

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTY-SECOND LEGISLATURE**

**FIRST REGULAR SESSION**  
**December 1, 2004 to March 30, 2005**

**FIRST SPECIAL SESSION**  
**April 4, 2005 to June 18, 2005**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**JUNE 29, 2005**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST SPECIAL SESSION**  
**NON-EMERGENCY LAWS IS**  
**SEPTEMBER 17, 2005**

**PUBLISHED BY THE REVISOR OF STATUTES**  
**IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,**  
**TITLE 3, SECTION 163-A, SUBSECTION 4.**

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**Penmor Lithographers**  
**Lewiston, Maine**  
**2005**

from waste-to-energy facilities. The subcommittee must be composed of representatives of differing viewpoints on the State's policy regarding waste-to-energy facilities; and be it further

**Sec. 3. Funding. Resolved:** That the Department of Environmental Protection may also receive funds from other sources to assist in funding the costs of the subcommittee; and be it further

**Sec. 4. Reporting date established. Resolved:** That the Commissioner of Environmental Protection shall report to the Joint Standing Committee on Natural Resources by February 15, 2006 on the recommendations made by the Air Toxics Advisory Committee regarding toxic air emissions and the Department of Environmental Protection's next steps planned to address toxic air emissions.

See title page for effective date.

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## CHAPTER 85

### H.P. 1060 - L.D. 1515

#### **Resolve, To Establish a Responsive, Community-based, Cost-effective and Comprehensive Adult Mental Health System**

**Sec. 1. AMHI Consent Decree Plan and system transformation plan. Resolved:** That the Department of Health and Human Services shall ensure that the plan presented for court approval to achieve compliance with the Augusta Mental Health Institute Consent Decree Plan and that the system transformation plan as referenced in Public Law 2005, chapter 12, Part XXX are consumer-directed, community-based and comprehensive. Any plan development must be done in collaboration with a working group inclusive of consumers, families, providers and advocates. The plan must address, at a minimum, service delivery structures, service options, financing of those services, quality assurance and quality improvement strategies to be reflected as part of the management of the system. The plan must also address the development of a local system to ensure continuity of care and to identify utilization management strategies for all components of the mental health system as referenced in section 3; and be it further

**Sec. 2. System values and standards. Resolved:** That the system for adult mental health services must be based on those values and standards already adopted by this State so that:

1. All services and support promote recovery and resiliency;

2. Planning and services are consumer-driven, holistic, flexible and strength-based;

3. The system is stigma-reducing and promotes a positive image of mental health care and treatment and consumers of mental health care;

4. Services are based in research or evaluation of efficacy;

5. Performance improvement decisions are based on data;

6. The system works in collaboration with public and private partners;

7. The system is culturally and linguistically competent and includes respect and inclusion for all consumers regardless of race, ethnicity, disability, sexual orientation or economic challenges;

8. The system is outcome-based and demands cost effectiveness, accountability, standards and best practices;

9. Grievance procedures are readily accessible and transparent;

10. Services are locally responsive and promote an individual's integration into community life;

11. System care is integrated with primary health care; and

12. Consumers have a choice of providers and services; and be it further

**Sec. 3. Service reform and improvement. Resolved:** That the mental health system must reflect at a minimum the following components:

1. Urgent care, including crisis services;

2. Inpatient services;

3. Outpatient clinical and medication management services;

4. Community support services;

5. Housing;

6. Residential support services;

7. Evidence-based practices, including, but not limited to, those currently identified by the federal Substance Abuse and Mental Health Services Administration;

8. Peer counseling and peer support services;

9. Vocational supports;

10. Transportation services;
11. Socialization supports; and
12. Family support services; and be it further

**Sec. 4. Diverse populations. Resolved:** That the mental health system must define and be responsive to the needs of diverse populations including:

1. Persons with serious mental illness;
2. Persons with co-occurring substance abuse disorders;
3. Persons who are older;
4. Persons in the criminal justice system;
5. Persons who have trauma and abuse histories; and
6. Persons with co-occurring serious physical illnesses or conditions; and be it further

**Sec. 5. System readiness. Resolved:** That service reform must be undertaken within the following parameters:

1. Significant changes in reimbursement methodology must include actuarial analysis;
2. Administrative burdens must be managed, consistent with Public Law 2003, chapter 673, Part 000, section 2;
3. Federal and state reporting data requirements must be met. Information technology systems must be in place to support data collection and quality management systems that drive reform;
4. The system must use consistent tools for measurement of outcomes, including, but not limited to, individual benefits that are grounded in the values in section 2; and
5. Required MaineCare waivers must be approved, when needed, prior to changes being implemented; and be it further

**Sec. 6. Implementation. Resolved:** That any substantive changes in financing and service delivery of adult mental health services must be phased in with an evaluation process for each phase, with adjustments being made accordingly; and be it further

**Sec. 7. Report. Resolved:** That the Department of Health and Human Services shall provide a report and recommendations, including any recommendations of the working group required under

section 1, to the Joint Standing Committee on Health and Human Services no later than January 15, 2006.

See title page for effective date.

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## CHAPTER 86

H.P. 1033 - L.D. 1470

**Resolve, Directing the Judicial Compensation Commission To Examine Allowing Judges To Receive Service Credit for Prior Legislative Service**

**Sec. 1. Judicial Compensation Commission to examine service credit for prior legislative service. Resolved:** That the Judicial Compensation Commission, established pursuant to the Maine Revised Statutes, Title 5, section 12004-G, subsection 23-A, shall examine whether a judge or justice should receive service credit in the Maine Judicial Retirement System for time spent as a Legislator if the judge or justice made payments to the Maine Legislative Retirement System during that legislative service; and be it further

**Sec. 2. Report. Resolved:** That the Judicial Compensation Commission shall report its findings and any recommended legislation to the joint standing committee of the Legislature having jurisdiction over labor matters and the joint standing committee of the Legislature having jurisdiction over judiciary matters by December 1, 2006.

See title page for effective date.

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## CHAPTER 87

H.P. 458 - L.D. 625

**Resolve, Regarding Legislative Review of Chapter 500: Stormwater Management and Chapter 502: Direct Watersheds of Lakes Most at Risk from New Development and Urban Impaired Streams, Major Substantive Rules of the Department of Environmental Protection**

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

**Whereas,** the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A requires legislative authorization before major substantive agency rules may be finally adopted by the agency; and