

# MAINE STATE LEGISLATURE

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**R.O.S.**

L.D. 1704

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DATE: April 1, 1996

(Filing No. S-562 )

**HUMAN RESOURCES**

Reported by: Senator PENDEXTER of Cumberland for the Committee.

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE  
SENATE  
117TH LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A " to S.P. 654, L.D. 1704, Bill, "An Act Redefining the Community Services Structure of the Mental Health System"

Amend the bill by inserting before the enacting clause the following:

**Emergency preamble.** Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** the community mental health system is changing in response to the demands of society and the needs of recipients of mental health services; and

**Whereas,** it is imperative that new community-based structures be formed and operative by early fall, 1996, in order for necessary services to be available to persons in need of those services; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, '

Further amend the bill by inserting after the enacting clause the following:

**Sec. 1. 5 MRSA §20005-A, sub-§4, ¶¶A and B,** as amended by PL 1995, c. 560, Pt. L, §6, are further amended to read:

**COMMITTEE AMENDMENT**

2 A. The commissioner shall hold at least one informational  
meeting at least ~~3-months~~ 30 days before the due date for  
4 submission of the notice of intent to bid. Any  
informational meeting must be advertised in newspapers of  
6 general circulation stating the location, date, time and  
purpose of the meeting. At the meeting the commissioner  
8 shall provide detailed information to any interested party  
about the contract to be bid or rebid, provide notice of  
10 anticipated major changes from any previous contract and  
respond to questions.

12 B. The commissioner shall require any interested party to  
submit a notice of intent to bid at least ~~3-months~~ 30 days  
14 before the date bids will be accepted as a precondition to  
submitting a formal bid. The notice of intent must contain  
16 minimal requirements that demonstrate a prospective bidder's  
competence and ability to comply with the requirements of  
18 the contract.

20 **Sec. 2. 22 MRSA §12-A, sub-§4, ¶¶A and B**, as enacted by PL  
1995, c. 402, Pt. B, §2, are amended to read:

22 A. The commissioner shall hold at least one informational  
24 meeting at least ~~3-months~~ 30 days before the due date for  
submission of the notice of intent to bid. Any  
26 informational meeting must be advertised in newspapers of  
general circulation stating the location, date, time and  
28 purpose of the meeting. At the meeting the commissioner  
shall provide detailed information to any interested party  
30 about the contract to be bid or rebid, provide notice of  
anticipated major changes from any previous contract and  
32 respond to questions.

34 B. The commissioner shall require any interested party to  
submit a notice of intent to bid at least ~~3-months~~ 30 days  
36 before the date bids will be accepted as a precondition to  
submitting a formal bid. The notice of intent must contain  
38 minimal requirements that demonstrate a prospective bidder's  
competence and ability to comply with the requirements of  
40 the contract.

42 **Sec. 3. 34-B MRSA §1204, sub-§2, paragraph C**, as repealed and  
replaced by PL 1995, c. 560, Pt. K, §15, is amended to read:

44 C. The commissioner shall appoint the following officials  
46 to serve at the commissioner's pleasure:

- 48 (1) Associate Commissioners;
- 50 (2) Superintendent, Augusta Mental Health Institute;

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COMMITTEE AMENDMENT "A" to S.P. 654, L.D. 1704

- 2 (3) Superintendent, Bangor Mental Health Institute;
- 4 (4) Superintendent, Pineland Center;
- 6 (5) Director, Mental Retardation Facility;
- 8 (6) Director, Elizabeth Levinson Center;
- 10 (7) Assistant to the Commissioner for Public  
Information;
- 12 (8) Assistant to the Commissioner;
- 14 (9) Director, Bath Children's Home. This subparagraph  
16 is repealed on July 1, 1996;
- 18 (10) Regional Directors, who shall report directly to  
the commissioner; and
- 20 (11) Director, Office of Substance Abuse.

22 The Director of the Office of Substance Abuse must be  
24 reviewed by the joint standing committee of the Legislature  
26 having jurisdiction over human resource matters prior to  
taking office.

28 **Sec. 4. 34-B MRSA §1207, sub-§1, ¶B**, as amended by PL 1989, c.  
7, Pt. N, §3, is further amended to read:

30 B. Information may be disclosed if necessary to carry out  
32 any of the statutory functions of the department, the  
hospitalization provisions of chapter 3, subchapter IV, the  
34 purposes of sections 3607 and 3608, the purposes of Title  
22, section 3554, the purposes of United States Public Law  
36 99-319, dealing with the investigatory function of the  
independent agency designated with advocacy and  
38 investigatory functions under United States Public Law  
88-164, Title I, Part C or United States Public Law 99-319,  
40 or the purposes of Title 18-A, section 5-601, subsection  
(b), where when the Department of Human Services is  
42 requested by the Department of Mental Health and Mental  
Retardation and Substance Abuse Services to act as public  
44 guardian or public conservator;

