation, wall insulation, installation of storm doors and windows, caulking, weather-stripping, chimney repair, oil burner retrofit and home repair provided through Maine's 12 Community Action Agencies. Also, services provided through the following programs: CHIP - Central Heating System Improvement Program. Provides eligible applicants necessary improvements to the heating system, including clean, tune and evaluation, burner retrofit, repair and replacement of a heating system and conversion from one type of heating system to another. EMAP - Energy Management Assistance Program. A joint program of DCS and CMP and implemented by CAP agencies, to insulate and weatherize homes of low-income electric space heating customers in the company's service territory.

4. PRIORITIES FOR SERVICE.

- Elderly, 60 and over
- Indians, 55 and over
- Handicapped
- Families with children under 2 years old

5. INTER-DEPARTMENTAL COORDINATION.

Office of Energy Resources (OER), Maine State Housing Authority (MSHA), Farmers Home Administration (FHA), Department of Human Services (DHS), Department of Business Occupational & Professional Regulation, State Planning Office (SPO).

6. POLICY ISSUES.

- A. Although approximately 4,000 homes are weatherized annually, there are long waiting lists of up to 3 years to be weatherized.
- B. A lack of funds to weatherize houses of all eligible applicants.
- C. Because of a lack of affordable, decent housing for low-income households, many houses that are weatherized are in extremely dilapidated condition.
- D. Many houses that are weatherized are without running water and sewer, and there are inadequate funds to provide either service.
- E. Equivalent services for clients from local program contractors and subcontractors.

SUMMARY #3C CONTINUED		ALL "W" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL SERVICES RENDERED WITH DCS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		
WEATHERIZATION PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Services		
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985	June 30, 1986
		Number of People Served and Units of Services (Duplicated)						
STATE GENERAL FUND								
Weatherization	\$ 1,333,700	\$ 1,039,973	\$ 750,894	\$ 1,195,959			1,945	1,133
CHIP		199,988	299,988				290	281
STATE GENERAL FUND SUBTOTAL	\$ 1,333,700	\$ 1,239,961	\$ 1,050,882	\$ 1,195,959		2,700	2,235	1,414
FEDERAL FUNDS								
D.O.E. Weatherization	\$ 3,362,059	\$ 3,368,425	\$ 3,080,411	\$ 2,993,770			1,968	1,588
HEAP Weatherization	4,464,661	2,973,272	2,803,903	1,900,000			1,873	1,275
HEAP/Weatherization CHIP		828,323	1,310,273	2,000,000			681	977
FEDERAL FUND SUBTOTAL	\$ 7,826,720	\$ 7,170,020	\$ 7,194,587	\$ 6,893,770		6,000	4,522	3,840
OTHER FUNDS								
Maine Housing CHIP	\$	\$ 280,646	\$ 480,673	\$ 2,850,000			438	327
OMP Weatherization			169,074					1,258
TOTAL OTHER FUNDS	\$	\$ 280,646	\$ 649,747	\$ 2,850,000			438	1,585
GRAND TOTAL WEATHERIZATION.								
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 9,160,420	\$ 8,690,627	\$ 8,895,216	\$ 10,939,729		8,700	7,195	6,839
Weatherization Cen. Off. Admin.	278,500	431,723	443,674	527,399				
WEATHERIZATION SUBTOTAL	\$ 8,881,920	\$ 8,258,895	\$ 8,451,542	\$ 10,412,330				
TYPES OF WEATHERIZATION RENDERED BY THE DIVISION OF COMMUNITY SERVICES								
HOUSEHOLDS:								
Weatherization and repair	\$ 8,700	\$ 5,786	\$ 4,323	\$ 6,000				
CHIP		1,409	2,516	2,516				
TOTAL TYPES OF WEATHERIZATION.								
RENDERED BY ONE STATE AGENCY	\$ 8,700	\$ 7,195	\$ 6,839	\$ 8,516				

SUMMARY #3D STATE OF MAINE HEAD START, ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

Children from low-income families experience disadvantaged social, health, and learning opportunities.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.

To provide a comprehensive Head Start program to approximately 774 low-income children with at least 10% being handicapped. A minimum of 510 hours per child per year of services will be provided. Services will be provided in both center based and home based models.

3. SERVICES PROVIDED.

Each child and/or family receives:

- (1) a comprehensive early childhood preschool educational experience;
 - (2) health care which includes a broad range of medical, dental, mental health, and nutritional services.
- Parents participate in program design and development and through policy advisory councils.

4. PRIORITIES FOR SERVICE.

- (1) Low-income children at or up to 150% of poverty.
- (2) 100% of the enrollment is reserved for handicapped children.

5. INTER-DEPARTMENTAL COORDINATION.

- (1) Programs receive commodity food for snacks and lunches from Department of Educational and Cultural Services.
- (2) All centers are inspected by the State Fire Marshal's Office.
- (3) All centers are licensed as child care facilities by the Department of Human Services.

6. POLICY ISSUES.

Reductions in Federal spending for Head Start Programs. Program monitoring and technical assistance.

SUMMARY #3D CONTINUED		ALL HEAD START APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS - ALL HEAD START SERVICES RENDERED WITH DCS ADMINISTERED FUNDS				
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Actual	
HEAD START	Expenditures	Expenditures	Expenditures	Expenditures	Services	
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1985	June 30, 1986
	Number of People Served and Units of Services (Duplicated)					
STATE GENERAL FUND						
Head Start		\$ 1,623,387	\$ 1,728,611	\$ 2,000,000	665	774
STATE GENERAL FUND TOTAL		\$ 1,623,387	\$ 1,728,611	\$ 2,000,000		
Central Office Admin.		7,149	34,874	100,000		
TOTAL HEAD START						
Purchased Services		\$ 1,616,238	\$ 1,693,737	\$ 1,900,000		

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

Children Enrolled	665	774
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SUMMARY #3E OTHER PROGRAMS OF THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

Food Distribution - low-income people have limited resources to meet basic needs.

Citizens Assistance Line - due to the complexity of the social services network and the inter-relation of the various services, many low-income citizens fall in their attempts to find services necessary to meet their needs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.

Food Distribution - through the help of local Community Action Agencies, to provide nutrition assistance to relieve situations of emergency and distress by providing food assistance to needy persons, including low-income and unemployed persons.

Citizens Assistance Line - to provide advocacy services, information and referral, as well as ensure coordination of available resources to alleviate the various immediate crisis of low-income citizens.

3. SERVICES PROVIDED.

Food Distribution - eligible households receive an allocation of food three times a year based on the number of family members and the amount of food provided by the U.S. Department of Agriculture. Commodities currently available for distribution are cheese, butter, cornmeal, flour, rice, and dry milk.

Citizens Assistance Line - negotiating payment arrangements with utility companies to avert service disconnections or effect re-establishment of services; advocate on behalf of citizens in need of general assistance as well as State and Federal program benefits.

4. PRIORITIES FOR SERVICE.

Food Distribution - low-income and unemployed persons at or below 150% of poverty.

Citizens Assistance Line - citizens in crisis who contact program by telephone (toll free) or letter.

5. INTER-DEPARTMENTAL COORDINATION.

Food Distribution - automatic eligibility for recipients of Food Stamps, AFDC, SSI, HEAP, Elderly Tax and Rent Fund, Elderly Low Cost Drug Program.

Advise Governor on the status of efforts to relieve situations of emergency and distress through TEFAP.

Citizens Assistance Line - coordinate use of benefits from local (general assistance offices, Community Action Programs, etc.), State (DHS, DMHMR, etc.), and private sources to make best use of all resources available. Coordinate with FUC, Attorney General's Office, Governor's Office, DHS, and DMHMR.

6. POLICY ISSUES.

Food Distribution - eligibility criteria; program costs; State funding, cost effective distribution model.

Citizens Assistance Line - winter disconnect procedures, general assistance administration, ECIP rules, landlord/tenant laws.

SUMMARY #3E CONTINUED		ALL "OTHER" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "OTHER" SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual	
OTHER PROGRAMS		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1985	June 30, 1986
		Number of People Served and Units of Services (Duplicated)					
STATE GENERAL FUND							
State TEFAP			\$ 97,956				
STATE GENERAL FUND TOTAL			\$ 97,956				
FEDERAL FUNDS*							
USDA - Title II		\$	\$ 120,479	\$			
USDA - TEFAP		122,386	134,863	241,093	215,000		
CSBG - TEFAP			150,471	14,828	70,000		
USDA - FEMA		242,462					
FEDERAL FUNDS TOTAL		\$ 364,848	\$ 405,813	\$ 255,921	\$ 285,000	220,000	220,000
TOTAL OTHER PROGRAMS		\$ 364,848	\$ 405,813	\$ 353,877	\$ 285,000		
Central Office Admin.		2,000	40,911	36,030	45,000		
Purchased Services		\$ 362,848	\$ 364,902	\$ 317,847	\$ 240,000		

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

*Citizens Assistance Funding is found in other program summaries; breakdown is not available.

SUMMARY #3F CENTRAL OFFICE ADMINISTRATION OF THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.
Efficient delivery of program service requires coordinated administration.
2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.
To assure effective use and coordination of available resources to improve service to clients.
3. SERVICES PROVIDED.
Capital fixtures, telephone, mail, data processing, personnel management, fiscal management, and clerical support.
4. PRIORITIES FOR SERVICE.
 - payments accuracy and timeliness
 - record keeping, reporting
 - public information.
5. INTER-DEPARTMENTAL COORDINATION.
 - Department of Finance and Administration
 - Client eligibility determination
 - Information Streamlining.
6. POLICY ISSUES.
 - Inter-agency computer communication capability
 - Staff reorganization.

SUMMARY #3F CONTINUED

ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987
<u>STATE GENERAL FUND</u>				
Admin & Advisory	234,251	209,894	273,548	300,466
State Weatherization			0	0
TEFAP			17,522	0
Head Start		7,149	34,874	100,000
GENERAL FUND SUBTOTAL	\$ 234,251	\$ 217,043	\$ 335,944	\$ 400,466
<u>FEDERAL FUNDS</u>				
Community Services Block Grant	90,344	107,860	67,471	85,000
HEAP	410,431	406,347	452,947	442,000
Federal Weatherization	278,500	431,732	404,966	384,899
TEFAP	2,000	40,911	18,508	45,000
FEDERAL FUND SUBTOTAL	\$ 781,275	\$ 986,850	\$ 943,892	\$ 956,899
<u>OTHER FUNDS</u>				
OMP Weatherization	\$	\$	\$ 6,376	\$ 142,500
Maine Housing - CHIP			32,332	
OTHER FUNDS SUBTOTAL			\$ 38,708	\$ 142,500
TOTAL CENTRAL OFFICE ADMIN.	\$ 1,015,526	\$ 1,203,893	\$ 1,308,544	\$ 1,499,865

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

SUMMARY #4A BUREAU OF MENTAL HEALTH SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

The numbers of persons in need of mental health care in Maine and the nation are unprecedented with prevalence rates for diagnosable mental disorders ranging from 16.4% to 23.1% - or 193,118 to 272,014 persons in Maine. The prevalence of mental health problems varies with age, and the rate for persons over age 65 (the fastest growing age group in the country) may be as high as 24% or approximately 38,000 Maine citizens. The needs of special groups such as the over 8,000 persons with severe and prolonged mental illness, the individuals with both substance abuse and mental health problems, homeless persons with mental illness, and the families of persons with mental illness dictate the development of a comprehensive and coordinated system of mental health care.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS/OBJECTIVES.

The Bureau of Mental Health, as the State mental health authority, acts as an advocate for the prevention of mental illness and the provision of effective treatment, community support, and rehabilitation services in settings most appropriate to the needs of clients, patients, and their families. Both the Augusta and Bangor Mental Health Institutes continue to be fully accredited, emphasizing quality inpatient services for those needing that level of care and a high degree of continuity and liaison with community providers. Community mental health services are provided by contract with seven community mental health centers and thirty-six other community agencies. The Bureau is committed to the provision of comprehensive mental health services with emphasis on treatment and rehabilitative services for the most severely and chronically ill to improve quality of life and enable growth toward independent functioning. Services to under or inappropriately served populations continue to be major Bureau objectives. The Bureau of Mental Health works to assure that

- Comprehensive coordinated community services are available throughout the state, with an emphasis on special populations and needs;
- High quality, specialized inpatient services are provided in Maine's two mental health institutes;
- Rehabilitation-oriented services are available to persons with severe and prolonged mental illness;
- Information and education activities are made available to the public and those involved in the mental health field in order to promote awareness and understanding and reduce the stigma of mental illness;
- The rights of mentally ill persons are protected in both institutional and community settings;
- Housing, vocational, crisis, and socialization needs of mentally ill persons are addressed.

3. SERVICES PROVIDED.

In FY 1986, 2,117 persons were served in the two mental health institutes and over 27,000 were served in the community. The Augusta and Bangor Mental Health Institutes provide specialized inpatient services to involuntarily admitted mentally ill persons including rehabilitative services for persons with prolonged mental illness and geriatric, adolescent, and forensic services. Community mental health services include emergency services, community support, day treatment/rehabilitation, community residential, outpatient services, consultation, education, and training services, community inpatient services, psychological services, support to family, consumer, and other community groups, and other activities. The Office of Community Support Systems provides training, advocacy, and technical assistance to groups and agencies involved with persons with prolonged mental illness as well as providing crisis intervention services.

4. PRIORITIES FOR SERVICE.

Within its broad mandate for a statewide comprehensive mental health service system, the Bureau emphasizes treatment and psychosocial rehabilitation services for persons with severe and prolonged mental illness and has also increasingly recognized the needs of homeless mentally ill persons, individuals with both substance abuse and mental health problems, and elderly and hearing-impaired persons who are also mentally ill.

5. INTER-DEPARTMENTAL COORDINATION.

The Bureau works closely with the Departments of Human Services, Educational and Cultural Services, and Corrections, the legal system, and other state agencies to improve funding and treatment options for persons with mental illness. It serves on standing committees, task forces, and other work groups in order to ensure ongoing coordination in planning and development.

6. POLICY ISSUES.

- A) Development of statewide comprehensive services to identified special populations.
- B) Development of a psychosocial rehabilitation orientation to service provision.
- C) Maintaining and assuring quality and continuity of care in community programs, including institutions.
- D) Assuring sufficient financial support to community mental health programs through an appropriate balance of public and private resources, maximizing federal and other resources.

