

# MAINE STATE LEGISLATURE

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1987 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

February 5, 1988



To The Honorable John R. McKernan, Jr., Governor:

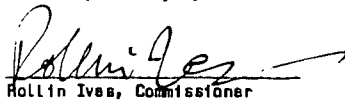
The Department of Human Services, the Department of Mental Health and Mental Retardation, and the Division of Community Services are pleased to submit Maine's 1987 Social Services Report which has been developed pursuant to 5 M.R.S.A., Chapter 148-A, Sections 1641-1643. It is intended to summarize the 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, 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 to serve 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 1985, 1986, 1987, 1988 and 1989. 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 88 or FY 89 additional requests for resources to the Legislature made after November, 1987.

Submitted respectfully by:

  
Rollin Ives, Commissioner

Department of Human Services

  
Susan B. Parker, Commissioner

Department of Mental Health and  
Mental Retardation

  
Nicole Kobritz, Director

Division of Community Services

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

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"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 - 72      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 are 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 700 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 intend 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 88,000 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

1987 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 Year Ending: June 30, 1983	Actual Expenditures June 30, 1984	Actual Expenditures June 30, 1985	Authorized Actual Expenditures June 30, 1986	Authorized Actual Expenditures June 30, 1987	Authorized Projected Expenditures June 30, 1988	Authorized Projected Expenditures June 30, 1989
<b>DIVISION OF COMMUNITY SERVICES</b>							
Community Services Block Grant	\$ 1,983,624	1,724,264	\$ 1,648,465	\$ 1,682,634	\$ 1,717,110	\$ 1,843,416	\$ 1,843,416
Home Energy Assistance Program	24,959,647	23,698,054	23,092,890	20,934,192	19,990,325	17,314,857	17,314,657
Weatherization Program	5,960,972	8,881,920	8,258,895	8,445,188	8,228,434	8,142,789	9,142,789
Head Start	-0-	-0-	1,618,238	1,893,737	1,943,651	1,832,095	1,932,095
Other Programs	67,028	382,848	384,902	317,847	358,804	350,544	350,544
Purchased Services Subtotal	32,971,271	34,665,108	34,981,390	34,890,099	34,682,032	28,868,495	29,888,495
Central Office Admin.	1,218,859	1,015,526	1,203,893	1,308,544	1,540,078	1,800,520	1,800,520
<b>DIVISION SUBTOTAL</b>	<b>34,189,930</b>	<b>35,680,632</b>	<b>38,185,283</b>	<b>38,383,478</b>	<b>38,108,107</b>	<b>31,688,015</b>	<b>31,889,015</b>
<b>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</b>							
Bureau of Mental Health	33,463,172	35,634,089	38,920,560	40,849,885	43,309,990	48,701,619	---
Bureau of Mental Retardation	26,968,880	29,287,347	32,657,977	32,175,168	32,157,964	38,013,401	38,111,104
Office of Children's Services	2,141,529	2,141,529	2,558,691	-	-	-	-
Bur. of Children w/ Special Needs	-	-	-	7,808,253	8,281,187	9,332,498	9,252,255
Alcohol & Substance Abuse Services	211,103	211,103	261,123	285,028	599,000	799,000	840,000
Developmental Disabilities Council	278,520	278,520	247,552	300,000	298,259	308,333	---
Department Admin.*	2,005,505	2,294,798	2,043,041	2,855,375	2,193,828	2,934,048	2,962,277
<b>DMH&amp;MR TOTAL</b>	<b>65,068,509</b>	<b>69,847,368</b>	<b>78,688,894</b>	<b>84,053,687</b>	<b>86,840,208</b>	<b>98,089,897</b>	<b>---</b>
<b>DEPARTMENT OF HUMAN SERVICES</b>							
Alcohol & Substance Abuse Services	5,558,065	5,718,679	5,645,758	8,014,185	8,037,535	8,341,838 <sup>3</sup>	8,613,535 <sup>3</sup>
Adult Services	1,774,000	1,647,000	2,178,000	2,819,000	2,748,000	2,883,000	3,027,000
Children Services	18,602,000	17,912,000	22,830,000	24,102,000	35,865,000	37,313,000	38,581,000
Families At High Risk	2,728,477	3,146,029	3,781,226	3,813,843	3,368,717	4,482,174	3,703,173
Purchased Services	8,124,000	8,983,000 <sup>2</sup>	12,283,777 <sup>2</sup>	14,771,686 <sup>2</sup>	15,855,000	15,573,000	15,708,000
Elderly Services	8,698,818	8,682,781	8,586,357	9,801,392	9,903,971	11,154,335	11,854,498
Rehabilitation Services	8,443,904	7,472,342	8,827,628	8,833,129	11,503,225	12,078,378	12,682,285
Special Physical Characteristics	3,131,993	1,822,136	2,040,794	2,285,685	4,447,144	3,052,981	5,340,342
Health Services	10,254,174	9,284,476	14,192,180	16,008,728	18,354,105	17,789,273	---
Medicaid Services	100,417,106 <sup>1</sup>	237,328,852	258,901,146	286,797,032	312,307,915	335,891,105	---
Income Maintenance	---	155,574,845	182,386,053	180,648,514	173,087,096	178,798,233	192,457,262
Department Central Office	3,902,817	3,808,575	4,563,149	4,788,490	5,407,659	5,569,889	5,820,534
<b>DHS SUBTOTAL</b>	<b>168,384,835<sup>1</sup></b>	<b>460,276,815</b>	<b>507,218,868</b>	<b>560,461,662</b>	<b>596,881,387</b>	<b>632,888,204</b>	<b>---</b>
<b>GRAND TOTAL THREE STATE AGENCIES</b>	<b>\$262,384,274<sup>1</sup></b>	<b>\$565,804,813</b>	<b>\$620,092,243</b>	<b>\$680,898,825</b>	<b>\$719,827,682</b>	<b>\$762,487,118</b>	<b>---</b>

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.

3 During FY 1988, the Driver Education Evaluation Program and the Maine Alcohol and Drug Clearinghouse merged with OADAP, which accounts for the significant increase in all sources of funds.

\* Beginning with Projected FY 88, DMH&MR Admin. reflects the inclusion of State Forensic Services.

1987 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	Actual Services	Projected Services	Projected Services
Year Ending: June 30, 1983	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	
<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	65,387	65,787	64,187	64,808	62,364	62,834	62,364
Weatherization Program	5,302	8,700	7,185	6,558	5,252	4,375	4,375
Head Start		-0-	865	721	738	738	738
Other Programs	N/A	N/A	220,000	189,000	189,000	189,000	189,000
<u>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</u>							
Bureau of Mental Health <sup>1</sup>	23,000	26,161	32,151	27,830	32,801	-	-
Bureau of Mental Retardation <sup>1</sup>	7,000	7,559	8,808	7,896	6,289	6,564	6,894
Office of Children's Services	1,443	1,562	2,418	-	-	-	-
Bur. of Children w/Special Needs	-	-	-	8,802	-	-	-
Alcohol & Substance Abuse Services	1,400	1,470	1,680	1,845	1,750	2,000	2,100
Developmental Disabilities	5,000	7,000	7,846	8,450	8,000	8,200	-
Department Administration	N/A	N/A	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	12,785 people	13,000 people	13,000 people		
Adult Services	2,224 people	3,345 people	4,171 people	3,781 people	3,640 people		
Children Services	14,500 people	21,249 people	21,238 people	21,633 people	18,203 people		
Families At High Risk	2,200 people	people	8,188 people	5,351 people	5,527 people		
Purchased Services	22,864 people	20,138 people	28,000 people	24,706 people	23,218 people		
Elderly Services	68,486 people	53,409 people	55,420 people	57,082 people	58,795 people	31,400	31,000
Rehabilitation Services	7,476 people	8,740 people	7,412 people	7,424 people	6,574 people	8,903 people	7,248 people
Special Physical Characteristics			2,287 people	1,757 people	1,842 people	1,834 people	2,030 people
Health Services	45,564 people	293,382 people	321,513 people	328,084 people	345,000 people		
Medicaid Services	73,698 people	343,200 people	342,621 people	342,703 people	343,000 people		
Income Supplementation	An unduplicated estimate would approach 100,000 people.						

<sup>1</sup> Substantial 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 HUMAN SERVICES	Pages 28 - 54
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MAINE STATE HOUSING AUTHORITY	Pages 62 - 64
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DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES	Pages 70 - 72



**DIVISION OF COMMUNITY SERVICES**



SUMMARY #3A COMMUNITY SERVICES BLOCK GRANT ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. 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 30%) as compared to core administrative support, CAA role in coordination of local services, networking local information and referral capability, availability of additional resources for CAA's.

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	Projected	Actual
COMMUNITY SERVICES BLOCK GRANT		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1986 June 30, 1987
							Number of People Served and Units of Services (Duplicated)
STATE GENERAL FUND							
STATE GENERAL FUND SUBTOTAL							
FEDERAL FUND							
Community Services Block Grant	\$ 1,756,325	\$ 1,750,105	\$ 1,846,690	\$ 1,729,912	\$ 1,729,912		
FEDERAL FUND SUBTOTAL	\$ 1,756,325	\$ 1,750,105	\$ 1,846,689	\$ 1,729,912	\$ 1,729,912		
OTHER FUNDS							
OTHER FUNDS SUBTOTAL							
GRAND TOTAL COMMUNITY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 1,756,325	\$ 1,750,105	\$ 1,846,690	\$ 1,729,912	\$ 1,729,912		
Community Services Cen. Off. Admin.	107,880	67,471	129,580	86,496	86,496		
COMMUNITY SERVICES PURCHASED SVS.	\$ 1,648,465	\$ 1,682,634	\$ 1,717,110	\$ 1,643,416	\$ 1,643,416		
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 Agency Programs.

SUMMARY #38 HOME ENERGY ASSISTANCE PROGRAM FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. 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, 80 and over (55 and over for off-reservation Indians)
- Handicapped
- Families with children under 24 months and certain handicapped persons

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 85% 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. 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 #38 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	Projected			
HOME ENERGY ASSISTANCE PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services		
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1985	June 30, 1986	June 30, 1987
	Number of People Served and Units of Services (Duplicated)							
STATE GENERAL FUND								
STATE GENERAL FUND SUBTOTAL								
FEDERAL FUND	\$ 23,499,237	\$ 21,387,139	\$ 20,237,879	\$ 17,314,657	\$ 17,314,657	64,187	64,808	62,364
FEDERAL FUNDS SUBTOTAL	\$ 23,499,237	\$ 21,387,139	\$ 20,237,879	\$ 17,314,657	\$ 17,314,657			
OTHER FUNDS								
PVE			\$ 60,000	\$ 140,000	\$ 140,000			
OTHER FUNDS SUBTOTAL			\$ 60,000	\$ 140,000	\$ 140,000			
GRAND TOTAL HOME ENERGY ASSIST.								
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 23,499,237	\$ 21,387,139	\$ 20,297,878	\$ 16,885,711	\$ 16,885,711			
Central Office Administration	408,347	452,847	507,854	\$ 428,846	\$ 428,846			
HOME ENERGY ASSISTANCE SUBTOTAL	\$ 23,092,890	\$ 20,934,182	\$ 19,790,325	\$ 17,314,657	\$ 17,314,657			
TYPES OF HOME ENERGY ASSISTANCE RENDERED BY THE DIVISION OF COMMUNITY SERVICES								
Households Assisted:								
Home Energy-Fuel	\$ 60,864	\$ 60,208	\$ 56,856	\$ 49,165	\$ 49,165			
Energy Crisis	3,533	4,400	5,408	4,275	4,275			
TOTAL TYPES HOME ENERGY ASSIST.								
RENDERED BY ONE STATE AGENCY	\$ 64,187	\$ 64,808	\$ 62,364	\$ 53,440	\$ 53,440			

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, chimneys, oil burners as well as home repair provided through Maine's 11 Community Action Agencies. Also, services provided through the following: CHIP - Central Heating System Improvement Program which provides eligible applicants necessary improvements to the heating system, including clean, tune and evaluation, burner retrofit, repair and replacement of a heating system.

