

MAINE STATE LEGISLATURE

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MAINE
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1990 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

November 28, 1990

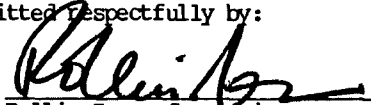
To The Honorable John R. McKernan, Jr., Governor:


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 1990 Social Services Report which has been developed pursuant to 5 M.R.S.A., Chapter 148-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.

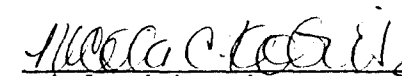
The report is intended to enhance Maine citizens' understanding of our complex social service system. It summarizes agency missions, lists services offered, populations served and the costs of these services.

It offers the most recent information on cost expenditures for State fiscal years '89 and '90 and projected State fiscal year '91 costs. 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


Robert Glover, 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; The report describes how state administered funds are expended or proposed to be invested to help people.
AND 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.

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 nearly 900 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

1990 Maine Social Services Report

SUMMARY #1 TOTAL SOCIAL SERVICE FINANCES AND PROGRAMS ADMINISTERED BY THREE STATE AGENCIES SHOWN BY BROAD CLASSES OF SERVICES

STATE AGENCY AND BROAD CLASSES OF SERVICES	ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS			ALL SERVICES RENDERED WITH STATE ADMINISTERED FUNDS		
	Actual	Actual	Actual	Actual	Actual	Projected
	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending:	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991
<u>DIVISION OF COMMUNITY SERVICES</u>						
Community Services Block Grant	\$ 1,682,634	\$ 1,717,110	\$ 1,856,053	\$ 1,969,121	\$ 1,866,733	\$ 1,866,733
Home Energy Assistance Program	20,934,192	19,990,325	19,202,638	18,147,670	18,278,348	18,232,500
Weatherization Program	8,445,166	8,226,434	8,732,287	9,655,932	10,422,462	6,731,500
Head Start	1,693,737	1,943,651	2,014,198	2,002,846	2,299,172	2,364,332
TEFAP	317,847	309,948	284,484	93,686	180,000	180,000
Other Programs	317,847	358,804	350,544		361,700	61,700
Purchased Services Subtotal	34,890,099	34,682,032	32,155,720	31,869,255	33,408,415	29,436,765
Central Office Admin.	1,308,544	1,540,078	1,593,028	1,786,017	2,285,533	1,636,424
DIVISION SUBTOTAL	36,383,476	36,106,107	33,748,748	33,655,272	35,693,948	31,073,189
<u>DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION</u>						
Bureau of Mental Health	40,849,865	43,309,990	48,701,619	56,949,941	69,954,014	70,379,732
Bureau of Mental Retardation	32,175,168	32,157,964	38,180,868	39,909,409	48,257,051	43,758,274
Bur. of Children w/ Special Needs	7,403,187	8,281,167	9,128,910	10,011,907	11,796,633	12,684,522
Alcohol & Substance Abuse Services	265,026	599,000	798,050	864,980	804,080	804,080
Developmental Disabilities Council	300,000	298,259	279,198	370,421	314,101	-
Department Admin. ²	2,655,375	2,193,828	2,934,048	3,277,414	3,974,124	4,049,812
DMH&MR TOTAL	84,053,687	86,840,208	100,517,993	111,384,072	134,785,902	131,676,420
<u>DEPARTMENT OF HUMAN SERVICES</u>						
Alcohol & Substance Abuse Services	6,179,192	6,685,761	8,457,088 ²	9,244,925 ²	10,338,483	1,226,251 ⁵
Adult Services	2,619,000	2,746,000	3,338,000	3,318,000	2,944,033	3,238,049
Children Services	34,102,000	39,460,000	38,882,000	44,543,000	47,379,000	47,984,000
Purchased Services	18,633,666 ²	19,175,234	21,260,000	25,365,000	27,791,000	29,622,000
Elderly Services	9,801,392	9,903,971	10,873,447	13,072,341	12,799,863	14,941,771
Rehabilitation Services	8,833,129	11,503,225	11,015,486	11,938,974	11,595,377	14,038,786
Special Physical Characteristics	1,284,832	1,441,818	3,993,668	5,018,164	5,616,735	6,453,682
Health Services	14,996,862	16,224,481	18,755,483	19,225,434	21,311,887	25,053,996
Medicaid Services	286,797,032	309,596,684	344,077,892	390,528,584	424,741,512	473,698,918
Income Maintenance ⁴	180,646,514	173,087,096	158,758,763	173,886,343	219,547,642	235,250,629
Department Central Office	4,768,490	5,407,659	6,059,600	6,370,065	7,203,277	7,707,506
DHS SUBTOTAL	568,662,100	595,231,929	590,504,994	678,628,038	791,268,809	858,215,588
<u>GRAND TOTAL THREE STATE AGENCIES</u>	\$689,099,272	\$718,178,244	\$724,771,735	\$819,283,310	\$961,748,659	\$1,021,965,197

Other State Agencies are not included in this summary.

- 1 Excludes Family Planning funds which are included in Health: 2 During FY 1988, the Driver Education Evaluation Program and the Maine Alcohol and Drug Clearinghouse merged with OADAP, which accounts for the significant increase in all sources of funds. 3 Beginning with Projected FY 88, DMH&MR Admin. reflects the inclusion of State Forensic Services: 4 Previous reports referred to Families at High Risk which are now included in Income Maintenance. 5 Office of Alcoholism and Drug Abuse Prevention underwent major changes in 1990 which included reduction in staff who subsequently became part of the new Office of Substance Abuse. Figures for Alcohol & Substance Abuse Services show fluctuations from past years averages as a result of this change.

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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	Projected Services
Year Ending: June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	

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
Hone Energy Assistance Program	64,608	62,634	62,364	58,707	63,028	62,870
Weatherization Program	6,558	5,252	4,375	6,537	6,514	4,201
Head Start	721	724	724	724	724	724
TEFAP				118,108	120,000	120,000
Other Programs	189,000	189,000	189,000	n/a	N/A	N/A

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Bureau of Mental Health ¹	27,930	32,901	26,408	28,562	30,371	31,000
Bureau of Mental Retardation ¹	7,996	6,269	6,370	6,353		
Office of Children's Services	-	-	-	-		
Bur. of Children w/Special Needs	9,802	-	14,613	14,900	14,925	15,000
Alcohol & Substance Abuse Services	1,845	1,750	2,000	2,100	2,600	3,000
Developmental Disabilities	8,450	8,000	9,300	9,600		
Department Administration	N/A	N/A	N/A	N/A		

