

MAINE STATE LEGISLATURE

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MAINE
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1988 MAINE SOCIAL SERVICES REPORT

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

December 1, 1988

To The Honorable John R. McKernan, Jr., Governor:

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 1988 Social Services Report which has been developed pursuant to 5 M.R.S.A., Chapter 14B-A, Sections 1641-1643. It is a collaborative effort to provide a summary of the State of Maine's entire social services capability regardless of the specific agency or department in which a particular program may be placed.

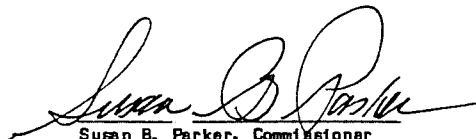
The report is intended to enhance Maine citizens' understanding of our complex social service system. It summarizes agency missions, lists services offered, populations served and the costs of these services.

It offers the most recent information on cost expenditures for State fiscal years '88 and '89. This information provides agencies with a basis for carrying out future planning and for projecting resource requirements.

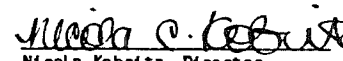
Submitted respectfully by



Rollin Ives, Commissioner
Department of Human Services



Susan B. Parker, Commissioner
Department of Mental Health and
Mental Retardation



Nicola Kobritz, Director
Division of Community Services

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

"HOW TO USE" THE MAINE SOCIAL SERVICES REPORT

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

v - 2 A. The green section summarizes social services in terms of total finances, broad classes of services, and key target populations.
Green

3 - 75 B. The yellow section summarizes services administered through state agencies. Readily recognized program areas are described concisely
Yellow 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 are 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.

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 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.

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 nearly 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.

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INTRODUCTION AND OVERVIEW

This document details how more than 700 million dollars of state and federal social services resources are planned to be expended in Maine with comparisons to previous expenditures.

Social policy expresses the relationship between government and the individuals in society. Public social policies generally address public welfare programs or assistance provided to enhance the well-being of families, individuals and the communities where they live.

Government becomes involved when social problems are identified and a collaborative resolution is needed. In Maine, the social services delivery system is a coordinated partnership between public and private, non-profit agencies.

"Social services" is a generic expression covering any helping activity or set of activities that intend 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.

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, by 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. The Executive Branch has social services delivered by public agencies and in partnership with private, non-profit agencies in the community.

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.

TOTAL SOCIAL SERVICES
FINANCES AND PROGRAMS
ADMINISTERED BY THREE STATE AGENCIES

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	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Authorized Projected Expenditures
Year Ending:	June 30, 1983	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989
DIVISION OF COMMUNITY SERVICES							
Community Services Block Grant	\$ 1,983,624	1,724,284	\$ 1,648,465	\$ 1,682,634	\$ 1,717,110	\$ 1,856,053	\$ 1,758,579
Home Energy Assistance Program	24,959,847	23,698,054	23,092,890	20,934,192	19,990,325	19,202,638	19,146,109
Weatherization Program	5,960,972	8,881,920	8,258,895	8,445,166	8,226,434	8,732,287	9,063,890
Head Start	-0-	-0-	1,616,238	1,693,737	1,943,651	2,014,198	2,014,198
Other Programs	67,028	362,848	384,902	317,847	358,804	350,544	350,544
Purchased Services Subtotal	32,971,271	34,665,108	34,981,390	34,890,099	34,682,032	32,155,720	32,333,320
Central Office Admin.	1,218,859	1,015,526	1,203,893	1,308,544	1,540,078	1,593,028	2,006,353
DIVISION SUBTOTAL	34,189,930	35,680,632	36,185,283	36,383,476	36,106,107	33,748,748	34,339,673
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION							
Bureau of Mental Health	33,463,172	35,634,068	38,920,560	40,849,865	43,309,990	48,701,619	55,000,000 (estimate)
Bureau of Mental Retardation	26,966,680	29,287,347	32,657,977	32,175,188	32,157,964	38,180,868	38,490,472
Office of Children's Services	2,141,529	2,141,529	2,558,891	-	-	-	-
Bur. of Children w/ Special Needs	-	-	-	7,808,253	8,281,167	9,824,210	9,482,013
Alcohol & Substance Abuse Services	211,103	211,103	281,123	265,026	599,000	798,050	804,080
Developmental Disabilities Council	278,520	278,520	247,552	300,000	298,259	279,198	318,403
Department Admin. ⁴	2,005,505	2,294,798	2,043,041	2,655,375	2,193,828	2,934,048	2,962,277
DMH&MR TOTAL	65,066,509	69,847,386	76,688,894	84,053,687	86,840,208	100,517,993	107,000,000 (estimate)
DEPARTMENT OF HUMAN SERVICES							
Alcohol & Substance Abuse Services	5,558,065	5,716,879	5,645,756	6,014,185	6,037,535	7,944,722 ³	8,573,424 ³
Adult Services	1,774,000	1,847,000	2,176,000	2,619,000	2,746,000	3,338,000	3,606,000
Children Services	16,602,000	17,912,000	22,830,000	34,102,000	35,865,000	36,297,000	38,078,000
Families At High Risk	2,726,477	3,146,029	3,781,226	3,813,843	3,366,717	3,770,228	13,303,185
Purchased Services	9,124,000	9,983,000 ²	15,871,777 ²	18,633,666 ²	19,175,234	20,834,000	26,359,000
Elderly Services	6,696,818	6,682,781	9,588,357	9,801,392	9,903,971	10,773,447	13,671,837
Rehabilitation Services	6,443,904	7,472,342	8,287,628	8,833,129	11,503,225	11,015,486	12,682,285
Special Physical Characteristics	3,131,993	1,822,136	1,698,194	1,284,832	1,441,818	1,721,934	2,106,832
Health Services	10,254,174	9,284,476	14,192,180	16,008,726	16,354,105	18,875,109	19,636,521
Medicaid Services	100,417,106 ¹	237,328,852	258,901,146	286,797,032	312,307,915	308,595,416	346,358,000
Income Maintenance	— ¹	155,574,845	162,388,053	180,646,514	173,087,096	158,758,763	184,193,640
Department Central Office	3,902,817	3,806,575	4,563,149	4,768,490	5,407,859	5,569,889	5,820,534
DHS SUBTOTAL	166,384,835 ¹	480,276,815	507,218,866	560,461,662	596,881,367	587,493,994	674,488,038
GRAND TOTAL THREE STATE AGENCIES	\$262,384,274¹	\$565,804,813	\$620,092,243	\$680,898,825	\$719,827,682	\$721,760,735	\$815,828,711

Other State Agencies are not included in this summary.

1 Excluded some health and income supplementation in FY 1983.

2 Excludes Family Planning funds which are included in Health.

3 During FY 1988, the Driver Education Evaluation Program and the Maine Alcohol and Drug Clearinghouse merged with DADAP, which accounts for the significant increase in all sources of funds.

4 Beginning with Projected FY 88, DMH&MR Admin. reflects the inclusion of State Forensic Services.

1988 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	Actual Services	Actual Services	Actual Services	Projected Services
Year Ending: June 30, 1983	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	
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	N/A	N/A
Home Energy Assistance Program	55,397	55,797	64,197	64,608	62,364	62,634	62,364
Weatherization Program	5,302	8,700	7,185	6,558	5,252	4,375	4,375
Head Start		-0-	665	721	738	736	736
Other Programs	N/A	N/A	220,000	189,000	189,000	189,000	189,000

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Bureau of Mental Health ¹	23,000	26,161	32,151	27,930	32,901	-	-
Bureau of Mental Retardation ¹	7,000	7,559	8,808	7,896	6,269	6,370	6,353
Office of Children's Services	1,443	1,562	2,416	-	-	-	-
Bur. of Children w/Special Needs	-	-	-	8,802	-	-	-
Alcohol & Substance Abuse Services	1,400	1,470	1,680	1,845	1,750	2,000	2,100
Developmental Disabilities	5,000	7,000	7,946	8,450	8,000	9,300	-
Department Administration	N/A	N/A	N/A	N/A	N/A	N/A	N/A

DEPARTMENT OF HUMAN SERVICES

Alcohol & Substance Abuse Services	10,956 people	12,581 people	12,785 people	12,165 people	10,459 people	10,839 people	11,000 people
Adult Services	2,224 people	3,345 people	4,171 people	3,781 people	3,640 people	3,710 people	
Children Services	14,500 people	21,249 people	21,236 people	21,533 people	20,970 people	20,363 people	
Families At High Risk	2,200 people	people	6,169 people	823 families	880 families	949 families	1,250 families
Purchased Services	22,964 people	20,139 people	29,000 people	24,706 people	38,756 people	37,146 people	
Elderly Services	68,486 people	53,409 people	55,420 people	57,082 people	58,795 people	31,400	31,000
Rehabilitation Services	7,476 people	6,740 people	7,412 people	7,424 people	6,574 people	6,020 people	6,321 people
Special Physical Characteristics			2,267 people	1,757 people	1,842 people	1,520 people	1,596 people
Health Services	45,564 people	293,382 people	321,513 people	328,084 people	345,000 people	347,588 people	350,175 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.						

1 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

DIVISION OF COMMUNITY SERVICES	Pages 4 - 18
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DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES	Pages 73 - 75

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 address the causes and conditions 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. 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.

A continued reduction in federal funding threatens the continuation and expansion of needed services.

SUMMARY #3A CONTINUED		ALL CSBG APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL CSBG SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)							
COMMUNITY SERVICES BLOCK GRANT		Actual	Actual	Actual	Actual	Projected	Actual
		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1986 June 30, 1987
		Number of People Served and Units of Services (Duplicated)					
STATE GENERAL FUND							
STATE GENERAL FUND SUBTOTAL							
FEDERAL FUND							
Community Services Block Grant	\$ 1,756,325	\$ 1,750,105	\$ 1,846,690	\$ 1,716,189	\$ 1,720,000		
Homeless				197,301			
Head Start				10,079			
FEDERAL FUND SUBTOTAL	\$ 1,756,325	\$ 1,750,105	\$ 1,846,689	\$ 1,729,812	\$ 1,700,000		
OTHER FUNDS						\$ 103,228	
						7,351	
OTHER FUNDS SUBTOTAL						\$ 110,579	
GRAND TOTAL COMMUNITY SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 1,756,325	\$ 1,750,105	\$ 1,846,690	\$ 1,923,569	\$ 1,830,579		
Community Services Gen. Off. Admin.	107,860	67,471	129,580	67,516	72,000		
COMMUNITY SERVICES PURCHASED SVS.	\$ 1,648,465	\$ 1,682,634	\$ 1,717,110	\$ 1,856,053	\$ 1,758,579		
TYPES OF COMMUNITY SERVICES (BLOCK GRANT) RENDERED BY THE DIVISION OF COMMUNITY SERVICES							

All of the programs/services
administered by the CAPs.

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

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

1. 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.

2. SERVICES PROVIDED.

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

3. PRIORITIES FOR SERVICE.

- Elderly, 60 and over (55 and over for off-reservation Indians)
- Handicapped
- Families with children under 24 months and certain handicapped persons

4. 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.

5. POLICY ISSUES.

The HEAP program has faced significant reductions in funding over the past 3 years. The Division will be looking at the potential for private public sector initiatives to address current and future reductions in energy assistance to Maine low-income populations.

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	Actual	Projected	Projected				
HOME ENERGY ASSISTANCE PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services			
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	6/30/85	6/30/86	6/30/87	6/30/88
						Number of People Served and Units of Services (Duplicated)				
STATE GENERAL FUND										
STATE GENERAL FUND SUBTOTAL										
FEDERAL FUND		\$ 23,499,237	\$ 21,387,139	\$ 20,237,979	\$ 19,546,315	\$ 17,739,076	64,197	64,608	62,384	61,678
FEDERAL FUNDS SUBTOTAL		\$ 23,499,237	\$ 21,387,139	\$ 20,237,979	\$ 19,546,315	\$ 17,739,076				
OTHER FUNDS										
PVE - Budget Payment				\$ 60,000	\$ 104,490	\$ 95,510				187
Stripper Well					-0-	1,895,000				-0-
OTHER FUNDS SUBTOTAL				\$ 60,000	\$ 104,490	\$ 1,895,510				
GRAND TOTAL HOME ENERGY ASSIST.										
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 23,499,237	\$ 21,387,139	\$ 20,297,979	\$ 19,650,805	\$ 19,634,586				
Central Office Administration		406,347	452,947	507,854	448,167	488,477				
HOME ENERGY ASSISTANCE SUBTOTAL		\$ 23,092,890	\$ 20,934,192	\$ 19,790,325	\$ 19,202,638	\$ 19,146,109				
TYPES OF HOME ENERGY ASSISTANCE RENDERED BY THE DIVISION OF COMMUNITY SERVICES										
Households Assisted:										
Home Energy-Fuel		\$ 60,684	\$ 60,208	\$ 56,956	\$ 49,185	\$ 49,165	52,806			
Energy Crisis		3,533	4,400	5,408	4,275	4,275	8,806			
TOTAL TYPES HOME ENERGY ASSIST.										
RENDERED BY ONE STATE AGENCY		\$ 64,197	\$ 64,608	\$ 62,364	\$ 53,440	\$ 53,440	61,678			

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, chimneys, oil burners as well as home repair provided through Maine's 11 Community Action Agencies. Also, services provided through the following: CHIP - Central Heating System Improvement Program which provides eligible applicants necessary improvements to the heating system, including clean, tune and evaluation, burner retrofit, repair and replacement of a heating system.

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 (FmHA), Department of Human Services (DHS), Department of Business Occupational & Professional Regulation, State Planning Office (SPO), Bureau of Maine's Elderly.

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. The predominance of old housing stock in the State produces difficult working conditions for crews.
- C. Elderly residents often are forced to leave their homes as a result of high heating costs due to poorly insulated homes.

