

# MAINE STATE LEGISLATURE

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State of Maine  
**Senate Chamber**  
Augusta, Maine 04330

January 25, 1975

Senator Jerrold B. Speers, Chairman  
Legislative Council  
State House  
Augusta, Maine

Dear Senator Speers:

In accordance with Senate Paper 641, ordering the Joint Standing Committee on Health and Institutional Services to study and present recommendations relating to the need for providing various residential accommodations and supportive services such as training programs and health care for the retarded people in Maine, I enclose herein the final report of the committee. A supplement to this report is being prepared by two members of the committee, Representatives Goodwin and LaPointe, and will be transmitted to the Council shortly.

Respectfully submitted,  
*Walter W. Hichens*

Walter W. Hichens  
Chairman

WWH/ac  
encl

COMMITTEE ON HEALTH AND INSTITUTIONAL SERVICES  
REPORT ON ITS STUDY OF  
RESIDENTIAL FACILITIES FOR THE MENTALLY RETARDED

Senate

Walter W. Hichens, Chairman  
Edwin H. Greeley  
Carroll E. Minkowsky

House

Roswell E. Dyar, Chairman  
Glenys W. Berry  
Dorothy McCormick  
Robert N. Soulas  
Edward B. Lewis  
Domenico A. Santoro  
Norman P. Whitzell  
Harland C. Goodwin, Jr.  
Thomas R. LaPointe  
Leatrice M. Morin

Submitted to the  
Legislative Council  
107th Legislature  
January 25, 1975

## TABLE OF CONTENTS

- I. Report and recommendations
- II. Appendix A; Study Order
- III. Appendix B; Testimony of Mr. Wayne Wormwood
- IV. Appendix C; "Housing and Program Needs for the  
Mentally Retarded"

Origins of  
the study:

Senate Paper 641, ordering the Joint Standing Committee on Health and Institutional Services to study and present recommendations to the next special or regular session of the Legislature "relating to the need for providing various residential accommodations" and "supportive services such as training programs and health care for retarded people in Maine," was introduced during the Regular Session of the 106th Legislature. Although the order was not passed during the legislative session, the Legislative Council assigned the study to the Health and Institutional Services Committee.

Reasons for  
the study:

In the last several years the policy of de-institutionalization has been developed and adopted by the Bureau of Mental Retardation. According to this policy, the needs of mentally retarded persons can be better satisfied through placement in small residential facilities at several locations throughout the state rather than through continued care at larger traditional state institutions. When the de-institutionalization program was initiated, questions were raised and serious doubts were expressed about the quality of care and the existence

2.

of needed support services outside the institutional setting. If patients were to be moved from institutions to other types of facilities some assurance was required that the care and programming provided would be equal to or better than the institution. As de-institutionalization accelerated, however, the questions relating to the care and services available outside the institution also increased.

Since the legislature had conducted no review of the concept or the effects of de-institutionalization, this study by the Health and Institutional Services Committee was required in order to provide a measure of oversight for a policy which is significantly altering the state's entire approach to the care of mentally retarded persons.

Course of study  
adopted by the  
committee:

In order to become more familiar with the concept and the progress of de-institutionalization, the committee held several meetings with Dr. Albert Anderson, Director of the Bureau of Mental Retardation (BMR), Dr. Conrad Wurtz of Pineland, and Ned Vitalis, a planner with the B.M.R.

After these initial meetings, the committee

3.

divided into sub-committees and visited the Presque Isle Regional Facility, the Levinson Center and the Children's Opportunity Center in Bangor. In addition, sub-committee members also visited sheltered workshops in the Portland area and group homes in Bangor. In this phase of its study the committee focused on the availability of residential facilities and the programs provided at these sites and at nearby sheltered workshops.

In the next phase of its study, the committee concentrated on the quality of care and programming available at boarding homes throughout the state. The committee first met with Dr. Anderson and the 6 Regional Directors for a briefing on the activities in each region. The committee then divided into several sub-committees again for visits to boarding homes.

Because of repeated delays in receiving approval for these visits from the Legislative Council, the committee's progress was significantly slowed and the visits, when finally approved, had to be carried out within a short period of time. In spite of these problems, the committee believes its visits

4.

were crucial for the preparation of several of its recommendations.

Finally, the committee has reviewed numerous reports relating to programs for mentally retarded persons and has studied the massive Community Resources Inventory prepared by the B.M.R. On the basis of this background of study and on-site visits, the committee has formulated its recommendations. These recommendations will focus primarily on the effects of de-institutionalization.

Recommendations:

Preamble: The committee believes that the services offered by Pineland Center should be supplemented rather than supplanted and that a broad spectrum of approaches to the residential needs of Maine's mentally retarded persons should be provided.

Recommendation #1: Unless the needs for activity programs identified in the Housing and Program Needs for the Mentally Retarded report (Appendix C) are satisfied, a moratorium on further placement of patients should be initiated. Legislation will be introduced to implement this recommendation.



Reasons: "Housing and Program Needs for the Mentally Retarded", the report of a study carried out under the direction of the Bureau of Mental Retardation, identifies the specific need for activity programs throughout each region of the state. Patients should only be placed in living situations in which activity programs geared to their abilities and needs are provided.

The committee does not intend that all further patient placement should be suspended. On the contrary, facilities with adequate programming should continue to receive patients for any available places.

Recommendation #2: Pineland Center should be opened immediately to patients under 5 years of age.