SUMMARY #4A CONTINUED

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
ALL MH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
Year Ending: June 30, 1984	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984 June 30, 1985
<u>STATE GENERAL FUND</u>					
Augusta Mental Health Institute	\$ 13,546,373	\$ 14,777,635	\$ 15,730,503	\$ 17,193,971	
Bangor Mental Health Institute	12,584,136	13,700,512	14,580,671	15,621,940	
Community Mental Health Services	6,219,599	7,248,325	7,161,035	8,107,084	
Title XX State Comm. Support	264,493	-	-	-	
Sub-Total, State General Funds	\$ 32,614,601	\$ 35,726,472	\$ 37,472,209	\$ 40,922,955	
<u>FEDERAL ACCOUNTS</u>					
Augusta Mental Health Institute	\$ 16,355	\$ 1,816	\$ 1,242	\$ 20,122	
Bangor Mental Health Institute	21,690	10,467	22,971	43,372	
ADMHS Block Grant	2,227,786	2,322,906	940,752	1,009,980	
Social Service Block Grant	261,003	285,220	296,085	292,092	
Office of Community Support	115,640	37,725	-	-	
Community Services Grant	-	-	-	235,000	
Sub-Total, Federal Accounts	\$ 2,642,474	\$ 2,658,134	\$ 1,261,050	\$ 1,600,566	
<u>DEDICATED REVENUES</u>					
Augusta Mental Health Institute	\$ 334,747	\$ 393,799	\$ 457,486	\$ 827,717	
Bangor Mental Health Institute	42,247	142,155	142,981	177,138	
Sub-Total, Dedicated Revenues	\$ 376,994	\$ 535,954	\$ 600,467	\$ 1,004,855	
Total All Expenditures	\$ 35,634,069	\$ 38,920,560	\$ 39,333,726	\$ 43,528,376	

	Actual FY 84	Actual FY 85	Actual FY 86	Projected FY 87	Actual Services FY 84	Actual Services FY 85
<u>SERVICES FUNDED BY BUREAU OF MENTAL HEALTH</u>						
Augusta Mental Health Institute	\$ 13,897,475	\$ 15,173,250	\$ 16,189,231	\$ 18,041,810		
Bangor Mental Health Institute	12,648,073	13,853,134	14,746,623	15,842,450		
Community Services:						
Emergency	680,358	682,804	972,275	1,062,811		
Community Support	2,284,501	2,565,892	2,271,351	2,577,770		
Day Treatment/Rehab.	998,435	1,114,781	797,389	827,735		
Community Residential	591,396	589,410	810,150	1,270,091		
Outpatient	2,478,365	2,709,634	1,841,545	1,645,773		
Consult., Training, Education	725,493	659,787	309,111	254,545		
Community Inpatient	263,259	271,203	273,786	304,884		
Early Intervention	62,290	62,255	---	---		
Psychosocial Center	106,157	211,919	472,268	472,601		
Crisis Intervention	---	217,630	207,081	290,117		
Special Populations (elderly, deaf)	---	---	74,484	125,218		
Other Activities	718,114	630,463	193,231	604,970		
Total Mental Health Services	\$ 35,453,916	\$ 38,741,905	\$ 39,158,525	\$ 43,320,775		
Administration	---	178,655	175,201	207,601		
Total Expenditures	\$ 35,453,916	\$ 38,920,560	\$ 39,333,726	\$ 43,528,376		

SUMMARY #4B BUREAU OF MENTAL RETARDATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

Individuals who are mentally retarded and their families are in increasing numbers seeking support and services from the Bureau of Mental Retardation. From July, 1985 to June, 1986 more than 580 new referrals were made; approximately 75% of these referrals resulted in new clients requiring residential, training, day program, and other services.

In addition, the legislature appropriated money to continue to address the needs of young handicapped adults who are "aging out" (turning 20 years old) of the public school system and who need vocational and independent living services. The challenge in the next few years continues to be to meet the needs of increasing numbers of clientele given limited resources.

The Bureau continues to experience the development of waiting lists; individuals and families needing residential and day programs to remain in their own communities; a rapidly increasing demand for all community services; along with a need for development of new types of services including specialized programs for persons with complex behavioral and physical needs.

2. MISSION - EXPECTED OUTCOME STATEMENT: GOALS/OBJECTIVES.

In 1986, approximately 600 individuals received services at Pineland Center and the Aroostook Residential Center (this includes respite care), 3,900 were served through the six regional offices of the Bureau; and funds were provided to non-profit community agencies to provide services to people.

The program philosophy is to promote an improved quality of life for persons with mental retardation in order to help individuals achieve their maximum potential for independence. The Bureau expects to increase the numbers and types of services available; not only to persons with mental retardation but to young adults who are handicapped and are "aging out" of the public school system and to persons diagnosed as having autism. The Bureau also expects to begin to address the increasing need for case management (the arranging of those services necessary to meet the individual's training, education, and habilitative needs), coordination/delivery of services to children with mental retardation and their families; and services for elderly mentally retarded persons.

3. SERVICES PROVIDED.

Case management (including individual program planning); guardianship, conservatorship; representative payee; occupational, physical and speech therapy; psychological services; training and technical assistance to service providers; financial support to community agencies and providers; resource development planning and technical assistance; institutional services including out-patient services, outreach and respite care.

4. PRIORITIES FOR SERVICE.

Persons residing in institutions, clients of the Bureau residing in the community, persons with mental retardation requiring Adult Protective services or needing crisis prevention services; young handicapped adults graduating from school, and elderly persons with mental retardation.

5. INTER-DEPARTMENTAL COORDINATION.

The Bureau of Mental Retardation works in close coordination with the Departments of Transportation, Human Services, Educational and Cultural Services, the Maine State Housing Authority, parent advocacy and consumer groups, and other state and local entities to assure that:

- services provided to Maine's mentally retarded citizens reflect the standards set forth in Maine statutes and the Pineland Consent Decree;
- the public is informed and educated as to the nature of mental retardation in order to reduce associated stigma;
- the rights of persons with mental retardation are upheld in accordance with the Bill of Rights for Persons with Mental Retardation;
- increased amounts and types of appropriate services are available to persons with mental retardation and their families.

SUMMARY #4B CONTINUED	ALL MR APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL MR SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Actual	
MENTAL RETARDATION SERVICES.	Expenditures	Expenditures	Expenditures	Expenditures	Services	
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
STATE GENERAL FUND					Number of People Served and Units of Services (Duplicated)	
Aroostook Residential Center ¹	\$ 482,653	\$ 538,652	\$ 577,715	\$ 599,713		
Elizabeth Levinson Center ¹	1,415,459	1,494,285	---	---		
Pineland Center	16,456,086	17,207,299	17,919,230	18,025,061		
Community M.R. Services ³	9,852,234	12,261,524	13,232,252	14,060,087		
SUB-TOTAL GENERAL FUND	\$ 28,206,432	\$ 31,501,760	\$ 31,729,197	\$ 32,684,861		
FEDERAL ACCOUNTS						
Elizabeth Levinson Center ²	\$ 8,257	\$ 11,364	\$	\$		
Pineland Center	7,172	4,261	303	9,804		
Community MR Services (autism grant)	---	47,485	138,464	98,000		
SUB-TOTAL FEDERAL FUNDS	\$ 15,429	\$ 63,110	\$ 138,767	\$ 107,804		
DEDICATED REVENUES						
Elizabeth Levinson Center ²	\$ 8,000	\$ ---	\$ ---	\$ ---		
Aroostook Residential Center	1,643	1,534	1,459	683		
Pineland Center	76,469	60,018	79,435	102,189		
Community MR Services	---	1,679	10,921	14,000		
SUB-TOTAL DEDICATED REVENUES	\$ 86,112	\$ 63,231	\$ 91,815	\$ 116,872		
TITLE XX						
Community M.R. Services	\$ 979,374	\$ 1,029,876	\$ 948,901	\$ 920,105		
TOTAL	\$ 29,287,347	\$ 32,657,977	\$ 32,908,680	\$ 32,829,642		
SERVICES FUNDED BY BUREAU OF MENTAL RETARDATION						
Aroostook Residential Center	\$ 484,296	\$ 540,186	\$ 579,174	\$ 600,396	81	85
Elizabeth Levinson Center ⁴	1,431,716	1,505,649	---	---		
Pineland Center	16,539,727	17,271,578	18,014,627	18,137,054	475	462
Adult Day Program	4,631,247	5,538,503	4,675,385	4,760,394	2,780	2,820
Pre-school Program ⁴	558,154	663,316	---	---		
Residential Services	757,784	1,389,917	749,797	752,754	463	475
Professional Services	311,014	332,345	458,727	370,256	N/A	N/A
Transportation	344,247	403,829	337,079	343,011	382	400
Case Management ⁴	4,229,162	4,607,316	4,833,821	4,911,560	3,815	3,950
TOTAL	\$ 29,287,347	\$ 32,252,640 ⁵	\$ 29,648,610 ⁵	\$ 29,875,425 ⁵	7,996	8,192

¹ Includes food, fuel, unemployment comp. and capital improvement and repairs, accounts 1340.3, 4, 5, 9 & 1034.1.

² Elizabeth Levinson Center deleted for FY 86 and FY 87 due to administration under Bureau of Children with Special Needs.

³ Community MR Services adjusted for \$1,335,987 and \$1,388,917 transferred to the Bureau of Children with Special Needs respectively in FY 86 and FY 87.

⁴ Reflects transfer to Bureau of Children with Special Needs.

⁵ Total service figures are lower than total appropriations due to costs associated with Department Administration and state's share of Medicaid funding journaled to Department of Human Services.

SUMMARY #4C BUREAU OF CHILDREN WITH SPECIAL NEEDS, SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

There are an estimated 25,000 children and youth in the State of Maine who have some type of mental health problem. Of these, 6,000 children and youth have been identified as severely emotionally or behaviorally disturbed. Developmentally disabled persons in Maine, age 0-20, are estimated to number 8,100, including some 5,494 identified as having mental retardation. Of these developmentally disabled children and youth, there are estimated 900 who are dual diagnosis, seriously emotionally disturbed and developmentally disabled, including mentally retarded. In addition, during 1984 and 1985 there were additional thousands of new verified cases of physical, emotional, and sexual abuse. These add staggering new demands for treatment resources. The findings of the Maine Commission to Examine the Availability, Quality, and Delivery of Services Provided to Children With Special Needs and many parent, consumer, and concerned citizen groups point conclusively to the fact that the majority of troubled and handicapped children are not getting the services they need.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS/OBJECTIVES.

The Bureau of Children with Special Needs is mandated to assist in planning, coordinating, and developing mental health services to children and youth, 0-20, ensuring that services are provided in the least restrictive setting appropriate to the child's needs, with emphasis on maintaining each child in its natural home or in a substitute care community placement whenever possible. This will result in more adequate, appropriate, effective, and efficient service provision, and will reduce stress on parents and children in accessing and receiving services.

3. SERVICES PROVIDED.

Six regional offices provide developmental services to children with developmental disabilities aged 0-5 and to those identified as being at risk of developmental delay, and their families. Purchase-of-services from a wide range of community-based providers offering a variety of day and residential, home and community based services to emotionally and developmentally handicapped children, ages 6-20. Operation of the Military/Naval Children's Home, Bath, a short-term child care facility; and the Infant Development Center, South Portland, serving parents and pre-school handicapped children through in-home and center-based programs. Regional resource development and service coordination for severely emotionally handicapped children and adolescents at Child and Adolescent Service System Project sites in Penobscot, York, and Cumberland Counties. Specialized home and school based services to children with autism in Central and Southern Maine.

4. PRIORITIES FOR SERVICE.

- (1) Children aged 0-5 who are developmentally disabled, who demonstrate a developmental delay, or who are identified as being at risk of developmental delay, and their families.
- (2) Children 6-20 who are severely emotionally or behaviorally disturbed and their families, and who have unmet needs and/or require multiagency interventions.

5. INTER-DEPARTMENTAL COORDINATION.

Explicitly stated in the enabling legislation are specific cooperative relationships and mutual planning efforts between the Bureau and other state agencies, notably the Departments of Human Services and Educational and Cultural Services. Objectives include: (1) to develop earlier identification of handicapped and "at risk" infants and provide appropriate services to them and their families; (2) to improve interagency planning, coordination, development of services at both the state and regional level for emotionally, behaviorally or developmentally handicapped children.

6. POLICY ISSUES.

The Bureau is committed to the development of an array of community based services for special needs children which support parents, families, and community caregivers. Areas of special concern is the availability of (a) respite care and other family support services; (b) specialized interventions for severely disturbed adolescents and preadolescents, and community-level service coordination in serving these children; (c) homebased, day treatment, case management, and therapeutic residential services which maintain children and families within their own homes and communities.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION Bureau of Children with Special Needs

SUMMARY #4C ALL "CH" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS ALL "CH" SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
CHILDREN'S SERVICES					
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1985 June 30, 1986
STATE GENERAL FUND					Number of People Served and Units of Services (Duplicated)
Military/Naval Children's Home ¹	\$ 291,985	\$ 349,796	\$ 404,103	\$ 361,786	
Elizabeth Levinson Center ²	---	---	1,489,633	1,536,753	
Community Children's Services ³	1,849,544	1,847,273	4,023,223	4,597,273	
Sexual Abuse Treatment	---	224,824	231,507	243,170	
SUB-TOTAL GENERAL FUND	\$ 2,141,529	\$ 2,448,893	\$ 6,148,466	\$ 6,738,982	
FEDERAL ACCOUNTS					
Preventive Intervention	\$ ---	\$ 48,301	\$ 107,441	\$ 130,000	
Children/Adolescent System Proj.	---	61,497	146,824	150,000	
Respite Care	---	---	16,209	136,176	
Elizabeth Levinson Center	---	---	5,956	13,490	
SUB-TOTAL FEDERAL ACCOUNTS	\$ -0-	\$ 109,798	\$ 276,430	\$ 429,666	
ADMHS BLOCK GRANTS					
Community MH Services ⁴	\$ ---	\$ ---	\$ 978,291	\$ 978,291	
TOTAL	\$ 2,141,529	\$ 2,558,691	\$ 7,403,187	\$ 8,146,939	
SERVICES FUNDED:					
COMMUNITY					
Community Services (State)	\$ 1,849,544	\$ 2,099,097	\$ 4,254,730 ⁵	\$ 4,840,443 ⁵	1,402 1,721
Community Services (ADAMH)	---	---	978,291	978,291	-- --
Preventive Intervention Proj.	---	48,301	107,441	130,000	-- 525
Child/Adolescent System Proj.	---	61,497	146,824	150,000	-- 10
Respite Care	---	---	16,209	136,176	-- --
COMMUNITY TOTAL	\$ 1,849,544	\$ 2,208,895	\$ 5,503,495	\$ 6,324,910	1,402 2,256
INSTITUTIONAL					
Military/Naval Children's Home ¹	\$ 291,985	\$ 349,796	\$ 404,103	361,786	160 160
Elizabeth Levinson Center	---	---	1,495,589	1,550,243	-- --
INSTITUTIONAL TOTAL	\$ 291,985	\$ 149,796	\$ 1,899,692	\$ 1,912,029	160 160
TOTAL	\$ 2,141,529	\$ 2,558,691	\$ 7,403,187	\$ 8,146,939	1,562 2,416

¹ Includes food, fuel, unemployment compensation, repairs, and capital.

² Administration transferred to Bureau of Children with Special Needs in FY 86 and FY 87.

³ Includes transfers of \$650,084 from the Bureau of Mental Health in FY 86 and FY 87. Includes transfers of \$1,335,987 in FY 86 and \$1,388,917 in FY 87 from the Bureau of Mental Retardation.

⁴ Transferred from the Bureau of Mental Health in FY 86 and FY 87.

⁵ Includes transfer of funds from Bureau of Mental Retardation and Bureau of Mental Health, in addition to former Children's Community Mental Health funds and Sexual Abuse funds.

SUMMARY #4D DEVELOPMENTAL DISABILITIES COUNCIL SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

There are approximately 17,000 developmentally disabled persons who live in Maine. By definition, a developmentally disabled person is severely and chronically disabled. The disability must have been incurred prior to the age of 22 (a person below the age of 22 may be "at risk" of a developmental delay or becoming developmentally disabled). Some 60% of all developmentally disabled persons have mental retardation as a primary diagnosis; another 35% are physically disabled (this group includes the severe forms of epilepsy, autism, cerebral palsy, and many other severely handicapping conditions); a small percentage (5%) is considered chronically mentally ill with onset prior to age 22. In addition to the 17,000 developmentally disabled persons, there are an additional 6,000+ more children ages 0-5 who are considered "at risk" of developmental delay or developmental disability because of biological and environmental reasons. These "at risk" children must be screened, evaluated, and provided appropriate services to allow them to develop to their fullest potential. Included in the 17,000 total population of developmentally disabled persons are some 9,000 persons of working age (20-64) who need to be afforded training and work opportunities. A significant number of these individuals are capable of supported employment or competitive employment. Some 1,500 severely handicapped special education students (ages 16-20) need transition services to facilitate the move from a school setting into a training or work setting.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT-GOALS/OBJECTIVES.