SUMMARY #3C CONTINUED		ALL "W" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL SERVICES RENDERED WITH DCS ADMINISTERED FUNDS				
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected	Actual Services				
WEATHERIZATION PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures					
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	6/30/85	6/30/86	6/30/87	6/30/88	
	Number of People Served and Units of Services (Duplicated)									
STATE GENERAL FUND										
Weatherization	\$ 1,039,973	\$ 750,894	\$ 1,120,233	\$ 1,189,497	\$ 1,196,000	1,945	1,133	1,136	1,426	
CHIP	199,988	299,988	0	0	0	290	281	0	0	
STATE GENERAL FUND SUBTOTAL	\$ 1,239,961	\$ 1,050,882	\$ 1,120,233	\$ 1,189,497	\$ 1,196,000	2,235	1,414	1,136	1,426	
FEDERAL FUNDS										
D.O.E. Weatherization	\$ 3,368,425	\$ 3,080,411	\$ 2,844,455	\$ 2,502,300	\$ 2,857,628	1,968	1,588	1,423	1,312	
HEAP Weatherization	2,973,272	2,803,903	3,519,039	0	0	1,873	1,275	979	149	
HEAP/Weatherization CHIP	828,323	1,310,273	434,456	3,151,854	1,971,008	681	977	1,029	1,285	
FEDERAL FUND SUBTOTAL	\$ 7,170,020	\$ 7,194,587	\$ 6,797,950	\$ 5,654,154	\$ 4,828,636	4,522	3,840	3,431	2,746	
OTHER FUNDS										
Maine Housing CHIP	\$ 280,646	\$ 480,873	\$ 206,507	\$ 0	\$ 0	438	327	0	0	
CHIP Weatherization		189,074	8,264	0	0	1,258		0	0	
PVE-Exxon			226,734	2,205,517	3,800,000			124	798	
Stripper-Wall			0	199,989	75,000			0	117	
TOTAL OTHER FUNDS	\$ 280,646	\$ 669,947	\$ 441,505	\$ 2,405,506	\$ 3,875,000	438	1,585	124	915	
GRAND TOTAL WEATHERIZATION.										
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 8,690,627	\$ 8,895,216	\$ 8,359,688	\$ 9,248,157	\$ 9,899,636	7,195	6,839	4,691	5,087	
Weatherization Cen. Off. Admin.	431,723	443,674	444,959	516,870	835,748					
WEATHERIZATION SUBTOTAL	\$ 8,258,895	\$ 8,451,542	\$ 7,914,729	\$ 8,732,287	\$ 9,063,890					
TYPES OF WEATHERIZATION RENDERED BY THE DIVISION OF COMMUNITY SERVICES										
HOUSEHOLDS:										
Weatherization and repair	\$ 5,786	\$ 4,323	\$ 3,662	\$ 3,802						
CHIP	1,409	2,516	1,029	1,285						
TOTAL TYPES OF WEATHERIZATION										
RENDERED BY ONE STATE AGENCY	\$ 7,195	\$ 6,839	\$ 4,691	\$ 5,087						

SUMMARY #30 STATE OF MAINE HEAD START, ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.

Children from economically disadvantaged families are at greater risk for experiencing physical, social, and psychological difficulties.

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

Provide a comprehensive Head Start program for nearly 2,400 children statewide. The goal of Head Start is to help children develop the skills necessary to be more socially competent and successful in meeting life challenges they will face.

3. SERVICES PROVIDED.

Each child and/or family receives:

- (1) a minimum of 510 hours (center-based) Head Start services annually;
- (2) a broad range of medical, dental, mental health, nutrition and social services;
- (3) opportunities for participation in policy and making decisions.

4. PRIORITIES FOR SERVICE.

- (1) Children from age three to the age of school entrance.
- (2) A minimum of 10% enrollment reserved for handicapped children.

5. INTER-DEPARTMENTAL COORDINATION.

- (1) Programs participate in the USDA food program through the Department of Educational and Cultural Services.
- (2) All centers are inspected by the State Fire Marshal's Office.
- (3) All centers are licensed as child care facilities by the Department of Human Services.

6. POLICY ISSUES.

Maintaining and promoting high quality Head Start services to children and families.

SUMMARY #30 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	Actual	Actual	Projected	Actual Services	
HEAD START	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1986	June 30, 1987
	Number of People Served and Units of Services [Duplicated]						
STATE GENERAL FUND							
Head Start	\$ 1,623,387	\$ 1,728,611	\$ 2,019,739	\$ 2,082,541	\$ 2,082,541	724	724
STATE GENERAL FUND TOTAL	\$ 1,623,387	\$ 1,728,611	\$ 2,019,739	\$ 2,082,541	\$ 2,082,541		
Central Office Admin.	7,149	34,874	76,088	68,343	68,343		
TOTAL HEAD START							
Purchased Services	\$ 1,616,238	\$ 1,693,737	\$ 1,943,651	\$ 2,014,198	\$ 2,014,198		

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

Children Enrolled	724	724
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SUMMARY #3E MAINE STATE OFFICE OF VOLUNTEERISM (MSOV) FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.

Lack of statewide support and coordination for volunteers, volunteer managers and nonprofit organizations.

2. MISSION STATEMENT.

- To encourage citizens to become more active in responding to community needs through volunteerism.
- To promote, foster and coordinate ongoing efforts of volunteer participation.
- To provide the technical assistance necessary to ensure community-wide efforts.

3. SERVICES PROVIDED.

- A statewide newsletter, "The Maine Connection".
- The Second Blaine House Conference on Volunteerism.
- Training assistance to nonprofit organizations.
- Volunteer recognition.

4. PRIORITIES FOR SERVICE.

All volunteers, volunteer managers and nonprofit organizations in need of technical assistance, training and support.

5. INTER-DEPARTMENTAL COORDINATION.

The Governor's Office, State volunteer coordinators, all State offices with volunteer programs.

6. POLICY ISSUES.

Promoting volunteerism throughout Maine.

SUMMARY #3E CONTINUED	ALL MSOV APPROPRIATIONS, ALLOCATIONS, AND ALLOTMENTS.				ALL MSOV SERVICES RENDERED WITH DCS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected	Actual Services	
MAINE STATE OFFICE OF VOLUNTEERISM	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1988	June 30, 1989
					Number of People Served and Units of Services (Duplicated)		
STATE GENERAL FUND							
Maine State Office of Volunteerism	\$ -0-	\$ -0-	\$ -0-	\$ 12,830	\$ 25,000	N/A	N/A
STATE GENERAL FUND TOTAL	\$ -0-	\$ -0-	\$ -0-	\$ 12,830	\$ 25,000		
Central Office Admin.	-0-	-0-	-0-	12,830	25,000		
TOTAL MSOV							
Purchased Services	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-		

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

Children Enrolled	724	724
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SUMMARY #3F 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 fail 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 FUC, Attorney General's Office, Governor's Office, DHS, and DMHMR.

6. POLICY ISSUES.

Food Distribution - eligibility criteria; program costs; State funding, cost effective distribution model.

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

SUMMARY #3F CONTINUED		ALL "OTHER" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL "OTHER" SERVICES RENDERED WITH DCS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS [By Accounts]		Actual	Actual	Actual	Actual	Projected	
OTHER PROGRAMS		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	
							Number of People Served and Units of Services (Duplicated)
STATE GENERAL FUND							
State TEFAP		\$ 97,956	\$ 2,044	\$ 100,970	\$ 100,970		189,000 189,000
STATE GENERAL FUND TOTAL		\$ 97,956	\$ 2,044	\$ 100,970	\$ 100,970		
FEDERAL FUNDS*							
USDA - Title II		\$ 120,479	\$				
USDA - TEFAP		134,863	241,093	243,091	183,514	183,514	
CSBG - TEFAP		150,471	14,828	64,813			
USDA - FEMA							
FEDERAL FUNDS TOTAL		\$ 405,813	\$ 255,921	\$ 307,904	\$ 183,514	\$ 183,514	
TOTAL OTHER PROGRAMS		\$ 405,813	\$ 353,877	\$ 307,904	\$ 284,484	\$ 284,484	
Central Office Admin.		40,911	36,030	48,856	66,060	66,060	
Purchased Services		\$ 364,902	\$ 317,847	\$ 358,804	\$ 350,544	\$ 350,544	

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 #36 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 ensure 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. A study is being conducted by the Bureau of Central Computer Services to update and better utilize the Division's present computer system.
 - Staff reorganization. The Division of Community Services, under the direction of Director Nicole Kobritz, is conducting a reorganization effort to redefine the goals and objectives of the Division and to utilize the staff resources in a more efficient manner.

SUMMARY #36 CONTINUED

ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Projected	Projected
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	
<u>STATE GENERAL FUND</u>					
Admin & Advisory	209,894	273,548	332,941	309,745	342,301
State Weatherization		0	0	-0-	6,000
TEFAP		17,522	0	73,914	134,000
Head Start	7,149	34,874	76,088	88,343	72,283
Maine State Office of Volunteerism	-0-	-0-	-0-	12,830	25,000
GENERAL FUND SUBTOTAL	\$ 217,043	\$ 335,944	\$ 409,029	\$ 464,832	\$ 579,594
<u>FEDERAL FUNDS</u>					
Community Services Block Grant	107,880	67,471	129,580	87,516	72,000
HEAP	406,347	452,947	507,654	448,167	443,477
Federal Weatherization	431,732	404,966	432,531	516,870	829,746
TEFAP	40,811	18,508	48,856	95,653	36,536
Stripper Well				-0-	45,000
FEDERAL FUND SUBTOTAL	\$ 986,850	\$ 943,892	\$ 1,118,821	\$ 1,128,206	\$ 1,426,759
<u>OTHER FUNDS</u>					
OMP Weatherization	\$	\$ 6,376	\$ 8,264	\$ 0	\$ 0
Maine Housing - CHIP		32,332	4,164	0	0
OTHER FUNDS SUBTOTAL		\$ 38,708	\$ 12,428	\$ 0	\$ 0
TOTAL CENTRAL OFFICE ADMIN.	\$ 1,203,893	\$ 1,308,544	\$ 1,540,078	\$ 1,593,038	\$ 2,006,353

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 RETARDATION

1. PROBLEM STATEMENT - The numbers of persons in need of mental health care in Maine and the nation are unprecedented with prevalence rates for diagnosable mental disorders ranging from 16.4% to 23.1% - or 193,118 to 272,014 persons in Maine. The needs of special groups such as the over 8,000 persons with severe and prolonged mental illness, the individuals with both substance abuse and mental health problems, homeless persons with mental illness, elderly and deaf persons with mental health problems, and the families of persons with mental illness dictate the development of a comprehensive and coordinated system of mental health care.
2. MISSION-SYSTEM PHILOSOPHY-EXPECTED OUTCOME STATEMENT; GOALS/OBJECTIVES - The Bureau of Mental Health, as the State mental health authority, acts as an advocate for the prevention of mental illness and the provision of effective treatment, community support, and rehabilitation services in settings most appropriate to the needs of clients, patients, and their families. Both the Augusta and Bangor Mental Health Institutes continue to be accredited by the Joint Commission on Accreditation of Health Organizations, emphasizing quality inpatient services for those needing that level of care and a high degree of continuity and liaison with community providers. Community mental health services are provided by contract with approximately fifty community agencies. The Bureau is committed to the provision of comprehensive mental health services with emphasis on treatment and rehabilitative services for the most severely and chronically ill to improve quality of life and enable growth toward independent functioning. Services to under or inappropriately served populations continue to be major Bureau objectives. The Bureau of Mental Health works to assure that
 - Comprehensive coordinated community services are available throughout the state, with an emphasis on special populations and needs;
 - High quality, specialized inpatient services are provided in Maine's two mental health institutes;
 - Rehabilitation-oriented services are available to persons with severe and prolonged mental illness;
 - Information and education activities are made available to the public and those involved in the mental health field in order to promote awareness and understanding and reduce the stigma of mental illness;
 - The rights of mentally ill persons are protected in both institutional and community settings;
 - Housing, vocational, crisis, and socialization needs of mentally ill persons are addressed.
3. SERVICES PROVIDED - In FY 1988, over 2,100 persons were served in the two mental health institutes and over 27,000 were served in the community. The Augusta and Bangor Mental Health Institutes provide specialized inpatient services to involuntarily admitted mentally ill persons including rehabilitative services for persons with prolonged mental illness and geriatric, adolescent, 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, support to family, consumer, and other community groups, and other activities. The Office of Community Support Systems provides training, advocacy, and technical assistance to groups and agencies involved with persons with prolonged mental illness as well as providing crisis intervention services.
4. PRIORITIES FOR SERVICE - Within its broad mandate for a statewide comprehensive mental health service system, the Bureau emphasizes treatment and psycho-social rehabilitation services for persons with severe and prolonged mental illness and has also increasingly recognized the needs of homeless and at risk of being homeless mentally ill persons, individuals with both substance abuse and mental health problems, and elderly and hearing-impaired persons who are also mentally ill.
5. INTER-DEPARTMENTAL COORDINATION - The Bureau works closely with the Departments of Human Services, Educational and Cultural Services, and Corrections, the legal system, and other state agencies to improve funding and treatment options for persons with mental illness. It serves on standing committees, task forces, and other work groups in order to ensure ongoing coordination in planning and development.
6. POLICY ISSUES -
 - A) Development of statewide comprehensive services to identified special populations.
 - B) Development of a psycho-social rehabilitation orientation to service provision to persons with severe and prolonged mental illness.
 - C) Developing, maintaining and assuring quality and continuity of care in community programs, including institutions.
 - D) Assuring sufficient financial support to community mental health programs through an appropriate balance of public and private resources, maximizing federal and other resources.
 - E) Community involvement in mental health planning and coordination.

SUMMARY #4A CONTINUED

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
ALL MH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures
Year Ending:	June 30, 1985	June 30, 1988	June 30, 1987	June 30, 1988	June 30, 1989
STATE GENERAL FUND					
Augusta Mental Health Institute	\$ 14,777,635	\$ 15,730,503	\$ 17,499,835	\$ 19,517,783	
Bangor Mental Health Institute	13,700,512	14,580,671	15,643,903	16,484,775	
Community Mental Health Services	7,248,325	7,161,035	8,013,317	9,524,145	\$13,541,617*
Title XX State Comm. Support	-	-	-	-	
Sub-Total, State General Funds	\$ 35,726,472	\$ 37,472,209	\$ 41,107,055	\$ 45,526,703	
FEDERAL ACCOUNTS					
Augusta Mental Health Institute	\$ 1,816	\$ 1,242	\$ 1,447	\$ 2,032	* Budgets not otherwise revised from 1987 report.
Bangor Mental Health Institute	10,467	22,971	5,950	30,307	
ADHS Block Grant	2,322,906	940,752	1,054,204	1,070,336	
Social Service Block Grant	285,220	296,085	292,092	273,895	
Office of Community Support	37,725	-	-	-	
Community Services Grant	-	-	128,515	295,000	
Sub-Total, Federal Accounts	\$ 2,658,134	\$ 1,261,050	\$ 1,480,208	1,671,570	
DEDICATED REVENUES					
Augusta Mental Health Institute	\$ 393,789	\$ 457,486	\$ 550,293	\$ 1,231,194	
Bangor Mental Health Institute	142,155	142,981	172,434	272,152	
Sub-Total, Dedicated Revenues	\$ 535,954	\$ 600,467	\$ 722,727	1,503,346	
Total All Expenditures	\$ 38,920,580	\$ 39,333,726	\$ 43,309,990	48,701,619	\$55,000,000 estimated

	Actual FY 85	Actual FY 86	Actual FY 87	Actual FY 88
SERVICES FUNDED BY BUREAU OF MENTAL HEALTH				
Augusta Mental Health Institute	\$ 15,173,250	\$ 16,189,231	\$ 18,001,575	\$ 20,751,008
Bangor Mental Health Institute	13,853,134	14,746,623	15,822,287	16,787,234
Community Services:				
Emergency	682,804	717,787	933,810	1,168,786
Community Support	2,565,892	2,271,351	2,634,826	2,768,891
Day Treatment/Rehab.	1,114,781	797,389	791,326	874,419
Community Residential	589,410	810,150	1,008,097	1,789,775
Outpatient	2,709,634	1,841,545	1,722,603	1,742,229
Consult., Training, Education	659,787	309,111	302,608	218,526
Community Inpatient	271,203	273,786	208,811	170,139
Early Intervention	62,255	-	-	-
Psycho-social Center	211,919	472,268	487,385	490,801
Crisis Intervention	217,630	462,169	732,670	752,905
Special Populations (elderly, deaf)	-	74,484	228,800	607,850
Other Activities	630,463	193,231	242,985	349,468
Total Mental Health Services	\$ 38,741,905	\$ 39,158,525	\$ 43,717,783	\$ 48,472,032
Administration	178,655	175,201	192,207	229,587
Total Expenditures	\$ 38,920,560	\$ 39,333,726	\$ 43,309,990	\$ 48,701,619

SUMMARY #48 BUREAU OF MENTAL RETARDATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

During fiscal year 1987-1988, approximately 300 persons became new clients of the Bureau contributing to the difficulties experienced by high caseloads and increased demands for residential and day program services of all types. Some of the more focused needs include structured residential alternatives for children, employment and day program opportunities for young adults graduating from high school, residential and day program alternatives for persons with mental retardation who are aging, increased capacity for case management services, crisis prevention intervention services to prevent institutionalization, structured residential options for persons with medical and behavioral needs, and family support services, including respite care. The challenge in the next several years will be for the Bureau to remain responsive in meeting the needs of clients given limited new resources. Another major problem area that is emerging is the recruitment and retention of direct care staff in homes and day programs. In some areas of the state the staffing shortage is very evident with staff vacancies going unfilled for long periods of time.