Reasons: Presently, the Levinson Center in Bangor is the only state facility providing care for children under 5 years of age. Since placement at the Levinson Center creates serious visitation problems for families in the southern part of the state, the committee believes that, rather than build additional facilities at the present time, part of the Pineland facilities should be designated for these patients.

Recommendation #3: The proliferation of studies which in many cases merely duplicate each other should cease and any future studies should be substantive and should encourage active citizen participation.

Reasons: The committee recognizes that carefully planned and carried out studies are useful tools for both executive bureaus as they develop policy and the legislature as it considers new proposals. The committee has found, however, that studies are too frequently shallow in content, duplicative of earlier efforts or both. In addition, the committee has found that studies have often failed to involve citizens and citizens' groups whose experience and insight would enhance the studies' eventual results. Finally, the committee believes that efforts by the executive departments to improve communication with Legislative committees both at the outset and throughout the progress of studies has been inadequate.

The committee urges, therefore, that the scope and direction of any future study should be critically reviewed before the study is initiated, that all studies should attempt to increase meaningful citizen participation, and that continuing communication concerning studies should be maintained

with the appropriate Legislative committees.

Recommendation #4: A policy for eliminating the discrepancies in payments to patients in different boarding homes should be developed and a clear written statement of this policy should be prepared and distributed.

Reasons: In its visits to boarding homes, the committee found varying payment levels for clients in different homes. Although these discrepancies in payments may be related to the type of home and the source of funding for the client, no consistent pattern emerged to adequately explain the widespread differences. Further, operators of homes were both concerned about the payment differences and unaware of any policy which might explain them.

The committee finds, therefore, that the development, explanation and publication of such a policy is immediately needed and urges that the Department of Health and Welfare initiate efforts to carry out this recommendation.

Recommendation #5: A closer scrutiny of conservator's fees should be encouraged and boarding home, foster home and nursing home operators should be administratively required to account periodically for the personal

funds received from State or Federal sources for their clients. The Department of Health and Welfare should, by administrative regulation or statutory change, if necessary, ensure that accountability is provided by the operators of the boarding, foster or nursing home.

Reasons: The committee believes that discrepancies exist in the handling of patients' funds and, as a result, accountability procedures are needed.

Recommendation #6: Rather than establishing additional facilities, the committee believes that dental care should be provided through contracted services, wherever such community services are available, in each community of the state.

Reasons: The committee has found that patients in some areas are being transported long distances for dental care. The committee believes that this practice is wasteful and not in the best interests of the patient. In addition, the committee finds that the recently released B.M.R. plan to provide dental care is both a costly and impractical approach to satisfying the needs of mentally retarded persons. Every effort should be made to find dentists and dental services in the community in which the patient resides.

Recommendation #7: The Grant and Aid Law should be amended specifically to encourage programs rather than the building of facilities.

Reasons: In 1973 the Regular Session of the 106th Legislature enacted PL 629, AN ACT Relating to Community Based Services for the Mentally Retarded. This law provided \$100,000 in each year of the biennium "to assist in the establishment and expansion of community based mental retardation services." The intent of the Legislature was that these funds should be used to support existing and new programs and to encourage greater local participation in these programs. The committee finds, however, that these funds have been used for buildings rather than for programs.

Recommendation #8: The programming differences between boarding homes of 6 or more and those of less than 6 should be eliminated.

Reasons: Presently the Bureau of Mental Retardation has no power to direct boarding homes of less than 6 patients to initiate and maintain activity programs. These programs may be required, however, in boarding homes with 6 or more patients. The committee believes that patients in the smaller boarding homes should enjoy the benefits of activity programs to the same degree as their counterparts in the larger boarding homes. Without encouragement from the Bureau of Mental Retardation, however, activity programs in the smaller homes have not been developed sufficiently. The committee believes, therefore, that the Bureau of Mental Retardation in cooperation with the Department of Health and Welfare should develop standards for programs in boarding homes of under 6 patients and that reimbursement for these programs should be provided by an increase in the flat fee.

Recommendation #9: Discrepancies in payments to patients should be reviewed by the Department of Health and Welfare and the Department of Audit and, if possible, these discrepancies should be eliminated.

Reason: In its visits to boarding homes, the committee found payment differences to patients with Supplemental Security Income and Social Security support. These payment differences are not well understood by patients and the committee believes that a complete review of these discrepancies is needed.

Recommendation #10: The Mental Health Improvement Fund should be regularly monitored by the Legislative Post-Audit Committee.

Reasons: Presently, budgetary controls for the administration of this large fund are inadequate. The committee believes that such controls and regular oversight procedures are needed.

## STATE OF MAINE

In Senate May 29, 1973

~~Ordered~~

WHEREAS, the Legislature recognizes that retarded individuals and their families face a severe and profound problem to provide the essentials of living and proper health care; and

WHEREAS, the Legislature is concerned that an adequate number of living accommodations, educational and developmental centers and other services be available to assist families in caring for retarded individuals; now, therefore, be it

ORDERED, the House concurring, that the Joint Standing Committee on Health and Institutional Services shall study, evaluate needs, develop a plan and present recommendations to the next special or regular session of the Legislature relating to the need for providing various residential accommodations ranging from respite to long-term care and relating to supportive services such as training programs and health care for retarded people of Maine, as alternatives to the natural home and as resources to enable retarded individuals to continue living with their family, where possible, and living in their community and to study any matter deemed germane to the subject and helpful to the committee; and be it further

ORDERED, that the Departments of Mental Health and Corrections and Health and Welfare shall cooperate with the committee and are directed to provide such technical and other assistance as the committee deems necessary or desirable to carry out the purposes of this Order; and be it further



D. CE R.

ORDERED, that the members of the committee shall be compensated at the rate of \$20 per day while engaged in the performance of their duties and shall be reimbursed for all reasonable expenses actually incurred; and be it further

ORDERED, upon final passage, that copies of this Order be transmitted forthwith to the Departments of Health and Welfare and Mental Health and Corrections as notice of the directive.