The Developmental Disabilities Council serves as an advocate for developmentally disabled persons within the social and medical services network. The Council develops a comprehensive, statewide action plan, updated annually, that addresses the needs of persons with developmental disabilities. The Council carries out surveys and studies that guide development of specialized services and better utilizations of generic services. The DD Council also provides limited start-up support for specialized, innovative demonstration programs that serve persons with developmental disabilities.

3. SERVICES PROVIDED.

The council utilizes three basic approaches to services:

- A) Advocacy, planning, and informational services as part of its basic mission;
- B) Service development in the form of special studies, training, research and development of service models, etc.
- C) Demonstration projects, usually jointly funded by other state agencies to demonstrate innovative and cost-effective ways to deliver services.

4. PRIORITIES FOR SERVICE.

A major priority is prevention services to reduce the incidence of developmental delays and disabilities among infants and young children (women of child bearing age are a primary target for prevention services). Early intervention with handicapped children ages 0-5 is a priority. The transitional needs of severely handicapped adolescents and young adults is still another priority. The Priority Service Area of Employment Related Activities for Developmentally Disabled Adults has been added to the state plan.

5. INTERDEPARTMENTAL COORDINATION.

The goal of the Developmental Disabilities Council is to improve and expand the network of social and medical services available to developmentally disabled people. State agencies, parents, consumers, professionals, and concerned citizens are represented on the Council. Currently, the Priority Services Areas are: Child Development, Alternatives in Community Living, and Employment Related Activities. Within the priority services areas, the Council focuses on prevention, preventive intervention, early intervention, respite care, mental health services to the developmentally disabled, and employment and training services for adult developmentally disabled people, and transitional services to severely handicapped special education students.

6. POLICY ISSUES.

Persons with developmental disabilities, because of the severity and chronicity of their disability, have been an unserved or underserved population in the spectrum of persons needing social or medical services. Often a developmentally disabled person cannot speak out on their own behalf. This has resulted in a lack of understanding of their legitimate and reasonable needs. Developmentally disabled people remain vulnerable to economic and social pressures within society. The Council will continue to advocate for the principles of prevention, early intervention, free and appropriate education, normalization, and equal opportunity within the community.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION						
SUMMARY #4D	ALL "DD" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "DD" SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Actual	
DEVELOPMENTAL DISABILITIES	Expenditures	Expenditures	Expenditures	Expenditures	Services	
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1985	June 30, 1986
	Number of People Served and Units of Services (Duplicated)					
STATE GENERAL FUND	\$ 0	\$ 0	\$ 0	\$ 0		
FEDERAL ACCOUNTS	278,520	247,552	316,652	309,705		
TOTAL	\$ 278,520	\$ 247,552	\$ 316,652	\$ 309,705		

TYPES OF SERVICES:

ADVOCACY/PLANNING/INFORMATION	\$ 94,220	\$ 103,263	\$ 109,390	\$ 105,000	N/A	N/A
SERVICE DEVELOPMENT Prevention, Early Intervention, Parent and Professional Training	128,657	93,773	97,200	95,000	7,500	7,500
DEMONSTRATION PROJECTS Respite, Parent-To-Parent Prevention, Early Intervention	55,643	50,516	110,062	109,705	446	600
TOTAL	\$ 278,520	\$ 247,552	\$ 316,652	\$ 309,705	7,946	8,100

SUMMARY #4E ALCOHOL & SUBSTANCE ABUSE SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

National data indicates that 5% of the overall population are alcoholics and another 10% to 15% have significant alcohol abuse problems. This translates into 50,000 to more than 250,000 Maine citizens with serious drinking problems. Studies show this level of alcohol abuse holds true for mentally ill and mentally retarded persons and may be even higher among children and adolescents who are emotionally disturbed. For example, as a result of a 1983 extensive federal study of alcohol abuse within Maine, it was discovered that approximately 15% of the 20,000 clients annually seen at the Community Mental Health Care system for emotional/mental health problems, also has alcohol abuse problems. Additionally, a separate study concluded 60% of state psychiatric hospital admissions and 10% of all mentally retarded persons also had substance abuse problems. Another 40% of severely mentally retarded persons are also products of families or included in alcohol abuse.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT-GOALS/OBJECTIVES.

People who are mentally ill, mentally retarded, and children who are emotionally disturbed who also have the compounding problem of alcohol abuse present unique problems for tradition and existing treatment systems. Special training, program development and service delivery must be developed to expeditiously identify and appropriately treat the dual-diagnosis clients throughout the MH/MR and alcohol systems. This requires the continuation of efforts to prevent and if necessary treat the Department's dual-diagnosed clients.

3. SERVICES PROVIDED.

This service provision involves multi-disciplined inpatient treatment services to patients of the state mental health institutes; resource support, training and education of mental health and mental retardation specialists to improve the treatment of multi-handicapped individuals; public information regarding relationships inherent in the abuse of alcohol and related birth defects; and the coordination and collaboration with public and private agencies serving the clients and patients of the Mental Health, Mental Retardation, Developmental Disabilities system and intensive family based intervention and support for severely emotionally disturbed children and families.

4. PRIORITIES FOR SERVICE.

The estimated 3,000 dual-diagnosed (mentally-ill people with alcohol abuse problems) within the community, the estimated 500 to 600 (mentally ill patients with alcohol abuse) dual-diagnosed within the state psychiatric hospitals, and the estimated 150 dual-diagnosed mentally retarded persons. Priority for service delivery is to develop the capacity, through coordination, training and contractual service agreements of the existing MH/MR and alcohol prevention, education and treatment system to identify, treat and/or refer.

5. INTERDEPARTMENTAL COORDINATION.

To develop a statewide system of alcohol treatment which addresses the unique needs of clients/patients who are mentally retarded and children who are severely emotionally disturbed and to develop and then promote coordinated policies, procedures, and methods to prevent alcohol related birth defects such as Fetal Alcohol Syndrome and other forms of Mental Retardation and Developmental Disabilities.

6. POLICY ISSUES.

Alcohol and substance abuse treatment resources are an essential element in establishing a network of mental health treatment options for troubled youth and their families. These linkages need to be continually addressed and developed within the Department's Bureaus as well as continued participation with the ADPC (Alcohol and Drug Abuse Planning Committee).

SUMMARY #4E CONTINUED		ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALCOHOL SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected		Actual	
ALCOHOL & SUBSTANCE ABUSE (DMHMR)	Expenditures	Expenditures	Expenditures	Expenditures		Services	
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1985	June 30, 1986
						Number of People Served and Units of Services (Duplicated)	
DEDICATED REVENUES	\$ 211,103	\$ 261,123	\$ 265,026	\$ 599,000			
TYPES OF SERVICES:							
MR Services							
a) Outpatient	\$ 30,000	\$ 38,523	\$ 38,526	\$ 48,000		75	75
b) F.A.E.	8,000	16,000	16,000	25,000		100 Trng.	200 Trng.
Children							
a) Homebuilders	51,000	62,000	62,000	70,000		230	230
b) Training	4,103	8,000	8,500	15,000		75	75
c) Homebuilders - Washington, Hancock, Penobscot, and Piscataquis Counties				20,000			
M.H. Services							
a) AMHI	52,000	54,000	54,000	79,000		400	400
b) BMHI	52,000	54,000	54,000	65,000		400	400
c) CMHC	4,000	8,000	8,000	10,000		200	200
d) Community				90,000			
Offenders							
a) Andro. County Jail	10,000	20,600	24,000	68,000		200	200
b) Franklin County Jail				29,000			
c) Oxford County Jail				29,000			
Elderly							
a) Public Awareness/Training				20,000			
Family Support							
a) Portland				2,000			
Administration							
a) DMHMR				26,500			
TOTAL	\$ 211,103	\$ 261,123	\$ 256,526	\$ 596,500		1,680	1,680

DEPARTMENT OF HUMAN SERVICES

SUMMARY #5A ALCOHOL & DRUG ABUSE SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

An estimated 88,164 individuals (8% of adult population and 12% of adolescent population) in Maine abuse alcohol and drugs; an additional 21,000 adolescents are at high risk of abusing substances due to early experimentation and/or to living in a chemically-dependent family. It is estimated that approximately 90,000 Maine citizens are children of chemically dependent parents; this places these individuals at greater risk to abuse chemicals, be physically/sexually abused, experience poor physical or mental health, become socially or behaviorally impaired, and marry a chemically dependent person.

Costs associated with lost production, health care, motor vehicle accidents, crime, fire, and social responses due to alcohol abuse are estimated at \$577 million annually in Maine.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.

To develop a comprehensive, coordinated, and integrated system of alcohol and drug abuse prevention and treatment services which are available and accessible to Maine's citizens irrespective of ability to pay.

Major goals are to enable all Department units to intervene appropriately in alcohol and drug abuse problems in a coordinated fashion, to establish the appropriate administrative supports (licensing, data systems, program monitoring, training), and to purchase services to accomplish the Department's mission.

3. SERVICES PROVIDED.

- A. Office of Alcoholism and Drug Abuse Prevention: policy development, strategic planning, program licensing and monitoring, training, management information, services coordination, and model program development.
- B. Bureau of Social Services, Purchased Services: administers contracts for regional/statewide volunteer citizen group coordination, prevention services (outreach, community development, skills training, information), and treatment services (outpatient, rehabilitation, shelter/detoxification, extended care, halfway houses).
- C. Maine Alcohol and Drug Abuse Clearinghouse, Bureau of Health: produces, collects, and disseminates information to the general public and professional community.

4. PRIORITIES FOR SERVICE.

- A. Purchased services are available to all substance abusers and their families irrespective of ability to pay.
- B. Prevention services are focused on adolescents and children of alcoholics.
- C. Increased services for women is a new initiative.

5. INTER-DEPARTMENTAL COORDINATION.

Alcohol and Drug Abuse Planning Committee coordinates alcohol and drug abuse efforts of the Departments of Educational and Cultural Services, Corrections, Human Services, and Mental Health and Mental Retardation.

6. POLICY ISSUES.

- A. Determine most effective mechanism to integrate substance abuse services into existing health care delivery system.
- B. Review current Medicaid coverage of substance abuse treatment.
- C. Review current licensing/certification regulations for possible revision.

SUMMARY #5A CONTINUED		ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALCOHOL SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual	
ALCOHOL & SUBSTANCE ABUSE (DHS)		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1985	June 30, 1986
		Number of People Served and Units of Services (Duplicated)					
<u>STATE GENERAL FUND</u>							
OADAP	1325.5	\$ 1,901,891	\$ 2,459,174	\$ 2,401,598	\$ 2,479,444		
STATE GENERAL FUND SUBTOTAL		1,901,891	2,459,174	2,401,598	2,479,444		
<u>FEDERAL FUND</u>							
Alcohol, Drug Abuse, Mental Health							
Block Grant		2,130,120	1,720,785	1,601,425	1,740,598		
Bur. Health - Clearinghouse							
3310.2		Included in Block Grant					
Other Federal Funds	3325.5	12,903	0	0	0		
FEDERAL FUND SUBTOTAL		2,143,023	1,720,785	1,601,425	1,740,598		
<u>OTHER FUNDS</u>							
Alc. Premium Fund	4325.7	1,668,865	1,732,236	1,757,230	2,436,167		
Licensing Fees		2,900	2,900	3,250	6,000		
OTHER FUNDS SUBTOTAL		1,671,765	1,735,136	1,760,480	2,422,167		
<u>GRAND TOTAL ALCOHOL-SUB. ABUSE</u>							
<u>ONE DEPT'S ALL SOURCES OF FUNDS</u>		<u>5,716,679</u>	<u>5,915,095</u>	<u>5,766,503</u>	<u>6,662,209</u>		
Dept. Overhead & Admin. Subtotal		27,483	34,708	42,958	45,000		
Other Services Cen. Off. Admin.		433,224	501,612	455,647	485,000		

TYPES OF ALCOHOL AND SUBSTANCE ABUSE SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES					Services	Admissions	Services	Admissions
Outpatient	\$ 1,899,022	\$ 1,836,000	\$ 2,011,841	\$ 2,398,185	79,889 hours	5,151	65,684 hours	5,079
Detoxification	509,695	525,000	535,000	561,250	11,195 days	1,917	12,729 days	2,116
Shelter	304,863	312,000	322,000	387,600	26,246 days	3,845	23,329 days	3,227
Residential Rehabilitation	1,295,112	1,300,000	1,005,000	963,000	36,016 days	1,512	22,827 days	988
Halfway House	486,800	520,000	520,000	691,000	24,366 days	292	24,209 days	324
Extended Care	173,800	180,300	180,300	189,300	6,576 days	48	6,981 days	48
Intensive Outpatient	-	-	0	112,000				
Transitional Housing	-	-	-	23,700				
Treatment Total	4,669,292	4,673,300	4,574,041	4,969,381		12,765		11,782
Prevention/Education	614,540	737,741	693,859	764,226				

Because of the characteristics of data available, funds listed by services do not duplicate budget totals.

SUMMARY #5B ADULT SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

Adults who are incapacitated, allegedly incapacitated or dependent who are unable to protect themselves require protective services, including legal arrangements when indicated, to ensure their safety.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To determine incapacitation, dependency and danger,
To make client safe (reduce/eliminate or remove from danger),
To rehabilitate,
To effect legal transfer to private arrangements,
To maintain in public guardianship and/or public conservatorship.

3. SERVICES PROVIDED.

Case study/assessment, advocacy, court social services, preparation and placement, case supervision/management, and counseling.

4. PRIORITIES FOR SERVICE.

1. Adults under court-appointed DHS guardianship/conservatorship.
2. Incapacitated or dependent adults at risk of or in danger (from abuse, neglect, or exploitation).
3. Adults reported to be at risk of or in danger of abuse/neglect/exploitation.
4. Individuals referred or nominated for court study for public guardianship/conservatorship.

5. INTER-DEPARTMENTAL COORDINATION

The Bureau of Mental Retardation in the Department of Mental Health and Mental Retardation offers these services to mentally retarded adult citizens of Maine, while the Department of Human Services provides to non-retarded populations. The two Departments coordinate their efforts.

6. POLICY ISSUES.

How can an adequate range of services and a sufficient amount of services be provided to the expanding population of young adults in need of protection?
How can a sufficient amount of services be provided to the rapidly growing number of guardianship clients?
What should the State's role and responsibilities be in the process for involuntary commitment of alcoholics?
How can the State ensure the availability of treatment services for involuntarily committed alcoholics?
What basic research should the State conduct on the demographics of adults in need of protection and on the prevention and treatment services they require?
How can the State coordinate its activities with anticipated federal initiatives for adult services?
How can the State develop an interdepartmental approach to the services required by adults in need of protection?

