

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
AUGUST 1985

1985 MAINE SOCIAL SERVICES REPORT

GOVERNOR JOSEPH E. BRENNAN

Prepared By

Maine Division of Community Services

Maine Department of Mental Health and Mental Retardation

Maine Department of Human Services

With Contributions From Other State Agencies

Involved in Social Services

HV  
98  
.M2  
M32  
1985

December 2, 1985



To The Honorable Joseph E. Brennan, Governor:

HV  
98  
M2  
M4  
1985

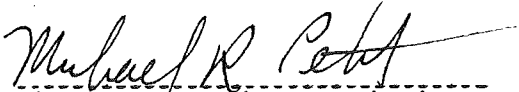
The Department of Human Services, the Department of Mental Health and Mental Retardation, and the Division of Community Services are pleased to submit Maine's 1985 Social Services Report which has been developed pursuant to 5 M.R.S.A., Chapter 148-A, Sections 1641-1643. It is intended to summarize the State of Maine's entire social services capability regardless of the specific agency or department in which a particular program may be placed. It addresses all social services, including certain health programs and income maintenance programs such as the Aid to Families with Dependent Children (AFDC) Program and the Food Stamp Program and related social services delivered by other state agencies.


For years, Maine citizens have had difficulty understanding the social services system because of the multiplicity of programs and the varied sources of information about them. This has been particularly true where different programs seemed to serve similar purposes or identical groups of people. This document represents an effort to coordinate, to consolidate, and to simplify program information. It is designed to enable the reader to gain a concise understanding of the scope and cost of the social service system. In February 1983, we published the first Maine Social Services Report and during the summer of 1984 participated in public forums on the report across the state.


The report presents social service program descriptions and budget information on all state administered funds (including federal accounts) for state fiscal years 1984, 1985, 1986, and 1987. We expect this information to facilitate the departments' joint planning responsibilities and to enable greater public participation in that process.

This report does not include any FY 86 or FY 87 additional requests for resources to the Legislature made after January, 1986.

Submitted respectfully by:

  
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Michael R. Petit, Commissioner  
Department of Human Services

  
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Kevin Concannon, Commissioner  
Department of Mental Health and  
Mental Retardation

  
-----  
Nancy Boothby, Director  
Division of Community Services

cc: Joint Standing Committee on Human Resources  
Joint Standing Committee on Appropriations and Financial Affairs

386936

"HOW TO USE" THE MAINE SOCIAL SERVICES REPORT

PAGES  
AND  
COLOR

Purpose; This report is a tool to assist the reader in developing social service public policy. The report describes how state administered funds are expended or proposed to be invested to help people. It also describes the people helped and the units of social service production. This report has two sections.

iv - 2  
Green

A. The green section summarizes social services in terms of total finances, broad classes of services, and key target populations.

3 - 61  
Yellow

B. The yellow section summarizes services administered through state agencies. Readily recognized program areas are described by concisely stating in two page summaries:

The top page has the following format:

1. Problem Statement: The problems a program area is designed to address are briefly noted,
2. Mission-Philosophy-Expected Outcome Statement: The purpose, philosophy, and anticipated results of services are concisely noted, as are goals and objectives,
3. Services Provided: An overview of services delivered by the program area is presented,
4. Priorities for Service: The priorities utilized in a given program area are described,
5. Examples of Inter-Departmental Coordination. Only the highlights of such coordination is depicted, not the routine.
6. Policy Issues: Pressing issues confronting the program area are noted,

The lower page has:

Fiscal details and the types of services provided to clients are presented.

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## INTRODUCTION AND OVERVIEW

This document details how more than 500 million dollars of state and federal social services resources are planned to be expended in Maine with comparisons to previous expenditures.

"Social services" is a generic expression covering any helping activity or set of activities that intends to alleviate the effects if not the cause of a social problem or condition.

A social problem is a problem that society collectively identifies as a condition that needs change or relief directed toward it.

For example, alcoholism is a social problem and there are a host of social services directed at changing the behavior of the alcoholic including counseling, detoxification, shelter, support groups, etc.

Child abuse is a social problem and there are child protective services directed at it that may include case assessment, case management, counseling and in some instances legal intervention. There may be other social services used to alleviate factors contributing to the condition including day care, homemaker, emergency shelters, mental health services, etc.

Lack of proper shelter and warmth has been a critical social problem for many low-income families and we have a set of services to respond including heating assistance, counseling, and weatherization.

Similarly, our citizens who are mentally retarded; the person who is mentally ill, and the child who is emotionally disturbed, also require a multiplicity of services, as well as an ongoing effort to combat the continuing stigma associated with needing and using such services.

Maine is reportedly a "poor state" as evidenced by 140,996 (13.0%) of its people living in poverty. Children in Maine represent 35.4% of the poor. Although the number of elderly poor has declined in the past few years, 15.3% of Maine's poor are over age 65 years.

Other factors contributing to or influencing social problems besides poverty include:

- wages in employment are generally lower in Maine for all occupations and Maine ranks 48th compared to other states in median income
- nearly one in ten people aged sixteen years and over has a work disability (9.7% or 68,000 persons)
- the number of families headed by women is also increasing and the poverty rate is greater among women at all ages.
- Maine has a large proportion of older housing and housing that is not adequately insulated

State agencies and programs have been created to respond to the specific social issues of specific target populations and to bring relief, if not change, to social problems. These agencies were created by legislative authority and their activities are influenced by the Legislature, the Congress through the federal bureaucracy and sometimes by the courts. The Executive Branch of government is expected to manage the programs upon receiving direction by the Legislative and Judicial branches of government.

State agencies are dependent on input and support from Maine's citizens in order to retain the responsibility for dealing with social problems with adequate resources.

FY 86 or FY 87 additional requests for resources may be made by the Governor in January, 1986, that are not contained in this report.



Each program area within each agency defines service units differently and similar services across agency lines may have variations, e.g., hours, miles, days.

Units may vary in definition by program areas. Most face to face services are measured in hours, but some treatment and residential services are measured in days. Transportation is either measured in trips, passengers or miles.

Programs can offer the definitions of their particular services usually in their particular state plans and the brevity of this report does not offer detailed information on the definition of services.

Not all agencies collect exactly the same information on clients, services or programs and so we do not have clearly consistent data. Not all agencies plan or project the future needs of their programs consistently so there is lacking a clear matrix in which to present the data. There is no uniform means to describe the people served by the three agencies nor labeling all that is provided.

Expenditures of funds are usually either by specific program area or by specific type of disability. For example, while we can say we expend a certain amount of monies toward the problem of child abuse and neglect in our Child Protective services or expenditures for services to the person who is mentally retarded, it is more difficult to identify that part of expenditures in either Child Protective services or the Bureau of Mental Retardation which are used to identify, counsel, and refer for treatment those who are also alcohol abusers.

The three state agencies do not routinely collect specific income level information on the people receiving social services. Some services are based upon need regardless of income and the need to collect detailed income level information has not been present. Although we know that most of the mental retardation population receives SSI benefits and over half of child protective services families receive AFDC benefits, they are limited to specific income levels captured by target groups, services or programs.

State agencies have staff available to elaborate on the details behind this brief overview of social services.

This report is developed pursuant to 5 M.R.S.A., Chapter 148-A, Sections 1641-1643, as amended. The 1983 Maine Social Services Report served as a base year document. Changes in the legislation make this 1985 document another base year document.

#### PERSPECTIVES

The State of Maine administered in fiscal year ending June 30, 1985, approximately 1.6 billion dollars in state and federal resources. Funds provided variety of corrections, education, medical, social, transportation, and other public services to Maine citizens. This report offers brief detail on about 35% of the total revenues administered by the State of Maine.





TOTAL SOCIAL SERVICES  
FINANCES AND PROGRAMS  
ADMINISTERED BY THREE STATE AGENCIES

1985 Maine Social Services Report

SUMMARY #1 TOTAL SOCIAL SERVICE FINANCES AND PROGRAMS ADMINISTERED BY THREE STATE AGENCIES SHOWN BY BROAD CLASSES OF SERVICES  
ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS ALL SERVICES RENDERED WITH STATE ADMINISTERED FUNDS

STATE AGENCY AND BROAD CLASSES OF SERVICES	Actual Expenditures Year Ending: June 30, 1983	Actual Expenditures June 30, 1984	Actual Expenditures June 30, 1985	Authorized Projected Expenditures June 30, 1986	Authorized Projected Expenditures June 30, 1987
<u>DIVISION OF COMMUNITY SERVICES</u>					
Community Services Block Grant	\$ 1,983,624	1,724,284	\$ 1,648,465	\$ 1,737,006	\$ 1,737,006
Home Energy Assistance Program	24,959,647	23,696,054	23,092,890	21,830,745	21,830,745
Weatherization Program	5,960,972	8,881,920	8,258,895	9,336,748	9,136,781
Head Start	-0-	-0-	1,616,238	1,662,500	1,662,500
Other Programs	67,028	362,848	364,902	323,100	315,000
Purchased Services Subtotal	32,971,271	34,665,106	34,981,390	34,890,099	34,682,032
Central Office Admin.	1,218,659	1,015,526	1,203,893	1,493,377	1,424,075
<u>DIVISION SUBTOTAL</u>	<u>34,189,930</u>	<u>35,680,632</u>	<u>36,185,283</u>	<u>36,383,476</u>	<u>36,106,107</u>
<u>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</u>					
Bureau of Mental Health	33,463,172	35,634,069	38,920,560	40,849,865	40,503,693
Bureau of Mental Retardation	26,966,680	29,287,347	32,657,977	32,175,168	32,413,033
Office of Children's Services	2,141,529	2,141,529	2,558,691	-	-
Bur. of Children w/ Special Needs		-	-	7,808,253	7,838,716
Alcohol & Substance Abuse Services	211,103	211,103	261,123	265,026	265,026
Developmental Disabilities Council	278,520	278,520	247,552	300,000	300,000
Department Admin.	2,005,505	2,294,798	2,043,041	2,655,375	1,920,531
<u>DMH&amp;MR TOTAL</u>	<u>65,066,509</u>	<u>69,847,366</u>	<u>76,688,894</u>	<u>84,053,687</u>	<u>83,240,999</u>
<u>DEPARTMENT OF HUMAN SERVICES</u>					
Alcohol & Substance Abuse Services	5,558,065	5,716,679	5,645,756	6,014,185	6,037,535
Adult Services	1,774,000	1,647,000	2,008,039	2,296,000	2,396,000
Children Services	16,602,000	17,812,000	22,830,000	25,242,000	25,755,000
Families At High Risk	2,726,477	3,146,029	3,781,226	3,813,843	3,623,818
Purchased Services	9,124,000	9,983,000 <sup>2</sup>	10,474,000 <sup>2</sup>	13,900,000 <sup>2</sup>	15,032,000
Elderly Services	6,696,818	6,682,781	9,588,357	9,801,392	9,903,971
Rehabilitation Services	6,443,904	7,472,342	8,827,628	9,346,069	10,467,600
Special Physical Characteristics	3,131,993	1,822,136	2,040,794	2,285,685	2,559,968
Health Services	10,254,174	9,284,476	14,192,180	16,008,726	not available
Medicaid Services	100,417,106 <sup>1</sup>	237,328,852	258,901,146	286,797,032	312,307,915
Income Maintenance	-1	155,574,845	162,388,053	170,939,606	172,935,457
Department Central Office	3,902,817	3,806,575	4,563,149	4,768,490	not available
<u>DHS SUBTOTAL</u>	<u>163,384,835<sup>1</sup></u>	<u>460,276,815</u>	<u>505,240,328</u>	<u>676,313,028</u>	<u>560,919,264</u>
<u>GRAND TOTAL THREE STATE AGENCIES</u>	<u>\$262,641,274<sup>1</sup></u>	<u>\$565,804,813</u>	<u>\$618,114,505</u>	<u>\$796,750,191</u>	<u>\$680,266,370</u>
Other State Agencies are not included in this summary.					

<sup>1</sup> Excluded some health and income supplementation in 1983.

<sup>2</sup> Excludes Family Planning funds which are included in health.

#### ERRATA

The 1985 Maine Social Services Report contains an error on Page 1.

Authorized projected expenditures for the fiscal year ending June 30, 1986 for the Department of Human Services should be \$551,213,028 (not \$676,313,028). The grand total for three state agencies should be \$671,650,191 (not \$796,750,191) for the fiscal year ending June 30, 1986.

# 1985 Maine Social Services Report

SUMMARY #2      TOTAL PEOPLE SERVED      SHOWN BY BROAD CLASSES OF SERVICES  
ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS      ALL SERVICES RENDERED WITH STATE ADMINISTERED FUNDS

STATE AGENCY AND BROAD CLASSES OF SERVICES	Actual Services	Actual Services	Actual Services	Projected Services	Projected Services
Year Ending:	June 30, 1983	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987
DIVISION OF COMMUNITY SERVICES	Number of People Served and Units of Service (Duplicated)				
Community Services Block Grant	N/A	N/A	N/A	N/A	N/A
Home Energy Assistance Program	55,397	55,797	64,197	66,000	66,000
Weatherization Program	5,302	8,700	7,195	7,600	7,600
Head Start		-0-	665	665	665
Other Programs	N/A	N/A	220,000	220,000	220,000
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION					
Bureau of Mental Health <sup>1</sup>	23,000	26,161	32,151	27,930	27,930
Bureau of Mental Retardation <sup>1</sup>	7,000	7,559	8,808	7,965	8,212
Office of Children's Services	1,443	1,562	2,416	-	-
Bur. of Children w/Special Needs	-	-	-	9,802	10,368
Alcohol & Substance Abuse Services	1,400	1,470	1,680	1,845	1,745
Developmental Disabilities	5,000	7,000	7,946	8,450	8,500
Department Administration	N/A	N/A	N/A	N/A	N/A
DEPARTMENT OF HUMAN SERVICES					
Alcohol & Substance Abuse Services	10,956 people	12,581 people	12,765 people	13,000 people	13,000 people
Adult Services	2,224 people	3,345 people	4,171 people	5,214 people	6,518 people
Children Services	14,500 people	21,249 people	21,238 people	21,448 people	21,658 people
Families At High Risk	2,200 people	people	6,169 people	5,351 people	5,527 people
Purchased Services	22,964 people	20,139 people	22,876 people	25,000 people	27,500 people
Elderly Services	68,486 people	53,409 people	55,420 people	57,082 people	58,795 people
Rehabilitation Services	7,476 people	6,740 people	7,412 people	8,079 people	8,798 people
Special Physical Characteristics	6,031 people	5,672 people	6,099 people	6,649 people	7,247 people
Health Services	45,564 people	293,382 people	321,513 people	328,084 people	345,000 people
Medicaid Services	73,698 people	343,200 people	342,621 people	342,703 people	343,000 people
Income Supplementation	An unduplicated estimate would approach 100,000 people.				

<sup>1</sup>Substantial changes in individuals served in FY 86 and 87 is primarily related to transfer of funds and responsibility for services to the Bureau of Children with Special Needs.

Other state agencies are not included in this summary.



PROGRAM SUMMARIES

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DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION	Pages 17 - 27
DEPARTMENT OF HUMAN SERVICES	Pages 28 - 54
DEPARTMENT OF TRANSPORTATION	Pages 56 - 57
DEPARTMENT OF LABOR	Pages 59 - 60
MAINE STATE HOUSING AUTHORITY	Pages 62 - 63
DEPARTMENT OF CORRECTIONS	Pages 65 - 68





DIVISION OF COMMUNITY SERVICES

SUMMARY #3A COMMUNITY SERVICES BLOCK GRANT ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.

The Community Services Block Grant Program was funded to attack the causes of poverty.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To provide a range of services and activities having a measurable and potentially major impact on causes and conditions of poverty. Such services and activities may include but are not limited to:

- |  |   |
|--|---|
| -Securing and retaining meaningful employment  | -Obtaining and maintaining adequate housing;                      |
| -Attaining an adequate education;  | -Obtaining emergency assistance;                                  |
| -Making better use of available income;  | -Achieving greater participation in the affairs of the community; |
| -Making more effective use of other programs related to the purposes of this CSBG program. |   |

3. SERVICES PROVIDED.

Outreach community organization; information & referral; child development; volunteer coordination; nutrition and surplus food distribution; family planning; housing; transportation; community development; resource mobilization; elderly meals sites; youth services.

4. PRIORITIES FOR SERVICE.

To receive services under the CSBG, the individual's or family's income must be at or below 150% of the poverty line promulgated by the Federal Office of Management and Budget.

5. INTER-DEPARTMENTAL COORDINATION.

Information sharing - outreach. Participation on Governor's Task Force on the Homeless with Department of Human Services, Department of Mental Health and Mental Retardation, and Maine State Housing Authority.

6. POLICY ISSUES.

Increased use of funds for direct services (at least 20%) as compared to for core administrative support, CAA role in coordination of local services, networking local information and referral capability, availability of additional resources for CAA's. Discretionary funds are earmarked for Homeless, Food, Volunteers and merger.

SUMMARY #3A CONTINUED		ALL CSBG APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL CSBG SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	
COMMUNITY SERVICES BLOCK GRANT		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985
		Number of People Served and Units of Services (Duplicated)					
STATE GENERAL FUND							
STATE GENERAL FUND SUBTOTAL							
FEDERAL FUND							
Community Services Block Grant	\$ 1,814,628	\$ 1,756,325	\$ 1,828,426	\$ 1,828,426			
FEDERAL FUND SUBTOTAL	\$ 1,814,628	\$ 1,756,325	\$ 1,828,426	\$ 1,828,426			
OTHER FUNDS							
OTHER FUNDS SUBTOTAL							
GRAND TOTAL COMMUNITY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 1,814,628	\$ 1,756,325	\$ 1,828,426	\$ 1,828,426			
Community Services Cen. Off. Admin.	90,344	107,860	91,420	91,420			
COMMUNITY SERVICES PURCHASED SVS.	\$ 1,724,284	\$ 1,648,465	\$ 1,737,006	\$ 1,737,006			

Not available. These funds are used to support all of the Community Action Agency Programs.