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 (DER), Maine State Housing Authority (MSHA), Farmers Home Administration (FmHA), 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.
- F. Weatherization services often can enable elderly residents to remain in their own home when high heating costs might otherwise force them into other housing situations.

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	Projected	Actual Services			
WEATHERIZATION PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures				
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1987
						Number of People Served and Units of Services (Duplicated)			
STATE GENERAL FUND									
Weatherization	\$ 1,039,973	\$ 750,884	\$ 1,120,233	\$ 1,196,000	\$ 1,196,000	1,945	1,133	1,136	
CHIP	199,988	299,988	0	0	0	290	281	0	
STATE GENERAL FUND SUBTOTAL	\$ 1,239,961	\$ 1,050,882	\$ 1,120,233	\$ 1,196,000	\$ 1,196,000	2,235	1,414	1,136	
FEDERAL FUNDS									
D.O.E. Weatherization	\$ 3,368,425	\$ 3,080,411	\$ 2,844,455	\$ 2,645,726	\$ 2,845,726	1,968	1,588	1,423	
HEAP Weatherization	2,873,272	2,803,803	3,519,039	0	0	1,873	1,275	879	
HEAP/Weatherization CHIP	828,323	1,310,273	434,456	2,103,837	\$ 2,103,837	681	877	1,029	
FEDERAL FUND SUBTOTAL	\$ 7,170,020	\$ 7,184,587	\$ 6,797,950	\$ 4,749,563	\$ 4,749,563	4,522	3,840	3,431	
OTHER FUNDS									
Maine Housing CHIP	\$ 280,648	\$ 480,673	\$ 206,507	\$ 0	\$ 0	438	327	0	
CHIP Weatherization		169,074	8,264	0	0		1,258	0	
PVE-Exxon			228,734	3,800,000	3,800,000			124	
Stripper-Well			0	200,000	200,000			0	
TOTAL OTHER FUNDS	\$ 280,646	\$ 649,747	\$ 441,505	\$ 4,000,000	\$ 4,000,000	438	1,585	124	
GRAND TOTAL WEATHERIZATION.									
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 8,690,627	\$ 8,895,216	\$ 9,359,888	\$ 9,945,563	\$ 9,945,563	7,185	6,839	4,881	
Weatherization Cen. Off. Admin.	431,723	443,674	444,958	802,744	802,774				
WEATHERIZATION SUBTOTAL	\$ 8,258,895	\$ 8,451,542	\$ 7,814,729	\$ 9,142,789	\$ 9,142,789				
TYPES OF WEATHERIZATION RENDERED BY THE DIVISION OF COMMUNITY SERVICES									
HOUSEHOLDS:									
Weatherization and repair	\$ 5,786	\$ 4,323	\$ 3,862						
CHIP	1,409	2,516	1,029						
TOTAL TYPES OF WEATHERIZATION.									
RENDERED BY ONE STATE AGENCY	\$ 7,185	\$ 6,839	\$ 4,891						

SUMMARY #30 STATE OF MAINE HEAD START, ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. 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 724 low-income children. 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) Ten percent (10%) of the enrollment is reserved for handicapped children.

5. INTER-DEPARTMENTAL COORDINATION.

- (1) Programs participate in the USDA food program through the 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.

Maintaining and promoting high quality Head Start services to children and families.

SUMMARY #30 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	Projected	Actual Services	
HEAD START	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1986	June 30, 1987
	Number of People Served and Units of Services (Duplicated)						
STATE GENERAL FUND							
Head Start	\$ 1,823,387	\$ 1,728,811	\$ 2,019,739	\$ 1,998,415	\$ 1,998,415	721	736
STATE GENERAL FUND TOTAL	\$ 1,823,387	\$ 1,728,811	\$ 2,019,739	\$ 1,998,415	\$ 1,998,415		
Central Office Admin.	7,149	34,874	78,088	86,320	66,320		
TOTAL HEAD START							
Purchased Services	\$ 1,816,238	\$ 1,693,937	\$ 1,943,851	\$ 1,932,095	\$ 1,932,095		

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

Children Enrolled	721	736
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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 fell 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, DMHR, etc.), and private sources to make best use of all resources available. Coordinate with RUC, Attorney General's Office, Governor's Office, DHS, and DMHR.

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	Projected		
OTHER PROGRAMS	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services	
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1986	June 30, 1987
	Number of People Served and Units of Services (Duplicated)						
STATE GENERAL FUND							
State TEFAP	\$ 87,956	\$ 2,044	\$ 100,970	\$ 100,970		189,000	169,000
STATE GENERAL FUND TOTAL	\$ 87,956	\$ 2,044	\$ 100,970	\$ 100,970			
FEDERAL FUNDS*							
USDA - Title II	\$ 120,478	\$					
USDA - TEFAP	134,863	241,093	243,081	183,514	183,514		
CSBG - TEFAP	150,471	14,828	64,813				
USDA - FEMA							
FEDERAL FUNDS TOTAL	\$ 405,813	\$ 255,921	\$ 307,894	\$ 183,514	\$ 183,514		
TOTAL OTHER PROGRAMS	\$ 405,813	\$ 353,877	\$ 307,804	\$ 284,484	\$ 284,484		
Central Office Admin.	40,911	36,030	48,856	66,060	66,060		
Purchased Services	\$ 364,802	\$ 317,847	\$ 358,804	\$ 350,544	\$ 350,544		

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TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

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\* 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. A study is being conducted by the Bureau of Central Computer Services to update and better utilize the Division's present computer system.
  - Staff reorganization. The Division of Community Services, under the direction of Director Nicola Kobritz, is conducting a reorganization effort to redefine the goals and objectives of the Division and to utilize the staff resources in a more efficient manner.

## SUMMARY #3F CONTINUED

## ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Projected
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989
<u>STATE GENERAL FUND</u>					
Admin & Advisory	209,884	273,548	332,841	349,824	349,824
State Weatherization		0	0	6,000	6,000
TEFAP		17,522	0	33,030	33,030
Head Start	7,149	34,674	76,088	66,320	66,320
GENERAL FUND SUBTOTAL	\$ 217,043	\$ 335,844	\$ 409,028	\$ 455,274	\$ 455,274
<u>FEDERAL FUNDS</u>					
Community Services Block Grant	107,860	67,471	129,580	86,498	86,488
HEAP	406,347	452,847	507,654	428,846	428,846
Federal Weatherization	431,732	404,986	432,531	786,774	786,774
TEFAP	40,911	18,508	48,856	33,030	33,030
FEDERAL FUND SUBTOTAL	\$ 986,850	\$ 843,892	\$ 1,118,621	\$ 1,345,246	\$ 1,345,248
<u>OTHER FUNDS</u>					
CHIP Weatherization	\$	\$ 6,376	\$ 8,284	\$ 0	\$ 0
Maine Housing - CHIP		32,332	4,164	0	0
OTHER FUNDS SUBTOTAL		\$ 38,708	\$ 12,428	\$ 0	\$ 0
TOTAL CENTRAL OFFICE ADMIN.	\$ 1,203,893	\$ 1,308,544	\$ 1,540,078	\$ 1,800,520	\$ 1,800,520

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TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

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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 RETARDATION

1. 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 22.1% - or 193,118 to 272,014 persons in Maine. 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, elderly persons with mental health problems, 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 approximately fifty 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 1987, over 2,000 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 and at risk of being 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) Developing, 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.
  - E) Community involvement in mental health planning and coordination.

## SUMMARY #4A CONTINUED

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

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	
<u>STATE GENERAL FUND</u>				
Augusta Mental Health Institute	\$ 14,777,635	\$ 15,730,503	\$ 17,488,835	\$ 18,517,783
Bangor Mental Health Institute	13,700,512	14,580,671	15,643,803	16,484,775
Community Mental Health Services	7,248,325	7,161,035	8,013,317	8,524,145
Title XX State Comm. Support	-	-	-	-
Sub-Total, State General Funds	\$ 35,726,472	\$ 37,472,209	\$ 41,107,055	\$ 45,526,703
<u>FEDERAL ACCOUNTS</u>				
Augusta Mental Health Institute	\$ 1,816	\$ 1,242	\$ 1,447	\$ 2,032
Bangor Mental Health Institute	10,467	22,871	5,950	30,307
ADMHS Block Grant	2,322,808	840,752	1,054,204	1,070,336
Social Service Block Grant	285,220	286,085	282,082	273,885
Office of Community Support	37,725	-	-	-
Community Services Grant	-	-	126,515	295,000
Sub-Total, Federal Accounts	\$ 2,658,134	\$ 1,261,050	\$ 1,480,208	1,671,670
<u>DEDICATED REVENUES</u>				
Augusta Mental Health Institute	\$ 393,788	\$ 457,488	\$ 550,283	\$ 1,231,184
Bangor Mental Health Institute	142,155	142,881	172,434	272,152
Sub-Total, Dedicated Revenues	\$ 535,954	\$ 600,467	\$ 722,727	1,503,346
Total All Expenditures	\$ 38,920,560	\$ 39,333,728	\$ 43,309,990	48,701,618
	Actual FY 85	Actual FY 86	Actual FY 87	Projected FY 88
<u>SERVICES FUNDED BY BUREAU OF MENTAL HEALTH</u>				
Augusta Mental Health Institute	\$ 15,173,250	\$ 16,189,231	\$ 18,001,575	\$ 20,751,008
Bangor Mental Health Institute	13,853,134	14,748,823	15,822,287	16,787,234
Community Services:				
Emergency	682,804	717,787	833,810	1,168,786
Community Support	2,565,892	2,271,351	2,634,826	2,768,891
Day Treatment/Rehab.	1,114,781	787,388	781,328	874,418
Community Residential	589,410	810,150	1,008,087	1,789,775
Outpatient	2,709,834	1,841,545	1,722,603	1,742,229
Consult., Training, Education	659,787	309,111	302,608	218,526
Community Inpatient	271,203	273,786	208,811	170,139
Early Intervention	62,255	-	-	-
Psychosocial Center	211,919	472,268	487,386	490,801
Crisis Intervention	217,830	482,188	732,670	752,805
Special Populations (elderly, deaf)	-	74,484	228,800	807,850
Other Activities	630,463	193,231	242,985	349,488
Total Mental Health Services	\$ 38,741,905	\$ 39,158,525	\$ 43,717,783	\$ 48,472,032
Administration	178,855	175,201	182,207	229,587
Total Expenditures	\$ 38,920,560	\$ 39,333,726	\$ 43,309,990	\$ 48,701,619



SUMMARY #48 BUREAU OF MENTAL RETARDATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

During fiscal year 1986-1987, approximately 300 persons became new clients of the Bureau contributing to the difficulties experienced by high caseloads and increased demands for residential and day program services of all types. Some of the more focused needs include structured residential alternatives for children, employment and day program opportunities for young adults graduating from high school, residential and day program alternatives for persons with mental retardation who are aging, increased capacity for case management services, crisis prevention intervention services to prevent institutionalization, structured residential options for persons with medical and behavioral needs, and family support services, including respite care. The challenge in the next several years will be for the Bureau to remain responsive in meeting the needs of clients given limited new resources. Another major problem area that is emerging is the recruitment and retention of direct care staff in homes and day programs. In some areas of the state the staffing shortage is very evident with staff vacancies going unfilled for long periods of time.