DEPARTMENT OF HUMAN SERVICES

Alcohol & Substance Abuse Services	12,165 people	10,459 people	10,839 people	11,000 people		
Adult Services	3,781 people	3,640 people	3,710 people	3,639 people	3,650 people	3,665 people
Children Services	21,533 people	20,970 people	20,363 people	19,433 people	18,354 people	19,000 people
Families At High Risk	823 families	880 families	949 families	1,250 families	*	*
Purchased Services	24,706 people	38,821 people	37,236 people	40,113 people	43,650 people	45,000 people
Elderly Services	57,082 people	58,795 people	50,577 people	64,636 people	49,680 people	49,635 people
Rehabilitation Services	7,424 people	6,574 people	6,020 people	6,400 people	4,826 people	4,247 people
Special Physical Characteristics	1,757 people	1,842 people	1,520 people	2,772 people	2,431 people	2,260 people
Health Services	328,084 people	345,000 people	347,588 people	350,175 people	370,328 people	370,000 people
Medicaid Services	342,703 people	343,000 people		105,449 people	145,018 people	157,000 people
Income Supplementation	An unduplicated estimate would approach 100,000 people.				154,599 people	173,380 people

¹ Substantial changes in individuals served in FY 87 and 88 is primarily related to transfer of funds and responsibility for services to the Bureau of Children with Special Needs.

* No longer a separate category, included in Income Supplementation

Other state agencies are not included in this summary.

PROGRAM SUMMARIES

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DIVISION OF COMMUNITY SERVICES

1990 Maine Social Services Report

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. GOALS AND OBJECTIVES.

To provide a range of services and activities which positively impact on the causes and conditions of poverty.

3. SERVICES PROVIDED.

Services include outreach activities to communities, information and referral, community development, transportation services and volunteer 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 poverty.

5. INTER-DEPARTMENTAL COORDINATION.

Information is shared and services are coordinated with the Department of Human Services, Maine State Housing Authority, Department of Labor and Department of Mental Health and Mental Retardation.

6. POLICY ISSUES.

Identifying and addressing the causes and conditions of poverty in such a way as to empower low-income individuals and families allowing them to move out of their poverty status.

<u>SUMMARY #3A CONTINUED</u>		<u>ALL CSBG APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS</u>				<u>ALL CSBG SERVICES RENDERED WITH DCS ADMINISTERED FUNDS</u>										
<u>ALL SOURCES OF FUNDS (By Accounts)</u>		Actual	Actual	Actual	Actual	Actual	Projected	Actual								
<u>COMMUNITY SERVICES BLOCK GRANT</u>		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Services								
<u>Year Ending:</u>		<u>June 30, 1986</u>	<u>June 30, 1987</u>	<u>June 30, 1988</u>	<u>June 30, 1989</u>	<u>June 30, 1990</u>	<u>June 30, 1991</u>	<u>June 30, 1989 June 30, 1990</u>								
						<u>Number of People Served and Units of Services (Duplicated)</u>										
<u>STATE GENERAL FUND</u>																
STATE GENERAL FUND SUBTOTAL																
<u>FEDERAL FUND</u>																
Community Services Block Grant	\$	1,750,105	\$	1,846,690	\$	1,716,189	\$	1,856,957	\$	1,757,951	\$	1,757,951				
Homeless						197,301		103,217		101,988		101,988				
Head Start						10,079		8,947		-0-						
FEDERAL FUND SUBTOTAL	\$	1,750,105	\$	1,846,689	\$	1,923,569	\$	1,969,121	\$	1,859,939	\$	1,859,939				
<u>OTHER FUNDS</u>									Not available. These funds are used to support all of the Community Agency Programs.							
CDA Scholarship Program								\$						6,794	\$	6,794
OTHER FUNDS SUBTOTAL								\$						6,794	\$	6,794
GRAND TOTAL CSBG	\$	1,750,105	\$	1,846,690	\$	1,923,569	\$	2,064,764	\$	2,000,000	\$	2,000,000				
Community Services Cen. Off. Admin.		67,471		129,580		67,516		95,643		133,267		133,267				
Community Services Purchased Svs.	\$	1,682,634	\$	1,717,110	\$	1,856,053	\$	1,969,121		1,866,733		1,866,733				
<u>TYPES OF COMMUNITY SERVICES (BLOCK GRANT) RENDERED BY THE DIVISION OF COMMUNITY SERVICES</u>																

All of the programs/services are administered by the CAPs.

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

1. PROBLEM STATEMENT.

Many low-income households in Maine experience difficulty meeting the cost of their home energy needs.

2. GOALS AND OBJECTIVES.

The goal of HEAP is to provide fuel assistance to the low-income households of Maine, and to respond to energy-related crises affecting those households.

3. SERVICES PROVIDED.

Financial assistance for households with an energy cost. Under the Energy Crisis Intervention Program (ECIP), financial assistance is provided for emergency fuel needs, and/or for emergency weatherization needs which may include heating system repair or replacement.

4. PRIORITIES FOR SERVICE.

Households are eligible for assistance if the total household income is less than or equal to 125% of the Poverty Income Guidelines. In addition, households with elderly individuals, children under age 24 months or individuals vulnerable to the effects of hypothermia are eligible if total income falls below 150% of the poverty guidelines.

5. INTER-DEPARTMENTAL COORDINATION.

The Division and the Department of Human Services work together to ensure HEAP benefits for AFDC recipients. Also, the Telephone Lifeline Program works through a coordinated effort between the Division's HEAP and the Department of Human Services.

6. POLICY ISSUES.

The Division must explore alternative ways to issue HEAP benefits in order to maximize benefits to clients.

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	Actual	Actual	Projected				
HOME ENERGY ASSISTANCE PROGRAM	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services			
Year Ending:	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	6/30/91	6/30/87	6/30/88	6/30/89	6/30/90
							Number of People Served And Units of Service			
<u>STATE GENERAL FUND</u>										
STATE GENERAL FUND SUBTOTAL										
FEDERAL FUND	\$ 21,387,139	\$ 20,237,979	\$ 19,546,315	\$ 16,400,754	\$ 18,232,500	\$ 18,232,500	61,452	61,771	58,707	65,738
FEDERAL FUNDS SUBTOTAL	\$ 21,387,139	\$ 20,237,979	\$ 19,546,315	\$ 16,400,754	\$ 18,232,500	\$ 18,232,500				
<u>OTHER FUNDS</u>										
PVE - Budget Payment		\$ 60,000	\$ 104,490	\$ 4,775	45,848					
Stripper Well			-0-	1,742,141	-0-					
OTHER FUNDS SUBTOTAL		\$ 60,000	\$ 104,490	\$ 1,746,916	\$ 45,848					
GRAND TOTAL HEAP	\$ 21,387,139	\$ 20,297,979	\$ 19,650,805	\$ 18,666,956	\$ 18,745,848	\$ 18,700,000				
Central Office Administration	452,947	507,654	\$ 448,167	\$ 519,286	467,500	467,500				
HEAP Subtotal	\$ 20,934,192	\$ 19,790,325	\$ 19,202,638	\$ 18,147,670	18,278,348	18,232,500				
<u>TYPES OF HOME ENERGY ASSISTANCE RENDERED BY THE DIVISION OF COMMUNITY SERVICES</u>										
Households Assisted:										
Home Energy-Fuel	60,182	56,953	52,768	51,461	52,921					
Energy Crisis	3,960	4,499	9,003	7,246	12,817					
	64,142	61,452	61,771	58,707	65,738					

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SUMMARY #3C WEATHERIZATION PROGRAM FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.