SUMMARY #5B CONTINUED		ALL ADULT APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL ADULT SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		
ADULT SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services		
		Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986
STATE GENERAL FUND		Number of People Served and Units of Services (Duplicated)						
1307.3	\$	511,000	\$ 787,000	\$ 1,927,000	\$ 2,004,000			
1320.5		83,000	152,000	156,000	163,000			
1324.1		30,000	59,000	51,000	75,000			
Regional Admin. (Apportioned)		117,000	136,000	174,000	196,000			
STATE GENERAL FUND SUBTOTAL		741,000	1,134,000	2,308,000	2,438,000			
FEDERAL FUND								
9307.3		717,000	809,000	-	-			
9320.1		7,000	13,000	-	-			
9324.1		1,000	24,000	55,000	55,000			
Regional Admin. (Apportioned)		181,000	196,000	256,000	263,000			
FEDERAL FUND SUBTOTAL		906,000	1,042,000	311,000	318,000			
GRAND TOTAL ADULT SERVICES								
ONE DEPT'S ALL SOURCES OF FUNDS		1,647,000	2,176,000	2,619,000	2,756,000	3,345	4,171	3,781
Adult Central Office Admin.		241,000	286,000	356,000	367,000			
ADULT SERVICES SUBTOTAL		1,888,000	2,462,000	2,975,000	3,123,000			

TYPES OF ADULT SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Case Study	10,898 hours	11,665 hours	12,536 hours
Advocacy	898 "	702 "	827 "
Preparation and Placement	1,265 "	1,260 "	1,518 "
Court Social Service	713 "	1,351 "	2,279 "
Case Supervision and Management	15,594 "	16,796 "	15,096 "
Counseling	802 "	620 "	273 "
Language Interpretation	8 "	3 "	2 "
Legal Services	20 "	34 "	107 "
Medical	70 "	247 "	659 "
Personal Supervision	3,106 "	5,427 "	2,388 "
Psychological Evaluation	104 "	192 "	201 "
Shelter	268 days	1,527 days	852 days
Transportation	14,336 miles	39,392 miles	26,132 miles

SUMMARY #5C CHILDREN'S SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

The State of Maine recognizes: (1) that the right to family integrity is limited by the right of children to be protected from abuse and neglect; and (2) that uncertainty and instability are possible in extended foster home or institutional living. The Bureau of Social Services is charged with the responsibility of impacting these problems for Maine's most vulnerable citizens.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To protect and assist abused and neglected children, children in circumstances which present a substantial risk of abuse and neglect, and their families. The Department must petition the court for removal of the children from the custody of their parents when failure to do so would jeopardize their health and welfare. The Department must provide care and services to children placed in its care or custody and work toward a permanent plan for the child by rehabilitation and reunification with family, adoption, or other appropriate long term plan.

3. SERVICES PROVIDED.

Care and support, case study, case supervision, counseling, preparation and placement, court social service, advocacy, case management, and a range of purchased social services.

4. PRIORITIES FOR SERVICE.

Children in the care and custody of the Department, children and families receiving child protective services, potential, former, suspected neglected and abused children and their families, children and families at risk, children and families who may at some time be in jeopardy or at risk.

5. INTER-DEPARTMENTAL COORDINATION.

The Interdepartmental Committee, which is comprised of the Commissioners of the Departments of Educational and Cultural Services, Human Services, and Mental Health and Mental Retardation, has recently established the Children's Policy Committee. This committee has assumed the responsibility for Children's Systems Development, Program Management and Resource Development. The committee oversees the operation of the following Inter-Departmental Committees:

- Coordinated Response to Child Sexual Abuse Committee
- Hospital Based Services
- Information Systems Streamlining Committee
- Inter-Departmental Coordination Committee on Preschool Handicapped Children
- Health Education Committee

Inter-departmental working agreements with the Maine Youth Center, Bureau of Mental Retardation, Advocates for the Developmentally Disabled, substance abuse programs from which DHS purchases services, Support Enforcement and Location Unit, and others.

6. POLICY ISSUES.

How can appropriate and adequate intervention and treatment services be provided to sexually abused victims, their families, and perpetrators of sexual abuse?

What is a sufficient level of response to referrals of suspected child abuse and neglect which are growing both in number and in severity of type?

... can the State assure adequate out-of-home placement and treatment services for children which are sufficient in number and amount, distributed statewide, and include a continuum of care and services?

Given the existing shortage of resources, how should client needs be prioritized to determine who receives service?

SUMMARY #5C CONTINUED

ALL SOURCES OF FUNDS (By Accounts)		ALL CHILD APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL CHILD SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
CHILDREN'S SERVICES		Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services		
Year Ending: June 30, 1984		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
Child Welfare	1322.1	\$ 3,737,000	\$ 4,021,000	\$ 4,086,000	\$ 4,918,000			
Title XX Social Serv.	1307.3	3,139,000	4,833,000	10,625,000	10,733,000			
Aid to Charitable Institutions		279,000	284,000	284,000	284,000			
Regional Admin.		756,000	836,000	1,125,000	1,238,000			
OW AFDC Foster Care	1320.9	1,070,000	1,758,000	1,436,000	1,400,000			
	1324.1	51,000	254,000	-0-	-0-			
STATE GENERAL FUND SUBTOTAL		\$ 9,032,000	\$ 11,986,000	\$ 17,556,000	\$ 18,573,000			
FEDERAL FUND								
Child Abuse & Neglect	3320.1	\$ 65,000	\$ 119,000	\$ 40,000	\$ 72,000			
Child Welfare IV-E	3320.9	2,394,000	3,545,000	4,164,000	4,600,000			
Child Welfare IV-B	3322.1	922,000	1,004,000	1,243,000	1,200,000			
Title XX Soc. Ser.	9307.3/9324.1	4,401,000	4,972,000	9,366,000	8,787,000			
Foster Care		12,000	-0-	-0-	-0-			
Regional Admin.		1,086,000	1,204,000	1,733,000	1,813,000			
FEDERAL FUND SUBTOTAL		\$ 8,880,000	\$ 10,844,000	\$ 16,546,000	\$ 16,472,000			
GRAND TOTAL CHILDREN'S SERVICES.							2,953 children	2,886
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 17,912,000	\$ 22,830,000	\$ 34,102,000	\$ 35,045,000		8,707 families	8,889
60%						21,249	21,238**	21,533
Children's Cen. Off. Admin.	1320.1	\$ 748,000	\$ 814,000	\$ 1,200,000	\$ 1,300,000			
CHILDREN'S SERVICES SUBTOTAL		\$ 18,660,000	\$ 23,644,000	\$ 35,302,000	\$ 36,345,000			

TYPES OF CHILDREN'S SERVICES RENDERED BY THE BUREAU OF SOCIAL SERVICES

Case Study - Review	48,327 hrs.	57,760 hrs.	58,455 hrs.
Case Supervision - Management	86,398 "	84,059 "	89,234 "
Individual Counseling	5,453 "	2,581 "	2,643 "
Group Counseling	2,277 "	1,159 "	744 "
Advocacy	3,182 "	1,697 "	1,587 "
Preparation and Placement	8,226 "	6,766 "	8,400 "
Court Social Services	16,217 "	18,543 "	19,830 "
Residential Treatment		16,060 days	29,608 days
Group Homes		24,798 "	23,948 "
Emergency Shelter		6,950 "	5,176 "

**Total clients served using 2.1 average family size.

SUMMARY #5D FAMILIES AT HIGH RISK PROGRAM FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

- A. Family Services - Young heads of household on AFDC have been found to be high risk in need of prevention services.
- B. Refugees in Maine are in need of assistance in order to aid their successful resettlement.
- C. Welfare Employment, Education and Training Program (WEET) - Ninety percent of AFDC heads of households are women. Program services are needed which will specifically address and strive to improve the economic status of women in order to reduce what is referred to as the "Feminization of Poverty." Job Search Project (JSP): Food Stamp recipients are in need of a structured job search program to help them become economically self-sufficient.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. Intervene and offer services to young high risk families. Reduce incidence of child abuse and neglect in high risk families. Develop self-sufficient families.
- B. Through the prudent provision of social services and cash and/or medical assistance as needed, the ability of refugees to reach economic self-sufficiency is enhanced. 1. The removal of barriers to refugee employment; 2. to provide English language training so that all employable refugees have survival level language skills; 3. To provide assistance to refugees in their search for employment; 4. to reduce the refugees' reliance on cash and medical assistance by enhancing their employability.
- C. WEET: Services provided through five regional offices, and through coordination with other agencies, to enable AFDC recipients to find and keep jobs leading to maximum economic self-sufficiency, minimum welfare dependence, and a better quality of life. JSP: to enable food stamp recipients to maximize economic self-sufficiency through employment.

3. SERVICES PROVIDED.

- A. Assessment and linkages to social services, educational and employment services. Demonstrate integration model for pregnant and parenting teens.
- B. 1. English language training; 2. Employment Services (job counseling, job development, vocational training and job placement); 3. Foster care to unaccompanied refugee minors; 4. Cash assistance; 5. Medical Assistance; 6. Support services (interpreters, driver education, day care).
- C. WEET: Employment, training and supportive services, including: assessment, counseling, employability development, service referrals, job search and job development, remedial and vocational education, child care. JSP: Assessment, referral and job search services.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting teens in Maine.
- B. 1. Newly arrived refugees; 2. Cash assistance recipients.
- C. WEET: AFDC recipients who volunteer for the program or are mandated by the Social Security Act to register. Special emphasis is placed on "hard to employ" recipients and teen parents. JSP: Food Stamp recipients who reside in Portland, Lewiston, Augusta, Bangor or Presque Isle and who are mandated by the Food Stamp Act to register.

5. INTER-DEPARTMENTAL COORDINATION.

- A. Family Service Integration Project with the Departments of Mental Health and Mental Retardation, Educational and Cultural Services, the Maine State Housing Authority, and others.
- C. WEET has working agreements and/or coordinates with the Department of Labor (including JTPA), Department of Educational and Cultural Services, Department of Human Services, and other state agencies and service providers.

6. POLICY ISSUES.

- A. How can support services, especially housing and transportation, be provided for the growing number of clients served by the Family Services Program?
How can the State increase its capacity to provide prevention services aimed at reducing problems of child and adult abuse and neglect?
Can federal money be secured for this program?
- C. Additional state funding support is needed to improve and expand services to AFDC recipients and to match federal funds provided for job search expenses for food stamp recipients.

SUMMARY #5D CONTINUED		ALL FAMILY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL FAMILY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		
FAMILIES AT HIGH RISK PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Services		
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985	June 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
A. Family Services	1307.3	\$ 265,000*	\$ 276,000	\$ 287,000	\$ 298,000	778	883	823 families
C. WEET	1318.3	460,000	671,493	749,341	1,290,791		2,896	4,245 clients
STATE GENERAL FUND SUBTOTAL		725,000	1,047,493	1,036,341	1,588,791			
FEDERAL FUND								
A. Family Services	3320.1				\$ 336,551			
B. Refugee Resettlement	3320.4	727,029	967,384	1,070,000	1,100,000	308	491	659 clients
C. WEET	3318.3	1,444,000	1,555,777	1,351,666	1,141,352		1,889	967 clients
Job Search Project	3318.3	250,000	210,572	85,842	170,000			
FEDERAL FUND SUBTOTAL		2,421,029	2,733,733	2,507,508	2,747,903			
GRAND TOTAL FAMILIES AT HIGH RISK								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 3,146,029	\$ 3,781,226	\$ 3,543,849	\$ 4,336,694	---	6,159	6,694 families
Families High Risk Cen. Off. Adm.								(assume one
FAMILY AT HIGH RISK SUBTOTAL								client per fam.)
TYPES OF SERVICES TO FAMILIES AT HIGH RISK RENDERED BY THE DEPARTMENT OF HUMAN SERVICES						Units		
A. Family Services								
Case Supervision/Management						2,199	4,219	5,111 hours
Counseling						1,488	1,201	630 "
Advocacy						215	261	343 "
Court Social Services						8	3	14 "
Case Study - Young AFDC Families						1,085	1,891	1,995 "
Preparation and Placement								3
B. Services to Refugees						308	491	persons
Cash Assistance								368 avg/mo.
Social Services								172 " / "
C. WEET								
Child Care		\$ 236,015	\$ 250,000	\$ 179,610				
Food, clothing, fuel, housing		16,720	10,000	5,995				
Transportation		117,686	125,000	137,545				
Institutional education & training		90,676	95,000	85,050				
Medical (dental & eye care)		34,084	35,000	15,102				
Grants		25,724	25,000	58,750				
Miscellaneous		122,187	105,000	86,376				
TOTAL TYPES SERVICES								
RENDERED BY ONE STATE AGENCY		\$ 643,092	\$ 645,000	\$ 568,428	\$			

*Does not include an expenditure of \$75,000 in year ending 6/30/84 because it is included under purchase of services on page 38.

SUMMARY #5E PURCHASED SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

There are many individuals in our society who, due to social, economic or physical and/or mental handicaps are not able to access those social and rehabilitative services that would enable them to become fully independent members of society.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Department of Human Services believes that a public-private partnership is essential to the successful delivery of services to clients in need. Purchased social services are, therefore, an integral part of the Department's mission. It is expected that these services complement and supplement those delivered directly by State agencies and help in alleviating problems above.

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

3. SERVICES PROVIDED.

Day Care, Homemaker, Family Planning, Substance Abuse Treatment, Transportation, Nutrition, Counseling, Support Services (e.g., Emergency Shelter, Group Home, Residential Treatment, etc.) Services to the Deaf and Blind, Services to victims of domestic violence, special needs, Rape Crisis services, Victim-Witness advocates, etc.

4. PRIORITIES FOR SERVICE.

Priorities for service are based on the degree of vulnerability of client groups. Client groups with specific identifiable problems such as abused and neglected children and adults, mentally retarded individuals and elderly at risk of institutionalization are considered high priority. (See Client Oriented System documents).

5. INTER-DEPARTMENTAL COORDINATION.

Bureau of Mental Health contract compatibility. Integrated service delivery planning.

6. POLICY ISSUES.

How can the Bureau assure an adequate, responsive pattern of contract funds distribution?
How can the Bureau respond to the ever increasing need for day care for low income working parents?
How can the Bureau respond most effectively to allegations of abuse in out-of-home settings?

SUMMARY #5E CONTINUED		ALL PURCHASED APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL PURCHASED SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		
PURCHASED SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services		
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985	June 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
1324.1	\$ 5,967,000	\$ 6,654,000	\$ 2,613,000	\$ 3,854,000				
STATE GENERAL FUND SUBTOTAL	\$ 5,967,000	\$ 6,654,000	\$ 2,613,000	\$ 3,854,000				
FEDERAL FUND								
Child Welfare Title 4B 3322.1	\$ 72,000	\$ 203,000	\$ 96,000	\$ 106,000				
Soc. Svs. Block Grant 9324.1	3,125,000	2,935,000	9,366,000	8,787,000				
FEDERAL FUND SUBTOTAL	\$ 2,197,000	\$ 3,138,000	\$ 9,462,000	\$ 8,893,000				
OTHER FUNDS								
Local	\$ 1,617,000	\$ 1,728,000	\$ 2,173,000	\$ 2,294,000				
OTHER FUNDS SUBTOTAL	\$ 1,617,000	\$ 1,728,000	\$ 2,173,000	\$ 2,294,000				
GRAND TOTAL PURCHASED SERVICES								
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 10,781,000	\$ 11,520,000	\$ 14,248,000	\$ 15,041,000		20,139 people	29,000 people	24,706 people
Purchased Serv. Cen. Off. Admin.	398,000	471,000	607,000	632,000				
PURCHASED SERVICES TOTAL	\$ 11,179,000	\$ 11,991,000	\$ 14,855,000	\$ 15,673,000				
TYPES OF PURCHASED SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES								
Services to Blind	\$ 46,000	\$ 40,000	\$ 54,000	\$ 56,000		2,167 hours	2,446 hours	2,275 hours
Services to Deaf	36,000	36,000	37,000	39,000				
Day Care for Children	3,598,000	3,335,000	3,732,000	3,881,000		73,233 weeks	74,291 weeks	69,974 weeks
Family Crisis Services	310,000	376,000	591,000	615,000				
Homemaker-Homebased Services	1,780,000	1,920,000	2,228,000	2,318,000		195,327 hours	200,175 hours	224,006 hours
Nutrition Svcs/Adult Day	387,000	408,000	415,000	432,000	Meals/Hours:	92,348/39,093	104,150/15,067	145,321/15,289
Residential Services	340,000	255,000	345,000	359,000		6,080 days	7,573 days	10,800 days
Family Planning**	798,000	792,000	828,000	861,000				
Support Services	607,000	1,089,000	2,114,000	2,199,000				
Transportation	1,184,000	1,049,000	1,234,000	1,283,000	Miles/Trips:	23,148 hours	33,170 hours	37,721 hours
Other	78,000	492,000	431,000	449,000		922,899/	2,485,168/64,124	2,695,590/15,865
*TOTAL TYPES OF PURCHASED SERVICES RENDERED BY ONE STATE AGENCY	\$ 9,164,000	\$ 9,792,000	\$ 12,009,000	\$ 12,492,000				

*Does not include local funds

**Includes expenditures reported on p.48.

SUMMARY #5F ELDERLY SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

1980 Census indicates 191,729 people are over age 60 in Maine. Individuals 75+ total 58,630 and are the fastest growing segment of our population. Population projections estimate that the population 75+ will increase 13.4% from 1984 to 1991. Even more dramatic is the fact that the population 85+ will increase 20.2% in these next 7 years. Adequate income and health are primary concerns of the elderly in their efforts to maintain independent lifestyles in the least restrictive setting. Problems of elderly persons include: non-availability or cost of health and social support services, difficulty accessing services, age discrimination, unemployment, suitable housing and living environments, and meeting nutritional and social needs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Bureau of Maine's Elderly works with older persons to maximize independence and dignity of elderly persons; to remove barriers to full participation; and to provide a continuum of care for elderly persons at risk of institutionalization. This is accomplished through programs which provide a full range of health, education and social services to older persons in need, with priority for those in greatest economic and social needs. The Bureau funds a coordinated service delivery system through 5 Area Agencies on Aging, State and local government, and private/public agencies.