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

In 1987, approximately 800 individuals received services at Pineland Center and the Arundel 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 rehabilitative needs), coordination/delivery of services to children with mental retardation and their families; and services for elderly mentally retarded persons. In addition, the Bureau will continue its involvement in staff recruitment and retention efforts.

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 citizens with mental retardation 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 #48 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	Projected			
MENTAL RETARDATION SERVICES.	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures			
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989			
STATE GENERAL FUND								
Aroostook Residential Center <sup>1</sup>	\$ 538,852	\$ 577,715	\$ 563,178	\$ 603,587	\$ 612,185			
Pineland Center	17,207,289	17,919,230	16,641,787	18,433,574	18,460,845			
Community M.R. Services <sup>2</sup>	12,261,524	13,232,252	13,506,231	15,532,702	15,631,862			
SUB-TOTAL GENERAL FUND	\$ 31,501,760	\$ 31,729,187	\$ 30,711,197	\$ 34,569,863	\$ 34,704,782			
FEDERAL ACCOUNTS								
Pineland Center	4,261	303	9,804	8,369	8,500			
Community MR Services (autism grant)	47,485	138,484	406,089	395,125	349,000			
SUB-TOTAL FEDERAL FUNDS	\$ 63,110	\$ 138,767	\$ 415,803	\$ 403,494	\$ 357,500			
DEDICATED REVENUES								
Aroostook Residential Center	1,534	1,458	—	—	—			
Pineland Center	80,018	79,435	96,759	107,268	112,707			
Community MR Services	1,678	10,921	14,000	15,000	16,000			
SUB-TOTAL DEDICATED REVENUES	\$ 83,231	\$ 81,815	\$ 110,758	\$ 122,268	\$ 128,707			
TITLE XX								
Community M.R. Services	\$ 1,029,876	\$ 948,901	\$ 920,105	\$ 917,778	920,105			
TOTAL	\$ 32,657,977	\$ 32,908,880	\$ 32,157,984	\$ 36,013,401	\$ 36,111,104			
						Number of People Served		
						Actual	Projected	Projected
						FY'87	FY'88	FY'89
SERVICES FUNDED BY BUREAU OF MENTAL RETARDATION								
Aroostook Residential Center	\$ 540,186	\$ 579,174	\$ 563,178	\$ 603,587	\$ 612,185	84	85	85
Pineland Center	17,271,578	18,014,827	16,841,787	18,433,574	18,460,945	472	475	480
Adult Day Program	5,538,503	4,675,385	4,862,807	3,848,726	3,919,226	1,884	2,054	2,154
Pre-school Program <sup>3</sup>	863,316	—	—	—	—			
Residential Services	1,389,817	749,787	682,488	462,759	462,759	N/A	N/A	N/A
Professional Services	332,345	458,727	365,891	278,294	278,294	N/A	N/A	N/A
Transportation	403,829	337,078	332,711	489,246	489,246	415	450	475
Case Management <sup>3</sup>	4,807,316	4,833,821	4,911,560	5,067,930	5,184,285	3,304	3,500	3,700
TOTAL	\$ 32,252,640 <sup>4</sup>	\$ 29,848,810 <sup>4</sup>	\$ 28,380,523	\$ 29,184,114	\$ 29,406,939			

<sup>1</sup> Includes food, fuel, unemployment comp. and capital improvement and repairs, accounts 1340.3, 4, 5, 8 & 1034.1.

<sup>2</sup> Community MR Services adjusted for \$1,335,987 and \$1,389,817 transferred to the Bureau of Children with Special Needs respectively in FY 88 and FY 87.

<sup>3</sup> Reflects transfer to Bureau of Children with Special Needs.

<sup>4</sup> 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 5,484 identified as having mental retardation. Of these developmentally disabled children and youth, there are estimated 800 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 are 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.

SUMMARY #4C DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION Bureau of Children with Special Needs  
ALL "CH" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Projected
CHILDREN'S SERVICES	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1988	
<b>STATE GENERAL FUND</b>					
Military/Naval Children's Home <sup>1</sup>	\$ 349,798	\$ 404,103	\$ 415,923	\$ 425,871	\$ 430,081
Elizabeth Levinson Center <sup>2</sup>	—	1,489,833	1,625,281	1,698,034	1,701,489
Community Children's Services <sup>3</sup>	1,847,273	4,023,223	4,815,387	5,567,208	5,598,857
Sexual Abuse Treatment	224,824	231,507	238,385	243,170	243,170
<b>SUB-TOTAL GENERAL FUND</b>	<b>\$ 2,448,893</b>	<b>\$ 6,148,466</b>	<b>\$ 6,894,886</b>	<b>\$ 7,932,083</b>	<b>\$ 7,873,707</b>
<b>FEDERAL ACCOUNTS</b>					
Preventive Intervention	\$ 48,301	\$ 107,441	\$ 108,222	\$ 30,000	\$ —
Children/Adolescent System Proj.	61,497	146,824	224,184	140,000	120,000
Respite Care	—	16,208	63,063	98,000	24,500
Elizabeth Levinson Center	—	5,856	14,431	5,000	5,000
Transagency Services	—	—	—	123,385	125,000
<b>SUB-TOTAL FEDERAL ACCOUNTS</b>	<b>\$ 109,788</b>	<b>\$ 278,430</b>	<b>\$ 407,810</b>	<b>398,365</b>	<b>274,500</b>
<b>ADMS BLOCK GRANTS</b>					
Community MH Services <sup>4</sup>	\$ —	\$ 878,281	\$ 878,281	\$ 1,004,048	\$ 1,004,048
<b>TOTAL</b>		<b>\$ 2,558,681</b>	<b>\$ 7,403,187</b>	<b>\$ 8,281,167</b>	<b>\$ 8,332,496</b>
<b>SERVICES FUNDED:</b>					
<b>COMMUNITY</b>					
Community Services (State)	\$ 2,099,087	\$ 4,264,730 <sup>5</sup>	\$ 4,853,762 <sup>5</sup>	\$ 5,810,378	\$ 5,842,127
Community Services (ADAMH)	—	878,281	878,281	1,004,048	1,004,048
Preventive Intervention Proj.	48,301	107,441	108,222	30,000	—
Child/Adolescent System Proj.	61,497	146,824	224,184	140,000	120,000
Respite Care	—	16,208	63,063	98,000	24,500
Transagency Services	—	—	—	123,385	125,000
<b>COMMUNITY TOTAL</b>	<b>\$ 2,208,895</b>	<b>\$ 5,503,485</b>	<b>\$ 6,225,622</b>	<b>\$ 7,205,791</b>	<b>\$ 7,115,675</b>
<b>INSTITUTIONAL</b>					
Military/Naval Children's Home <sup>1</sup>	\$ 349,798	\$ 404,103	415,923	\$ 425,871	\$ 430,081
Elizabeth Levinson Center	—	1,495,589	1,638,722	1,701,034	1,708,489
<b>INSTITUTIONAL TOTAL</b>	<b>\$ 149,786</b>	<b>\$ 1,899,682</b>	<b>\$ 2,055,845</b>	<b>2,128,705</b>	<b>2,138,580</b>
<b>TOTAL</b>	<b>\$ 2,558,681</b>	<b>\$ 7,403,187</b>	<b>\$ 8,281,167</b>	<b>\$ 8,332,496</b>	<b>\$ 8,252,255</b>

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 #40 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 8,000+ 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 8,000 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 1,600 severely handicapped special education students (ages 18-20) 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 educational, 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 developmentally disabled persons 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 #40	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 Services			
DEVELOPMENTAL DISABILITIES	Expenditures	Expenditures	Expenditures	Expenditures				
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1985	June 30, 1986	June 30, 1987	
					Number of People Served and Units of Services (Duplicated)			

STATE GENERAL FUND	\$	0	\$	0	\$	0		
FEDERAL ACCOUNTS		247,552		316,652		298,258	309,333	
TOTAL	\$	247,552	\$	316,652	\$	298,258	309,333	
TYPES OF SERVICES:								
ADVOCACY/PLANNING/INFORMATION	\$	103,263	\$	109,390	\$	106,000	\$	108,288
						N/A	N/A	N/A
SERVICE DEVELOPMENT		93,773		87,200		90,000	120,000	
Prevention, Early Intervention, Parent and Professional Training						7,500	7,500	8,000
DEMONSTRATION PROJECTS		50,516		110,082		102,258	81,067	
Respite, Parent-To-Parent Prevention, Early Intervention						448	600	600
TOTAL	\$	247,552	\$	316,652	\$	298,258	\$	309,333
						7,946	8,100	8,600

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 traditional 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.

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 dual-diagnosed (mentally ill patients with alcohol abuse) 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	Actual	Projected	Actual Services	
ALCOHOL & SUBSTANCE ABUSE (DMHMR)	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988		June 30, 1986	June 30, 1987
						Number of People Served and Units of Services (Duplicated)	
DEDICATED REVENUES	\$ 211,103	\$ 261,123	\$ 265,026	\$ 599,000	\$ 798,050		
TYPES OF SERVICES:							
MR Services							
a) Outpatient	\$ 30,000	\$ 38,523	\$ 38,628	32,850	44,800	75	75
b) F.A.E.	8,000	18,000	18,000	31,000	38,750	100 Trng.	200 Trng.
Children							
a) Homebuilders	51,000	62,000	62,000	70,500	72,000	250	250
b) Training	4,103	8,000	8,500		7,500	75	75
c) Homebuilders - Washington, Hancock, Penobscot, and Piscataquis Counties				20,000	34,000		
M.H. Services				Purchase of Serv.:	25,000		
a) AMHI	52,000	54,000	54,000	78,000	100,000	400	400
b) BMHI	52,000	54,000	54,000	65,000	70,000	400	400
c) CMHC	4,000	8,000	8,000	10,000	10,000	200	200
d) Community				90,000	115,000		
Offenders					& Oxford:		
a) Andro. County Jail	10,800	20,800	24,000	68,000	81,000	200	200
b) Franklin County Jail				29,000	41,000	50	50
c) Oxford County Jail							
Elderly							
a) Public Awareness/Training				20,000	24,000		
Family Support							
a) Portland				2,000	3,000		
Administration					Deaf Serv.: 5,000		
a) DMHMR				27,500	35,000		
TOTAL	\$ 211,103	\$ 261,123		\$		1,750	1,750
			State Cap.	4,150	12,000		
			14% set aside	50,000	60,000		
				\$ 599,000	\$ 798,050		





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 80,000 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, model program development, and Driver Education & Evaluation Program (DEEP).
- 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: 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. Percentage of all treatment services must be made available to DHS protective referrals.
- C. Prevention services are focused on adolescents and children of alcoholics.

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. Restructure DEEP to comply with legislative changes and evaluate results.
- C. Review current licensing/certification regulations for possible revision.
- D. Determine most effective mechanism for delivering residential rehabilitation.