46 **Sec. 5. 34-B MRSA §1208-A. sub-§4, ¶¶A and B**, as affected by PL  
48 1995, c. 560, Pt. K, §81, are amended to read:

50 A. The commissioner shall hold at least one informational  
meeting at least ~~3-months~~ 30 days before the due date for

# COMMITTEE AMENDMENT

2 submission of the notice of intent to bid. Any  
3 informational meeting must be advertised in newspapers of  
4 general circulation stating the location, date, time and  
5 purpose of the meeting. At the meeting the commissioner  
6 shall provide detailed information to any interested party  
7 about the contract to be bid or rebid, provide notice of  
8 anticipated major changes from any previous contract and  
9 respond to questions.

10 B. The commissioner shall require any interested party to  
11 submit a notice of intent to bid at least ~~3-months~~ 30 days  
12 before the date bids will be accepted as a precondition to  
13 submitting a formal bid. The notice of intent must contain  
14 minimal requirements that demonstrate a prospective bidder's  
15 competence and ability to comply with the requirements of  
16 the contract.

18 **Sec. 6. 34-B MRSA §3604, sub-§5** is enacted to read:

20 5. Exclusion. Beginning October 1, 1996, an entity that  
21 applies for the award or renewal of a grant or contract for the  
22 provision of mental health services must be a participating  
23 member of the quality improvement council or the local service  
24 network, as defined in section 3607, for the region of the State  
25 subject to that grant or contract or an interested party  
26 assisting a council pursuant to section 3607, subsection 8.

28 **Sec. 7. 34-B MRSA §§3607, 3608 and 3609** are enacted to read:

30 **§3607. Quality improvement councils**

32 The department shall establish 9 quality improvement  
33 councils to oversee the delivery of mental health services to  
34 children and adults under the authority of the department.

36 1. Definitions. As used in this section and sections 3608  
37 and 3609, unless the context otherwise indicates, the following  
38 terms have the following meanings.

40 A. "Community members" means persons who represent the  
41 composition of the community at large.

42 B. "Consumer" means a recipient or former recipient of  
43 publicly funded mental health services.

44 C. "Council" means a quality improvement council approved  
45 by the commissioner pursuant to subsection 2, paragraph D.

46 D. "Family member" means a relative, guardian or household  
47 member of an adult consumer.  
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E. "Network" means a local service network established pursuant to section 3608.

F. "Parent" means a parent or a person who has acted in that capacity or assumed that role for a consumer under 18 years of age.

G. "Regional director" means a regional director appointed pursuant to section 1204, subsection 2, paragraph C, subparagraph (10).

H. "Service provider" or "provider" means a person or organization providing publicly funded mental health services to consumers or family members.

2. Councils established. There is established an approved quality improvement council in each area designated in subsection 3, referred to in this section as "area council," and for the Augusta Mental Health Institute and the Bangor Mental Health Institute, referred to in this section as "institute council." The councils operate under the authority of the department. Each council consists of the initial members chosen pursuant to paragraph B, the members subsequently chosen pursuant to council bylaws, the members of the network established pursuant to section 3608 and any advisory committees established pursuant to subsection 8.

A. The councils shall assist the department and providers with systems planning and needs assessment at the local level and community education and quality improvement activities that must be implemented at the local level. Through the program evaluation teams the councils shall perform program assessment.

B. Each area council consists of 24 members whose membership takes into consideration local geographic factors. The membership on each council consists of 4 adult consumers, 4 family members, 4 parents, 6 community members and 6 service providers. Any resident of a council area may make recommendations regarding initial membership on the local area council to the commissioner, who shall make the appointments by June 1, 1996. The commissioner or a designee of the commissioner shall convene the first meeting of each council by June 15, 1996.

C. Each institute council consists of 16 members whose membership takes into consideration local geographic factors. The membership on each council consists of 4 consumers, 4 family members, 4 community members and 4

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COMMITTEE AMENDMENT "A" to S.P. 654, L.D. 1704

2 providers. Any resident or former resident of the Augusta  
3 Mental Health Institute or the Bangor Mental Health  
4 Institute, any family member of a resident or former  
5 resident, any community member in the Augusta or Bangor  
6 region and any service provider at those institutes may make  
7 recommendations regarding membership on the institute  
8 councils to the commissioner, who shall make the initial  
9 appointments by June 1, 1996. The commissioner or a  
10 designee of the commissioner shall convene the first meeting  
11 of each council by June 15, 1996.

12 D. The councils shall adopt bylaws that establish the terms  
13 and qualifications of membership, the selection of members  
14 succeeding the initial members and the internal governance  
15 and rules. The commissioner shall approve the bylaws of  
16 each council prior to designating it as an approved council.