TYPES OF COMMUNITY SERVICES (BLOCK GRANT) RENDERED BY THE DIVISION OF COMMUNITY SERVICES

All of the programs/services administered by the CAPs.

SUMMARY #3B HOME ENERGY ASSISTANCE PROGRAM FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.

Due to the rising cost of energy many of Maine's poor find themselves unable to afford to heat their homes adequately during the winter months.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES

The Home Energy Assistance Program (HEAP) makes funds available to assist low-income households to meet the costs of home energy through direct payments to households or to home energy suppliers.

3. SERVICES PROVIDED.

Assistance with: cost of purchasing fuel; emergency heating needs; replacement/repair of unsafe or inefficient heat sources; weatherization; emergency housing.

4. PRIORITIES FOR SERVICE.

- Elderly, 60 and over (55 and over for off-reservation Indians)
- Handicapped
- Families with children under 2 years old

5. INTER-DEPARTMENTAL COORDINATION.

The Division of Community Services and the Department of Human Services share information on client eligibility in order to reduce administrative costs. The two agencies also make referrals and coordinate assistance efforts.

6. POLICY ISSUES.

Securing the cooperation of subsidized housing operators to upgrade subsidized housing units in need of rehabilitation and improved weatherization. Securing adequate funding. Currently able to serve less than 65% of the potentially eligible population at approximately 24% of their estimated average annual fuel bills. Timeliness of the availability of administrative funds to hire and train staff and establish administrative systems. Availability of dry wood in December for those clients who use wood. Securing cash price discounts and interest on credit balances from oil dealers for HEAP eligible and certified clients. Refine and integrate computer capabilities of DCS and twelve community action agencies.

SUMMARY #3B CONTINUED		ALL HEAP APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL HEAP SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	
HOME ENERGY ASSISTANCE PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985
		Number of People Served and Units of Services (Duplicated)					
STATE GENERAL FUND							
STATE GENERAL FUND SUBTOTAL							
FEDERAL FUND		\$ 24,106,485	\$ 23,499,237	\$ 22,276,270	\$ 22,276,270	55,797	64,197
FEDERAL FUNDS SUBTOTAL		\$ 24,106,485	\$ 23,499,237	\$ 22,276,270	\$ 22,276,270	55,797	64,197
OTHER FUNDS							
OTHER FUNDS SUBTOTAL							
GRAND TOTAL HOME ENERGY ASSIST.							
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 24,106,485	\$ 23,499,237	\$ 22,276,270	\$ 22,276,270		
Central Office Administration		410,431	406,347	445,525	445,525		
HOME ENERGY ASSISTANCE SUBTOTAL		\$ 23,696,054	\$ 23,092,890	\$ 21,830,745	\$ 21,830,745		
TYPES OF HOME ENERGY ASSISTANCE RENDERED BY THE DIVISION OF COMMUNITY SERVICES							
Households Assisted:							
Home Energy-Fuel		\$ 53,158	\$ 60,664	\$ 62,500	\$ 62,500		
Energy Crisis		2,639	3,533	3,500	3,500		
TOTAL TYPES HOME ENERGY ASSIST.							
RENDERED BY ONE STATE AGENCY		\$ 55,797	\$ 64,197	\$ 66,000	\$ 66,000		

SUMMARY #3C WEATHERIZATION PROGRAM FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

The cost of energy to adequately heat one's home is a major expense. Low-income households are hardest hit by home heating costs, paying a larger percentage of their income for heating costs. Reduction of fuel consumption, while maintaining adequate home heating, reduces heating costs. Improved weatherization and more efficient fuel consumption are necessary for adequate home heating at reduced costs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To provide energy conservation materials and related repairs to the homes and heating systems of low-income persons, particularly elderly, handicapped, and families with children under 2 years of age.

3. SERVICES PROVIDED.

Services include capping of attics with insulation, wall insulation, installation of storm doors and windows, caulking, weather-stripping, chimney repair, oil burner retrofit and home repair provided thorough Maine's 12 Community Action Agencies. Also, services provided through the following programs: CHIP - Central Heating System Improvement Program. Provides eligible applicants necessary improvements to the heating system, including clean, tune and evaluation, burner retrofit, repair and replacement of a heating system and conversion from one type of heating system to another. EMAP - Energy Management Assistance Program. A joint program of DCS and CMP and implemented by CAP agencies, to insulate and weatherize homes of low-income electric space heating customers in the company's service territory.

4. PRIORITIES FOR SERVICE.

- Elderly, 60 and over
- Indians, 55 and over
- Handicapped
- Families with children under 2 years old

5. INTER-DEPARTMENTAL COORDINATION.

Office of Energy Resources (OER), Maine State Housing Authority (MSHA), Farmers Home Administration (FHA), Department of Human Services (DHS), Department of Business Occupational & Professional Regulation, State Planning Office (SPO).

6. POLICY ISSUES.

- A. Although approximately 4,000 homes are weatherized annually, there are long waiting lists of up to 3 years to be weatherized.
- B. A lack of funds to weatherize houses of all eligible applicants.
- C. Because of a lack of affordable, decent housing for low-income households, many houses that are weatherized are in extremely dilapidated condition.
- D. Many houses that are weatherized are without running water and sewer, and there are inadequate funds to provide either service.



## SUMMARY #3C CONTINUED

SUMMARY #3C CONTINUED		ALL "W" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected	Actual		
WEATHERIZATION PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures	Services		
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	
	Number of People Served and Units of Services (Duplicated)						
STATE GENERAL FUND							
Weatherization	\$ 1,333,700	\$ 1,039,973	\$ 853,071	\$ 895,959		1,945	
CHIP		199,988	300,000	300,000		290	
STATE GENERAL FUND SUBTOTAL	\$ 1,333,700	\$ 1,239,961	\$ 1,153,071	\$ 1,195,959	2,700	2,235	
FEDERAL FUNDS							
D.O.E. Weatherization	\$ 3,362,059	\$ 3,368,425	\$ 2,972,907	\$ 2,378,325		1,968	
HEAP Weatherization	4,464,661	2,973,272	3,389,600	3,389,600		1,873	
HEAP/Weatherization CHIP		828,323	1,000,000	1,000,000		681	
FEDERAL FUND SUBTOTAL	\$ 7,826,720	\$ 7,170,020	\$ 7,362,507	\$ 6,767,925	6,000	4,522	
OTHER FUNDS							
Maine Housing CHIP	\$	\$ 280,646	\$ 305,000	\$ 305,000		438	
CMP Weatherization			1,062,000	1,062,000			
TOTAL OTHER FUNDS	\$	\$ 280,646	\$ 1,367,000	\$ 1,367,000		438	
GRAND TOTAL WEATHERIZATION.							
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 9,160,420	\$ 8,690,627	\$ 9,882,578	\$ 9,330,884	8,700	7,195	
Weatherization Cen. Off. Admin.	278,500	431,723	545,830	494,103			
WEATHERIZATION SUBTOTAL	\$ 8,881,920	\$ 8,258,895	\$ 9,336,748	\$ 8,836,781			
TYPES OF WEATHERIZATION RENDERED BY THE DIVISION OF COMMUNITY SERVICES							
HOUSEHOLDS:							
Weatherization and repair	\$ 8,700	\$ 5,786	\$ 6,000	\$ 6,000			
CHIP		1,409	1,600	1,600			
TOTAL TYPES OF WEATHERIZATION.							
RENDERED BY ONE STATE AGENCY	\$ 8,700	\$ 7,195	\$ 7,600	\$ 7,600			

SUMMARY #3D STATE OF MAINE HEAD START, ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

Children from low-income families experience disadvantaged social, health, and learning opportunities.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.

To provide a comprehensive Head Start program to approximately 665 low-income children with at least 10% being handicapped. A minimum of 510 hours per child per year of services will be provided. Services will be provided in both center based and home based models.

3. SERVICES PROVIDED.

Each child or family receives:

- (1) a comprehensive early childhood preschool educational experience;
  - (2) health care which includes a broad range of medical, dental, mental health, and nutritional services.
- Parents participate in program design and development and through policy advisory councils.

4. PRIORITIES FOR SERVICE.

- (1) Low-income children at or below 100% of poverty.
- (2) Up to 10% of enrollment may include children with family income of more than 100% but less than 150% of poverty.

5. INTER-DEPARTMENTAL COORDINATION.

- (1) Programs receive commodity food for snacks and lunches from Department of Educational and Cultural Services.
- (2) All centers are inspected by the State Fire Marshall Office.
- (3) All centers are licensed as child care facilities by the Department of Human Services.

6. POLICY ISSUES.

Curriculum coordination and design with Department of Educational and Cultural Services. Home based vs. center based models.

SUMMARY #3D CONTINUED	ALL HEAD START APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS - ALL HEAD START SERVICES RENDERED WITH DCS ADMINISTERED FUNDS					
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected	Actual	Projected
HEAD START	Expenditures	Expenditures	Expenditures	Expenditures	Services	Services

Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986
Number of People Served and Units of Services (Duplicated)						

STATE GENERAL FUND  
Head Start

\$ 1,623,387	\$ 1,750,000	\$ 1,750,000	665	665
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STATE GENERAL FUND TOTAL

\$ 1,623,387	\$ 1,750,000	\$ 1,750,000
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Central Office Admin.

7,149	87,500	87,500
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TOTAL HEAD START  
Purchased Services

\$ 1,616,238	\$ 1,662,500	\$ 1,662,500
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TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

Children Enrolled

665	665
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SUMMARY #3E     OTHER PROGRAMS OF THE DIVISION OF COMMUNITY SERVICES1. PROBLEM STATEMENT.

Food Distribution - low-income people have limited resources to meet basic needs.

Citizens Assistance Line - due to the complexity of the social services network and the inter-relation of the various services, many low-income citizens fall in their attempts to find services necessary to meet their needs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.

Food Distribution - through the help of local Community Action Agencies, to provide nutrition assistance to relieve situations of emergency and distress by providing food assistance to needy persons, including low-income and unemployed persons.

Citizens Assistance Line - to provide advocacy services, information and referral, as well as ensure coordination of available resources to alleviate the various immediate crisis of low-income citizens.

3. SERVICES PROVIDED.

Food Distribution - eligible households receive an allocation of food three times a year based on the number of family members and the amount of food provided by the U.S. Department of Agriculture. Commodities currently available for distribution are cheese, butter, cornmeal, flour, rice, and dry milk.

Citizens Assistance Line - negotiating payment arrangements with utility companies to avert service disconnections or effect re-establishment of services; advocate on behalf of citizens in need of general assistance as well as State and Federal program benefits.

4. PRIORITIES FOR SERVICE.

Food Distribution - low-income and unemployed persons at or below 150% of poverty.

Citizens Assistance Line - citizens in crisis who contact program by telephone (toll free) or letter.

5. INTER-DEPARTMENTAL COORDINATION.

Food Distribution - automatic eligibility for recipients of Food Stamps, AFDC, SSI, HEAP, Elderly Tax and Rent Fund, Elderly Low Cost Drug Program.

Advise Governor on the status of efforts to relieve situations of emergency and distress through TEFAP.

Citizens Assistance Line - coordinate use of benefits from local (general assistance offices, Community Action Programs, etc.), State (DHS, DMHMR, etc.), and private sources to make best use of all resources available. Coordinate with PUC, Attorney General's Office, Governor's Office, DHS, and DMHMR.

6. POLICY ISSUES.

Food Distribution - eligibility criteria; program costs; State funding.

Citizens Assistance Line - winter disconnect procedures, general assistance administration, ECIP rules, landlord/tenant laws.

SUMMARY #3E CONTINUED		ALL "OTHER" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "OTHER" SERVICES RENDERED WITH DCS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	Projected	
OTHER PROGRAMS		Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985	June 30, 1986
		Number of People Served and Units of Services (Duplicated)						
STATE GENERAL FUND								
State TEFAP			\$ 100,000	\$ 100,000				
STATE GENERAL FUND TOTAL			\$ 100,000	\$ 100,000				
FEDERAL FUNDS*								
USDA - Title II		\$ 122,386	\$ 120,479	\$ 259,000	\$ 250,000			
USDA - TEFAP			134,863					
CSBG - TEFAP			150,471					
USDA - FEMA		242,462						
FEDERAL FUNDS TOTAL		\$ 364,848	\$ 405,813	\$ 259,000	\$ 250,000	220,000	220,000	
TOTAL OTHER PROGRAMS		\$ 364,848	\$ 405,813	\$ 359,000	\$ 350,000			
Central Office Admin.		2,000	40,911	35,900	35,000			
Purchased Services		\$ 362,848	\$ 364,902	\$ 323,100	\$ 315,000			

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

\*Citizens Assistance Funding is found in other program summaries; breakdown is not available.

SUMMARY #3F CENTRAL OFFICE ADMINISTRATION OF THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.  
Efficient delivery of program service requires coordinated administration.
2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.  
To assure effective use and coordination of available resources to improve service to clients.
3. SERVICES PROVIDED.  
Capital fixtures, telephone, mail, data processing, personnel management, fiscal management, and clerical support.
4. PRIORITIES FOR SERVICE.
  - payments accuracy and timeliness
  - record keeping, reporting
  - public information.
5. INTER-DEPARTMENTAL COORDINATION.
  - Department of Finance and Administration
  - Client eligibility determination
  - Information Streamlining.
6. POLICY ISSUES.
  - Inter-agency computer communication capability
  - Staff reorganization.

SUMMARY #3F CONTINUED	ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL SERVICES RENDERED WITH DCS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected	Actual	Projected	
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986
					Number of People Served and Units of Services (Duplicated)		
STATE GENERAL FUND							
Admin & Advisory	234,251	209,894	279,202	270,527			
State Weatherization			3,071				
TEFAP			10,000	10,000			
Head Start		7,149	87,500	87,500			
GENERAL FUND SUBTOTAL	\$ 234,251	\$ 217,043	\$ 379,771	\$ 368,027			
FEDERAL FUNDS							
Community Services Block Grant	90,344	107,860	91,420	91,420			
HEAP	410,431	406,347	445,525	445,525			
Federal Weatherization	278,500	431,732	462,759	414,103			
TEFAP	2,000	40,911	25,900	25,000			
FEDERAL FUND SUBTOTAL	\$ 781,275	\$ 986,850	\$ 1,025,604	\$ 976,048			
OTHER FUNDS							
CMP Weatherization	\$	\$	\$ 50,000	\$ 50,000			
Maine Housing - CHIP			30,000	30,000			
OTHER FUNDS SUBTOTAL			\$ 80,000	\$ 80,000			
TOTAL CENTRAL OFFICE ADMIN.	\$ 1,015,526	\$ 1,203,893	\$ 1,485,375	\$ 1,424,075			

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES





DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

SUMMARY #4A BUREAU OF MENTAL HEALTH SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

The numbers of persons in need of mental health care in Maine and in the nation are unprecedented. National prevalence rates state that 10-15% of the population suffer from serious mental health problems. Applied to Maine's population, this means that, at any particular time, 112,500 to 168,700 Maine citizens have serious mental health problems. Prevalence varies with age group. Approximately 6% of children and youth have serious mental health problems, or about 18,000 in this State. Prevalence of serious problems among the elderly, the fastest growing age group in the country, is as high as 24%, meaning that approximately 33,800 elderly Maine citizens suffer from severe mental health problems. Increasing attention is being paid to the plight of the homeless; and family and consumer groups are pointing to the need for an array of community based services for those suffering from chronic mental illness.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS/OBJECTIVES.

In 1985, 2,385 persons were served in State Mental Health Institutes, and 26,089 were served in the community. Both the Bangor and Augusta Mental Health Institutes are fully accredited and emphasize high quality inpatient services for persons requiring that level of care, as well as a high degree of continuity and liaison with community care providers. Community mental health services are provided by contract with seven community mental health centers, and twenty-five other community agencies. The Bureau of Mental Health is committed to providing comprehensive services throughout the State, with emphasis on treatment and rehabilitative services for the most severely and chronically ill to improve quality of life and enhance individual growth toward independent functioning. Services to traditionally under or inappropriately served populations such as the elderly, chronically mentally ill, hearing impaired, and persons entering the mental health system from the courts, correctional, or criminal justice area are key Bureau objectives.

3. SERVICES PROVIDED.

The Augusta and Bangor Mental Health Institutes provide specialized inpatient services, especially for those persons involuntarily admitted. Specialized services include rehabilitative services for the chronically ill, geriatric services, adolescent services, and forensic services. Community mental health services include emergency services; community support; day treatment/rehabilitation; community residential; outpatient services; consultation, education, and training services; community inpatient services; psychological services for the chronically mentally ill, support to family and community groups, and other special activities. The Office of Community Support Systems provides training, advocacy, and technical assistance to groups and agencies serving chronically mentally ill persons.

4. PRIORITIES FOR SERVICE.

The Bureau of Mental Health is committed to providing comprehensive mental health services throughout the State. Within this broad mandate, the Bureau is placing special interest on the treatment and rehabilitation of persons with severe and prolonged mental illness, and has further identified the need for additional program and resource development to better serve elderly citizens and deaf persons.

5. INTER-DEPARTMENTAL COORDINATION.

The Bureau of Mental Health works to assure that:

- A) High quality, specialized inpatient services are provided in Maine's two mental health institutes;
- B) Comprehensive coordinated community services are available throughout the State, with emphasis on special populations;
- C) Rehabilitation - oriented services are available to persons with severe and prolonged mental illness;
- D) The public is informed and educated to reduce the stigma of mental illness;
- E) The rights of mentally ill persons are protected and enhanced in both institutional and community settings.
- F) Housing, vocational services, socialization, and other needs of chronically mentally ill persons are addressed.

The Department works closely with the Department of Human Services, the legal system, and other state agencies to increase appropriate funding and treatment options for persons needing mental health care.