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	Projected		
ALCOHOL & SUBSTANCE ABUSE (OHS)		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services	
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988	
						Number of People Served and Units of Services (Duplicated)		
STATE GENERAL FUND								
QADAP	1325.5	\$ 2,459,174	\$ 2,401,598	\$ 2,332,695	\$ 2,471,294	\$ 2,502,352		
STATE GENERAL FUND SUBTOTAL		2,459,174	2,401,598	2,332,695	2,471,294	2,502,352		
FEDERAL FUND								
Alcohol, Drug Abuse, Mental Health								
Block Grant		1,720,785	1,601,425	1,532,942	2,136,039	2,197,698		
Bur. Health - Clearinghouse								
3310.2		included in Block Grant						
Other Federal Funds	3325.5	0	0	0				
FEDERAL FUND SUBTOTAL		1,720,785	1,601,425	1,532,942	2,136,039	2,197,698		
OTHER FUNDS								
Alc. Premium Fund	4325.7	1,732,236	1,757,230	2,370,133	2,735,544	2,859,052		
DEEP Special Funds	4325.5				501,903	519,058		
DEEP Special Funds	4326.1				141,851	169,134		
DEEP Special Funds	4326.2				334,580	338,743		
DEEP Special Funds	4326.3				20,625	27,500		
OTHER FUNDS SUBTOTAL		1,735,136	1,760,480	2,370,133	3,683,953	3,913,485		
GRAND TOTAL ALCOHOL-SUB. ABUSE								
ONE DEPT'S ALL SOURCES OF FUNDS <sup>1</sup>		5,915,095	5,768,503	8,235,770	8,341,836	8,613,535		
Dept. Overhead & Admin. Subtotal		34,708	42,958	45,000	52,182	54,791		
Other Services Can. Off. Admin. <sup>2</sup>		501,612	455,847	494,991	1,395,527	1,501,387		
TYPES OF ALCOHOL AND SUBSTANCE ABUSE SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES								
							Services	Admissions
Outpatient		\$ 1,836,000	\$ 2,011,841	\$ 2,349,580	\$ 2,678,242	\$ 2,747,842	88,018.57 hrs	4,958
Detoxification		525,000	535,000	569,278	638,091	638,591	10,350 days	1,815
Shelter		312,000	322,000	292,458	349,505	353,505	13,745 days	2,122
Residential Rehabilitation		1,300,000	1,005,000	928,389	996,235	1,026,235	22,159 days	1,087
Halfway House		520,000	520,000	627,353	686,106	686,106	28,161 days	305
Extended Care		180,300	180,300	189,300	194,000	194,000	8,598 days	67
Non-Res. Rehab.		-	0		60,000	90,000	8,458 days	88
Transitional Housing		-	-	23,700	35,871	35,821	Intermediate Rehab.:	
Treatment Total		4,673,300	4,574,041	4,980,059	5,638,050	5,772,150	3,302 days	28
Prevention/Education		737,741	693,859	715,720	737,192	759,308	Halfway House w/o Walls:	
DEEP Program					520,885	525,899	438 days	8
							1,750 days	20

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

1 During FY 1988, the Driver Education Evaluation Program and the Maine Alcohol and Drug Clearinghouse merged with QADAP which accounts for the significant increase in all sources of funds. In previous years, DEEP was considered an educational service rather than a social service for purposes of this report.

2 With the merging in FY 1988 QADAP staff positions increased by 19.

SUMMARY #58 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	Projected	Actual		
ADULT SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services		
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1985	June 30, 1986	June 30, 1987
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)		
1307.3	\$ 787,000	\$ 1,827,000	\$ 1,851,000	\$ 2,048,000	\$ 2,151,000				
1320.5	152,000	156,000	161,000	189,000	177,000				
1324.1	59,000	51,000	68,000	73,000	76,000				
Regional Admin. [Apportioned]	136,000	174,000	226,000	237,000	249,000				
STATE GENERAL FUND SUBTOTAL	1,134,000	2,308,000	2,407,000	\$ 2,257,000	\$ 2,653,000				
FEDERAL FUND									
8307.3	809,000	-	-	-	-				
8320.1	13,000	-	-	-	-				
8324.1	24,000	55,000	58,000	81,000	64,000				
Regional Admin. [Apportioned]	196,000	256,000	281,000	285,000	310,000				
FEDERAL FUND SUBTOTAL	1,042,000	311,000	339,000	\$ 356,000	\$ 374,000				
GRAND TOTAL ADULT SERVICES									
ONE DEPT'S ALL SOURCES OF FUNDS	2,176,000	2,619,000	2,746,000	\$ 2,863,000	\$ 3,027,000	4,171	3,781	3,640	
Adult Central Office Admin.	286,000	356,000	372,000	390,000	410,000				
ADULT SERVICES SUBTOTAL	2,462,000	2,875,000	3,118,000	\$ 3,273,000	\$ 3,437,000				
TYPES OF ADULT SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES									
Case Study						11,655 hours	12,536 hours	12,006 hours	
Advocacy						702 "	827 "	1,231 "	
Preparation and Placement						1,280 "	1,518 "	1,061 "	
Court Social Service						1,351 "	2,278 "	1,827 "	
Case Supervision and Management						18,786 "	15,088 "	17,831 "	
Counseling						620 "	273 "	64 "	
Language Interpretation						3 "	2 "	*	
Legal Services						34 "	107 "	*	
Medical						247 "	658 "	*	
Personal Supervision						5,427 "	2,388 "	*	
Psychological Evaluation						182 "	201 "	*	
Shelter						1,527 days	852 days	*	
Transportation						39,392 miles	28,132 miles	*	

\* Service totals not available after June 30, 1986.

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

1. 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 established the Children's Policy Committee to assume 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.

Development of appropriate and adequate intervention and treatment services for sexually abused victims, their families, and perpetrators of sexual abuse, including juvenile offenders who are also victims.

What is a sufficient level of response to referrals of suspected child abuse and neglect?

How can the State assure adequate out-of-home placement and treatment services for children?

Given the existing shortage of resources, how should client needs be prioritized to determine who receives services or when services should end in order to serve a larger number of clients?

Should the state promote development of additional child placement resources within the State of Maine, even if the cost is greater than it would be to place in an out-of-state facility for education and treatment services?

SUMMARY #5C CONTINUED		ALL CHILD APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS					ALL CHILD SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Projected	Actual		
CHILDREN'S SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services		
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1987	June 30, 1985	June 30, 1986	June 30, 1987
STATE GENERAL FUND							Number of People Served and Units of		
Child Welfare	1322.1	\$ 4,021,000	\$ 4,086,000	\$ 5,278,000	\$ 5,542,000	\$ 5,764,000	Services (Duplicated)		
Title XX Social Serv.	1307.3	4,833,000	10,625,000	11,055,000	11,608,000	12,188,000			
Aid to Charitable Institutions		284,000	284,000	284,000	284,000	284,000			
Regional Admin.		836,000	1,125,000	1,287,000	1,351,000	1,419,000			
OW AFDC Foster Care	1320.8	1,758,000	1,436,000	1,411,000	1,700,000	1,700,000			
	1324.1	254,000	-0-	-0-	-0-	-0-			
STATE GENERAL FUND SUBTOTAL		\$ 11,988,000	\$ 17,556,000	\$ 19,315,000	\$ 20,485,000	\$ 21,355,000			
FEDERAL FUND									
Child Abuse & Neglect	3320.1	\$ 119,000	\$ 40,000	\$ 412,000	\$ 300,000	\$ 300,000			
Child Welfare IV-E	3320.8	3,545,000	4,164,000	4,203,000	4,500,000	4,800,000			
Child Welfare IV-B	3322.1	1,004,000	1,243,000	1,254,000	1,254,000	1,254,000			
Title XX Soc. Ser. 8307.3/8324.1		4,872,000	8,368,000	8,814,000	8,814,000	8,814,000			
Regional Admin.		1,204,000	1,733,000	1,867,000	1,960,000	2,058,000			
FEDERAL FUND SUBTOTAL		\$ 10,844,000	\$ 16,548,000	\$ 18,550,000	\$ 16,828,000	\$ 17,226,000			
GRAND TOTAL CHILDREN'S SERVICES.							2,853 CHILDREN	2,886	2,768
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 22,830,000	\$ 34,102,000	\$ 35,865,000	\$ 37,313,000	\$ 38,581,000	8,707 FAMILIES	8,889	8,668
60%							21,238 **	21,533	18,203
Children's Can. Off. Admin.	1320.1	\$ 814,000	\$ 1,200,000	\$ 1,345,000	1,412,000	1,483,000			
CHILDREN'S SERVICES SUBTOTAL		\$ 23,644,000	\$ 35,302,000	\$ 37,210,000	\$ 38,725,000	\$ 40,064,000			

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

Case Study - Review						57,760 hrs.	58,455 hrs.	53,202 hrs.
Case Supervision - Management						84,059 "	89,234 "	87,841 "
Individual Counseling						2,581 "	2,843 "	3,566 "
Group Counseling						1,159 "	744 "	580 "
Advocacy						1,687 "	1,587 "	1,830 "
Preparation and Placement						6,786 "	8,400 "	8,315 "
Court Social Services						18,543 "	18,830 "	18,529 "
Residential Treatment	\$ 968,087	\$ 1,600,000	\$ 1,824,428	\$ 2,190,689	\$ 2,300,000	16,060 days	28,608 days	27,600 days
Group Homes			1,477,626	1,675,956	1,780,000	24,798 "	23,848 "	33,845 "
Emergency Shelter			285,318	271,013	258,000	6,950 "	5,176 "	4,471 "

\*\*Total clients served using 2.1 average family size.



## SUMMARY #50 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. 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 Exploration and Training (JET) Program replaces the Job Search Project (JSP) which expired on March 30, 1987 - Food Stamp recipients in Maine are in need of education, training, support services and job search assistance in order to improve their employability and enable them to become economically self-sufficient.

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

- A. Offer services to young high risk families. Reduce the incidence of child abuse and neglect and promote self-sufficient families.
- B. WEET & JET: Services provided through five regional offices, and through coordination with other agencies, to enable AFDC and Food Stamp recipients to find and keep jobs leading to maximum self-sufficiency, minimum welfare dependence, and a better quality of life.

3. SERVICES PROVIDED.

- A. Assessment and linkages to educational, employment and social services.
- B. WEET & JET: Employment, training and supportive services, including: assessment, counseling, employability development, service referrals, job search and job development, remedial and vocational education, child care and transportation assistance.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting teens in Maine.
- B. WEET & JET: 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. JET: Food Stamp recipients who volunteer for the program or are mandated by the Food Stamp Act to register and who are in greatest need of service.

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 in regard to electronic resource directory and other integration issues.
- B. WEET & JET have working agreements and/or coordinate 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? Should case management be expanded to other target groups? Can we replace federal demonstration dollars? 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?
- B. Additional state funding support is needed to improve and expand services to AFDC recipients and to match federal funds provided for recipient services.
- C. How can these programs best adapt to promote ASPIRE - Maine's welfare reform proposal?