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

In 1988, approximately 600 individuals received services at Pineland Center and the Aroostook Residential Center (this includes respite care), 3,900 were served through the six regional offices of the Bureau; and funds were provided to non-profit community agencies to provide services to people. The program philosophy is to promote an improved quality of life for persons with mental retardation so that individuals may achieve their maximum potential for independence. The Bureau expects to increase the numbers and types of services available not only to persons with mental retardation 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 rehabilitative needs), crisis intervention/prevention programs and services, and services for elderly mentally retarded persons. In addition, the Bureau will continue its involvement in staff recruitment and retention efforts. The Bureau expects to address those issues in the context of its recently developed long range plan.

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 outpatient services, outreach and respite care.

4. PRIORITIES FOR SERVICE.

Persons residing in institutions, clients of the Bureau residing in the community, persons with mental retardation requiring Adult Protective services or needing crisis prevention services; young handicapped adults graduating from school, and elderly persons with mental retardation.

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 citizens with mental retardation 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 persons with mental retardation are upheld in accordance with the Bill of Rights for Persons with Mental Retardation;
- increased amounts and types of appropriate services are available to persons with mental retardation and their families.

SUMMARY #48 CONTINUED

ALL MR APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL MR SERVICES RENDERED WITH OMHMR ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected			
MENTAL RETARDATION SERVICES.	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures			
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989			
STATE GENERAL FUND								
Aroostook Residential Center ¹	\$ 538,652	\$ 577,715	\$ 563,179	\$ 678,167	\$ 806,907			
Pineland Center	17,207,299	17,919,230	16,641,787	20,781,056	18,911,160			
Community M. R. Services ²	12,261,524	13,232,252	13,506,231	15,390,994	17,331,989			
SUB-TOTAL GENERAL FUND	\$ 31,501,780	\$ 31,729,197	\$ 30,711,197	\$ 36,850,217	\$ 37,050,076			
FEDERAL ACCOUNTS								
Pineland Center	4,261	303	8,804	3,891	8,000			
Community MR Services (autism grant)	47,485	138,464	406,099	286,043	337,460			
SUB-TOTAL FEDERAL FUNDS	\$ 63,110	\$ 138,767	\$ 415,903	\$ 289,934	\$ 345,460			
DEDICATED REVENUES								
Aroostook Residential Center	1,534	1,459	—	—	—			
Pineland Center	80,018	78,435	96,759	130,425	154,707			
Community MR Services	1,878	10,821	14,000	20,412	16,000			
SUB-TOTAL DEDICATED REVENUES	\$ 83,231	\$ 91,815	\$ 110,759	\$ 150,867	\$ 170,707			
TITLE XX								
Community M. R. Services	\$ 1,029,876	\$ 948,801	\$ 920,105	\$ 889,880	924,149			
TOTAL								
	\$ 32,857,977	\$ 32,808,880	\$ 32,157,964	\$ 38,180,868	\$ 38,490,372			
						Number of People Served		
						Actual	Actual	Projected
						FY' 87	FY' 88	FY' 89
SERVICES FUNDED BY BUREAU OF MENTAL RETARDATION								
Aroostook Residential Center	\$ 540,186	\$ 579,174	\$ 563,179	\$ 603,587	\$ 612,185	84	86	80
Pineland Center	17,271,578	18,014,827	16,641,787	18,433,574	18,460,945	472	507	480
Adult Day Program	5,538,503	4,675,385	4,862,807	3,848,726	3,919,226	1,994	1,766	1,943
Pre-school Program ³	863,316	—	—	—	—	—	—	—
Residential Services	1,389,917	749,787	682,488	462,758	462,759	N/A	N/A	N/A
Professional Services	332,345	458,727	365,991	278,294	278,294	N/A	N/A	N/A
Transportation	403,829	337,078	332,711	489,246	489,246	415	460	250 ⁵
Case Management ³	4,807,316	4,833,821	4,911,560	5,067,930	5,184,285	3,304	3,551	3,700
TOTAL	\$ 32,252,640 ⁴	\$ 29,648,610 ⁴	\$ 28,360,523	\$ 29,184,114	\$ 29,406,939			

¹ Includes food, fuel, unemployment compensation and capital improvement and repairs, accounts 1340.3, 4, 5, 9 & 1034.1.

² 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.

³ Reflects transfer to Bureau of Children with Special Needs.

⁴ Total service figures are lower than total appropriations due to costs associated with Department Administration and state's share of Medicaid funding journeyed to Department of Human Services.

⁵ More transportation reimbursable by Medicaid.

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 30,000 children and youth in the State of Maine who have some type of mental health problem. Of these, 13,500 children and youth are severely emotionally or behaviorally disturbed. Developmentally disabled persons in Maine, age 0-20, are estimated to number 9,900, 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, each year there are 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 majority of troubled and handicapped children are not getting the services they need.

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

The Bureau of Children with Special Needs is mandated to assist in planning, coordinating, and developing treatment 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.

Six regional offices provide developmental services to children with developmental disabilities aged 0-5 and to those identified as being at risk of developmental delay, and their families. Purchase of services from a wide range of community-based providers offering a variety of day and residential, home and community based services to emotionally and developmentally handicapped children, ages 6-20. Operation of the Military/Naval Children's Home, Bath, a short-term child care facility; the Elizabeth Levinson Center, a residential facility for severely and profoundly retarded children; and the Infant Development Center, South Portland, serving parents and pre-school handicapped children through in-home and center-based programs. Regional resource development and service coordination for severely emotionally handicapped children and adolescents at Child and Adolescent Service System Project sites in Penobscot, York, and Cumberland Counties. Specialized home and school based services to children with autism in Central and Southern Maine as well as in the Bangor and Brunswick areas.

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 multi-agency 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 interagency planning, coordination, development of services at both the state and regional level for emotionally, behaviorally or developmentally handicapped children.

6. POLICY ISSUES.

The Bureau is committed to the development of an array of community based services for special needs children which support parents, families, and community caregivers. Areas of special concern are the availability of (a) respite care and other family support services; (b) specialized interventions for severely disturbed adolescents and pre-adolescents, and community-level service coordination in serving these children; (c) homebased, day treatment, case management, and therapeutic residential services which maintain children and families within their own homes and communities.

SUMMARY #4C

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION Bureau of Children with Special Needs

ALL "CH" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Projected Expenditures
CHILDREN'S SERVICES	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	
STATE GENERAL FUND						
Military/Naval Children's Home ¹	\$ 349,798	\$ 404,103	\$ 415,923	\$ 518,100	\$ 433,359	\$ 486,296
Elizabeth Levinson Center ²	—	1,489,633	1,825,291	1,882,654	1,683,197	1,790,301
Community Children's Services ³	1,847,273	4,023,223	4,815,367	5,201,455	5,800,975	5,703,573
Sexual Abuse Treatment	224,824	231,507	238,385	233,225	243,170	250,465
SUB-TOTAL GENERAL FUND	\$ 2,448,893	\$ 6,148,486	\$ 6,894,866	\$ 7,835,434	\$ 6,160,701	\$ 8,230,635
FEDERAL ACCOUNTS						
Preventive Intervention	\$ 48,301	\$ 107,441	\$ 106,222	\$ 13,044	\$ —	\$ —
Children/Adolescent System Project	61,497	146,824	224,194	142,348	125,000	—
Respite Care	—	16,209	63,063	90,271	36,000	—
Transagency Services	—	—	—	47,390	128,000	145,000
Homeless Grant	—	—	—	4,053	147,000	147,000
Elizabeth Levinson Center	—	5,956	14,431	7,890	11,000	10,000
SUB-TOTAL FEDERAL ACCOUNTS	\$ 109,798	\$ 278,430	\$ 407,910	\$ 304,798	\$ 447,000	\$ 302,000
ADAMS BLOCK GRANTS						
Community MH Services ⁴	\$ —	\$ 978,291	\$ 978,291	\$ 7,840	\$ 81,100	—
Homeless Services	—	—	—	981,040	955,408	949,378
SUBTOTAL BLOCK GRANTS	—	—	—	988,880	1,016,508	949,378
TOTAL	\$ 2,558,691	\$ 7,403,187	\$ 8,281,167	\$ 9,128,810	\$ 9,624,210	\$ 9,482,013
SERVICES FUNDED:						
COMMUNITY						
Community Services (State)	\$ 2,099,097	\$ 4,254,730 ⁵	\$ 4,953,752 ⁵	\$ 5,434,680	\$ 6,044,145	\$ 5,954,038
Community Services (ADAMH)	—	978,291	978,291	988,880	1,016,509	949,378
Preventive Intervention Project	48,301	107,441	106,222	13,044	—	—
Child/Adolescent System Project	61,497	146,824	224,194	142,348	125,000	—
Respite Care	—	16,209	63,063	90,271	36,000	—
Transagency Services	—	—	—	47,390	128,000	145,000
Homeless Grant	—	—	—	4,053	147,000	147,000
COMMUNITY TOTAL	\$ 2,208,895	\$ 5,503,495	\$ 6,225,522	\$ 6,720,466	\$ 7,496,654	\$ 7,195,416
INSTITUTIONAL						
Military/Naval Children's Home ¹	\$ 349,798	\$ 404,103	415,923	\$ 518,100	\$ 433,359	\$ 486,296
Elizabeth Levinson Center	—	1,495,589	1,639,722	1,890,344	1,694,197	1,800,301
INSTITUTIONAL TOTAL	\$ 149,796	\$ 1,899,692	\$ 2,055,645	2,408,444	2,127,558	2,286,597
TOTAL	\$ 2,558,691	\$ 7,403,187	\$ 8,281,167	\$ 9,128,810	\$ 9,624,210	\$ 9,482,013

1 Includes food, fuel, unemployment compensation, repairs, and capital.

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

3 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 \$1,398,917 in FY 87 from the Bureau of Mental Retardation.

4 Transferred from the Bureau of Mental Health in FY 86 and FY 87.

5 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 #40 DEVELOPMENTAL DISABILITIES COUNCIL SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION1. PROBLEM STATEMENT.

There are approximately 17,700 developmentally disabled persons who live in Maine. By definition, a developmentally disabled person is severely and chronically disabled. The disability must have occurred prior to the age of 22, be severe, chronic, expected to last indefinitely, and result in substantial impairment. 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 17,700 developmentally disabled persons, there are an additional 8,000+ 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, evaluated, and provided appropriate services to allow them to develop to their fullest potential. Included in the 17,700 total population of developmentally disabled persons are some 9,000-10,000 persons of working age (20-64) who need to be afforded training and work opportunities, including supported employment or competitive employment. Some 1,000 severely handicapped special education students (ages 18-20) each year need transition services to facilitate the move from a school setting into independent living and 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 educational, human services, mental health, and medical services network. The Council develops a comprehensive, statewide action plan, updated annually, that addresses the needs and opportunities of persons with developmental disabilities to increase their opportunity for independence, productivity, and integration into the community. The Council carries out surveys and studies that guide public policy and fuller utilization of generic services. The Council also provides support for specialized, innovative demonstration programs that serve persons with developmental disabilities. The general mandate to the Council is to promote independence, productivity, and integration into the community of persons with developmental disabilities.

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) Demonstrating new ways of enhancing the independence, productivity, and integration into the community of persons with developmental disabilities.

4. PRIORITIES FOR SERVICE.

A major priority is child development to promote healthy children and healthy families by participating in the development of a service system for children ages 0-5. The opportunities and needs of developmentally disabled adolescents and young adults transitioning from school to community is an additional Council priority as is supported and competitive employment for Developmentally Disabled Adults.

5. INTERDEPARTMENTAL COORDINATION.

The goal of the Developmental Disabilities Council is to improve and expand the network of services and opportunities available to developmentally disabled people. State agencies, parents, consumers, professionals, and concerned citizens are represented on the Council. Currently, the Priority Areas are: Child Development, Community Living, and Employment. Within the priority areas, the Council focuses on family support services, respite care, mental health services to the developmentally disabled, and employment and training services for adult developmentally disabled people, and transitional opportunities for special education students.

6. POLICY ISSUES.

Many persons with developmental disabilities, because of the severity and chronicity of their disability, have been an unserved or underserved population in the spectrum of persons needing services. Often developmentally disabled people remain vulnerable to economic and social pressures within society. The Council will continue to advocate for the principles of family support, early intervention, free and appropriate education, normalization, and equal opportunity within the community in the least restrictive setting.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION									
SUMMARY #40	ALL "DD" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS					ALL "DO" SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS			
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected				
DEVELOPMENTAL DISABILITIES	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services			
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1986	June 30, 1987	June 30, 1988	
						Number of People Served and Units of Services (Duplicated)			
STATE GENERAL FUND	\$ 0	\$ 0	\$ 0	\$ 0	\$				
FEDERAL ACCOUNTS	247,552	316,652	298,259	279,198	318,403				
TOTAL	\$ 247,552	\$ 316,652	\$ 298,259	279,198	318,403				
TYPES OF SERVICES:									
ADVOCACY/PLANNING/INFORMATION	\$ 103,263	\$ 109,390	\$ 106,000	\$ 103,268	\$ 111,410	N/A	N/A	N/A	
SERVICE DEVELOPMENT Family Support, Early Intervention, Parent and Professional Training	93,773	97,200	90,000	126,500	174,042	7,500	8,000	8,500	
DEMONSTRATION PROJECTS Family Support, Respite, Prevention, Early Intervention	50,516	110,062	102,259	49,430	32,951	600	600	800	
TOTAL	\$ 247,552	\$ 316,652	\$ 298,259	\$ 279,198	\$ 318,403	8,100	8,600	9,300	

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 addicted to alcohol and another 10% to 15% have significant alcohol abuse problems. This translates into 60,000 alcohol addicted individuals and 180,000 persons in Maine with serious drinking problems. Studies show this level of alcohol abuse holds true for persons with mental retardation and also note that Fetal Alcohol Syndrome, estimated to occur in 3 of every 1,000 live births is now the leading cause of mental retardation. It is estimated that approximately 12% of school age youth in Maine are engaged in abusive alcohol/drug activity and that 50% of youth with emotional disturbance will engage in substance 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 traditional 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.