SP 641

(Hichens)  
NAME: *William W. Hichens*  
COUNTY: York

and  
IN SENATE CHAMBER  
TABLED BY CLERK SEN. LEARY  
OF CHAMBER

MAY 29 1973

Legislative Research

Pending Passage

HARRY H. STARK, CLERK, Secretary

The following is a written testimony presented by Wayne Wormwood to the Maine Human Services Council regarding the state's de-institutionalization program:

I would like to offer this written testimony to your council concerning priorities that I think are important to the welfare of retarded children and adults in our state of Maine.

First of all, I am deeply concerned about the results of de-institutionalization. I am not against de-institutionalization at all, but I am concerned that many are being de-institutionalized without thought or care as to their dignity and happiness or productivity. In other words, to move from one bed to another, from institution to bed and board in a nursing home is not always progress. Many of these people no longer have any type of program whatsoever, in the form of productivity, recreation, or any other that leads to dignity and happiness.

Too often several are taken in these homes to provide money to the proprietor rather than for the welfare of children and adults. Too often these people stagnate and will regress without activities. This is not the fault of the proprietors because they have not been allotted any funds to pay for programs or recreation within the communities where the former patients of Pineland find themselves.

It is a well known fact that it is a very difficult chore to find foster homes for those people. I firmly believe that it would be an incentive for the foster parents if they knew that programs were available in their community and that funds were available to purchase these services. This would provide a respite for the foster parents, not the 24-hour day, 365 days a year responsibility.

Our de-institutionalization has moved too fast, without thought of the welfare of these human beings. It has been a national trend and is now beginning to be criticized all over our country, not for emptying our institutions, but for lack of programs for the people after they leave them.

I am a strong believer in de-institutionalization and for community-based programs, but they must be symbiotic to be effective. Too often this has been a bureaucratic decision.

I cannot see more money being requested for de-institutionalization unless there are definite requirements set up for programs once these people reach our communities.

If "bed and board" is the only thing that can be offered, then the welcome mat should be left out at Pineland for their return, because there does not seem to be any long-lasting good which can come to any program that does not enhance the dignity, happiness, and productivity of these citizens. Moving the sand does not change the desert.

In approaching this problem the main thrust was to evaluate present resources and determine both the housing and program needs for the retarded. Prime emphasis was on the Community Resource Inventory completed by the Bureau of Mental Retardation during the summer of 1974.

In approaching this problem, three major considerations were brought forth.

1. Suitability of accommodations at Pineland Center
2. The need for residential accommodations for the severely and profoundly retarded.
3. The need for private, non-profit group homes.
4. The need of programs for individuals presently residing in boarding, foster and nursing homes throughout the State.

#### Pineland Center

At the present time, approximately 50% of the buildings at Pineland Center do not meet fire, safety, and health standards. In order to meet these standards, major renovations would have to be completed. The total number of residents occupying these facilities is 144. The breakdown of these data and the renovation needs are given in Appendix A. If we were to consider the cost of renovations and the number of people living in inadequate and inappropriate housing, the State of Maine would be in a position of building a number of other facilities. At this time the cost to renovate would probably exceed the cost of building small group homes.

#### The Southern Regional Center

During the last regular session, there was community support for the development of a southern regional center to meet the needs of the severely and profoundly retarded. At the present time there is a proposal, submitted by the parent group, to develop a southern regional center for approximately 30 residents, in-house as well as day care, respite care and other programs. The need for this is justified on the basis of lack of adequate housing at Pineland for those presently residing at Pineland, as well as the need for services to children under five years of age who reside south of Augusta.

The outline for this program, as well as the draft for legislation, is contained in Appendix B.

#### Programs for Individuals in Boarding and Nursing Homes

During the spring and summer of 1974 the Bureau of Mental Retardation completed a Community Resource Inventory which evaluated all boarding, nursing and foster homes, as well as individual programs such as sheltered workshops. As a result of this inventory, the data showed that less than 10% of the 503 individuals (those under the jurisdiction of Pineland Center or the Bureau) within the boarding homes attend outside programs, although they are capable of attending sheltered workshops or adult day activity programs. In addition, very few of the nursing homes had in-house activity-type programs which are appropriate to the nursing home client.

In order to evaluate the need, as well as the possible development of program, the following method was employed:

1. Utilizing present adult day programs as the center core, it was determined how many clients in boarding homes lived within a 20 mile radius of that particular service. This method was employed as it was felt that existing agencies could either absorb some of these boarding home clients in the present programs, or they could extend their programs. It was felt that, when feasible, this could be a more practical approach than attempting to develop new agencies and new programs.

2. In justifying cost, we do not have at this time data to determine the exact transportation cost. However, we do know that it costs approximately \$2,200 to \$2,600 per individual for a workshop program. Thus, in order to match under Title VI, the State would be required to appropriate \$600 per person.

