

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

NO. 667

H.P. 497 House of Representatives, March 6, 1987
Reference to the Committee on Human Resources suggested
and ordered printed.

EDWIN H. PERT, Clerk
Presented by Representative ROLDE of York.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-SEVEN

1 AN ACT to Establish a Behavior Stabilization
2 Program under the Mental Health and Retardation
3 Law.
4

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

7 Sec. 1. 34-B MRSA §6201, sub-§2, as enacted by
8 PL 1985, c. 503, §12, is amended to read:

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

11 A. A child age 0 to 5 years who is developmen-
12 tally disabled or who demonstrates developmental
13 delays; and

1 B. A child age 6 to 20 years who has treatment
2 needs related to mental illness, mental retardation,
3 developmental disabilities or emotional or
4 behavioral needs that are not under current statutory
5 authority of existing state agencies; and

6 C. An adolescent with severe behavioral needs
7 whose out-of-control behavior causes him to be in
8 serious jeopardy.

9 Sec. 2. 34-B MRSA §6203, sub-§1, ¶G, as enacted
10 by PL 1985, c. 503, §12, is amended to read:

11 G. Ensure that all children in need of treatment
12 and their families are notified of their rights
13 to advocacy services available in this State; and

14 Sec. 3. 34-B MRSA §6203, sub-§1, ¶G-1 is enacted
15 to read:

16 G-1. Operate a residential program designed to
17 stabilize the behavior of adolescents who do not
18 meet the admissions criteria of other state or
19 privately-operated facilities and whose behavior
20 poses a threat to the maintenance of their commu-
21 nity living arrangements; and

22 Sec. 4. 34-B MRSA §6204, sub-§1, ¶C, as enacted
23 by PL 1985, c. 503, §12, is amended to read:

24 C. Support those services appropriate to chil-
25 dren in need of treatment and their families, in-
26 cluding, but not necessarily limited to, the fol-
27 lowing:

- 28 (1) Advocacy;
- 29 (2) Assessment and diagnosis;
- 30 (3) Child development;
- 31 (4) Consultation and education;
- 32 (5) Crisis intervention;
- 33 (6) Family guidance and counseling;

- 1 (7) Preventive intervention;
2 (8) Professional consultation and training;
3 (9) Respite care; and
4 (10) Treatment; and
5 (11) Behavior stabilization.

6 Sec. 5. 34-B MRSA §6251, first ¶, as enacted by
7 PL 1985, c. 503, §12, is amended to read:

8 The department shall maintain and the bureau
9 shall be responsible for the supervision of services
10 in the following 2 3 facilities or programs for chil-
11 dren in need of treatment:

12 Sec. 6. 34-B MRSA §6251, sub-§§1 and 2, as en-
13 acted by PL 1985, c. 503, §12, are amended to read:

14 1. Elizabeth Levinson Center. Elizabeth
15 Levinson Center; and

16 2. Military and Naval Children's Home. Military
17 and Naval Children's Home; and

18 Sec. 7. 34-B MRSA §6251, sub-§3 is enacted to
19 read:

20 3. Behavior Stabilization Program. Behavior
21 Stabilization Program.

22 Sec. 8. 34-B MRSA §6253-A is enacted to read:

23 §6253-A. Behavior Stabilization Program

24 1. Establishment. There is established the Be-
25 havior Stabilization Program which shall utilize
26 available space on the grounds of the Augusta Mental
27 Health Institute and shall be maintained for care,
28 education and treatment of adolescents needing behav-
29 ior stabilization.

30 2. Personnel. The Director of the Bureau of
31 Children with Special Needs shall appoint a director
32 of the program and hire such other staff as necessary

1 to the effective operation of the program and as ap-
2 proved by the Legislature.

3 3. Admission to the program. An adolescent may
4 be admitted to the program upon petition of a parent
5 or guardian. The director may admit an individual
6 when it is demonstrated that:

7 A. The adolescent is not appropriate for admis-
8 sion to such other public or private facilities
9 as may be available;

10 B. The adolescent's behavior cannot be con-
11 trolled in a less restrictive setting; or

12 C. The adolescent's behavior poses a threat of
13 serious harm to himself or others.

14 4. Discharge. An adolescent shall be discharged
15 from the facility when:

16 A. His behavior is controlled sufficiently to
17 allow return to the community without serious
18 jeopardy to the individual;

19 B. The parent or guardian requests discharge; or

20 C. Another more appropriate placement alterna-
21 tive is found.

22 5. Petition. A resident may petition the Dis-
23 trict Court for discharge on the grounds that his
24 placement does not meet any one of the criteria in
25 subsection 3. The District Court shall order dis-
26 charge when it determines that any one of the crite-
27 ria in subsection 3 is not met.

28 Sec. 9. 34-B MRSA §6254, sub-§1, as enacted by
29 PL 1985, c. 503, §12, is amended to read:

30 1. Policy direction. All programs and services
31 provided to children and adolescents at Augusta Men-
32 tal Health Institute and Bangor Mental Health Insti-
33 tute, Behavior Stabilization Program, or Pineland
34 Center shall be coordinated with the Bureau of Chil-
35 dren with Special Needs and shall be operated in con-
36 cert with general policy of the bureau as outlined in
37 this chapter.

1

STATEMENT OF FACT

2 The Concannon Commission, established during the
3 11th Legislature, clearly identified a group of
4 children falling through the cracks of Maine's chil-
5 dren's services system. These children, acting-out
6 adolescents, at that time fit no agency's eligibility
7 guidelines.

8 Subsequently, the Bureau of Children with Special
9 Needs was established to address the needs of this
10 special group of children. However, no specific man-
11 date was included for acting-out adolescents whose
12 behavior places them at serious risk of harm.

13 This bill establishes a new state-operated pro-
14 gram with the ability to provide secure treatment for
15 highly resistant adolescents. Without this program,
16 a significant group of adolescents will continue to
17 be in jeopardy, forced to commit crimes in order to
18 receive residential services or to become clinically
19 mentally ill.

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