"New Directions for Maine's Developmentally Disabled"

State Plan
FY 76

Prepared by

Maine Council on Developmental Disabilities

Bureau of Mental Retardation

Dept. of Mental Health & Corrections

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PREFACE

"A plan always implies mental formulation and sometimes graphic representation". Webster's 7th Collegiate Dictionary, 1967.

The Maine Council on Developmental Disabilities is publishing this document as it's compliance to the Annual State Plan requirements as specified in P.L. 91-517. This plan has been constructed closely to the above definition.

Firstly: The plan strives to project new DIRECTION in the continuous development of services for the developmentally disabled of Maine. Similarly to it's predecessor, "A Precis of ..." (Circa 1972), this document reflects the status of a state-wide service delivery system. However, this design isn't only a preception of what exists, but more fully a projection of target areas which need priority attention in the future development of a system.

Secondly: The plan is the result of a "grassroots" planning process which emerged simultaneously in the six regions which constitue the Bureau of Mental Retardation service delivery system (see Appendix iii, State Map). This grassroots effort depended upon the energetic involvement of the six Regional Development Disabilities Committees and the corresponding Regional BMR Staffs. For this reason, this plan is a presentation of six regional reports which conclude into the Maine Council's Priorities FY 76.

I. MAINE COUNCIL ON DEVELOPMENTAL DISABILITIES

Methodology

Priorities for FY 76

Methodology

The principle objective in developing the FY 76 State Plan was to create a document as a conclusion to six regional plans. The Council intended to reverse the trend of imposing state priorities upon regional groups which had no input in those priorities. Therefore, Council staff proposed to develop a regional committee planning process which would retrieve a quantity of regional input over the issues of the service delivery system. It was by design that the planning for this document and the resulting priorities, did not include the State Council until 8 months after its' initiation.

During March 1975 the Council members were presented with six regional plans and were asked to review and comment. These six plans were the principle background materials for the members as they developed priorities for FY 76. At the Council's request staff prepared two different methods by which to analyze the regional priorities and conclude with a rank order for state-wide service needs. Each method focuses on 3 variables; Population Aggregate, Service Category and Regional Priorities. As presented each method describes state priorities and the implications to the regional inputs and plans.

a. Composite by Population Aggregate - This first method deals with the Service Categories as they were reported in the regional plans for each of the population aggregates. The following charts represent each population aggregate with the corresponding regional priorities for the service categories listed.

0-4	I	II	III	IV	V	Composite	Divided by Region within Aggregate
Counseling				1	2	3	1.1
D&E		1	4	1	1	3	1.3
Day Care			1	2	3	6	2.0
Personal Care			1	2	3	6	2.0
Recreation	3		1			4	2.0
Education				2	3	5	2.1
Treatment	2		10	2	3	17	4.1
Training		1	12	2	3	18	4.2
Housing			9	7	4	20	6.2

5-19	I	II	III	IV	V	Composite	Divided by Region within Aggregate
D&E		1	8	1		10	3.1
Treatment	2	3	7	3		15	3.3
Education	1	2	6	2	8	19	3.4
Day Care			5	4		9	4.1
Personal Care			5	4		9	4.1
Housing	2	4	15	2		23	5.3
Training		1	14	4		19	6.1
Recreation	3		11	6		20	6.2

20 +	I	II	III	IV	V	Composite	Divided by Region within Aggregate
D&E	4			1		5	2.1
Housing	1		1	2	5	9	2.1
Sheltered Workshop	2		2	4	6	14	3.2
Adult Activity			3	4	6	13	4.1
Personal Care				5		5	5.0
Treatment	4	3	11	3	7	28	5.3

20 +	I	II	III	IV	V	Composite	Divided by Region within Aggregate
Recreation	4		9	6		19	6.1
Training	2		13	5		20	6.2
Religion				8		8	8.0

As the charts indicate not all services were a priority in every region. To achieve some uniformity in considering each service priority, the composite in column six, which represents regional priorities for that service, were divided by the number of regions responding with a priority for that service. For example, Counseling, 0-4 Pre-School, has a composite of 3 which is divided by the number of regions indicating a priority need in that service category; 2 regions therefore the overall composite is 1.1 within the aggregate. Similarly, Education 5-19 school age has a composite of 19, divided by five regions, the number of regions indicating a priority, has an overall composite of 3.4. This factoring process is completed for each aggregate and the results follow: this arrangement of services can be interpreted in many different ways. (Note: The lowest numerical composite is the highest priority).

PRIORITIES WITH AGGREGATE

0-4: Pre-School:		5-19; School Age:		20-64; Adult	
Counseling	1.1	D & E	3.1	D & E	2.1
D & E	1.3	Treatment	3.3	Housing	2.1
Day Care	2.0	Education	3.4	Sheltered Workshop	3.2
Personal Care	2.0	Day Care	4.1		
Recreation	2.0	Personal Care	4.1	Adult Activities	4.1
Education	2.1	Housing	5.3	Personal Care	5.0
Treatment	4.1	Training	6.1	Treatment	5.3

PRIORITIES WITH AGGREGATE

0-4; Pre-School:		5-19; School Age:		20-64; Adult:	
Training	4.2	Recreation	6.2	Recreation	6.1
Housing	6.2	Religion	8.0	Training	6.2

Starting with the pre-school aggregate there appears to be a close relationship between items one and two. The definition for Counseling Services includes family counseling and genetic counseling. This could suggest an appropriate combination with Diagnosis and Evaluation Services. The next four services also have a possible apparent combination. For example, Personal Care services are never offered as a single unit, but rather as a program element of other services, i.e. day care and/or recreation. Therefore, Personal Care would be a required emphasis for any application attempting to provide Day Care and/or recreational services. A further combination could exist between Day Care and Recreation. Most Day Care programs include recreational activities designed for instructional, as well as leisure time purposes. Although this combination is possible, it must not lose sight of the need for recreational activities outside of the Day Care Program, like day trips, weekend activities and individual personalized recreation. For the infant population, Education services refer to the Child Development Programs as opposed to usual classroom activities and it too could be an element of a Day Care Program.

All these combinations seem to suggest a pattern for Early Intervention Programs. This pattern will include all those services in this aggregate and seems to support their priority order. Housing received the lowest priority which would support home bound activities rather than institutionalization. The regional plans cite the housing need for respite care and not for residential facilities, although foster care placements are a priority for the Bureau of Mental Retardation.

In the absence of residential placements, Day Care services can extend their services, thru home visitations and parent training, to the family at home and provide support for the child and family as they deal with their situation. This should ultimately be the goal of a comprehensive Early Intervention program.

In the 5-19 School-Age aggregate, Diagnosis and Evaluation claims highest priority. This would strengthen the potential use of the early intervention model suggested previously. Treatment and Education are the next two priorities and represent the two most traditional approaches to dealing with developmental disabilities.

The regional committees have no intention of duplicating the educational mandate of the Local and State Educational agencies as it is outlined in L.D. 965. The service need is consistently for advocacy to continued program development as well as improvement of educational opportunities entitled to all adolescents by State Law. The regional committees realize that program development is not an instantaneous event and therefore proposes continued support and technical assistance to both Local and State agencies. Similarly, the development of Treatment services is stated in terms of cooperation and consultation with the medical community for the purposes of attracting needed services, as well as increasing physician awareness of community programs for the disabled. The need is again for advocacy for Treatment services. Advocacy can be defined in administrative terms and might not necessarily be a funding project.

Day Care and Personal Care are the fourth priority thru a definite combination. Since Personal Care services, as defined "must be provided in conjunction with one or more appropriate services", then the combination is obvious. The Day Care need is for those hours of a day when the school age child is not in a school or treatment program, but still needs supervision, either because his parents are working and/or for his own intensified development program. This in addition to the need for quality developmental day care as an alternative to the traditional education.

Housing for school-age children refers to a respite care need and not only residential placements. This does not dispel the occasional need for long and/or short term training that requires a residential component.

The adult population has a high priority need for available D & E services seemingly following the pattern as established by the 0-4 aggregate. The regional reports stress that the service be availalable, but not totally designed for this specific group, since the need is more for vocational evaluations and periodic reviews.

Housing has a first priority for this group which parallels the drive for independent living so apparent for the adult population regardless of a disability. Second and third priorities are for Sheltered Employment and Adult Activities.

These services represent a day program designed to provide constructive and developmental activities. Sheltered Employment strives for the realization of vocational potential, while Adult Activities strive to provide a structured day program for those at a pre-vocational and/or nonvocational levels. Both of these services emphasize greater independence for the individual. The fourth priority is for personal care which stated before is not a single service unit, therefore its' emphasis could be combined in the previous priorities.

In conclusion, this pattern suggested one possible interpretation offered by the priorities taken from the regional reports. This method is contingent upon the relationship between the service categories needed and the population aggregate considered.

In the next suggested method the emphasis will again be the consideration of the service category with a different emphasis on age group.

(b) Composite by Service Category

In this method, as in the one previous, the major parameters are the Service Category and Population Aggregate. However the emphasis is placed most strongly upon the Service Categories and a composite from all Population Aggregates. The charts below will clarify.

	Service Category	Composite	Overall Divided by Aggregate
	Personal Care	20	6.2
	D & E	22	7.1
3 Aggregates	Day Care	28	9.1
	Recreation	43	14.1
	Housing	52	17.1
	Training	57	19.0
	Treatment	60	20.0
1 Aggregate	Counseling	3	3.0

	Service Category	Composite	Overall Divided by Aggregate
	Sheltered Workshop	14	14.0
2 Aggregates	Religion	16	8.0
	Education	24	12.0

The composite in this approach is from a two step process. First the composites that appear in column six of the first process are added by Service Category. These totals appear in the above chart as the composite. This composite is further divided by the number of times that a service is listed in each aggregate. As in the first method an inequity exists because blanks appeared in some regional reports as a result of a lack of priority. In this method a similar inequity exists in that some services are listed for all three aggregates while others are only in one or two aggregates. To achieve a uniformity was the reason for dividing the composites by aggregate to form a final priority.

Therefore any statements of a pattern must consider the importance of a priority service listed in less than three aggregates. This presentation will try to restrict its interpretation to within the grouping by aggregates.

As stated earlier Personal Care is not a single service unit. Therefore it could be elementary to all service priorities. The first priority would then be Diagnosis and Evaluation services capable of serving all populations. Day Care as second priority, also includes Adult Activities programs and therefore Day Care would apply to all populations. Recreation, Housing, Training, and Treatment all follow a similar pattern of priority for all aggregates. This grouping does not offer a clear relationship between each service needs as was apparent in the first method.

To consider the next group of those services found in only two aggregates, some consideration must be given to the information found in the regional reports. For example, Religious services are not one of the service categories offered in the D.D. program. However, this does not mean to suggest that it does not deserve a concern. To the contrary the Council should acknowledge that this is a special service need which could be handled by liaison on the regional level with community religious leaders.

In understanding Education, the regional reports all pinpoint the need for continued advocacy on the State and local levels for continual development and improvement of programs for the disabled. The guidelines for mandatory education by-laws applies only to the 5-19 school age aggregate. The reason this service appeared in two aggregates is that for the 0-4 pre-school group education services represented an element of day care. However these concerns will not raise the education service need to the level of the first group, but service need with a high priority based solely upon the role of advocacy.