6. POLICY ISSUES.

- A) Development of a continuum of services to identified target groups, such as chronically mentally ill persons, seriously emotionally disturbed children and adolescents, and elderly persons;
- B) Development of a psychosocial rehabilitative orientation to service provision;
- C) Maintaining and assuring quality and continuity of care in both institutional and community programs;
- D) Assuring sufficient financial support to community programs through an appropriate balance of public and private resources;
- E) Maximizing federal and other resources to support mental health programs.
- F) A major initiative for the Bureau of Mental Health is in assisting the newly created Bureau of Children with Special Needs to establish an array of mental health services options for children.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

SUMMARY #4A CONTINUED

ALL MH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

	Actual Expenditures Year Ending: June 30, 1984	Actual Expenditures June 30, 1985	Projected Expenditures June 30, 1986	Projected Expenditures June 30, 1987	Actual Services June 30, 1984	Actual Services June 30, 1985
STATE GENERAL FUND						
Augusta Mental Health Institute <sup>1</sup>	\$ 13,546,373	\$ 14,777,635	\$ 15,560,440 <sup>2</sup>	\$ 15,793,443	1 For comparison w/BMHI and past year's, AMHI figures in FY 85, 86, and 87 show \$489,791 of Bureau of Public Improvements Acct. #1034.1 for fuel costs.	
Bangor Mental Health Institute	12,584,136	13,700,512	15,592,203	14,674,259		
Community Mental Health Services <sup>3</sup>	6,219,599	7,248,325	7,171,565 <sup>4</sup>	7,497,336		
Title XX State Comm. Support	264,493	-	-	-		
Sub-Total, State General Funds	\$ 32,614,601	\$ 35,726,472	\$ 38,324,208	\$ 37,965,038	2 Increase of BMHI for FY 86 primarily attributed to \$1,345,000 capital improvements (note FY87 reduction).	
FEDERAL ACCOUNTS						
Augusta Mental Health Institute	\$ 16,355	\$ 1,816	\$ 10,122	\$ 10,122	3 FY 85 Community MH figures include Title XX Community Support (Acct.1340.6). This allows comparison w/FY86 and 87, as that account is subsumed by single community MH services (Acct.1340.2) in those years.	
Bangor Mental Health Institute	21,690	10,467	35,985	37,836		
ADMHS Block Grant	2,227,786	2,322,906	1,209,457 <sup>5</sup>	1,209,457 <sup>5</sup>		
Social Service Block Grant	261,003	285,220	273,895	273,895		
Office of Community Support	115,640	37,725	-	-	4 Reduction in Community MH Services reflects transfer of \$650,084 to Bur. of Children w/Special needs in FY 86 and 87.	
Sub-Total, Federal Accounts	\$ 2,642,474	\$ 2,658,134	\$ 1,539,459	\$ 1,541,310		
DEDICATED REVENUES						
Augusta Mental Health Institute	\$ 334,747	\$ 393,799	\$ 763,212	\$ 820,207	5 Reduction in ADMHS Block Grant reflects transfer of \$978,291 to Bur. of Children w/Special Needs in FY 86 and 87.	
Bangor Mental Health Institute	42,247	142,155	222,986	177,138		
Sub-Total, Dedicated Revenues	\$ 376,994	\$ 535,954	\$ 986,198	\$ 997,345		
Total All Expenditures	\$ 35,634,069	\$ 38,920,560	\$ 40,849,865	\$ 40,503,693		

	Actual FY 84	Actual FY 85	Projected FY 86	Projected FY 87	Actual Services FY 84	Actual Services FY 85
<b>SERVICES FUNDED BY BUREAU OF MENTAL HEALTH</b>						
Augusta Mental Health Institute	\$ 13,897,475	\$ 15,173,250	\$ 16,343,774	(Expansion of	1,776 people/101,453 pt. days	1,726
people/112,322 days						
Bangor Mental Health Institute	12,648,073	13,853,134	15,851,174	Medicaid re-	654 people/105,939 pt. days	659 people/102,642 days
Community Services: <sup>6</sup>				imbursement		
Emergency	680,358	682,804	973,526	and service	1,477 people	3,042 people/45,622 units
Community Support	2,284,501	2,565,892	2,376,974	categories	4,472 people/101,639 units	6,172 people/91,767 units
Day Treatment/Rehab.	998,435	1,114,781	835,241	make it dif-	949 people/38,668 units	1,163 people/42,479 units
Community Residential	591,396	589,410	930,030	ficult to	181 people/29,484 units	229 people/28,284 units
Outpatient	2,478,365	2,709,634	1,902,118	project the	15,120 people/97,734 units	15,994 people/106,600 units
Consult., Training, Education	725,493	659,787	309,111	distribution	wide impact/30,745 units	wide impact/25,577 units
Community Inpatient	263,259	271,203	269,127	of services	860 people/7,382 units	829 people/8,382 units
Early Intervention	62,290	62,255	-	by program.	90 people/families served	90 people/families svd.
Psychosocial Center	106,157	211,919	320,700	In the ab-	582 people/20,418 units	711 people/49,057 units
Crisis Intervention	-	217,630	238,932	sence of such		1,536 people served
Other Activities	718,114	630,463	286,148	data, use FY		
Total Mental Health Services	\$ 35,453,916	\$ 38,741,905	\$ 40,636,855	86 projections.)		26,161 people served <sup>3</sup>
32,151 people served/ <sup>7</sup>						
Administration	-	178,655	213,010			
Total Expenditures	\$ 35,453,916	\$ 38,920,560	\$ 40,849,865	\$ 40,503,693		

<sup>6</sup> Substantial changes in community services expenditures and related services is primarily related to the transfer of funds and responsibility for services to children to the Bureau of Children with Special Needs.

<sup>7</sup> Total persons served represents the arithmetic total of the above-shown categories. In the Community Mental Health System for fiscal year 1985, approximately 26,089 unduplicated persons received 397,703 units of service. No effort has been made to remove duplication in the institutional population shown.

<sup>8</sup> Total Mental Health Services Expenditures do not add up to total expenditures since \$180,153 is related to Central Office Administration.

SUMMARY #4B      BUREAU OF MENTAL RETARDATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

Individuals who are mentally retarded and their families are in ever increasing numbers, seeking support and services from the Bureau of Mental Retardation. From July, 1984 to June, 1985 more than 940 new referrals were made; approximately 75% of these referrals resulted in new clients requiring residential, training, day program, and other services.

In addition, the legislature appropriated money to begin to address the needs of young handicapped adults who are "aging out" (turning 20 years old) of the public school system and who need vocational and independent living services. The challenge in 1985 and in the next few years continues to meet the needs of ever increasing numbers of clientele given limited resources.

The Bureau continues to experience the development of waiting lists; individuals and families needing residential and day programs to remain in their own communities; a rapidly increasing demand for all community services; along with a need for development of new types of services including specialized programs for persons with complex behavioral and physical needs.

2. MISSION - EXPECTED OUTCOME STATEMENT: GOALS/OBJECTIVES.

In 1985, 836 individuals received services at Pineland Center, Elizabeth Levinson Center, and the Aroostook Residential Center (this includes respite care), 3,278 were served through the six regional offices and the Infant Development Center of the Bureau; and funds were provided to non-profit community agencies to provide services to 3,400 people.

The program philosophy is to promote an improved quality of life for mentally retarded persons in order to help individuals achieve their maximum potential for independence. The Bureau expects to increase the numbers and types of services available; not only to mentally retarded persons, but to young adults who are handicapped and are "aging out" of the public school system and to persons diagnosed as having autism. The Bureau also expects to begin to address the increasing need for case management (the arranging of those services necessary to meet the individual's training, education, and habilitative needs), coordination/delivery of services to developmentally delayed children and their families; and services for elderly mentally retarded persons. To accomplish this the Bureau will be working closely with the newly established Bureau of Children with Special Needs.

3. SERVICES PROVIDED.

Case management (including Individual Program Planning); guardianship, conservatorship; representative payee; occupational, physical and speech therapy; psychological services; training and technical assistance to service providers; financial support to community agencies and providers; resource development planning and technical assistance; institutional services including out-patient services, outreach and respite care.

4. PRIORITIES FOR SERVICE.

Persons residing in institutions, clients of the Bureau residing in the community, mentally retarded adults requiring Adult Protective services; with increased focus on persons diagnosed as having autism, young handicapped adults graduating from school, and elderly mentally retarded persons.

5. INTER-DEPARTMENTAL COORDINATION.

The Bureau of Mental Retardation works in close coordination with the Departments of Transportation, Human Services, Educational and Cultural Services, the Maine State Housing Authority, parent advocacy and consumer groups, and other state and local entities to assure that:

- services provided to Maine's mentally retarded citizens reflect the standards set forth in Maine statutes and the Pineland Consent Decree;
- the public is informed and educated as to the nature of mental retardation in order to reduce associated stigma;
- the rights of mentally retarded persons are upheld in accordance with the Bill of Rights for Mentally Retarded Persons;
- increased amounts and types of appropriate services are available to mentally retarded persons, young handicapped adults, persons diagnosed as having autism, and developmentally delayed children.

SUMMARY #4B CONTINUED		ALL MR APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL MR SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	
MENTAL RETARDATION SERVICES.		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending:		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
Aroostook Residential Center <sup>1</sup>	\$	482,653	\$ 538,652	\$ 591,943	\$ 593,791		
Elizabeth Levinson Center <sup>1</sup>		1,415,459	1,494,285	---	---		
Pineland Center		16,456,086	17,207,299	17,218,820	17,783,075		
Community M.R. Services <sup>3</sup>		9,852,234	12,261,524	13,234,985	13,007,981		
SUB-TOTAL GENERAL FUND	\$	28,206,432	\$ 31,501,760	\$ 31,045,748	\$ 31,384,847		
FEDERAL ACCOUNTS							
Elizabeth Levinson Center <sup>2</sup>	\$	8,257	\$ 11,364	\$ 3,960	\$ 3,960		
Pineland Center		7,172	4,261	9,449	9,804		
Community MR Services (autism grant)		---	47,485	102,515	---		
SUB-TOTAL FEDERAL FUNDS	\$	15,429	\$ 63,110	\$ 115,924	\$ 13,764		
DEDICATED REVENUES							
Elizabeth Levinson Center <sup>2</sup>	\$	8,000	\$ ---	\$ ---	\$ ---		
Aroostook Residential Center		1,643	1,534	2,181	---		
Pineland Center		76,469	60,018	85,289	89,553		
Community MR Services		---	1,679	6,500	6,500		
SUB-TOTAL DEDICATED REVENUES	\$	86,112	\$ 63,231	\$ 93,970	\$ 96,053		
TITLE XX							
Community M.R. Services	\$	979,374	\$ 1,029,876	\$ 919,526	\$ 918,369		
TOTAL	\$	29,287,347	\$ 32,657,977	\$ 32,175,168	\$ 32,413,033		
SERVICES FUNDED BY BUREAU OF MENTAL RETARDATION							
Aroostook Residential Center	\$	484,296	\$ 540,186	\$ 594,124	\$ 593,791	74	78
Elizabeth Levinson Center <sup>4</sup>		1,431,716	1,505,649	---	---	252	276
Pineland Center		16,539,727	17,271,578	17,415,573	17,881,932	450	482
Adult Day Program		4,631,247	5,538,503	6,342,628	6,127,687	2,185	2,612
Pre-school Program <sup>4</sup>		558,154	663,316	---	---	648	735
Residential Services		757,784	1,389,917	1,620,471	1,641,095	362	450
Professional Services		311,014	332,345	450,615	455,771	N/A	N/A
Transportation		344,247	403,829	436,339	441,495	310	375
Case Management <sup>4</sup>		4,229,162	4,607,316	4,983,244	4,822,712	3,278	3,800
TOTAL	\$	29,287,347	\$ 32,252,640 <sup>5</sup>	\$ 31,842,994 <sup>5</sup>	\$ 31,964,483 <sup>5</sup>	7,559	8,808

- 1 Includes food, fuel, unemployment comp. and capital improvement and repairs, accounts 1340.3, 4, 5, 9 & 1034.1.
- 2 Elizabeth Levinson Center deleted for FY 86 and FY 87 due to administration under Bureau of Children with Special Needs.
- 3 Community MR Services adjusted for \$1,335,987 and \$1,388,917 transferred to the Bureau of Children with Special Needs respectively in FY 86 and FY 87.
- 4 Reflects transfer to Bureau of Children with Special Needs.
- 5 Total service figures are lower than total appropriations due to costs associated with Department Administration.

SUMMARY #4C BUREAU OF CHILDREN WITH SPECIAL NEEDS, SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

There are an estimated 27,000 children and youth in the State of Maine who have some type of mental health problem. Of these, 4,300 children and youth have been identified as severely emotionally or behaviorally disturbed. Developmentally disabled persons in Maine, age 0-20, are estimated to number 8,100, including some 5,494 identified as having mental retardation. Of these developmentally disabled children and youth, there are estimated 900 who are dual diagnosis, seriously emotionally disturbed and developmentally disabled, including mentally retarded. In addition, during 1984 and 1985 there were additional thousands of new verified cases of physical, emotional, and sexual abuse. These add staggering new demands for treatment resources. The findings of the Maine Commission to Examine the Availability, Quality, and Delivery of Services Provided to Children With Special Needs and many parent, consumer, and concerned citizen groups point conclusively to the fact that the vast majority of troubled and handicapped children are not getting the services they need.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS/OBJECTIVES.

Created in the 112th Legislature with unqualified support from state human service agencies, providers, and others concerned with children's services, the Bureau of Children with Special Needs is mandated to assist in planning, coordinating, and developing mental health services to children and youth, 0-20, ensuring that services are provided in the least restrictive setting appropriate to the child's needs, with emphasis on maintaining each child in its natural home or in a substitute care community placement whenever possible. This will result in more adequate, appropriate, effective, and efficient service provision, and will reduce stress on parents and children in accessing and receiving services.

3. SERVICES PROVIDED.

Support, training and therapeutic activities by regionally-sited Child Development Workers and contracted consultants, to families of developmentally delayed or disabled children, ages 0-5, and to those identified as being at risk of developmental delay. Purchase-of-services from a wide range of community-based providers offering a variety of day and residential, home and center-based services to emotionally or behaviorally handicapped children, ages 6-20. Operation of the Military/Naval Children's Home (a short-term child care facility in Bath), and the Elizabeth Levinson Center (a respite and intermediate care facility for children in Bangor).

4. PRIORITIES FOR SERVICE.

- (1) Children aged 0-5 who are developmentally disabled, who demonstrate a developmental delay, or who are identified as being at risk of developmental delay, and their families.
- (2) Children 6-20 who are severely emotionally or behaviorally disturbed and their families, and who have unmet needs and/or require multiagency interventions.

5. INTER-DEPARTMENTAL COORDINATION.

Explicitly stated in the enabling legislation are specific cooperative relationships and mutual planning efforts between the Bureau and other state agencies, notably the Departments of Human Services and Educational and Cultural Services. Objectives include: (1) to develop earlier identification of handicapped and "at risk" infants and provide appropriate services to them and their families; (2) to improve planning, coordination, development of services at both the state and regional level for all emotionally, behaviorally or developmentally handicapped children without respect to traditional diagnostic labels or administrative categories; (3) to expand homebased services designed to prevent removals of children from their homes; (4) to increase therapeutic support to preschool programs, community day treatment services, therapeutic foster care, and specialized group homes.

6. POLICY ISSUES.

The Bureau of Children with Special Needs was legislatively created, effective September 19, 1985. Enabling legislation contains a provision for creation of a state-level Advisory Council to the bureau. During 1986-1987, major efforts will, with the assistance of the Council, be devoted to actualizing and implementing the statute/mandate, with particular attention paid to the treatment and service needs of children for whom existing resources are either inappropriate or inadequate. A major challenge is to develop an array of community and home-based services which support families in their efforts to maintain their children in home and community settings.



SUMMARY #4C		DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION Bureau of Children with Special Needs					
ALL SOURCES OF FUNDS (By Accounts)		ALL "CH" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "CH" SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
CHILDREN'S SERVICES		Actual Expenditures	Actual Expenditures	Projected Expenditures	Projected Expenditures	Actual Services	
	Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
Military/Naval Children's Home <sup>1</sup>	\$	291,985	\$ 349,796	\$ 359,094	\$ 359,966		
Elizabeth Levinson Center <sup>2</sup>		---	---	1,613,137	1,534,701		
Community Children's Services <sup>3</sup>		1,849,544	1,847,273	4,212,054	4,310,628		
Sexual Abuse Treatment		---	224,824	233,817	243,170		
SUB-TOTAL GENERAL FUND	\$	2,141,529	\$ 2,448,893	\$ 6,418,102	\$ 6,448,465		
FEDERAL ACCOUNTS							
Preventive Intervention	\$	---	\$ 48,301	\$ 150,000	\$ 150,000		
Children/Adolescent System Proj.		---	61,497	160,000	160,000		
Respite Care		---	---	98,000	98,000		
Elizabeth Levinson Center		---	---	3,960	3,960		
SUB-TOTAL FEDERAL ACCOUNTS	\$	-0-	\$ 109,798	\$ 411,960	\$ 411,960		
ADMHS BLOCK GRANTS							
Community MH Services <sup>4</sup>	\$	---	\$ ---	\$ 978,291	\$ 978,291		
TOTAL	\$	2,141,529	\$ 2,558,691	\$ 7,808,353	\$ 7,838,716		
SERVICES FUNDED:							
COMMUNITY							
Community Services (State)	\$	1,849,544	\$ 2,099,097	\$ 4,445,871 <sup>5</sup>	\$ 4,553,798 <sup>5</sup>	1,402	1,721
Community Services (ADAMH)		---	---	978,291	978,291	---	---
Preventive Intervention Proj.		---	48,301	150,000	150,000	---	525
Child/Adolescent System Proj.		---	61,497	160,000	160,000	---	10
Respite Care		---	---	98,000	98,000	---	---
COMMUNITY TOTAL	\$	1,849,544	\$ 2,208,895	\$ 5,832,162	\$ 5,940,089	1,402	2,256
INSTITUTIONAL							
Military/Naval Children's Home <sup>1</sup>	\$	291,985	\$ 349,796	\$ 359,094	359,966	160	160
Elizabeth Levinson Center		---	---	1,617,097	1,538,661	---	---
INSTITUTIONAL TOTAL	\$	291,985	\$ 149,796	\$ 1,976,191	\$ 1,898,627	160	160
TOTAL	\$	2,141,529	\$ 2,558,691	\$ 7,808,353	\$ 7,838,716	1,562	2,416

<sup>1</sup> Includes food, fuel, unemployment compensation, repairs, and capital.