3. SERVICES PROVIDED.

Services include home based care, outreach, transportation, homemaker, home health, personal care assistance, legal services, chore, care management, adult day care, job development, congregate meals, home delivered meals, volunteer opportunities, advocacy, part-time employment in public service agencies, respite, housing, congregate housing, housekeeping, friendly visiting, telephone reassurance, information on home equity conversion, and health insurance. Ombudsman services for residents of nursing and boarding homes are provided through a contract with the Maine Committee on Aging.

4. PRIORITIES FOR SERVICE.

- a) age 60 or over
- b) greatest social need
- c) greatest economic need
- d) those in need of at-home services who are determined functionally impaired through an assessment tool approved by the Bureau.

5. INTER-DEPARTMENTAL COORDINATION.

Geropsychiatric Training for Nursing/Boarding Homes with Department of Mental Health and Mental Retardation.
Aging and Developmental Disabilities Conference with Department of Mental Health and Mental Retardation.
Coordination with Department of Mental Health and Mental Retardation for application for in-home Foster Grandparents for children with special needs.
Mental Health Task Force.

6. POLICY ISSUES.

Develop a coordinated program of in-home and community based care for elderly persons.
Study the role of Area Agencies on Aging in providing direct services.
Computerization of data systems.
Investigate long term care insurance.
Conduct study of aging in Maine in the year 2000.

SUMMARY #5F CONTINUED		ALL ELDERLY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL ELDERLY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual	
ELDERLY SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1985	June 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
Congregate Housing	1327.1	\$ 23,827	80,023	181,934	\$ 294,500	Job Training/Empl.	186
Home Based Care	1320.5	999,194	3,014,999	3,495,302	3,869,246	Nutrition	8,680
BME Admin.		110,724	115,718	143,993	109,461	S.C.S. Employment Program	111
AAA Admin.		266,432	295,227	308,125	300,000	Congregate Housing	93
PSSP		400,000	385,280	368,920	400,000	Foster Grandparents Program	140
Housing Services		55,067	45,129	52,104	60,000		
Adult Day Care/In-Home Services		0	176,962	30,079	100,000	Social Services	
Legal Services	1327.1	17,475	88,700	93,700	126,700	Outreach	14,191
Ombudsman	1327.1	0	7,700	10,400	10,400	Transportation	6,167
Boarding Home Assessment		0	25,000	0	0	Homemaker	52
Foster Grandparents		0	16,000	17,000	17,000	Home Health Aide	343
Volunteers Program		0	0	45,000	60,000	Personal Care Assistant	470
Gramm-Rudman Replacement Funds - Case Management				111,830	7,278	Occupational Therapist	5
State Share C.O. Admin		9,663	11,583	6,422	6,250	Physical Therapist	10
STATE GENERAL FUND SUBTOTAL		\$ 1,882,345	\$ 4,262,271	\$ 4,864,809	\$ 5,561,015	Chore	206
FEDERAL FUND						Home Repair	473
OAA - Planning and Admin.		283,668	299,854	316,682	300,000	Legal	1,542
OAA - Nutrition		1,733,042	2,054,496	1,922,715	2,000,000	Adult Day Care Services	210
Social Services		1,258,349	1,277,543	1,276,276	1,521,538	Employment	1,348
Advocacy Assistance		55,900	54,298	102,483	71,775	Care Management	2,019
Training & Education		32,760	40,486	53,507	30,000	Home Based Care Over 60	1,297
Senior Employ. Prog 3327.1		362,615	410,147	388,462	392,224	Home Based Care Under 60	95
JPTA		0	104,521	13,817	25,000		
Channelling	3327.1	402,387	282,332	0	0	TOTALS	37,442
Home Equity Conversion		31,144	13,591	0	0		35,645
USDA		462,946	595,629	465,402	600,000		
Alzheimers		0	0	130,601	71,877		
AHEC		0	0	463	15,000		
Foster Grandparents Program		187,288	204,772	197,678	193,945		
Federal Share C.O. Admin.		28,990	34,751	19,265	18,750		
FEDERAL FUND SUBTOTAL		\$ 4,839,089	\$ 5,372,420	\$ 4,887,351	\$ 5,240,109		
3327.1; 4327.1; 9324.1 contribute to the above							
GRAND TOTAL ELDERLY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 6,721,434	\$ 9,634,691	\$ 9,752,160	\$ 10,801,124		

AAA = Area Agencies on Aging
PSSP = Priority Social Service Program
AHEC = Area Health Education Center

SUMMARY #56 REHABILITATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

Approximately 72,284 Maine people between 18 and 64 have a handicapping condition interfering with employment. Approximately 53,109 are severely handicapped.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Bureau of Rehabilitation provides a comprehensive program of rehabilitation services to handicapped individuals. Thirteen types of services are rendered through five regional offices and five area offices by 62 counseling and ten supervisory staff. The philosophy is to provide quality service to individuals with a vocational handicap where there is a reasonable expectation that the individual will benefit in terms of employability from such services. The expected outcome of service is to acquire or maintain gainful employment.

The Bureau is expanding its perspective beyond the traditional vocational rehabilitation concerns with employability. Citizen task forces are defining the broad needs of and developing administrative and legislative strategies for head injured and hearing impaired people. We are actively involved in developing the workers' compensation field, offering to bring effectiveness and efficiency to that rehabilitation process. The Bureau is also embarking on a strategy to expand competitive employment opportunities in the private sector for all handicapped citizens and in expanding independent living and personal care attendant services to a broader spectrum of disabled people. Finally, the Bureau is confronting issues around subsidized sheltered employment.

3. SERVICES PROVIDED.

The following services are provided through individual case management, including individual written rehabilitation plans. Evaluation of vocational potential; counseling and guidance, including personal adjustment counseling; physical and mental restoration; vocational and other training; maintenance, transportation; services to members of a handicapped individual's family; interpreter services for the deaf; reader and mobility services for the blind; telecommunications; placement in suitable employment, post employment service; and, occupational licenses, tools, equipment and stock for self-employed. The Bureau also offers an array of services fostering independent living for people with disabilities who may or may not have vocational potential.

4. PRIORITIES FOR SERVICE.

Priorities for the coming year include emphasis upon the most severely disabled people. The Bureau is expanding independent living services to people with disabilities severe enough to prevent them from having a vocational objective. Further, services to school aged youth who are in transition from school to employment will be emphasized as a result of federal initiative.

5. INTER-DEPARTMENTAL COORDINATION.

The Bureau of Rehabilitation engages in extensive coordination with other government agencies. The most extensive coordination comes through current concerns over services to handicapped youth making a transition from school to employment. The legislatively mandated Select Committee on Transitional Services for School Aged Youth is a catalyst for bringing bureaus within the Departments of Human Services, Mental Health and Mental Retardation, and Educational and Cultural Services together for constructive dialogue.

6. POLICY ISSUES.

In the context of handicapped youth making a transition from school to employment and of expanding independent living services, defining the appropriate relationships among several governmental agencies constitutes a class of policy issues with which we are concerned.

SUMMARY #5G CONTINUED		ALL REHAB APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL REHAB SERVICES RENDERED WITH DHS ADMINISTERED FUNDS			
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		Projected	
REHABILITATION SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services		Services	
Year Ending: June 30, 1984		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987
STATE GENERAL FUND		Number of People Served and Units of Services (Unduplicated)							
Rehab. Administration	1325.1	\$ 172,921	\$ 208,798	\$ 152,229	\$ 240,688				
Voc. Rehabilitation	1325.2	1,409,575	1,449,882	1,413,461	1,818,512				
STATE GENERAL FUND SUBTOTAL		\$ 1,582,496	\$ 1,658,680	\$ 1,566,690	\$ 2,059,200				
FEDERAL FUND									
Rehab. Administration	3325.1	\$ 650,297	\$ 591,826	\$ 676,640	\$ 650,000				
Voc. Rehabilitation	3325.2	5,122,229	5,613,122	6,404,570	7,228,400				
FEDERAL FUND SUBTOTAL		\$ 5,772,526	\$ 6,204,948	\$ 7,081,210	\$ 7,878,400				
OTHER FUNDS									
Rehab. Administration	4325.1	\$ 20,268	\$ 102,000	\$ 63,636	\$ 130,000				
Voc. Rehabilitation	4325.2	91,052	322,000	121,593	400,000				
OTHER FUNDS SUBTOTAL		\$ 117,320	\$ 424,000	\$ 185,229	\$ 530,000				
GRAND TOTAL REHAB. SERVICES									
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 7,472,342	\$ 8,827,628	\$ 8,833,129	\$ 10,467,600	6,874	7,406	7,424	7,795
Rehabilitation Cen. Off. Admin.									
PURCHASED SERVICES SUBTOTAL		\$ 7,472,342	\$ 8,287,628	\$ 8,833,129	\$ 10,467,600				
¹ Combined Bureau Administration and Central Office Administration.									
TYPES OF REHABILITATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES						Duplicated Count			
Diagnostic & Evaluation		\$ 369,785	\$ 405,284	\$ 341,720	\$ 357,100	2,812	5,976	4,837	5,078
Total Restoration		119,697	131,188	430,674	450,050	1,046	2,166	1,973	2,072
Training A. College & University		23,062	25,275	94,953	99,220	317	449	425	446
B. Business & Trades		43,089	47,225	26,749	27,950	132	194	155	163
C. Personal & Voc. Adjust				841,264	879,120	646	1,252	1,095	1,150
D. All Other		94,969	104,086	150,484	157,250	143	373	329	345
E. Total Training		161,120	176,586	1,113,450	1,163,540	1,238	2,268	2,004	2,104
Counseling and Placement Only						N/A	N/A	N/A	N/A
Maintenance		71,303	78,148	213,007	22,590	589	1,033	759	797
Post Employment						61	105	97	102
All Other		133,848	146,697	153,627	160,540	1,147	2,397	2,122	2,228
Regional Administration		722,801	792,190	2,307,722	2,411,570	N/A	N/A	N/A	N/A
TOTAL TYPES OF SERVICES									
RENDERED BY ONE STATE AGENCY		\$ 1,578,554	\$ 1,730,093	\$ 4,560,200	\$ 4,765,390	6,893	13,945	11,791	12,381

Because of the characteristics of data available, funds listed by service do not duplicate budget totals.

SUMMARY #5H SPECIAL PHYSICAL CHARACTERISTICS SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

We estimate that Maine has 3801 deaf and 7,000 severely hearing impaired people. Approximately 2800 citizens are blind and 600 have severe visual handicaps in this state. Medical Eye Care estimates that annually approximately 5000 low income people (above Medicaid but below 80% SMI) in Maine need specialty medical care and/or glasses.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Bureau of Rehabilitation provides a comprehensive program of services through five regional offices and five area offices. Services to people with special characteristics are largely supportive and developmental. Services to young children allow them to enter school and matriculate with an appropriate level of maturation and skill. Medical Eye Care prevents blindness by providing ophthalmological treatment services and improving vision in those people with a corrected visual acuity of 20/200 or worse in the better eye.

Services to blind, visually impaired, deaf, and hearing impaired children allow them to receive appropriate education, function at grade level, compete socially, and maintain maximum independence relative to mobility, activities of daily living, and communication. Medical Eye Care strives to detect early and provide treatment for low income people with 20/200 visual acuity after correction in the better eye.

3. SERVICES PROVIDED.

Such services as telecommunications, lending and cost sharing TDD's, information and referral, hearing ear dog, identification cards, consultation with schools and libraries, developmental services for preschool and school age youth and hearing aids for the deaf and hearing impaired. The Division of Eye Care provides comprehensive medical, psychological, social, and educational evaluations, counseling and guidance to parents of blind children, orientation and mobility training, braille instruction, low vision aides, consultation and direct teaching services to children and school systems, and advocacy for blind children. Medical Eye Care provides specialty medical care for selected eye disorders and glasses for people who are legally blind after correction.

4. PRIORITIES FOR SERVICE.

Priority services to deaf and hearing impaired are communication devices and techniques, referral and advocacy, services to sensorineural hearing impaired children, and hearing devices. Priority services for the blind and visually impaired are early intervention, referral and advocacy, and adaptive skill training.

5. INTER-DEPARTMENTAL COORDINATION.

Bureau of Rehabilitation staff participate on the Cooperative Agreement Team linking Special Education (DECS), Vocational Education (DECS), and VR (DHS), and in the pre-school coordination system supervised by ICCPHC, Division of Deafness and Governor Baxter School for the Deaf (GBSD) and Division of Maternal and Child Health.

6. POLICY ISSUES.

1) collaboration and cooperation among agencies serving the handicapped; 2) eye glasses for medically indigent; 3) insufficient numbers of trained mobility instructors, rehabilitation teachers, and itinerant teachers; 4) preschool services for deaf children; (5) education and counseling for parents of deaf children; 6) identification of deaf children; 7) hearing aids for low income elderly and others; 8) community center concept for deaf. Aging out is an issue of all of us involved in the Social Services Plan face. Effective strategies, based upon a fundamental understanding of the population's needs, must be developed cooperatively.