The third grouping to consider are those services which appear in only one aggregate. In this group the services are Counseling and Sheltered Employment. Only Sheltered Employment is truly germane to one aggregate: 20 + adults. Counseling appeared in one aggregate because of emphasis placed upon the need for a comprehensive Diagnosis and Evaluation service. Therefore, Counseling will probably become a part of the priority for Diagnosis and Evaluation services. As for Sheltered Employment this service should receive a priority but only as it pertains to those regional reports which highlight that service need for the adult aggregate.

In conclusion this position paper represents two possible methods by which the Council can reach a set of priorities for FY 76. In no way are these methods intended to answer all questions because other methods certainly are possible.

2. Priorities and Application Time Table

The final results of the Council's role in the planning process is the state-wide priorities for FY 76. Keeping in mind the progress development behind these priorities, the Council's intention is that definition of a priority be sought on the regional level that is most appropriate. The end product ideally would be a defined priority from the regional to the state level.

After deliberating over the two composite methods suggested by staff, as well as other possible methods, the Council selected the first option. The Council did decide to eliminate "Religion" as a service need for two reasons. First, the recurrence of service requests is low and usually referred to the appropriate denominational representative already in the community.

Second, this service had not been identified as a need in any other region except for one. The Council believed that the need for religious services was amply cared for within each region and therefore didn't need to be a state-wide priority.

The priority order for FY 76 is as follows:

Priority	0-4; Pre-School:	5-19; School Age:	20 +; Adults
I	Evaluation Counseling	Diagnosis/Evaluation	Diagnosis/Evaluation Housing
II	Day Care Personal Care Recreation Education	Treatment Training	Sheltered Workshop Adult Activities Personal Care
III	Treatment Training	Day Care Personal Care	Treatment Recreation Training
IV	Housing	Housing Training Recreation	

Presently the entire D.D. program nation-wide is operating on a continuing resolution granted by the 94th Congress. At this time the actual funding level for FY 76 is not final, although Councils have been instructed to plan for the same allocation, at least, for FY 75.

Therefore the Council proposes the following time table for the submission, review and recommendations of applications addressing the FY 76 priorities.

	From	Til	Time Lapse
Grant Intent	July 1 -	Aug 15	7 weeks
Regional Committee Review	Aug 18 -	Sept 1	3 weeks
Council Review and Award	Sept 3 -	Sept 12	2 weeks

Conclusion:

The Maine Planning and Advisory Council on D.D. has concluded their State Plan for FY 76. This plan represents the work of many people from all areas of the State. The Council believes this plan to be a comprehensive document, however it's not the only method to achieve this end. Although this process appears to be complete, the Council realizes that shortcomings are not excluded. During FY 76 the Council hopes to review this process so to improve it for FY 77.

Although the actual fate of the D.D. program is not formed in concrete the Council believes that enabling legislation is forthcoming with new provisions for State plan development. The Council conceives this process to be adequate to supply the necessary state-wide input to assure that the priorities reflect the needs of the people in Maine.

This Plan is an optimistic projection of those areas which the Council hopes to address. Only an evaluation of this year will in retrospect indicate the Council's success or failure in meeting, or causing to have met, the needs of the developmentally disabled in Maine.

II. REGIONAL DEVELOPMENTAL DISABILITIES COMMITTEE PLANNING PROCESS

Methodology

Statistics

Participants

1. Methodology:

It has been almost two years since the Maine Planning & Advisory Council on Developmental Disabilities conducted a comprehensive planning process. In that time, advances have been made and potential resources made available as well as encountering new barriers to the delivery of services to the developmentally disabled population. To cope with the changes of two years, and to establish new priorities for the future, the Maine Council has again decided to conduct a state-wide planning process.

The method used for this process can be described in but a few words: "A brain storming analysis of services which are essential to the population aggregate considered". The approach was to focus upon the population which exists and the identification of their service needs. The theme is consistently people oriented; as opposed to a service orientation which is predominate throughout much of D.D. planning. Although the needs are presented in terms of services; the need for a service or service development is predicated upon the existence of a population.

The analysis of "Service Need" is designed in a definition of services which conclude with a set of priorities which must be attended to if the system is to reach a plateau of success in serving the individual. An explanation of the design will clarify the process in a sequential order.

Population Aggregate - A description of the population aggregate to be considered. The aggregates chosen were Pre-School 0-4 years, developmentally disabled; School-Age 5-19 years, developmentally disabled; Adult 20-64 years, developmentally disabled.

The use of the term "developmentally disabled" is defined in P.L. 91-517 "Developmental Disabilities Services & Facilities Construction Act".[1] The failure to consider a more specific definition is deliberate. The inconsistencies of the various "accepted definitions" would create too much of a variable to be applied universally. The primary interest was to consider all individuals with those disabilities regardless of the "degree variable", such as "moderate", "mild", "severe", "profound", etc. Services are required which would provide for the general disability; specialized services are considered and pinpointed if essential to the service need.

Service Category - The definitions of service categories is confined to the 16 services germane to the D.D. program. (See Appendix ii, Definitions of Services). The approach was to list those services required by the aggregate in question. It was understood that all 16 services could apply universally as needed, however, the discrimination based upon need was the underlying goal of this analysis.

Service Availability - With the help of the "Community Resource Inventory[2] the participants involved in the regional planning process were asked to identify by name those programs of the Service Category which were available in their region.

Service Needs - The analysis of what is ideal versus what is available yields those services which are lacking in the delivery system. At this stage the participants were directed to eliminate those service categories which they believed were adequately available. The needs which are cited could be either administrative, service delivery or funding. For example: although services do exist for a particular category, the desire for coordination of that service, among all the agencies which deliver that service is an administrative need.

Initial Priority - The participants were asked to prioritize the identified needs within each population aggregate. These preliminary priorities

[1]Sec.140(L) "The term "developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, which disability originates before such individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual". Note: The Secretary of Health, Education & Welfare has not defined "other neurological conditions...closely related to Mental Retardation..."

[2]Community Resource Inventory: Region I-VI, Published by the Department of Mental Health & Corrections, Bureau of Mental Retardation, 9/74, Ned Vitalis Project Director. Supported in part by SRS Grant #54-D-71041.

were decided without regard for the reasons which might have implications on the delivery of that service. This first priority is simply an indication of importance of the needs within each aggregate.

Resources - In this column is listed all the resources, both Federal, State & Local, i.e. capital and manpower; which could be brought to bear in addressing the priorities as identified. We were equally concerned that administrative, as well as fiscal, resources be considered.

Constraints - When a need is identified, it is important to understand those causal factors which have created the situation. In this column the participants were required to enumerate both the fiscal and administrative barriers which have to be dealt with in order to address the need. Being mindful that many constraints are not easily identified, the participants were asked to list topics rather than situations.

Actions - Once a need is identified, and the resources and constraints perceived, the course of action can be charted. Participants were directed to focus in on administrative, as well as fundable actions, which could be addressed on whatever level was most appropriate, i.e. regional and/or bureau level. Historically, D.D. action has been limited to special projects using pilot funds. The desire was to modify that trend more toward administrative types of actions.

Final Priorities - The initial set of priorities was conceived within each population aggregate. However, our interest, at this point, is system-wide. This final set of priorities encompasses all those areas identified as need regardless of the aggregate. These priorities also consider the resources, constraints and actions which follow the initial set of priorities. Finally these priorities will provide new DIRECTION to the regional committee as well as suggest actions of a state-wide nature.

This process was executed within a seven month period. The resulting 6 regional reports concluded with dual roles. Primarily, they are the finished product for each regional committee and staff which provide a blueprint for regional planning. Secondly, they provide the background material from which the State will define its priorities for the FY 76 funds and Council actions.

State Council Priorities - At the conclusion of the regional process, the Maine Council took the responsibility for condensing the 6 regional work-ups into a state-wide set of priorities. Using a procedure which grouped similar elements together, the Council had to discriminate which factors would have statewide effects, as well as a crucial need. Council members reviewed all the work-ups, discussed their reactions and accepted recommendation for priorities from the membership.

Priorities were once again established in light of administrative and fundable actions. Although the solicitation of project grants had always been primary in people's minds, administrative priorities would provide an option to this narrow perspective. In this manner, the Maine Council would realize tasks within its capacity of planning and advising.

The relationships between the D.D. Council's priorities and Regional priorities guarantee that this mechanism is responsive to the people of Maine on both a statewide and regional level. At the one level the State Council would project its resources upon the entire BMR system, while on the other hand, the Regional priorities are principally concerned with the microcosm of a region. For the regional BMR staff and committee it represents an order of what areas need their attention. This simple relation is true for all regional committees, as well as for the Maine Council and its staff.

These priorities are presented with the knowledge that regional actions will effect state actions and visa-versa, and the goal to assist all the developmentally disabled of Maine.

2. Statistics:

The use of numbers in a plan, that is designed as a brain storming analysis with a concluding set of new DIRECTION, must be handled with a specific amount of care and caution. Our use of statistical prevalance figures, both state-wide and regionally, is not to imply that this study is of a highly sophisticated empirical nature. On the contrary, the intent of using statistics was primarily to indicate that a potential population could exist given the population base

of Maine.

The statistics are simply calculated with the aid of the Maine U.S. Census of 1970 and the nationally accepted percentages for mental retardation, cerebral palsy and epilepsy. The chart below indicates the percentage figures used for the corresponding age aggregates of the study.

AGE	MENTAL RETARDATION	EPILEPSY	CEREBRAL PALSY
0-4	6%	2%	.2%
5-19	3.3%	2%	.2%
20-64	2.81%	2%	.1%
Reference	NARC	EFA	UCP

(See Appendix i Acronym List)

"Economics of Mental Retardation" - by Ron Conley
Office of Education - Department of Health, Education and Welfare

These percentages are applied to the population base for a particular age group. For example, of all those who are between the ages of 5-19, there is approximately 3.3% of whom are affected with mental retardation.

Again to stress the intent of using these statistics, our participants were only offered these as a suggestion that a potential population does exist. Statistics which are available in a few regions in some instances, contradict the incidence figures. However, these regional statistics were not available in all areas and the reliability of those available is open to question.

The statistics were prepared for each region. Regional reports of this document will have an accompanying statistical chart within the individual narrative. However, a chart of state-wide statistics is presented here to acquaint the reader with the potential population of developmentally disabled in Maine.

AGE	TOTAL POPULATION	MENTAL RETARDATION	EPILEPSY	CEREBRAL PALSY	TOTAL DD
0-4	84,622	5,069	1,690	166	6,925
5-19	294,720	9,716	5,891	585	16,192
20-64	498,114	13,988	9,959	496	24,443
	877,456	28,773	17,540	1,247	47,560

3. Participants:

In 1973, The Maine Council on Developmental Disabilities authorized the establishment of regional D.D. Advisory Committees. In response to the fact that expertise existed at the regional levels and this talent could act in the best interest of each region, the committees were designed under the same membership qualifications as held true for the State Council. These regional committees were designated to each BMR Regional Administrator to be used for regional review and comment on grant proposals; regional planning; regional advisement committee and an extension of the State Council. This document is the first attempt by these committees to deal with the question of planning for the developmentally disabled.