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 dual-diagnosed (mentally ill patients with alcohol abuse) within the state psychiatric hospitals, and the estimated 150 dual-diagnosed mentally retarded persons and the estimated 12% of children age 6-20 who are affected by alcoholism or drug addiction. 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.

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	ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALCOHOL SERVICES RENDERED WITH DMHMR ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS [By Accounts]	Actual	Actual	Actual	Actual	Actual	Projected
ALCOHOL & SUBSTANCE ABUSE (DMHMR)	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending:	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989
DEDICATED REVENUES	\$ 211,103	\$ 261,123	\$ 265,026	\$ 599,000	\$ 798,050	\$ 804,080
TYPES OF SERVICES:						
MR Services						
a) Outpatient	\$ 30,000	\$ 38,523	\$ 38,526	32,850	44,800	60,000
b) F.A.E.	8,000	16,000	16,000	31,000	38,750	45,000
c) Training						15,000
Children						
a) Homebuilders	51,000	62,000	62,000	70,500	72,000	74,550
b) Training	4,103	8,000	8,500		7,500	40,000
c) Homebuilders - Washington, Hancock, Penobscot, and Piscataquis Counties				20,000	34,000	35,000
M.H. Services				Purchase of Serv.:	25,000	40,000
a) AMHI	52,000	54,000	54,000	79,000	100,000	150,000
b) BMHI	52,000	54,000	54,000	85,000	70,000	70,000
c) CMHC	4,000	8,000	8,000	10,000	10,000	—
d) Community				80,000	115,000	80,000
e) Training						10,775
Offenders						
a) Andro. County Jail	10,600	20,600	24,000	68,000	81,000	84,200
b) Franklin County Jail				29,000	41,000	46,465
Elderly						
a) Public Awareness/Training				20,000	24,000	30,000
Family Support						
a) Portland				2,000	3,000	4,000
Administration					Deaf Serv.:	10,000
a) DMHMR				27,500	35,000	45,000
TOTAL	\$ 211,103	\$ 261,123		\$		
			State Cap.	4,150	12,000	
			14% set aside	50,000	80,000	
				\$ 599,000	\$ 798,050	

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, model program development, and Driver Education & Evaluation Program (DEEP).
- 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: 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. Percentage of all treatment services must be made available to DHS protective referrals.
- C. Prevention services are focused on adolescents and children of alcoholics.

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 most effective mechanism to integrate substance abuse services into existing health care delivery system.
- B. Restructure DEEP to comply with legislative changes and evaluate results.
- C. Review current licensing/certification regulations for possible revision.
- D. Determine most effective mechanism for delivering residential rehabilitation.

SUMMARY #5A CONTINUED

ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALCOHOL SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected	Actual Services	
ALCOHOL & SUBSTANCE ABUSE (DHS)	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988
	Number of People Served and Units of Services (Duplicated)						
STATE GENERAL FUND							
QADAP 1325.5	\$ 2,459,174	\$ 2,401,598	\$ 2,332,695	\$ 2,423,592	\$ 3,443,956		
STATE GENERAL FUND SUBTOTAL	2,459,174	2,401,598	2,332,695	2,443,592	3,443,856		
FEDERAL FUND							
Alcohol, Drug Abuse, Mental Health							
Block Grant	1,720,785	1,601,425	1,532,942	2,076,382	2,200,224		
Bur. Health - Clearinghouse							
3310.2	included in Block Grant						
Other Federal Funds 3325.5	0	0	0				
FEDERAL FUND SUBTOTAL	1,720,785	1,601,425	1,532,942	2,076,382	2,200,224		
OTHER FUNDS							
Alc. Premium Fund 4325.7	1,732,236	1,757,230	2,370,133	2,788,937	3,029,224		
DEEP Special Funds 4325.5			—	427,681			
DEEP Special Funds 4326.1			—	84,825			
DEEP Special Funds 4326.2			—	180,449			
DEEP Special Funds 4326.3			—	3,178			
OTHER FUNDS SUBTOTAL	1,735,136	1,760,460	2,370,133	3,444,748	3,029,244		
GRAND TOTAL ALCOHOL-SUB. ABUSE							
ONE DEPT'S ALL SOURCES OF FUNDS ¹	5,915,095	5,768,503	6,235,770	7,944,722	8,873,424		
Dept. Overhead & Admin. Subtotal	34,708	42,958	45,000	62,182	54,791		
Other Services Cen. Off. Admin. ²	501,812	455,847	494,991	1,031,120	1,501,387		

TYPES OF ALCOHOL AND SUBSTANCE ABUSE SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES	Services		Admissions		Services		Admissions	
Outpatient	\$ 1,836,000	\$ 2,011,841	\$ 2,349,580	\$ 2,701,813	\$ 2,747,642	66,016.57 hrs	4,858	78,853.3 hrs
Detoxification	525,000	535,000	569,278	836,081	838,591	10,350 days	1,815	11,083 days
Shelter	312,000	322,000	282,459	349,505	353,505	13,745 days	2,122	13,426 days
Residential Rehabilitation	1,300,000	1,005,000	928,389	996,235	1,026,235	22,159 days	1,067	19,548 days
Halfway House	520,000	520,000	827,353	686,106	686,106	26,161 days	305	31,233 days
Extended Care	180,300	180,300	189,300	194,000	194,000	8,596 days	67	10,437 days
Non-Res. Rehab.	-	0		80,000	80,000	8,458 hrs.	88	9,561 hrs
Transitional Housing	-	-	23,700	35,871	35,821	Intermediate Rehab.:		
Treatment Total	4,673,300	4,574,041	4,980,059	5,638,080	5,772,150	3,302 days	28	3,706 hrs
Prevention/Education	737,741	693,859	715,720	825,313	819,197	Halfway House w/o Walls:		
DEEP Program				376,886	525,899	438 days	8	1,436 days

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

1 During FY 1988, the Driver Education Evaluation Program and the Maine Alcohol and Drug Clearinghouse merged with QADAP which accounts for the significant increase in all sources of funds. In previous years, DEEP was considered an educational service rather than a social service for purposes of this report.

2 With the merging in FY 1988 QADAP staff positions increased by 19.

SUMMARY #58 ADULT SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

Adults who are incapacitated or dependent who are unable to protect themselves require protective services, including legal arrangements when indicated, to ensure their safety.

2. MISSION STATEMENT.

To determine incapacitation, dependency and danger,
To make client safe (reduce/eliminate or remove from danger),
To rehabilitate,
To effect legal transfer to private arrangements,
To maintain in public guardianship and/or public conservatorship.

3. SERVICES PROVIDED.

Case study/assessment, advocacy, court social services, preparation and placement, case supervision/management, and counseling.

4. PRIORITIES FOR SERVICE.

1. Adults under court-appointed DHS guardianship/conservatorship.
2. Incapacitated or dependent adults in danger of abuse, neglect, or exploitation.
3. Individuals referred or nominated for court study for public guardianship/conservatorship.
4. Adults reported to be at risk of or in danger of abuse/neglect/exploitation.

5. INTER-DEPARTMENTAL COORDINATION

The Office of Advocacy and the Bureau of Mental Retardation in the Department of Mental Health and Mental Retardation offers these services to mentally retarded adult citizens of Maine, while the Department of Human Services provides to non-retarded populations. The two Departments coordinate their efforts.

6. POLICY ISSUES.

How can an adequate range of services and a sufficient amount of services be developed and provided to the expanding aging population?
How can a sufficient amount of services be provided to the rapidly growing number of guardianship clients?
What should the State's role and responsibilities be in the process for involuntary commitment of alcoholics?
How can the State ensure the availability of treatment services for involuntarily committed alcoholics?
What basic research should the State conduct on the demographics of adults in need of protection and on the prevention and treatment services they require?
How can the State coordinate its activities with anticipated federal initiatives for adult services?
How can the State develop an interdepartmental approach to the services required by adults who are at risk?
How can protective case management services be provided when staff time is increasingly required in the areas of guardianship and investigations?
How can placement services be developed to meet the emergency and long term needs of Adult Services clients?

SUMMARY #58 CONTINUED		ALL ADULT APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL ADULT SERVICES RENDERED WITH DHS ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Projected	
ADULT SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987 June 30, 1988
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)
1307.3	\$	787,000	\$ 1,927,000	\$ 1,951,000	\$ 2,016,000	\$ 2,126,000	
1320.5		152,000	156,000	161,000	200,000	275,000	
1324.1		59,000	51,000	69,000	77,000	80,000	
Regional Admin. (Apportioned)		136,000	174,000	226,000	246,000	259,000	
STATE GENERAL FUND SUBTOTAL		1,134,000	2,308,000	2,407,000	\$ 2,539,000	\$ 2,740,000	
FEDERAL FUND							
9307.3		809,000	-	-	-	-	
9320.1		13,000	-	-	-	-	
9324.1		24,000	55,000	58,000	93,000	100,000	
Regional Admin. (Apportioned)		196,000	256,000	281,000	308,000	336,000	
FEDERAL FUND SUBTOTAL		1,042,000	311,000	339,000	\$ 401,000	\$ 436,000	
GRAND TOTAL ADULT SERVICES							
ONE DEPT'S ALL SOURCES OF FUNDS		2,176,000	2,619,000	2,746,000	\$ 2,940,000	\$ 3,176,000	3,640 3,710
Adult Central Office Admin.		286,000	356,000	372,000	398,000	430,000	
ADULT SERVICES SUBTOTAL		2,462,000	2,975,000	3,118,000	\$ 3,338,000	\$ 3,606,000	

TYPES OF ADULT SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Case Study	12,006 hours	12,540 hours
Advocacy	1,231 "	1,530 "
Preparation and Placement	1,061 "	1,072 "
Court Social Service	1,927 "	1,906 "
Case Supervision and Management	17,831 "	17,946 "
Counseling	64 "	67 "

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 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 of harm, children and families who may at some time be in jeopardy or at risk of harm.

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 established the Children's Policy Committee. This Committee has assumed the responsibility for Children's Systems Development, Program Management and Resource Development. The committee oversees the operation of the following Inter-Departmental Committees:

- Coordinated Response to Child Sexual Abuse Committee
- Hospital Based Services
- Information Systems Streamlining 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 the Developmentally Disabled, substance abuse programs from which DHS purchases services, Support Enforcement and Location Unit, and others.

6. POLICY ISSUES.

Development of appropriate and adequate intervention and treatment services for sexually abused victims, their families, and perpetrators of sexual abuse, including juvenile offenders who are also victims.

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 adequate out-of-home placement and treatment services for children which are sufficient in number and type, distributed statewide, which include a continuum of care and services?

Given the existing shortage of resources, how should client needs be prioritized to determine who receives services or when services should end in order to serve a larger number of clients?

Should the state promote development of additional child placement resources within the State of Maine, even if the cost is greater than it would be to place in an out-of-state facility for education and treatment services?

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	Actual	Actual	Projected	Actual Services	
CHILDREN'S SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988
STATE GENERAL FUND							Number of People Served and Units of	
Child Care Service	1322.5				\$ 426,000	\$ 883,000	Services (Duplicated)	
Child Welfare	1322.1	\$ 4,021,000	\$ 4,086,000	\$ 5,278,000	6,016,000	5,828,000		
Title XX Social Serv.	1307.3	4,833,000	10,625,000	11,055,000	11,884,000	11,950,000		
Aid to Charitable Institutions		284,000	284,000	284,000	281,000	284,000		
Regional Admin.		836,000	1,125,000	1,287,000	1,374,000	1,442,000		
Of AFDC Foster Care	1320.9	1,758,000	1,436,000	1,411,000	2,104,000	2,200,000		
	1324.1	254,000	-0-	-0-	108,000	130,000		
STATE GENERAL FUND SUBTOTAL		\$ 11,886,000	\$ 17,556,000	\$ 19,315,000	\$ 22,193,000	\$ 22,817,000		
FEDERAL FUND								
Child Abuse & Neglect	3320.1	\$ 119,000	\$ 40,000	\$ 412,000	\$ 81,000	\$ 300,000		
Child Welfare IV-E	3320.8	3,545,000	4,164,000	4,203,000	4,487,000	4,800,000		
Child Welfare IV-B	3322.1	1,004,000	1,243,000	1,254,000	1,378,000	1,254,000		
Title XX Soc. Ser.	8307.3/8324.1	4,872,000	5,134,000	4,588,000	4,253,000	4,253,000		
Regional Admin.		1,204,000	1,733,000	1,887,000	2,091,000	2,186,000		
FEDERAL FUND SUBTOTAL		\$ 10,844,000	\$ 18,546,000	\$ 18,550,000	\$ 12,300,000	\$ 13,378,000		
GRAND TOTAL CHILDREN'S SERVICES.							2,768 children	2,700 children
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 22,830,000	\$ 34,102,000	\$ 35,865,000	\$ 34,493,000	\$ 36,193,000	8,668 families	8,411 families
80%							20,970 **	20,363
Children's Can. Off. Admin.	1320.1	\$ 814,000	\$ 1,200,000	\$ 1,345,000	1,804,000	1,885,000		
CHILDREN'S SERVICES SUBTOTAL		\$ 23,644,000	\$ 35,302,000	\$ 37,210,000	\$ 36,297,000	\$ 38,078,000		

TYPES OF CHILDREN'S SERVICES RENDERED BY THE BUREAU OF SOCIAL SERVICES

Case Study - Review						53,202 hrs.	55,516 hrs.
Case Supervision - Management						87,941 "	87,318 "
Individual Counseling						3,558 "	2,811 "
Group Counseling						580 "	582 "
Advocacy						1,830 "	1,625 "
Preparation and Placement						9,315 "	8,278 "
Court Social Services						18,529 "	17,237 "
Residential Treatment	\$ 868,097	\$ 1,600,000	\$ 1,924,429	\$ 2,431,463	\$ 2,680,702	27,600 days	31,805 days
Group Homes			1,477,826	1,339,022	1,215,267	33,945 "	29,710 "
Emergency Shelter			285,316	303,139	384,267	4,471 "	4,674 "

**Total clients served using 2.1 average family size.

SUMMARY #50 FAMILIES AT HIGH RISK PROGRAM FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

- A. Family Services - Young heads of household on AFDC have been found to be high risk in need of prevention services.
- B. Welfare Employment, Education and Training Program (WEET) - Ninety percent of AFDC heads of households are women. Program services are needed which 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 Exploration and Training (JET) Program replaces the Job Search Project (JSP) which expired on March 30, 1987 - Food Stamp recipients in Maine are in need of education, training, support services and job search assistance in order to improve their employability and enable them to become economically self-sufficient.