SUMMARY #50 CONTINUED		ALL FAMILY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL FAMILY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS					
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected			Actual				
FAMILIES AT HIGH RISK PROGRAM		Expenditures	Expenditures	Expenditures			Services				
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	6/30/85	6/30/86	6/30/87	6/30/88	6/30/89
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)				
A. Family Services	1307.3	\$ 276,000	\$ 287,000	\$ 503,884	\$ 529,000	\$ 556,000		823	787 families		
B. WEET	1318.3	871,493	749,341	1,555,219	1,638,181	1,565,271	2,898	4,245	3,341	3,315	3,380
STATE GENERAL FUND SUBTOTAL		1,047,493	1,036,341	2,059,083	2,146,181	2,085,271					
FEDERAL FUND											
A. Family Services	3320.1	0	87,495	\$ 210,546	* 300,000	0					
B. WEET	3318.3	1,555,777	1,351,868	887,888	1,873,013	1,274,902					
Job Search Project	3318.3	210,572	85,842	208,082	343,000	343,000					
FEDERAL FUND SUBTOTAL		2,733,733	2,575,003	1,307,834	2,316,013	1,617,802					
GRAND TOTAL FAMILIES AT HIGH RISK											
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 3,781,228	\$ 3,811,344	\$ 3,388,717	\$ 4,462,174	3,703,173					
Families High Risk Con. Off. Adm.											
FAMILY AT HIGH RISK SUBTOTAL											
TYPES OF SERVICES TO FAMILIES AT HIGH RISK RENDERED BY THE DEPARTMENT OF HUMAN SERVICES											
A. Family Services						Actual Services					
Case Supervision/Management						4,839 hours		June 30, 1986		June 30, 1987	
Counseling						785 hours		823 families		787 families	
Advocacy						289 hours					
Court Social Services						18 hours					
Case Study - Young AFDC Families						2,732 hours					
Preparation and Placement						1 hour					
B. WEET											
Child Care	\$ 250,000	\$ 178,610	\$ 238,222			Actual FY'87	Projected FY'88	Projected FY'89			
Food, clothing, fuel, housing	10,000	5,895	12,032			7,098 people	10,055 people	8,845 people			
Transportation	125,000	137,545	188,188								
Institutional education & training	85,000	85,050	135,507								
Medical (dental & eye care)	35,000	15,102	28,075								
Grants	25,000	58,750	152,823								
Miscellaneous	105,000	86,378	78,278								
TOTAL TYPES SERVICES											
RENDERED BY ONE STATE AGENCY	\$ 645,000	\$ 568,428	\$ 809,205			* Third year funding not yet awarded.					

\* Third year funding not yet awarded.

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

- A. 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.
- B. Refugees in Maine who are in need of assistance in order to aid their successful settlement.

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

- A. 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.
- B. Through the prudent provision of social services, cash and medical assistance as needed to promote the ability of refugees to reach economic self-sufficiency is enhanced by [1] removal of barriers to refugee employment; [2] providing English language training so that all employable refugees have survival level language skills; [3] providing assistance to refugees in search of employment; [4] reducing the refugees' reliance on cash and medical assistance by enhancing their employability.

3. SERVICES PROVIDED.

- A. 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.
- B. English language training, employment services (job counseling, job development, vocational training and job placement), foster care to unaccompanied refugee minors, cash assistance, medical assistance, support services (interpreters, driver education, day care).

4. PRIORITIES FOR SERVICE.

- A. 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).
- B. Newly arrived refugees and cash assistance recipients.

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	Projected	Actual	
PURCHASED SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1985		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1985	June 30, 1986
							June 30, 1987	
STATE GENERAL FUND							Number of People Served and Units of	
							Services (Duplicated)	
1324.1	\$ 6,654,000	\$ 2,613,000	\$ 3,522,000	\$ 3,698,000	\$ 3,683,000			
STATE GENERAL FUND SUBTOTAL	\$ 6,654,000	\$ 2,613,000	\$ 3,522,000	\$ 3,698,000	\$ 3,683,000			
FEDERAL FUND								
Refugee Resettlement***	3320.4	\$ 1,555,777	\$ 1,351,888	\$ 1,147,234	\$ 781,500	\$ 731,000	481	858
Child Welfare Title 4B	3322.1	203,000	98,000	172,000	80,000	80,000		537 clients
Soc. Svs. Block Grant	8324.1	2,935,000	9,368,000	8,814,000	8,814,000	8,814,000		
FEDERAL FUND SUBTOTAL		\$ 4,693,777	\$ 10,813,888	\$ 10,133,234	\$ 9,675,500	\$ 8,625,000		
OTHER FUNDS								
Local		\$ 1,728,000	\$ 2,173,000	\$ 2,200,000	\$ 2,200,000	\$ 2,200,000		
OTHER FUNDS SUBTOTAL		\$ 1,728,000	\$ 2,173,000	\$ 2,200,000	\$ 2,200,000	\$ 2,200,000		
GRAND TOTAL PURCHASED SERVICES								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 13,075,777	\$ 15,598,688	\$ 15,855,234	\$ 15,573,000	\$ 15,708,000	28,000 people	24,708 people
Purchased Serv. Con. Off. Admin.		471,000	607,000	610,000	\$ 641,000	\$ 673,000		23,219 people
PURCHASED SERVICES TOTAL		\$ 13,546,777	\$ 16,208,688	\$ 16,465,234	\$ 16,214,500	\$ 16,381,000		
TYPES OF PURCHASED SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES								
Services to Blind		\$ 40,000	\$ 54,000	\$ 53,000	\$ 53,000	\$ 53,000	2,446 hours	2,275 hours
Services to Deaf		36,000	37,000	38,000	36,000	36,000		2,400 hours
Day Care for Children		3,335,000	3,732,000	4,011,000	4,038,000	4,164,000	74,291 weeks	69,974 weeks
Family Crisis Services		376,000	591,000	787,000	772,000	777,000		70,301 weeks
Homemaker-Homebased Services		1,920,000	2,228,000	2,079,000	2,093,000	2,107,000	200,175 hours	200,175 hours
							Meals/Hours:	184,875 hours
Nutrition Svcs/Adult Day		408,000	415,000	417,000	420,000	423,000	104,150/15,067	145,321/15,289
Residential Services		255,000	345,000	433,000	436,000	439,000	7,573 days	105,151/16,573
Family Planning**		792,000	828,000	889,000	875,000	881,000		8,876 days
Support Services		1,089,000	2,114,000	2,018,000	2,032,000	2,046,000	33,170 hours	37,721 hours
							Miles/Trips:	25,916 hours
Transportation		1,049,000	1,234,000	1,387,000	1,396,000	1,405,000	2,485,168/	2,595,590/
Other		492,000	431,000	437,000	441,000	446,000	64,124	15,885
*TOTAL TYPES OF PURCHASED SERVICES								5,914
RENDERED BY ONE STATE AGENCY		\$ 9,792,000	\$ 12,009,000	\$ 12,508,000	\$ 12,592,000	\$ 12,777,000		

\*Does not include local funds

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\*\*Includes expenditures reported on p.48.

\*\*\*Previously included as part of Family at High Risk Programs. The Family Service and Welfare, Employment, Education and Training (WEET) Programs transferred to the Office of Rehabilitation and Income Maintenance.

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 58,830 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; to reduce economic and social barriers, and to provide a continuum of care for vulnerable elderly at risk of institutionalization. This is accomplished by making available programs which include a full range of health, education and social services to older persons in need, with priority for those in greatest economic and social need. The Bureau works with the advice of the Maine Committee on Aging to develop 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, and, through a contract with the Maine Committee on Aging, complaint investigation on behalf of nursing home, boarding home and home care clients.

4. PRIORITIES FOR SERVICE.

- a) age 60 or over
- b) greatest social need
- c) greatest economic need

5. INTER-DEPARTMENTAL COORDINATION.

Joint planning group with Bureau of Mental Retardation.  
Mental Health Task Force with Department of Mental Health and Mental Retardation.  
Promoting Older Workers with Department of Labor.

6. POLICY ISSUES.

Renew Medicaid Waiver for Elderly.  
Revise Bureau of Maine's Elderly funding and grants management procedures.  
Plan for comprehensive needs assessment.  
Improve coordination with and optimize resources available for Long Term Care.

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		
ELDERLY SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Actual Services	
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1986	June 30, 1987
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
Congregate Housing	1327.1	80,023	181,834	\$ 299,865	\$ 301,275	Job Training/Empl.	186 175
Home Based Care	1320.5	3,014,989	3,495,302	3,665,842	4,055,762	Nutrition	8,600 17,144
BME Admin.		115,718	143,883	182,401	209,155	S.C.S. Employment Program	86 86
AAA Admin.		295,227	308,125	285,567	300,000	Congregate Housing	112 169
PSSP		385,280	368,920	372,948	400,000	Foster Grandparents Program	140 140
Housing Services		45,129	52,104	61,408	64,451		
Adult Day Care/In-Home Services		176,982	30,079	100,000	100,000	Social Services	
Legal Services	1327.1	88,700	83,700	85,559	136,700	Outreach	12,464 8,355
Ombudsman	1327.1	7,700	10,400	0	0	Transportation	6,000 3,575
Boarding Home Assessment		25,000	0	0	0	Homemaker	70 258
Foster Grandparents		16,000	17,000	17,000	17,000	Home Health Aide	470 1,248
Volunteers Program		0	45,000	58,895	60,000	Personal Care Assistant	470 510
Gramm-Rudman Replacement Funds - Case Management			111,830	37,278	0	Occupational Therapist	10 0
State Share C.O. Admin		11,583	8,422	6,813	7,500	Physical Therapist	
STATE GENERAL FUND SUBTOTAL		\$ 4,262,271	\$ 4,864,808	\$ 5,185,678	\$ 5,651,843	Chore	100 30
FEDERAL FUND						Home Repair	367 191
OAA - Planning and Admin.		299,854	316,882	273,237	300,000	Legal	1,600 2,015
OAA - Nutrition		2,054,498	1,822,715	2,055,826	2,544,132	Adult Day Care Services	205 250
Social Services		1,277,543	1,276,278	1,357,150	1,320,077	Employment	1,400 728
Advocacy Assistance		54,288	102,483	70,311	65,494	Care Management	2,200 3,035
Training & Education		40,486	53,507	38,824	46,379	Home Based Care Over 60	1,070 1,333
Senior Employ. Prog 3327.1		410,147	398,482	400,834	418,054	Home Based Care Under 60	65 35*
JPTA		104,521	13,817	0	0		
Channelling	3327.1	282,332	0	0	0	TOTALS	35,845 40,113
Home Equity Conversion		13,591	0	0	0		
USDA		595,629	485,402	643,448	600,000	* For six months only; served by Bureau of Rehabilitation as of 1/87	
Alzheimers		0	130,601	122,255	0		
AHEC		0	483	0	0		
Foster Grandparents Program		204,772	197,878	220,724	197,210		
Federal Share C.O. Admin.		34,751	19,265	20,439	22,500		
FEDERAL FUND SUBTOTAL		\$ 5,372,420	\$ 4,887,351	\$ 5,203,050	\$ 5,513,846		
3327.1; 4327.1; 9324.1 contribute to the above							
GRAND TOTAL ELDERLY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 9,634,691	\$ 9,752,160	\$ 10,389,728	\$ 11,154,335		

OAA = Older American's Act  
BME = Bureau of Maine's Elderly

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 SERVICES

1. PROBLEM STATEMENT - Approximately 72,284 Maine people between 18 and 84 have a handicapping condition interfering with employment. Approximately 53,108 are severely handicapped. Physical or mental disabilities which will usually qualify an individual as being severely handicapped include disabilities resulting from amputation, arthritis, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, respiratory dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, stroke, spinal cord injury, epilepsy or any other disability or combination of disabilities which will cause similar vocational limitations to the person.
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 works 1) to continue placing emphasis on vocationally oriented services which will render disabled clients employable; 2) to emphasize use of all available similar benefits to which applicants/clients are entitled; 3) to emphasize placement of clients in earliest possible suitable employment to reduce costly training and maintenance services; 4) to seek commitment of employer in both the public and private sector for training and placement programs for the handicapped; 5) to develop disease/injury prevention and education programs. The Bureau is expanding its perspective beyond the traditional vocational rehabilitation concerns with employability. The Bureau of Rehabilitation is 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 and supported employment.
3. SERVICES PROVIDED - The following services are provided through individual case management, including 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. Supported employment opportunities are expanded for the most severely disabled.
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. Services to school aged youth who are in transition from school to employment will be emphasized. Supported employment opportunities for the most severely disabled will be expanded.
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. Similar state agencies are also working constructively on service issues relating to mental health and mental retardation.
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. Expanding services to head injured people and expanding supported employment opportunities for the most severely disabled also create needs to formulate new policy relating to the most severe disabilities.