Many low-income families are living in residences which are not adequately weatherized for Maine's winter climate. The heating needs and the costs for trying to meet those needs are frequently more than families can manage. In addition, energy resources are often wasted when a home is not sufficiently weatherized. Improved weatherization and more efficient fuel consumption are necessary for adequate home heating at reduced costs.

2. GOALS AND OBJECTIVES.

To provide for energy conservation measures and related repairs to the homes and heating systems of low-income persons.

3. SERVICES PROVIDED.

Services include capping of attics with insulation, adding wall insulation, repair or installation of storm doors and windows, caulking, weather-stripping, chimneys, oil burners as well as home repair. Other services include Central Heating Improvement Program (CHIP). Improvements to the heating system, such as cleaning, tuning and evaluation, burner retrofit, and repair and replacement of a heating system can be made.

4. PRIORITIES FOR SERVICE.

Households are eligible for assistance if the total household income is less than or equal to 125% of the Poverty Income Guidelines. In addition, households with elderly individuals, children under age 24 months or individuals vulnerable to the effects of hypothermia are eligible if total income falls below 150% of the poverty guidelines. In addition, households with a member collecting either SSI or AFDC benefits are automatically eligible.

5. INTER-DEPARTMENTAL COORDINATION.

Maine State Housing Authority (MSHA), Farmers Home Administration (FmHA), Department of Human Services (DHS), Department of Professional and Financial Regulation, State Planning Office (SPO), Bureau of Elder and Adult Services.

6. POLICY ISSUES.

Although approximately 4,000 homes are weatherized annually, there are long waiting lists of homes to be weatherized. The predominance of old housing stock in the State presents difficult challenges for the contractors and crews doing the weatherization work.

SUMMARY #3C CONTINUED		ALL WEATHERIZATION APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL WX. SERVICES RENDERED WITH DCS ADMINISTERED FUNDS					
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Actual	Projected				
WEATHERIZATION PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services			
Year Ending:		June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	6/30/87	6/30/88	6/30/89	6/30/90
<u>STATE GENERAL FUND</u>											
Weatherization	\$	750,894	\$ 1,120,233	\$ 1,189,497	\$ 1,401,758	\$ 1,200,365	1,196,000	1,136	1,426	1,774	949
CHIP		299,988	0	0	0	-0-	-0-	0	0	0	0
STATE GENERAL FUND SUBTOTAL	\$	1,050,882	\$ 1,120,233	\$ 1,189,497	\$ 1,401,758	\$ 1,200,365	1,196,000	1,136	1,426	1,774	949
<u>FEDERAL FUNDS</u>											
D.O.E. Weatherization	\$	3,080,411	\$ 2,844,455	\$ 2,502,300	\$ 2,796,846	\$ 2,939,101	2,400,500	1,423	1,312	880	2,076
HEAP Weatherization		2,803,903	3,519,039	0	0	0	-0-	979	149	0	95
HEAP/Weatherization CHIP		1,310,273	434,456	3,151,854	2,332,491	3,135,000	3,135,000	1,029	1,285	1,430	1,116
FEDERAL FUND SUBTOTAL	\$	7,194,587	\$ 6,797,950	\$ 5,654,154	\$ 5,129,337	\$ 6,074,101	5,535,500	3,431	2,746	2,310	3,287
<u>OTHER FUNDS</u>											
Maine Housing CHIP	\$	480,673	\$ 206,507	\$ 0	\$ 0	0		0	0	0	0
CMP Weatherization		169,074	6,264	0	0	0		0	0	0	0
PVE-Exxon			228,734	2,205,517	3,124,837	3,147,996		124	798	2,453	993
Stripper-Well			0	199,989	0	0		0	117	0	39
TOTAL OTHER FUNDS	\$	649,747	\$ 441,505	\$ 2,405,506	\$ 3,124,837	3,147,996	-0-	124	915	2,453	1,032
<u>GRAND TOTAL WEATHERIZATION</u>											
Weatherization Gen. Off. Admin.	\$	8,895,216	\$ 8,359,688	\$ 9,249,157	\$ 10,272,471	11,286,539	7,118,162	4,691	5,087	6,537	5,268
Weatherization Subtotal	\$	443,674	444,959	516,870	616,539	864,077	386,662				
	\$	8,451,542	\$ 7,914,729	\$ 8,732,287	\$ 9,655,932	10,422,462	6,731,500				
<u>TYPES OF WEATHERIZATION RENDERED BY THE DIVISION OF COMMUNITY SERVICES</u>											
<u>NUMBER OF HOUSEHOLDS SERVED:</u>											
Weatherization and repair	\$	4,323	\$ 3,662	\$ 3,802	5,107						
CHIP		2,516	1,029	1,285	1,430						
Total	\$	6,839	\$ 4,691	\$ 5,087	\$ 6,537						

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SUMMARY #3D HEAD START FINANCED AND ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.
All children share certain needs and low-income families can experience significant hardships in trying to meet their children's needs. Based on the premise that these children will benefit from a comprehensive developmental program, Maine has extended the Head Start program to many of its low-income children and families.
2. GOALS AND OBJECTIVES.
Provide a comprehensive Head Start program for more than 2,400 children statewide. The overall goal of Head Start is to bring about a greater degree of everyday effectiveness in dealing with both present environment and later responsibilities in school and life.
3. SERVICES PROVIDED.
Each child and/or family receives a minimum of 510 hours (center-based) Head Start services annually; a broad range of medical, dental, mental health, nutrition and social services; and opportunities for participation in policy-making decisions.
4. PRIORITIES FOR SERVICE.
Children from age three to the age of school entrance.
A minimum of 10% of enrollment reserved for handicapped children.
Families living below 100% of the poverty guidelines.
5. INTER-DEPARTMENTAL COORDINATION.
Programs participate in the USDA food program through the Department of Educational and Cultural Services.
All centers are inspected by the State Fire Marshal's Office.
All centers are licensed as child care facilities by the Department of Human Services.
6. POLICY ISSUES.
Maintain and promote high quality Head Start services to children and families.