2. MISSION-SYSTEM PHILOSOPHY-EXPECTED OUTCOME STATEMENT.

- A. Offer services to young high risk families. Reduce the incidence of child abuse and neglect and promote self-sufficient families.
- B. WEET & JET: Services provided through five regional office, and through coordination with other agencies, to enable AFDC and Food Stamp recipients to find and keep jobs leading to maximum self-sufficiency, minimum welfare dependence, and a better quality of life.

3. SERVICES PROVIDED.

- A. Assessment and linkages to educational, employment and social services.
- B. WEET & JET: Employment, training and supportive services, including: assessment, counseling, employability development, service referrals, job search and job development, remedial and vocational education, child care and transportation assistance.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting teens in Maine.
- B. WEET & JET: AFDC recipients who volunteer for the program or are mandated by the Social Security Act to register. Special emphasis is placed on "hard to employ" recipients and teen parents. JET: Food Stamp recipients who volunteer for the program or are mandated by the Food Stamp Act to register and who are in greatest need of service.

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 in regard to electronic resource directory and other integration issues.
- B. WEET & JET have working agreements and/or coordinate 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? Should case management be expanded to other target groups? Can we replace federal demonstration dollars?
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?
- B. Additional state funding support is needed to improve and expand services to AFDC recipients and to match federal funds provided for recipient services.
- C. How can these programs best promote ASPIRE - Maine's welfare reform proposal?
- D. Family Services is now contracted out to private, non-profit community agencies in some communities.

SUMMARY #50 CONTINUED

ALL FAMILY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL FAMILY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected	Actual				
FAMILIES AT HIGH RISK PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services				
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	6/30/85	6/30/86	6/30/87	6/30/88	6/30/89
STATE GENERAL FUND						Number of People Served and Units of Services [Duplicated]				
A. Family Services	1307.3	\$ 276,000	\$ 287,000	\$ 503,864	\$ 529,000	\$ 1,156,307	823	787 families		
B. WEET	1318.3	671,493	749,341	1,555,219	1,541,827	4,413,325	2,896	4,245	3,341	3,315
STATE GENERAL FUND SUBTOTAL		1,047,493	1,036,341	2,059,083	2,070,827	5,569,632				3,360
FEDERAL FUND										
A. Family Services	3320.1	0	67,495	\$ 210,546	0	0				
B. WEET	3318.4	1,555,777	1,391,686	887,996	0	1,160,553				
Job Search Project	3318.3	210,572	85,842	209,092	1,699,401	6,672,980				
FEDERAL FUND SUBTOTAL		2,733,733	2,575,009	1,307,634	1,699,401	7,733,980				
GRAND TOTAL FAMILIES AT HIGH RISK										
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 3,781,228	\$ 3,611,344	\$ 3,366,717	\$ 3,770,228	13,303,165					
Families High Risk Con. Off. Adm.										
FAMILY AT HIGH RISK SUBTOTAL										

TYPES OF SERVICES TO FAMILIES AT HIGH RISK RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

				Actual Services		
				June 30, 1986	June 30, 1987	
A. Family Services						
Case Supervision/Management			4,939 hours			
Counseling			785 hours			
Advocacy			289 hours			
Court Social Services			19 hours			
Case Study - Young AFDC Families			2,732 hours			
Preparation and Placement			1 hour			
B. WEET						
Child Care	\$ 250,000	\$ 179,610	\$ 238,222	Actual FY'87	Projected FY'88	Projected FY'89
Food, clothing, fuel, housing	10,000	5,995	12,032	7,098 people	10,055 people	8,845 people
Transportation	125,000	137,545	166,168			
Institutional education & training	95,000	85,050	135,507			
Medical (dental & eye care)	35,000	15,102	26,075			
Grants	25,000	58,750	152,923			
Miscellaneous	105,000	86,376	78,278			
TOTAL TYPES SERVICES						
RENDERED BY ONE STATE AGENCY	\$ 645,000	\$ 588,428	\$ 809,205			

* Third year funding not yet awarded.

SUMMARY #5E PURCHASED SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT. A. 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.
 B. Refugees in Maine who are in need of assistance in order to aid their successful settlement.
 C. Pre-school age children require good nutrition in order to help maximize their development.
2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT. A. 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.
 B. Through the prudent provision of social services, cash and medical assistance as needed to promote 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 search of employment; [4] To reduce the refugees' reliance on cash and medical assistance by enhancing their employability.
 C. For children to gain maximum benefits of day care and head start education and developmental program, they must have healthy bodies and minds. Good nutrition is the key to good health. Well-balanced meals including a variety of well-prepared and well-served foods can provide a base for developing positive attitudes toward food. Food, however, is only one part of this learning process. Routines before and after meals are also important. The entire feeding situation can be a laboratory for learning the relationship between nutrition and health.
3. SERVICES PROVIDED. A. 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.
 B. For refugees: [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. Pre-school children in non-residential child care receive: [1] nutritious meals and snacks; [2] a variety of different foods; [3] instructions in proper eating habits; [4] instructions in before and after meal hygiene, a beginning appreciation of the effects of good nutrition on health.
4. PRIORITIES FOR SERVICE. A. 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].
 B. [1] Newly arrived refugees; [2] cash assistance recipients.
 C. All pre-school children in licensed or registered head start and day care centers and homes in Maine.
5. INTER-DEPARTMENTAL COORDINATION. A. Department of Mental Health and Mental Retardation on contract compatibility and integrated service delivery planning. Department of Transportation for service delivery planning.
 B. Department of Mental Health and Mental Retardation on Mental Health Services to Refugees, Department of Labor on employment issues relating to refugees and Department of Educational and Cultural Services regarding education for refugees. C. Department of Educational and Cultural Services regarding child nutrition and donated commodities program.
6. POLICY ISSUES. How can the Bureau assure an adequate, responsive pattern of contract funds distribution?
 How can the Bureau respond to the ever increasing need for day care for low income working parents?
 How can the Bureau respond most effectively to allegations of abuse in out-of-home settings?
 How can the Bureau continue to effectively meet the ongoing social and economic needs of refugees with dwindling and restrictive resources?

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	Actual	Actual	Projected	Actual	
PURCHASED SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services	
Year Ending:		June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)	
	1324.1	\$ 6,654,000	\$ 2,613,000	\$ 3,522,000	\$ 4,374,000	\$ 8,365,000		
STATE GENERAL FUND SUBTOTAL		\$ 6,654,000	\$ 2,613,000	\$ 3,522,000	\$ 4,374,000	\$ 8,365,000		
FEDERAL FUND								
Child Care Food Program	3320.3	\$ 2,596,000	\$ 3,034,000	\$ 3,320,000	\$ 4,336,000	\$ 5,000,000	15,000 children	15,500 children
Refugee Resettlement***	3320.4	\$ 1,555,777	\$ 1,351,666	\$ 1,147,234	\$ 746,500	\$ 502,000	537 clients	286 clients
Child Welfare Title 4B	3322.1	203,000	96,000	172,000	60,000	60,000		
Soc. Svs. Block Grant	9324.1	2,935,000	9,366,000	8,814,000	8,504,000	8,787,000		
FEDERAL FUND SUBTOTAL		\$ 7,289,777	\$ 13,847,666	\$ 13,453,234	\$ 13,464,000	\$ 14,349,000		
OTHER FUNDS								
Local		\$ 1,728,000	\$ 2,173,000	\$ 2,200,000	\$ 2,200,000	\$ 3,000,000		
OTHER FUNDS SUBTOTAL		\$ 1,728,000	\$ 2,173,000	\$ 2,200,000	\$ 2,200,000	\$ 3,000,000		
GRAND TOTAL PURCHASED SERVICES								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 15,671,777	\$ 18,833,666	\$ 19,175,234	\$ 20,220,000	\$ 25,714,000	23,219 people	21,380 people
Purchased Serv. Con. Off. Admin.		471,000	607,000	610,000	\$ 641,000	\$ 645,000		
PURCHASED SERVICES TOTAL		\$ 16,142,777	\$ 19,240,666	\$ 19,785,234	\$ 20,834,000	\$ 26,359,000		
TYPES OF PURCHASED SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES								
Services to Blind		\$ 40,000	\$ 54,000	\$ 53,000	\$ 47,000	\$ 54,000	2,400 hours	2,096 hours
Services to Deaf		36,000	37,000	36,000	39,000	38,000		
Day Care for Children		3,335,000	3,732,000	4,011,000	4,310,000	7,883,000	70,301 weeks	65,625 weeks
Family Crisis Services		376,000	591,000	767,000	936,000	1,777,000		
Homemaker-Homebased Services		1,920,000	2,228,000	2,079,000	2,209,000	2,393,000	184,975 hours	176,108 hours
							Meals/Hours:	
Nutrition Svcs/Adult Day		408,000	415,000	417,000	425,000	438,000	105,151/16,573	138,443/10,082
Residential Services		255,000	345,000	433,000	732,000	1,253,000	8,976 days	9,240 days
Family Planning**		792,000	828,000	869,000	843,000	851,000		
Support Services		1,089,000	2,114,000	2,019,000	2,417,000	2,289,000	25,916 hours	25,626 hours
							Miles/Trips:	
Transportation		1,049,000	1,234,000	1,367,000	1,224,000	1,219,000	2,754,988/	2,696,380/
Other		492,000	431,000	437,000	426,000	1,567,000	5,914	5,360
*TOTAL TYPES OF PURCHASED SERVICES RENDERED BY ONE STATE AGENCY		\$ 9,792,000	\$ 12,009,000	\$ 12,508,000	\$ 12,608,000	\$ 19,162,000		

*Does not include local funds

**Includes expenditures reported with Summary 5J.

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 58,830 and are the fastest growing segment of our population. Population projections estimate that the population 75+ will increase 13.4% from 1984 to 1991. Even more dramatic is the fact that 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 independent lifestyles in the least restrictive setting. Problems of elderly persons include: non-availability or cost of health and social support services, difficulty accessing services, age discrimination, unemployment, 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; to reduce 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 need. 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.

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, and, through a contract with the Maine Committee on Aging, complaint investigation on behalf of nursing home, boarding home and home care clients.

4. PRIORITIES FOR SERVICE.

- a) age 80 or over
- b) greatest social need
- c) greatest economic need

5. INTER-DEPARTMENTAL COORDINATION.

Joint planning group with Bureau of Mental Retardation.
Mental Health Task Force with Department of Mental Health and Mental Retardation.
Promoting Older Workers with Department of Labor.

6. POLICY ISSUES.

Revise Bureau of Maine's Elderly funding and grants management procedures.
Conduct comprehensive needs assessment.
Improve coordination with and optimize resources available for Long Term Care.
Implement licensing of adult day care programs.
Expand Congregate Housing Services Program.
Revise funding formula for Older Americans Act funds.

SUMMARY #5F CONTINUED

ALL ELDERLY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL ELDERLY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)

ELDERLY SERVICES

Actual Actual Actual Projected
Expenditures Expenditures Expenditures Expenditures

Actual Services

Year Ending:	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988
STATE GENERAL FUND					Number of People Served (Duplicated)	
Congregate Housing 1327.1	181,934	\$ 299,865	\$ 247,628	\$ 385,430	Job Training/Empl.	175 118
Home Based Care 1320.5	3,495,302	3,665,842	3,928,600	5,876,362	Nutrition	17,144 28,948
BME Admin.	143,993	182,401	202,656	269,038	S. C. S. Employment Program	98 69
AAA Admin.	308,125	295,567	285,000	300,000	Congregate Housing	169 228
PSSP	368,920	372,949	400,000	400,000	Foster Grandparents Program	140 160
Housing Services	52,104	61,409	43,251	67,808		
Adult Day Care/In-Home Services	30,079	100,000	80,000	100,000	Social Services	
Legal Services 1327.1	93,700	95,559	156,646	131,000	Outreach	9,355 9,200
Ombudsman 1327.1	10,400	0	0	10,000	Transportation	3,575 3,000
Boarding Home Assessment	0	0	0	200,000	Homemaker	258 335
Foster Grandparents	17,000	17,000	17,000	17,000	Home Health Services	1,248 861
Volunteers Program	45,000	59,995	80,000	80,000	Personal Care Assistant	510 785
Grønn-Rudman Replacement Funds	111,830	37,278	0	0	Occupational Therapist } Physical Therapist }	0 0
State Share C.O. Admin	6,422	6,813	4,251	4,500	Chore	30 20
STATE GENERAL FUND SUBTOTAL	\$ 4,864,809	\$ 5,195,878	\$ 5,425,239	\$ 7,820,838	Home Repair	191 200
					Legal	2,015 2,000
FEDERAL FUND					Adult Day Care Services	250 80
OAA - Planning and Admin.	316,682	273,237	304,722	300,000	Employment	728 448
OAA - Nutrition	1,822,715	2,055,828	2,002,330	2,603,985	Case Management	3,035 2,863
Social Services	1,276,276	1,357,150	1,259,308	1,383,000	Home Based Care Over 60	1,333 1,136*
Advocacy Assistance	102,483	70,311	74,993	88,275	Home Based Care Under 60	35** 25**
Training & Education	53,507	38,924	50,180	35,231		
Senior Empl. Prog 3327.1	388,462	400,634	375,860	401,789	TOTALS	40,113 50,577
JPTA	13,817	0	13,006	0		unduplicated
Channeling 3327.1	0	0	3,508	33,271		OR 55,543
Home Equity Conversion	0	0	366,663	133,337		* 6,102 duplicated
USDA	465,402	643,448	582,814	599,500		** served by the
Alzheimers	130,601	122,255	47,143	0		Bureau of Rehab.
AHEC	463	0	0	25,532		
Foster Grandparents Program	197,678	220,724	244,828	233,279		
Federal Share C.O. Admin.	19,265	20,439	12,753	13,500		
FEDERAL FUND SUBTOTAL	\$ 4,887,351	\$ 5,203,050	\$ 5,348,208	\$ 5,850,699		

3327.1; 4327.1; 8924.1 contribute to the above

GRAND TOTAL ELDERLY SERVICES

ONE DEPT'S ALL SOURCES OF FUNDS \$ 9,752,160 \$ 10,397,728 \$ 10,773,447 \$ 13,671,637

OAA = Older American's Act

BME = Bureau of Maine's Elderly

AAA = Area Agencies on Aging

PSSP = Priority Social Service Program

AHEC = Area Health Education Center

SUMMARY #56 REHABILITATION SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. 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, hemiplegia, 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. The Bureau of Rehabilitation is 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 and supported employment.
3. SERVICES PROVIDED - The following services are provided through individual case management, including 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. Supported employment opportunities are expended for the most severely disabled.
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. Services to school aged youth who are in transition from school to employment will be emphasized. Supported employment opportunities for the most severely disabled will be expended.
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 mental health and mental retardation.
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. Expanding services to head injured people and expanding supported employment opportunities for the most severely disabled also create needs to formulate new policy relating to the most severe disabilities.

