

MAINE STATE LEGISLATURE

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L.D. 1911

(Filing No. S-626)

STATE OF MAINE
SENATE
115TH LEGISLATURE
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 721, L.D. 1911, Bill, "An Act to More Clearly Define the Role and Responsibilities of the Department of Mental Health and Mental Retardation"

Amend the bill by striking out the title and substituting the following:

'An Act Related to the Planning and Delivery of Mental Health Services'

Further amend the bill by striking out everything after the title and before the statement of fact and inserting in its place the following:

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

PART A

Sec. A-1. 34-B MRSA §3006, as amended by PL 1987, c. 887, §7, is repealed.

Sec. A-2. 34-B MRSA §3006-A is enacted to read:

§3006-A. State mental health plan

Annually the commissioner shall prepare a state mental health plan that meets the requirements of federal Public Law 99-660, as amended, while serving the broader interests of the State. The commissioner shall appoint a committee to assist in the preparation of the state mental health plan. In addition to meeting the requirements of federal Public Law 99-660, the committee must include members who represent the interests of people with low income, and at least 51% of the members must be current or former consumers of mental health services. The state mental health plan must include, but is not limited to, the following:

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2 1. Five-year forecast. A 5-year forecast of mental health service needs in the State by region and statewide;

4 2. Assessment. An assessment of the current status of mental health services in the State, including strengths and weaknesses and an evaluation of performance in relation to the objectives of the previous year;

8 3. Goals. Mental health service goals for the State, including public and private sectors for the 5-year period;

12 4. Objectives. Objectives for state mental health services in the next biennium; and

14 5. Plan. A plan that includes resource requirements, timetables, the expected outcome of the stated objectives in each year of the biennium and criteria for evaluating the outcome.

18 The commissioner shall review and report on the implementation of this section and submit a report to the joint standing committee of the Legislature having jurisdiction over human resources matters by December 15, 1995. This section is repealed on April 1, 1996.

24 **Sec. A-3. 34-B MRSA §3902, sub-§9,** as amended by PL 1989, c. 335, §5, is further amended to read:

26 9. State mental health plan. To participate in the development of the state mental health plan required by section 3006 3006-A; and

32 **PART B**

34 **Sec. B-1. Mental health project; persons accused or convicted of crimes.** The Department of Mental Health and Mental Retardation shall initiate a concentrated planning effort to develop recommendations for a program aimed at a meaningful and effective mental health program for those accused or convicted of crimes. The Department of Mental Health and Mental Retardation shall lead this planning effort and shall seek advice and assistance from consumers of mental health services, the Department of Corrections, the Department of Human Services, the Department of Public Safety, the Office of Substance Abuse within the Executive Department, the courts and the Department of the Attorney General. The Department of Corrections may provide staff assistance and other resources to the Department of Mental Health and Mental Retardation. The Department of Mental Health and Mental Retardation shall submit a report and recommendations to the Legislature no later than December 31, 1992. The planning

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2 effort must be undertaken within the existing resources of the
3 departments. The scope of the report and recommendations must be
4 commensurate with the staffing and other resources that are
5 available for the project.

6 **Sec. B-2. Task Force on Mental Health Education and Licensure;**
7 **University of Maine System.** The Chancellor of the University of
8 Maine System shall convene, organize and provide staff for the
9 Task Force on Mental Health Education and Licensure, referred to
10 in this section as the "task force." The task force consists of
11 the following members: representatives of each of the campuses
12 of the University of Maine System knowledgeable about mental
13 health and related educational programs and student services,
14 named by the chancellor; a representative of the Maine Technical
15 College System, named by the president of the system; a
16 representative of the University of New England knowledgeable
17 about mental health and related educational programs, named by
18 president of that university; and a representative from each of
19 Maine's mental health licensing boards, including social workers,
20 substance abuse counselors, professional counselors,
21 psychologists, psychiatrists and others determined appropriate,
22 named by the chairs of those boards. In making appointments, the
23 chancellor shall include representatives from associate degree
24 programs, bachelor degree programs and graduate degree programs.
25 A representative from the Department of Mental Health and Mental
26 Retardation, the Executive Department, Office of Substance Abuse
27 and the Department of Human Services must be named by their
28 respective department heads and serve ex officio without vote.
29 At least 4 members must be consumers of substance abuse services,
30 mental health services or both.