Although the regional committee has no actual authority of its own, and rely solely upon volunteer hours; they have developed into an interesting and potential force to better deal with the problems which are immediately visible on a regional level. The committees consist of those who consume, as well as provide services. To review and comment on grant applications with all parties involved at the regional level is a move toward much needed coordination. However, the potential for better inter-group coordination is equal only to the possible potential for confusion, delay and regionalism.

Realizing the potential for positive forward action at the regional

level, the committees were invited to participate in the development of this document. For many people this effort was the first experience they had with planning. A percentage of some participants were professionals concerned with the delivery and/or purchase of services and were now interested in a broader task; the total developmental disabilities program in their region.

All the regions suggested different ways to accomplish the process. While the final review of the reports was left to the entire committee, the methods for obtaining the background data varied from sub-committees to staff work. The method chosen by each committee will be outlined in the narrative to each report.

This document is the result of man hours and repeated meetings for all those committee members and staff who were involved. The Maine Council is most grateful to all those who were involved for their time, interest and cooperation. The Council intends to present adequately what the committees produced and it believes that the future will provide this document to be truly a new DIRECTION.

III. REGIONAL DEVELOPMENTAL DISABILITIES COMMITTEES REPORTS

Region I

Region II

Region III

Region IV

Region V

Region VI

REGION I

Aroostook County

The Region I Developmental Disabilities Committee generally convenes at the Opportunity Training Center in Presque Isle, Maine. The Committee members have a long history of regional activities concerned with the disabled. Many of it's members hold positions in local advocacy groups like the local association for retarded citizens.

At the time, this Committee was requested to participate in the planning process, the concensus was that regional BMR staff should prepare the write-up in anticipation of the Committee's final review. The Committee believed that this would be the best way to keep the write-up consistent and to allow the Committee to concentrate on it's review.

Region I had spent some local funds for a county census project of the identifiable population. When the planning process started only the northern & southern parts of the county had been censused. With the central part remaining and approximately only half of the county population recorded, the statistics didn't collaborate with the proposed prevalence figures.

Region I: Aroostook County

Age	Total Population	Mental Retardation	Epilepsy	Cerebral Palsy	Total DD
0-4	8,821	528	176	17	721
5-19	31,438	1,036	628	62	1,726
20-64	44,369	1,245	887	44	2,176
	84,628	2,809	1,691	123	4,623

The most striking contradiction was the absence of a substantial pre-school population as indicated by the prevalence figures. With half the county population recorded only 8 pre-schoolers were identified as developmentally disabled as opposed to the proposed 721 pre-schoolers as indicated on the chart. Other findings were lower than the proposed but not by such a striking difference.

The Committee suggested that the initial difference could be the method of identification or the community willingness to identify a disabled individual. The county presently does have a D & E Clinic which is capable of adequately identifying at risk individuals, however, they too find the low population for pre-school. The consensus centered around the idea that there is a lack of community awareness to identify children before school-age.

As indicated, the question around the size of the pre-school population drew considerable concern in this region. However, with the challenge of setting priorities before the committee, different concerns were also proposed.

The Committee concluded with a dual first priority for "housing" for the 20-64 aggregate which is a fundable activity, while placing a first priority on the administrative role of advocacy for the education services for the 5-19 aggregate. In relation to these priorities, treatment for 0-4 years and 5-19 years, housing for 5-19 years, training & sheltered employment for 20-64 years all shared the second priority.

A closer review of the Region I write-up will further explain the priorities in relation to the suggested actions to be taken.

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Pre-School 0-4 years Developmentally Disabled	Treatment	Local physicians, OTC dental clinic, AMHC, private schools, Cary's Hospital Speech & Hearing Clinic, local hospitals, Traveling Trainers.	Pediatrics, Orthopedic, Neurological & Opthomological services are not available. PT & behavior mod. are not available in Northern Aroostook County.		Grant-in-Aid; Special Project; Local CHP agency.	Unavailability of medical and therapeutic personnel.	Pursue consultation with local CHP agency to develop medical services. Expand Traveling Trainer program to serve the entire region.	II
	Recreation	OTC Summer Program	Expand existing program to serve the entire region. Establish year round services using community resources.		Community recreation programs & facilities.	Existing programs are inadequate; Community support & intergration is lacking.	Increase community support & intergration thru public education.	II
School-Age 5-19 years Developmentally Disabled	Treatment	Local physicians, OTC dental clinic, AMHC local hospitals, Traveling Trainer, Cary's Hospital Speech & Hearing Clinic.	Opthomological, Orthopedic, Neurological, physical therapy; Behavior mod. are needed through out the region.		Local CHP agency; Grant-in-Aid.	Unavailable medical and therapeutic personnel.	Pursue consultation with local CHP agency to develop medical services. Expand Traveling Trainer program to serve the entire region.	II
	Education	Local school districts; Private schools, i.e. Hope School, OTC & Roger Randall School.	Continued advocacy for program development with emphasis for the severely and profoundly disabled.		L.D. 965, L.D. 1994; Local school districts; Private school Programs.	School intergration & adequate programming in local & private schools.	Advocate for continued program development for full intergration & emphasis for the severe & profound multi-handicapped	I
REGION I	Recreation	OTC Summer Program	Extra-curricular & summer recreational programs need to be established. Increase intergration with community facilities.		Community recreation programs & facilities.	Existing programs are inadequate; Community support is lacking.	Increase community support & intergration thru public education.	II
	Housing Domiciliary Care Sp. Living Arrangements	Foster & Nursing Homes; Aroostook Residential Center.	Expand Nursing & Foster Homes; Establish Group Homes with emphasis on the multi-handicapped.		Housing & Community Dev. Act 1974; Grant-in-Aid project funds & local support.	Lack of Administrative personnel to pursue program dev.. Population characteristics appear to be changing.	Increase local support for housing needs; Pursue grant funds thru DD Council & BMR; Survey target population to clarify characteristics.	II
Adult 20-64 years Developmentally Disabled	Evaluation Diagnosis	Aroostook Mental Health Center; Local physicians & hospitals; DD clinic evaluation.	Vocational D & E is needed;		Bureau of Rehab.; OTC Workshop.	Lack of professional evaluation.	Consult with Bureau of Rehab. to develop vocational evaluation.	IV

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Treatment	Local physicians & hospitals; OTC dental clinic; AMHC.	Opthomological, Orthopedic, physical therapy; Behavior mod.; Neurological services are non-existent in Aroostook County.		Grant-in-Aid; Special programs;Local CHP agency.	Unavailability of medical personnel; Lack of administrative staff to actively pursue program development.	Consult with local CHP agency to develop medical services.	IV
	Training	AMHC - Day Center; Homemaker Services.	"In-home" respite care program for adults.		Homemaker Services.	Lack of seed funds to develop program with coordinated Homemaker Services.	Develop project with Homemaker Services for the entire region.	II
	Recreation	OTC Summer Program	Extra-curricular & summer recreational programs to serve entire county. Increase intergration with community programs.		Community recreation programs & facilities.	Existing programs are inadequate, and seriously lack adult activities;Community support and intergration lacking.	Increase community support and intergration thru public education aimed at developing awareness.	IV
	Housing Domiciliary Care Sp.Living Arrangements	Nursing, Foster & Boarding Homes, Aroostook Residential Ctr. & independent apts.	Increase Boarding Home placements; Create Group Homes; Expand independent & semi-independent apts.		Housing & Community Dev. Act 1974; Grant-in-Aid; Project funds & local support.	Lack of administrative staff to pursue program development within Region. Population characteristics appear to be changing toward the multi-handicapped individuals.	Increase local support for housing needs; Pursue grant funds thru DD Council & BMR. Target population must be surveyed to clarify characteristics.	I
	Sheltered Employment	Work Opportunities Ctr. Roger Randall Adult Activities programs.	Program development for Northern & Southern Aroostook County, job development, job placement, work adjustment and pre-vocational.		Existing programs with potential for expansion;Bureau of Rehab.;Local ARC's.	Lack of funds for St. John Valley to initiate programs & inadequate funds to expand and continue existing facilities.	Pursue county government for funds for adult programs. Pursue consultation with Bureau of Rehab. for program development.	II

REGION II

Penobscot, Piscataquis, Hancock and Washington Counties

Region II used the sub-committee and staff approach for the completion of the planning. After an explanation of the proposed process to the Committee, the selection of an ad-hoc group was made to prepare the write-up for review.

This ad-hoc group convened and prepared the first part of the process which included the service category, availability, needs and initial priorities. The task of identifying resources, constraints and actions was delegated to the regional BMR staff because it required specific technical knowledge.

Priority rating for this region was conceived with an inter-relation between each priority. For example, all those elements of the first priority are closely related if the delivery of one service is to be complete. Evaluation and Diagnosis Services are severely limited if no priority is given to the necessary follow-up training services. Under this focus the first priority is shared by D & E and training services.

Similar to Region I, the second priority is again an administrative action, i.e. advocacy for the provision of educational services for the 5-19 aggregate. For the second year in a row, the desire to be advocates for the provision of educational services seems to be a priority emerging from the regions.

Priorities III & IV were for treatment and housing services across the board. However, the suggested action under "treatment" which mostly concerned the Committee was that attempts be made to provide in-service training for physicians and dentists to increase their awareness of services for the disabled, both within the region and state-wide. The desire for a better understanding by physicians and dentists that the disabled can be adequately provided for will help greatly to assure parents that some things can be done to the advantage of the disabled individuals.

"Housing" for the disabled will continue to be a priority for those who are institutionalized or at risk of institutionalization. This priority must be met if the principle of normalization is to be realized for all the disabled.

Region II has a much larger population than Region I. Similarly, the prevalence of developmental disabilities would be much larger.

Region II: Penobscot, Piscataquis, Hancock and Washington Counties:

Age	Total Population	Mental Retardation	Epilepsy	Cerebral Palsy	Total DD
0-4	16,658	998	333	33	1,364
5-19	61,220	2,019	1,224	122	3,365
20-64	104,341	2,930	2,086	104	5,120
	182,219	5,947	3,643	259	9,849

Although the total populations of Regions I & II differ by approximately 100,000, the prevalence figures are a little more than doubled. Whereas Region I had partial census data, Region II had not. However, the social work caseloads indicate that the population is not as high as the prevalence rate suggests.