SUMMARY #56 CONTINUED		ALL REHAB APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL REHAB SERVICES RENDERED WITH DHS ADMINISTERED FUNDS					
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Projected	Actual Services				Projected
REHABILITATION SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services				Services
Year Ending: June 30, 1985		June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	9/30/85	9/30/86	9/30/87	9/30/88	9/30/89	
STATE GENERAL FUND							Number of People Served and Units				
Rehab. Administration	1325.1	\$ 208,798	\$ 152,229	\$ 303,346	\$ 395,537	\$ 334,430	of Services (Duplicated)				
Voc. Rehabilitation	1325.2	1,449,882	1,413,461	1,826,174	1,627,873	2,013,350					
STATE GENERAL FUND SUBTOTAL		\$ 1,658,680	\$ 1,566,690	\$ 2,129,520	2,023,410	2,347,780					
FEDERAL FUND											
Rehab. Administration	3325.1	\$ 591,826	\$ 676,640	\$ 768,833	\$ 1,011,007	\$ 847,630					
Voc. Rehabilitation	3325.2	5,613,122	6,404,570	8,512,885	7,928,688	9,385,455					
FEDERAL FUND SUBTOTAL		\$ 6,204,948	\$ 7,081,210	\$ 9,281,718	8,939,695	10,233,085					
OTHER FUNDS											
Rehab. Administration	4325.1	\$ 102,000	\$ 63,636	\$ 178	\$ 0	\$ 200					
Voc. Rehabilitation	4325.2	322,000	121,593	91,808	52,381	101,220					
OTHER FUNDS SUBTOTAL		\$ 424,000	\$ 185,229	\$ 91,987	52,381	101,420					
GRAND TOTAL REHAB. SERVICES											
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 8,827,628	\$ 8,833,129	\$ 11,503,225	\$ 11,015,486	\$ 12,682,285	7,424	7,795	6,574	6,020	6,321
Rehabilitation Gen. Off. Admin.											
PURCHASED SERVICES SUBTOTAL		\$ 8,287,628	\$ 8,833,129	\$ 11,503,225	\$ 11,015,486	\$ 12,682,285					

1. Combined Bureau Administration and Central Office Administration.

TYPES OF REHABILITATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES						Duplicated Count					
Diagnostic & Evaluation	\$ 405,264	\$ 341,720	\$ 595,239	\$ 428,222	656,250	5,978	4,836	4,482	4,478	4,702	
Total Restoration	131,188	430,674	612,444	469,085	675,220	2,166	1,972	1,612	1,337	1,405	
Training A. College & University	25,275	94,953	271,002	179,850	298,780	516	488	530	363	381	
B. Business & Trades	47,225	26,749	66,702	48,419	73,540	194	155	159	169	177	
C. Personal & Voc. Adjust		641,264	1,318,364	714,881	1,453,500	80	1,095	1,224	782	832	
D. All Other	104,484	150,494	78,728	365,592	86,800	532	266	357	340	357	
E. Total Training	176,566	1,113,450	1,734,996	1,327,742	1,912,620	1,548	2,004	2,290	1,664	1,747	
Counseling and Placement Only						236	233	244	338	355	
Maintenance	78,148	213,007	364,816	265,323	402,210	1,033	759	950	756	794	
Post Employment			16,599		21,860	108	97	198	261	274	
All Other	146,697	153,627	796,630	1,110,133	878,505	2,397	2,122	2,206	2,280	2,394	
Regional Administration	792,190	2,307,722	3,568,956	3,727,091	3,934,780	N/A	N/A	N/A	N/A	N/A	
TOTAL TYPES OF SERVICES											
RENDERED BY ONE STATE AGENCY		\$ 1,730,093	\$ 4,560,200	\$ 7,689,910	7,327,556	8,478,445	13,454	12,024	11,994	11,114	11,671

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

We estimate that Maine has 7,000 deaf and severely hearing impaired people. Approximately 2,500 citizens are blind and 5,000 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 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 individuals to receive appropriate education, keep them functioning at grade level, allow them to compete socially, and maintain maximum independence relative to employment, 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, vocational, and educational evaluations, counseling and guidance, orientation and mobility training, braille instruction, low vision aides, consultation and direct teaching, and advocacy. 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 ICCRHC, the Division of Deafness works closely with the Governor Bexter School for the Deaf [GBSD] and the 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 itinerant academic/developmental 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	Actual	Projected		Actual	Projected			
SERVICES TO PEOPLE WITH SPECIAL		Expenditures	Expenditures	Expenditures	Expenditures		Services	Services			
PHYS. CHARACTERISTICS											
	Year Ending: June 30, 1985	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	9/30/85	9/30/86	9/30/87	9/30/88	9/30/89
STATE GENERAL FUND							Number of People Served and Units Of Services (Duplicated)				
Administration	1325.1	\$ 114,414	\$ 83,066	\$ 15,350	\$ 121,564	\$ 21,100					
Voc. Rehabilitation	1325.2	524,847	392,359	316,185	330,960	386,060					
Division of Eye Care	1325.4	586,791	596,584	659,210	745,560	740,622					
STATE GENERAL FUND SUBTOTAL		\$ 1,226,052	\$ 1,072,009	\$ 990,745	\$ 1,198,084	1,598,802					
FEDERAL FUND											
Division of Eye Care	3325.4	\$ 460,852	\$ 212,823	\$ 442,480	\$ 500,105	497,130					
FEDERAL FUND SUBTOTAL		\$ 460,852	\$ 212,823	\$ 442,480	500,105	497,130					
OTHER FUNDS											
Vending Stand	4325.4	\$ 11,290	\$ -0-	\$ 8,593	23,745	11,000					
OTHER FUNDS SUBTOTAL		\$ 11,290	\$ -0-	\$ 8,593	23,745	11,000					
GRAND TOTAL SPEC. PHYS. SERV.											
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 1,698,194	\$ 1,284,832	\$ 1,441,818	1,721,934	2,106,932	2,267	1,757	1,842	1,596	1,676
Special Phys. Char. Can. Off. Adm.											
SPECIAL PHYSICAL CHAR. SUBTOTAL		\$ 1,698,194	\$ 1,284,832	\$ 1,441,818	1,721,934	2,106,932					
TYPES OF SERVICES RENDERED TO PEOPLE WITH SPECIAL PHYSICAL CHARACTERISTICS BY THE DEPARTMENT OF HUMAN SERVICES											
Eye Care Pre-School		\$ 39,975	\$ 24,449	\$ 13,015	20,392	14,974	70	64	80	263	276
Educ. of Blind Child		524,865	384,416	539,776	619,078	621,019	160	134	164	252	266
Soc. Serv. Older Blind		18,683	179,136	109,186	108,299	125,820	14	12	8	116	123
Voc. Rehab. Blind		441,571	221,406	311,800	497,876	358,720	974	723	678	507	532
TTY		33,816	27,742	22,915	0	26,380	86	86	80	87	85
Personal Care Attendant		154,698	112,272	190,010	0	218,600	18	15	27	16	17
Independent Living Services		98,640	61,899	172,235	171,385	198,154	-	43	282	281	295
Serv. to Hearing/Speech Impaired		431,145	224,364	296,644	296,811	334,380	947	680	523	381	400
All Other Gen. VR		2,601,118	2,627,089	2,653,319	2,903,862	3,052,600	-	-	-	-	-
TOTAL TYPES OF SPEC. PHYS. SERVICES RENDERED BY ONE STATE AGENCY							2,267	1,757	1,842	1,903	1,994

SUMMARY #51 CHILD AND FAMILY HEALTH SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

- A. Handicapped 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 28,000 pregnant women, children and newborns receive genetic screening and services.
- C. Public Health Nursing Program: geographic isolation and/or low income or knowledge deficit 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 (ICOPHC), Zero to Three Committee.

6. POLICY ISSUES.

Assuring the availability and provision of comprehensive preventive health care to Maine's handicapped pre-school population.

SUMMARY #51 CONTINUED

ALL CSF HEALTH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL CSF HEALTH SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts)

CHILD AND FAMILY HEALTH

	Actual	Actual	Actual	Actual	Projected	Actual Services	
	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	Sept. 30, 1987	Sept. 30, 1988
STATE GENERAL FUND						Number of People Served and Units of Services (Duplicated)	
By Name	1310.1						
	1316.1						
Handicapped/Crippled Children (1316.1710)	\$ 489,840	\$ 366,511	\$ 321,038	\$ 452,720	\$ 590,000	2,000 clients	2,096 unduplicated
Genetic Diseases	78,813	102,186	204,986	126,780	233,273	30,830 visits	30,820 unduplicated
Public Health Nursing	1,499,306	1,530,656	1,318,714	1,665,629	1,765,586	18,000 visits	12,000
1310.1						4,800 clients	3,200
MCH Grants & Services 1316.1700		1,170,564	1,658,610	1,715,116	1,454,000	10,000 clients	15,688 unduplicated
Medical Eye Care 1316.1800	366,551	232,101	222,823	241,555	483,000	2,200 clients	2,161 unduplicated
STATE GENERAL FUND SUBTOTAL	\$ 2,434,510	\$ 3,402,018	\$ 3,726,151	\$ 4,201,640	\$ 4,525,839		
FEDERAL FUND 9317.268317.4							
By Name 9317.668317.7	\$ 650,000	\$ 650,000	\$ 629,243	2,025,897	2,056,583		
MCH Grants & Services 9317.8							
Handicapped/Crippled Children	481,393	684,181	641,048	556,727	785,294	2,000 clients	2,096 unduplicated
Genetic Diseases	216,500	165,000	87,120	171,197	78,825		
Public Health Nursing	515,012	583,742	653,077	653,407	692,611	9,000 visits	12,000
9317.6 & 9317.7							3,200
Clearinghouse	80,500	95,083					
Well Child Clinic 9317.6010	37,924	40,630	39,236	48,185	49,831	6,935 visits	5,121 unduplicated
FEDERAL FUND SUBTOTAL	\$ 1,981,329	\$ 2,198,616	\$ 2,249,724	\$ 3,455,413	3,660,744		
GRAND TOTAL CHILD & FAM. HEALTH:							
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 5,255,725	\$ 6,681,878	\$ 5,975,875	\$ 7,657,253	\$ 8,186,583		
Health Cen. Off. Adm. (Apportioned)	82,100	82,100	82,100	82,100	82,100		
CHILD & FAMILY HEALTH SUBTOTAL	\$ 5,347,825	\$ 6,773,978	\$ 6,057,975	\$ 7,739,353	\$ 8,268,683		

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

1. medical specialty, diagnostic and treatment services	2,000	2,096
2. Newborn screening, AFP screening, fragile & screening counseling, services for children with hemophilia, pedigree analysis, laboratory testing, referral, diagnosis, case management	30,830	30,820
3. counseling, health assessment, immunizations, epidemiology, referral, monitoring treatment services	10,000	15,688
4. Public Health Nursing/Community Health Nursing services; well child clinics; school health services; specialty clinics, (handicapped children, tuberculosis); health education/counseling re. management of health problems, parenting.	10,000	15,200

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, nursing and non-nursing mothers of 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 assist individuals with nutrition related disorders and nutritional deficiencies by providing specific WIC foods and nutrition education.

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 80% 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	Actual	Actual	Projected		
HEALTH CARE REL. TO PREGNANCY		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services	
Year Ending: June		30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	Sept 30, 1987	Sept 30, 1988
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)	
Family Planning	1311.3	\$ 227,765	\$ 222,765	\$ 394,731	\$ 477,577	\$ 676,731		
Family Planning & Community Education & Information (CIG)				48,000	48,000	48,000		
Local Action Council					75,000	100,000		
STATE GENERAL FUND SUBTOTAL		\$ 227,765	\$ 222,765	\$ 442,731	\$ 600,577	\$ 824,731		
FEDERAL FUND								
Family Planning		652,440	668,800	668,800	660,870	666,600	33,000	31,899 clients
Family Planning Information & Education		165,375	165,380	181,740	181,740	181,740	21,000	23,672 clients
WIC	3310.2	\$ 7,689,726	\$ 8,139,283	\$ 8,580,335	\$ 9,394,043	\$ 9,394,043	227,319	225,454
Social Serv. Block Grant	9324.1							"client slots"
Adolescent Pregnancy	9317.8/9317.8	200,000	200,000	375,000	261,000	261,000	1,500	1,052
FEDERAL FUND SUBTOTAL		\$ 8,707,541	\$ 9,173,463	\$ 9,605,875	\$ 10,497,653	\$ 10,505,583		
GRAND TOTAL HEALTH REL. PREGNANCY								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 8,935,306	\$ 9,398,226	\$ 10,248,606	\$ 11,098,230	\$ 11,330,314		
Health Care Off. Adm. (Apportioned)		37,524	37,524	37,524	37,524	37,524		
HEALTH CARE REL. PREG. SUBTOTAL		\$ 8,972,830	\$ 9,435,752	\$ 10,286,130	\$ 11,135,754	\$ 11,367,838	282,819	282,077
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								
		\$ 1,045,580	\$ 1,056,945	\$ 1,293,271	\$ 1,368,187	\$ 1,575,271	54,000	55,571 clients
Adolescent Pregnancy Coalition - early prenatal care and support services								
		200,000	253,000	375,000	336,000	361,000	1,500	1,052 clients
WIC - Food and nutrition education								
		6,325,332	6,661,810	6,997,639	7,542,128	7,524,128	227,319	225,454 client slots
TOTAL TYPES HEALTH REL. PREGNANCY RENDERED BY ONE STATE AGENCY		\$ 7,570,912	\$ 7,971,755	\$ 8,665,910	\$ 9,246,315	\$ 9,478,399	282,819	282,077

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 are provided in conjunction with medical care, and are planned 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. 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. PHP - An average of 50,000 children and young adults are eligible for PHP services; e.g. to screen, diagnose, and treat.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT

1. Health Accounts - See A.1.
2. Medicaid - Provides 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. Drugs for Elderly - To provide life sustaining drugs to the disadvantaged elderly ineligible for Medicaid.
4. Boarding Home Care - Provide personal care or rehabilitative services to dependent adults. PHP - Inform eligible families about benefits of preventive health at the time of eligibility and according to a 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, occupational therapy.
3. ICF - Nursing care for clients classified as requiring ICF-level care. Drugs for the Elderly - Life sustaining drugs for diabetes, hypertension, cardiac problems, and arthritis. Reimbursement for insulin syringes was also added.
4. Boarding Home Care - Rooming, lodging, provision for psycho-social care as well as linking to medical care services. PHP - 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. Drugs for the Elderly - Assist this high use group in the purchase of specific medications.
4. Boarding Home Care - Adults needing supervision or protection; PHP - Children with no routine, or inadequate, health care.

5. INTER-DEPARTMENTAL COORDINATION

Continued emphasis on coordination when multiple service agencies are involved; continued involvement in the Child Health Policy Group.

6. POLICY ISSUES

Increases in the Medicaid fee schedule to raise reimbursement rates as a means of encouraging more providers to participate is an ongoing issue. The Department of Human Services 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, the mentally retarded, and 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 accommodate the needs of the State's population.