SUMMARY #5H CONTINUED		ALL "SP" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "SP" SERVICES RENDERED WITH DHS ADMINISTERED FUNDS			
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		Projected	
SERVICES TO PEOPLE WITH SPECIAL		Expenditures	Expenditures	Expenditures	Expenditures	Services		Services	
PHYS. CHARACTERISTICS									
		Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987
STATE GENERAL FUND		Number of People Served and Units of Services (Duplicated)							
Administration	1325.1	\$ 102,155	\$ 114,414	\$ 83,066	\$ 143,520				
Voc. Rehabilitation	1325.2	468,613	524,847	392,359	658,367				
Division of Eye Care	1325.4	523,921	586,791	596,584	736,070				
Medical Eye Care	1316.1	305,892	342,600	?	451,000				
STATE GENERAL FUND SUBTOTAL		\$ 1,400,581	\$ 1,568,652	\$	\$ 1,988,957				
FEDERAL FUND									
Division of Eye Care	3325.4	\$ 411,475	\$ 460,852	\$ 212,823	\$ 578,093				
FEDERAL FUND SUBTOTAL		\$ 411,475	\$ 460,852	\$ 212,823	\$ 578,093				
OTHER FUNDS									
Vending Stand	4325.4	\$ 10,080	\$ 11,290	\$ -0-	\$ 14,162				
OTHER FUNDS SUBTOTAL		\$ 10,080	\$ 11,290	\$ -0-	\$ 14,162				
GRAND TOTAL SPEC. PHYS. SERV.									
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 1,822,136	\$ 2,040,794	\$?	\$ 2,581,212	1,886	3,837	3,709	3,894
Special Phys. Char. Cen. Off. Adm. ¹									
SPECIAL PHYSICAL CHAR. SUBTOTAL		\$ 1,822,136	\$ 2,040,794	\$?	\$ 2,581,212				
TYPES OF SERVICES RENDERED TO PEOPLE WITH SPECIAL PHYSICAL CHARACTERISTICS BY THE DEPARTMENT OF HUMAN SERVICES		Duplicated Count							
Eye Care Pre-School		\$ 36,474	\$ 39,975	\$ 24,449	\$ 51,488	86	162	282	296
Educ. of Blind Child		478,983	524,965	384,416	676,170	222	414	614	645
Soc. Serv. Older Blind		17,047	18,683	179,136	24,065	18	36	60	63
Voc. Rehab. Blind		402,893	441,571	221,406	568,756	882	1,552	1,343	1,410
Medical Eye Care		305,892	335,258	226,661	451,000			2,200	2,200
TTY		30,854	33,816	27,742	43,556	N/A	86	90	100
Personal Care Attendant		141,148	154,698	112,272	199,255	N/A	16	12	18
Independent Living Services		90,000	98,640	61,899	127,050	N/A	124	135	145
Serv. to Hearing/Speech Impaired		393,381	431,145	224,364	555,331	678	1,447	1,173	1,232
All Other ² Gen. VR		2,373,283	2,601,118	2,627,089	3,350,315	5,193	10,424	8,746	9,183
TOTAL TYPES OF SPEC. PHYS. SERVICES									
RENDERED BY ONE STATE AGENCY		\$ 4,497,790	\$ 5,067,436	\$ 4,089,434	\$ 6,046,986	7,079	14,261	14,655	15,292

¹There was no Central Adm. attributed to Spec. Phys. Char.

²Prior reports did not include all direct Case Services here.

SUMMARY #51 CHILD AND FAMILY HEALTH SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

- A. Crippled Children's Program: approximately 12% of Maine's newborn population are born with physically handicapping conditions that require specialty medical care.
- B. Genetic Disease Program: approximately 22,000 pregnant women and newborns require genetic services.
- C. Public Health Nursing Program: geographic isolation and/or low income provide a barrier to health maintenance and preventive health services for a large number of Maine's mothers, infants and children.
- D. Children's Program - Maternal and Child Health: Geographic isolation and/or low income provide a barrier to preventive health services for large numbers of Maine's mothers, infants, and children.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. To assure the availability of specialty medical care for children with selected handicapping conditions.
- B. To assure the availability of genetic services and minimize the incidence of genetic abnormalities..
- C. To assure the availability of preventive health, epidemiology, referral, treatment and rehabilitation services to mothers, infants, and children.
- D. To assure the availability of preventive health services to geographically isolated and/or low income mothers, infants and children.
- E. To assure every child an opportunity for normal growth & development; to detect early and provide specialty treatment services to children with selected handicapping conditions.

3. SERVICES PROVIDED.

- A. Medical case management/coordination: medical diagnostic and specialty treatment services.
- B. Newborn, AFP, fragile X screening, counseling, pedigree analysis, laboratory testing, diagnosing, referral services.
- C. Counseling, health assessment, immunizations, epidemiology, referral, treatment and rehabilitation services.
- D. Well child clinics, public health nursing services, parenting support groups, training activities.

4. PRIORITIES FOR SERVICE.

The Bureau of Health has determined services to the maternal, infant, and child population to be one of its highest priorities for 1985-1990.

5. INTER-DEPARTMENTAL COORDINATION.

Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC), Zero to Three Committee.

6. POLICY ISSUES.

Assuring the availability and provision of comprehensive preventive health care to Maine's handicapped pre-school population.

SUMMARY #51 CONTINUED	ALL C&F HEALTH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL C&F HEALTH SERVICES RENDERED WITH DHS ADMINISTERED FUNDS
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Actual
CHILD AND FAMILY HEALTH	Expenditures	Expenditures	Expenditures	Expenditures	Services

Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987	Sept 30, 1985	Sept 30, 1986
STATE GENERAL FUND		Number of People Served and Units of Services (Duplicated)				
By Name	1310.1	\$	\$	\$		
	1316.1					
Handicapped/Crippled Children (1316.1710)	410,000	489,840	366,511	579,000	1,632	1,800 Clients
Genetic Diseases	83,150	78,813	102,186	100,000	22,380	19,000
Public Health Nursing	223,900	1,499,306	1,530,656	1,683,721	10,000	*
MCH Grants & Services	487,300		1,170,564	1,200,000	9,200	
Medical Eye Care		366,551	232,101	255,311	2,649	2,700
1316.1800 = 178,306						
1316.1040 = 53,795						
STATE GENERAL FUND SUBTOTAL	\$ 1,204,350	\$ 2,434,510	\$ 3,402,018	\$ 3,818,032		
FEDERAL FUND	9317.2&9317.4					
By Name	9317.6&9317.7	\$ 600,000	\$ 650,000	\$ 650,000		
MCH Grants & Services	9317.6			1,208,559		
Handicapped/Crippled Children		481,393	664,161	823,826	1,978+*	
Genetic Diseases		216,500	165,000	173,000		
Public Health Nursing		515,012	583,742	642,105		
Clearinghouse		80,500	95,083	104,000	1,800#	2,086#
Well Child Clinic		37,924	40,630	45,700		
FEDERAL FUND SUBTOTAL	\$ 1,271,400	\$ 1,981,329	\$ 2,198,616	\$ 2,993,190	47,661	48,000 (est.)
GRAND TOTAL CHILD & FAM. HEALTH.						
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 2,475,750	\$ 5,255,725	\$ 6,681,878	\$ 6,811,222		
Health Cen. Off. Adm. (Apportioned)	91,500	92,100	92,100	93,886		
CHILD & FAMILY HEALTH SUBTOTAL	\$ 2,567,250	\$ 5,347,825	\$ 6,773,978	\$ 6,905,108		

TYPES OF CHILD AND FAMILY HEALTH SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES					is much larger.	
1. medical specialty, diagnostic and treatment services					1,600	1,800
2. Newborn screening, AFP screening, fragile & screening counseling, Pedigree analysis, laboratory testing, referral, diagnosis, case management					22,380	22,380
3. counseling, health assessment, immunizations, epidemiology, referral, monitoring treatment services					10,000	10,000
4. PHN services, well child clinics, parenting support groups, training: spinal screening and parenting					9,200	9,200

*Cannot get data from CPSR system.
+Handicapped Children's Program only.
#Number of eligible conditions or health problems, not necessarily an unduplicated count.
#Episodes of inquiry, number of individuals served is much larger.

SUMMARY #5J HEALTH CARE RELATED TO PREGNANCY PROGRAM FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

- A. Adolescent Pregnancy and Parenting Project
- B. Family Planning Program
- C. Women, Infant, and Children's Program (WIC)

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. To provide 10 core services addressing the problem of adolescent pregnancy and parenting in Maine.
- B. To provide family planning services to Maine citizens.
- C. To provide services to medically/nutritionally at risk low income pregnant, post partum breastfeeding women, and infants and children up to age 5.
- D. The Bureau of Health supports the efforts of the Statewide Services Providers' Coalition on Adolescent Pregnancy and parenting training programs.
- E. The Bureau of Health supports the Maine Family Planning Association in assisting women in avoiding unwanted pregnancies.
- F. To minimize the individual of nutrition related disorders and nutritional deficiencies by providing iron fortified formula to infants and iron rich cereal and foods to children and women.

3. SERVICES PROVIDED.

- A. Early prenatal care and support services until at least two years after delivery are provided in 9 demonstration projects.
- B. Family Planning services: education, counseling, physical examinations, contraceptives, pregnancy diagnosis, referral and community education.
- C. Provides specific WIC foods and nutrition education.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting adolescents and their infants.
- B. Women of childbearing age, less than 60% state median income.
- C. See 2C above.

5. INTER-DEPARTMENTAL COORDINATION.

Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC), Zero to Three Committee.

6. POLICY ISSUES.

- A. Commissioner's Office exploring "single entry" system with Human Services Development Institute, University of Southern Maine, as part of Family Services Integration Project.
- B. Long range funding and administrative responsibility for managing, coordinating, providing services to the hearing impaired, deaf children.
- C. Adolescent pregnancy.
- D. Assuring the availability and provision of comprehensive preventive health care to Maine's handicapped preschool population.
- E. Governor's Task Force on the Prevention of Adolescent Pregnancy and Parenting.

SUMMARY #5J CONTINUED		ALL "REL PREG" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "REL PREG" SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual		
HEALTH CARE REL. TO PREGNANCY		Expenditures	Expenditures	Expenditures	Expenditures	Services		
	Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	Sept 30, 1984	Sept 30, 1985	Sept 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
Family Planning	1311.3	\$ 222,765	\$ 227,765	\$ 222,765	\$ 394,731	30,582	32,500	32,500 clients
Family Planning & Community Education & Information (CIG)					48,000			
STATE GENERAL FUND SUBTOTAL		\$ 222,765	\$ 227,765	\$ 222,765	\$ 442,731			
FEDERAL FUND								
Family Planning*			652,440	668,800	668,800	30,582	32,500	32,500
Family Planning Information & Education*			165,375	165,380	181,740		23,871	25,000 clients
WIC	3310.2	\$ 6,841,216	\$ 7,689,726	\$ 8,139,283	\$ 8,634,585	215,904	216,045	222,894
Social Serv. Block Grant	9324.1							"client slots"
Adolescent Pregnancy	9317.8/9317.6	225,000	200,000	200,000	360,000	1,500	1,436	1,500
FEDERAL FUND SUBTOTAL		\$ 7,066,216	\$ 8,707,541	\$ 9,173,463	\$ 9,845,125			
GRAND TOTAL HEALTH REL. PREGNANCY.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 7,288,981	\$ 8,935,306	\$ 9,396,228	\$ 10,287,856			
Health Cen. Off. Adm. (Apportioned)		28,413	37,524	37,524	41,388			
HEALTH CARE REL. PREG. SUBTOTAL		\$ 7,317,394	\$ 8,972,830	\$ 9,433,752	\$ 10,329,244	247,986	273,852	281,894
TYPES OF HEALTH CARE RELATED TO PREGNANCY RENDERED BY THE DEPARTMENT OF HUMAN SERVICES								
Family Planning - education, counseling, physical examinations, contraceptive, pregnancy diagnosis, referral and community education		\$ 844,145	\$ 1,045,580	\$ 1,056,945	\$ 1,293,271	30,582	56,371	57,500 clients
Adolescent Pregnancy Coalition - early prenatal care and support services		225,000	200,000	253,000	375,000	1,500	1,436	1,500 clients
WIC - Food and nutrition education		5,563,204	6,325,332	6,661,810	7,059,228	215,904	216,045	222,894 client slots
TOTAL TYPES HEALTH REL. PREGNANCY RENDERED BY ONE STATE AGENCY		\$ 6,632,349	\$ 7,570,912	\$ 7,971,755	\$ 8,727,499	247,986	273,852	281,894

*These funds are also reported in DHS Purchased Services report on p.38.

SUMMARY #5K MEDICAID SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT

1. Health Accounts - These accounts are shared by the Bureau of Health.
2. Medicaid - Many services covered under Medicaid are social service related and provided in conjunction with medical care, plan to meet the medical needs of all Medicaid recipients.
3. ICF - More than 8,000 elderly, mentally retarded, blind and disabled Medicaid recipients will reside in all types of ICF facilities for all or part of any year in the 1980's. CI - Serve non-Medicaid eligible individuals whose medical expenses exceed specific high costs within a one-year period. Drugs for the Elderly - State financed program to provide life sustaining drugs to certain elderly individuals.
4. Boarding Home Care - Approximately 3000 (2100 SSI eligible) individuals are dependent or in need of supervision. PHP - An average of 50,000 children and young adults are eligible for PHP services; e.g. to screen, diagnose, and treat.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT

1. Health Accounts - See A.1.
2. Medicaid - Provide physician, dental, and other medically-necessary health care services to Maine's medically and financially indigent adults and children.
3. ICF - For eligible recipients who require care in an ICF facility. CI - To provide financial assistance to non-Medicaid eligible individuals for the coverage of medical expenses. Drugs for Elderly - To provide life sustaining drugs to the disadvantaged elderly just below eligibility for Medicaid.
4. Boarding Home Care - Provide personal care or rehabilitative services to dependant adults. PHP - Inform eligible families about benefits of preventive health at the time of eligibility and according to the periodic schedule.

3. SERVICES PROVIDED

1. Health Accounts - See A.1.
2. Medicaid - dental, pharmacy services, family planning, physician, hospital, transportation (emergency & non emergency), chiropractic, physical therapy, home health, speech and hearing, podiatry, medical supplies and equipment, substance abuse treatment, psychological, vision care, skilled nursing.
3. ICF - Nursing care for clients classified as requiring ICF-level care. CI - Ambulance, limited dental, skilled nursing facility services, lab services, medical supplies and equipment, pharmacy, physical therapy, and physician services. Drugs for the Elderly - Life sustaining drugs (diabetic, hypertension, diuretics, cardiac).
4. Boarding Home Care - Rooming, lodging, provision for psycho-social care as well as linking to medical care services. PHP - Outreach, case management.

4. PRIORITIES FOR SERVICE

1. Health Accounts - See A.1.
2. Medicaid - Enabling the poor and medically indigent to gain access to needed health care services.
3. ICF - Over 6000 elderly, 700 mentally retarded, and 2000 blind or disabled institutionalized individuals participating in the Medicaid Program at any one time. CI - Persons not found eligible for services under the Medicaid Program who need help with medical bills. Drugs for the Elderly - Assist this high use group in the purchase of specific medications.
4. Boarding Home Care - Adults needing supervision or protection; PHP - Children with no routine, or inadequate, health care.

5. INTER-DEPARTMENTAL COORDINATION

Continued emphasis on coordination when multiple service agencies are involved; continued involvement in the Child Health Policy Group.

6. POLICY ISSUES

Increases in the Medicaid fee schedule to raise reimbursement rates as a means of encouraging more providers to participate is an issue which should be addressed. The Department has submitted to the federal government and has been granted requests to waive existing statutory requirements allowing the state to finance, through the Medicaid program, non-institutional long term care services for the elderly, the mentally retarded, and physically disabled. Need for renewed efforts to coordinate services to children in custody of the State. Addition of new nursing home beds to the system to accommodate the needs of the State's population.