3. It was determined that there would be a need to construct or rent facilities to develop new programs. The exact cost of this cannot be determined until further study is completed. That is, what is the feasibility of an agency getting into the program expansion and how would they do it. It will require further direct contact with agencies at the regional level.

4. For the 89 nursing home clients it was felt that it would be impossible to develop a meaningful activity program outside the home at this time. Thus, based on ten clients per activity person that would enter the home, there would be a need for nine activity specialists.

5. The following describes the population and day activity programs within small areas of each of the Bureau of Mental Retardation regions.

#### REGION I

Region I (Aroostook County) has no significant boarding, nursing or foster home population (the Community Resource Inventory - CRI - identified only 2 persons living in these accommodations). The region has 2 workshops, the Roger Randall Center in Boulton and Occupational Training Center in Presque Isle. OTC provides programming for Aroostook Residential Center clients. The combined capacity of the workshops is 38 slots, of which 29 clients are MR/Developmentally Disabled and 3 of whom are former Pineland clients.

Residential accommodations for the MR are primarily in the home of the parent, which reflects the lack of proprietary living alternatives such as nursing, foster and boarding homes. In this sense, region I is different from all other regions in the State, yet the need for adult day activities outside the living accommodation is well documented. The need is greatest in the St. John Valley, Van Buren, Ft. Kent and Madawaska where 89 adults who are currently eligible for Supplementary Security Income (SSI) could benefit from day programs.

#### REGION II

Region II includes Piscataquis, Penobscot, Washington and Hancock Counties. Region II has 4 target areas, 3 of which include an existing workshop and 1 with no community program of any kind.

Eastport/Lubec

This area has no community program available to MR/DD clients. Eastport has 4 boarding homes and 2 foster homes with an aftercare population of 33 adults. All living accommodations are within a 10 mile radius of the center of Eastport. This

area is one of 2 in the State which has absolutely no existing resource (within a reasonable distance) to provide day activities.

Need: Program, transportation, and facility for 33 clients.

#### E. Millinocket

East Millinocket contains 2 moderate size programs, the Katahdin Friends and Adult Day Treatment, both of which have a capacity of 25 clients. There are no BMR Aftercare clients attending either program. This area is the converse of the Eastport/Lubec area in that there are no nursing, boarding or foster home placements at all in the area.

Need: Not determined at this time. Possibly living accommodations.

#### Dover-Foxcroft

Dover-Foxcroft has a large program for adults, operated by Adult Day Treatment with 30 slots and a small 3 slot program, Little Red Schoolhouse. There are 5 living accommodations in the area with 8 Aftercare clients, 4 within 10 miles and 4 within 10-20 miles. One client from a boarding home in Corrina (15 miles away) attends a program. Transportation is funded by the program through Title XIX.

Need: Program, transportation and facility for 7 clients.

#### Bangor

Bangor has the major activity/workshop resources in the region with 2 programs offered by Adult Day Treatment (half-days), one having 52 slots and the other 26 slots. Work Skills Development Center had a capacity of 30 slots when the inventory was taken. There are 4 living accommodations within 10 miles, 1 within 20 miles and 1 over 20 miles. 17 of 33 Aftercare clients attend programs (12 attend WSDC, 4 Adult Day Treatment and 1 Day Activity Center)

Need: Program, transportation and facility for 16 clients.

#### Region II Summary:

There are a total of 74 Aftercare clients living in region II in boarding and foster homes (Note: The CRI did not include the Bangor Group Home as it was not operating at the time) and 18 clients attend an outside adult day activity program. This leaves a balance of 56 clients with no program.

Need: Program, transportation and facilities for 56 clients.

#### REGION III

Region III includes Somerset and Kennebec Counties.

Region III contains the largest group of Aftercare clients of any BMR region in the State, i.e., 187 boarding and foster home clients and 48 nursing home clients. There are 7 nursing homes, 23 boarding homes and 14 foster homes in the region. Region III has 4 adult day programs, including a major new facility which was not included in the CRI at the time the CRI was done.

#### Stowhegan

Stowhegan has 2 large programs which include MR/DD clients; Lorna Hill (Mary

Holland) Activity Center with capacity for 20 clients and the new Ken-a-Set Association program with 30 slots. This area includes 64 Aftercare clients within a 10 mile radius of the programs living in foster and boarding homes and an additional 26 nursing home clients. There are 64 more boarding and foster home Aftercare clients living at a distance of 10-20 miles, and one nursing home for profoundly retarded located in Jackman, over 70 miles away. Discounting the Jackman placement population, there are 14 of 128 clients attending these programs from boarding and foster homes, or 11% of the population (10 at Lorna Dill and 4 at Ken-a-Set)

Need: Boarding Homes - Program, transportation and facilities for 114 clients.  
Nursing Homes - Programs for 46 nursing home clients.

#### Waterville

The Hilltop Center is the program resource in Waterville, having slots for 30 clients and serving 4 Aftercare clients. There are 4 boarding homes with 17 clients within a 10 mile radius and a nursing home with 5 clients. An additional 22 clients from 4 boarding homes are located in a 10-20 mile radius. There are 4 of 39 boarding and foster home clients, meaning that 9% are involved in outside day programming.

Need. Boarding Homes - Programs, transportation, and facilities for 35 clients  
Nursing Homes - Program for 5 clients.

#### Winthrop

Kennebec Valley Pre-Voc Center has a capacity of 45 slots and was serving 2 clients from boarding homes. The residential population within a 10 mile radius of this facility is 3 boarding home and 17 nursing home clientele. There are 13 boarding and foster home clients in the 10-20 mile radius. There are 16 boarding and foster home clients with only 2 attending program.