ICF = Intermediate Care Facility

PHP = Preventive Health Program (formerly EPSDT)

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	Actual	Actual	Projected	Actual Services	
MEDICAID SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988	
Number of People Served and Units of Services (Duplicated)								

STATE GENERAL FUND

Health Accts. Med. Care(1)	1316.1	\$ 1,846,829	\$ 2,157,018	\$ 2,709,947	\$ 3,220,139			
Medicaid	(2)	1316.1	35,747,438	40,945,139	45,679,687	50,874,987	not	136,145
ICF Care	(3)	1316.3	30,968,705	33,376,683	36,363,907	45,976,173	broken	9,448(1)
Catastrophic Ill. Program(6)	1316.2		997,559	172,619	108,229	---	down	270
Drugs for ME's Elderly	1327.2		1,723,772	1,803,624	2,061,383	2,606,734	by	17,770#
Boarding Home Care	(4)	1319.7	11,705,124	12,356,597	12,814,411	12,830,734	account	2,125
RHP** (Administration)	1315.1		782,267	881,109	883,658	1,086,067		46,600*
Medicaid Gen. Administration	1315.1		2,413,366	2,827,483	3,071,693	4,393,575		46,300*
STATE GENERAL FUND SUBTOTAL			86,185,060	94,520,272	103,692,915	120,988,410		

FEDERAL FUND

Medicaid-CN-MN-FP	(2)	3316.1	86,491,477	88,361,532	109,187,206	101,811,048	not	
ICF Care	(3)	3316.3	81,016,033	89,879,670	89,728,523	92,007,539	broken	
RHP** (Administration)		3315.1	782,267	814,003	867,932	1,086,067	down	
Medicaid Gen. Administration		3315.1	4,082,389	4,620,739	5,018,840	6,688,202	by	
TRANSPORTATION - BSS***[5]	3315-1990		271,704	123,053	N/A	N/A	account	
TRANSPORTATION - BME	(5)	3315-1991	72,216	37,829	N/A	N/A		
FEDERAL FUND SUBTOTAL			172,716,086	183,936,925	204,902,501	201,581,268		

GRAND TOTAL REL. MEDICAID SERVICES

ONE DEPT'S ALL SOURCES OF FUNDS	\$237,328,952	\$258,901,146	\$308,595,416	\$322,581,266	\$346,358,000			
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- (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 18 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 - Figures do not include State Share charged to other Bureaus and Departments.
- (4) Boarding Home Care, in addition to Care & Medical Expense also includes the State Match of the Public Assistance Grants.
- (5) Transportation is now included in (2).
- (6) Catastrophic Illness Program discontinued 6/30/87.

* Average number of eligible individuals at any given time

** Preventive Health Program [formerly EPSDT]

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*** These funds are not included in DHS Purchased Services (Summer SE)

Previous Calendar Year

[1] Previous Federal Fiscal Year

SUMMARY #5L. INCOME SUPPLEMENTAL PROGRAMS OF THE DEPARTMENT OF HUMAN SERVICES1. PROBLEM STATEMENT.

Categorically eligible programs administered by the Department include Aid to Families with Dependant 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 with respect to human dignity.

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. Develop integrated telephone subsidy program with Public Utilities Commission, Division of Community Services, and telephone companies.

5. POLICY ISSUES.

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

The Public Utilities Commission has ordered New England Telephone Company and CONTEL (Continental Telephone of Maine) to offer telephone installation 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. 10,000 Maine households benefited in calendar year 1985 from such subsidies and calendar year 1986 is expected to see more than 8,000 low-income households benefit. A monthly subsidy is planned for 1988.

SUMMARY #51 CONTINUED		ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS					INCOME SUPPLEMENTAL PROGRAMS WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Projected		Actual	Projected
INCOME SUPPLEMENTAL PROGRAMS		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures		Services	Services
Year Ending: June 30, 1985		June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989			6/30/86	6/30/87
Central Office - Administrative - Grant Costs - STATE GENERAL FUND						General Assistance	Total Cases Reported		
1318.1 AF/FS/QC/GA	\$ 1,828,502	\$ 2,290,252	\$ 2,385,940	\$ 2,887,424	\$ 3,123,694	Municipalities	71,700	64,640	
1319.1 AFDC Grants	18,448,903	22,047,468	23,489,317	23,310,371	23,883,210	Unincorporated			
1319.3 G.A. Payments	7,500,000	6,690,843	8,912,875	6,530,389	7,167,500	Townships	890	962	
1319.7 SSI State Support	11,191,290	12,356,597	12,814,411	12,845,998	15,355,947				
1307.4 AFDC-Reg. Adm.	2,385,534	3,029,661	5,240,190	2,152,079	2,533,148	Emergency Assistance			
1307.4 Food Stamps Reg. Adm.	2,328,951	4,782,908		2,774,842	3,266,184	Title IV-A Requests:	6,697	6,951	
1307.4 Medical Assistance Reg. Adm.	1,296,685	1,422,572	1,204,072	1,304,741	1,383,304	Grants:	3,529	3,431	
1318.2 Health Insurance Subsidy				0	730,000				
STATE GENERAL FUND SUB-TOTAL	\$ 44,979,865	\$ 52,620,301	\$ 52,046,605	\$ 51,605,844	\$ 57,442,987	SELU			
						Welfare Cases	31,168	31,822	
						Non-Welfare Cases	10,295	11,000	
FEDERAL FUND - Grant Costs						Amt. Collected Welfare	\$12,518,009	\$15,988,171	
3318.1 [AF/FS/QC-C, Q.]	0 3,306,050	0 3,975,133	0 4,642,421	0 5,307,567	6,421,736	Amt. Coll. Non-Welfare	\$ 4,625,879	\$ 7,789,352	
3319.1 AFDC Grants	45,588,171	54,899,594	52,196,132	47,799,371	56,665,478				
3307.4 Food Stamps Grants	62,080,260	58,288,000	51,780,420	47,370,158	48,000,000	AFDC* Cases:	18,080	18,677	
3307.4 AFDC Reg. Adm.	2,385,534	3,029,661	464,414	2,035,229	2,456,818	Recipients:		53,971	
3307.4 Food Stamps, Reg. Adm.	2,328,950	4,782,908	5,198,177	2,624,178	5,167,508	AFDC* Unemployed Parent			
3307.4 Medical Assistance Reg. Adm.	1,296,685	1,422,572	1,346,939	1,699,401	6,672,980	Food Stamps**			
FEDERAL FUND SUB-TOTAL	\$116,983,650	\$127,397,668	\$120,251,028	\$106,835,904	\$125,384,320	Cases:	46,268	43,614	
						F.S. Avg. No.			
						Recipients Monthly	114,426	103,179	
4318.1 Central Office SELU						Medicaid*** Cases:	62,800	53,473	
Special Revenue	424,538	628,345	769,463	317,015	1,425,000	Recipients:	110,000	93,175	
FINAL TOTAL	\$162,398,053	\$180,646,514	\$173,087,096	\$158,758,763	\$184,193,640				

AFDC = Aid to Families with Dependent Children

GA = General Assistance

SSI = Supplemental Security Income

FS = Food Stamps

SELU = Support Enforcement and Location Unit

Med. = Medicaid, Title XIX, SSI

QC = Quality Control

*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.

¹ Medicaid Payments to vendors are not included.

SUMMARY #5M. CENTRAL OFFICE ADMINISTRATION OF THE DEPARTMENT OF HUMAN SERVICES1. 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 Control 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. The physical separation of DHS Augusta Central functions due to lack of space is creating many managerial and programmatic problems. Twelve sites in total will be in use by 1989.
- B. A Data Base Management System for the Data Processing Division is greatly needed to keep up with ever expanding programmatic computerization needs.
- C. Ever-increasing federal auditing requirements for the Medical Assistance Program (Medicaid) and the ICF Program (nursing and boarding homes) will require additional staffing in order to comply.
- D. Payment of bills regionally (e.g. ASPIRE) requires added resources.

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	Actual	Projected	Projected	
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989		
STATE AND FEDERAL FUNDS						
QADAP Administration	\$ 67,342	\$ 63,328	\$ 71,263	\$ 74,160	\$ 77,413	The money figures in this section are
Social Services Administration	1,567,175	1,778,406	1,892,923	1,969,920	2,056,723	approximations subject to changes.
Maine's Elderly Administration	99,107	91,128	109,177	113,615	118,739	In Fiscal Year 1987, a cost allocation plan
Rehabilitation Administration	257,425	251,008	313,185	286,162	280,550	was developed for Fiscal Year 1989 and used
Health Central Office Admin.	676,225	738,534	794,671	826,996	864,349	provisionally for Fiscal Year 1988. Overall
Medicaid Central Office Admin.	887,331	929,861	1,089,623	1,133,943	1,185,061	for the Department of Human Services the
Income Supplementation	859,299	968,536	1,055,771	1,098,713	1,148,391	indirect cost is 6.9%. The current
Disability Determination Admin.	67,202	77,317	81,046	84,350	87,308	administrative cost rate by program area is:
TOTAL CENTRAL OFFICE ADMIN.	\$ 4,481,106	\$ 4,898,118	\$ 5,407,659	\$ 5,569,889	\$ 5,820,534	

Alcohol and Substance Abuse -- 8.2%*

Social Services - including Children's Services, Adult Services, Refugees, Purchased Services, Family Services -- 8.2%

Rehabilitation -- 5.8%

Elderly -- 3.4%

Medical Services -- 7.2%

Health -- 8.2%

Disability Determination -- 6.5%**

Income Supplementation -- 5.0%***

* Those programs in the Bureau of Health are 7.9%, but are the smaller portion.

** Provisional Indirect Cost Rate for Fiscal Year 1986

*** Provisional Indirect Cost Rate for Fiscal Year 1989

The final rates for 1987 will be submitted to the Federal Department of Health and Human Services, Division of Cost Allocation for approval in May, 1989.

TYPES OF ADMINISTRATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Audit, budget, check writing, personnel services, property insurance, purchasing, records storage and disposal, security and space are services provided by State Central Services.

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

DEPARTMENT OF TRANSPORTATION

SUMMARY 6: 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 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 serve 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 biennial 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 are shared by DOT, DHS, and DMHMR. 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 #6: CONTINUED

TRANSPORTATION OF ELDERLY AND HANDICAPPED, DEPARTMENT OF TRANSPORTATION

ALL SOURCES OF FUNDS (By Accounts)	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1985 June 30, 1987
STATE GENERAL FUND	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	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	\$ 400,000	\$ 400,000	\$ 400,000	
FEDERAL FUNDS						
16 (b) (2) (EGH Capital)	\$ 221,664	\$ 222,813	\$ 246,934	\$ 275,710	\$ 276,195	
Section 18 (Rural Subsidy)	687,648	766,005	775,280	803,024	704,102	
Section 9 (Urban Subsidy)	1,676,106	1,729,170	1,457,694	1,408,902	1,262,001	
FEDERAL FUNDS SUB-TOTAL	\$ 2,585,618	\$ 2,717,988	\$ 2,479,908	\$ 2,487,536	\$ 2,242,298	
TOTAL FEDERAL AND STATE FUNDS	\$ 2,985,618	\$ 3,117,988	\$ 2,879,908	\$ 2,887,536	\$ 2,642,298	

DEPARTMENT OF LABOR

1988 Maine Social Services ReportSUMMARY 7: 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 Act [JTPA] establishes programs to prepare youth and unskilled adults for entry into the labor force and 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 Maine Human Resource Development Council (MHRDC) Plan, the Private Industry Councils (PICs) that govern the three Service Delivery Areas (SDA) 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 and adjusted to reflect local market conditions.

Small set-asides of funds under JTPA are also administered by the Department to:

1. serve economically disadvantaged older workers;
2. promote cooperative efforts with public education institutions in serving disadvantaged youth and adults; and
3. provide incentive grants to SDA's 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, 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 are under review by the Maine Human Resource Development Council. In addition, the growing problem of worker dislocation and the rapid growth of the service sector raise great need for policy and strategies that more closely align training and retraining efforts with economic development activities in the State. Further, integrating JTPA programs with new State initiatives such as ASPIRE and STAR requires continuing dialogue at all levels.

SUMMARY 7, CONTINUED: MAINE TRAINING INITIATIVE; ADMINISTRATIVE BY THE DEPARTMENT OF LABOR

1. PROBLEM STATEMENT.

Increasing needs among Maine's employers and workers cannot be met appropriately by programs under the Jobs Training Partnership Act (JTPA). Eligibility and program restrictions hamper the efforts of Private Industry Councils (PIC's) and their Service Providers. To increase funding and needed flexibility to this system, the Legislature passed L.D. 1275, AN ACT to Enhance the Job Training Partnership Act, also known as the Maine Training Initiative (MTI).

2. PURPOSES/GOALS/EXPECTED OUTCOMES.

The MTI provides for increased flexibility to Private Industry Councils in serving businesses and individuals in need of training assistance by making additional funds available, by targeting broader groups of individuals and businesses than under JTPA, and by allowing more varieties of services than under JTPA.

3. SERVICE PROVIDED.

Services provided include all those mentioned above under JTPA and those included in L.D. 1275.

4. PRIORITIES FOR SERVICE.

Priorities for service are listed in the text of L.D. 1275. They include service to the unemployed, low income individuals, the working poor, displaced workers, individuals with employment difficulties such as lack of advancement opportunities, individuals who face the threat of job loss, persons who are technically ineligible for JTPA and others with traditional barriers to employment. Priorities for service to employers include employers with job openings, employers who lack training resources, employers in expanding industries and employers who have durable occupations. Additional priorities are developed by individual Private Industry Councils.

5. INTER-DEPARTMENTAL COORDINATION.

Coordination with other organizations is achieved through ongoing cooperative agreements, both formal and informal, in place with each Private Industry Council, and by continuing oversight by the Maine Human Resource Development Council (MHRDC). Major targets for coordination include education agencies, MDHS, economic development groups, Maine Job Service, and other employment and training agencies.

6. POLICY ISSUES.

L.D. 1275 is an outgrowth of concern over a changing economy and labor force and Maine's restricted employment and training resources. L.D. 1275 constitutes the State's first direct involvement in employment and training through the JTPA system. The effect of this law on the system's capacities, and the effect of these capacities on the changing work force needs, remain to be evaluated by the Legislature and employment and training professionals.

SUMMARY 7, CONTINUED: STRATEGIC TRAINING AND ACCELERATED REEMPLOYMENT PROGRAM (STAR): ADMINISTERED BY THE DEPARTMENT OF LABOR

1. PROBLEM STATEMENT.

Individuals laid off from jobs in Maine are increasingly subject to a job market which requires different or higher job skills than those possessed by the worker. This often results in a longer period of unemployment and/or securing a new job with lower wages than expected. The Legislature passed L.D. 2494 as a means of intervening in these labor market phenomena.

2. PURPOSES/GOALS/EXPECTED OUTCOMES.

STAR seeks to decrease periods of unemployment among Maine's insured unemployed, to increase the level of wages achieved for those returning to work through the program, and to increase the skills levels of these individuals as compared to present conditions..