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEEDS	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Pre-School 0-4 years Developmentally Disabled	Evaluation Diagnosis	UCP Orthopedic Clinic, Down East Health; Levinson Center; Speech & Hearing Clinic; Thayer Hospital Clinic; Counseling Center.	Single comprehensive service does not exist; fragmented services are available. Thayer Hospital Clinic is outside region & creates transportation problems.		Existing facilities; Maternal & Child Health funds, U.A.F.	Existing facilities lack inter-agency coordination; Finances for supportive services.	Develop coordination committee among existing agencies; Develop implementation proposal for U.A.F.	I
	Day Care	Bangor Day Activities; Ellsworth; Head Start Program.	Specialized Developmental Day Care emphasizing severe & multi-handicapped. Services must be better distributed through out region.		Existing facilities; 4A funds; Grant-in-Aid; Local funds.	Lack of seed funds for 4A Social Services funds; Lack of facilities in rural areas; Difficulty of programming for severely & multi-handicapped; Head Start limited to 3 to 6 years old.	Stimulate local support for seed funds; Encourage rural Out Reach by existing facilities; Encourage program development for severely & multi-handicapped.	III
	Training	Down East CP Center; Out Reach program; Visiting Nurses, Traveling Trainers; Homemaker Services.	Increase number of Traveling Trainers; Increase the participation of a greater number of disciplines; Coordination with Homemaker Services.		Existing programs; Diocesan Bureau of Human Services; 4A Social Service Funds.	Lack of seed funds for expansion of Traveling Trainer services; Lack of coordination between Homemaker & Traveling Trainer.	Stimulate local support; Expand Traveling Trainer program thru 4A funds.	II
REGION II	Education	Head Start; Counseling Center Children Prog.; CP Center; Eastern Maine Friends of the Retarded.	Advocate for the inclusion of 0-4 under L.D. 965; Training needs for severe, profound and multi-handicapped are educational processes.		Existing programs; Grant-in-Aid; Title 4A funds.	Lack of seed funds; Age restrictions on Head Start; Lack of intergration.	Advocate for pre-school funds from L.D. 965; Local support; Stimulate priority of 4A funds being used for pre-school; Stimulate existing agency expansion.	IV
School-Age Adolescent 5-19 years Developmentally Disabled	Evaluation Diagnosis	Levinson Center; Pineland Center; CP Center; Counseling Center; Hospitals; Speech & Hearing Clinic; Thayer Hospital Clinic.	Single comprehensive services is needed; Fragmented services are now hampered with transportation problems.		Existing agencies; Local school district; P.E.T.	Physical facilities; Inner agency coordination; Finances for support services.	Develop coordination Committee among existing agencies; Draft a coordinated implementation proposal for U.A.F. project.	VI

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Treatment	General medical, psychological, and therapeutic services available;Public Health Nurse; Dental Clinic in Bangor.	Dental care is seriously inadequate;Seizure Control Clinic;Specialized medical services are sometimes difficult to secure.		Existing facilities;Local CHP agency; Specialized dental clinic.	Lack of trained professionals;Lack of awareness by professionals;Transporation; Financial reimbursement from third party payments, i.e. dental care.	Pursue continuation for dental clinic;Consult with local CHP for acute medical services, i.e. seizure control.	V
	Training	Down East CP Out-Reach program;Public Health Nurse;Traveling Trainer; Homemaker Services.	More home management services;Increase number of Traveling Trainers.		Existing facilities;Diocesan Bureau of Human Services: Grant-in-Aid; 4A Social Service Funds.	Lack of seed funds for expansion of Home Training Services i.e. Traveling Trainer; Out Reach; Homemaker.	Stimulate local support; Expansion of Traveling Trainer Program thru 4A funds.	II
	Education	Local SAD's, Dept. of Education; Private Schools.	Advocacy role to promote programs & services developed to serve all children; Increase scope to include non-academic education.		Local school districts;L.D. 965 & 1994; Dept. of Education.	Committment of local SADs;Inadequate physical facilities; Lack of non-academic programs, i.e., Training.	Advocate for program development with local SADs; Provide technical assistance for program development.	I
	Recreation	YWCA & YMCA's Swim program; ARC's & CP summer program;Limited programs available thru school departments.	Extra-curricular activities and summer recreational programs.		YMCA & YWCA; Summer progs.; Community facilities;SAD	Physical facilities are lacking;Community attitude toward intergration is low.	Develop inter-agency coordination for recreation programs to intergrate the disabled.	II
	Housing Domiciliary Care Sp. Living Arrangements	Existing Boarding, Foster & Nursing Homes; Limited respite care thru Levinson Center, Homes Unlimited.	Develop additional Group Homes, semi-independent & independent apartments; Develop in-service training to enhance existing facilities;Expand respite care services.		Housing & Community Development Act;Legislative Appropriations; SSI: Dept. of Health & Welfare;Grant-in-Aid;Special project funds.	Third party payments: Level of SSI:Restrictive licensing regulations;Delay in the implementation of the Community Development Act.	Pursue Housing & Community Development Act;Encourage increase in SSI;Develop program for specialized group homes for children; Investigate third party payment;Expand respite Care Services.	IV

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Adult 20-64 years Developmentally Disabled	Treatment	General medical services available;Hospital & private physicians; Public Health Nurse;Specialized dental clinic.	Home Health Maintenance services needed for general health problems;Dental care needed;Seizure control; Dietary services.		Existing facilities;Local CHP agency; Specialized dental clinic; Homemaker Services.	Lack of trained professionals;Lack of community awareness; Reimbursement for third party payments; Transportation.	Pursue continuation of dental clinic;Consult with local CHP agency for acute medical services; Investigate third party payment reimbursement.	V IV
	Training	Public Health Nurses; Homemaker;CP Out Reach.	Develop Traveling Trainer program for adults in special living arrangments.		Existing facilities;Diocesan Bureau of Human Services;4A Social Service Funds.	Lack of seed funds to expand existing services to provide for adults in special living arrangements.	Increase the development of home directed services thru 4A funds.	IV VII
	Education	Nothing exists.	Advocate for basic adult education.		Adult Education Services;Extension Services of Dept. of Education.	Lack of adult education staff;Transportation.	Develop Adult Education programs;Advocate for increased extension services for the disabled.	VI
	Adult Day Activities	Bangor Day Activities Center; ARC	Additional slots needed in programs with non-vocational & pre-vocational emphasis;Transportation for rural areas is lacking.		ARC's programs; Bangor Day Activities	Lack of physical facilities;Lack of seed funds for Titles 4A & 6 funds;Transportation of population.	Encourage program development with existing programs;Stimulate local support in rural communities.	I III
	Sheltered Employment	Work Skills Development Center;DVR evaluation & diagnosis available.	Expand shops;Job finder and contract procurement are needed.		Vocational education;Bureau of Rehab.;Counseling Center; Local shops; Grant-in-Aid; Title 6 funds.	Lack of physical facilities;Lack of seed funds;Contract procurment & job placement.	Pursue local support;Consult with the Bureau of Rehab. to encourage program development.	II
	Recreation	YMCA & YWCA swim program;ARC's & CP's Summer Programs.	Extra-curricular and summer recreational programs.		YMCA & YWCA: Summer programs; Community facilities.	Lack of physical facilities that can expand;Community intergration.	Advocate for interagency coordination for community recreation programs to intergrate the disabled.	IV V

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEEDS	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Personal Care	Homemaker Services, Extension Service.	Homemaker Services, Home Management Services.		Existing facilities;Diocesan Bureau of Human Services;U of M Extension Services;Title XX funds.	Lack of local seed funds;Transportation; Income eligibility requirements are restrictive.	Develop Traveling Trainer for adults;Pursue solution to transportation problems thru Urban Mass trans.;Stimulate local agency committment for seed funds.	VII
	Housing Domiciliary Care Sp. Living Arrangements	Group Homes, Boarding Homes, Foster Homes, Nursing Homes.	Develop additional group homes;Improve, expand & create Foster & Boarding Homes;Create independent & semi-independent homes; In-service training for existing facilities.		Existing facilities; BMR Community Grant-in-Aid;Housing & Community Development Act; SSI;Dept. of Health & Welfare	Third party payments; Level of SSI:Restrictive licensing regulations;Delay in-Housing & Community Development Act.	Pursue the Housing & Community Development Act; Encourage Community support i.e. Bangor City Council, investigate third party payments, encourage increase in SSI; Develop in-service training for existing homes.	III I

REGION III

Kennebec and Somerset Counties

Initially this regional committee opted to involve the entire committee in the proposed planning process. The rationale was to involve as many participants as possible to insure a variety of inputs and discussions. However, arrangements necessary to satisfy everyone's schedule proved difficult and resulted in only scattered representation. At the subsequent suggestions of consumers, the committee's involvement was modified to the review and comment of a staff report. Then to insure regional inputs the report was circulated among several local service providers for their reactions. Although this process proved to be longer than other situations, the regional committee believed that it adequately assumed a realistic report of regional priorities.

Those highest priorities are as follows:

1st - Day Care 0-4; Housing 20-64

2nd - Sheltered Employment 20-64

3rd - Adult Activites 20-64

4th - Diagnosis & Evaluation

The trend established indicates that day activities are critical to this regional service delivery system especially for the adult population. Alternative living arrangements are a high priority which still exists in Region III, as well as the need for early intervention style diagnosis and evaluation

Region III: Kennebec and Somerset Counties

Age	Total Population	Mental Retardation	Epilepsy	Cerebral Palsy	Total DD
0-4	11,871	711	237	23	971
5-19	39,994	1,317	299	79	2,195
20-64	68,177	1,914	1,363	68	3,345
	120,042	3,942	2,399	170	6,511

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Pre-School 0-4 years Developmentally Disabled	Evaluation Diagnosis	Thayer Hospital Clinic; Limited service available thru Mid-State CP Center and Levinson Clinic.	Expand available clinic time; Develop a (follow-along) service to compliment Thayer Clinic; Prescriptive programming must be developed for home use.	II	Maternal & Child Health Funds; Special demonstration project funds for U.A.F.; Existing facilities.	Existing facilities are limited by administration policy.	Design coordinated services; Advocate for changes in administration policy and develop follow along services; Develop U.A.F. proposals.	IV
	Treatment	Private physicians & General Hospital Services; Available dental services with client funds.	Dental service needs to be available to all regardless of income; Increase Home Training Services to support family.	IV	Special project funds; Local CHP agency; Kennebec Valley Regional Health Agency (In-Service Training project.)	PT & OT & Dental clinic are limited because of requirements of client income eligibility.	Public Education program for community to increase awareness of available services; Investigate the client-income constraints	XX
REGION III	Day Care Personal Care Recreation	Headstart programs; Family Day Care, Home bound services; Ken-A-Set Pre-School Programs (2); Kennebec Valley Pre-School.	Increase slots and eliminate the age restriction of 2½ and older; Expand Home bound programs; InService Training for Family Day Care staff to better qualify them to serve severe & profound children; Respite care services.	I	Diocesan Bureau of Human Services; Community action programs; Headstart; 4A funds; ARC; YMCA; Community facilities & programs; Kennebec Valley Mental Health Center.	Lack of professionals & para-professionals; Lack of funds for expansion and transportation of rural clients; Lack of community support & awareness.	Advocate for Day Care services thru local school districts; Stimulate present providers to cooperatively investigate program expansion and intergration; Advocate for greater intergration of the disabled into community programs.	I
	Training	Home bound Training; Family Day Care, Traveling Trainers.	Increase slots & expand staff training to increased target population; Emphasis on family & home support during early intervention stage.	V	Social Services Fund thru Title 4A & 6; Diocesan Bureau of Human Service.	Social Service regulation are restrictive because of income eligibility.		XII
	Housing Domiciliary Care Sp. Living Arrangements	Limited BSW Foster Homefinding; Limited respite care at Levinson Center.	Develop respite care both long and short term: Support to Day Care Services.	III	Community Grant-in-Aid; Pilot project funds; Housing & Community Development Act; SSI payments.	Delay on Housing & Community Development Act; Implementation level of SSI payment; Restrictive regulations for licensing, fire and saftey codes	Pursue Housing & Community Development Act; Advocate for increased community Grant-in-Aid; Advocate for increase in SSI payment level.	IX