SUMMARY #3D CONTINUED		ALL HEAD START APROPRIATIONS, ALLOCATIONS AND ALLOTMENTS - ALL HEAD START SERVICES RENDERED WITH DCS ADMINISTERED FUNDS									
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Actual	Projected				
HEAD START		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services			
Year Ending: June 30, 1986		June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	6/30/87	6/30/88	6/30/89	6/30/90	
		Number of People Served and Units of Services (Duplicated)									
STATE GENERAL FUND											
Head Start		\$ 1,728,611	\$ 2,019,739	\$ 2,082,541	\$ 2,052,114	\$ 2,375,804	\$ 2,436,938	724	724	724	724
GRAND TOTAL HEAD START		\$ 1,728,611	\$ 2,019,739	\$ 2,082,541	\$ 2,052,114	\$ 2,375,804	\$ 2,436,938				
Central Office Admin.		34,874	76,088	68,343	49,268	49,594	47,987				
Purchased Services		\$ 1,693,737	\$ 1,943,651	\$ 2,014,198	\$ 2,002,846	2,326,210	2,388,951				

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

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SUMMARY #3E TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

1. PROBLEM STATEMENT.

Under the Temporary Emergency Food Assistance Program (TEFAP), commodities are distributed to low-income people to supplement their nutritional resources.

The Division also receives food commodities under the Federal Hunger Prevention Act for distribution to shelters, soup kitchens and food banks, in particular those serving the homeless.

2. GOALS AND OBJECTIVES

TEFAP - with the help of Community Action Agencies, relieve situations of emergency and distress by providing food assistance to needy persons, including low-income and unemployed persons.

Hunger Prevention - provide nutrition assistance to the homeless through various shelters, soup kitchens and food pantries.

3. SERVICES PROVIDED.

TEFAP - eligible households receive an allocation of food twice a year based on family size and the amount of food provided by the U.S. Department of Agriculture. Examples of commodities available for distribution are butter, cornmeal, flour, raisins, peanut butter and canned pork.

Hunger Prevention - commodities are distributed on an ongoing basis to shelters, soup kitchens and pantries. The U.S. Department of Agriculture currently provides canned pork, dehydrated potatoes, grapefruit juice, orange juice, canned sweet potatoes, split peas, canned pears and peanut butter.

4. PRIORITIES FOR SERVICE.

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

Hunger Prevention - to provide nutrition to the homeless.

5. INTER-DEPARTMENTAL COORDINATION.

Information is shared with the Interagency Task Force on Homelessness and Housing Opportunities, so that the needs of the homeless or those at risk can be better addressed.

6. POLICY ISSUES.

Issues include how to better distribute commodities throughout the State so that food is always available to those who need it.

SUMMARY #3E CONTINUED		ALL TEFAP APPROPRIATIONS, ALLOCATIONS, AND ALLOTMENTS.				ALL "TEFAP" SERVICES RENDERED WITH DCS ADMINISTERED FUNDS				
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Actual	Projected			
TEFAP PROGRAM		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services		
Year Ending: June 30, 1986		June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	6/30/87	6/30/88	6/30/89	6/30/90
		Number of People Served and Units of Service (Duplicated)								
STATE GENERAL FUND										
State TEFAP	\$ 97,956	\$ 2,044	\$ 100,970	\$ 0	\$ 0	\$ 0	124,000	126,000	118,108	101,511
STATE GENERAL FUND TOTAL	\$ 97,956	\$ 2,044	\$ 100,970	\$ 0	\$ 0					
FEDERAL FUNDS*										
USDA - TEFAP	\$ 241,093	\$ 243,091	\$ 183,514	\$ 93,686	\$ 180,000	\$180,000				
CSBG - TEFAP	14,828	64,813				-0-				
FEDERAL FUNDS TOTAL	\$ 255,921	\$ 307,904	\$ 183,514	\$ 93,686	\$ 180,000	\$180,000				
GRAND TOTAL TEFAP	\$ 353,877	\$ 358,804	\$ 350,544	\$ 236,588	\$ 429,908	\$350,000				
Central Office Admin.	36,030	48,856	66,060	142,902	180,000	170,000				
Purchased Services	317,847	309,948	284,484	93,686	249,908	180,000				

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SUMMARY #3F OTHER PROGRAMS FINANCED AND/OR ADMINISTERED BY THE DIVISION OF COMMUNITY SERVICES

1. PROBLEM STATEMENT.

Citizens Assistance Line (CAL) - Because of the complexity and large volume of available social services, it can be very difficult for individuals statewide to readily access specific services they are seeking.

Temporary Homeless Assistance Program (THAP) - This program was begun to provide emergency assistance in the form of rent, security deposits or related expenses, to homeless persons or those at risk of becoming homeless.

2. GOALS AND OBJECTIVES

CAL - Provides for client advocacy, information and referral, and works to ensure coordination of available resources.

THAP - To prevent homelessness by providing funding for shelter, security deposits and mortgage payments.

3. SERVICES PROVIDED.

CAL - Works to negotiate 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.

THAP - Coordination of services for prevention of homelessness by paying mortgage payments, etc.

4. PRIORITIES FOR SERVICE.

CAL - Any citizen needing advocacy services or general information about available services may contact the toll-free telephone number or correspond in writing with the office.

THAP - Citizens who are homeless or at risk of becoming homeless.

5. INTER-DEPARTMENTAL COORDINATION.

CAL - Coordinate the use of benefits from local, state and private sources to make best use of all resources available. Working with FUC, Attorney General's Office, Governor's Office, DHS and DMHMR is frequently required.

THAP - The Departments of Corrections, Education, Human Services, Labor, Mental Health & Mental Retardation, Economic and Community Development and Maine State Housing Authority.

6. POLICY ISSUES.

CAL - Winter disconnect, family crisis, General Assistance administration.

THAP - Continued funding, number of homeless, coordination of services.

<u>SUMMARY #3F CONTINUED</u>		<u>ALL "OTHER" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS</u>		
<u>ALL SOURCES OF FUNDS (By Accounts)</u>	<u>Actual</u>	<u>Projected</u>	<u>Projected</u>	
<u>OTHER PROGRAMS</u>	<u>Expenditures</u>	<u>Expenditures</u>	<u>Expenditures</u>	
<u>Year Ending: June 30, 1989 June 30, 1990 June 30, 1991</u>				

STATE GENERAL FUND

State Temporary Homeless Assist.	\$ 0	\$ 250,000	\$ -0-
Hunger Prevention	0	111,700	61,700
GRAND TOTAL OTHER	<u>\$ 0</u>	<u>\$ 361,700</u>	<u>\$ -0-</u>