<sup>2</sup> Administration transferred to Bureau of Children with Special Needs in FY 86 and FY 87.

<sup>3</sup> Includes transfers of \$650,084 from the Bureau of Mental Health in FY 86 and FY 87. Includes transfers of \$1,335,987 in FY 86 and \$1,388,917 in FY 87 from the Bureau of Mental Retardation.

<sup>4</sup> Transferred from the Bureau of Mental Health in FY 86 and FY 87.

<sup>5</sup> Includes transfer of funds from Bureau of Mental Retardation and Bureau of Mental Health, in addition to former Children's Community Mental Health funds and Sexual Abuse funds.

SUMMARY #4D      DEVELOPMENTAL DISABILITIES COUNCIL SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

There are approximately 17,000 developmentally disabled persons who live in Maine. By definition, a developmentally disabled person is severely and chronically disabled. The disability must have been incurred prior to the age of 22 (a person below the age of 22 may be "at risk" of a developmental delay or becoming developmentally disabled). Some 60% of all developmentally disabled persons have mental retardation as a primary diagnosis; another 35% are physically disabled (this group includes the severe forms of epilepsy, autism, cerebral palsy, and many other severely handicapping conditions); a small percentage (5%) is considered chronically mentally ill with onset prior to age 22. In addition to the 17,000 developmentally disabled persons, there are an additional 6,000+ more children ages 0-5 who are considered "at risk" of developmental delay or developmental disability because of biological and environmental reasons. These "at risk" children must be screened and evaluated and must be provided appropriate services to allow them to develop to their fullest potential. Included in the 17,000 total population of developmentally disabled persons are some 9,000 persons of working age (20-64) who need to be afforded training and work opportunities. A significant number of these individuals are capable of supported employment or competitive employment. Some 1,500 severely handicapped special education students (ages 16-20) need transition services to facilitate the move from a school setting into a training or work setting.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT-GOALS/OBJECTIVES.

The Developmental Disabilities Council serves as an advocate for developmentally disabled persons within the social and medical services network. The Council develops a comprehensive, statewide action plan, updated annually, that addresses the needs of DD people. The Council carries out surveys and studies that guide development of specialized services and better utilizations of generic services. The DD Council also provides limited start-up support for specialized, innovative demonstration programs serving DD populations.

3. SERVICES PROVIDED.

The council utilizes three basic approaches to services:

- A) Advocacy, planning, and informational services as part of its basic mission;
- B) Service development in the form of special studies, training, research and development of service models, etc.
- C) Demonstration projects, usually jointly funded by other state agencies to demonstrate innovative and cost-effective ways to deliver services.

4. PRIORITIES FOR SERVICE.

A major priority is prevention services to reduce the incidence of developmental delays and disabilities among infants and young children (women of child bearing age are a primary target for prevention services). Early intervention with handicapped children ages 0-5 is a priority. The transitional needs of severely handicapped adolescents and young adults is still another priority. The Priority Service Area of Employment Related Activities for Developmentally Disabled Adults has recently been added to the Council priorities.

5. INTERDEPARTMENTAL COORDINATION.

The goal of the Developmental Disabilities Council is to improve and expand the network of social and medical services available to developmentally disabled people. State agencies, parents, consumers, professionals, and concerned citizens are represented on the Council. Currently, the Priority Services Areas are: Child Development, Alternatives in Community Living, and Employment Related Activities. Within the priority services areas, the Council focuses on prevention, preventive intervention, early intervention, respite care, mental health services to the developmentally disabled, and employment and training services for adult developmentally disabled people, and transitional services to severely handicapped special education students.

6. POLICY ISSUES.

Developmentally Disabled people, because of the severity and chronicity of their Disability, have been an unserved or underserved population in the spectrum of persons needing social or medical services. Often a developmentally disabled person cannot speak out on their own behalf. This has resulted in a lack of understanding of their legitimate and reasonable needs. Developmentally disabled people remain vulnerable to economic and social pressures within society. The Council will continue to advocate for the principles of prevention, early intervention, free and appropriate education, normalization, and equal opportunity within the community.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION					
SUMMARY #4D	ALL "DD" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "DD" SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected	Actual
DEVELOPMENTAL DISABILITIES	Expenditures	Expenditures	Expenditures	Expenditures	Services
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984 June 30, 1985
	Number of People Served and Units of Services (Duplicated)				
STATE GENERAL FUND	\$ 0	\$ 0	\$ 0	\$ 0	
FEDERAL ACCOUNTS	278,520	247,552	300,000	300,000	
TOTAL	\$ 278,520	\$ 247,552	\$ 300,000	\$ 300,000	

TYPES OF SERVICES:

ADVOCACY/PLANNING/INFORMATION	\$ 94,220	\$ 103,263	\$ 104,000	\$ 105,000	N/A	N/A
SERVICE DEVELOPMENT Prevention, Early Intervention, Parent and Professional Training	128,657	93,773	96,000	90,000	6,280	7,500
DEMONSTRATION PROJECTS Respite, Parent-To-Parent Prevention, Early Intervention	55,643	50,516	100,000	105,000	720	446
TOTAL	\$ 278,520	\$ 247,552	\$ 300,000	\$ 300,000	7,000	7,946

SUMMARY #4E    ALCOHOL & SUBSTANCE ABUSE SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

National data indicates that 5% of the overall population are alcoholics and another 10% to 15% have significant alcohol abuse problems. This translates into 50,000 to more than 250,000 Maine citizens with serious drinking problems. Studies show this level of alcohol abuse holds true for mentally ill and mentally retarded persons and may be even higher among children and adolescents who are emotionally disturbed. For example, as a result of a 1983 extensive federal study of alcohol abuse within Maine, it was discovered that approximately 15% of the 20,000 clients annually seen at the Community Mental Health Care system for emotional/mental health problems, also has alcohol abuse problems. Additionally, a separate study concluded 60% of state psychiatric hospital admissions and 10% of all mentally retarded persons also had substance abuse problems. Another 40% of severely mentally retarded persons are also products of families or included in alcohol abuse.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT-GOALS/OBJECTIVES.

People who are mentally ill, mentally retarded, and children who are emotionally disturbed who also have the compounding problem of alcohol abuse present unique problems for tradition and existing treatment systems. Special training, program development and service delivery must be developed to expeditiously identify and appropriately treat the dual-diagnosis clients throughout the MH/MR and alcohol systems. This required the continuation of already begun efforts which have laid the groundwork for the prevention and if necessary treatment of the Department's dual-diagnosed clients.

3. SERVICES PROVIDED.

This service provision involves multi-disciplined inpatient treatment services to patients of the state mental health institutes; resource support, training and education of mental health and mental retardation specialists to improve the treatment of multi-handicapped individuals; public information regarding relationships inherent in the abuse of alcohol and related birth defects; and the coordination and collaboration with public and private agencies serving the clients and patients of the Mental Health, Mental Retardation, Developmental Disabilities system and intensive family based intervention and support for severely emotionally disturbed children and families.

4. PRIORITIES FOR SERVICE.

The estimated 3,000 dual-diagnosed (mentally-ill people with alcohol abuse problems) within the community, the estimated 500 to 600 (mentally ill patients with alcohol abuse) dual-diagnosed within the state psychiatric hospitals, and the estimated 150 dual-diagnosed mentally retarded persons. Priority for service delivery is to develop the capacity, through coordination, training and contractual service agreements of the existing MH/MR and alcohol prevention, education and treatment system to identify, treat and/or refer.

5. INTERDEPARTMENTAL COORDINATION.

To develop a statewide system of alcohol treatment which addresses the unique needs of clients/patients who are mentally retarded and children who are severely emotionally disturbed and to develop and then promote coordinated policies, procedures, and methods to prevent alcohol related birth defects such as Fetal Alcohol Syndrome and other forms of Mental Retardation and Developmental Disabilities.

6. POLICY ISSUES.

The need to routinely provide an alcohol treatment to this special population requires a developed and then ongoing capacity within the Department through training, contractual direct care provision and ongoing coordination with other providers in order that the total prevention, education, and treatment system recognizes the role of alcohol abuse and its relationship to/with persons who are mentally ill; emotionally disturbed; mentally retarded or developmentally disabled.

Alcohol and Substance Abuse Treatment resources are an essential element in establishing a network of mental health treatment options for troubled youth and their families. These linkages need to be continually addressed and developed within the Department's Bureaus as well as continued participation with the ADPC (Alcohol and Drug Abuse Planning Committee).

## SUMMARY #4E CONTINUED

ALL SOURCES OF FUNDS (By Accounts)	ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALCOHOL SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
	Actual	Actual	Projected	Projected	Actual	
ALCOHOL & SUBSTANCE ABUSE (DMHMR)	Expenditures	Expenditures	Expenditures	Expenditures	Services	

	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
					Number of People Served and Units of Services (Duplicated)	
DEDICATED REVENUES	\$ 211,103	\$ 261,123	\$ 265,026	\$ 265,026		

## TYPES OF SERVICES:

MR Services						
a) Outpatient	\$ 30,000	\$ 38,523	\$ 38,526	\$ 38,526	75	75
b) F.A.E.	8,000	16,000	16,000	16,000	100 Trng.	100 Trng.
Children						
a) Homebuilders	51,000	62,000	62,000	62,500	150	230
b) Training	4,103	8,000	8,500	8,500	75	75
M.H. Services						
a) AMHI	52,000	54,000	54,000	54,000	350	400
b) BMHI	52,000	54,000	54,000	54,000	350	400
c) CNHC	4,000	8,000	8,000	8,000	170	200
Offenders						
a) Andro. County Jail	10,000	20,600	24,000	24,000	200	200
TOTAL	\$ 211,103	\$ 261,123	\$ 256,526	\$ 256,526	1,470	1,680



DEPARTMENT OF HUMAN SERVICES

SUMMARY #5A ALCOHOL & DRUG ABUSE SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

An estimated 88,164 individuals (8% of adult population and 12% of adolescent population) in Maine abuse alcohol and drugs; an additional 21,000 adolescents are at high risk of abusing substances due to early experimentation and/or to living in a chemically-dependent family. It is estimated that approximately 90,000 Maine citizens are children of chemically dependent parents; this places these individuals at greater risk to abuse chemicals, be physically/sexually abused, experience poor physical or mental health, become socially or behaviorally impaired, and marry a chemically dependent person.

Costs associated with lost production, health care, motor vehicle accidents, crime, fire, and social responses due to alcohol abuse are estimated at \$577 million annually in Maine.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS AND OBJECTIVES.

To develop a comprehensive, coordinated, and integrated system of alcohol and drug abuse prevention and treatment services which are available and accessible to Maine's citizens irrespective of ability to pay.

Major goals are to enable all Department units to intervene appropriately in alcohol and drug abuse problems in a coordinated fashion, to establish the appropriate administrative supports (licensing, data systems, program monitoring, training), and to purchase services to accomplish the Department's mission.

3. SERVICES PROVIDED.

- A. Office of Alcoholism and Drug Abuse Prevention: policy development, strategic planning, program licensing and monitoring, training, management information, services coordination, and model program development.
- B. Bureau of Social Services, Purchased Services: administers contracts for regional/statewide volunteer citizen group coordination, prevention services (outreach, community development, skills training, information), and treatment services (outpatient, rehabilitation, shelter/detoxification, extended care, halfway houses).
- C. Maine Alcohol and Drug Abuse Clearinghouse, Bureau of Health: produces, collects, and disseminates information to the general public and professional community.

4. PRIORITIES FOR SERVICE.

- A. Purchased services are available to all substance abusers and their families irrespective of ability to pay.
- B. Prevention services are focused on adolescents and children of alcoholics.
- C. Increased services for women is a new initiative.

5. INTER-DEPARTMENTAL COORDINATION.

Alcohol and Drug Abuse Planning Committee coordinates alcohol and drug abuse efforts of the Departments of Educational and Cultural Services, Corrections, Human Services, and Mental Health and Mental Retardation.

6. POLICY ISSUES.

- A. Determine the efficacy of nonresidential rehabilitation as an alternative to residential treatment settings.
- B. Review current Medicaid coverage of substance abuse treatment.
- C. Review current licensing/certification regulations for possible revision.



SUMMARY #5A CONTINUED		ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALCOHOL SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	
ALCOHOL & SUBSTANCE ABUSE (DHS)		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending: June 30, 1984		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	July 1, 1984	June 30, 1985
							Number of People Served and Units of Services (Duplicated)
STATE GENERAL FUND							
OADAP	1325.5	\$ 1,901,891	\$ 2,459,174	\$ 2,462,640	\$ 2,479,444		
STATE GENERAL FUND SUBTOTAL		1,901,891	2,459,174	2,462,640	2,479,444		
FEDERAL FUND							
Alcohol, Drug Abuse, Mental Health							
Block Grant		2,130,120	1,720,785	1,755,581	1,740,598		
Bur. Health - Clearinghouse							
	3310.2	included in Block Grant					
Other Federal Funds	3325.5	12,903	0	0	0		
FEDERAL FUND SUBTOTAL		2,143,023	1,720,785	1,755,581	1,740,598		
OTHER FUNDS							
Alc. Premium Fund	4325.7	1,668,865	1,732,236	1,791,968	1,817,493		
Licensing Fees		2,900	2,900	4,000	4,000		
OTHER FUNDS SUBTOTAL		1,671,765	1,735,136	1,795,968	1,821,493		
GRAND TOTAL ALCOHOL-SUB. ABUSE							
ONE DEPT'S ALL SOURCES OF FUNDS		5,716,679	5,915,095	6,014,185	6,037,535		
Dept. Overhead & Admin. Subtotal		27,483	34,708	36,000	38,000		
Other Services Cen. Off. Admin.		405,364	469,976	530,547	546,562		
Overhead & Admin. Allocated to							
Program		27,860	31,636	33,329			
TYPES OF ALCOHOL AND SUBSTANCE ABUSE SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES							
Outpatient		\$ 1,899,022	\$ 1,836,000	\$ 2,011,841	\$ 2,011,841	79,889 hours	5,151
Detoxification		509,695	525,000	525,000	525,000	11,195 days	1,917
Shelter		304,863	312,000	312,000	312,000	26,246 days	3,845
Residential Rehabilitation		1,295,112	1,300,000	1,000,000	900,000	36,016 days	1,512
Halfway House		486,800	520,000	520,000	520,000	24,366 days	292
Extended Care		173,800	180,300	180,300	180,300	6,576 days	48
Intensive Outpatient		-	-	112,000	212,000		
Treatment Total		4,669,292	4,673,300	4,661,141	4,661,141		12,765
Prevention/Education		614,540	737,741	786,452	786,452		

Because of the characteristics of data available, funds listed by services do not duplicate budget totals.



## SUMMARY #5B CONTINUED

ALL SOURCES OF FUNDS (By Accounts)	ALL ADULT APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL ADULT SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
	Actual	Actual	Projected	Projected	Actual	
ADULT SERVICES	Expenditures	Expenditures	Expenditures	Expenditures	Services	
	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
STATE GENERAL FUND					Number of People Served and Units of Services (Duplicated)	
1307.3	\$ 511,000	\$ 787,000	\$ 1,678,000	\$ 1,728,000		
1320.5	83,000	152,000	142,000	163,000		
1324.1	30,000	59,000	-	-		
Regional Admin. (Apportioned)	117,000	136,000	167,000	185,000		
STATE GENERAL FUND SUBTOTAL	741,000	1,134,000	1,987,000	2,076,000		
FEDERAL FUND						
9307.3	717,000	809,000	-	-		
9320.1	7,000	13,000	-	-		
9324.1	1,000	24,000	66,000	66,000		
Regional Admin. (Apportioned)	181,000	196,000	243,000	254,000		
FEDERAL FUND SUBTOTAL	906,000	1,042,000	309,000	320,000		
GRAND TOTAL ADULT SERVICES						
ONE DEPT'S ALL SOURCES OF FUNDS	1,647,000	2,176,000	2,296,000	2,396,000	3,345	4,171
Adult Central Office Admin.	241,000	286,000	343,000	353,000		
ADULT SERVICES SUBTOTAL	1,888,000	2,462,000	2,639,000	2,749,000		

## TYPES OF ADULT SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

	1984	1985
Case Study	10,898 hours	11,665 hours
Advocacy	898 "	702 "
Preparation and Placement	1,265 "	1,260 "
Court Social Service	713 "	1,351 "
Case Supervision and Management	15,594 "	16,796 "
Counseling	802 "	620 "
Language Interpretation	8 "	3 "
Legal Services	20 "	34 "
Medical	70 "	247 "
Personal Supervision	3,106 "	5,427 "
Psychological	104 "	192 "
Shelter	268 days	1,527 days
Transportation	14,336 miles	39,392 miles
TOTAL TYPES SERVICES		
RENDERED BY ONE STATE AGENCY		

SUMMARY #5C CHILDREN'S SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

The State of Maine recognizes: (1) that the right to family integrity is limited by the right of children to be protected from abuse and neglect; and (2) that uncertainty and instability are possible in extended foster home or institutional living. The Maine DHS through its Bureau of Social Services is charged with the responsibility of impacting these problems for Maine's most vulnerable citizens.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To protect and assist abused and neglected children, children in circumstances which present a substantial risk of abuse and neglect, and their families. The Department must petition the court for removal of the children from the custody of their parents when failure to do so would jeopardize their health and welfare. The Department must provide care and services to children placed in its care or custody and work toward a permanent plan for the child by rehabilitation and reunification with family, adoption, or other appropriate long term plan.

3. SERVICES PROVIDED.

Care and support, case study, case supervision, counseling, preparation and placement, court social service, advocacy, case management, and a range of purchased social services.

4. PRIORITIES FOR SERVICE.

Children in the care and custody of the Department, children and families receiving child protective services, potential, former, suspected neglected and abused children and their families, children and families at risk, children and families who may at some time be in jeopardy or at risk.