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
School-Age 5-19 years Developmentally Disabled	Evaluation Diagnosis	Kennebec Valley Mental Health Center;Pineland Center;Levinson Center; CP Center;Private physicians, Thayer Hospital Clinic.	Single comprehensive Service needs to be coordinated; Expand present services to serve individuals of any age regardless of income.	IV	Pursue Maternal & Child Health funds for U.A.E proposal.	Levinson & Pineland are limited by policy; Thayer Hospital Clinic is designed targeted to pre-schoolers KVMHC is limited by hours.	Develop special project designed to coordinate present services and expand service availability; Develop U.A.F. proposal.	VIII
	Treatment	Local hospitals & physicians;Limited dental clinic;Speech & Hearing Clinic at Thayer Hospital;Limited PT and OT services.	Provide services for non-proverty level clients; Public education to increase community awareness of existing services.	III	Existing facilities;Screen project funds; Local CHP agency;	PT & OT services & dental clinic are limited because of client income eligibility requirements.	Public Education program community to increase awareness of available services;Investigate the client income eligibility constraints.	VII
	Day Care Personal Care	Diocesan Day Care Program;Head start;Community Action Program Day Care.	After school & weekend services;Respite care for the severely & profoundly disabled.	I	Existing agencies;4A funds; local school districts; L.D. 965.	Lack of professionals; Lack of funds to expand programs;Transportation of rural clients.	Advocate for Day Care services thru local school districts;Stimulate present providers to cooperatively investigate program expansion and intergration.	V
	Training Personal Care	Traveling Trainer;Homemaker services.	Expansion of Traveling Trainer program emphasizing increased personnel with increased discipline interaction.	VI	Social Services fund thru titles 4A & 6, Diocesan Bureau of Human Services.	Social Service regulations are restrictive because of income eligibility.	Develop coordinated service of Homemaker Service & Traveling Trainers; Investigate funding for all income levels.	XIV
	Education	State Department of Education and Cultural Services;Local School Districts;Private schools, i.e. CP Center & ARC.	Services for severely & profoundly disabled emphasizing non-academic programs;Increase evaluation services;Monitor for quality programs.	II	Existing agencies;L.D.965 & 1994.	Delayed implementation of L.D. 965 & 1994 on local & State levels.	Advocate for quality programs for all children; Emphasis programs for severely disabled & multi handicapped.	VI
	Recreation	ARC's recreation programs including services with YMCA; Community facilities & programs.	Extra-curricular activities; Summer recreation programs; Intergration of the disabled into community programs.	V	Existing facilities;Grant-in-Aid;Special project funds.	Lack of community support & awareness.	Advocate for greater intergration of the disabled into community.	XI

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Housing Domiciliary Care Sp. Living Arrangments	Existing Foster, Boarding & Nursing homes; Group Homes	Up-grading of present homes with support services for in home & outside programs; Establish semi-independent & independent apartments & additional group homes.	VII	Community grant-in-Aid; Pilot project funds; Housing & Community Development Act; SSI.	Delay on Housing & Community Development Act; Implementation level of SSI payments; Restrictive regulations for licensing, fire & safety codes.	Pursue Housing & Community Development Act; Advocate for increased community Grant-in-Aid; Advocate for increase in SSI payment level.	XV
Adult 20-64 years Developmentally Disabled	Treatment	Private physicians & general hospitals; Speech & Hearing Clinics at Thayer Hospital; PT & OT are limited.	Increase availability of PT & OT; Dental services are non-existent; Advocate for medication checks.	V	Existing facilities; Local CHP agency.	Existing dental clinic excludes adults; Lack of adequate social service staff; Lack of PT & OT professionals.	Expand Aftercare project with emphasis on follow-up care; Consult with CHP agency for medical service; Advocate for medication check.	XI
	Day Care Adult Day Activities	Kennebec Valley ARC; Lorna Dill Work Activity Center; Hilltop Work Activities Center	Non-vocational Day Activities with emphasis on socialization; ADL skills & personal care; Respite Day Care;	III	Existing programs; Grant-in-Aid; Legislative appropriation for adult programs.	Lack of substantive and continuous funds for adult programs.	Advocate for adult programs in cooperation with existing agencies.	III
	Training	Homemaker services.	Expand Homemaker's Services and develop Traveling Trainer services for adults.	VI	Existing programs; Diocesan Bureau of Human Services; BMR; Bureau of Human Services; Bureau of the Aged; Title XX funds.	Present Traveling Trainer program does not include adults; Lack of State & local seed funds.	Advocate for the development of Traveling Trainer program for adults; Form coalition of Bureaus concerned with aged & disabled.	XIII
	Sheltered Employment	Ken-A-Set; ARC; Sheltered Workshop; Lorna Dill; Hilltop & Kennebec Valley ARC work activity program.	Coordination & intergration of existing programs; Develop additional sheltered shops & pre-vocational activities; Job placement & contract procurement must be strengthened.	II	Existing facilities; Bureau of Rehab.	Transportation; Contact procurement & job placement are inadequate for the entire region.	Advocate for program development for new shops; Advocate for an increased emphasis for ADL socialization and work adjustment rather than straight production.	II
	Recreation	ARC's recreation program; Community facilities.	Extra-curricular activities Summer recreation programs; Intergration into community programs.	IV	Existing community facilities;	Lack of community support and intergration of the disabled.	Advocate for greater intergration of the disabled into community programs.	IX

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Housing Domiciliary Care Sp. Living Arrangements	Group Home, Boarding Homes, Foster Homes; Nursing Homes.	Upgrade existing homes with ancillary programs;Develop semi-independent and independent apts. and group homes;Increase level of SSI payments.	I	Existing facilities;Housing & Community Development Act; Local support; Community Social Service Staff;Legislative appropriations; Special project; Grant-in-Aid.	Restrictive regulations for licensing, fire & safety codes; Inadequate SSI level; Delay of Housing & Community Development Act.	Pursue Housing & Community Development Act; Advocate for increase SSI payments;Stimulate group home sponsorship & community support; Develop in-service training for existing home operators.	I

REGION IV

Androscoggin, Franklin and Oxford Counties

At first, the entire committee of 20 with 3 to 8 BMR staffers participated in the plan's development. This large number of participants lead the committee into long discussions with a variety of views. However, after completion of the initial priorities, the committee opted to have BMR staffers prepare the resources, constraints and actions. The reasons were twofold. First, the increasing difficulty to assemble the large group, and second, the need for technical knowledge especially about resources and constraints.

Staff activities completed the plan and submitted it for committee review. The priorities which resulted established a trend toward an early intervention approach. First priorities were decided in favor of Evaluation/Diagnosis of a comprehensive nature, and Family, Genetic Counciling for the 0-4 as well as 5-19, 20-64 aggregates. Again, the committee was interested in creating a Evaluation/ Diagnosis service capable of dealing with any individual of any age. The second priorities were considered for each aggregate since the first priority dealt with each aggregate. Day Care 0-4, Evaluation 5-19, and Housing 20-64 were all listed as second priority. While Treatment 5-19, and 20-64 was established as the third priority. The remaining priorities reflect the committee's concern that priorities address both the needs and the characteristics of the population considered. In some cases, the priority is consistent for all aggregates, but this is not the pattern throughout the plan.

The statistics bear out that Region IV is the fourth ranked in population with a substantial potential population, although no actual census supported these prevalence figures.

Region IV: Androscoggin, Franklin and Oxford Counties

Age	Total Population	Mental Retardation	Epilepsy	Cerebral Palsy	Total DD
0-4	13,776	825	275	27	1,127
5-19	46,991	1,549	939	93	2,581
20-64	77,841	2,187	1,556	77	3,820
	138,608	4,561	2,770	197	7,528

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Pre-School 0-4 years Developmentally Disabled	Evaluation Diagnosis Counseling	Child Development Clinic;CMG-Speech & Hearing Clinic;Pineland Center;Tri-County Mental Health Center.	Single comprehensive service unit is needed to deliver coordinated service; Projected case load will over-tax existing services.	I	Existing facilities;Grant-in-Aid;Maternal & Child Health funds for U.A.E proposal.	Lack of awareness for program need; Lack of intergration with Mental Health Services;Lack of early identification screening.	Expand use of available services;Stimulate community awareness;Develop prescriptive programming; Develop U.A.F. proposal.	
	Day Care Treatment Training Education Personal Care Day Long	Handicaps, Inc.; Head Start;Family Day Care Services.	Additional slots needed; Also day long activities for children of working parents; New models for exploring methods of infant care; Expand eligible age for L.D. 965 to include infant programs.	II	CHP;Existing medical facilities;Titles 4A & 6;Grant-in-Aid;Existing Traveling Trainer program; Title XX;Diocesan Bureau of Human Services.	Limiting availability of dental clinics; Lack of qualified professionals;Transportation to rural areas;Lack of seed funds within existing agencies;Eligibility requirements for 4A & 6 are restrictive for some populations.	Encourage day care services of a coordinated nature;Consult with CHP to pursue needed medical professionals;Expand traveling trainer program;Stimulate development for early intervention program.	
REGION IV	Housing Domiciliary Care Sp. Living Arrangements	BSW - Foster Homes.	Create respite care facility; Create additional Foster Homes;Create support services.	III	Housing & Community Development Act; State Housing Authority;Legislative appropriations; Special project funds;SSI payments.	Lack of State appropriations;Excessive licensing & fire safety code;Inadequate SSI payment level; Delay in the Housing & Community Development Act;Lack of local support.	Pursue Housing & Community Development Act; Stimulate local & state support;Advocate for an increase for an increase in SSI payment levels; Advocate to Bureau responsible for licensing.	
	Counseling Family Genetic	Tri-County Mental Health Center	Increase availability of family & child counseling; Provide for counseling with emphasis during period of "early intervention"	IV	Existing facilities;Public Health Nurse; Grant-in-Aid.	Lack of intergration with Mental Health Services;Lack of Counseling expertise in D & E facilities	Program development supported by D & E Services; Consult with Tri-County on the intergration of MR/MH.	
School-Age , Adolescent 5-19 years Developmentally Disabled	Evaluation Diagnosis	Tri-County Mental Health Services;Pineland;Opportunity Training Center;Public Health Nurse;Speech & Hearing Clinic at CMG; Pupil Evaluation Team	Single comprehensive service with the ability to serve all ages with medical and developmental problems.	I	Existing facilities;Grant-in-Aid;Local PET thru SAD's; Maternal and Child Health Funds for U.A.F. proposal.	Lack of awareness in the community for program need;Lack of intergration with Mental Health services	Expand the use of available services;Stimulate community awareness; Develop prescriptive programming;Develop U.A.F proposal.	