Need: Boarding Homes - Programs, transportation and facilities for 14 clients.  
Nursing Homes - Program for 17 clients.

#### Region III Summary

The boarding and foster home Aftercare clientele total 182, with the 4 day programs serving 20 of these individuals or 11% of the population. All Areas in the region appear to have an equal percentage in programs, meaning that the unserved populations are evenly distributed in the region, representing 89%.

Need: Programs are needed for 48 nursing home clients.

#### REGION IV

Region IV includes Androscoggin, Franklin and Oxford Counties.

Region IV has 3 adult day programs, one located in each of the three counties. Due to geographic proximity to day programs in Region VI (Brunswick), there is an arrangement by which 9 clients from a boardinghome in region IV attend a program in Brunswick at the Youth Development Center.

#### Farmington

Mt. Blue Work Experience is a moderate size program having slots for 35 individuals. There are 2 nursing homes within a 10 mile radius in which 9

Aftercare clients are located. In the 10 20 mile radius there is 1 foster home for children and 1 large boarding home for children. There are no clients attending outside programs.

Need: Boarding Homes - program for 1 client  
Nursing Homes - program for 9 clients.

#### RuaFord

The Oxford County Adult Day Care Center operates a medium size program for 20 MR/DD individuals. There are 2 foster homes with 4 clients within 10 miles, and 2 boardinghomes with 6 clients within 25 miles of the center. Newly used adult foster homes include an additional 4 clients. 5 clients of a possible 14 are included in outside program.

Need: Boarding Home - Program, transportation and facility for 9 clients.

#### Lewiston

Occupational Training Center operates a large 45 slot workshop, of which 15 filled slots were MR/DD. This area contains the greatest number of residential accommodations (20 foster, boarding and nursing homes) including 31 boarding and foster home clients within 10 miles and an additional 33 within 20 miles. In the total area there are 53 boarding home clients, 11 from foster homes and 4 from nursing homes. None attend an outside program in the area, although 9 boarding home clients are provided service in a contiguous region (see above).

Need: Boarding and Foster Homes - Program, transportation and facilities for 55 clients.  
Nursing Homes - Program for 4 clients.

#### Region IV Summary

The current Aftercare caseload for Region IV totals 77 boarding and foster home clients and 13 nursing home clients. Of the 77 foster and boarding home clients 14 are involved in adult day activity programs, or 15% of the regional Aftercare population.

#### REGION V

Region V includes York and most of Cumberland Counties (excluding Freeport, and Brunswick). The region has the greatest number of slots, over 240, with 5 workshops and day activity programs. It should be noted that two of these programs provide a large number of "day" slots for current Pineland residents, i.e., Abilities and Goodwill in Portland and Friends of the Retarded located in Gray.

#### Sanford

The World of Work - Eban operates a 40 client facility in Sanford. There are 18 boarding home clients, 8 within a 10 mile radius and 10 between 10-20 miles. Of the 18 clients, 4 attend programs at this facility. There are 4 nursing home clients.

Need: Boarding and Foster Homes - Program, transportation and facility for 14 client  
Nursing Homes - Programs for 4 clients.

#### Gray

Friends of the Retarded recently started a day activities program which include

slots for 16 MR clients and provide additional space for a number of Pineland day clients. There are 3 boarding and foster homes within 10 miles with 7 clients, additional boarding home 10-20 miles with 2 clients. 2 clients attend this program.

Need: Boarding and Foster Homes - Programs, transportation and facility for 7 clients.

#### Portland

Portland has the largest residential/workshop joint program in the State (A & G Extended Employment Facility and Carleton and Ingraham House residential facilities), with workshop slots to accommodate 130 disabled individuals. The Friends of the Retarded has a small program of 15 slots and the Maine Institution for the Blind operates a residence/workshop for 40 more people. According to the most recent data, A & G provides slots to 16 community Aftercare residents, and the Friends of the Retarded, Portland, fills all 15 slots with Aftercare clients.

#### Region V Summary

Region V has a total of 84 Aftercare clients, of whom 37 attend outside programs. The major share of these clients are participating in either Friends of the Retarded, Portland, or A & G, Portland. The unusually high (44%) percentage of participation in outside activities is partially attributable to the large number of slots available in the area, although it is recognized that the city is compact and that the residences are accessible to the program. 40 boarding and foster home clients and 7 nursing home clients need program. Within 10 miles there are 7 boarding and 3 foster homes with 50 clients of which 31 clients attend programs. There are 2 nursing homes with 3 clients.

Need: Boarding Homes - Program, transportation and facilities for 19 clients.  
Nursing Homes - Program for 3 clients

#### Camden

The Mid Coast Activity Center is a medium size facility with 25 slots. Three foster homes located in the immediate 10 miles with 5 clients, 2 of whom attend this program. In the 10-20 mile radius there are 4 boarding homes and 1 foster home with a total of 87 Aftercare clients. Only 2 of 92 clients are in programs.

Need: Boarding home - program, transportation and facilities for 90 clients.

#### Belfast

Penobscot Bay Work Activity program is an 18 slot activity. Only 2 boarding homes are located in the entire area (both in Belfast) with a total of 2 Aftercare clients, one of whom attends this program.