5. INTER-DEPARTMENTAL COORDINATION.

The Interdepartmental Committee, which is comprised of the Commissioners of the Departments of Educational and Cultural Services, Human Services, and Mental Health and Mental Retardation, has recently established the Children's Policy Committee, which oversees operation of the following

Inter-Departmental Committees:

- Children's Systems Development
- Coordinated Response to Child Sexual Abuse Committee
- Program Management and Resource Development Committee
- Behavior Stabilization Secure Treatment Services Committee
- Inter-Departmental Coordination Committee on Preschool Handicapped Children
- Health Education Committee

Inter-departmental working agreements with the Maine Youth Center, Bureau of Mental Retardation, Advocates for Developmental Disabilities, substance abuse programs from which DHS purchases services, Support Enforcement and Location Unit, and others.

6. POLICY ISSUES.

How can immediate, intensive treatment services be provided to children who have been sexually abused and to their families?  
What is a sufficient level of response to referrals of suspected child abuse and neglect which are growing both in number and in severity of type?  
How can the State assure an adequate number of, and an adequate distribution of, out-of-home placement and treatment services for children?  
Given the existing shortage of resources, how should client needs be prioritized to determine who receives service?

SUMMARY #5C CONTINUED		ALL CHILD APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL CHILD SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	
CHILDREN'S SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending:		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
Child Welfare	1322.1	\$ 3,737,000	\$ 4,021,000	\$ 4,090,000	\$ 4,106,000		
Title XX Social Serv.	1307.3	3,139,000	4,833,000	10,308,000	10,618,000		
Aid to Charitable Institutions		279,000	284,000	284,000	284,000		
Regional Admin.		756,000	836,000	1,027,000	1,137,000		
CW AFDC Foster Care	1320.9	1,070,000	1,758,000	1,400,000	1,400,000		
	1324.1	51,000	254,000	-0-	-0-		
STATE GENERAL FUND SUBTOTAL		\$ 9,032,000	\$ 11,986,000	\$ 17,109,000	\$ 17,545,000		
FEDERAL FUND							
Child Abuse & Neglect	3320.1	\$ 65,000	\$ 119,000	\$ 135,000	\$ 135,000		
Child Welfare IV-E	3320.9	2,394,000	3,545,000	4,807,000	4,807,000		
Child Welfare IV-B	3322.1	922,000	1,004,000	1,200,000	1,200,000		
Title XX Soc. Ser.	9307.3/9324.1	4,401,000	4,972,000	-0-	-0-		
Foster Care		12,000	-0-	501,000	509,000		
Regional Admin.		1,086,000	1,204,000	1,490,000	1,159,000		
FEDERAL FUND SUBTOTAL		\$ 8,880,000	\$ 10,844,000	\$ 8,133,000	\$ 8,210,000		
GRAND TOTAL CHILDREN'S SERVICES.							2,953 children
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 17,912,000	\$ 22,830,000	\$ 25,242,000	\$ 25,755,000		8,707 families
60%						21,249	21,238 total clients served
Children's Central ofc. Admin.		\$ 748,000	\$ 814,000	\$ 991,000	\$ 1,021,000		(using 2.1 average
CHILDREN'S SERVICES SUBTOTAL		\$ 18,660,000	\$ 23,644,000	\$ 26,233,000	\$ 26,776,000		family size)
TYPES OF CHILDREN'S SERVICES RENDERED BY THE BUREAU OF SOCIAL SERVICES							
Case Study - Review						48,327 hours	57,760 hours
Case Supervision - Management						86,398 "	84,059 "
Individual Counseling						5,453 "	2,581 "
Group Counseling						2,277 "	1,159 "
Advocacy						3,182 "	1,697 "
Preparation and Placement						8,226 "	6,766 "
Court Social Services						16,217 "	18,543 "
Residential Treatment		\$ 968,097	\$ 1,600,000*				16,060 days
Group Homes							24,798 "
Emergency Shelter							6,950 "

\*Estimated

SUMMARY #5D FAMILIES AT HIGH RISK PROGRAM FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

- A. Family Services - Young heads of household on AFDC have been found to be high risk in need of prevention services.
- B. Refugees in Maine are in need of assistance in order to aid their successful resettlement.
- C. Welfare Employment, Education and Training Program (WEET) - The Maine Work Opportunities Committee's Report of 1981, Women, Work and Welfare, indicated that 90% of AFDC heads of households are women and that program services need to be provided that will specifically address and strive to improve the economic status of women in order to reduce what is referred to as the "Feminization of Poverty."  
Job Search Project (JSP) (replaces Employment Search Project, which expired June 30, 1984): Food Stamp recipients in Maine are in need of structured program to provide job search assistance to help them to become economically self-sufficient.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. Intervene and offer services to young high risk families. Reduce incidence of child abuse and neglect in high risk families. Develop self-sufficient families.
- B. Through the prudent provision of social services and cash and/or medical assistance as needed, the ability of refugees to reach economic self-sufficiency is enhanced. 1. The removal of barriers to refugee employment; 2. to provide English language training so that all employable refugees have survival level language skills; 3. To provide assistance to refugees in their search for employment; 4. to reduce the refugees reliance on cash and medical assistance by enhancing their employability.
- C. WEET: Services provided through five regional offices to enable AFDC recipients to find and keep good jobs leading to maximum economic self-sufficiency, minimum welfare dependency, and a better quality of life. Coordination with other agencies in an effort to improve existing and develop new employment, education and training opportunities for AFDC recipients. JSP: to enable food stamp recipients to become economically self-sufficient by providing assessment, referral and job search services.

3. SERVICES PROVIDED.

- A. Assessment and linkages to social services, educational and employment services.
- B. 1. English language training; 2. Employment Services (Job counseling, job development, vocational training and job placement); 3. Foster care to unaccompanied refugee minors; 4. Cash assistance; 5. Medical Assistance; 6. Support services (interpreters, driver education, day care).
- C. WEET: Employment, training and supportive services, including: assessment, counseling, employability development, service referrals, job search and job development, remedial and vocational education, child care. JSP: Assessment, referral and job search services.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting teens in Maine.
- B. 1. Newly arrived refugees; 2. Cash assistance recipients.
- C. WEET: AFDC recipients who are either mandated by the Social Security Act to register or volunteer to register for the program. Special emphasis client groups are AFDC recipients under the age of twenty who need special attention and prevocational training to avoid becoming long term recipients; and long term "hard to employ" recipients who need special attention during the transition period from welfare to employment. JSP: Food Stamp recipients residing in Portland, Lewiston, Augusta, Bangor or Presque Isle who are mandated under the Food Stamp Act to register for work.

5. INTER-DEPARTMENTAL COORDINATION.

- A. Family Service Integration Project with the Departments of Mental Health and Mental Retardation, Educational and Cultural Services, the Maine State Housing Authority, and others.
- B. WEET has working agreements and/or coordinates with the Department of Labor (including JTPA), Department of Educational and Cultural Services, Department of Human Services, and other state agencies and service providers.

6. POLICY ISSUES.

- A. How can support services, especially housing and transportation, be provided for the growing number of clients served by the Family Services Program?  
How can the State increase its capacity to provide prevention services aimed at reducing problems of child and adult abuse and neglect?  
Can federal money be secured for this program?
- C. Additional state funding support is needed for WEET to focus needed attention on special emphasis client groups.  
The unique success of the Division of Welfare Employment argues for the Bureau to support the restoration of funding in sufficient quality to serve the York and Midcoast counties.

SUMMARY #5D CONTINUED		ALL FAMILY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL FAMILY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	Projected	
FAMILIES AT HIGH RISK PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
Year Ending: June 30, 1984		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986
STATE GENERAL FUND		Number of People Served and Units of Services (Duplicated)						
A. Family Services	1307.3	\$ 265,000*	\$ 276,000	\$ 287,000	\$ 298,000	778	883	1,002 families
C. WEET	1318.3	460,000	671,493	733,791	733,791**	2,896		3,115 clients
STATE GENERAL FUND SUBTOTAL		725,000	1,047,493	1,020,791	1,031,791			
FEDERAL FUND								
B. Refugee Resettlement	3320.4	727,029	967,384	1,255,615	1,054,590	308	491	659 clients
C. WEET	3318.3	1,444,000	1,555,777	1,433,187	1,433,188	1,889		575 clients
Job Search Project	3318.3	250,000	210,572	104,250	104,250			
FEDERAL FUND SUBTOTAL		2,421,029	2,733,733	2,793,052	2,592,027			
GRAND TOTAL FAMILIES AT HIGH RISK								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 3,146,029	\$ 3,781,226	\$ 3,813,843	\$ 3,623,818	---	6,169	5,351 families
Families High Risk Cen. Off. Adm.								(assume one client per family)
FAMILY AT HIGH RISK SUBTOTAL								

TYPES OF SERVICES TO FAMILIES AT HIGH RISK RENDERED BY THE DEPARTMENT OF HUMAN SERVICES						Units	
A. Family Services							
Case Supervision/Management						2,199	4,219 hours
Counseling						1,488	1,201 "
Advocacy						215	261 "
Court Social Services						8	3 "
Case Study - Young AFDC Families						1,085	1,891 "
B. Services to Refugees						308	491 persons
C. WEET							
Child Care	\$	236,015	\$	250,000			
Food, clothing, fuel, housing		16,720		10,000			
Transportation		117,686		125,000			
Institutional education & training		90,676		95,000			
Medical (dental & eye care)		34,084		35,000			
Grants		25,724		25,000			
Miscellaneous		122,187		105,000			
TOTAL TYPES SERVICES							
RENDERED BY ONE STATE AGENCY		\$ 643,092	\$ 645,000	\$	\$		

\*Does not include an expenditure of \$75,000 in year ending 6/30/84 because it is included under purchase of services on page 38.

\*\*Unsure of future federal funding.

SUMMARY #5E PURCHASED SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

There are many individuals in our society who, due to social, economic or physical and/or mental handicaps are not able to access those social and rehabilitative services that would enable them to become fully independent members of society.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Department of Human Services believes that a public-private partnership is essential to the successful delivery of services to clients in need. Purchased social services are, therefore, an integral part of the Department's mission. It is expected that these services complement and supplement those delivered directly by State agencies and help in alleviating problems above.

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

3. SERVICES PROVIDED.

Day Care, Homemaker, Family Planning, Substance Abuse Treatment, Transportation, Nutrition, Counseling, Support Services (e.g., Emergency Shelter, Group Home, Residential Treatment, etc.) Services to the Deaf and Blind, Services to victims of domestic violence, special needs, Rape Crisis services, Victim-Witness advocates, etc.

4. PRIORITIES FOR SERVICE.

Priorities for service are based on the degree of vulnerability of client groups. Client groups with specific identifiable problems such as abused and neglected children and adults, mentally retarded individuals and elderly at risk of institutionalization are considered high priority. (See Client Oriented System documents).

5. INTER-DEPARTMENTAL COORDINATION.

Bureau of Mental Health contract compatibility. Integrated service delivery planning.

6. POLICY ISSUES.

- How can the availability of adequately staffed family violence shelters and safe home networks throughout the State be assured?
- How can the State respond to the increasing volume of requests for day care licenses and the growing number of reported instances of institutional abuse?
- How should the Bureau achieve integration of several major planning efforts?
- How can the Bureau assure an adequate, responsive pattern of contract funds distribution?



SUMMARY #5E CONTINUED		ALL PURCHASED APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL PURCHASED SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	
PURCHASED SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending:		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
	1324.1	\$ 5,967,000	\$ 6,654,000	\$ 2,214,000	\$ 3,729,000		
STATE GENERAL FUND SUBTOTAL		\$ 5,967,000	\$ 6,654,000	\$ 2,214,000	\$ 3,729,000		
FEDERAL FUND							
Child Welfare Title 4B	3322.1	\$ 72,000	\$ 203,000	\$ 270,000	\$ 270,000		
Soc. Svs. Block Grant	9324.1	3,125,000	2,935,000	9,743,000	8,788,000		
FEDERAL FUND SUBTOTAL		\$ 2,197,000	\$ 3,138,000	\$ 10,013,000	\$ 9,058,000		
OTHER FUNDS							
Local		\$ 1,617,000	\$ 1,728,000	\$ 2,158,000	\$ 2,255,000		
OTHER FUNDS SUBTOTAL		\$ 1,617,000	\$ 1,728,000	\$ 2,158,000	\$ 2,255,000		
GRAND TOTAL PURCHASED SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 10,781,000	\$ 11,520,000	\$ 14,957,000	\$ 15,032,000	20,139 people	29,000 people
Purchased Serv. Cen. Off. Admin.		398,000	471,000	572,000	589,000		
PURCHASED SERVICES TOTAL		\$ 11,179,000	\$ 11,991,000	\$ 15,529,000	\$ 15,621,000		
TYPES OF PURCHASED SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES							
Services to Blind		\$ 46,000	\$ 40,000	\$ 52,000	\$ 54,000	2,167 hours	2,446 hours
Services to Deaf		36,000	36,000	37,000	39,000		
Day Care		3,598,000	3,335,000	3,802,000	3,973,000	73,233 weeks	74,291 weeks
Family Crisis Services		310,000	376,000	664,000	694,000		
Homemaker-Homebased Services		1,780,000	1,920,000	2,201,000	2,300,000	195,327 hours	200,175 hours
Nutrition Svcs/Adult Day		387,000	408,000	411,000	429,000	92,348 meals/39,093 hours	104,150 meals/15,067 hours
Residential Services		340,000	255,000	500,000	523,000	6,080 days	7,573 days
Family Planning**		798,000	792,000	815,000	852,000		
Support Services		607,000	1,089,000	1,477,000	1,543,000	23,148 hours	33,170 hours
Transportation		1,184,000	1,049,000	1,364,000	1,425,000	922,899 miles	2,485,168 miles + 64,124 trips
Other		78,000	492,000	904,000	945,000		
*TOTAL TYPES OF PURCHASED SERVICES RENDERED BY ONE STATE AGENCY		\$ 9,164,000	\$ 9,792,000	\$ 12,227,000	\$ 12,777,000		

\*Does not include local funds

\*\*Includes expenditures reported on p.48.

SUMMARY #5F ELDERLY SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

1980 Census indicates 191,729 people are over age 60 in Maine. Individuals 75+ total 58,630 and are the fastest growing segment of our population. Population projections estimate that the population 75+ will increase 13.4% from 1984 to 1991. More dramatic, the population 85+ will increase 20.2% in these next 7 years. Adequate income and health are primary concerns of the elderly in their efforts to maintain an independent life in the least restrictive setting. Elderly problems include: unavailability or cost of health and social support services, accessing services, age discrimination, employment, security suitable housing and living environments and meeting nutritional and social needs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Bureau of Maine's Elderly works with older persons to maximize independence and dignity of the elderly; to remove economic and social barriers; and to provide a continuum of care for vulnerable elderly at risk of institutionalization. This is accomplished by making available programs which include a full range of health, education and social services to older persons in need, with priority for those in greatest economic and social needs. The Bureau works with the advice of the Maine Committee on Aging to develop a coordinated service delivery system through 5 Area Agencies on Aging, State and local government, and private/public agencies.

3. SERVICES PROVIDED.

Primarily through Area Agencies on Aging services include home based care, outreach, transportation, homemaker, home health, personal care assistance, legal services, chore, care management, adult day care, job development, congregate meals, home delivered meals, volunteer opportunities, advocacy, part-time employment in public service agencies, respite, housing, congregate housing, housekeeping, friendly visiting, telephone reassurance, information on home equity conversion and, through a contract with the Maine Committee on Aging, complaint investigation on behalf of nursing and boarding home residents.

4. PRIORITIES FOR SERVICE.

- a) age 60 or over
- b) greatest social need
- c) greatest economic need
- d) those in need of at-home services who are determined functionally impaired to the extent that justifies the need for the services as determined by an assessment tool approved by the Bureau.

5. INTER-DEPARTMENTAL COORDINATION.

Alzheimer's disease project with the Bureau of Mental Health.  
Liaison with Adult Protective Services.  
Coordination with Bureau of Medical Services.  
Mental Health Task Force.

6. POLICY ISSUES.

Process to implement the Medicaid waiver.  
Study of management of Area Agencies on Aging meals programs.  
Computerization data systems.  
Investigate long term care insurance.  
Conduct study of aging in Maine in the year 2000.

## SUMMARY #5F CONTINUED

ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	ALL ELDERLY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ELDERLY SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Actual	
						Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
Congregate Housing	1327.1	\$ 23,827	80,023	250,500	\$ 294,500	Job Training/Empl.	197
Home Based Care	1320.5	999,194	3,014,999	3,265,933	3,265,933	Nutrition	21,996
BME Admin.		110,724	115,718	148,491	147,033	Adult Day Care	260
AAA Admin.		266,432	295,227	292,500	300,000	S.C.S. Employment Program	72
PSSP		400,000	385,280	400,000	400,000	Congregate Housing	105
Housing Services		55,067	45,129	60,000	60,000	Foster Grandparents Program	142
Adult Day Care/In-Home Services		0	176,962	0	0		
Legal Services	1327.1	17,475	88,700	88,700	88,700		
Ombudsman	1327.1	0	7,700	10,400	10,400	Social Services	
Boarding Home Assessment		0	25,000	0	0	Outreach	19,770
Foster Grandparents		0	16,000	17,000	17,000	Transportation	4,718
Volunteers Program		0	0	45,000	60,000	Homemaker	78
State Share C.O. Admin		9,663	11,583	12,105	13,500	Home Health Aide	533
STATE GENERAL FUND SUBTOTAL		\$ 1,882,345	\$ 4,262,271	\$ 4,590,629	\$ 4,657,066	Personal Care Assistant	535
FEDERAL FUND						Occupational Therapist	1
OAA - Planning and Admin.		283,668	299,854	300,000	300,000	Physical Therapist	2
OAA - Nutrition		1,733,042	2,054,496	1,970,362	1,970,362	Chore	308
Social Services		1,258,349	1,277,543	1,276,607	1,276,607	Home Repair	692
Advocacy Assistance		55,900	54,298	53,000	53,000	Legal	1,300
Training & Education		32,760	40,486	30,000	30,000	Adult Day Care	280
Senior Employ. Prog 3327.1		362,615	410,147	408,590	408,590	Employment	869
JPTA		0	104,521	25,000	25,000	Care Management	2,957
Channelling	3327.1	402,387	282,332	0	0	Home Based Care	1,297
Home Equity Conversion		31,144	13,591	0	0		
USDA		462,946	595,629	600,000	600,000		
Alzheimers		0	0	212,400	150,400		
AHEC		0	0	150,000	150,000		
Foster Grandparents Program		187,288	204,772	196,846	196,846		
Federal Share C.O. Admin.		28,990	34,751	36,314	38,314		
FEDERAL FUND SUBTOTAL		\$ 4,839,089	\$ 5,372,420	\$ 5,259,119	\$ 5,198,719		
3327.1; 4327.1; 9324.1 contribute to the above							
GRAND TOTAL ELDERLY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 6,721,434	\$ 9,634,691	\$ 9,849,811	\$ 9,855,785	53,409	55,420

AAA = Area Agencies on Aging

PSSP = Priority Social Service Program

AHEC = Area Health Education Center

SUMMARY #5G      REHABILITATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

Approximately 72,284 Maine people between 18 and 64 have a handicapping condition interfering with employment. Approximately 53,109 are severely handicapped. Physical or mental disabilities which will usually qualify an individual as being severely handicapped include disabilities resulting from amputation, arthritis, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemoplegia, respiratory dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, stroke, spinal cord injury, epilepsy or any other disability or combination of disabilities which will cause similar vocational limitations to the person.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Bureau of Rehabilitation provides a comprehensive program of rehabilitation services to handicapped individuals. Thirteen types of services are rendered through five regional offices and five area offices by 62 counseling and ten supervisory staff. The philosophy is to provide quality service to individuals with a vocational handicap where there is a reasonable expectation that the individual will benefit in terms of employability from such services. The expected outcome of service is to acquire or maintain gainful employment.

