

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND FIFTEENTH LEGISLATURE

SECOND SPECIAL SESSION
December 12, 1991 to January 7, 1992

SECOND REGULAR SESSION
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PUBLISHED BY THE REVISOR OF STATUTES
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J.S. McCarthy Company
Augusta, Maine
1992

PUBLIC LAWS
OF THE
STATE OF MAINE

AS PASSED AT THE
SECOND REGULAR SESSION

of the
ONE HUNDRED AND FIFTEENTH LEGISLATURE

1991

Unallocated

(\$900,000)

PART A

Provides for the deallocation of funds by an across-the-board reduction of approximately 0.9% in fiscal year 1992-93 except as provided in section 1 of this Part.

Sec. KKK-8. Allocation. The following funds are allocated from the various internal service funds to carry out the purpose of this Part.

1992-93

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF**Departments and Agencies - Statewide**

Unallocated

(\$540,000)

Provides for the deallocation of funds by an across-the-board reduction of approximately 0.9% in fiscal year 1992-93 except as provided in section 1 of this Part.

Sec. KKK-9. Allocation. The following funds are allocated from the various enterprise funds to carry out the purposes of this Part.

1992-93

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF**Departments and Agencies - Statewide**

Unallocated

(\$171,000)

Provides for the deallocation of funds by an across-the-board reduction of approximately 0.9% in fiscal year 1992-93 except as provided in section 1 of this Part.

See title page for effective date, unless otherwise indicated.

CHAPTER 781**S.P. 721 - L.D. 1911****An Act Related to the Planning and Delivery of Mental Health Services**

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

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 A-1. 34-B MRSA §3006, as amended by PL 1987, c. 887, §7, is repealed.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

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

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;

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

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

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.

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.

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

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

PART B

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

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

The task force shall develop recommendations for basic interdisciplinary continuing education and training programs for Maine mental health and substance abuse professionals; recommended interdisciplinary knowledge qualifications for individuals who may be employed as

staff or key consultants in key leadership or training positions in mental health and substance abuse programs; and requirements for interdisciplinary continuing education, licensure and service support in state-provided or state-funded mental health and substance abuse programs. The task force shall convene no later than August 1, 1992 and issue its final report, with statutory recommendations, no later than February 1, 1993 to the Governor, the joint standing committee of the Legislature having jurisdiction over education matters, the joint standing committee of the Legislature having jurisdiction over human resources matters and the advisory boards and commissions with jurisdiction over substance abuse and mental health.

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

PART C

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

1. "Commissioner" means the Commissioner of Mental Health and Mental Retardation.
2. "Department" means the Department of Mental Health and Mental Retardation.
3. "Primary consumer" means a person who is or has been a recipient of publicly or privately operated or funded mental health services.

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

1. To plan for and promote the development and organization of adult mental health services that respond to the unique needs and demographic characteristics of the service area;
2. To enhance consumer and family involvement in the development, organization and evaluation of adult mental health services and to encourage the expansion of consumer-operated services;
3. To engage in outcome-oriented mental health services planning, based upon the establishment of achievable goals and measurable time-limited objectives; and

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

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

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

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

The commissioner shall appoint one of the initial members to serve as chair. The chair shall appoint an advisory committee to provide advice and assistance to

the board. The advisory committee must include representatives of consumers, family members, service providers and others who have an interest in mental health services. Members of the advisory committee may receive reimbursement for expenses only as established by the board.

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

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

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

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

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

Sec. C-8. Rules. The commissioner may adopt rules in accordance with the Maine Administrative Procedure Act to implement this Part.

Sec. C-9. Sunset. This Part is repealed October 1, 1994.

PART D

Sec. D-1. 22 MRSA §6-A is enacted to read:

§6-A. Service delivery regions

The commissioner shall organize regional service delivery in accordance with the following regional boundaries.

1. Region I. Region I is all of Aroostook County.

2. Region II. Region II is all of Piscataquis County, Penobscot County, Hancock County and Washington County.

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

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

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

To the greatest extent practicable, the commissioner shall coordinate regional service delivery with the Commissioner of Mental Health and Mental Retardation to maximize the efficiency and effectiveness of services.

Sec. D-2. 34-B MRSA §1201-A is enacted to read:

§1201-A. Service delivery regions

The commissioner shall organize regional service delivery in accordance with the following regional boundaries.

1. Region I. Region I is all of Aroostook County.

2. Region II. Region II is all of Piscataquis County, Penobscot County, Hancock County and Washington County.

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

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

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

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

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

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

See title page for effective date,
unless otherwise indicated.

CHAPTER 782

H.P. 1443 - L.D. 2055

**An Act Concerning the Renewal of Agency
Liquor Store Licenses**

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

Sec. 1. 28-A MRSA §458 is enacted to read:

**§458. Renewal of agency liquor store license; selection
of alternate licensee**

1. Application by store. The holder of an agency liquor store license shall apply annually to the commission for renewal of that license. An application for renewal must be submitted on a form prepared by the bureau.

2. Review by commission. In reviewing applications for renewal submitted under subsection 1, the commission shall consider the following criteria:

A. The applicant's sales and inventory of liquor;

B. The applicant's sales and inventory of groceries and related items;

C. Any changes in the location of or renovations to the applicant's premises;

D. Any customer complaints of poor service against the applicant's store;

E. Any violations of liquor laws by the applicant; and

F. Records of any bad checks rendered to the commission.