3. SERVICE PROVIDED.

STAR provides for development of individual employability plans through extensive vocational assessment of participants, and payment of up to three thousand dollars (\$3,000) in overall training costs as a means to placement in appropriate jobs. Vocational assessment and training services are provided through DOL's job training system.

4. PRIORITIES FOR SERVICE.

Individuals receiving unemployment insurance are recruited soon after becoming unemployed. Services are provided on a first come, first served basis, and as a function of a collateral decision between the individual and job training system via proposed services described in the individual employability plan.

5. INTER-DEPARTMENTAL COORDINATION.

Since the program is administered by the Department of Labor and operated by the Job Training System's Private Industry Council (PIC) and Service Delivery Areas (SDA's), coordination is achieved through a number of specific, standing collaborative, public planning procedures and representative membership as required by JTPA and MTI. These include Private Industry Councils, the Maine Human Resources Development Council, and related institutional interface.

6. POLICY ISSUES.

L.D. 2494 is in its first year of implementation. Policy issues around its implementation and its operation have not yet become clear.

SUMMARY #7, CONTINUED

JOB TRAINING PARTNERSHIP ACT, DEPARTMENT OF LABOR

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services	
Year Ending:	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1987	June 30, 1988
<u>ALL FEDERAL FUNDS</u>						
JTPA (Federal)						
Title II-A	\$ 8,542,410	\$ 7,382,652	\$ 7,048,888	\$ 6,241,482	5,980	5,408
Title II-B	3,685,580	3,047,333	2,628,037	2,400,000	1,942	1,937
Title III						
III-Formula	769,268	368,279	426,745	452,320	664	916
III-Discretionary	906,451	1,054,825	276,530	0	366	405
TOTAL JTPA	\$ 13,903,709	\$ 11,852,889	\$ 10,380,200	\$ 9,093,802	8,952	8,666
MTI (State)	\$	\$ 0	\$ 825,452	\$ 950,000	0	0
STAR (Federal)		0	0	1,900,000	0	0
TOTAL (Federal/State)	\$	\$ 11,852,889	\$ 11,255,652	\$ 11,943,802	8,952	10,487

Other related services provided by the Department of Labor:

1. Joint delivery with the Department of Human Services of Maine's Additional Support for People in Retraining and Education (ASPIRE).
2. Operation of Maine's Unemployment Insurance Program, the Maine Job Service, the Veterans Employment Program, and collaborative support of the Displaced Homemaker Project.

MAINE STATE HOUSING AUTHORITY

SUMMARY #8: MAINE STATE HOUSING AUTHORITY

1. PROBLEM STATEMENT - The estimated median income for the state of Maine in 1987 was \$26,237 for a four-person household which ranks Maine 42nd of the 50 states. Since the 1970's median income nearly doubled, while median housing costs more than tripled, Maine's housing stock is the oldest in the nation. Affordability and availability create severe strains on Maine citizens to obtain and maintain decent shelter.
2. MISSION - The Maine State Housing Authority (MSHA) is Maine's housing finance agency and local housing authority for those communities without an authority of their own. The mission of MSHA is to provide lower interest loans for a wide variety of programs to meet the housing needs of Maine's low and moderate income Maine households. MSHA also administers federal housing funds on behalf of the State.
3. SERVICES PROVIDED

Homeownership -- Through proceeds from the sale of tax-exempt bonds and the State's HOME fund, the home purchase program provides lower interest rate mortgage loans to low to moderate income first-time homebuyers. Home Improvement and Energy Conservation loans are provided when funds are available either through bond sales or other federal programs. Most energy conservation programs have been financed from federal oil overcharge funds, while home improvement loans use tax-exempt bonds and the HOME Fund. With the Farmers Home Administration (FmHA), the MSHA offers a Rural Housing Preservation Grant to make improvements to homes of low-income people.

Multi-Family Programs -- The Rental Loan Program uses MSHA tax exempt bonds and HOME funds to make low-interest mortgage loans for new rental housing. New low income rental housing also is provided through the MSHA/FmHA Rural Housing Program, which combines rental assistance from the MSHA HOME Fund with FmHA 1% mortgage loans. The Rental Rehabilitation Program is used to rehabilitate sub-standard rental housing for low-income tenants. Both a state and federal program are available. HOME Funds are used to reduce rents in the state program, while federal rental assistance certificates or vouchers are provided for units rehabilitated through the federal program. The MSHA has made available about 2,000 federal rental Certificates or Vouchers, which are used to provide rental assistance to low-income tenants in privately-owned apartments. Tenants with certificates or vouchers, and those living in units financed through the federal Section 8 New Construction and Moderate Rehabilitation programs pay no more than 30% of their income for housing. (The latter two programs are no longer adding new units.) The MSHA's New Housing Initiative Program provides grants or loans from the HOME Fund for innovative housing proposals, or to leverage other housing funds.

Special Housing Programs -- The MSHA finances homeless shelters in the state from its HOME Fund. The PATH program was developed to use rental assistance certificates to provide longer term housing for the homeless. The MSHA uses bond financing to provide low interest rate mortgage loans for boarding care facilities for the developmentally disabled and the mentally ill. A special demonstration program is helping make homes and apartments more accessible for persons with disabilities. The MSHA finances congregate care units for the elderly.
4. PRIORITIES FOR SERVICE - Housing needs for low and moderate income persons.
5. INTER-DEPARTMENTAL COORDINATION
 - A. Congregate housing and accessory apartments in cooperation with the Bureau of Maine's Elderly.
 - B. Group homes for developmentally disabled in conjunction with Department of Human Services, Bureau of Health, Bureau of Mental Health, Bureau of Mental Retardation and Bureau of Rehabilitation.
 - C. Energy programs in conjunction with the Office of Energy Resources.
 - D. Comprehensive Homeless Assistance Plan with the Department of Human Resources, Bureau of Mental Retardation, State Planning Office, Department of Education and Department of Labor.
 - E. Governor's Task Force on Affordable Housing with the Department of Economic and Community Development.
6. POLICY ISSUES.
 - A. More decent affordable housing, ownership/rental.
 - B. Homelessness.
 - C. Rehabilitation for existing structures.
 - D. Housing for special need populations.

SUMMARY #8, CONTINUED

MAINE STATE HOUSING AUTHORITY — ALL APPROPRIATIONS, ALLOCATIONS, ALLOTMENTS

	Revenues Year Ending December 31, 1985	Revenues Year Ending December 31, 1986	Revenues Year Ending December 31, 1987
State Appropriated Income	\$ 0	\$ 0	\$ 500,000 ⁽¹⁾
<hr/>			
<u>Programs Offered by MSHA</u>	Cumulative Housing Funds Generated ⁽²⁾ Since MSHA Founded	Number of Units 1986 (Cumulative)	Number of Units 1987 (Cumulative)
1. Single-Family Purchase	\$631,000,000	14,185	15,835
Single-Family Home Improvement	10,394,164	1,831	1,831
2. Multi-Family Program (Federal Section Eight)			
New Construction/Substantial Rehabilitation	149,000,000	4,565	4,565
Moderate Rehabilitation	[3]	389	389
Existing Certificate	-0-	2,000	2,174
Rental Rehabilitation Program (Federal)	10,365,000	960	1,095
Rental Rehabilitation Program (State)	136,000	-0-	50
3. Rental Housing Loan Program (Non-Section 8)			
New Construction/Substantial Rehabilitation	15,773,225	471	471
Purchase/Improvement	610,000	34	34
4. Community Housing Programs			
Homeless Shelters	2,254,000	170	495 beds
Farmers Home S15 Rental Assistance	7,818,000	72	156
Small Projects Initiatives	1,868,000	54	54
Rural Housing Preservation Costs	1,200,000	60	115
New Housing Initiatives Program	8,500,000	-0-	241
Handicapped Accessibility Program	250,000	-0-	25

[1] Flood Assistance.

[2] Does not include bond reserves.

[3] No estimate on amount of private loans generated.

DEPARTMENT OF CORRECTIONS

1988 Social Services ReportSUMMARY 9A: SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS1. 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 to that end 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 funded.

3. SERVICES PROVIDED.

To provide or assist in the provision of correctional services relating to all facets of rehabilitation and community life adjustment. The services shall be limited to: (1) correctional institutions; (2) services to the courts; (3) pre-delinquency services; (4) diversionary services; (5) pre-release and halfway house services; and (6) after-care and post-release services.

4. PRIORITIES FOR SERVICE.

Traditionally, the Department of Corrections' mission has been to protect society from 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 better 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; and
- D. that efforts are 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 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 #9A CONTINUED

SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS						
	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures
Year Ending: June 30, 1984	June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989
DEPARTMENT OF CORRECTIONS						
*Alcohol Services	\$ 235,266	\$ 219,976	\$ 267,143	\$ 370,698	\$ 485,020	\$ 545,437
**Community Correctional Services	939,840	1,035,740	1,304,461	1,528,152	1,996,760	2,410,326
Social Services	167,489	196,085	193,666	221,138	334,582	351,309
TOTAL	\$ 1,175,106	\$ 1,451,811	\$ 1,765,270	\$ 2,119,988	\$ 2,816,362	\$ 3,307,072
	Actual Expenditures 1984	Actual Expenditures 1985	Actual Expenditures 1986	Actual Expenditures 1987	Actual Expenditures 1988	Projected Expenditures 1989
SOCIAL SERVICES						
Maine Youth Center	\$ 48,984	\$ 54,696	\$ 55,730	\$ 59,107	\$ 84,070	\$ 67,273
Maine Correctional Center	50,713	53,309	56,821	70,755	86,181	90,500
Maine State Prison	67,812	84,447	79,015	91,278	151,981	159,590
Dowd Correctional Facility					32,330	33,946
TOTAL	\$ 167,489	\$ 182,452	\$ 193,666	\$ 221,138	\$ 334,582	351,309

*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 has referral and emergency placement services provided with these funds. The Division also 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 partially utilized to contract with 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 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 and 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 services 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 and Probation and Parole 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.

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures
Year Ending: June 30, 1984	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	
STATE GENERAL FUNDS						
1371.7 Juvenile Justice Program						
Positions	(1)	(1)	(1)	(1)	(1)	(1)
Personal Services	\$ 32,000	\$ 31,230	\$ 32,809	31,380	35,790	
All Other	45,070	81,322	37,435	14,679	45,200	
Sub-Total General Fund	\$ 77,070	\$ 112,552	\$ 70,244	\$ 46,059	\$ 80,990	
FEDERAL GRANTS						
3371-7001 Other Grants	\$ 164,717		\$ 156,167	\$ 162,206	\$ 170,261	\$ 157,201
3371-7004 Jail Monitoring Grant						
Positions	(1)	(1)	(1)	(1)	(1)	(1)
Personal Services	20,966	24,814	27,100	29,306	33,286	36,375
All Other	11,192	12,898	8,833	8,942	4,214	4,424
3371-7005 Administration						
Positions	(1)	(1)	(1)	(1)	(1)	(1)
Personal Services	14,997	16,875	19,352	16,225	15,881	17,830
All Other	1,878	—	123	248	240	260
3371-7007 Advisory Group Support						
Personal Services	—	3,553				
All Other	11,250	7,697	13,625	8,075	7,338	8,910
Sub-Total Federal Grants	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 231,000	\$ 225,000
GRAND TOTAL STATE AND FEDERAL	N/A	\$ 302,070	\$ 337,552	\$ 295,244	\$ 277,059	\$ 305,990

SUMMARY 98 CONTINUED:

(1) 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 Council, State agencies, private youth services providers, and the 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; and
- Technical assistance to grantees of State and Federal program funds.

All Other

Various grants to State and not-for-profit agencies, principally, to assist in compliance with Federal Juvenile Justice and Delinquency Act requirements and improve information systems which permit monitoring for compliance with State and Federal program requirements.

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 1988-89).

- Priorities:
- Youth Advocacy;
 - Removal of Juveniles from Adult-Serving Jails and Lock-ups;
 - Residential and Non-residential Dispositional Alternatives for Juveniles;
 - Training for Juvenile Justice System Personnel; and
 - 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 administering board's (JJAG) expenses for State and Federal programs.

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

1988 Social Services ReportSUMMARY 10: DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES: THE INTERDEPARTMENTAL COORDINATION SYSTEM FOR INFANTS AND CHILDREN WHO ARE HANDICAPPED OR AT-RISK, AND THEIR FAMILIES1. PROBLEM STATEMENT.

In Maine, services for special needs infants and preschool children are provided by many individuals, state and local government agencies, and private organizations. The 0 - 5 coordination system was developed to create a statewide delivery system for services by coordinating the efforts of these various public and private providers, acting in partnership with parents.

2. MISSION.

A coordination site serves as a local resource to its residents, reflecting the commitment of the community in these activities. The active participation of representatives from the private and public sector, including those from the Department of Mental Health and Mental Retardation, the Department of Human Services, and the Department of Educational and Cultural Services, provides a supportive and collaborative resource for families. Parents and providers work together, not only benefiting individual children, but also in advocating for the improvement of all services for children with special needs and for their families.

3. SERVICES PROVIDED.

The sites act:

- * as a central point of referral in the community where parents, health professionals, educators, and providers can turn when they have questions about the physical, mental, emotional, or social development of a young child;
- * to help identify the special strengths and needs of infants and young children, and then work with appropriate providers to develop individualized, appropriate programs that are responsive to those needs and strengths;
- * to facilitate a smooth transition into public school for families with children receiving early intervention services.

4. PRIORITIES FOR SERVICE.

The sites serve:

- * handicapped and at-risk infants and children, ages 0 - 5;
- * parents of children 0 through five who have concerns about their child's development;
- * the community at large when it requests information about the special needs of young children;
- * providers of services for preschool handicapped children in the ongoing development of coordination, services or resources, and training.

5. INTER-DEPARTMENTAL COORDINATION.

Management of this program is the responsibility of the Interdepartmental Coordinating Committee for Preschool Handicapped Children, which includes representatives from the Departments of Educational and Cultural Services, Human Services, and Mental Health and Mental Retardation, as well as Parents, MADSEC, Headstart, the Developmental Disabilities Council, and AYCSN.

6. POLICY ISSUES.

How can an adequate range of services and a sufficient amount of services be provided to the expanding population of infants and preschool children with special needs under P.L. 99-457, toward an interdepartmental mandate to comply with federal law by 1990-91?

How will financing for early intervention services be identified? secured? insured? equitable? accessible?

How will Maine assure adequate and well-prepared professionals through all specialty areas, to serve the 0-5 population?

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

STATE GENERAL FUNDS

FEDERAL FUNDS

Part H (0-2)	244,444	327,844
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Section 818 (3-5)	1,481,823	3,288,498
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The sites in 1987:

Received 2,335 referrals,
Screened 4,842 children,
Evaluated 2,487 children,
Managed 2,901 cases (sites only), and
Placed 5,987 children in
6,898 services.

EPILLOGUE -

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.

Printed From Appropriation #1320,1010