

# MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

NO. 943

H.P. 702 House of Representatives, March 25, 1987  
Reference to the Committee on Appropriations and  
Financial Affairs suggested and ordered printed.

EDWIN H. PERT, Clerk  
Presented by Representative RYDELL of Brunswick.

Cosponsored by Senators MAYBURY of Penobscot, BRANNIGAN  
of Cumberland and Representative PINES of Limestone.

STATE OF MAINE

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

1 AN ACT to Provide Family Support Services to  
2 Maine Families who Choose to Care for  
3 their Developmentally Disabled  
4 Children at Home.  
5

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

8 Sec. 1. 34-B MRSA §6202, sub-§1, as enacted by  
9 PL 1985, c. 503, §12, is amended to read:

10 1. Services. It is the policy of the State to  
11 provide an efficient, coordinated statewide system of  
12 services to children in need of treatment and their  
13 families, including a comprehensive system of family  
14 support services, insofar as resources permit.

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

3           G. Ensure that all children in need of treatment  
4 and their families are notified of their rights  
5 to advocacy services available in this State; and

6           H. Assure that rules are promulgated which spec-  
7 ify the procedures by which a parent or guardian  
8 of a child in need of treatment may appeal deci-  
9 sions made relative to services provided by the  
10 bureau; and

11           Sec. 3. 34-B MRSA §6203, sub-§1, ¶I is enacted  
12 to read:

13           I. Provide a comprehensive system of support  
14 services, including respite care, to families of  
15 children in need of treatment.

16           Sec. 4. 34-B MRSA §6203, sub-§2, ¶G is enacted  
17 to read:

18           G. The plan shall indicate the State's progress  
19 in assuring the development of an array of family  
20 support services to enable families to more ade-  
21 quately maintain their children in need of treat-  
22 ment in their natural homes and communities.

23           Sec. 5. 34-B MRSA §6204, sub-§1, ¶C, as enacted  
24 by PL 1985, c. 503, §12, is amended to read:

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

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

- 1 (6) Family guidance and counseling;  
 2 (7) Preventive intervention;  
 3 (8) Professional consultation and training;  
 4 (9) Respite care and other family support  
 5 services; and  
 6 (10) Treatment.

7 **Sec. 6. Appropriation.** The following funds are  
 8 appropriated from the General Fund to carry out the  
 9 purposes of this Act.

10		<u>1987-88</u>	<u>1988-89</u>
11	<u>MENTAL HEALTH AND MENTAL RE-</u>		
12	<u>TARDATION, DEPARTMENT OF</u>		
13	Bureau of Children with		
14	Special Needs		
15	All Other	\$200,000	\$200,000

16 STATEMENT OF FACT

17 The purpose of this bill is to establish the re-  
 18 sponsibility of the Bureau of Children with Special  
 19 Needs within the Department of Mental Health and Men-  
 20 tal Retardation to provide a comprehensive and coord-  
 21 inated system of support services, including respite  
 22 care, to the families of children in need of treat-  
 23 ment. The bill also appropriates funds to the bureau  
 24 to be used to contract for a range of family support  
 25 services in local communities.

26 Until recently, parents of children with severe  
 27 disabilities generally institutionalized these chil-  
 28 dren because of the difficulty of caring for them at  
 29 home. In recent years and as local school programs  
 30 have been established for severely disabled children,  
 31 most of these children have been able to live at

1 home. Both parents and professionals have recognized  
2 the benefits of establishing a life pattern for se-  
3 verely disabled children that is as close to normal  
4 as possible. It is now widely recognized and ac-  
5 cepted that these children should enjoy the same  
6 rights and privileges of childhood as their  
7 nondisabled peers. However, the added responsibili-  
8 ties and work of caring for a severely disabled child  
9 within the family unit places severe physical, emo-  
10 tional and financial stress on all family members.  
11 That stress is exacerbated by the unavailability, in  
12 most cases, of community support and respite ser-  
13 vices. Family members must have assistance and time  
14 off from the exhausting and difficult task of caring  
15 for a severely disabled child.

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