The Bureau works 1) to continue placing emphasis on vocationally oriented services which will render disabled clients employable; 2) to emphasize use of all available similar benefits to which applicants/clients are entitled; 3) to emphasize placement of clients in earliest possible suitable employment to reduce costly training and maintenance services; 4) to seek commitment of employer in both the public and private sector for training and placement programs for the handicapped; 5) to develop disease/injury prevention and education programs. The Bureau is expanding its perspective beyond the traditional vocational rehabilitation concerns with employability. Citizen task forces are defining the broad needs of and developing administrative and legislative strategies for head injured and hearing impaired people. We are actively involved in developing the workers' compensation field, offering to bring effectiveness and efficiency to that rehabilitation process. The Bureau is also embarking on a strategy to expand competitive employment opportunities in the private sector for all handicapped citizens and in expanding independent living and personal care attendant services to a broader spectrum of disabled people. Finally, the Bureau is confronting issues around subsidized sheltered employment.

3. SERVICES PROVIDED.

The following services are provided through individual case management, including individual written rehabilitation plans. Evaluation of vocational potential; counseling and guidance, including personal adjustment counseling; physical and mental restoration; vocational and other training; maintenance, transportation; services to members of a handicapped individual's family; interpreter services for the deaf; reader and mobility services for the blind; telecommunications; placement in suitable employment, post employment service; and, occupational licenses, tools, equipment and stock for self-employed. The Bureau also offers an array of services fostering independent living for people with disabilities who may or may not have vocational potential.

4. PRIORITIES FOR SERVICE.

Priorities for the coming year include emphasis upon the most severely disabled people. The Bureau is expanding independent living services to people with disabilities severe enough to prevent them from having a vocational objective. Further, services to school aged youth who are in transition from school to employment will be emphasized as a result of federal initiative.

5. INTER-DEPARTMENTAL COORDINATION.

The Bureau of Rehabilitation engages in extensive coordination with other government agencies. The most extensive coordination comes through current concerns over services to handicapped youth making a transition from school to employment. The legislatively mandated Select Committee on Transitional Services for School Aged Youth is a catalyst for bringing bureaus within the Departments of Human Services, Mental Health and Mental Retardation, and Educational and Cultural Services together for constructive dialogue. Similar state agencies are also working constructively on service issues relating to people with head injuries.

6. POLICY ISSUES.

In the context of handicapped youth making a transition from school to employment and of expanding independent living services, defining the appropriate relationships among several governmental agencies constitutes a class of policy issues with which we are concerned.

SUMMARY #5G CONTINUED	ALL REHAB APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL REHAB SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected	Actual	Projected	
REHABILITATION SERVICES	Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	

Year Ending: June 30, 1984 June 30, 1985 June 30, 1986 June 30, 1987					June 30, 1984 June 30, 1985 June 30, 1986		
STATE GENERAL FUND					Number of People Served and Units of Services (Duplicated)		
Rehab. Administration	1325.1	\$ 172,921	\$ 208,798	\$ 211,130	\$ 240,688		
Voc. Rehabilitation	1325.2	1,409,575	1,449,882	1,595,186	1,818,512		
STATE GENERAL FUND SUBTOTAL		\$ 1,582,496	\$ 1,658,680	\$ 1,806,316	\$ 2,059,200		
FEDERAL FUND							
Rehab. Administration	3325.1	\$ 650,297	\$ 591,826	\$ 567,905	\$ 650,000		
Voc. Rehabilitation	3325.2	5,122,229	5,613,122	6,447,848	7,228,400		
FEDERAL FUND SUBTOTAL		\$ 5,772,526	\$ 6,204,948	\$ 7,015,753	\$ 7,878,400		
OTHER FUNDS							
Rehab. Administration	4325.1	\$ 20,268	\$ 102,000	\$ 122,000	\$ 130,000		
Voc. Rehabilitation	4325.2	91,052	322,000	402,000	400,000		
OTHER FUNDS SUBTOTAL		\$ 117,320	\$ 424,000	\$ 524,000	\$ 530,000		
GRAND TOTAL REHAB. SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 7,472,342	\$ 8,827,628	\$ 9,346,069	\$ 10,467,600	6,740	7,412 8,079
Rehabilitation Cen. Off. Admin.							
PURCHASED SERVICES SUBTOTAL		\$ 7,472,342	\$ 8,827,628	\$ 9,346,069	\$ 10,467,600		

<sup>1</sup>Combined Bureau Administration and Central Office Administration.

TYPES OF REHABILITATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES						
Diagnostic & Evaluation	\$ 369,785	\$ 405,284	\$ 465,554		3,275	3,635
Total Restoration	119,697	131,188	150,697		1,101	1,222
Training A. College & University	23,062	25,275	29,034		261	290
B. Business & Trades	43,089	47,225	54,248		90	99
C. Personal & Voc. Adjust					806	895
D. All Other	94,969	104,086	119,565		315	350
E. Total Training	161,120	176,588	202,848		1,473	1,635
Counseling and Placement Only			89,770		309	340
Maintenance	71,303	78,148			292	324
Post Employment					108	120
All Other	133,848	146,697	168,512			
Regional Administration	722,801	792,190	909,996		1,409	1,564
TOTAL TYPES OF SERVICES						
RENDERED BY ONE STATE AGENCY	\$ 1,739,674	\$ 1,906,681	\$ 2,190,224		9,439	10,474

unduplicated

Because of the characteristics of data available, funds listed by service do not duplicate budget totals.

SUMMARY #5H SPECIAL PHYSICAL CHARACTERISTICS SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

We estimate that Maine has 3801 deaf and 7,000 severely hearing impaired people. Approximately 2800 citizens are blind and 600 have severe visual handicaps in this state. Medical Eye Care estimates that annually approximately 5000 low income people (above Medicaid but below 80% SMI) in Maine need specialty medical care and/or glasses.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The Bureau of Rehabilitation provides a comprehensive program of services through five regional offices and five area offices. Services to people with special characteristics are largely supportive and developmental. It is considered important to provide services to preschool and school age children and their parents so that the blind, visually impaired, deaf, and hearing impaired can develop as normally as possible. Services to young children allow them to enter school and matriculate with an appropriate level of maturation and skill. Medical Eye Care prevents blindness by providing ophthalmological treatment services and improving vision in those people with a corrected visual acuity of 20/200 or worse in the better eye.

Services to people with special physical characteristics are designed to allow blind, visually impaired, deaf, and hearing impaired children to receive appropriate education, keep them functioning at grade level, allow them to compete socially, and maintain maximum independence relative to mobility, activities of daily living, and communication. Medical Eye Care strives to detect early and provide treatment for low income people with 20/200 visual acuity after correction in the better eye

3. SERVICES PROVIDED.

Such services as telecommunications, lending and cost sharing TDD's, information and referral, hearing ear dog, identification cards, consultation with schools and libraries, developmental services for preschool and school age youth and hearing aids for indigent people are provided to the deaf and hearing impaired. The Division of Eye Care provides comprehensive medical, psychological, social, and educational evaluations, counseling and guidance to parents of blind children, orientation and mobility training, braille instruction, low vision aides, consultation and direct teaching services to children and school systems, and advocacy for blind children. Medical Eye Care provides specialty medical care for selected eye disorders and glasses for people who are legally blind after correction.

4. PRIORITIES FOR SERVICE.

Priority services to deaf and hearing impaired are communication devices and techniques, referral and advocacy, services to sensorineural hearing impaired children, and hearing devices. Priority services for the blind and visually impaired are early intervention, referral and advocacy, and adaptive skill training.

5. INTER-DEPARTMENTAL COORDINATION.

Bureau of Rehabilitation staff participate on the Cooperative Agreement Team linking Special Education (DECS), Vocational Education (DECS), and VR (DHS), and in the pre-school coordination system supervised by ICCPHC, Division of Deafness and Governor Baxter School for the Deaf (GBSD) and Division of Maternal and Child Health.

6. POLICY ISSUES.

1) collaboration and cooperation among agencies serving the handicapped; 2) eye glasses for medically indigent; 3) insufficient numbers of trained mobility instructors, rehabilitation teachers, and pre-school blind child teachers; 4) preschool services for deaf children; (5) education and counseling for parents of deaf children; 6) identification of deaf children; 7) hearing aids for low income elderly and others; 8) community center concept for deaf. Aging out is an issue of all of us involved in the Social Services Plan face. Effective strategies, based upon a fundamental understanding of the population's needs, must be developed cooperatively.

SUMMARY #5H CONTINUED		ALL "SP" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "SP" SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	Projected	
SERVICES TO PEOPLE WITH SPECIAL		Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
PHYS. CHARACTERISTICS								
	Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	June 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
Administration	1325.1	\$ 102,155	\$ 114,414	\$ 128,143	\$ 143,520			
Voc. Rehabilitation	1325.2	468,613	524,847	587,828	658,367	2,280	2,574	
Division of Eye Care	1325.4	523,921	586,791	657,206	736,070	819	925	
Medical Eye Care	1316.1	305,892	342,600	383,710	429,756	3,000	3,000	
STATE GENERAL FUND SUBTOTAL		\$ 1,400,581	\$ 1,568,652	\$ 1,756,887	\$ 1,967,713			
FEDERAL FUND								
Division of Eye Care	3325.4	\$ 411,475	\$ 460,852	\$ 516,154	\$ 578,093			
FEDERAL FUND SUBTOTAL		\$ 411,475	\$ 460,852	\$ 516,154	\$ 578,093			
OTHER FUNDS								
Vending Stand	4325.4	\$ 10,080	\$ 11,290	\$ 12,644	\$ 14,162			
OTHER FUNDS SUBTOTAL		\$ 10,080	\$ 11,290	\$ 12,644	\$ 14,162			
GRAND TOTAL SPEC. PHYS. SERV.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 1,822,136	\$ 2,040,794	\$ 2,285,685	\$ 2,559,968	5,672	6,099	6,649
Special Phys. Char. Cen. Off. Adm. <sup>1</sup>								
SPECIAL PHYSICAL CHAR. SUBTOTAL		\$ 1,822,136	\$ 2,040,794	\$ 2,285,685	\$ 2,559,968			
TYPES OF SERVICES RENDERED TO PEOPLE WITH SPECIAL PHYSICAL CHARACTERISTICS BY THE DEPARTMENT OF HUMAN SERVICES								
Eye Care Pre-School		\$ 36,474	\$ 39,975	\$ 45,931	\$ 51,488		82	93
Educ. of Blind Child		478,983	524,965	603,185	676,170		506	572
Soc. Serv. Older Blind		17,047	18,683	21,467	24,065		112	127
Voc. Rehab. Blind		402,893	441,571	507,365	568,756		445	485
Medical Eye Care		305,892	335,258	385,211	431,822		3,000	3,000
TTY		30,854	33,816	38,855	43,556		86	86
Personal Care Attendant		141,148	154,698	177,748	199,255		N/A	N/A
Independent Living Services		90,000	98,640	113,337	127,050		124	124
Serv. to Hearing/Speech Impaired		393,381	431,145	495,389	555,331		1,370	1,603
All Other <sup>2</sup>	2,373,283	2,601,118	2,988,685	3,350,315				
TOTAL TYPES OF SPEC. PHYS. SERVICES								
RENDERED BY ONE STATE AGENCY		\$ 4,269,955	\$ 4,679,869	\$ 5,377,173	\$ 6,027,808	5,725	6,090	

<sup>1</sup>There was no Central Adm. attributed to Spec. Phys. Char.

<sup>2</sup>Prior reports did not include all direct Case Services here.

SUMMARY #5I CHILD AND FAMILY HEALTH SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

- A. Crippled Children's Program: approximately 12% of Maine's newborn population are born with physically handicapping conditions that require specialty medical care.
- B. Genetic Disease Program: approximately 22,000 pregnant women and newborns require genetic services.
- C. Public Health Nursing Program: geographic isolation and/or low income provide a barrier to health maintenance and preventive health services for a large number of Maine's mothers, infants and children.
- D. Children's Program - Maternal and Child Health: Geographic isolation and/or low income provide a barrier to preventive health services for large numbers of Maine's mothers, infants, and children.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. To assure the availability of specialty medical care for children with selected handicapping conditions.
- B. To assure the availability of genetic services and minimize the incidence of genetic abnormalities..
- C. To assure the availability of preventive health, epidemiology, referral, treatment and rehabilitation services to mothers, infants, and children.
- D. To assure the availability of preventive health services to geographically isolated and/or low income mothers, infants and children.
- E. To assure every child an opportunity for normal growth & development; to detect early and provide specialty treatment services to children with selected handicapping conditions.

3. SERVICES PROVIDED.

- A. Medical case management/coordination: medical diagnostic and specialty treatment services.
- B. Newborn, AFP, fragile X screening, counseling, pedigree analysis, laboratory testing, diagnosing, referral services.
- C. Counseling, health assessment, immunizations, epidemiology, referral, treatment and rehabilitation services.
- D. Well child clinics, public health nursing services, parenting support groups, training activities.

4. PRIORITIES FOR SERVICE.

The Bureau of Health has determined services to the maternal, infant, and child population to be one of its highest priorities for 1985-1990.

5. INTER-DEPARTMENTAL COORDINATION.

Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC), Zero to Three Committee.

6. POLICY ISSUES.

Pursue the feasibility of one single application for Division of Maternal and Child Health administered programs except WIC.  
Long range funding and administrative responsibility for managing/coordinating/providing services to hearing impaired/deaf children.  
Assuring the availability and provision of comprehensive preventive health care to Maine's handicapped pre-school population.



SUMMARY #51 CONTINUED		ALL C&F HEALTH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL C&F HEALTH SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	Projected	
CHILD AND FAMILY HEALTH		Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
Year Ending: June 30, 1984		June 30, 1985	June 30, 1986	June 30, 1987		Sept 30, 1984	Sept 30, 1985	Sept 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
By Name	1310.1	\$	\$	\$	\$			
	1316.1							
Handicapped/Crippled Children		410,000	489,840	536,000		1,600	1,632	1,800 Clients
Genetic Diseases		83,150	78,813	100,000		22,380	22,380	19,000
Public Health Nursing		223,900	1,499,306	1,814,161		10,000	10,000	*
Well Children's Program		487,300		587,300		9,200	9,200	
Medical Eye Care			366,551	519,601		---	2,649	2,700
STATE GENERAL FUND SUBTOTAL		\$ 1,204,350	\$ 2,434,510	\$ 3,557,062	\$			
FEDERAL FUND	9317.2&9317.4							
By Name	9317.6&9317.7	\$ 600,000	\$ 650,000	\$ 650,000				
Jobs Bill	3310.2	68,400	100,000	0				
		148,000	126,086	98,000				
		455,000	613,800	598,000				
Handicapped/Crippled Children			481,393	783,179				
Genetic Diseases			216,500	238,000				
Public Health Nursing			515,012	623,164				
Clearinghouse			80,500	88,585		2,216	1,800	
Well Child Clinic			37,924	45,888				
FEDERAL FUND SUBTOTAL		\$ 1,271,400	\$ 2,821,215	\$ 3,124,816	\$	45,396	47,661	48,000 (est.)
GRAND TOTAL CHILD & FAM. HEALTH.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 2,475,750	\$ 5,255,725	\$ 6,681,878	\$			
Health Cen. Off. Adm. (Apportioned)		91,500	92,100	92,100				
CHILD & FAMILY HEALTH SUBTOTAL		\$ 2,567,250	\$ 5,347,825	\$ 6,773,978	\$			

\*Cannot get data from CPSR system.

#### TYPES OF CHILD AND FAMILY HEALTH SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

1. medical specialty, diagnostic and treatment services	1,600	1,800
2. Newborn screening, AFP screening, fragile & screening counseling, Pedigrie analysis, laboratory testing, referral, diagnosis, case management	22,380	22,380
3. counseling, health assessment, immunizations, epidemiology, referral, monitoring treatment services	10,000	10,000
4. PHN services, well child clinics, parenting support groups, training: spinal screening and parenting	9,200	9,200

SUMMARY #5J HEALTH CARE RELATED TO PREGNANCY PROGRAM FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

- A. Adolescent Pregnancy and Parenting Project
- B. Family Planning Program
- C. Women, Infant, and Children's Program (WIC)

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. To provide 10 core services addressing the problem of adolescent pregnancy and parenting in Maine.
- B. To provide family planning services to Maine citizens.
- C. To provide services to medically/nutritionally at risk low income pregnant, post partum breastfeeding women, and infants and children up to age 5.
- D. The Bureau of Health supports the efforts of the Statewide Services Providers' Coalition on Adolescent Pregnancy and parenting training programs.
- E. The Bureau of Health supports the Maine Family Planning Association in assisting women in avoiding unwanted pregnancies.
- F. To minimize the individual of nutrition related disorders and nutritional deficiencies by providing iron fortified formula to infants and iron rich cereal and foods to children and women.

