

MAINE STATE LEGISLATURE

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(After Deadline)
FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

No. 793

S.P. 283 In Senate, March 17, 1987
Approved for Introduction by a Majority of the Legislative
Council pursuant to Joint Rule 27.

Reference to the Committee on Human Resources suggested
and ordered printed.

JOY J. O'BRIEN, Secretary of the Senate
Presented by Senator KANY of Kennebec
Cosponsored by Senator GILL of Cumberland, Representative
PARADIS of Augusta, Senator PERKINS of Hancock

STATE OF MAINE

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

1 AN ACT to Provide a Bill of Rights for
2 Persons with Long-term Mental Illness.
3

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

6 Sec. 1. 34-B MRSA §3003, sub-§2, ¶¶J and K, as
7 enacted by PL 1983, c. 459, §7, is amended to read:

8 J. The right to assistance in protecting a right
9 or advocacy service in the exercise or protection
10 of a right; and

11 K. Provisions for a fair, timely and impartial
12 grievance procedure for the purpose of ensuring
13 appropriate administrative resolution of griev-
14 ances with respect to infringement of rights;
15 and

1 Sec. 2. 34-B MRSA §3003, sub-§2, ¶L is enacted
2 to read:

3 L. With respect to the rights of long-term men-
4 tally ill clients, the rules shall further in-
5 clude the following requirements:

6 (1) The right to a service system which em-
7 loys culturally normative and valued meth-
8 ods and settings;

9 (2) The right to coordination of the dis-
10 parate components of the community service
11 system;

12 (3) The right to individualized developmen-
13 tal programming which recognizes that each
14 long-term mentally ill individual is capable
15 of growth or slowing of deterioration;

16 (4) The right to a continuum of community
17 services allowing a gradual transition from
18 a more intense level of service; and

19 (5) The right to the maintenance of natural
20 support systems, such as family and friends
21 of the long-term mentally ill individual and
22 formal and informal networks of mutual and
23 self-help.

24 Sec. 3. 34-B MRSA §3601, sub-§§1-A and 1-B are
25 enacted to read:

26 1-A. Case management services. "Case management
27 services" means those services which assist an indi-
28 vidual in gaining access to and making effective use
29 of the range of medical, psychological and other re-
30 lated services available to them. Major components
31 of case management services include:

32 A. Assessment with the individual, including an
33 ongoing determination of the individual's
34 strengths, resources and basic needs through for-
35 mal and informal evaluation;

36 B. Development of a comprehensive array of ser-
37 vices and opportunities for the individual, in-

1 cluding housing and household management, income
2 entitlement, employment and educational opportu-
3 nities, medical and mental health treatment ser-
4 vices, habilitation and rehabilitation and other
5 social support services. An identified case man-
6 ager shall be responsible for coordinating the
7 development and implementation of the plan with
8 the individual and all involved parties;

9 C. Coordination of crisis intervention services
10 and other emergency mental health treatment ser-
11 vices required by the individual to stabilize and
12 resolve situations requiring immediate attention;

13 D. Assistance to the individual to learn and de-
14 velop activities of daily living, including com-
15 munity resources, self-care, social integration,
16 building of skills, prevention of disability and
17 health maintenance; and

18 E. Assistance to the individuals in assessing
19 and mobilizing resources, including advocacy ser-
20 vices, community organizations and other support
21 services to meet the individual's comprehensive
22 needs.

23 1-B. Long-term mentally ill. "Long-term mental-
24 ly ill" means persons who suffer certain mental or
25 emotional disorders, such as organic brain syndrome,
26 schizophrenia, recurrent depressive and
27 manic-depressive disorders, paranoid and other
28 psychoses, plus other disorders which may become
29 chronic, that erode or prevent the capacities in re-
30 lation to 3 or more of the primary aspects of daily
31 life, such as personal hygiene and self-care,
32 self-direction, interpersonal relationships, social
33 transactions, learning, recreation and economic
34 self-sufficiency. While these persons may be at risk
35 of institutionalization, there is no requirement that
36 these persons are or have been residents of institu-
37 tions providing mental health services.

38 Sec. 4. 34-B MRSa §3604, sub-§1, as enacted by
39 PL 1983, c. 459, §7, is repealed and the following
40 enacted in its place:

18815-1-1

1 1. Provision of services. The commissioner
2 shall provide mental health services throughout the
3 State and shall implement the comprehensive mental
4 health services plan, described in subsection 4, and
5 for these purposes may cooperate with other state
6 agencies, municipalities, persons, unincorporated as-
7 sociations and nonstock corporations.

8 Sec. 5. 34-B MRSA §3604, sub-§4 is enacted to
9 read:

10 4. Comprehensive mental health services plan.
11 The commissioner shall develop, with the aid of a
12 Mental Health Services Plan Council, as described in
13 paragraph C, a state comprehensive mental health ser-
14 vices plan, referred to in this section as the plan,
15 for the long-term mentally ill population.