ICF = Intermediate Care Facility

CI = Catastrophic Illness

PHP = Preventive Health Program (formerly EPSDT)

SUMMARY #5K CONTINUED		MEDICAL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL REL. MED. SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Actual	
MEDICAID SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services	
						Sept 30, 1985	Sept 30, 1986
Year Ending:		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	Number of People Served and Units of Services (Duplicated)	
STATE GENERAL FUND							
Health Accts. Med. Care(1)	1316.1	\$ 1,704,276	\$ 1,846,829	\$ 2,157,018	\$ 2,258,398		
Medicaid	(2) 1316.1	32,609,013	35,747,438	40,945,139	42,869,561	250,000	250,000
ICF Care	(3) 1316.3	32,488,563	30,968,705	33,376,683	34,945,387	17,000	17,000
Catastrophic Ill. Program	1316.2	2,330,742	997,559	172,619	316,038	29	36
Drugs for ME's Elderly	1327.2	1,573,136	1,723,772	1,803,624	2,452,027	21,485	21,485
Boarding Home Care	(4) 1319.7	10,634,701	11,705,124	12,356,597	12,954,608	4,107	4,189
PHP** (Administration)	1315.1	773,592	782,267	881,109	939,741	50,000*	50,000*
Medicaid Gen. Administration	1315.1	2,239,916	2,413,366	2,827,483	2,960,364		
STATE GENERAL FUND SUBTOTAL		84,353,939	86,185,060	94,520,272	99,696,124		
FEDERAL FUND							
Medicaid-CN-MN-FP	(2) 3316.1	73,404,454	86,491,477	88,361,532	94,797,622		
ICF Care	(3) 3316.3	75,101,136	81,016,033	89,879,670	94,014,014		
PHP** (Administration)	3315.1	773,592	782,267	914,003	939,741		
Medicaid Gen. Administration	3315.1	3,406,205	4,082,389	4,620,739	4,837,914		
TRANSPORTATION - BSS*** (5) 3315-1990		226,199	271,704	123,053	0		
TRANSPORTATION - BME (5) 3315-1991		63,427	72,216	37,829	0		
FEDERAL FUND SUBTOTAL		152,975,013	172,716,086	183,936,925	194,679,291	342,621	342,710
GRAND TOTAL REL. MEDICAID SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		\$237,328,952	\$258,901,146	\$278,457,197	\$294,375,415		
(1)	1316-1700 Child Health, 1316-1710 Crippled Children Services, 1316-1770 State Foster Children 1316-1800 Medical Eye Care, 1316-1810 Refractive Services, 1316-1900 Non Title 19 Services 1316-1920 TB Services						
(2)	All Medicaid Categories of Service except ICF & ICF/MR. Figures do not include State Share Charged to Other Bureaus and Departments.						
(3)	Includes ICF & ICF/MR Care - Figures do not include State Share charged to other Bureaus and Departments.						
(4)	Boarding Home Care, in addition to Care & Medical Expense also Includes the State Match of the Public Assistance Grants.						
(5)	Transportation is now Included in (2).						

*Average number of eligible individuals at any given time

**Preventive Health Program (formerly EPSDT)

***These funds are not included in DHS Purchased Services on p.38.

This material contains some health related, but not Medicaid funded, programs; e.g., boarding home care and drugs for Maine's Elderly.

SUMMARY #5L. INCOME SUPPLEMENTAL PROGRAMS OF THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

Categorically eligible programs administered by the Department include Aid to Families with Dependent Children (AFDC); Food Stamps; General and Emergency Assistance; Supplemental Security Income; and other related programs including child support enforcement and fraud investigation. These programs are directed to people in need as defined by federal and state law.

2. MISSION-GOALS-OBJECTIVES.

To dispense benefits in a timely and accurate fashion.

3. SERVICES PROVIDED.

Eligibility determination and review.
Linkages to community resources.
Child support enforcement.
Fraud investigation.

4. INTER-DEPARTMENTAL COORDINATION.

Sharing of client identification and outreach with Division of Community Services. SSI and Bureau of Mental Retardation. Participation in the Family Services Demonstration Project with other state agencies.

5. POLICY ISSUES.

Upgrade information system, reduce paperwork, streamline the eligibility determination.
Implement restrictive federal regulations.
Review general assistance.

The Public Utilities Commission has ordered New England Telephone Company and CONTEL (Continental Telephone of Maine) to offer telephone installation subsidies to certain low income groups of Maine. The Department of Human Services verifies the eligibility of AFDC, Food Stamps, SSI and Medicaid recipients and the Division of Community Services verifies the eligibility of HEAP (fuel assistance) for applicants applying for such subsidies. 10,000 Maine households benefitted in calendar year 1985 from such subsidies and calendar year 1986 is expected to see more than 8,000 low-income households benefit.

SUMMARY #5L CONTINUED		ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				INCOME SUPPLEMENTAL PROGRAMS WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected		Actual	
INCOME SUPPLEMENTAL PROGRAMS	Expenditures	Expenditures	Expenditures	Expenditures		Services	
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987			June 30, 1985	June 30, 1986
Central Office - Administrative - Grant Costs - STATE GENERAL FUND					General Assistance	Total Cases Reported	
1318.1 AF/FS/QC/GA	\$ 1,787,776	\$ 1,828,502	\$ 2,290,252	\$ 2,441,899	Municipalities	71,700	
1319.1 AFDC Grants	16,260,530	18,448,903	22,047,468	25,426,560	UnIncorporated		
1319.3 G.A. Payments	5,750,000	7,500,000	6,690,843	6,950,000	Townships	977	890
1319.7 SSI State Support	10,639,164	11,191,290	12,356,597	12,740,435			
1307.4 AFDC-Reg. Adm.	1,976,915	2,385,534	3,029,661	2,147,034	Emergency Assistance		
1307.4 Food Stamps Reg. Adm.	2,092,892	2,328,951	4,782,908	3,389,059	Title IV-A Requests:	6,584	6,697
1307.4 Medical Assistance Reg. Adm.	1,081,386	1,296,685	1,422,572	1,007,753	Grants:	3,422	3,529
STATE GENERAL FUND SUB-TOTAL	\$ 39,588,663	\$ 44,979,865	\$ 52,620,301	\$ 54,102,740	SELU		
					Welfare Cases	32,311	31,168
FEDERAL FUND - Grant Costs					Non-Welfare Cases	3,500	10,295
3318.1 (AF/FS/QC-C.O.)	\$ 2,797,622	\$ 3,306,050	\$ 3,975,133	\$ 4,815,844	Amt. Collected Welfare	\$12,000,000	\$12,518,009
3319.1 AFDC Grants	43,041,652	45,586,171	54,899,594	55,894,096	Amt. Coll. Non-Welfare	\$ 2,800,000	\$ 4,625,879
3307.4 Food Stamps Grants	64,708,645	62,080,260	58,288,000	62,000,000			
3307.4 AFDC Reg. Adm.	1,976,916	2,385,534	3,029,661	2,147,034	AFDC* Cases:	18,831	18,080
3307.4 Food Stamps. Reg. Adm.	2,092,892	2,328,950	4,782,908	3,389,059	Recipients:	53,992	1,121
3307.4 Medical Assistance Reg. Adm.	1,081,386	1,296,685	1,422,572	1,007,753	AFDC* Unemployed Parent		
FEDERAL FUND SUB-TOTAL	\$115,699,113	\$116,983,650	\$127,397,868	\$129,253,786 ¹	Food Stamps** Cases:	47,000	46,268
					F.S. Avg. No. Recipients Monthly		114,426
4318.1 Central Office SELU					Medicaid*** Cases:	58,601	62,800
Special Revenue	287,069	424,538	628,345	794,824	Recipients:	98,798	110,000
FINAL TOTAL	\$155,574,845	\$162,388,053	\$180,646,514	\$184,151,350			

AFDC = Aid to Families with Dependent Children
GA = General Assistance
SSI = Supplemental Security Income
FS = Food Stamps
SELU = Support Enforcement and Location Unit
Med. = Medicaid, Title XIX, SSI
QC = Quality Control

¹Medicaid Payments to vendors are not included.

*AFDC - Average monthly caseload
**F.S. - Average monthly case count
***Med. - Title 19 SSI, AFDC, Medically Needy,
NH clients, Avg. monthly caseload.

Average monthly case counts are provided in order to
avoid duplicate counts.

SUMMARY #5M. CENTRAL OFFICE ADMINISTRATION OF THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

Programs within the Department that deliver or support the delivery of social services need administrative support including but not necessarily limited to rent, telephone, mail, capital equipment, personnel administration, data processing, staff training, fiscal management, clerical support and program direction costs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS-OBJECTIVES.

To facilitate optimal utilization of existing resources and to assist programs in being assessible to consumers of services.
Accurate payments and records.
Timely support.

3. SERVICES PROVIDED.

Included in problem statement, although not all inconclusive.
Some services are provided through State Central Services in the Department of Finance and Administration.

4. PRIORITIES FOR SERVICE.

Accurate and timely payments/records.
Adequate accessibility to those the Department serves.
Responsive administrative support to programs.

5. INTER-DEPARTMENTAL COORDINATION.

Department of Finance and Administration, controller, streamline information.

6. POLICY ISSUES.

- A. Continuous need to upgrade data processing equipment and computer systems.
- B. Great demand on physical work space, particularly in the Augusta area.

SUMMARY #5M CONTINUED	ALL C.O. ADM. APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL C.O. ADM. SERVICES RENDERED WITH DHS ADMINISTERED FUNDS
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected	
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	

Year Ending: June 30, 1984 June 30, 1985 June 30, 1986 June 30, 1987

STATE AND FEDERAL FUNDS

OADAP Administration	\$ 55,343	\$ 67,342	\$ 64,871	\$ 71,263
Social Services Administration	1,332,176	1,567,175	1,723,122	1,892,923
Maine's Elderly Administration	38,653	99,107	99,384	109,177
Rehabilitation Administration	257,758	257,425	285,092	313,185
Health Central Office Admin.	622,248	676,225	723,389	794,671
Medicaid Central Office Admin.	709,716	887,331	991,884	1,089,623
Income Supplementation	732,112	859,299	961,074	1,055,771
Disability Determination Admin.	58,569	67,202	73,776	81,046
TOTAL CENTRAL OFFICE ADMIN.	\$ 3,806,575	\$ 4,481,106	\$ 4,922,592	\$ 5,407,659

The money figures in this section are approximations subject to changes. In fiscal year 1985, a cost allocation plan was developed for fiscal year 1987 and used provisionally for fiscal year 1986. Overall for the Department of Human Services the indirect cost is 7.1%. Roughly the administrative cost ratio by program area is:

Alcohol and Substance Abuse	-- 8.4%*
Social Services - Including	
Children's Services, Adult	
Services, Refugees, Pur-	
chased Services, Family	
Services	-- 8.4%
Rehabilitation	-- 4.8%
Elderly	-- 3.9%
Medical Services	-- 8.5%
Health	-- 7.7%
Disability Determination	-- 3.4%
Income Supplementation	-- 5.6%

*Those programs in the Bureau of Health are 7.7%, but are the smaller portion.

These provisional rates for 1986 will be finalized in May, 1987.

*Subject to change.

TYPES OF ADMINISTRATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Audit, budget, check writing, personnel services, property insurance, purchasing, space are services provided by State Central Services.

Commissioner, general administration, financial services, audit, data processing, data input, general state office, personnel, employee assistance, information and education, statistical services, Maine Human Services Council.

DEPARTMENT OF TRANSPORTATION

SUMMARY 6A TRANSPORTATION OF ELDERLY AND HANDICAPPED, FINANCED AND ADMINISTERED BY THE MAINE DEPARTMENT OF TRANSPORTATION1. PROBLEM STATEMENT.

Public transportation to include physically and mentally handicapped adults and children, as well as Maine's poor and elderly population, who do not or cannot drive or don't own a motor vehicle are dependent on friends or neighbors, where available, for transportation to doctor's appointments, needs, shopping or cordial visits.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The State of Maine must provide a subsidy to assist a mass transportation system to enhance the access of people in urbanized and non-urbanized areas to health care, shopping, maintenance, development, improvement, and use of public transportation systems in rural and small urban areas. The Department of Transportation will encourage and facilitate the most efficient use of Federal and State funds used to provide passenger transportation in the urbanized and non-urbanized areas through the coordination of programs and services; and to provide for the participation of private transportation providers in urbanized and non-urbanized transportation services to the maximum extent feasible.

3. SERVICES PROVIDED.

This service provides subsidies to private, non-profit transportation companies who maintain fixed routes as well as para-transit services to transport the above mentioned groups of people within the State.

4. PRIORITIES FOR SERVICE.

Fixed route transportation service is available to the general public at large. Para-transit service is available to the elderly and handicapped citizens of Maine by calling the local provider agency and reserving a time and place on a lift-equipped bus or van. Liaison appointed by the Departments of Human Services and Mental Health and Mental Retardation shall act to coordinate purchase of service contracts and to service in an advisory capacity to the department on matters concerning public transportation. In the event that transportation funds for human services' programs are insufficient for full implementation of the human services' portion of an approved annual regional operations plan, priorities established by the Departments of Human Services and Mental Health and Mental Retardation shall determine the priority clients that shall be initially served by human services' funds.

5. INTER-DEPARTMENTAL COORDINATION.

Transportation costs of Maine's elderly and handicapped is shared by MDOT, MDHS, and MDMHR. Approval of each regional operations plan shall be by Department of Transportation with the consent of the Departments of Human Services and Mental Health and Mental Retardation. Upon approval, all agencies, groups, or organizations named to participate in the provision of service in accordance with a regional operations plan shall become eligible to receive funds administered by the Department of Transportation.

6. POLICY ISSUES.

Development and maintenance of a permanent and effective public transportation system, with particular regard to low income, elderly, and handicapped residents.

SUMMARY #6A CONTINUED

TRANSPORTATION OF ELDERLY AND HANDICAPPED, DEPARTMENT OF TRANSPORTATION

ALL SOURCES OF FUNDS (By Accounts)	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
Year Ending: June 30, 1984	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984 June 30, 1985
STATE GENERAL FUND	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	Number of People Served and Unit of Service The Department of Transportation does not keep records on the public served.
STATE GENERAL FUND SUB-TOTAL	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	
FEDERAL FUNDS					
16 (b) (2) (E&H Capital)	\$ 208,000	\$ 221,864	\$ 253,936	\$ 253,936	
Section 18 (Rural Subsidy)	671,694	687,647	619,280	619,280	
Section 9 (Urban Subsidy)	1,234,804	1,676,106	1,457,694	1,457,694	
FEDERAL FUNDS SUB-TOTAL	\$ 2,114,498	\$ 2,585,617	\$ 2,330,910	\$ 2,330,910	
TOTAL FEDERAL AND STATE FUNDS	\$ 2,514,498	\$ 2,985,617	\$ 2,730,910	\$ 2,730,910	

DEPARTMENT OF LABOR

1986 Maine Social Services ReportSUMMARY 6B: JOBS TRAINING PARTNERSHIP ACT; ADMINISTERED BY THE DEPARTMENT OF LABOR1. PROBLEM STATEMENT.

There are many persons in Maine who are unable to secure employment due to various social and/or economic barriers. The Job Training Partnership Program establishes programs to prepare youth and unskilled adults for entry into the labor force to afford job training to those economically disadvantaged individuals and others facing serious barriers to employment who are in need of special training to obtain productive employment.

2. PURPOSES/GOALS/EXPECTED OUTCOMES.

Three types of training programs under P.L. 97-300, each with slightly different purposes, are administered by the Department of Labor:

1. job training for economically disadvantaged youth and adults for entry or re-entry into the labor force;
2. short-term summer work experience jobs for economically disadvantaged youth; and
3. job retraining for dislocated workers.

3. SERVICES PROVIDED.

Based upon broad goals contained in the Governor's Coordination and Special Services Plan for JTPA developed by the Maine Job Training Council, the Private Industry Councils (PICs) that govern the two Service Delivery Areas establish annual plans for services to eligible participants. Actual delivery of services to clients is provided by local/regional agencies designated by the PICs. Services to clients include: assessment, pre-employment competency training, remedial and basic education, classroom skill training, on-the-job training, counseling, job development, and job placement. Individualized services to clients are provided directly by the local agencies or through contracts or other agreements with local school systems, vocational training institutions, or private employers.