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Treatment	General medical services available, i.e. local physicians & hospital;Dental Clinic; Speech & Hearing Clinic; Traveling Trainers.	Expand Traveling Trainer services;Expand & increase dental clinic;Emphasize the rural problems of accessability from Franklin County;Lack of PT & OT services without region;Lack of referral services.	V	CHP:Existing medical facilities;Titles 4A & 6;Grant-in-Aid;Existing traveling trainer program.	Limiting availability of dental clinic;Lack of qualified professionals;Transportation in rural areas.	Consult with CHP to pursue needed medical professionals;Seek expansion of dental clinic & traveling trainers program; Consult with Department of Transportation concerning rural access.	
	Day Care Personal Care	Tri-County Mental Health Day Care;Head Start;Handicap, Inc.	After school programs;Summer programs for the physically handicapped;Respite care.	VII	Existing facilities;Title XX funds;Grant-in-Aid.	Transportation;Lack of seed funds within existing agencies.	Encourage summer program development;Encourage placement in Head Start; Pursue Title XX funds.	
	Training Personal Care	Traveling Trainers; Homemaker services; Extension workers from U of M.	Expand Traveling Trainer services throughout region; Coordinate Homemaker service with an emphasis on those with severe motor problems.	VI	U of M:Diocesan Bureau of Human Services;Title XX funding; Grant-in-Aid.	Eligibility requirements for 4A & 6 are restrictive for some populations;Lack of seed funds;Access to rural communities.	Expand Traveling Trainer program thru Title XX & consult with Department of Transportation;Stimulate local seed funds; Coordinate with Homemaker Services.	
	Education	Department of Education & local school districts;Private schools.	Advocacy for program development, emphasising programs for severe & profound; Advocacy for non-academic and pre-vocational programs; Emphasize programs for those with motor problems.	III	L.D. 965 & 1994; Local SAD's; Department of Education & Cultural Services;Private schools.	Future of L.D. 965 & 1994;Seed funds are lacking for private agencies;Inconsistent leadership between Department of Education and local school districts;Difficulty of programming for severely & multi-handicapped individuals.	Advocate support for L.D. 965 & 1994;Stimulate program development for all children;Consult with Department of Education & local SADs;Encourage private agencies to acquire seed funds.	
	Recreation	Handicaps, Inc.;Summer Camp;Hope Training School Summer program; OTC;Multi-purpose center;Pineland Center Summer Program.	Summer recreation programs; Extra-curricular activities.	VI	Community facilities;Senior Citizens Organization;Private recreation programs.	Lack of availability of community facilities;Low community support.	Stimulate community facilities to intergrate the disabled;Form liaison with senior citizens groups to develop program of cooperation.	

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Housing Domiciliary Care Sp. Living Arrangements	Boarding Homes;Nursing Homes;Foster Homes.	Respite Care;Group Homes; Up-grade Boarding Home care thru in-service training; Increase Foster Homes;Establish independent & semi-independent apartments.	II	Housing & Community Development Act;State Housing Authority;Legislative appropriations;Special project funds;SSI payments.	Lack of State appropriations;Excessive licensing of fire and safety codes;Inadequate SSI payment level;Delay in Housing & Community Development Act.	Pursue Housing & Community Development Act; Stimulate local and state support;Advocate for an increase in SSI payment levels;Make in-put to bureau responsible for licensing procedures.	
	Religion	St. Joseph's CYO	Instructional activities & workshop services.	VIII	Existing facilities;Diocesan Bureau of Human Services; Local church organizations.	Transportation, denominational determination; Lack of instructional expertise in general Sunday School.	Encourage church organizations, encourage home operators to use religious services.	
Adult 20-64 years Developmentally	Evaluation Diagnosis	Tri-County Mental Health Services;Pineland;Opportunity Training Center;Public Health Nurse;Speech & Hearing Clinic of CMG;	Service needs to be coordinated and available upon demand;Vocational evaluation	III	Existing facilities;Matern- & Child Health funds for U.A.F. proposals.	Lack of community awareness for program need;Lack of intergration with Mental Health Services;Lack of agency development	Form program with Pineland Center for services to limited adult population and relieve pressure on local agencies;Seek local funds;Offer training to existing services.	
	Treatment	General medical services available;Local physicians & hospitals, i.e. Speech & Hearing clinic;Traveling Trainers.	Lack of PT & OT Services; Homemaker Services needed; Dental care is seriously lacking.	II	CHP;Existing facilities; Title XX funds.	Lack of qualified professionals;Lack of funds for adult services.	Make input to CHP relative to professional personnel;Expand dental clinic to include adults.	
	Adult Activity Programs	OTC;Rumford ARC, Lewiston Day Activities.	Expand services & establish additional slots.	II	Bureau of Rehab.;Grant-in-Aid;Existing facilities.	Lack of local support; Lack of State funds.	Stimulate program development & expansion with existing facilities.	
	Training Personal Care	Homemakers Service; Androscoggin Home Health;Extension workers.	Expand Existing programs.	II	Title XX, University extension workers; Homemaker Services.	Access to rural communities;Local seed funds;Lack of grant funds for Homemaker services.	Expand Traveling Trainer to serve adults;Form cooperative relation between Traveling Trainer & Homemaker Services.	

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
	Sheltered Workshop	OTC;Oxford County ARC; Mt. Blue Work experience.	Expand existing shops and develop new programs within region.	II	Bureau of Rehab.Act of 1974; Existing facilities;Potential merger of 3 existing facilities.	Delay in Rehab. Act of 1974;Lack of local seed funds;Lack of job placement & consistent work adjustment activities.	Advocate for better liaison with Bureau of Rehab.;Stimulate merger development;Solicit for community funds.	
	Housing Domiciliary Care Sp.Living Arrangements	Foster Homes; Boarding Homes; Nursing Homes.	Respite Care;Establish Group Homes;Semi-independent & independent apartments; Enhance existing homes with program support.	I	Housing & Community Development Act;State Housing Authority;Legislative appropriations; Special project funds;SSI payments;Local support.	Lack of State appropriations;Excessive licensing & fire safety codes;Inadequate SSI payment level;Delay in the Housing & Community Development Act.	Pursue Housing & Community Development Act; Stimulate local & State support;Advocate for an increase in SSI payment levels;Make input to Bureau responsible for Licensing.	
	Recreation	OTC;Multi-purpose center;Summer camps including Pineland Center Camp.	Extra-Curricular services; Increase & expand summer recreation programs.	VI	Community facilities;Senior Citizens Organization;Private recreation programs.	Lack of availability of community facilities;Community support is low.	Stimulate Community facilities to intergrate the disabled;Form liaison with Senior Citizens groups to develop program of cooperation.	
	Religion	St. Joseph's CYO	Instructional activities & workshop services.	V	Diocesen Bureau of Human Services Local Church organizations.	Transportation;Denominational determination;Lack of instructional expertise;Lack of Sunday School intergration.	Encourage church organizations;Encourage home operators to avail religious service to boarders.	

REGION V

Cumberland and York Counties

This committee has never faltered in the face of review and comment. They welcomed the opportunity to participate in this document and selected an ad-hoc committee to prepare the write-up. Joint meetings with the regional BMR staff resulted in the submission of a completed write-up with recommended priorities to the full committee.

The regional committee discussed the pros and cons of establishing final priorities. The major concern was that a ranking system might be interupted in a prejudicial manner. For example, a priority system should not restrict developments in lower priority areas simply because the first priority has not been completed or realized. This is especially true if the analysis write-ups were desinged to yield priority areas that must be attended to. The committee pin-pointed that their priorities are for emphasis of need, as opposed to exclusiveness of need.

With the above points in focus, the committee established its first priority as evaluation/diagnosis services for the 0-4 pre-school aggregate. The subsequent three priorities were for Counseling, Day Care and Housing for the same aggregate. These first four priorities established an over-all trend for the development of a comprehensive early intervention approach to the needs of the developmentally disabled.

Region V is the largest population aggregate of the BMR system. The following statistics chart notes the population distribution is characteristicly higher for all ages.

Region V: Cumberland and York Counties

Age	Total Population	Mental Retardation	Epilepsy	Cerebral Palsy	Total DD
0-4	25,691	1,540	513	51	2,104
5-19	87,916	2,900	1,758	175	4,833
20-64	155,321	4,363	3,106	155	7,624
	268,928	8,803	5,377	381	14,561

The 0-4 aggregate is suspectually high and might serve well as the basis for an early intervention program, with state-wide servicability. Region V Committee has established it's priority with this possibility being considered. Fortunately, they are not attempting to restrict program development to their region, but rather their emphasis is strictly towards the delivery of a service.

Other Region V priorities were established for the 20-64 adult aggregate pin-pointing the need for Treatment, Sheltered Employment of a full range and Housing Services. Advocacy for educational services completes the priorities for this region as a principle priority of an administrative nature.

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Pre-School 0-4 years Developmentally Disabled	Evaluation Diagnosis Counseling	Pineland Center;York County Counseling Center;MMC Therapeutic Nursery.	Available services are limited;Single comprehensive service needs to be coordinated.	I	Existing facilities;Maternal and Child Health & Crippled Children's Acts;University affiliated facilities.	Lack of seed funds; Coordination of existing agencies.	Pursue U.A.F. project; Create consortium of existing agencies.	I
	Day Care Treatment Training Education Personal Care Day Long	4A projects;CP Pre-School program;Cottage Grove;Family Day Care Services;St. Elizabeth's;Project Main Stream;Camp Waban;St. Louis;Head Start; Therapeutic Nursery; Greater Portland Child Care.	More slots needed with rural population emphasis;Day long services;Develop early intervention services for 0-2 children.	III	Head Start; Limited 4A fund funds;Special Demonstration funds;U.A.F. project.	Lack of seed funds; L.D. 965 applies to only 5-20 years; Available programming are restricted to 3 years and higher.	Expand L.D. 965 to include 0-5 children; Pilot project to serve 0-2 infants, i.e. early intervention;Secure continuous funding for existing programs.	III
REGION V	Counseling Family Genetic Training	York County Counseling Center;MMC-Community Mental Health Center; Public Health Nurse; Community Counseling Services.	Genetic & family counseling with emphasis on Hospital Intervention.	II	State funds from Department of Mental Health & Corrections or Health & Welfare; Project funds for community mental health center.	Excessive costs for Laboratory fees.	Expand services available from community mental health center;Special project funds.	II
	Housing Domiciliary Care Sp. Living Arrangements	Foster Home finding thru BSW.	Foster Homes; Respite Care; Therapeutic Nursing Homes.	IV	State/Federal grants;Special legislative appropriation for Foster care; Institutional budget match for community based services.	Level of State Supplement for SSI;Licensing, safety & fire codes are excessive.	Pursue legislative appropriation for Foster care;Pursue Community Development Act 1974; Increase ancillary services;Develop training for for foster families.	IV

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
School-Age Adolescent 5-19 years Developmentally Disabled	Education Training Sheltered Employment Adult Day Activities	Local SAD's;State Department of Education & Cultural Services;Private Schools, i.e. Pride Training, CP School, Woodfords School, Shawsway School, Camp Waban.	Advocacy for programs for the severely and profoundly disabled;Develop P.E.T. Teams;Develop non-academic services, i.e. vocational training.	I	L.D. 965 and L.D. 1994;Federal Bureau of Education for Handicapped; Bureau of Rehab.;State Department of Education & Cultural Services;Local SADs.	Community opposition to L.D. 1994;Department of Education; Leadership verses local school superintendents;Contract options to school districts;"Special problem of the severely & profoundly disabled.	Advocacy and public support for implementation of L.D. 965; Assistance to the Department of Education;Local SADs;Legislative support for L.D. 1994.	VIII
Adult 20-64 years Developmentally Disabled	Treatment	General medical services available thru local physicians & hospitals.	Dental care services are not available for handicapped individuals.	III	Federal option under Medicaid for dental care; Legislative appropriation; Existing dental facilities.	State option to Medicaid was not accepted for those over 21 years;Lack of State seed funds.	Pursue dental option for Medicaid;Pursue Legislative appropriations for dental care;Develop special projects for dental clinics.	VII
	Sheltered Employment Work Adjustment Adult Day Activities Vocational Education	Abilities and Goodwill Inc.;Friends of the Retarded;Saco Valley; Camp Waban.	More slots needed to offer full range of activities from sheltered shops to adult activities of pre-vocational nature.	II	Bureau of Rehab.;Private agencies;Seed funds;Existing facilities capable of expansion; Rehabilitation Act 1974	Lack of seed funds; New leadership needed from DVR to correspond to new legislation.	Dialogue with DVR;Assist with planning programs; Stimulate agency applications.	VI
	Housing Domiciliary Care Sp. Living Arrangements	Existing Nursing Homes; Foster Homes;Boarding Homes;Group Homes.	Establish Group Homes & respite care services;Increase slots in Boarding, Foster & Nursing Homes;Up-grade existing housing with community program support;Need for semi-independent and dependent apartments.	I	State/Federal Grants;Special legislative appropriations; Institutional budget matched for construction & operation costs;Community Development Act 1974.	Level of State Supplement of SSI;Opposition to cost/plus ratio;Licensing,safety & fire codes are excessive;Available community support programs.	Pursue special legislative appropriations for housing;Pursue Community Development Act 1974; Develop staff training for existing homes; Stimulate support and ancillary services.	V

REGION VI

Knox, Lincoln, Sagadahoc and Waldo Counties

This coastal region has not yet completed its first year in the BMR System. This doesn't mean to suggest that these counties are new acquisitions of the State. These counties had previously been divided among Regions III & V. In the summer of 1974, the Bureau of Mental Retardation formed Region VI by dividing Lincoln, Knox and Waldo from Region III and Sagadahoc from Region V.