Central Office Admin.	\$ 0	\$ 0	\$ -0-
Purchased Services	\$ 0	\$ 0	\$ 61,700

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

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

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

1. PROBLEM STATEMENT.
Due to Federal funding reductions, the Division must continue to streamline program operations, ensuring the ability to administer all required programs within established budget constraints.
2. GOALS AND OBJECTIVES.
The goal of DCS is to delineate a system of community services and community action agencies to enhance and stimulate economic opportunity and self-sufficiency for all citizens. The objective is to assure an effective focusing of private, local, State and Federal resources upon these goals.
3. SERVICES PROVIDED.
Maintain a central office to administer grants to 11 community action agencies, two municipalities and 13 Head Start agencies. The administration of CSBG, LIHEAP, Hunger Prevention, TEFAP, the homeless assistance programs, Head Start and weatherization.
4. PRIORITIES FOR SERVICE.
Maintenance of an organizational structure conducive to working together as a unified team; establishment of policies and procedures to effectively evaluate programs and ensure accountability of all funding; through comprehensive training and technical assistance, to ensure community action agencies have the skills and technology to manage program funds and services in an efficient manner.
5. INTER-DEPARTMENTAL COORDINATION.
The Division operates within the Executive Department and coordinates with several state Departments in order to accomplish its mission. An example of some of the other Departments and agencies include the Department of Finance, the Department of Administration, the Attorney General's Office and the Secretary of State's Office.
6. POLICY ISSUES.
Conducts an annual survey of poverty in Maine; advises the Governor, Legislature and local officials on the impact of State and local policies on poverty in Maine; evaluates the effectiveness of the Community Action Agencies; plans and coordinates State resources.

SUMMARY #3G CONTINUED

ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Actual	Projected
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending:	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991
<u>STATE GENERAL FUND</u>						
Admin & Advisory	273,548	332,941	309,745	324,429	436,788	\$ 402,558
State Weatherization	0	0	0	-0-	0	-0-
TEFAP	17,522	0	73,914	4,586	213,908	134,000
Head Start	34,874	76,088	68,343	49,268	133,993	76,437
State Office of Volunteerism	-0-	-0-	12,830	37,950	*	*
STATE GENERAL FUND SUBTOTAL	\$ 335,944	\$ 409,029	\$ 464,832	\$ 416,233	\$ 784,689	\$ 612,995
<u>FEDERAL FUNDS</u>						
Community Services Block Grant	67,471	129,580	67,516	95,643	133,267	\$ 133,267
HEAP	452,947	507,654	448,167	603,266	467,500	467,500
Weatherization	404,966	432,531	516,870	532,559	864,077	386,662
TEFAP	18,508	48,856	95,653	138,316	36,000	36,000
Stripper Well			0	-0-	0	-0-
FEDERAL FUND SUBTOTAL	\$ 943,892	\$ 1,118,621	\$ 1,128,206	\$ 1,369,784	\$ 1,500,844	\$1,023,429
<u>OTHER FUNDS</u>						
OMP Weatherization	\$ 6,376	\$ 8,264	\$ 0	\$ 0	\$ 0	
Maine Housing - CHIP	32,332	4,164	0	0		
OTHER FUNDS SUBTOTAL	\$ 38,708	\$ 12,428	\$ 0	\$ 0	\$ 0	0
<u>TOTAL CENTRAL OFFICE ADMIN.</u>	\$ 1,308,544	\$ 1,540,078	\$ 1,593,038	\$ 1,786,017	\$ 2,285,533	\$1,636,424

TYPES OF OTHER SERVICES RENDERED BY THE DIVISION OF COMMUNITY SERVICES

*State Office of Volunteerism became a separate office within the Executive Department in 1989.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

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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 prevalency 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 community-based 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 1990, over 2,000 persons were served in the two mental health institutes and over 30,000 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 and case management 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

ALL MH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

	Actual Expenditures June 30, 1986	Actual Expenditures June 30, 1987	Actual Expenditures June 30, 1987	Actual Expenditures June 30, 1989	Actual Expenditures June 30, 1990	Projected Expenditures June 30, 1991
<u>STATE GENERAL FUND</u>						
Augusta Mental Health Institute	\$ 15,730,503	\$ 17,499,835	\$ 19,517,783	\$ 22,544,906	\$ 28,078,462	\$26,514,264
Bangor Mental Health Institute	14,580,671	15,643,903	16,484,775	18,529,455	21,167,896	20,408,379
Community Mental Health Services	7,161,035	8,013,317	9,524,145	\$13,453,894*	18,016,730	19,843,045
Sub-Total, State General Funds	\$ 37,472,209	\$ 41,107,055	\$ 45,526,703	\$54,528,255	\$ 67,263,188	\$66,766,688
<u>FEDERAL ACCOUNTS</u>						
Augusta Mental Health Institute	\$ 1,242	\$ 1,447	\$ 2,032	548	515	-
Bangor Mental Health Institute	22,971	5,950	30,307	12,839	28,575	30,000
ADMHS Block Grant	940,752	1,054,204	1,070,336	1,015,437	902,774	960,707
Social Service Block Grant	296,085	292,092	273,895	273,895	271,395	273,895
Community Services Grant	-	126,515	295,000	519,978	749,015	965,545
Sub-Total, Federal Accounts	\$ 1,261,050	\$ 1,480,208	1,671,570	1,823,697	1,952,274	2,230,147
<u>DEDICATED REVENUES</u>						
Augusta Mental Health Institute	\$ 457,486	\$ 550,293	\$ 1,231,194	449,915	598,434	1,101,702
Bangor Mental Health Institute	142,981	172,434	272,152	148,074	140,118	281,195
Sub-Total, Dedicated Revenues	\$ 600,467	\$ 722,727	1,503,346	597,989	738,552	1,382,897
Total All Expenditures	\$ 39,333,726	\$ 43,309,990	48,701,619	56,949,941	69,954,014	70,379,732
	Actual FY '86	Actual FY '87	Actual FY '88	Actual FY '89	Act. FY '90	Proj. FY '91
<u>SERVICES FUNDED BY BUREAU OF MENTAL HEALTH</u>						
Augusta Mental Health Institute	\$ 16,189,231	\$ 18,001,575	\$ 20,751,009	\$22,544,906	\$28,078,462	\$26,514,264
Bangor Mental Health Institute	14,746,623	15,822,287	16,787,234	18,529,455	21,167,996	20,409,379
Community Services:						
Emergency	717,787	933,810	1,168,786	1,211,233	1,679,949	1,864,743
Community Support	2,271,351	2,634,826	2,768,891	2,813,113	3,458,162	3,838,559
Day Treatment/Rehab.	797,389	791,326	874,419	824,882	706,140	783,816
Community Residential	810,150	1,008,097	1,789,775	2,395,925	2,657,138	2,949,423
Outpatient	1,841,545	1,722,603	1,742,229	1,963,207	2,425,963	2,425,963
Consult., Training, Education	309,111	302,608	218,526	150,283	362,779	402,684
Inpatient	273,786	208,811	170,139	418,477	1,683,785	1,869,001
Social Club				327,646	603,647	670,048
Psycho-social Center	472,268	487,385	490,801			
Crisis Intervention	462,169	732,670	752,905	1,164,009	1,262,675	1,718,344
Special Populations (elderly, deaf)	74,484	228,800	607,850	713,910	1,242,368	1,379,028
Vocational				586,349	1,208,543	1,341,483
Peer/Family Support				200,430	284,164	315,422
Intensive Case Management				1,076,793	1,763,899	1,957,928
Human Resource Development				34,747	27,791	30,848
Other Activities	193,231	242,985	349,468	808,325		
Total Mental Health Services	\$ 39,158,525	\$ 43,717,783	\$ 48,472,032	14,689,329	19,367,003	21,547,290
Administration	175,201	192,207	229,587	573,875	171,726	191,058
Total Expenditures	\$ 39,333,726	\$ 43,309,990	\$ 48,701,619	15,263,204	19,538,729	21,738,348