3. SERVICES PROVIDED.

- A. Early prenatal care and support services until at least two years after delivery are provided in 9 demonstration projects.
- B. Family Planning services: education, counseling, physical examinations, contraceptives, pregnancy diagnosis, referral and community education.
- C. Provides specific WIC foods and nutrition education.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting adolescents and their infants.
- B. Women of childbearing age, less than 60% state median income.
- C. See 2C above.

5. INTER-DEPARTMENTAL COORDINATION.

Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC), Zero to Three Committee.

6. POLICY ISSUES.

- A. Commissioner's Office exploring "single entry" system with Human Services Development Institute, University of Southern Maine, as part of Family Services Integration Project.
- B. Long range funding and administrative responsibility for managing, coordinating, providing services to the hearing impaired, deaf children.
- C. Adolescent pregnancy.
- D. Assuring the availability and provision of comprehensive preventive health care to Maine's handicapped preschool population.

SUMMARY #5J CONTINUED		ALL "REL PREG" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "REL PREG" SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual	Projected	
HEALTH CARE REL. TO PREGNANCY		Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
Year Ending:		June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	Sept 30, 1984	Sept 30, 1985	Sept 30, 1986
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)		
Family Planning	1311.3	\$ 222,765	\$ 227,765	\$ 222,765	\$	30,582	32,500	32,500 clients
STATE GENERAL FUND SUBTOTAL		\$ 222,765	\$ 227,765	\$ 222,765				
FEDERAL FUND								
Family Planning*			652,440	665,489				
Family Planning Information & Education*			165,375	168,683			23,871	25,000 clients
WIC	3310.2	\$ 6,360,961	\$ 7,690,875	\$ 8,069,911		215,904	216,045	221,804
Social Serv. Block Grant	9324.1							"client slots"
Adolescent Pregnancy Coalition								
	9317.8/9317.6	225,000	200,000	200,000		1,500	1,436	1,500
FEDERAL FUND SUBTOTAL		\$ 6,585,961	\$ 8,708,690	\$ 9,104,083				
GRAND TOTAL HEALTH REL. PREGNANCY.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 6,808,726	\$ 8,936,455	\$ 9,326,848				
Health Cen. Off. Adm. (Apportioned)		28,413	37,524	37,524				
HEALTH CARE REL. PREG. SUBTOTAL		\$ 6,837,139	\$ 8,973,979	\$ 9,364,372		247,986	273,852	280,084
TYPES OF HEALTH CARE RELATED TO PREGNANCY RENDERED BY THE DEPARTMENT OF HUMAN SERVICES								
Family Planning - education, counseling, physical examinations, contraceptive, pregnancy diagnosis, referral and community education								
		\$ 844,145	\$ 1,045,580	\$ 1,056,937		30,582	56,371	57,500 clients
Adolescent Pregnancy Coalition - early prenatal care and support services								
		225,000	200,000	210,000		1,500	1,436	1,500 clients
WIC - Food and nutrition education								
		6,360,961	6,341,952	6,360,961		215,904	216,045	221,804 client slots
TOTAL TYPES HEALTH REL. PREGNANCY RENDERED BY ONE STATE AGENCY		\$ 7,430,106	\$ 7,587,532	\$ 7,627,898		247,986	273,852	280,804

\*These funds are also reported in DHS Purchased Services report on p.38.

SUMMARY #5K MEDICAID SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT

1. Health Accounts - These accounts are shared by the Bureau of Health.
2. Medicaid - Many services covered under Medicaid are social service related and provided in conjunction with medical care, plan to meet the medical needs of all Medicaid recipients.
3. ICF - More than 8,000 elderly, mentally retarded, blind and disabled Medicaid recipients will reside in all types of ICF facilities for all or part of any year in the 1980's. CI - Serve non-Medicaid eligible individuals whose medical expenses exceed specific high costs within a one-year period. Drugs for the Elderly - State financed program to provide life sustaining drugs to certain elderly individuals.
4. Boarding Home Care - Approximately 3000 (2100 SSI eligible) individuals are dependent or in need of supervision. EPSDT - An average of 48,000 children and young adults are eligible for EPSDT services; e.g. to screen, diagnose, and treat.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT

1. Health Accounts - See A.1.
2. Medicaid - Provide physician, dental, and other medically-necessary health care services to Maine's medically and financially indigent adults and children.
3. ICF - For eligible recipients who require care in an ICF facility. CI - To provide financial assistance to non-Medicaid eligible individuals for the coverage of medical expenses. Drugs for Elderly - To provide life sustaining drugs to the disadvantage elderly just below eligibility for Medicaid.
4. Boarding Home Care - Provide personal care or rehabilitative services to dependant adults. EPSDT - Inform eligible families about benefits of preventive health at the time of eligibility and according to the periodic schedule.

3. SERVICES PROVIDED

1. Health Accounts - See A.1.
2. Medicaid - dental, pharmacy services, family planning, physician, hospital, transportation (emergency & non emergency), chiropractic, physical therapy, home health, speech and hearing, podiatry, medical supplies and equipment, substance abuse treatment, psychological, vision care, skilled nursing.
3. ICF - Nursing care for clients classified as requiring ICF-level care. CI - Ambulance, limited dental, skilled nursing facility services, lab services, medical supplies and equipment, pharmacy, physical therapy, and physician services. Drugs for the Elderly - Life sustaining drugs (diabetic, hypertension, diuretics, cardiac).
4. Boarding Home Care - Rooming, lodging, provision for psycho-social care as well as linking to medical care services. EPSDT - Outreach, case management.

4. PRIORITIES FOR SERVICE

1. Health Accounts - See A.1.
2. Medicaid - Enabling the poor and medically indigent to gain access to needed health care services.
3. ICF - Over 6000 elderly, 700 mentally retarded, and 2000 blind or disabled institutionalized individuals participating in the Medicaid Program at any one time. CI - Persons not found eligible for services under the Medicaid Program who need help with medical bills. Drugs for the Elderly - Assist this high use group in the purchase of specific medications.
4. Boarding Home Care - Adults needing supervision or protection. EPSDT - Children with no routine, or inadequate, health care.

5. INTER-DEPARTMENTAL COORDINATION: Continued emphasis on coordination when multiple service agencies are involved.6. POLICY ISSUES

Increases in the Medicaid fee schedule to raise reimbursement rates as a means of encouraging more providers to participate is an issue which should be addressed. The Department has submitted to the federal government and has been granted requests to waive existing statutory requirements allowing the state to finance, through the Medicaid program, non-institutional long term care services for the elderly and the mentally retarded. The Department is currently awaiting a decision on a waiver targeting the physically disabled. Need for renewed efforts to coordinate services to children in custody of the State. Addition of new nursing home beds to the system to accomodate the needs of the State's population.

ICF = Intermediate Care Facility

CI = Catastrophic Illness

EPSDT = Early Periodic Screening Diagnostic Treatment

SUMMARY #5K CONTINUED			MEDICAL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL REL. MED. SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)			Actual	Actual	Projected	Projected	Actual	Projected	
MEDICAID SERVICES			Expenditures	Expenditures	Expenditures	Expenditures	Services	Services	
Year Ending:			June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	Sept 30, 1984 Sept 30, 1985 Sept 30, 1986		
							Number of People Served and Units of Services (Duplicated)		
STATE GENERAL FUND									
Health Accts. Med. Care(1)	1316.1	\$	1,704,276	\$	1,846,829	\$	2,447,000	\$	2,600,000
Medicaid (2)	1316.1		32,609,013		35,747,438		36,046,496		39,142,714
ICF Care (3)	1316.3		32,488,563		30,968,705		34,893,503		40,278,561
Catastrophic Ill. Program	1316.2		2,330,742		997,559		250,000		250,000
Drugs for ME's Elderly	1327.2		1,573,136		1,723,772		2,000,000		2,200,000
Boarding Home Care (4)	1319.7		10,634,701		11,705,124		12,140,500		12,294,500
EPSDT**(Administration)	1315.1		773,592		782,267		862,397		905,517
Medicaid Gen. Administration	1315.1		2,239,916		2,413,366		2,502,661		2,595,259
STATE GENERAL FUND SUBTOTAL									
			84,353,939	86,185,060	91,142,557	100,266,551			
FEDERAL FUND									
Medicaid-CN-MN-FP (2)	3316.1		73,404,454		86,491,477		88,714,000		95,486,309
ICF Care (3)	3316.3		75,101,136		81,016,033		101,139,363		110,528,090
EPSDT(Administration)	3315.1		773,592		782,267		862,397		905,517
Medicaid Gen. Administration	3315.1		3,406,205		4,082,389		4,233,437		4,390,075
TRANSPORTATION - BSS**	3315-1990		226,199		271,704		433,416		449,452
TRANSPORTATION - BME	3315-1991		63,427		72,216		271,862		281,921
FEDERAL FUND SUBTOTAL									
			152,975,013	172,716,086	195,654,475	212,041,364	343,200	342,621	342,703
GRAND TOTAL REL. MEDICAID SERVICES									
ONE DEPT'S ALL SOURCES OF FUNDS			\$237,328,952	\$258,901,146	\$286,797,032	\$312,307,915			

- (1) 1316-1700 Child Health, 1316-1710 Crippled Children Services, 1316-1770 State Foster Children  
1316-1800 Medical Eye Care, 1316-1810 Refractive Services, 1316-1900 Non Title 19 Services  
1316-1920 TB Services
- (2) All Medicaid Categories of Service except ICF & ICF/MR. Figures do not include  
State Share Charged to Other Bureaus and Departments.
- (3) Includes ICF & ICF/MR Care
- (4) Boarding Home Care, in addition to Care & Medical Expense also includes the  
State Match of the Public Assistance Grants.

\*Average number of eligible individuals at any given time

\*\*Early Periodic Screening Diagnostic Treatment

\*\*\*These funds are not included in DHS Purchased Services on p.38.

This material contains some health related, but not Medicaid funded, programs; e.g., boarding home care and drugs for Maine's Elderly.

SUMMARY #5L. INCOME SUPPLEMENTAL PROGRAMS OF THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

Categorically eligible programs administered by the Department include Aid to Families with Dependent Children (AFDC); Food Stamps; General and Emergency Assistance; Supplemental Security Income; and other related programs including child support enforcement and fraud investigation. These programs are directed to people in need as defined by federal and state law.

2. MISSION-GOALS-OBJECTIVES.

To dispense benefits in a timely and accurate fashion.

3. SERVICES PROVIDED.

Eligibility determination and review.  
Linkages to community resources.  
Child support enforcement.  
Fraud investigation.

4. INTER-DEPARTMENTAL COORDINATION.

Sharing of client identification and outreach with Division of Community Services. SSI and Bureau of Mental Retardation. Participation in the Family Services Demonstration Project with other state agencies.

5. POLICY ISSUES.

Upgrade information system, reduce paperwork, streamline the eligibility determination.  
Implement restrictive federal regulations.  
Review general assistance.

The Public Utilities Commission has ordered New England Telephone Company and CONTEL (Continental Telephone of Maine) to offer telephone subsidies to certain low income groups of Maine. The Department of Human Services verifies the eligibility of AFDC, Food Stamps, SSI and Medicaid recipients and the Division of Community Services verifies the eligibility of HEAP (fuel assistance) for applicants applying for such subsidies. It is anticipated that 10,000 Maine households will benefit in calendar year 1985 from such subsidies.

SUMMARY #5L CONTINUED		ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				INCOME SUPPLEMENTAL PROGRAMS WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Projected	Projected	Actual		
INCOME SUPPLEMENTAL PROGRAMS		Expenditures	Expenditures	Expenditures	Expenditures	Services		
		Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985	
Central Office - Administrative - Grant Costs - STATE GENERAL FUND						General Assistance Municipalities	Total Cases Reported	
1318.1	(AF/FS/QC/GA)	\$ 1,787,776	\$ 1,828,502	\$ 2,196,048	\$ 2,259,460	in F.Y.	65,088	71,700
1319.1	AFDC Grants	16,260,530	18,448,903	20,596,000	22,195,500	Unincorporated		
1319.3	(G.A. Payments)	5,750,000	7,500,000	7,137,000	7,500,000	Townships	11,080	977
1319.7	(SSI State Supp)	10,639,164	11,191,290	12,140,500	12,294,500			
1307.4	(AFDC-Reg. Adm.)	1,976,915	2,385,534	2,189,045	2,299,777	E.A. Title IV-A	5,376 Requests	6,584 Requests
1307.4	(FS-Reg. Adm.)	2,092,892	2,328,951	2,189,045	2,184,788		2,888 Grants	3,422 Grants
1307.4	(Med. Reg. Adm.)	1,081,386	1,296,685	1,234,845	1,264,877			
STATE GENERAL FUND SUB-TOTAL		\$ 39,588,663	\$ 44,979,865	\$ 47,682,483	\$ 49,998,902	SELU		
FEDERAL FUND - Grant Costs						No. Welfare Cases	28,500	32,311
3318.1	(AF/FS/QC-C.O.)	\$ 2,797,622	\$ 3,306,050	\$ 3,763,181	\$ 3,874,865	Non-welfare Cases	2,000	3,500
3319.1	AFDC Grants	43,041,652	45,586,171	51,664,790	50,967,860	No. Collected Welfare	\$10 million	\$12 million
3307.4	F.S. Grants	64,708,645	62,080,260	61,887,225	62,000,000	Non-welfare	2.4 million	2.8 million
3307.4	AFDC Reg. Adm.	1,976,916	2,385,534	2,189,045	2,299,777	AFDC*	17,723 cases	18,831 cases
3307.4	F.S. Reg. Adm.	2,092,892	2,328,950	2,189,046	2,184,789		50,571 recip.	53,992 recip.
3307.4	Med. Reg. Adm.	1,081,386	1,296,685	1,234,846	1,264,878			
FEDERAL FUND SUB-TOTAL		\$115,699,113	\$116,983,650	\$122,928,133	\$122,592,169 <sup>1</sup>	F.S.**	48,500 cases	47,000 cases
4318.1	C.O. SELU					Medicaid***	56,670 cases	58,601 cases
	Special Revenue	287,069	424,538	328,990	344,386		95,463 recip.	98,798 individuals
FINAL TOTAL		\$155,574,845	\$162,388,053	\$170,939,606	\$172,935,457	Final Total:		

AFDC = Aid to Families with Dependent Children  
GA = General Assistance  
SSI = Supplemental Security Income  
FS = Food Stamps  
SELU = Support Enforcement and Location Unit

\*AFDC - Average monthly caseload  
\*\*F.S. - Average monthly case count  
\*\*\*Med. - Title 19 SSI, AFDC, Medically Needy,  
NH clients, Avg. monthly caseload.

Average monthly case counts are provided in order to  
avoid duplicate counts.

<sup>1</sup>Medicaid Payments are not included.

SUMMARY #5M. CENTRAL OFFICE ADMINISTRATION OF THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

Programs within the Department that deliver or support the delivery of social services need administrative support including but not necessarily limited to rent, telephone, mail, capital equipment, personnel administration, data processing, staff training, fiscal management, clerical support and program direction costs.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT: GOALS-OBJECTIVES.

To facilitate optimal utilization of existing resources and to assist programs in being assessable to consumers of services.  
Accurate payments and records.  
Timely support.

3. SERVICES PROVIDED.

Included in problem statement, although not all inconclusive.  
Some services are provided through State Central Services in the Department of Finance and Administration.

4. PRIORITIES FOR SERVICE.

Accurate and timely payments/records.  
Adequate accessibility to those the Department serves.  
Responsive administrative support to programs.

5. INTER-DEPARTMENTAL COORDINATION.

Department of Finance and Administration, controller, streamline information.

6. POLICY ISSUES.

- A. Continuous need to upgrade data processing equipment and computer systems.
- B. Great demand on physical work space, particularly in the Augusta area.



SUMMARY #5M CONTINUED

ALL C.O. ADM. APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL C.O. ADM. SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)

Actual

Actual

Projected

Projected

CENTRAL OFFICE ADMINISTRATION

Expenditures

Expenditures

Expenditures

Expenditures

	Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	
STATE AND FEDERAL FUNDS					
OADAP Administration	\$ 55,343	\$ 66,344	\$ 69,329		The money figures in this section are approximations subject to changes. In fiscal year 1984, a cost allocation plan was developed for fiscal year 1986 and used provisionally for fiscal year 1985. Overall for the Department of Human Services the indirect cost is 7.3%. Roughly the administrative cost ratio by program area is: Alcohol and Substance Abuse -- 8.5%* Social Services - including Children's Services, Adult Services, Refugees, Purchased Services, Family Services -- 8.5% Rehabilitation -- 5.7% Elderly -- 6.5% Medical Services -- 7.6% Health -- 8.3% Disability Determination -- 3.2% Income Supplementation -- 5.5%
Social Services Administration	1,332,176	1,596,952	1,668,814		
Maine's Elderly Administration	38,653	46,334	48,419		
Rehabilitation Administration	257,758	308,989	322,894		
Health Central Office Admin.	622,248	745,924	779,941		
Medicaid Central Office Admin.	709,716	850,776	889,061		
Income Supplementation	732,112	877,621	917,114		
Disability Determination Admin.	58,569	70,209	73,368		
TOTAL CENTRAL OFFICE ADMIN.	\$ 3,806,575	\$ 4,563,149	\$ 4,768,490		

\*Subject to change.

\*Those programs in the Bureau of Health are 8.3%, but are the smaller portion.

TYPES OF ADMINISTRATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Audit, budget, check writing, personnel services, property insurance, purchasing, space are services provided by State Central Services.