31
32 The task force shall develop recommendations for basic
33 interdisciplinary continuing education and training programs for
34 Maine mental health and substance abuse professionals;
35 recommended interdisciplinary knowledge qualifications for
36 individuals who may be employed as staff or key consultants in
37 key leadership or training positions in mental health and
38 substance abuse programs; and requirements for interdisciplinary
39 continuing education, licensure and service support in
40 state-provided or state-funded mental health and substance abuse
41 programs. The task force shall convene no later than August 1,
42 1992 and issue its final report, with statutory recommendations,
43 no later than February 1, 1993 to the Governor, the joint
44 standing committee of the Legislature having jurisdiction over
45 education matters, the joint standing committee of the
46 Legislature having jurisdiction over human resources matters and
47 the advisory boards and commissions with jurisdiction over
48 substance abuse and mental health.

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2 The University of Maine System shall undertake the charge
outlined in this section within existing resources.

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PART C

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Sec. C-1. Definitions. As used in this Part, unless the
8 context otherwise indicates, the following terms have the
following meanings.

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1. "Commissioner" means the Commissioner of Mental Health
12 and Mental Retardation.

14

2. "Department" means the Department of Mental Health and
Mental Retardation.

16

3. "Primary consumer" means a person who is or has been a
18 recipient of publicly or privately operated or funded mental
health services.

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Sec. C-2. Regional authorities demonstration. The commissioner
22 shall establish a regional authority demonstration program within
existing state resources. The commissioner may receive and
24 expend private and federal funds for the development and
evaluation of the demonstration program. The commissioner shall
26 contract with one regional authority to serve the department's
Region I and one regional authority to serve the department's
28 Region V. Within the demonstration areas, the regional
authorities must be the loci of coordination among public
30 services for consumers of mental health services. The purposes
of the regional authorities include the following:

32

1. To plan for and promote the development and organization
34 of adult mental health services that respond to the unique needs
and demographic characteristics of the service area;

36

2. To enhance consumer and family involvement in the
38 development, organization and evaluation of adult mental health
services and to encourage the expansion of consumer-operated
40 services;

42

3. To engage in outcome-oriented mental health services
44 planning, based upon the establishment of achievable goals and
measurable time-limited objectives; and

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4. To develop a regional capacity to secure funds for
48 mental health services beyond those provided by the department.

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2 **Sec. C-3. Status of regional authorities.** Each regional authority
3 created under this Part is a body corporate and politic and a
4 public instrumentality of the State that performs essential
5 governmental functions. For the purposes of the Maine Revised
6 Statutes, Title 14, chapter 741 only, board members and employees
7 of the regional authorities are employees as defined in Title 14,
8 section 8102, subsection 1. For the purposes of Title 1, chapter
9 13, subchapter I only, the transactions of any functions by the
10 regional authorities that affect any or all citizens of the State
11 are public proceedings, as defined in Title 1, section 402,
12 subsection 2.

13 **Sec. C-4. Boards of regional authorities.** The commissioner shall
14 appoint the initial board for each regional authority. Each
15 board must have 17 members. At least 5 members must be primary
16 consumers and at least 5 members must be family members of
17 primary consumers. No more than 2 members may be mental health
18 professional representatives from the fields of psychology,
19 counseling, social work, nursing, rehabilitation or medicine who
20 have had major clinical responsibilities in public sector mental
21 health programs for persons who have a serious and persistent
22 mental illness. The commissioner may not appoint to the board
23 any person who is a member of the board of directors of any
24 agency that enters into contracts with the authority for the
25 provision of services or facilities. The commissioner may not
26 appoint to the board any person who is the spouse, child, parent,
27 brother, sister, grandchild, stepparent, stepchild, stepbrother,
28 stepsister, father-in-law, mother-in-law, son-in-law,
29 daughter-in-law, brother-in-law or sister-in-law of a member of
30 the board of directors of any agency that enters into contracts
31 with the authority for the provision of services or facilities.
32 The commissioner may not appoint to the board any person who is
33 employed by the regional authority or employed by any agency that
34 enters into contracts with the authority for the provision of
35 services or facilities.
36

37 Each member is appointed for a term of 4 years, except that
38 6 of the initial appointments are for terms of 2 years; 6 are for
39 terms of 3 years; and 5 are for terms of 4 years. When the terms
40 of those serving 2 years expire, the commissioner shall fill
41 those seats. When the terms of those serving 3-year or 4-year
42 terms expire, the board shall fill those seats by majority vote.
43 Any member of the board may be removed from office by the
44 appointing authority for neglect of duty, misconduct or
45 malfeasance in office. Board members may receive reimbursement
46 for expenses only as established by the board.