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

1. PROBLEM STATEMENT.

During fiscal year 1989-1990, approximately 375 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. Waiting lists for case management continue to exist. 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 1990, approximately 4,000 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 habilitative 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. Lastly, a recently formed Governor's Commission will submit its recommendations for changes in how services to people with disabilities are to be provided.

3. SERVICES PROVIDED.

Case management (including Individual Program Planning); guardianship, conservatorship; representative payee; coordination of 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;
- 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.
- services designed to enhance people's ability to have choices and to self-advocate.
- services provided reflect the philosophy and values articulated in the Pineland Center Consent Decree and the plan for people.

SUMMARY #4B CONTINUED		ALL MR APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL MR SERVICES RENDERED WITH DMHM ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Actual	Projected	
MENTAL RETARDATION SERVICES.	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	
Year Ending: June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991		
<u>STATE GENERAL FUND</u>							
Aroostook Residential Center ¹	\$ 577,715	\$ 563,179	\$ 678,167	\$* 756,894	\$ 887,992	\$ 844,749	
Pineland Center	17,919,230	16,641,787	20,781,056	21,459,508	22,402,049	20,637,988	
Community M.R. Services ²	13,232,252	13,506,231	15,390,994	*16,262,913	23,567,542	20,789,590	
SUB-TOTAL GENERAL FUND	\$ 31,729,197	\$ 30,711,197	\$ 36,850,217	\$*38,479,315	\$ 46,857,583	\$ 42,272,327	
<u>FEDERAL ACCOUNTS</u>							
Pineland Center	303	9,804	3,891	4,284	10,577	9,334	
Community MR Services (autism grant)	138,464	406,099	286,043	370,422	320,831	350,000	
SUB-TOTAL FEDERAL FUNDS	\$ 138,767	\$ 415,903	\$ 289,934	\$ *372,706	\$ 331,408	\$ 359,334	
<u>DEDICATED REVENUES</u>							
Aroostook Residential Center	1,459	---	---	---	---	---	
Pineland Center	79,435	96,759	130,425	---	121,896	163,814	
Community MR Services	10,921	14,000	20,412	16,000	28,448	38,650	
SUB-TOTAL DEDICATED REVENUES	\$ 91,815	\$ 110,759	\$ 150,867	\$ 133,239	\$ 150,344	\$ 202,464	
<u>TITLE XX</u>							
Community M.R. Services	\$ 948,901	\$ 920,105	\$ 889,880	924,149	\$ 917,716	\$ 924,149	
<u>TOTAL</u>	\$ 32,908,680	\$ 32,157,964	\$ 38,180,868	\$ 39,909,409	\$ 48,257,051	\$ 43,758,274	
<u>SERVICES FUNDED BY BUREAU OF MENTAL RETARDATION</u>							
Aroostook Residential Center	\$ 579,174	\$ 563,179	\$ 603,587	\$ 567,670	\$ 660,928	\$ 602,745	Number of People Served
Pineland Center	18,014,627	16,641,787	18,433,574	20,815,722	19,629,515	18,458,619	Actual FY'89 Actual FY'90 Projected FY'91
Adult Day Program	4,675,385	4,862,807	3,848,726	4,102,798	8,659,075 ⁶	11,200,912	56 65 65
Pre-school Program ³	---	---	---	---	---	---	465 370 350
Residential Services	749,797	682,488	462,758	453,821	427,443	1,003,885	1,850 1,850 1,850
Professional Services	458,727	365,991	278,294	192,800	179,292	197,324	- - -
Transportation	337,079	332,711	489,246	173,851	1,604,232 ⁶	988,172	n/a n/a n/a
Case Management ³	4,833,821	4,911,560	5,067,930	5,696,333	6,262,193	2,048,413	n/a n/a n/a
TOTAL	\$ 29,648,610 ⁴	\$ 28,360,523	\$ 29,184,114		37,422,678	\$ 34,500,070	700 700 700

* Institution include food, fuel, unemployment compensation and capital improvement accounts.

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 journaled to Department of Human Services.

5. More transportation reimburseable by Medicaid.

6. Large increase due to general fund replacing Medicaid funded services which were de-funded federally.

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

1. PROBLEM STATEMENT.

There are an estimated 40,000 children and youth in the State of Maine who have special needs requiring treatment and supportive services. Approximately 30,000 school-age children have some type of mental health problem, and of these, 13,600 have severe emotional, behavioral and mental disorders. The Bureau projects that 5,000 of these children annually require public mental health services. Currently 25% of the latter are receiving no services at all, and the remainder frequently receive inadequate or inappropriate services. The Bureau projects that half of the estimated 2,700 school-age children who have developmental disabilities (not counting the 2,000 who have mental retardation) and half of the 8,000 children age birth to five who have developmental delay, developmental disabilities or other severe behavioral needs will require special services annually. National trends indicate that incidence rates for severe emotional disorders have significantly increased over the last few decades and that these disorders are striking at younger and younger ages.

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 school-age severely emotionally handicapped children and adolescents is provided in four regions. Specialized home and school based services to children with autism in Central, Southern and Northern Maine.

4. PRIORITIES FOR SERVICE.

- (1) A child age 0-5 who is developmentally disabled who demonstrates developmental delays.
- (2) A child age 6-20 who has treatment needs related to mental illness, mental retardation, developmental disabilities or emotional or behavioral needs that are not under current statutory authority of other existing State agencies. (See note below).

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.