#### Bath-Branswick

The Greater Bath Day Activity Center (Elmhurst), located in Bath, is a large 35 slot facility which services 4 clients living in boarding homes in Bath. 5 boarding and foster homes within 10 miles have 16 Aftercare clients and 4 foster homes in the 10-20 mile radius have 6 clients. The area totals 22 Aftercare clients - 4 attend Elmhurst, for a participation rate of 18%. The Youth Development Center in Brunswick, a 25 slot program, has accepted 9 clients from a boarding home in



neighboring Region IV (see Region IV). No other clients in the Bath-Brunswick area are involved in this resource.

Need: Program, transportation and facility for 18 clients. (Boarding Homes)

#### Region VI Summary

Of the 116 clients in Region VI, 7 attend an outside day activity for a regional rate of only 6 % participation. However, the majority of clients (87) in this region are located in the Camden area and are essentially the population which is excluded.

Need: Boarding Homes Program, transportation and facilities for 109 clients

DAY PROGRAM NEEDS  
FOR  
BOARDING, FOSTER AND NURSING HOME AFTERCARE CLIENTS  
BY BMR REGION AND AREA

<u>LOCATION</u>	<u>BOARDING AND FOSTER HOME CLIENTS</u>	<u>NURSING HOME CLIENTS</u>	<u>TOTAL</u>
Bangor	16	0	16
Eastport/Lubec	33	0	33
East Millinocket	0	0	0
Dover Foxcroft	7	0	7
Region II Totals	56	0	56
Skowhegan	114	46	160
Waterville	35	5	40
Winthrop	14	17	31
Region III Totals	163	68	231
Farmington	1	9	10
Rumford	9	0	9
Lewiston	55	4	59
Region IV Totals	65	13	78
Sanford	14	4	18
Cray	7	0	7
Portland	19	3	22
Region V Totals	40	7	47
Camden	90	0	90
Belfast	1	0	1
Bath-Brunswick	18	0	18
Region VI Totals	109	0	109
REGIONAL TOTALS	433	88	521
STATE OF MAINE			

PROPOSED  
SOUTHERN REGIONAL CENTER

PROPOSED  
SOUTHERN REGIONAL CENTER

A Regional Center for the severely and profoundly retarded child, to be located in Southern Maine, shall be established and maintained for the treatment, training and care of severely and profoundly retarded persons. The Center shall be under the control of the Department of Mental Health and Corrections and operated subject to policies established by the Director of the Bureau of Mental Retardation, approved by the Commissioner.

Within reasonable limits, the State shall purchase or provide land within the Town of Biddeford or within any town north of Biddeford to Portland that has easy access to Rt. #1 or the Maine Turnpike. The State shall construct the Center on this property.

<u>1975-76</u>	<u>1976-77</u>
Personal Services \$ 16,596	\$ 683,314 (N=86)
All Other 107	190,167
Equipment 150,000	1,000
Construction 1,000,000	-0-
Site Acquisition 50,000	-0-
Total \$ 1,216,703	\$ 874,481

FACTS:

In order to assure that the retarded individual meets his and her maximum potential and continues to be a family member, services must be available to the retarded person and the family. Presently, due to the lack of adequate services many retarded persons are inappropriately institutionalized causing an unnecessarily high cost to the parents and other citizens of Maine. Families are exposed to undue and unnecessary monetary and emotional hardships.

# BREAKDOWN OF BUDGET

1976-77

Personal Services (86)	<u>683,314</u>
Prof. Fees and Special Services (Not State)	\$ 70,000
Travel (in state)	8,000
Travel (out state)	1,000
Operation of State Owned Vehicles	2,000
Utility Services	12,000
Insurance	17,167
Repairs	2,000
Food	25,000
Fuel	14,200
Office Supplies	2,800
Clothing and Materials	5,000
Other Dept. and Instit. Supplies	31,000
(Total all other)	\$ 160,167
Equipment	1,000
Total	\$ 874,481

## PROPOSED SOUTHERN REGIONAL CENTER

The following is a suggested staffing for the Southern Regional Center.

### 1. Residential Care - 30 beds

Standards require a resident/direct care ratio of 1:5 for days, 1:7 evenings, and 1:15 nights. In compiling the exact number of staff needed you multiply each position by 1.5 persons in order to account for vacations, days off, sick days, etc.

In order to provide sufficient direct care staff, you will require 19 psychiatric aides or trainers. This will include 9 for days, 7 for evenings and 3 for nights.

Nursing coverage requires 6 nurses in order to provide 24 hour, 7 day a week coverage. Please note that these nurses can also provide support to the other programs as long as they are available to meet the nursing needs of these 30 residents.

### 2. Respite Care 10 beds

The same standards are required as for the residential care. However, due to possible low census on weekends, 6 direct care personnel and 3 nurses would be sufficient.

### 3. Therapeutic Day Care 10 students

Included in this would be a teacher and 3 teacher aides. The teacher could serve as the director.

Please note that the support services could provide the nursing and other types of therapy for this program.

### 4. Resource Center and Program Support

The staff within this would provide direct service to the client in all programs in addition to providing the community services program and the D&E clinic. As indicated by the staff, specific programs for the community would include family counseling, traveling trainers, and other such programs.

I have called this support programs in order to provide flexibility. For example, the 5 teachers requested would be utilized to train the individuals who are in residential care.