4. PRIORITIES FOR SERVICE.

Priority is placed in each program upon services to those individuals who face serious barriers to employment with special emphasis directed to serving school dropouts, welfare recipients, and economically disadvantaged youth. The primary goal for all programs serving adults is acquisition of unsubsidized employment, while for youth the major goal is the development of behavioral competencies to obtain employment. Minimum performance standards for each program are established annually by the U.S. Secretary of Labor concerning entered employment rates for participants served and costs per participants served.

Small set-asides of funds under JTPA are also administered by the Department to serve:

1. economically disadvantaged older workers;
2. promote cooperative efforts with public education institutions in serving disadvantaged youth and adults; and
3. to provide incentive grants to organizations that exceed required performance outcomes.

5. INTER-DEPARTMENTAL COORDINATION.

Department of Educational and Cultural Services.

Department of Human Services Including Bureau of Rehabilitation, Bureau of Social Services, Bureau of Income Maintenance, Bureau of Maine's Elderly, and Family Services Demonstration Project.

State Development Office.

6. POLICY ISSUES.

Coordination and articulation of Federal and State resources and programs to provide training and employment opportunities for the economically disadvantaged are goals of JTPA. Clear and definitive roles and responsibilities of Human Service, Education, and Department of Labor units that mesh together the flexibilities and legislative restrictions of various programs to serve mutual clients has not been achieved. In addition, the growing problem of worker dislocation manifested by large numbers of shoe plant closures raises great need for policy and strategies that more closely align retraining efforts with economic development activities in the State.

SUMMARY #6B CONTINUED

JOB TRAINING PARTNERSHIP ACT, DEPARTMENT OF LABOR

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services	
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1985	June 30, 1986
<u>ALL FEDERAL FUNDS</u>					<u>Individuals Served</u>	
Title II-A	\$	\$ 8,039,947	\$ 8,542,410	\$ 6,590,280	6,168	5,262
Title II-B		3,668,262	3,685,580	3,047,333	Unknown	3,030
Title III		637,866			576	
III-Formula			769,268	393,500		786
III-Discretionary			906,451	1,287,500		483
Total	\$	\$	\$ 13,903,709	\$ 11,318,613	6,774	9,543

Other related services provided by the Department of Labor:

Job Service, Displaced Homemakers, Unemployment Insurance, Veterans' Services through Job Service.

MAINE STATE HOUSING AUTHORITY

1986 Maine Social Services ReportSUMMARY 6C: MAINE STATE HOUSING AUTHORITY1. PROBLEM STATEMENT.

Incomes in Maine are below the national average; the estimated median household income in 1985 is \$23,036. Population and household formation grew during the 70's; average income doubled but housing costs tripled. The housing stock is the oldest in the nation. Many Maine people pay a disproportionate share of their income (35% or more) for housing.

2. MISSION.

The Maine State Housing Authority (MSHA) is Maine's housing finance agency. The purpose of MSHA is to provide lower interest loans for a wide variety of programs to help meet Maine's housing needs.

3. SERVICES PROVIDED.

Single Family: Program provides reduced interest rate mortgage loans to persons buying their first homes. It serves first-time homebuyers who cannot afford conventional mortgage loans. Also provides lower-cost home improvement and energy conservation loans to low and moderate income homeowners.

Multi-Family Programs: The Rental Rehabilitation Program uses HUD funds, local CD grants, private loans, and state funds through the HOME program to renovate substandard apartments; a limited amount of federal rental assistance is available in conjunction with this program. The Rental Housing Loan Program uses the MSHA's tax exempt bond funded mortgage loans to provide below market rate financing for construction or rehabilitation of apartments. At least 20 percent of units financed through the program must be reserved for households earning less than 80% of median. The Section 8 programs, New Construction, Moderate Rehabilitation, and Existing Housing Rental Certificates, involve federal rental assistance. Tenants in Section 8 programs pay no more than 30% of their income for rent. Section 8 has been largely phased out by the federal government, although current commitments of assistance will continue.

4. PRIORITIES FOR SERVICE.

Housing needs for low and moderate income persons.

5. INTER-DEPARTMENTAL COORDINATION.

- A. Housing for the elderly. In cooperation with the Bureau of Maine's Elderly, to provide congregate housing, accessory apartments, and sale-leaseback arrangements.
- B. Group homes for developmentally disabled in conjunction with DHS.
- C. Energy/Programs in conjunction with OER.

6. POLICY ISSUES.

- A. More decent affordable housing.
- B. Homelessness
- C. Rehabilitation for existing structures
- D. Energy conservation

SUMMARY #6C CONTINUED

MAINE STATE HOUSING AUTHORITY -- ALL APPROPRIATIONS, ALLOCATIONS, ALLOTMENTS

	Revenues Year Ending December 31, 1983	Revenues Year Ending December 31, 1984	Revenues Year Ending December 31, 1985
State Appropriated Income	\$ 2,400,000	\$ 2,000,000	\$ 103,368 ⁽³⁾
<hr/>			
<u>Programs Offered by MSHA</u>	<u>Cumulative Housing Funds Generated(1) Since MSHA Founded</u>	<u>Number of Units 1984 (Cumulative)</u>	<u>Number of Units 1985 (Cumulative)</u>
1. Single-Family Purchase	\$591,000,000	11,500	15,425
Single-Family Home Improvement	10,394,164	1,500	1,831
2. Multi-Family Program (Section Eight)			
New Construction/Substantial Rehabilitation	149,000,000	4,565	4,565
Moderate Rehabilitation	(3)	416	369
Existing Certificate	-0-	1,313	961
Rental Rehabilitation Program	6,500,000	0	707 Total Rehabilitation 641 Subsidized
3. Rental Housing Loan Program (Non-Section 8)			
New Construction/Substantial Rehabilitation	15,773,225	471	471
Purchase/Improvement	610,000		34
4. Community Housing Programs	578,000		85

(1) Does not include bond reserves

(2) No estimate on amount of private loans generated

(3) This amount represents only a two month return from the Real Estate Transfer Tax.

DEPARTMENT OF CORRECTIONS

1986 Social Services ReportSUMMARY 6D: SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS1. PROBLEM STATEMENT.

To enable the development, expansion and improvement of correctional programs throughout the State and to encourage participation in such programs by persons, unincorporated associations, charitable non-stock corporations, local and county governmental units, and state agencies.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To provide or assist in the provision of correctional services throughout the State and for that purpose may cooperate with persons, unincorporated associations, charitable non-stock corporations, municipalities and other governmental units and other state agencies; to promulgate and enforce rules and standards for the administration of all services delivered and appropriately funded.

3. SERVICES PROVIDED.

To provide or assist in the provision of correctional services relating to all facets of rehabilitation and community life adjustment, but the services shall be limited to: (1) services to the courts; (2) pre-delinquency services; (3) diversionary services; (4) pre-release and halfway house services; and (5) after-care and post-release services.

4. PRIORITIES FOR SERVICE.

Traditionally, the Department of Corrections' mission has been to protect society from some of its clients, to protect some of its clients from themselves, and to provide custody, supervision and rehabilitation for those considered in need of correctional programs. Also, the establishment of the Alcohol Premium Law and consequent availability of necessary monies, has enabled the Department of Corrections to more conscientiously identify and to specifically address the alcohol and drug prevention and treatment needs of its clients and their families.

5. GOALS AND OBJECTIVES.

The Department of Corrections attempts to assure that:

- A. high quality correctional services are provided in Maine's correctional facilities;
- B. modern, comprehensive correctional services are implemented throughout the State;
- C. the public is protected from those within the corrections system who display incorrigible traits;
- D. that efforts be made, whenever possible, to offer rehabilitative services to community-based corrections clients.

6. POLICY ISSUES.

That correctional services be developed, expanded, or approved through the provision of direct services by the Department or through fund-raising from the Department to persons and other entities for the provision of services relating to all areas of rehabilitation and community life adjustment. These services to be limited to correctional institutions, courts, pre-delinquency services, diversionary services, pre-release and halfway house services, and after-care and post-release services.

SUMMARY #6D CONTINUED

SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	
DEPARTMENT OF CORRECTIONS					
*Alcohol Services	\$ 235,266	\$ 219,976	\$ 267,143	\$ 431,559	
**Community Correctional Services	939,840	1,035,740	1,304,461	1,776,896	
Social Services	167,489	196,095	193,666	196,610	
TOTAL	\$ 1,175,106	\$ 1,451,811	\$ 1,765,270	\$ 2,405,065	
	Actual Expenditures 1984	Actual Expenditures 1985	Actual Expenditures 1986	Projected Expenditures 1987	Actual Services
SOCIAL SERVICES					
Maine Youth Center	\$ 48,964	\$ 54,696	\$ 55,730	\$ 58,495	
Maine Correctional Center	50,713	53,309	58,921	61,313	
Maine State Prison	67,812	84,447	79,015	76,802	
TOTAL	\$ 167,489	\$ 192,452	\$ 193,666	\$ 196,610	

*The Alcohol Services money provides alcohol programs to correctional clients who have been identified as having problems with alcohol. Counseling and referral services are now provided at the institutions and pre-release centers operated by the Department of Corrections. The Division of Probation and Parole and Juvenile Intake have referral and emergency placement services provided with these funds. The Division of Juvenile Intake provides an education program dealing with alcohol for those juveniles in the community identified as having an alcohol problem.

**The Community Correctional Services account is being utilized to partially contract over 20 programs that are currently providing very valuable and crucial services to community correctional clients. These contracts are part of a system that promotes the community aspect of corrections in order to reduce the need for institutionalization and in order to reduce overcrowding at our correctional facilities. This program was established by the 107th Legislature in 1975 to enable the development, expansion and improvement of correctional programs throughout the state and to encourage participation in such programs by non-profit corporations, local and county government units. Since the inception of the program, the Department of Corrections has cooperated with various community agencies for the provision of such services relating to all facets of rehabilitation and community life adjustments. These include services to the courts, pre-delinquency services, diversionary services, pre-release and half-way house programs, as well as after-care and post-release services. With the new Adult and Juvenile Codes implemented a few years ago, the caseload at the institutional level, Probation and Juvenile Intake, has greatly increased the number of clients in need of alternative services. These services offer to the Department of Corrections and Judges options other than incarceration within state and county facilities.

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		
<u>STATE GENERAL FUNDS</u>					
1371-7 Juvenile Justice Program					
Positions	(1)	(1)	(1)		
Personal Services	\$ 32,000	\$ 31,230	\$ 31,657		
All Other	45,070	81,322	45,070		
Sub-Total General Fund	\$ 77,070	\$ 112,552	\$ 76,727		
<u>FEDERAL GRANTS</u>					
3371-7001 Other Grants	\$ 164,717		\$ 156,167	\$ 148,174	
3371-7004 Jail Monitoring Grant					
Positions	(1)	(1)	(1)	(1)	
Personal Services	20,966	24,814	27,100	28,396	
All Other	11,192	12,998	8,633	10,446	
3371-7005 Administration					
Positions	(1)	(1)	(1)	(1)	
Personal Services	14,997	16,875	19,352	20,952	
All Other	1,878	---	123	---	
3371-7007 Advisory Group					
Support					
Personal Services	---	3,553			
All Other	11,250	7,697	13,625	17,032	
Sub-Total Federal Grants	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	
GRAND TOTAL STATE AND FEDERAL	N/A	\$ 302,070	\$ 337,552	\$ 301,727	

SUMMARY 6D CONTINUED:

Types of Services Provided by Department of Corrections through Juvenile Justice Program:

State General Funds

1371-7111 Personal Services

- Staff support for State Advisory Group (Juvenile Justice Advisory Group, JJAG).
- Advocacy.
- Liaison between program and State Interdepartmental Coordinating Committee, State agencies, private youth services providers, and public.
- Liaison between program and Federal grantor.
- Supervision for federally funded program positions.
- Monitoring, evaluation, and fund flow administration for grants of State and Federal program grants.
- Technical assistance to grantees of State and Federal program funds.

All Other

Various grants to State and not-for-profit agencies, principally, to abet compliance with Federal juvenile jail removal requirements and improve information systems which permit monitoring for compliance with State and Federal program requirements.

Federal Grant Funds

1371-7001 Other Grants, grants to State and private not-for-profit youth services providers for programs approved in Comprehensive Juvenile Justice and Delinquency Prevention Plan (current plan 1985-87).

Priorities:

- Youth Advocacy
- Juvenile Jail Removal
- Residential and non-residential dispositional alternatives for juveniles
- Training for Juvenile Justice System Personnel
- Prevention of Delinquency

1371-7004 Personal Services

- staff (professional) support for State Advisory Group (JJAG) Jail Monitoring Committee
- 1371-7005+7 Staff (clerical) support for State and Federal Programs and State Advisory Group (JJAG).
- 1371-7007 Advisory Group Support provides for administering board's (JJAG) expenses for State and Federal programs.

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

1986 Social Services ReportSUMMARY 6E: DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES: THE PRESCHOOL COORDINATION SYSTEM FOR INFANTS AND CHILDREN WITH SPECIAL NEEDS1. PROBLEM STATEMENT.

In Maine, services for special needs infants and preschool children are provided by many individuals, state and local government agencies, and private organizations. The preschool coordination system was developed to create a statewide delivery system for preschool services by coordinating the efforts of these various public and private providers, acting in partnership with parents.

2. MISSION.

A coordination site serves as a local resource to its residents, reflecting the commitment of the community in these activities. The active participation of representatives from the private and public sector, including those from the Department of Mental Health and Mental Retardation, the Department of Human Services, and the Department of Educational and Cultural Services, provides a supportive and collaborative resource for families. Parents and providers work together, not only benefitting individual children, but also in advocating for the improvement of all services for children with special needs and for their families.

3. SERVICES PROVIDED.

The sites act:

- * as a central point of referral in the community where parents, health professionals, educators, and providers can turn when they have questions about the physical, mental, emotional, or social development of a young child;
- * to help identify the special strengths and needs of preschool children, and then work with appropriate providers to develop individualized, appropriate programs that are responsive to those needs and strengths;
- * to facilitate a smooth transition into public school for families with children receiving early intervention services.

4. PRIORITIES FOR SERVICE.

The sites serve:

- * special needs preschoolers;
- * parents of children ages birth through five who have concerns about their child's development;
- * the community at large when it requests information about the special needs of young children;
- * providers of services for preschool handicapped children, in the ongoing development of coordination, service or resource development, and training.

5. INTER-DEPARTMENTAL COORDINATION.

Management of this program is the responsibility of the Interdepartmental Coordinating Committee for Preschool Handicapped Children, which includes representatives from the Departments of Educational and Cultural Services, Human Services, and Mental Health and Mental Retardation.

6. POLICY ISSUES.

How can an adequate range of services and a sufficient amount of services be provided to the expanding population of infants and preschool children with special needs.

How can additional resources be identified to support the increased demand for direct services, the expansion to statewide coverage, and the addition of zero to three population.

SUMMARY 6E CONTINUED

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		

STATE GENERAL FUNDSPreschool Services Provided

Preschool Handicapped Services

\$ 909,730 \$ 1,051,637 \$ 1,123,689

The sites in 1985: Received 1,965 referrals,
 Screened 3,174 children,
 Evaluated 692 children,
 Managed 1,797 cases, and
 Placed 697 children in
888 services.

EPILOGUE

In the interest of brevity, this report may in sections be too abbreviated. However, its intent is to offer a concise overview of Maine's social services.

The reader is encouraged to reach out to the state agencies contributing to this report in order to obtain another level of detail of the information presented here or to seek answers to questions raised by the content.

Because this document is not intended to be an official budget document and because some programs have attempted to portray actual or projected expenditures in ways other than are required by state accounting procedures or by federal reporting procedures, where discrepancies exist the Controllers analysis sheets represent an accurate budget detail.

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