Note: Responsibility for school-age children with mental retardation was retained within the Bureau of Mental Retardation.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION Bureau of Children with Special Needs
ALL "CH" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

SUMMARY #4C

ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Actual	Projected
CHILDREN'S SERVICES	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
Year Ending: June 30, 1986	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991
STATE GENERAL FUND						
Military/Naval Children's Home ¹	\$ 404,103	\$ 415,923	\$ 518,100	\$ 521,894	\$ 602,317	\$ 624,863
Elizabeth Levinson Center ²	1,489,633	1,625,291	1,882,654	1,879,172	1,836,294	1,905,363
Community Children's Services ³	4,023,223	4,615,367	5,201,455	5,927,753	7,481,763	8,361,969
Sexual Abuse Treatment	231,507	238,385	233,225	243,751	248,331	248,331
SUB-TOTAL GENERAL FUND	\$ 6,148,466	\$ 6,894,966	\$ 7,835,434	\$ 8,572,570	\$ 10,168,705	\$ 11,140,526
FEDERAL ACCOUNTS						
Preventive Intervention	\$ 107,441	\$ 106,222	\$ 13,044	\$ 5,668	\$ —	\$ —
Children/Adolescent System Project	146,824	224,194	142,348	129,889	26,533	—
Respite Care	16,209	63,063	90,271	67,159	—	—
Transagency Services	—	—	47,390	143,528	132,390	—
Homeless Grant	—	—	4,053	47,047	152,724	—
Transitional Housing - MNCH	—	—	—	16,592	332,736	130,000
Elizabeth Levinson Center	5,956	14,431	7,690	12,945	6,308	—
0-5 Early Intervention Outreach	—	—	—	0	12,233	133,450
SUB-TOTAL FEDERAL ACCOUNTS	\$ 276,430	\$ 407,910	\$ 304,796	\$ 422,818	\$ 662,924	\$ 263,450
ADMHS BLOCK GRANTS				955,409		948,146
Community MH Services ⁴	\$ 978,291	\$ 978,291	\$ 7,640	\$ 61,100		
Homeless Services	—	—	981,040	955,409	833,005	833,005
ADMHS Block Grant						
McKinney Homeless Block Grant				61,110	131,999	137,500
SUBTOTAL BLOCK GRANTS			988,680	1,016,519	965,004	970,505
TOTAL	\$ 7,403,187	\$ 8,281,167	\$ 9,128,910	\$ 10,011,907	11,796,633	12,684,522
SERVICES FUNDED: COMMUNITY						
Community Services (State)	\$4,254,730 ⁵	\$4,853,752 ⁵	\$ 5,434,680	\$ 6,171,504	\$ 7,730,094	8,610,300
Community Services (ADAMH)	978,291	978,291	988,680	1,016,519	965,004	970,505
Preventive Intervention Project	107,441	106,222	13,044	5,668	—	—
Child/Adolescent System Project	146,824	224,194	142,348	129,889	26,533	—
Respite Care	16,209	63,063	90,271	67,159	—	—
Transagency Services	—	—	47,390	143,528	132,390	90,429
Homeless Grant	—	—	4,053	47,037	152,724	103,985
0-5 Early Intervention Outreach	—	—	—	—	12,233	142,536
COMMUNITY TOTAL	\$ 5,503,495	\$ 6,225,522	\$ 6,720,466	\$ 7,581,304	\$ 9,018,978	9,917,755
INSTITUTIONAL						
Military/Naval Children's Home ¹	\$ 404,103	415,923	\$ 518,100	\$ 538,486	\$ 935,053	\$ 851,404
Elizabeth Levinson Center	1,495,589	1,639,722	1,890,344	1,892,117	1,842,602	1,915,363
INSTITUTIONAL TOTAL	\$ 1,899,692	\$ 2,055,645	2,408,444	2,430,603	2,777,655	2,766,767
TOTAL	\$ 7,403,187	\$ 8,281,167	\$ 9,128,910	\$ 9,624,210	\$ 11,796,633	\$12,684,522

(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 \$1,388,917 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.

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SUMMARY #4D DEVELOPMENTAL DISABILITIES COUNCIL SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

1. PROBLEM STATEMENT.

There are approximately 18,260 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 18,260 developmentally disabled persons, there are an additional 6,000+ more children ages 0-5 who are considered "at risk" of developmental delay or developmental disability because of biological and environmental reasons. These "at risk" children must be screened, evaluated, and provided appropriate services to allow them to develop to their fullest potential. Included in the 18,260 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 persons with developmental disabilities 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 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, policy analysis 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 expansion and enhancement of the system of family supports and services for families of individuals with developmental disabilities. Another emphasis is on child development services 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 persons who are developmentally disabled. 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, employment and training services for adults who are developmentally disabled 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 unserved or underserved. Persons who are developmentally disabled 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 #4D ALL "DD" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS ALL "DD" SERVICES RENDERED WITH DMHR ADMINISTERED FUNDS

ALL SOURCES OF FUNDS (By Accounts) Actual Actual Actual Actual Projected Actual Services

DEVELOPMENTAL DISABILITIES Expenditures Expenditures Expenditures Expenditures Expenditures Expenditures

	Year Ending June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1987	June 30, 1988	June 30, 1989
	Number of People Served and Units of Services (Duplicated)							
STATE GENERAL FUND	\$ 0	\$ 0	\$	\$ -0-				
FEDERAL ACCOUNTS	298,259	279,198	370,421	351,410	350,000			
TOTAL	\$ 298,259	279,198	370,421	\$ 351,410	\$350,000			

TYPES OF SERVICES:

ADVOCACY/PLANNING/INFORMATION	\$ 106,000	\$ 103,268	\$ 142,377	180,918		N/A	N/A	N/A
SERVICE DEVELOPMENT	90,000	126,500	179,544	135,492		8,000	8,500	9,000
Family Support, Early Intervention, Parent and Professional Training								
DEMONSTRATION PROJECTS	102,259	49,430	48,500	15,000		600	800	600
Family Support, Respite, Prevention, Early Intervention								
TOTAL	\$ 298,259	\$ 279,198	\$ 370,421	351,410		8,600	9,300	9,600

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SUMMARY #4E ALCOHOL & SUBSTANCE ABUSE SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

1. 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 known 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 Office of Substance Abuse (OSA).