47 The commissioner shall appoint one of the initial members to
48 serve as chair. The chair shall appoint an advisory committee to
49 provide advice and assistance to the board. The advisory
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2 committee must include representatives of consumers, family
members, service providers and others who have an interest in
4 mental health services. Members of the advisory committee may
receive reimbursement for expenses only as established by the
6 board.

8 **Sec. C-5. Powers of regional authorities.** Regional authorities
created under this Part may not provide services directly to
10 consumers except case management services, which the authorities
may provide or may purchase through a contract with an agency
12 that provides no services other than case management. As
resources permit regional authorities may:

- 14 1. Hire staff;
- 16 2. Enter into contracts with the department and with other
governmental and nongovernmental entities;
- 18 3. Receive and expend funds; and
- 20 4. Plan for and evaluate mental health services and provide
22 technical assistance, training and education to consumers,
families and provider agencies.

24 **Sec. C-6. Consent decree.** The commissioner shall ensure that
26 regional authorities and agencies that contract with regional
authorities abide by the provisions of the settlement agreement
28 entered in Bates et al. v. Glover et al., Kennebec County
Superior Court, Docket No. CV-89-88.

30 **Sec. C-7. Report.** The commissioner shall begin implementing
32 this Part no later than July 1, 1992. By January 1, 1994, the
commissioner shall submit a report to the joint standing
34 committee of the Legislature having jurisdiction over human
resources matters. The report must include an evaluation of the
36 regional authorities demonstration program and recommendations,
along with any necessary implementing legislation. The
38 evaluation must include at least the following:

- 40 1. An assessment of the efficacy and cost effectiveness of
the regional authorities;
- 42 2. An assessment of the case management function in each
44 demonstration area; and
- 46 3. An assessment of crisis intervention services, which
48 must be provided in at least one of the demonstration areas.

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2 3. Region III. Region III is all of Somerset County,
3 Kennebec County, Waldo County, Knox County, Lincoln County and
4 Sagadahoc County and that portion of Cumberland County that
5 includes the municipalities of Brunswick, Freeport and Harpswell.

6 4. Region IV. Region IV is all of Franklin County, Oxford
7 County and Androscoggin County.

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9
10 5. Region V. Region V is all of York County and all of
11 Cumberland County except that portion that is part of Region III.

12 To the greatest extent practicable, the commissioner shall
13 coordinate regional service delivery with the Commissioner of
14 Human Services to maximize the efficiency and effectiveness of
15 services.

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17 **Sec. D-3. Transition.** In implementing this Part, the
18 Department of Mental Health and Mental Retardation and the
19 Department of Human Services may use all existing forms,
20 letterheads and similar items until supplies of those items are
21 exhausted and may honor all contracts, leases and other
22 agreements until those agreements expire.

23
24 **Sec. D-4. Effective date.** This Part takes effect July 1, 1992.

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27 **FISCAL NOTE**

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29 The additional costs associated with the studies regarding
30 the mental health needs of the Department of Corrections clients
31 and the higher education and training needs of the University of
32 Maine System can be absorbed by the affected state departments
33 and agencies to the extent that existing budgeted resources are
34 available for the projects.

35
36 The additional costs associated with establishing a regional
37 authority demonstration program can be absorbed by the Department
38 of Mental Health and Mental Retardation utilizing existing
39 budgeted resources.

40
41 The additional costs associated with creating uniform
42 regional boundaries can be absorbed by the Department of Human
43 Services and the Department of Mental Health and Mental
44 Retardation utilizing existing budgeted resources.'

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STATEMENT OF FACT

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The amendment retains a portion of the original bill regarding a state mental health plan but amends that portion by deleting the creation of a planning commission and removing references to organizations that no longer exist. The amendment also retains from the bill studies regarding the mental health needs of Department of Corrections clients and higher education and training needs of the mental health system. Those studies are amended with new reporting dates.

The amendment adds Part C to the bill, which creates pilot regional authorities for mental health services in Region I and Region V. The amendment also adds Part D to the bill, which creates uniform regional boundaries for the Department of Mental Health and Mental Retardation and the Department of Human Services, in accordance with recommendations of the Interdepartmental Council.

The amendment removes the emergency preamble and emergency clause from the bill and adds a fiscal note.

Reported by the Majority for the Committee on Human Resources.
Reproduced and Distributed Pursuant to Senate Rule 12.
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COMMITTEE AMENDMENT