The staff listed would work throughout the total program under the direction of the director. Included within the support services would be the following:

- 1 Pediatrician
- 1 Nurse
- 2 Home Trainers
- 2 Teachers
- 5 Teacher Aides
- 1 Occupational Therapist
- 2 Occupational Therapist Aides
- 1 Physical Therapist
- 2 Physical Therapist Aides
- 1 Speech Therapist
- 2 Social Workers

In addition, it would be necessary to develop contracts with the following:

- 1 Full-time Dentist
- 1 Half-time Psychologist
- 1 Audiologist as needed

Included in this are a number of programs. One would be that the Center have a D&E clinic once a week. This D&E clinic would include all disabled individuals living in the community regardless of their age. In addition, the dentist would develop and operate a full time dental clinic for developmentally disabled individuals. Prime emphasis would be on the substantially handicapped individual that is unable at this time to be treated in a regular dental office. Other programs emanating from the D&E clinic would be prescriptive programming, the use of Home Trainers, the OT and ITA's to visit the homes and possibly implement the program. The Speech Therapist would spend a portion of time serving the community and at other times developing programs for individuals internally.

In essence, it would be a dynamic program with the prime emphasis on meeting the needs of the individuals within the center. However, it would have a very strong outreach component in order to avoid the need of bringing individuals into the center.

#### The Total Budget

The total budget will be as follows:

Personal Services - ~~\$459,477.26~~ (1-86)

Consultant Fees - \$70,000

This would include the dentist, psychologist, audiologist, as well as other fees such as what may be required in sending an individual to a general hospital.

Travel - \$5,000

This cost is partially due to the outreach program such as the Home Trainers.

Utility Services - \$12,000

Insurance, repairs, etc. - \$10,000

Food - \$25,000

Fuel - \$12,000

Office Supplies - \$500

Clothing and material - \$5,000

Other - Departmental and Institutional Supplies - \$31,000.

TOTAL - ~~Approx~~ \$750,000.

In addition to this there is a need to establish a total construction cost, as well as equipment. I would estimate that the construction cost is approximately one million dollars and the equipping of the facility would be approximately \$125,000. The basis of the construction is related to the floor space which would be equivalent, or approximately equivalent, to the Levinson Center. In addition, the equipment not only includes beds, o.t. and p.t. equipment, etc., but it would also include developing a dental suite.

If this should possibly be passed, it would go out to bond issue and be voted upon by the public a year from this fall. In terms of construction and etc., one would expect that it would not be operating until the fall of 1976. Thus, one would consider that the operating cost will not have to be budgeted until that time. In addition, the first year's operating cost due to start-up would not be the total ~~\$1,125,000~~ <sup>\$877,471</sup> plus dollars as projected.

Please note that this budget is a relatively good estimate of total costs. However, it is requested that it receive further consideration in order that specifics may be delineated. Also, if programs are defined, specific staff can be assigned to it.



# Proposed Eastern Regional Center Personal Services - Health Insurance

#	or		1	2	3	4	5	6	7
			Security Sal. at 8	Retirement at 10.47%	Health Insurance at 2.05%	Total Services	Total Retirement	Total Personal Services	Total Health Insurance
		Persons - Direct Care Workers							
25		Psychiatric Clin. II	6945.40	62719	10660	149760	1567975	16543975	2666
10		Psychiatric Nurse III	12455	96801	10660	42455	968010	10213610	1056
3		Nurses - Domestic	10550	1047	10660	30000	3141	33141	319
7		Nurses - Aides	451040	68164	10660	4551230	477145	5034428	746
2		Home Workers	594040	62719	10660	1198090	125438	1323518	213
2		P.T. Aides	651040	68164	10660	1302030	136323	1438408	213
2		O.T. Aides	651040	68164	10660	1302030	136326	1438408	213
1		Occup. Ther. II	1121640	117436	10660	1121640	117436	1239076	106
1		Phys. Ther. II	1121640	117436	10660	1121640	117436	1239076	106
1		Speech Ther.	882440	92391	10660	882440	92391	974831	106
2		Human Res. Worker II	582440	92391	10660	1764530	184782	1949662	213
1		Physician III	3080480	322526	10660	3080480	322526	3403006	106
57		Subtotal Direct Care	121644	1273611	127920	435522	4559898	48112047	6076
		Indirect Care Workers							
1		Supervisor II	651040	68164	10660	651040	68164	717204	106
1		Shift Equip. Operator	6140	60106	10660	5140	60106	634186	106
1		Domestic Worker II	511	5711	10660	511	5711	608411	106
4		Domestic Worker I	128220	55315	10660	211370	221260	2334540	406
3		Custodial Worker II	5512	5711	10660	15533	173132	1826733	213
1		Custodial Worker III	6248	65333	10660	6248	65333	689332	106
3		Cook I	594040	62719	10660	1797120	198151	1985277	213
1		Cook III	809120	84715	10660	809120	84715	893835	106
1		Maintenance Mech.	749280	74262	10660	749280	74262	783540	106
2		Sanitary Worker II	1027320	55315	10660	1056940	116630	1167270	213
1		Sanitary Worker II	574050	60106	10660	574050	60106	634186	106
4		Food Services Worker	123320	55315	10660	211370	221260	2334540	406
23		Subtotal Indirect Care	12360	756172	127920	13224720	1384837	14611557	213
		Administration							
1		Director	1502280	157289	10660	1552230	157289	1659569	106
1		Chief Clerk II	1086160	11213	10660	650100	71213	751310	106
2		Chief Typist II	80000	60106	10660	114510	120212	1268372	213
1		Business Mgr. I	1121640	117436	10660	1121640	117436	1239076	106
1		Account Clerk II	6248	65333	10660	6248	65333	689332	106
6		Subtotal Administration	5132	711377	5720	6762340	531493	5607723	607
86		Total Personal Servs.	2099550	2501750	285140	6185550	6716213	68331378	4160