To date the development of the Regional Administration has not addressed the actual invitation to the community concerning formulation of a Regional D.D. Committee. However, this problem is set in line with other actions which are essential to the development of a Regional Administration. Council staff, as well as the administrators from Regions III, V & VI have discussed the method for committee selection.

For the purposes of the Region VI Report, the administrator of Region VI and the Group Advocate for Region V and Council staff prepared the materials. For the purposes of review, the materials were circulated to some local service providers as well as the staff from Regions III & V who at one time covered those counties.

This coastal region has a very low population vase. A large amount of the residences are seasonal housing. The actual size is because of the fact that these counties have a suburban population with a limited density to the commercial areas of Portland, Augusta, Waterville and Bangor.

Region VI: Knox, Lincoln, Sagadahoc and Waldo Counties

AGE	Total Population	Mental Retardation	Epilepsy	Cerebral Palsy	Total DD
0-4	7,805	467	156	15	638
5-19	27,161	895	543	54	1,492
20-64	48,065	1,349	961	48	2,358
	83,031	2,711	1,660	117	4,488

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Pre-School 0-4 years Developmentally Disabled	Evaluation Diagnosis	Pineland Center;Levinson Center;Bath-Brunswick Mental Health Center.	Establish D & E service available to the region; Increase the coordinated use of existing programs;Develop adequate prescriptive programming.		Existing facilities;Maternal & Child Health funds for U.A.F. project.	Limited use of Pineland Center & Levinson Center;Limited services from Mental Health Center.	Stimulate program & facility expansion & development within or adjacent to the region,i.e. Rockland, Augusta.	
	Day Care Treatment Training Personal Care Education	General medical service is available, i.e. local physicians & hospitals;Mid-State CP Center;Traveling Trainers;Day Care Services in Rockland,Belfast, Bath;Educational training in Bath & Rockland; Public Health Nurse; Local CHP agency.	Day Care for disabled children;Expand Traveling Trainer services;Develop acute medical services available to region.		Local Day Care Services;Southern Maine CHP agency;Traveling Trainer project; Local medical services;Public Health Nurse.	Existing Day Care Services do not serve disabled children; Understaffed Traveling Trainers;Lack of medical personnel.	Advocate for the intergration of disabled children into existing Day Care Services;Consult with Southern Maine CHP agency for medical services;Expand Traveling Trainer project.	
School-Age 5-19 years Developmentally Disabled	Evaluation Diagnosis	Pineland Center;Levinson Center;Bath-Brunswick Mental Health Center;P.E.T. from local school districts.	Establish D & E services available to the region; Increase the coordinated use of existing programs;Develop adequate prescriptive programming ability of PET; Services to the severely & profoundly disabled.		Existing facilities;L.D. 965 & 1994; Local school districts;Department of Education;U.A.F. project.	Limited use of Pineland Center & Levinson Center;Limited service from Mental Health Center;Inconsistency of PET.	Stimulate programs & facility expansion and development within or adjacent to region;Encourage PET development.	
	Treatment	General medical services are available; Public Health Nurse; Local CHP agency.	Lack acute therapeutic services, i.e. PT & OT; Lack of adequate dental services.		Local medical services;Hospitals & physicians;Southern Maine CHP agency; Public Health Nurse.	Lack of medical personnel & resources within region;Lack of dentists who will serve handicapped clients.	Consultation with Southern Maine CHP to develop medical services;Develop adequate dental services for the disabled.	
REGION VI	Education Training	Local school districts; PET;Traveling Trainers; Youth Development Center;Elmhurst Center; Bancroft School.	Services for severely & profoundly disabled & multihandicapped;Transportation for rural areas;Prescriptive programming.		L.D. 965 & 1994; Local school districts;Private schools; Department of Education;Traveling Trainer project.	Lack personnel & funds for program development with emphasis on the severely & profoundly disabled;Service delivery is inconsistent through out region.	Advocate for quality programs for all children; Explore the possibility of expansion of Traveling Trainer;Pursue legislative support for L.D. 1994	

POPULATION AGGREGATE	SERVICE CATEGORY	SERVICE AVAILABILITY	SERVICE NEED	PRIORITY	RESOURCES	CONSTRAINTS	ACTION	PRIORITY
Adult 20-64 years Developmentally Disabled	Evaluation Diagnosis	Pineland Center;Levinson Center;Bath-Brunswick Mental Health Center.	Establish D & E services available to the region; Facilitate the use of existing programs;Adequate prescriptive programming.		Existing facilities;Community support; Maternal and Child Health funds for U.A.F	Limited use of Pineland Center and Levinson Center;Limited service from Mental Health Center.	Stimulate program & facility expansion & development to the region, i.e. Rockland, Augusta.	
	Treatment	General medical services are available; Public Health Nurse; Local CHP agency.	Specialized acute medical services;PT & OT services; Lack of adequate dental services.		Local medical services;Hospital & physicians;Southern Maine CHP agency;Public Health Nurse.	Lack of medical personnel & resources within region;Lack of dentists who will service low income clients.	Consultation with Southern Maine CHP to develop medical services;Advocate for dental service for adults.	
	Training	Homemaker Services.	Increased Homemaker Services and develop Traveling Trainers for adults.		Diocesan Bureau of Human Services;State Bureau of Aged; BMR and Bureau of Human Services.	Present Traveling Trainer Program does not serve adults;Lack of seed funds.	Advocate for services for the adult population; Form coalition of concerned bureaus.	
	Sheltered Employment	Penobscot Bay Work Activities Center;Mid-Coast Activities Center; Elmhurst Work Day Activities Center.	Stimulate program development to establish sheltered employment;Develop programs especially in Warren & Washington areas because of client location;Prescriptive programming;Better contact procurment and job placement activities.		Existing facilities;Bureau of Rehab..	Existing facilities are either prevocational or work activities;No actual sheltered workshops;Job placement & contact procurment are inadequate.	Stimulate program development;Advocate with Bureau of Rehab. for workshop development & increased vocational evaluation Pursue job placement & contract procurment services.	
	Housing Domiciliary Care Sp. Living Arrangements	Nursing Homes;Boarding Homes;Foster Homes.	Up-grade existing residences with ancillary program development;Develop Group Homes & semi-independent & independent apartments;Increase level of SSI payments.		Existing homes; Bureau of Human Services;Housing & Community Development Act 1974;Grant-in-Aid;Local support.	Level State supplement for SSI;Licensing requirements are restrictive for fire & life safety;Delays with the Housing & Community Development Act.	Develop in-service training for existing home operators;Pursue Housing & Community Development Act 1974;Advocate for modification in the licensing procedures; Pursue legislative appropriation for housing.	

IV. CONCLUSION

Conclusion

The early beginnings of the Maine Council have transformed into a more integrated, coordinated system. Presently the D.D. program includes a State Council with sub-committees, and six regional committees. The goal of this structure is to provide input and inter-action over those issues that confront the developmentally disabled and the service delivery system concerned with their needs.

The Maine Council is interested that all the variables of the program interrelate. This State Plan represents that interrelation as it perceives the priority needs of the disabled. The Council believes that this plan is a step toward removing the barriers created between planning, advising, grant review, funding and evaluating. The relationship between these parts and the two different levels of the program can be experienced in a discussion of the planning necessary for adequate service delivery.

Planning at the regional level provides an assessment of what exists and what is needed. This planning with resulting priorities provides a basis for state-wide priorities. State-wide priorities are implemented by addressing regional priorities. Both sets of priorities furnish criteria by which to suggest solutions, as well as assess grant suggestions. The Maine Council believes that by organizing the priorities on both a regional and state basis, it will allow DD/BMR resources to filter into specific areas of need. To often in the attempt to meet state-wide needs, the focus of individual regions is lost from view. However, this plan establishes the relationship between state-wide to regional; and regional to regional.

The evaluation of FY 76 must concern itself with measuring how well the service gaps have been addressed by a funded project and/or administrative action. As stated above this plan offers a starting base for identifying potential Council activities of either a fundable or administrative nature. Perhaps the final assessment will not live up to expectations and a system change will be necessary. The design although still primitive, represents a documented attempt to outline Council action.

The retrospective evaluation of Council actions against a two level strategy will afford a measure and guide for the Council. The Maine Council anticipates procedural difficulties, however these will only prove to strengthen the entire program. The final purpose of this State Plan will therefore be completed as it offers new Directions for FY 76.