17 E. Under the supervision of each council, a program  
18 evaluation team of nonprovider members shall review each  
19 program funded by the department on a periodic basis. The  
20 results of the review must be reported to the council and  
21 the regional director for the department and must be  
22 considered in funding decisions by the department.

23 3. Areas. An area council shall operate in each of the  
24 following geographic areas:

25 A. Aroostook County;

26 B. Hancock County, Washington County, Penobscot County and  
27 Piscataquis County;

28 C. Kennebec County and Somerset County;

29 D. Knox County, Lincoln County, Sagadahoc County and Waldo  
30 County;

31 E. Androscoggin County, Franklin County and Oxford County;

32 F. Cumberland County; and

33 G. York County.

34 4. Accountability. Each area council is accountable to the  
35 regional director. The institute councils are accountable to the  
36 director of facility management within the department.

37 5. Duties. By October 1, 1996, each council shall submit  
38 to the department a plan for the development, coordination and  
39 implementation of a local mental health system for the delivery  
40 of services.

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COMMITTEE AMENDMENT "A" to S.P. 654, L.D. 1704

2 of services to children and adults under the authority of the  
3 department and to their families. This plan must be updated  
4 every 2 years. The department shall determine required elements  
5 of the plan, including but not limited to the following:

6 A. Case management, including advocacy activities and  
7 techniques for identifying and providing services to  
8 consumers at risk. Case management services must be  
9 independent of providers whenever possible;

10 B. Medication management, outpatient therapy, substance  
11 abuse treatment and other outpatient services;

12 C. In-home flexible supports, home-based crisis assistance,  
13 mobile outreach, respite and inpatient capacity and other  
14 crisis prevention and resolution services;

15 D. Housing, in-home support services, tenant training and  
16 support services, home ownership options and supported  
17 housing; and

18 E. Rehabilitation and vocational services, including  
19 transitional employment, supported education and job finding  
20 and coaching.

21 6. Regional directors; responsibilities. Each regional  
22 director is responsible for the operation of the area councils  
23 within the region and for dispute resolution within those area  
24 councils. Each regional director shall receive reports from the  
25 councils, consider the recommendations of the councils and report  
26 periodically to the commissioner on their performance.

27 7. Institute council directors; responsibilities. The  
28 director of facility management within the department is  
29 responsible for the operation of the councils of the Augusta  
30 Mental Health Institute and the Bangor Mental Health Institute  
31 and for dispute resolution within those institute councils. The  
32 director shall receive reports from the councils, consider the  
33 recommendations of the councils and report periodically to the  
34 commissioner on their performance.

35 8. Public outreach. Each council shall solicit the  
36 participation of interested consumers, families, parents,  
37 community members and service providers to serve on the council,  
38 the network or advisory committees.

39 9. Participation. State-operated direct service programs  
40 shall participate in the activities of the councils.

41 §3608. Local service networks



2           The department shall establish networks to participate with  
3           the area councils, as defined in section 3607, subsection 2, in  
4           the delivery of mental health services to children and adults  
5           under the authority of the department. A network consists of  
6           persons and organizations providing mental health services under  
7           contract or grant from the department in the corresponding area  
8           specified in section 3607, subsection 3.

10           1. Responsibilities. Each network shall perform the  
11           following responsibilities:

12                   A. Deliver and coordinate 24-hour crisis response services  
13                   accessible through a single point of entry to adults with  
14                   mental illness and to children and adolescents with severe  
15                   emotional disturbance and their families;

16                   B. Ensure continuity, accountability and coordination  
17                   regarding service delivery;

18                   C. Participate in a uniform client data base;

19                   D. In conjunction with the regional director and the area  
20                   council, conduct planning activities; and

21                   E. Develop techniques for identifying and providing  
22                   services to consumers at risk.

23           2. Accountability. Each network is accountable to the area  
24           council and the regional director.

25           3. Public outreach. Each network shall solicit the  
26           participation of interested providers to serve on the area  
27           council, the network or advisory committees.

28           4. Participation. State-operated direct service programs  
29           shall participate in the activities of the networks.

30           §3609. Statewide quality improvement council

31                   Each council shall designate a member and an alternate to  
32                   serve on a statewide quality improvement council to advise the  
33                   commissioner on issues of system implementation that have  
34                   statewide impact. The commissioner shall appoint other members  
35                   to serve on the council.'

36           Further amend the bill by inserting after section 1 the  
37           following:  
38

'**Sec. 2. Board abolished.** The Southern Maine Regional Mental Health Board is abolished on June 30, 1996.

**Sec. 3. First option.** The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services shall give first option to the members of the Southern Maine Regional Mental Health Board when appointing the initial members of the area councils, pursuant to the Maine Revised Statutes, Title 34-B, section 3607, subsection 2, for that region of the State.