SUMMARY #56 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	Projected	Actual	Projected		
REHABILITATION SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services	Services		
Year Ending: June 30, 1985		June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	8/30/85	8/30/86	8/30/87	8/30/88	9/30/89
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)			
Rehab. Administration	1325.1	\$ 208,788	\$ 152,229	\$ 303,346	\$ 318,510	\$ 334,430				
Voc. Rehabilitation	1325.2	1,449,882	1,413,461	1,828,174	1,917,480	2,013,350				
STATE GENERAL FUND SUBTOTAL		\$ 1,658,680	\$ 1,566,890	\$ 2,129,520	2,235,990	2,347,780				
FEDERAL FUND										
Rehab. Administration	3325.1	\$ 591,826	\$ 676,840	\$ 768,833	\$ 807,270	\$ 847,630				
Voc. Rehabilitation	3325.2	5,813,122	8,404,570	8,512,885	8,938,530	9,385,455				
FEDERAL FUND SUBTOTAL		\$ 6,204,948	\$ 7,081,210	\$ 9,281,718	8,745,800	10,233,085				
OTHER FUNDS										
Rehab. Administration	4325.1	\$ 102,000	\$ 63,636	\$ 179	\$ 189	\$ 200				
Voc. Rehabilitation	4325.2	322,000	121,583	81,808	86,400	101,220				
OTHER FUNDS SUBTOTAL		\$ 424,000	\$ 185,229	\$ 81,987	86,588	101,420				
GRAND TOTAL REHAB. SERVICES										
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 8,827,628	\$ 8,833,128	\$ 11,503,225	\$ 12,078,378	\$ 12,682,285	7,424	7,795	6,574	8,903
Rehabilitation Cen. Off. Admin.										
PURCHASED SERVICES SUBTOTAL		\$ 8,287,628	\$ 8,833,128	\$ 11,503,225	\$ 12,078,378	\$ 12,682,285				
<sup>1</sup> Combined Bureau Administration and Central Office Administration.										
TYPES OF REHABILITATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES						Duplicated Count				
Diagnostic & Evaluation		\$ 405,284	\$ 341,720	\$ 585,239	\$ 635,000	656,250	5,976	4,836	4,492	4,717
Total Restoration		131,188	430,674	612,444	643,086	675,220	2,168	1,972	1,612	1,693
Training A. College & University		25,275	84,853	271,002	284,552	298,780	516	488	530	556
B. Business & Trades		47,225	28,748	86,702	70,037	73,540	184	155	159	167
C. Personal & Voc. Adjust			841,264	1,318,364	1,384,285	1,453,500	80	1,085	1,224	1,306
D. All Other		104,484	150,484	78,728	82,664	86,800	532	268	357	375
E. Total Training		178,586	1,113,450	1,734,888	1,821,538	1,912,620	1,548	2,004	2,280	2,404
Counseling and Placement Only							236	233	244	256
Maintenance		78,148	213,007	364,816	383,080	402,210	1,033	759	950	898
Post Employment				18,599	18,590	21,860	108	87	188	203
All Other		146,897	153,827	796,830	836,670	878,505	2,397	2,122	2,208	2,318
Regional Administration		792,190	2,307,722	3,568,956	3,747,405	3,934,780	N/A	N/A	N/A	N/A
TOTAL TYPES OF SERVICES										
RENDERED BY ONE STATE AGENCY		\$ 1,730,093	\$ 4,560,200	\$ 7,889,910	8,075,329	8,478,445	13,454	12,024	11,994	12,589



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

We estimate that Maine has 7,000 deaf and severely hearing impaired people. Approximately 2,500 citizens are blind and 5,000 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. It is important to provide services to preschool and school age children and their parents so that the blind, visually impaired, deaf, and hearing impaired can develop as normally as possible. 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 people with special physical characteristics are designed to allow blind, visually impaired, deaf, and hearing impaired children to receive appropriate education, keep them functioning at grade level, allow them to 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 indigent people are provided to 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 academic/developmental 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, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	9/30/85	8/30/86	8/30/87	8/30/88	9/30/89
STATE GENERAL FUND							Number of People Served and Units Of Services (Duplicated)			
Administration	1325.1	\$ 114,414	\$ 83,068	\$ 15,360	\$ 19,180	\$ 21,100				
Voc. Rehabilitation	1325.2	524,847	392,359	316,185	350,970	386,060				
Division of Eye Care	1325.4	586,791	598,584	859,210	682,170	740,622				
Medical Eye Care	1318.1	342,600		222,823	451,000	451,000				
WEET	1318.3	671,493	749,341	1,559,219	1,636,161	1,565,271				
STATE GENERAL FUND SUBTOTAL		\$ 2,240,145	\$ 1,821,350	\$ 2,772,787	\$ 3,149,481	3,164,053				
FEDERAL FUND										
Division of Eye Care	3325.4	\$ 480,852	\$ 212,823	\$ 442,480	\$ 464,604	497,130				
WEET	3318.3	210,572	85,842	1,097,025	2,018,013	1,817,802				
Family Services Ad	3320.1	?	?	126,259	470,000	50,257				
FEDERAL FUND SUBTOTAL		\$ 671,424	\$ 298,665	\$ 1,665,764	493,500	2,165,289				
OTHER FUNDS										
Vending Stand	4325.4	\$ 11,290	\$ -0-	\$ 8,593	10,000	11,000				
OTHER FUNDS SUBTOTAL		\$ 11,290	\$ -0-	\$ 8,583	10,000	11,000				
GRAND TOTAL SPEC. PHYS. SERV.										
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 2,922,859	\$ 2,210,015	\$ 4,447,144	3,652,981	5,340,342	2,287	1,757	1,842	1,934 2,030
Special Phys. Char. Can. Off. Adm.										
SPECIAL PHYSICAL CHAR. SUBTOTAL		\$ 2,922,859	\$ 2,120,015	\$ 4,447,144	3,652,981	5,340,342				
TYPES OF SERVICES RENDERED TO PEOPLE WITH SPECIAL PHYSICAL CHARACTERISTICS BY THE DEPARTMENT OF HUMAN SERVICES										
Eye Care Pre-School		\$ 39,975	\$ 24,449	\$ 13,015	13,960	14,874	70	64	80	84 88
Educ. of Blind Child		524,865	384,416	539,776	578,974	621,019	160	134	164	172 181
Soc. Serv. Older Blind		18,683	178,136	109,186	117,115	125,620	14	12	8	8 8
Voc. Rehab. Blind		441,571	221,408	311,800	334,440	358,720	974	723	678	712 748
Medical Eye Care		335,258	226,861	222,823	451,000	451,000			N/A	N/A N/A
TTY		33,816	27,742	22,915	24,580	26,360	86	88	80	85 89
Personal Care Attendant		154,898	112,272	180,010	203,800	218,800	18	15	27	28 29
Independent Living Services		98,640	81,899	172,235	184,740	198,154	-	43	282	296 311
Serv. to Hearing/Speech Impaired		431,145	224,364	296,644	311,747	334,380	947	680	523	549 576
WEET		645,000	568,428	1,179,835	1,265,500	1,357,390				
ALL Other Gen. VR		2,601,118	2,627,089	2,653,319	2,845,970	3,052,600	-	-	-	-
TOTAL TYPES OF SPEC. PHYS. SERVICES										
RENDERED BY ONE STATE AGENCY		\$ 5,324,869	\$ 4,858,582	\$ 5,711,558	6,331,826	6,758,817	2,287	1,757	1,842	1,934 2,030

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

- A. Handicapped 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 28,000 pregnant women, children and newborns receive genetic screening and services.
- C. Public Health Nursing Program: geographic isolation and/or low income or knowledge deficit 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	Projected	Actual	
CHILD AND FAMILY HEALTH		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1985		June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	Sept 30, 1986	Sept 30, 1987	
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)	
By Name		\$	\$	\$	\$			
1310.1								
1316.1								
Handicapped/Crippled Children (1316.1710)		489,840	366,511	321,038	398,000	396,000	1,869	2,000 clients
Genetic Diseases		78,813	102,186	204,888	133,780	126,780	27,888	30,830 visits
Public Health Nursing		1,499,306	1,530,856	1,318,714*	1,683,721	1,852,093	b	18,000 visits
1310.1								4,800 clients
MCH Grants & Services			1,170,564	1,858,810	1,672,000	1,872,000	9,200	10,000 clients
Medical Eye Care		366,551	232,101	222,823	638,000	638,000	2,700	2,200 clients
1316.1800 =								
1316.1040 =								
STATE GENERAL FUND SUBTOTAL		\$ 2,434,510	\$ 3,402,018	\$ 3,728,161	\$ 4,521,501	\$ 4,882,873		
FEDERAL FUND	9317.2&9317.4							
By Name	9317.8&9317.7	\$ 650,000	\$ 650,000	\$ 629,243	800,000	800,000		
MCH Grants & Services	9317.6							
Handicapped/Crippled Children		481,393	864,181	841,048	680,000	680,000	1,869	2,000 clients
Genetic Diseases		216,500	165,000	87,120	171,197	171,187		
Public Health Nursing		515,012	583,742	853,077	939,385	1,032,233	b	8,000 visits
9317.6 & 9317.7								2,400 clients
Clearinghouse		80,500	85,083					
Well Child Clinic		37,924	40,630	39,238	43,180	47,476	b	6,935 visits
								5,067 clients (est.)
FEDERAL FUND SUBTOTAL		\$ 1,981,329	\$ 2,198,816	\$ 2,249,724	\$ 2,632,742	2,730,906		
GRAND TOTAL CHILD & FAM. HEALTH.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 5,255,725	\$ 6,881,878	\$ 5,975,875	\$ 7,154,243		a. Decrease partially due to transfer of Health Station from DPHN in July 1988	
Health Cen. Off. Adm. (Apportioned)		82,100	82,100	82,100	82,100			
CHILD & FAMILY HEALTH SUBTOTAL		\$ 5,347,825	\$ 6,773,978	\$ 6,067,975	\$ 7,246,343		b. Not available.	

TYPES OF CHILD AND FAMILY HEALTH SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

1. medical specialty, diagnostic and treatment services	1,800	2,000
2. Newborn screening, AFP screening, fragile & screening counseling, services for children with hemophilia, pedigree analysis, laboratory testing, referral, diagnosis, case management	27,869	30,630
3. counseling, health assessment, immunizations, epidemiology, referral, monitoring treatment services	10,000	10,000
4. Public Health Nursing/Community Health Nursing services; well child clinics; school health services; specialty clinics, [handicapped children, tuberculosis]; health education/counseling re. management of health problems, parenting.	9,200	10,000

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, nursing and non-nursing mothers of 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 assist individuals with nutrition related disorders and nutritional deficiencies by providing specific WIC foods and nutrition education.

3. SERVICES PROVIDED.

- A. Early prenatal care and support services until at least two years after delivery are provided in 8 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 80% 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.