16 A. The plan shall:

17 (1) Provide for the establishment and im-
18 plementation of an organized community-based
19 system of care for the long-term mentally
20 ill;

21 (2) Describe all services to be provided to
22 the long-term mentally ill individuals to
23 enable the individuals to gain access to
24 mental health services, including access to
25 treatment, prevention and rehabilitation
26 services;

27 (3) Describe all rehabilitation services,
28 employment services and other supportive
29 work opportunities, housing services, mental
30 health, medical and dental care to be pro-
31 vided to long-term mentally ill individuals
32 in order to enable the individuals to func-
33 tion independently and in the least restric-
34 tive living arrangements;

35 (4) Provide for a program of services to
36 reduce the rate of hospitalization for long-
37 term mentally ill individuals;

38 (5) Provide for an outreach program to make
39 individuals suffering from long-term mental

1 illnesses aware of services available to
2 them;

3 (6) Provide for 24-hour crisis assistance
4 and other emergency mental health services
5 for long-term mentally ill individuals;

6 (7) Provide for support, assistance and
7 consultation for families, friends, employ-
8 ers, community agencies and other community
9 members who regularly interact with long-
10 term mentally ill individuals to facilitate
11 the normalization of these individuals in
12 the community; and

13 (8) Require the provision of case manage-
14 ment services, through core services agen-
15 cies described in paragraph D, to all long-
16 term mentally ill individuals who deserve
17 these services.

18 B. The plan shall contain quantitative goals to
19 be achieved in the implementation of a
20 community-based system of care for the long-term
21 mentally ill individuals, including, but not lim-
22 ited to, numbers of long-term mentally ill indi-
23 viduals to be served by the system and specific
24 reductive goals for mental health institutions,
25 such as the Augusta Mental Health Institute, de-
26 termined to be overcrowded by the commissioner.

27 C. The commissioner shall designate members of a
28 Mental Health Services Plan Council to advise the
29 commissioner on the development of the plan. The
30 council shall include individuals who are or have
31 been affected by long-term mental illness, family
32 members of the individuals, mental health profes-
33 sionals, providers of mental health services, ad-
34 vocates for the mentally ill and other individu-
35 als in the community knowledgeable of long-term
36 mental illness. No less than 1/2 of the council
37 may be individuals who are or have been affected
38 by long-term mental illness and family members of
39 long-term mentally ill individuals.

40 D. For each area within the State containing
41 more than 1,000 long-term mentally ill individu-

1 als, the commissioner shall designate a core ser-
2 vices agency to facilitate and integrate all ser-
3 vices available to long-term mentally ill indi-
4 viduals in the community. The agency may be a
5 community mental health center, rehabilitation
6 center or other agency within the community com-
7 mitted to helping long-term mentally ill individ-
8 uals to improve their lives.

9 (1) Each core services agency shall desig-
10 nate an advisory council of no fewer than 8
11 members which shall evaluate the needs of
12 the long-term mentally ill individuals in
13 the community and advise the agency with re-
14 spect to fulfilling its responsibilities to
15 these individuals. The council shall in-
16 clude individuals who are or have been af-
17 fected by long-term mental illness, family
18 members of long-term mentally ill individu-
19 als, mental health professionals, providers
20 of mental health services, advocates for the
21 mentally ill and other individuals in the
22 community knowledgeable of long-term mental
23 illness. No less than 1/2 of the individu-
24 als serving on this council may be individu-
25 als who are or have been affected by long-
26 term mental illness and family members of
27 long-term mentally ill individuals.

28 (2) It is the responsibility of each core
29 services agency to:

30 (a) Facilitate the creation of a com-
31 prehensive case management services
32 plan for each long-term mentally ill
33 individual in its community desiring
34 such a plan;

35 (b) Provide for full participation of
36 the long-term mentally ill individual
37 in the creation and implementation of
38 this plan;

39 (c) Coordinate all components of the
40 services system for the benefit of the
41 long-term mentally ill individual;

1 (d) Ensure that the services offered
2 to the long-term mentally ill individu-
3 al are the least restrictive and occur
4 in the most appropriate setting to
5 optimize the functioning of the indi-
6 vidual; and

7 (e) Provide for the reevaluation and,
8 if necessary, reformulation of each
9 individual's case management services
10 plan on a periodic basis at least every
11 6 months.

12 E. To aid in the creation and implementation of
13 the comprehensive mental health services plan,
14 the commissioner shall maximize the use of exist-
15 ing sources by prioritizing all state funds pro-
16 vided for community mental health services and by
17 seeking to maximize the availability and use of
18 federal funds and such other resources as may be-
19 come available.

20 STATEMENT OF FACT

21 This bill requires the Bureau of Mental Health to
22 establish and implement an organized community-based
23 system of care for long-term mentally ill individu-
24 als. It also requires the bureau to provide for case
25 management services, to be developed, coordinated and
26 implemented by core services agencies, for long-term
27 mentally ill individuals.

28 People with long-term mental illness are present-
29 ly existing in a fractured, conflicting and often
30 nonresponsive system. There is a lack of decent
31 housing and specialized residential programs in the
32 communities of the State, resulting in homelessness
33 among the mentally ill population and an increase in
34 hospital admissions. There is a lack of adequate
35 outreach and crisis workers to respond to emergencies
36 on-the-spot and around the clock. There is a lack of
37 rehabilitation and employment programs for people
38 with long-term mental illness, resulting in little
39 opportunity for these people to lead productive and
40 fulfilling lives. There is little follow-up after

1 long-term mentally ill individuals leave treatment
2 facilities. There is no overall system to identify
3 and coordinate community support services for the
4 long-term mentally ill.

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