# MAINE STATE LEGISLATURE

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## 114th MAINE LEGISLATURE

### FIRST REGULAR SESSION - 1989

Legislative Document

No. 862

S.P. 325

In Senate, March 21, 1989

Submitted by the Department of Mental Health and Mental Retardation pursuant to Joint Rule 24.

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

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator RANDALL of Washington.

Cosponsored by Representative PEDERSON of Bangor, Senator PERKINS of Hancock and Representative CATHCART of Orono.

#### STATE OF MAINE

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

An Act to Ensure Proper Representation on the Region II Crisis Intervention Program Advisory Board.



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

34-B MRSA §3623, sub-§1, as enacted by PL 1987, c. 349, Pt. H, §21, is amended to read:

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Established. The Region II Crisis Intervention Program Advisory Board, as established by Title 5, chapter 379, shall consist of 11 members as follows: The the Superintendent of the Bangor Mental Health Institute, or his the superintendent's designee; the -- chief -- executive -- officer -- of -- the -- participating hospital, -- or - his--designee the Chief of Psychiatry at Eastern Maine Medical Center, or the chief's designee; the Director of Community Support Services for the Community Health Counseling Service; 2 representatives of the Down-East Alliance for the Mentally II1 and 2 other family members of mentally ill people chosen by the Down-East Alliance for the Mentally Ill to represent a geographical distribution within the region. These members shall select a private mental health practitioner and 2 consumers of services for the mentally ill. The coordinator of the project shall be a member of the advisory board, but may only vote in case of a tie.

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#### STATEMENT OF FACT

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The Crisis Intervention Program in Penobscot, Hancock, Piscataquis and Washington counties was established by Public Law 1987, chapter 349, Part H, section 21, effective June 18, 1987. The original law mandated an advisory board to include a representative of the participating hospital. The program has since been implemented without a specific participating hospital. The change allows representation from the general hospital with the largest community inpatient mental health program in the region.