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	Projected	Actual		
HEALTH CARE REL. TO PREGNANCY		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services		
		Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	Sept 30, 1985	Sept 30, 1986	Sept 30, 1987
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)		
Family Planning	1311.3	\$ 227,765	\$ 222,765	\$ 384,731	\$ 644,731	\$ 694,731			
Family Planning & Community Education & Information (CIG)				48,000	48,000	48,000			
STATE GENERAL FUND SUBTOTAL		\$ 227,765	\$ 222,765	\$ 442,731	\$ 692,731	\$ 742,731			
FEDERAL FUND									
Family Planning		652,440	668,800	668,800	668,800	668,800	32,500	32,500	33,000 clients
Family Planning Information & Education		165,375	165,360	181,740	181,740	181,740	24,000	25,000	21,000 clients
WIC	3310.2	\$ 7,689,726	\$ 8,139,283	\$ 8,580,335	\$ 8,580,335	\$ 8,580,335	218,045	222,884	227,318
Social Serv. Block Grant 8324.1									"client slots"
Adolescent Pregnancy 9317.8/9317.6		200,000	200,000	375,000	361,800	386,800	1,438	1,500	1,500
FEDERAL FUND SUBTOTAL		\$ 8,707,541	\$ 9,173,463	\$ 9,805,875	\$ 9,792,875	\$ 9,817,675			
GRAND TOTAL HEALTH REL. PREGNANCY									
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 8,935,306	\$ 9,396,228	\$ 10,248,806	\$ 10,485,406	\$ 10,560,406			
Health Can. Off. Adm. (Apportioned)		37,524	37,524	37,524	37,524	37,524			
HEALTH CARE REL. PREG. SUBTOTAL		\$ 8,972,830	\$ 9,433,752	\$ 10,286,130	\$ 10,522,930	\$ 10,597,930	273,981	281,884	282,818
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		\$ 1,045,580	\$ 1,056,945	\$ 1,283,271	\$ 1,543,271	\$ 1,593,271	56,500	57,500	54,000 clients
Adolescent Pregnancy Coalition - early prenatal care and support services		200,000	253,000	375,000	361,800	386,800	1,436	1,500	1,500 clients
WIC - Food and nutrition education		6,325,332	6,661,810	6,997,639	6,997,639	6,997,639	216,045	222,894	227,318 client slots
TOTAL TYPES HEALTH REL. PREGNANCY RENDERED BY ONE STATE AGENCY		\$ 7,570,912	\$ 7,971,755	\$ 8,665,910	\$ 8,902,710	\$ 8,997,710	273,981	281,894	282,818

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 are provided in conjunction with medical care, and are planned 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 serves 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 - Provides 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 medical expenses. Drugs for Elderly - To provide life sustaining drugs to the disadvantaged elderly ineligible for Medicaid.
4. Boarding Home Care - Provide personal care or rehabilitative services to dependent adults. PHP - Inform eligible families about benefits of preventive health at the time of eligibility and according to a 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, occupational therapy.
3. ICF - Nursing care for clients classified as requiring ICF-level care. CI - limited to ambulance, some dental, skilled nursing facility services, lab services, medical supplies and equipment, pharmacy, physical therapy, and physician services. Drugs for the Elderly - Life sustaining drugs for diabetes, hypertension, cardiac problems, and arthritis. Reimbursement for insulin syringes was also added.
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 found ineligible 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 ongoing issue. The Department of Human Services 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 Program

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		
						June 30, 1986	June 30, 1987	
Year Ending: June 30, 1985		June 30, 1986	June 30, 1987	June 30, 1988	Number of People Served and Units of Services (Duplicated)			
STATE GENERAL FUND								
Health Accts. Med. Care(1)	1318.1	\$ 1,846,828	\$ 2,157,018	\$ 2,709,847	\$ 2,716,357			
Medicaid	(2)	1318.1	35,747,438	40,845,139	45,679,687	53,844,833	142,148	136,145
ICF Care	(3)	1318.3	30,968,705	33,376,683	36,363,807	44,844,279	9,571(1)	9,448(1)
Catastrophic Ill. Program	1318.2		997,559	172,618	108,228	57,809	86	270
Drugs for ME's Elderly	1327.2		1,723,772	1,803,624	2,081,383	3,039,844	21,485#	17,770#
Boarding Home Care	(4)	1319.7	11,705,124	12,356,587	12,814,411	13,880,656	2,175	2,125
RHP** (Administration)	1315.1		782,267	881,109	883,658	936,677	50,000*	46,600*
Medicaid Gen. Administration	1315.1		2,413,368	2,827,483	3,071,693	3,479,269		
STATE GENERAL FUND SUBTOTAL			86,185,080	94,520,272	103,892,915	122,999,824		
FEDERAL FUND								
Medicaid-CN-MN-FP	(2)	3318.1	86,491,477	88,361,532	109,187,208	112,141,683		
ICF Care	(3)	3318.3	81,018,033	89,879,670	89,728,523	93,430,864		
RHP** (Administration)	3315.1		782,267	814,003	867,832	1,026,009		
Medicaid Gen. Administration	3315.1		4,082,389	4,620,739	5,018,840	6,082,826		
TRANSPORTATION - BSS***[5]	3315-1890		271,704	123,053	N/A	N/A		
TRANSPORTATION - BME	(5) 3315-1891		72,216	37,829	N/A	N/A		
FEDERAL FUND SUBTOTAL			172,716,086	183,936,825	204,902,501	212,681,281		
GRAND TOTAL REL. MEDICAID SERVICES								
ONE DEPT'S ALL SOURCES OF FUNDS			\$237,328,952	\$258,901,148	\$308,585,418	\$335,691,105		
(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 18 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.								
# Previous Calendar Year								
[1] Previous Federal Fiscal Year								

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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 with respect to human dignity.

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. Develop integrated telephone subsidy program with Public Utilities Commission, Division of Community Services, and telephone companies.

5. POLICY ISSUES.

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

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. A monthly subsidy is planned for 1988.

## SUMMARY #5L CONTINUED

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	Projected		Actual	Projected
INCOME SUPPLEMENTAL PROGRAMS	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		Services	Services
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989		6/30/86	6/30/87
Central Office - Administrative - Grant Costs -						General Assistance	Total Cases Reported	
1318.1 AF/FS/QC/GA	\$ 1,828,502	\$ 2,290,252	\$ 2,385,840	\$ 2,895,281	\$ 2,745,573	Municipalities	71,700	64,840
1319.1 AFDC Grants	18,448,803	22,047,468	23,489,317	28,848,502	27,083,210	Unincorporated		
1319.3 G.A. Payments	7,500,000	6,690,843	6,912,875	8,950,000	7,350,000	Townships	880	982
1319.7 SSI State Support	11,181,290	12,356,597	12,814,411	13,880,542	14,822,080			
1307.4 AFDC-Reg. Adm.	2,385,534	3,029,881	5,240,180	5,122,938	5,339,355	Emergency Assistance		
1307.4 Food Stamps Reg. Adm.	2,328,851	4,782,808				Title IV-A Requests:	6,897	6,851
1307.4 Medical Assistance Reg. Adm.	1,296,685	1,422,572	1,204,072	1,155,755	1,172,054	Grantees:	3,528	3,431
STATE GENERAL FUND SUB-TOTAL	\$ 44,979,865	\$ 52,820,301	\$ 52,046,805	58,852,998	58,292,252	SELU		
						Welfare Cases	31,186	31,822
						Non-Welfare Cases	10,285	11,000
FEDERAL FUND - Grant Costs						Amt. Collected Welfare	\$12,518,008	\$15,888,171
3318.1 (AF/FS/QC-C.O.)	\$ 3,306,050	\$ 3,975,133	\$ 4,842,421	\$ 5,353,845	5,388,585	Amt. Coll. Non-Welfare	\$ 4,625,878	\$ 7,789,352
3319.1 AFDC Grants	45,586,171	54,898,594	52,198,132	60,853,402	62,378,016			
3307.4 Food Stamps Grants	62,080,260	58,288,000	51,780,420	45,670,753	58,000,000	AFDC* Cases:	18,080	18,877
3307.4 AFDC Reg. Adm.	2,385,534	3,028,881	464,414	754,840	750,000	Recipients:		53,871
3307.4 Food Stamps, Reg. Adm.	2,328,850	4,782,808	5,188,177	5,213,584	5,282,883	AFDC* Unemployed Parent		
3307.4 Medical Assistance Reg. Adm.	1,296,685	1,422,572	1,346,838	1,382,892	1,404,337	Food Stamps**		
FEDERAL FUND SUB-TOTAL	\$116,983,650	\$127,397,888	\$120,251,028	\$119,229,116	\$133,208,931	Cases:	46,286	43,614
						F.G. Avg. No.		
						Recipients Monthly	114,428	103,178
4318.1 Central Office SELU						Medicaid*** Cases:	62,800	53,473
Special Revenue	424,538	828,345	789,463	817,119	960,078	Recipients:	110,000	83,175
FINAL TOTAL	\$162,388,053	\$180,646,514	\$173,087,086	\$178,799,233	\$192,457,282			

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

<sup>1</sup> Medicaid Payments to vendors are not included.

\*AFDC - Average monthly caseload

\*\*F.S. - Average monthly case count

\*\*\*Med. - Title 18 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 accessible 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	Actual	Projected	Projected	
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989		
STATE AND FEDERAL FUNDS						
DADAP Administration	\$ 67,342	\$ 63,328	\$ 71,263	\$ 74,160	\$ 77,413	The money figures in this section are approximations subject to changes. In Fiscal Year 1986, a cost allocation plan was developed for Fiscal Year 1988 and used provisionally for Fiscal Year 1987. Overall for the Department of Human Services the indirect cost is 8.8%. The current administrative cost rate by program area is:
Social Services Administration	1,567,175	1,778,406	1,892,823	1,969,920	2,059,723	
Maine's Elderly Administration	89,107	81,128	109,177	113,615	118,739	
Rehabilitation Administration	257,425	251,008	313,185	269,192	280,550	
Health Central Office Admin.	876,225	738,534	794,871	826,996	864,349	
Medicaid Central Office Admin.	887,331	829,861	1,089,823	1,133,943	1,185,061	
Income Supplementation	859,299	868,536	1,055,771	1,098,713	1,148,391	
Disability Determination Admin.	87,202	77,317	81,048	84,350	87,308	
TOTAL CENTRAL OFFICE ADMIN.	\$ 4,481,106	\$ 4,898,118	\$ 5,407,659	\$ 5,569,889	\$ 5,820,534	

Alcohol and Substance Abuse — 8.2%\*  
 Social Services — including Children's Services, Adult Services, Refugees, Purchased Services, Family Services — 8.2%  
 Rehabilitation — 4.2%  
 Elderly — 3.6%  
 Medical Services — 8.0%  
 Health — 7.8%  
 Disability Determination — 3.6%  
 Income Supplementation — 5.1%

\* Those programs in the Bureau of Health are 7.9%, but are the smaller portion.

The final rates for 1997 will be submitted to the Federal Department of Health and Human Services, Division of Cost Allocation for approval in May, 1998.

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 Control Services.

Commissioner, general administration, financial services, audit, data processing, data input, general state office, personnel, 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 serve 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 are 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	Projected Expenditures	Actual Services
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1985 June 30, 1987
STATE GENERAL FUND	\$ 400,000	\$ 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	\$ 400,000	
FEDERAL FUNDS						
16 (b) (2) (E&H Capital)	\$ 221,864	\$ 222,813	\$ 246,934	\$ 275,710	\$ 276,000	
Section 18 (Rural Subsidy)	697,648	766,005	775,280	803,024	722,722	
Section 9 (Urban Subsidy)	1,678,106	1,729,170	1,457,694	1,408,802	1,267,922	
FEDERAL FUNDS SUB-TOTAL	\$ 2,585,618	\$ 2,717,988	\$ 2,479,908	\$ 2,487,536	\$ 2,266,644	
TOTAL FEDERAL AND STATE FUNDS	\$ 2,985,618	\$ 3,117,988	\$ 2,878,908	\$ 2,887,536	\$ 2,686,644	





DEPARTMENT OF LABOR

1987 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 Maine Human Resource Development Council (MHRDC) Plan, the Private Industry Councils (PICs) that govern the two Service Delivery Areas (SDA) 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, 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 are under review by the Maine Human Resource Development Council. In addition, the growing problem of worker and the rapid growth of the service sector raise great need for policy and strategies that more closely align training and retraining efforts with economic development activities in the State.