Commissioner, general administration, financial services, audit, data processing, data input, general state office, personnel, employee assistance, information and education, statistical services, Maine Human Services Council.



DEPARTMENT OF TRANSPORTATION

1985 Maine Social Services ReportSUMMARY 6A    TRANSPORTATION OF ELDERLY AND HANDICAPPED, FINANCED AND ADMINISTERED BY THE MAINE DEPARTMENT OF TRANSPORTATION1. PROBLEM STATEMENT.

Public transportation to include physically and mentally handicapped adults and children, as well as Maine's poor and elderly population, who do not or cannot drive or don't own a motor vehicle are dependent on friends or neighbors, where available, for transportation to doctor's appointments, needs, shopping or cordial visits.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

The State of Maine must provide a subsidy to assist a mass transportation system to enhance the access of people in urbanized and non-urbanized areas to health care, shopping, maintenance, development, improvement, and use of public transportation systems in rural and small urban areas. The Department of Transportation will encourage and facilitate the most efficient use of Federal and State funds used to provide passenger transportation in the urbanized and non-urbanized areas through the coordination of programs and services; and to provide for the participation of private transportation providers in urbanized and non-urbanized transportation services to the maximum extent feasible.

3. SERVICES PROVIDED.

This service provides subsidies to private, non-profit transportation companies who maintain fixed routes as well as para-transit services to transport the above mentioned groups of people within the State.

4. PRIORITIES FOR SERVICE.

Fixed route transportation service is available to the general public at large. Para-transit service is available to the elderly and handicapped citizens of Maine by calling the local provider agency and reserving a time and place on a lift-equipped bus or van. Liaison appointed by the Departments of Human Services and Mental Health and Mental Retardation shall act to coordinate purchase of service contracts and to service in an advisory capacity to the department on matters concerning public transportation. In the event that transportation funds for human services' programs are insufficient for full implementation of the human services' portion of an approved annual regional operations plan, priorities established by the Departments of Human Services and Mental Health and Mental Retardation shall determine the priority clients that shall be initially served by human services' funds.

5. INTER-DEPARTMENTAL COORDINATION.

Transportation costs of Maine's elderly and handicapped is shared by MDOT, MDHS, and MDMHMR. Approval of each regional operations plan shall be by Department of Transportation with the consent of the Departments of Human Services and Mental Health and Mental Retardation. Upon approval, all agencies, groups, or organizations named to participate in the provision of service in accordance with a regional operations plan shall become eligible to receive funds administered by the Department of Transportation.

6. POLICY ISSUES.

Development and maintenance of a permanent and effective public transportation system, with particular regard to low income, elderly, and handicapped residents.

SUMMARY #6A CONTINUED		TRANSPORTATION OF ELDERLY AND HANDICAPPED, DEPARTMENT OF TRANSPORTATION					
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Projected	Projected		Actual	
	Expenditures	Expenditures	Expenditures	Expenditures		Services	
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985
STATE GENERAL FUND	\$ 400,000	\$ 400,000	\$ 550,000			Number of People Served and Unit of Service The Department of Transportation does not keep records on the public served.	
STATE GENERAL FUND SUB-TOTAL	\$ 400,000	\$ 400,000	\$ 550,000				
FEDERAL FUNDS							
16 (b) (2) (E&H Capital)	\$ 208,000	\$ 221,864	\$ 222,813				
Section 18 (Rural Subsidy)	671,694	687,647	705,181				
Section 9 (Urban Subsidy)	1,234,804	1,676,106	1,729,170				
FEDERAL FUNDS SUB-TOTAL	\$ 2,114,498	\$ 2,585,617	\$ 2,657,164				
TOTAL FEDERAL AND STATE FUNDS	\$ 2,514,498	\$ 2,985,617	\$ 3,207,164				



DEPARTMENT OF LABOR

1985 Maine Social Services ReportSUMMARY 6B: JOBS TRAINING PARTNERSHIP ACT; ADMINISTERED BY THE DEPARTMENT OF LABOR1. PROBLEM STATEMENT.

There are many persons in Maine who are unable to secure employment due to various social and/or economic barriers. The Job Training Partnership Program establishes programs to prepare youth and unskilled adults for entry into the labor force to afford job training to those economically disadvantaged individuals and others facing serious barriers to employment who are in need of special training to obtain productive employment.

2. PURPOSES/GOALS/EXPECTED OUTCOMES.

Three types of training programs under P.L. 97-300, each with slightly different purposes, are administered by the Department of Labor:

1. job training for economically disadvantaged youth and adults for entry or re-entry into the labor force;
2. short-term summer work experience jobs for economically disadvantaged youth; and
3. job retraining for dislocated workers.

3. SERVICES PROVIDED.

Based upon broad goals contained in the Governor's Coordination and Special Services Plan for JTPA developed by the Maine Job Training Council, the Private Industry Councils (PICs) that govern the two Service Delivery Areas establish annual plans for services to eligible participants. Actual delivery of services to clients is provided by local/regional agencies designated by the PICs. Services to clients include: assessment, pre-employment competency training, remedial and basic education, classroom skill training, on-the-job training, counseling, job development, and job placement. Individualized services to clients are provided directly by the local agencies or through contracts or other agreements with local school systems, vocational training institutions, or private employers.

4. PRIORITIES FOR SERVICE.

Priority is placed in each program upon services to those individuals who face serious barriers to employment with special emphasis directed to serving school dropouts, welfare recipients, and economically disadvantaged youth. The primary goal for all programs serving adults is acquisition of unsubsidized employment, while for youth the major goal is the development of behavioral competencies to obtain employment. Minimum performance standards for each program are established annually by the U.S. Secretary of Labor concerning entered employment rates for participants served and costs per participants served.

Small setasides of funds under JTPA are also administered by the Department to serve:

1. economically disadvantaged older workers;
2. promote cooperative efforts with public education institutions in serving disadvantaged youth and adults; and
3. to provide incentive grants to organizations that exceed required performance outcomes.

5. INTER-DEPARTMENTAL COORDINATION.

Department of Educational and Cultural Services

Department of Human Services including Bureau of Rehabilitation, Bureau of Social Services, Bureau of Income Maintenance, and Bureau of Maine's Elderly

State Development Office

6. POLICY ISSUES.

Coordination and articulation of Federal and State resources and programs to provide training and employment opportunities for the economically disadvantaged are goals of JTPA. Clear and definitive roles and responsibilities of Human Service, Education, and Department of Labor units that mesh together the flexibilities and legislative restrictions of various programs to serve mutual clients has not been achieved. In addition, the growing problem of worker dislocation manifested by large numbers of shoe plant closures raises great need for policy and strategies that more closely align retraining efforts with economic development activities in the State.



## SUMMARY #6B CONTINUED

## JOB TRAINING PARTNERSHIP ACT, DEPARTMENT OF LABOR

	Actual Expenditures	Actual Expenditures	Projected Expenditures	Projected Expenditures		Actual Services	Projected Services
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987		June 30, 1984	June 30, 1985	June 30, 1986
ALL FEDERAL FUNDS						Individuals Served	
Title II-A	\$	\$ 8,039,947	\$ 8,606,435	\$		6,168	6,000
Title II-B		3,668,262	Unknown			Unknown	Unknown
Title III		637,866	-0-			576	
III-Formula			645,335				Unknown
III-Discretionary			975,000				400

Other related services provided by the Department of Labor:

Job Service, Displaced Homemakers, Unemployment Insurance, Veterans' Services through Job Service.



MAINE STATE HOUSING AUTHORITY

1985 Maine Social Services ReportSUMMARY 6C: MAINE STATE HOUSING AUTHORITY1. PROBLEM STATEMENT.

Incomes in Maine are below the national average; the estimated median household income in 1984 is \$23,000. Population and household formation grew during the 70's; average income doubled but housing costs tripled. The housing stock is the oldest in the nation. Many Maine people pay a disproportionate share of their income (35% or more) for housing.

2. MISSION.

The Maine State Housing Authority (MSHA) is Maine's housing finance agency. The purpose of MSHA is to provide lower interest loans for a wide variety of programs to help meet Maine's housing needs.

3. SERVICES PROVIDED.

Single Family: Program provides reduced interest rate mortgage loans to persons buying their first homes. It serves first-time homebuyers who cannot afford conventional mortgage loans. Also provides lower-cost home improvement and energy conservation loans to low and moderate income homeowners.

Multi-Family Programs: The Rental Rehabilitation Program uses HUD funds, local CD grants, private loans, and state funds through the HOME program to renovate substandard apartments; a limited amount of federal rental assistance is available in conjunction with this program. The Rental Housing Loan Program uses the MSHA's tax exempt bond funded mortgage loans to provide below market rate financing for construction or rehabilitation of apartments. At least 20 percent of units financed through the program must be reserved for households earning less than 80% of median. The Section 8 programs, New Construction, Moderate Rehabilitation, and Existing Housing Rental Certificates, involve federal rental assistance. Tenants in Section 8 programs pay no more than 30% of their income for rent. Section 8 has been largely phased out by the federal government, although current commitments of assistance will continue.

4. PRIORITIES FOR SERVICE.

Housing needs for low and moderate income persons.

5. INTER-DEPARTMENTAL COORDINATION.

- A. Housing for the elderly. In cooperation with the Bureau of Maine's Elderly, to provide congregate housing, accessory apartments, and sale-leaseback arrangements.
- B. Group homes for developmentally disabled in conjunction with DHS.
- C. Energy/Programs in conjunction with OER.

6. POLICY ISSUES.

- A. More decent affordable housing.
- B. Homelessness
- C. Rehabilitation for existing structures
- D. Energy conservation

SUMMARY #6C CONTINUED		MAINE STATE HOUSING AUTHORITY — ALL APPROPRIATIONS, ALLOCATIONS, ALLOTMENTS				
	Actual	Actual	Projected	Projected	Actual	
	Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984	June 30, 1985

	Revenues Year Ending December 31, 1983	Revenues Year Ending December 31, 1984
State Appropriated Income	\$ 2,400,000	\$ 2,000,000

Programs Offered by MSHA	Cumulative Housing Funds Generated(1) Since MSHA Founded	Number of Units 1984 (Cumulative)
1. Single-Family Purchase	\$329,000,000	11,500
Single-Family Home Improvement	9,000,000	1,500
2. Multi-Family Program		
Section 8 Programs		
New Construction/Substantial Rehabilitation	149,000,000	4,565
Moderate Rehabilitation	(2)	416
Existing Certificate	-	1,313
Rental Rehabilitation Program	5,000,000	0
Rental Housing Loan Program	14,500,000	471

(1) Does not include bond reserves

(2) No estimate on amount of private loans generated



DEPARTMENT OF CORRECTIONS

SUMMARY 6D: SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS

1. PROBLEM STATEMENT.

To enable the development, expansion and improvement of correctional programs throughout the State and to encourage participation in such programs by persons, unincorporated associations, charitable non-stock corporations, local and county governmental units, and state agencies.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

To provide or assist in the provision of correctional services throughout the State and for that purpose may cooperate with persons, unincorporated associations, charitable non-stock corporations, municipalities and other governmental units and other state agencies; to promulgate and enforce rules and standards for the administration of all services delivered and appropriately funded.

3. SERVICES PROVIDED.

To provide or assist in the provision of correctional services relating to all facets of rehabilitation and community life adjustment, but the services shall be limited to: (1) services to the courts; (2) pre-delinquency services; (3) diversionary services; (4) pre-release and halfway house services; and (5) after-care and post-release services.

4. PRIORITIES FOR SERVICE.

Traditionally, the Department of Corrections' mission has been to protect society from some of its clients, to protect some of its clients from themselves, and to provide custody, supervision and rehabilitation for those considered in need of correctional programs. Also, the establishment of the Alcohol Premium Law and consequent availability of necessary monies, has enabled the Department of Corrections to more conscientiously identify and to specifically address the alcohol and drug prevention and treatment needs of its clients and their families.

5. GOALS AND OBJECTIVES.

The Department of Corrections attempts to assure that:

- A. high quality correctional services are provided in Maine's correctional facilities;
- B. modern, comprehensive correctional services are implemented throughout the State;
- C. the public is protected from those within the corrections system who display incorrigible traits;
- D. that efforts be made, whenever possible, to offer rehabilitative services to community-based corrections clients.

6. POLICY ISSUES.

That correctional services be developed, expanded, or approved through the provision of direct services by the Department or through fund-raising from the Department to persons and other entities for the provision of services relating to all areas of rehabilitation and community life adjustment. These services to be limited to correctional institutions, courts, pre-delinquency services, diversionary services, pre-release and halfway house services, and after-care and post-release services.



## SUMMARY #6D CONTINUED

## SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS

	Actual Expenditures	Projected*** Expenditures	Projected Expenditures	Projected Expenditures	Actual Services
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984 June 30, 1985
DEPARTMENT OF CORRECTIONS					
*Alcohol Services	\$ 235,266	\$ 219,976	\$ 266,375	\$ 272,588	
**Community Correctional Services	939,840	1,035,740	1,235,977	1,291,543	
Social Services	167,489	196,095	211,697	211,697	
TOTAL	\$ 1,175,106	\$ 1,451,811	\$ 1,714,049	\$ 1,775,828	
	Actual Expenditures 1984	Actual Expenditures 1985	Projected Expenditures 1986	Projected Expenditures 1987	Actual Services
SOCIAL SERVICES					
Maine Youth Center	\$ 48,964	\$ 54,696	\$ 60,166	\$ 60,166	
Maine Correctional Center	50,713	53,309	58,639	58,639	
Maine State Prison	67,812	84,447	92,892	92,892	
TOTAL	\$ 167,489	\$ 192,452	\$ 211,697	\$ 211,697	

\*The Alcohol Services money provides alcohol programs to correctional clients who have been identified as having problems with alcohol. Counseling and referral services are now provided at the institutions and pre-release centers operated by the Department of Corrections. The Division of Probation and Parole and Juvenile Intake have referral and emergency placement services provided with these funds. The Division of Juvenile Intake provides an education program dealing with alcohol for those juveniles in the community identified as having an alcohol problem.

\*\*The Community Correctional Services account is being utilized to partially contract over 20 programs that are currently providing very valuable and crucial services to community correctional clients. These contracts are part of a system that promotes the community aspect of corrections in order to reduce the need for institutionalization and in order to reduce overcrowding at our correctional facilities. This program was established by the 107th Legislature in 1975 to enable the development, expansion and improvement of correctional programs throughout the state and to encourage participation in such programs by non-profit corporations, local and county government units. Since the inception of the program, the Department of Corrections has cooperated with various community agencies for the provision of such services relating to all facets of rehabilitation and community life adjustments. These include services to the courts, pre-delinquency services, diversionary services, pre-release and half-way house programs, as well as after-care and post-release services. With the new Adult and Juvenile Codes implemented a few years ago, the caseload at the institutional level, Probation and Juvenile Intake, has greatly increased the number of clients in need of alternative services. These services offer to the Department of Corrections and judges options other than incarceration within state and county facilities.

\*\*\*This remains a projection, not actual expenditures.

	Actual Expenditures	Projected Expenditures	Projected Expenditures	Projected Expenditures	Actual Services
Year Ending: June 30, 1984	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1984 June 30, 1985
<b>STATE GENERAL FUNDS</b>					
1371.7 Juvenile Justice Program					
Positions		(1)	(1)		
Personal Services		\$ 32,000	\$ 31,657		
All Other		45,070	45,070		
Sub-Total General Fund		\$ 77,070	\$ 76,727		
<b>FEDERAL GRANTS</b>					
3371-7001 Other Grants	\$ 164,717				
3371-7004 Jail Monitoring Grant					
Positions	(1)	(1)	(1)		
Personal Services	20,966	24,814	25,990		
All Other	11,192	12,998	11,010		
3371-7005 Administration					
Positions	(1)	(1)	(1)		
Personal Services	14,997	16,875	16,875		
All Other	1,878	---	---		
3371-7007 Advisory Group					
Support					
Personal Services	---	3,553			
All Other	11,250	7,697	6,574		
Sub-Total Federal Grants	\$ 225,000	\$ 225,000	\$ 225,000		
GRAND TOTAL STATE AND FEDERAL	N/A	\$ 302,070	\$ 301,727		

## Types of Services Provided by Department of Corrections through Juvenile Justice Program:

## State General Funds

## 1371-7111 Personal Services

- Staff support for State Advisory Group (Juvenile Justice Advisory Group, JJAG).
- Advocacy.
- Liaison between program and State Interdepartmental Coordinating Committee, State agencies, private youth services providers, and public.
- Liaison between program and Federal grantor.
- Supervision for federally funded program positions.
- Monitoring, evaluation, and fund flow administration for grants of State and Federal program grants.
- Technical assistance to grantees of State and Federal program funds.

## All Other

Various grants to State and not-for-profit agencies, principally, to abet compliance with Federal juvenile jail removal requirements and improve information systems which permit monitoring for compliance with State and Federal program requirements.

SUMMARY 6D CONTINUED:

Federal Grant Funds

1371-7001 Other Grants, grants to State and private not-for-profit youth services providers for programs approved in Comprehensive Juvenile Justice and Delinquency Prevention Plan (current plan 1985-87).

- Priorities:
- Youth Advocacy
  - Juvenile Jail Removal
  - Residential and non-residential dispositional alternatives for juveniles
  - Training for Juvenile Justice System Personnel
  - Prevention of Delinquency

1371-7004 Personal Services

- staff (professional) support for State Advisory Group (JJAG) Jail Monitoring Committee

1371-7005+7 Staff (clerical) support for State and Federal Programs and State Advisory Group (JJAG).

1371-7007 Advisory Group Support provides for administrating board's (JJAG) expenses for State and Federal programs.



#### ADDENDUM

In the interest of brevity, this report may in sections be too abbreviated. However, its intent is to offer a concise overview of Maine's social services.

The reader is encouraged to reach out to the state agencies contributing to this report in order to obtain another level of detail of the information presented here or to seek answers to questions raised by the content.

Because this document is not intended to be an official budget document and because some programs have attempted to portray actual or projected expenditures in ways other than are required by state accounting procedures or by federal reporting procedures, where discrepancies exist the Controllers analysis sheets represent an accurate budget detail.

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