**Sec. 4. Report.** The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 1997 and by January 1, 1998 on the operation of quality improvement councils as established in the Maine Revised Statutes, Title 34-B, section 3607 and local service networks as established in Title 34-B, section 3608 and shall include recommendations for improving the operations and any legislation necessary to accomplish those purposes.

**Sec. 5. Reinvestment of funds.** Notwithstanding any other provision of law, revenue received by the Department of Mental Health, Mental Retardation and Substance Abuse Services from Maximus-related initiatives must be dedicated for use by the department and used as follows by the department: 50% for children's services and 50% for services required by the consent decree in the matter of Paul Bates, et al., versus Melodie Peet, et al., Kennebec County docket number CV-89-88. Funds must be deposited in the appropriate Other Special Revenue account for achieving these purposes. Allotment of these funds may be made by financial order upon the recommendation of the State Budget Officer and with the approval of the Governor.

**Sec. 6. Allocation.** The following funds are allocated from Other Special Revenue to carry out the purposes of this Act.

1996-97

**MENTAL HEALTH, MENTAL RETARDATION AND  
SUBSTANCE ABUSE SERVICES, DEPARTMENT OF**

**Mental Health Services - Children**

All Other \$500

Provides funds to establish a base allocation in the event Maximus-related revenues are received to provide

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COMMITTEE AMENDMENT "A" to S.P. 654, L.D. 1704

2 additional services to  
children.

4 **Emergency clause.** In view of the emergency cited in the  
preamble, this Act takes effect when approved.'

6 Further amend the bill by relettering or renumbering any  
8 nonconsecutive Part letter or section number to read  
consecutively.

10 Further amend the bill by inserting at the end before the  
12 statement of fact the following:

14 **FISCAL NOTE**

16 **1996-97**

18 **APPROPRIATIONS/ALLOCATIONS**

20 Other Funds \$500

22  
24 The additional costs to establish local service networks and  
26 statewide quality improvement councils can be absorbed by the  
Department of Mental Health, Mental Retardation and Substance  
Abuse Services utilizing existing budgeted resources.

28  
30 The department may experience an increase in Other Special  
Revenue if Maximus-related revenue is generated. This bill also  
32 provides a base allocation of \$500 in fiscal year 1996-97 to  
authorize the expenditure of funds if that revenue is received.

34 The supplemental budget, LD 1759 as amended, establishes the  
36 Maximus Fund as a Federal Expenditure Fund within the Department  
of Administrative and Financial Services. This bill dedicates  
38 Maximus revenue generated from the Department of Mental Health,  
Mental Retardation and Substance Abuse Services to the department  
40 rather than the Maximus fund established in the supplemental  
budget.'

42 **SUMMARY**

44  
46 This amendment replaces all but section 1 of the bill. It  
creates local quality improvement councils consisting of  
48 consumers of publicly funded mental health services, families,  
parents of minor consumers, service providers and community  
50 members. The quality improvement councils will operate in 7  
regions of the State and for the Augusta Mental Health Institute

**COMMITTEE AMENDMENT**

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COMMITTEE AMENDMENT "A" to S.P. 654, L.D. 1704

2 and the Bangor Mental Health Institute. Each council will  
include a local service network made up of providers of publicly  
4 funded mental health services in the area. Each council will  
send a representative to a statewide quality improvement council.

6 This amendment abolishes the Southern Maine Regional Mental  
Health Board on June 30, 1996. It gives members of that board  
8 first option in serving on the quality improvement councils. It  
requires that the Commissioner of Mental Health, Mental  
10 Retardation and Substance Abuse Services report to the joint  
standing committee of the Legislature having jurisdiction over  
12 health and human services matters by January 1, 1997 and by  
January 1, 1998 on the operation of the councils and networks and  
14 include recommendations for improving the operations and any  
legislation necessary to accomplish those purposes.

16 This amendment authorizes the Department of Mental Health,  
18 Mental Retardation and the Substance Abuse Services to use  
revenue received from Maximus initiatives for children's services  
20 and to meet the purposes of the consent decree.

22 The amendment changes the request for proposal procedures in  
the Maine Revised Statutes, Title 5, section 22 and Title 34-B to  
24 shorten the time necessary to notify potential bidders and  
current providers that a service may be put through a  
26 request-for-proposal process, and it shortens the time between  
the deadline for notification of intent and the  
28 request-for-proposal due date to a length that allows sufficient  
time for potential bidders to respond. The original intent of  
30 request-for-proposal laws remains unchanged.

32 The amendment adds an emergency preamble, emergency clause,  
an allocation and a fiscal note to the bill.

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**COMMITTEE AMENDMENT**