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SUMMARY 6B CONTINUED: MAINE TRAINING INITIATIVE; ADMINISTRATIVE BY THE DEPARTMENT OF LABOR

1. PROBLEM STATEMENT.

Increasing needs among Maine's employers and workers cannot be met appropriately by programs under the Jobs Training Partnership Act (JTPA). Eligibility and program restrictions hamper the efforts of Private Industry Councils (PIC's) and their Service Providers. To increase funding and needed flexibility to this system, the Legislature passed L.D. 1275, AN ACT to Enhance the Job Training Partnership Act, also known as the Maine Training Initiative (MTI).

2. PURPOSES/GOALS/EXPECTED OUTCOMES.

The MTI provides for increased flexibility to Private Industry Councils in serving businesses and individuals in need of training assistance by making additional funds available, by targeting broader groups of individuals and businesses than under JTPA, and by allowing more varieties of services than under JTPA.

3. SERVICE PROVIDED.

Service provided includes all those mentioned above under JTPA.

4. PRIORITIES FOR SERVICE.

Priorities for service are listed in the text of L.D. 1275. They include service to the unemployed, low income individuals, the working poor, displaced workers, individuals with employment difficulties such as lack of advancement opportunities, individuals who face the threat of job loss, persons who are technically ineligible for JTPA and others with traditional barriers to employment. Priorities for service to employers include employers with job openings, employers who lack training resources, employers in expanding industries and employers who have durable occupations. Additional priorities are developed by individual Private Industry Councils.

5. INTER-DEPARTMENTAL COORDINATION.

Coordination with other organizations is achieved through ongoing cooperative agreements, both formal and informal, in place with each Private Industry Council, and by continuing oversight by the Maine Human Resource Development Council (MHRDC). Major targets for coordination include education agencies, MHRDC, economic development groups, Maine Job Service, and other employment and training agencies.

6. POLICY ISSUES.

L.D. 1275 is an outgrowth of concern over a changing economy and labor force and Maine's restricted employment and training resources. L.D. 1275 constitutes the State's direct involvement in employment and training through the JTPA system. The effect of this law on the system's capacities, and the effect of these capacities on the changing work force needs, remain to be evaluated by the Legislature and employment and training professionals.

## SUMMARY #68 CONTINUED

## JOB TRAINING PARTNERSHIP ACT, DEPARTMENT OF LABOR

	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services	
Year Ending:	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1985	June 30, 1986
<u>ALL FEDERAL FUNDS</u>					
Title II-A	\$ 8,542,410	\$ 7,382,852	\$ 6,900,638	5,282	4,995
Title II-B	3,885,580	3,047,333	2,478,101	3,030	1,963
Title III					
III-Formula	769,268	388,278	485,400	788	884
III-Discretionary	<u>906,451</u>	<u>1,054,825</u>	<u>230,000</u>	<u>483</u>	<u>849</u>
TOTAL FEDERAL FUNDS	\$ 13,903,709	\$ 11,852,889	\$ 9,872,139	9,543	8,471

Other related services provided by the Department of Labor:

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



MAINE STATE HOUSING AUTHORITY



## SUMMARY 6C: MAINE STATE HOUSING AUTHORITY

1. 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 barely doubled while housing costs more than tripled. The housing stock is the oldest in the nation. Many Maine people pay 35% or more of their income for housing. Affordability and availability create severe strains on Maine people's ability to obtain and maintain decent shelter.
2. MISSION - The Maine State Housing Authority (MSHA) is Maine's housing finance agency and local housing authority for those communities without an authority of their own. The purpose of MSHA is to provide lower interest loans for a wide variety of programs to help meet Maine's low and moderate income housing needs, and administer on behalf of the state federal housing programs.
3. SERVICES PROVIDED

Homeownership - Through proceeds from the sale of tax-exempt bonds and the State's HOME fund, the home purchase program provides lower interest rate mortgage loans to low to moderate income first-time homebuyers. Home Improvement and Energy Conservation loans are provided when funds are available either through bond sales or other federal programs. Most energy conservation programs have been financed from federal oil overcharge funds, while home improvement loans use tax-exempt bonds and the HOME Fund. With the Farmers Home Administration (FmHA), the MSHA offers a Rural Housing Preservation Grant to make improvements to homes of low-income people.

Multi-Family Programs - The Rental Loan Program uses MSHA tax exempt bonds and HOME funds to make low-interest mortgage loans for new rental housing. New low income rental housing also is provided through the MSHA/FmHA Rural Housing Program, which combines rental assistance from the MSHA HOME Fund with FmHA 1% mortgage loans. The Rental Rehabilitation Program is used to rehabilitate sub-standard rental housing for low-income tenants. Both a state and federal program are available. HOME Funds are used to reduce rents in the state program, while federal rental assistance certificates or vouchers are provided for units rehabilitated through the federal program. The MSHA has made available about 2,000 federal rental Certificates or Vouchers, which are used to provide rental assistance to low-income tenants in privately-owned apartments. Tenants with certificates or vouchers, and those living in units financed through the federal Section 8 New Construction and Moderate Rehabilitation programs pay no more than 30% of their income for housing. (The latter two programs are no longer adding new units.) The MSHA's New Housing Initiative Program provides grants or loans from the HOME Fund for innovative housing proposals, or to leverage other housing funds.

Special Housing Programs - The MSHA finances homeless shelters in the state from its HOME Fund. The PATH program was developed to use rental assistance certificates to provide longer term housing for the homeless. The MSHA uses bond financing to provide low interest rate mortgage loans for boarding care facilities for the developmentally disabled and the mentally ill. A special demonstration program is helping make homes and apartments more accessible for persons with disabilities. The MSHA finances congregate care units for the elderly.
4. PRIORITIES FOR SERVICE - Housing needs for low and moderate income persons.
5. INTER-DEPARTMENTAL COORDINATION
  - A. Congregate housing and accessory apartments in cooperation with the Bureau of Maine's Elderly.
  - B. Group homes for developmentally disabled in conjunction with Department of Human Services, Bureau of Health, Bureau of Mental Health, Bureau of Mental Retardation and Bureau of Rehabilitation..
  - C. Energy programs in conjunction with the Office of Energy Resources.
  - D. Comprehensive Homeless Assistance Plan with the Department of Human Resources, Bureau of Mental Retardation, State Planning Office, Department of Education and Department of Labor.
6. POLICY ISSUES.
  - A. More decent affordable housing.
  - B. Homelessness.
  - C. Rehabilitation for existing structures.
  - D. Housing for special need populations.

## SUMMARY #6C CONTINUED

## MAINE STATE HOUSING AUTHORITY — ALL APPROPRIATIONS, ALLOCATIONS, ALLOTMENTS

	Revenues Year Ending December 31, 1984	Revenues Year Ending December 31, 1985	Revenues Year Ending December 31, 1986
State Appropriated Income	\$ 2,000,000	\$ 0	\$ 0
<hr/>			
<u>Programs Offered by MSHA</u>			
	Cumulative Housing Funds Generated <sup>(1)</sup> Since MSHA Founded	Number of Units 1985 (Cumulative)	Number of Units 1986 (Cumulative)
1. Single-Family Purchase	\$550,000,000	13,785	14,185
Single-Family Home Improvement	10,394,164	1,831	1,831
2. Multi-Family Program (Federal Section Eight)			
New Construction/Substantial Rehabilitation	149,000,000	4,565	4,585
Moderate Rehabilitation	(2)	369	369
Existing Certificate	-0-	1,313	2,000
Rental Rehabilitation Program	6,500,000	707	960
3. Rental Housing Loan Program (Non-Section 8)			
New Construction/Substantial Rehabilitation	15,773,225	471	
Purchase/Improvement	610,000	34	
4. Community Housing Programs			
Homeless Shelters	1,119,000	85	170
Farmers Home S15 Rental Assistance	313,000		72
Small Projects Initiatives	1,164,000		81
Rural Housing Preservation Costs	279,000		60

(1) Does not include bond reserves.

(2) No estimate on amount of private loans generated.

(3) Includes 500 units in conjunction with the Rental Rehabilitation Program.



DEPARTMENT OF CORRECTIONS

1987 Social Services ReportSUMMARY 60: 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 #60 CONTINUED

## SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Projected Expenditures
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989
DEPARTMENT OF CORRECTIONS						
*Alcohol Services	\$ 235,266	\$ 219,976	\$ 267,143	\$ 370,698	\$ 515,713	\$ 543,887
**Community Correctional Services	939,840	1,035,740	1,304,461	1,528,152	2,338,178	2,328,826
Social Services	167,489	186,095	193,668	221,138	362,933	405,673
TOTAL	\$ 1,175,106	\$ 1,451,811	\$ 1,765,270	\$ 2,118,988	\$ 3,216,825	\$ 3,278,286
	Actual Expenditures 1984	Actual Expenditures 1985	Actual Expenditures 1986	Actual Expenditures 1987	Projected Expenditures 1988	Projected Expenditures 1989
SOCIAL SERVICES						
Maine Youth Center	\$ 48,984	\$ 54,896	\$ 55,730	\$ 59,107	\$ 62,375	\$ 60,562
Maine Correctional Center	50,713	53,308	58,921	70,755	95,795	140,348
Maine State Prison	67,812	84,447	79,015	91,276	204,763	204,763
TOTAL	\$ 167,489	\$ 192,452	\$ 193,668	\$ 221,138	\$ 362,933	405,673

\*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	Actual 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	\$ 32,809		
All Other	45,070	81,322	37,435		
Sub-Total General Fund	\$ 77,070	\$ 112,552	\$ 70,244		
<u>FEDERAL GRANTS</u>					
3371-7001 Other Grants	\$ 164,717	\$ 158,167	\$ 182,206		
3371-7004 Jail Monitoring Grant					
Positions	(1)	(1)	(1)		
Personal Services	20,966	24,814	27,100	29,306	
All Other	11,192	12,898	6,833	8,942	
3371-7005 Administration					
Positions	(1)	(1)	(1)	(1)	
Personal Services	14,897	16,875	19,352	18,225	
All Other	1,878	—	123	246	
3371-7007 Advisory Group Support					
Personal Services	—	3,553			
All Other	11,250	7,697	13,625	8,075	
Sub-Total Federal Grants	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	
GRAND TOTAL STATE AND FEDERAL	N/A	\$ 302,070	\$ 337,552	\$ 295,244	

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**

1987 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 0 - 5 coordination system was developed to create a statewide delivery system for 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 infants and young 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:

- \* handicapped and at-risk infants and children, ages 0 - 5;
- \* parents of children 0 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, services or resources, 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, as well as parents, MADSEC, Headstart, the Developmental Disabilities Council, and AYCSN.

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 under P.L. 89-457, toward an interdepartmental mandate to comply with federal law by 1990-91?

How can procedures be implemented for acquiring already identified resources 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, 1985	June 30, 1986	June 30, 1987	June 30, 1988-89 (Projected)		

STATE GENERAL FUNDS

Preschool Handicapped Services      \$ 908,730      \$ 1,051,837      \$ 1,123,688      \$ 1,159,393

Preschool Services Provided

The sites in 1988: Received 1,878 referrals,  
Screened 4,328 children,  
Evaluated 1,801 children,  
Managed 1,477 cases, and  
Placed 2,860 children in  
3,204 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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