V. APPENDICES

I. Acronym List

II. Definition of Services

III. State Map (Regional Outlines)

ACRONYM LIST

A & G	ABILITIES & GOODWILL
AMHC	AROOSTOOK MENTAL HEALTH CENTER
ARC'S	ASSOCIATION FOR RETARDED CITIZENS
BMR	BUREAU OF MENTAL RETARDATION
BSW	BUREAU OF SOCIAL WELFARE
CHP	COMPREHENSIVE HEALTH PLANNING
CMG	CENTRAL MAINE GENERAL
CP	CEREBRAL PALSY
CYO	CHRISTIAN YOUTH ORGANIZATION
D & E	DIAGNOSIS AND EVALUATION
D.D.	DEVELOPMENTAL DISABILITIES
DVR	DIVISION OF VOCATIONAL REHABILITATION
EFA	EPILEPSY FOUNDATION OF AMERICA
FPR	FIXED POINT OF REFERRAL
KVMHC	KENNEBEC VALLEY MENTAL HEALTH CENTER
LD-965	MANDATORY SPECIAL EDUCATION LAW
LD-1994	FINANCIAL EQUALIZATION LAW FOR EDUCATION
MH & C	DEPARTMENT OF MENTAL HEALTH & CORRECTIONS
MMC	MAINE MEDICAL CENTER
MR/MH	MENTAL RETARDATION /MENTAL HEALTH
NARC	NATIONAL ASSOCIATION OF RETARDED CITIZENS
OT	OCCUPATIONAL THERAPY
OTC	OCCUPATIONAL TRAINING CENTER - LEWISTON
OTC	OPPORTUNITY TRAINING CENTER - PRESQUE ISLE
PET	PUPIL EVALUATION TEAM
PT	PHYSICAL THERAPY
SAD	SCHOOL ADMINISTRATIVE DISTRICT
SP	SPECIAL
SSI	SUPPLEMENTAL SECURITY INCOME
TT	TRAVELING TRAINER
UAF	UNIVERSITY AFFILIATED FACILITIES
U OF M	UNIVERSITY OF MAINE
UCP	UNITED CEREBRAL PALSY
YMCA	YOUNG MEN'S CHRISTIAN ASSOCIATION
YWCA	YOUNG WOMEN'S CHRISTIAN ASSOCIATION

DEFINITIONS OF SERVICES

Evaluation Services - The application of techniques for the systematic appraisal of pertinent physical, psychological, vocational, educational, cultural, social, economic, legal, environmental and other factors of the developmentally disabled individual and his family, (1) to determine how and to what extent the disabling conditions may be expected to be removed, corrected or minimized by services; (2) to determine the nature and scope of services to be provided; (3) to select the service objectives which are commensurate with the developmentally disabled individual's interest, capacities and limitations; and (4) to devise an individualized program of action; to be followed, at the intervals needed, by periodic reappraisals.

The particular techniques to be used will depend on the particular service to be provided and on personal factors such as the developmentally disabled individual's age and functional level, primary and other disabilities, among others.

Diagnostic Services - The provision of coordinated services, including, but not limited to, psychological services, social services medical and other services necessary to identify the presence of a developmental disability, its cause and complications, and to determine the extent to which the disability limits (or is likely to limit) the individual's daily living and work activities.

Treatment Services - Provision of coordinated interventions which halt, control or reverse processes which cause, aggravate or complicate developmental disabilities. The interventions may include dental and medical treatments, such as surgical procedures, psychiatry, dietary controls, or chemotherapy, physical therapy, behavioral modification (as defined by the American Psychological Association), speech therapy, counseling and others as indicated by the needs of the developmentally disabled individuals being served.

Day Care Services - Comprehensive and coordinated sets of activities providing personal care and other services to Pre-School, School-age and Adult developmentally disabled individuals outside of their own homes during a portion of a 24 hour day. Services include a variety of creative, social, physical and learning activities based on an appropriate evaluation and designed to provide at least personal care, training, counseling and recreation services carried out under careful supervision. They may be organized as either:

Developmental Services for Children.

Activities emphasizing maturation of children and supplementing the services being provided by their parents or parent surrogates; or

Activity programs for adults.

Activities which emphasize occupational and social goals which assist adults to become as self-dependent as possible and to make constructive use of leisure time.

Day Care Services may be appropriate for developmentally disabled children not yet ready for formal training programs, for children who need supervision after school hours (including weekends and vacation periods) and for developmentally disabled adults too severely handicapped to participate in education, training or sheltered employment services. Day Care Services must provide more than supervision. The program must provide activities which will minimize handicaps and encourage functional development. Day Care differs from Training in the purpose, focus and intensity of its programming. It is intended to approximate the stimulation and training which can be provided by knowledgeable, concerned parents. For adults, Day Care should provide pleasant and constructive occupations which have meaning to the adults involved and encourage continuing development.

Training Services - Provisions of a planned and systematic sequence of instruction in formal and informal activities based on appropriate evaluation and objectives, designed to (1) develop skills in performing activities of daily living including self-help, motor and communication skills; (2) enhance emotional, personal and social development, or (3) provide experiences for gaining

3 "Synergism for the Seventies: Conference Proceedings of the National Conference for D.D." Published by the Council for Exceptional Children, 1920 Association Drive, Reston, Va. 1972 Pages 136-139

useful occupational and pre-vocational skills.

Training Services may be provided to pre-school children to accelerate development and to compensate for deficiencies related to their disabilities; to school-age children not yet ready for or excluded from formal education services; and for adults who need occupational skills but whose abilities severely limit their work output.

Education Services - Provision to developmentally disabled children and adults not eligible for public school classes (regular or special) or structured learning experiences, based upon appropriate evaluations, through the use of a broad and varied curriculum of practical academic subjects primarily designed to develop ability to learn and acquire useful knowledge and basic skills, and to improve the ability to apply them to everyday living.

Sheltered Employment Services - Provision of a structured program of activities involving work evaluation, work adjustment, occupational skill training and paid, part-time or full-time employment for those who cannot be readily absorbed into the labor market because of severe disability (ies). Such services may be provided in a center or in the developmentally disabled individual's place of residence.

Recreation Services - Provision of planned and supervised activities designed to (1) help meet specific individual therapeutic needs in individual self-expression, social interaction and entertainment; (2) develop skills and interests leading to enjoyable and constructive use of leisure time; and (3) improve well being.

Personal Care Services - Services designed to maintain health and well being, including the provision of food, shelter and clothing as required, to prevent regression and other complications. Personal Care services must be provided in conjunction with one or more other appropriate services.

Domiciliary Care Services - Provision of living quarters, personal care, and supervision for persons needing care on a 24 hour a day basis.

Domiciliary Care services differ from Special Living Arrangements by the degree of supervision and the amount of Personal Care provided. It may be provided in such quarters as nursing homes, foster homes, or other residential facilities.

Special Living Arrangements Services - Provision of living quarters for persons who need some degree of supervision. Special Living Arrangements Services must include at least Counseling and Leisure Time Activities.

Special Living Arrangements Services are for developmentally disabled persons who can leave the place of residence, for work, recreation or other reasons. Such persons will probably not be heavily dependent on Personal Care Services, which may be less intense than in Domiciliary Care, or may be omitted, depending on the needs of the persons served.

Counseling Services - Giving of professional guidance on the basis of knowledge of human behavior and the use of special inter-personal skills to achieve specified goals, such as making a determination of appropriate resourses, assisting the developmentally disabled individual's participation in needed services. The professional discipline of the counselor will depend on the goals and nature of the Counseling Service.

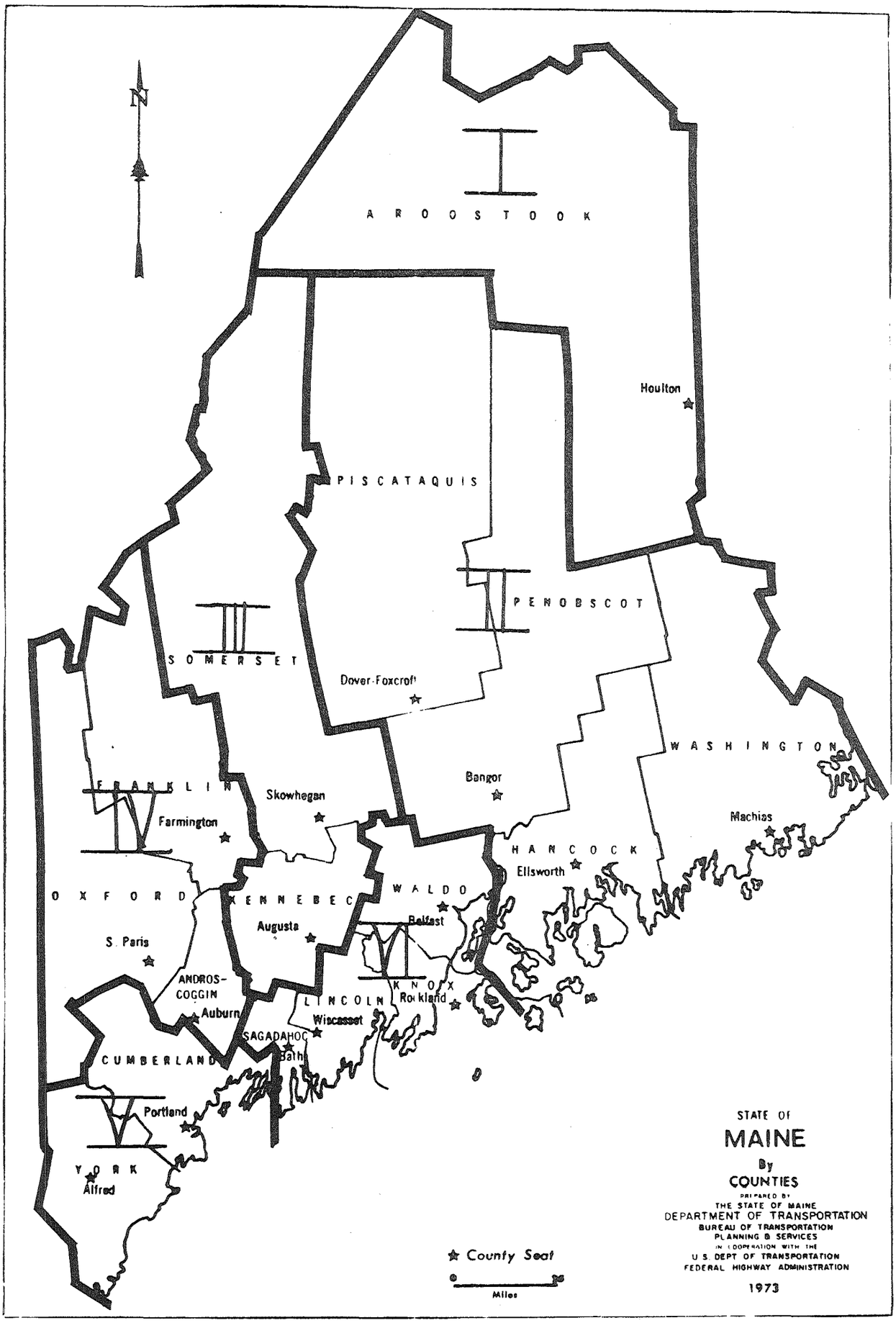
Information and Referral Services - The basic service is the provision of an up to date, complete listing of all appropriate resources from which appropriate selections can be made available and quickly accessible to professional persons serving the developmentally disabled individual and his family. It is important that a professionally responsible person be the point of contact between the individual or family and the Information and Referral Services, so that it may be advisable to provide a Counseling Service in connection with the I & R Service. It is also highly advisable for a skilled, professional person to develop the listing of services in order to provide proper linkages with the other agencies; but it is not necessary for the staff who searchs the listings for particular resources to be professional.

The I & R Service can also develop Public Information activities with regard to the problems of developmentally disabled.

Follow-Along Services - Establishment and maintenance of a counseling relationship on a lifelong basis with developmentally disabled individuals and their families, as desired, for the purpose of assuring that anticipated changes in needs and/or needs arising from crisis are recognized and appropriately met.

Protective and Other Social and Socio-legal Services - Provision of a system of continuing legal, social and other appropriate services designed to assist individuals who are unable to manage their own resources or to protect themselves from neglect, exploitation or hazardous situations without assistance from others and to help them exercise their rights as citizens.

Transportation - Provision of necessary travel and related costs in connection with transporting developmentally disabled individuals and where necessary members of their families, to and from places in which they are receiving other services. Transportation may also include taking services to the homebound as well as delivery of raw materials and pick up of the finished product from homebound industries, where indicated.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