PINELAND CENTER

FACILITIES

The six-year plan proposal provides for:

The utilization of the following buildings:

Bliss Hall  
Kupelian Hall  
Infirmary  
Cumberland Hall) In process of renovation  
Gray Hall )  
Doris Sidwell Hall  
Dirigo House  
Doris Anderson Hall  
Pownal Hall

The closing of the following buildings as population reduces:  
(In order of phase out)

1. New Gloucester Hall (Being used temporarily while renovating  
Cumberland Hall and Gray Hall)
2. Yarmouth Hall
3. Vossburgh Hall
4. Staples Hall
5. Bedin Hall

<u>BUILDING</u>	<u>DATE BUILT</u>	<u>CAPACITY</u>	<u>PRESENT CENSUS</u>	<u>(after renovation) FUTURE CAPACITY</u>
Yarmouth Hall	1922	72	46	48
Vosburgh Hall	1936	60	36	36
Staples Hall		24	23	22
Hedin Hospital	1931	44	39	32
New Gloucester Hall	1919			48

#### Renovations required

- Yarmouth Hall -
- (1) New heating system
  - (2) Interior water piping
  - (3) Complete interior electrical rewiring
  - (4) Sprinkling system, exit doors, and fire doors
  - (5) New gutters on the roof
  - (6) Ramping to meet fire standards and accessibility for handicapped
  - (7) Partitioning for individual, two and four person rooms
  - (8) Complete plastering and painting of interior
  - (9) Repair or replacement of all tile floors
  - (10) All bathrooms would need to be redesigned and equipped
  - (11) Complete refurnishing and equipment
- Vosburgh Hall -
- (1) Interior water piping
  - (2) Interior electrical wiring
  - (3) Sprinkling system, exit doors, and fire doors
  - (4) Roofing and gutters need repair (slate roof)
  - (5) Partitioning for one and two person rooms
  - (6) Partial refurnishing
- Staples Hall -
- (1) Sprinkling system, exit and fire doors
  - (2) New gutters on roof
  - (3) Partitioning of wings for one and two person rooms
- Hedin Hospital-
- (1) Sprinkling system
  - (2) Ramp for front exit
  - (3) Roof in fair to good condition, needs new gutters
  - (4) Partitioning of large rooms for activity and dining spaces
- New Gloucester-
- (1) Complete plumbing system
  - (2) Complete heating system
  - (3) Complete piping for water
  - (4) Complete interior electrical wiring, and fixtures
  - (5) Sprinkling system, exit and fire doors
  - (6) Ramping
  - (7) Partitioning of all large rooms for one, two, and four person rooms
  - (8) All bathrooms redesigned and equipped
  - (9) Complete refurnishing

BUILDINGS NOT MEETING FIRE SAFETY STANDARDS

Hayden Infirmary

Electrical supervision of sprinkling system, exit doors that meet standards, laundry chute door closer to meet standards.

Hedin A & B

Sprinkling system, ramp for front exit.

Pownal

Electrical supervision for sprinkling system, exit doors that meet standards - fire doors and holders.

Staples

Sprinkling system, exit doors, fire doors.

Yarmouth

Sprinkling system, exit doors, fire doors, outside ramp.

Doris S. Anderson

Sprinkling system, major repair on doors, door coverings

New Gloucester

(Being used temporarily during renovation)  
Sprinkling system, exit door, fire doors.

Vosburgh

Sprinkling system, exit doors and fire doors.

Doris Sidwell

Outside manual alarm system, exit doors, fire doors.

<u>UNIT</u>	<u>BUILDING</u>	<u>CURRENT NO. RESIDENTS</u>	<u>AGE GROUP</u>
Primary Development	Bliss	30	5 under 10 20 between 10-19 5 between 20-29
	Hayden Infirmary	95	1 under 10 14 between 11-20 40 between 20-29 19 between 30-39 12 between 40-49 5 between 50-59 3 between 60-69 1 over 70
	Kupelian I & II	51	14 between 10-19 29 between 20-29 3 between 30-39 5 between 40-49
Child Development	Hedin	41	6 under 10 34 between 10-19 1 between 20-29
	Pownal	52	5 under 10 42 between 10-19 5 between 20-29
Adult Community Living	Staples	24	1 between 10-19 11 between 20-29 9 between 30-39 3 over 40
	Yarmouth	51	11 between 20-29 19 between 30-39 8 between 40-49 13 over 50
	Doris Anderson Hall	50	2 between 10-19 13 between 20-29 15 between 30-39 10 between 40-49 10 over 50
	New Gloucester Hall (being used during renovations of Gray and Cumberland Halls)	44	2 between 10-19 20 between 20-29 16 between 30-39 2 between 40-49 4 over 50
	Birdgo House	6	3 between 20-39 3 over 60
Vocational Training	Verburgh	36	11 between 10-19 14 between 20-29

<u>UNIT</u>	<u>BUILDING</u>	<u>CURRENT RESIDENTS</u>	<u>AGE GROUPS</u>
Vocational Training Unit (continued)	Kupelian III & IV	34	12 between 10-19 11 between 20-29 6 between 30-39 5 between 40-49
	Doris Sidwell Hall	15	5 between 10-19 7 between 20-29 3 between 30-39