SUMMARY #4E CONTINUED		ALCOHOL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALCOHOL SERVICES RENDERED WITH DMHR ADMINISTERED FUNDS	
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Actual	Projected	
ALCOHOL & SUBSTANCE ABUSE (DMHR)	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	
Year Ending: June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991		
DEDICATED REVENUES	\$ 265,026	\$ 599,000	\$ 798,050	\$ 804,080	\$ 804,080	\$ 804,080	
TYPES OF SERVICES:							
MR Services							
a) Outpatient	\$ 38,526	32,850	44,800	60,000	60,000	60,000	
b) F.A.E.	16,000	31,000	38,750	45,000	45,000	45,000	
c) Training				15,000	15,000	15,000	
Children							
a) Homebuilders	62,000	70,500	72,000	74,550	74,550	74,550	
b) Training	8,500		7,500	40,000	40,000	40,000	
c) Homebuilders - Washington, Hancock, Penobscot, and Piscataquis Counties		20,000	34,000	35,000	35,000	35,000	
M.H. Services		Purchase of Serv.:	25,000	40,000	40,000	40,000	
a) AMHI	54,000	79,000	100,000	150,000	150,000	150,000	
b) BMHI	54,000	65,000	70,000	70,000	70,000	70,000	
c) CMHC	8,000	10,000	10,000	---	---	---	
d) Community		90,000	115,000	80,000	80,000	80,000	
e) Training				10,775	10,775	10,775	
Offenders							
a) Andro. County Jail	24,000	68,000	81,000	84,200	84,200	84,200	
b) Franklin County Jail		29,000	41,000	46,465	46,465	46,465	
Elderly							
a) Public Awareness/Training		20,000	24,000	24,000	24,000	24,000	
Family Support							
a) Portland		2,000	3,000	4,000	4,000	4,000	
Administration		Deaf Serv.:	5,000	10,000	10,000	10,000	
a) DMHR		27,500	35,000	51,090	51,090	51,090	

DEPARTMENT OF HUMAN SERVICES

1990 Maine Social Services Report

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

1. 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 (through FY '90 only), training, management information (through 1990 only), 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	Actual	Projected	
ALCOHOL & SUBSTANCE ABUSE (DHS)		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services
Year Ending: June 30, 1986		June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1989	June 30, 1990
STATE GENERAL FUND								
OADAP	1325.5	\$ 2,401,598	\$ 2,332,695	\$ 2,423,592	\$ 2,450,529	\$ 2,556,811	\$ 2,641,930	Number of People Served and Units of Services (Duplicated)
DEEP					791,517	921,628	1,077,575	
STATE GENERAL FUND SUBTOTAL		2,401,598	2,332,695	2,443,592	3,242,046	\$ 3,478,439	\$ 3,719,505	
FEDERAL FUND								
Alcohol, Drug Abuse, Mental Health Block Grant		1,601,425	1,532,942	2,076,382	2,409,862	\$ 3,759,506	\$3,473,713	
FEDERAL FUND SUBTOTAL		1,601,425	1,532,942	2,076,382	2,409,862	3,759,506	\$3,473,713	
OTHER FUNDS								
Alc. Premium Fund	4325.7	1,757,230	2,370,133	2,768,937	3,051,598	3,100,538	3,029,244	
OTHER FUNDS SUBTOTAL		1,760,480	2,370,133	3,444,748	3,051,598	3,029,244	3,029,244	
GRAND TOTAL ALCOHOL-SUB. ABUSE								
ONE DEPT'S ALL SOURCES OF FUNDS ¹		5,766,503	6,235,770	7,944,722	8,703,506	10,338,483	10,222,462	
Dept. Overhead & Admin. Subtotal		42,958	45,000	52,182	57,307	60,172	63,181	
Other Services Cen. Off. Admin. ²		455,647	494,991	564,548	598,726	583,722	626,480	

TYPES OF ALCOHOL AND SUBSTANCE ABUSE SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES							Services Admissions		Services Admissions	
Outpatient	\$ 2,011,841	\$ 2,349,580	\$ 2,701,613	\$ 2,860,149	\$ 2,868,500	\$2,985,259	68,520 hrs	4,700	71,570 hrs	
Detoxification	535,000	569,278	636,091	646,636	728,949	597,866	7,543 days	799	11,560 days	
Shelter	322,000	292,459	349,505	450,152	510,892	573,553	9,465 days	1,200	13,140 days	
Residential Rehabilitation	1,005,000	928,389	996,235	839,016	906,980	868,921	6,200 days	260	14,000 days	
Halfway House	520,000	627,353	686,106	882,517	1,075,060	904,604	20,300 days	226	26,780 days	
Extended Care	180,300	189,300	194,000	446,254	489,589	462,637	8,700 days	58	11,050 days	
Non-Res. Rehab.	0	—	60,000	77,500	62,000	61,916	8,600 days	190	11,760 days	
Transitional Housing	—	23,700	35,871	39,457	80,000	62,727	3,100 days	44	6,555 days	
Treatment Total	4,574,041	4,980,059	5,636,050	6,241,681	6,721,970	6,517,483				
Prevention/Education	693,859	715,720	825,313	727,300	940,515	1,143,069	First Offender:			
DEEP Program		—	520,885	675,676	827,933	873,079	n/a	6,395	n/a	5,932
Clearinghouse					40,442		Multiple Offender:			
							n/a	658	n/a	1,346

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 OADAP 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 OADAP staff positions increased by 19.

3 Some redefinitions on types of service purchased were made.

4 We are separating the clearinghouse which probably has been included in the Prevention/Education total

5 OADAP split July 1990. Funding and program change occurred.

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SUMMARY #5B 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. Incapacitated or dependent adults at risk 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?
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 #5B CONTINUED		ALL ADULT APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS					ALL ADULT SERVICES RENDERED WITH DHS ADMINISTERED FUNDS		
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Projected	Projected	Actual Services		
ADULT SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures			
Year Ending:		June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1988	June 30, 1989	June 30, 1990
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)		
1307.3	\$ 1,951,000	\$ 2,016,000	\$ 2,118,000	\$ 2,765,789	\$ 2,852,122				
1320.5	161,000	200,000	61,000	161,006	274,927				
1324.1	69,000	77,000	116,000						
Regional Admin. (Apportioned)	226,000	246,000	259,000						
STATE GENERAL FUND SUBTOTAL	2,407,000	\$ 2,539,000	\$ 2,554,000	2,926,795	\$ 3,127,049				
FEDERAL FUND									
9324.1	58,000	93,000	26,000	17,238	111,000				
Regional Admin. (Apportioned)	281,000	308,000	336,000						
FEDERAL FUND SUBTOTAL	\$ 339,000	\$ 401,000	\$ 362,000	\$ 17,238	\$ 111,000				
GRAND TOTAL ADULT SERVICES									
ONE DEPT'S ALL SOURCES OF FUNDS	2,746,000	\$ 2,940,000	\$ 2,916,000	\$	\$		3,710	3,639	3,650
Adult Central Office Admin.	372,000	398,000	402,000						
ADULT SERVICES SUBTOTAL	3,118,000	\$ 3,338,000	\$ 3,318,000	\$2,944,033	\$ 3,238,049				

TYPES OF ADULT SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Case Study	12,540 hours	10,676 hours	13,838 hrs.
Advocacy	1,530 "	1,472 hours	1,284 "
Preparation and Placement	1,072 "	1,041 hours	889 "
Court Social Service	1,906 "	3,240 hours	3,686 "
Case Supervision and Management	17,946 "	15,661 hours	17,510 "
Counseling	67 "	77 hours	159 "

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

1. 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 homes 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.

Investigation and assessment of reports of suspected abuse, neglect or exploitation of children, care and support of children in state custody, 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, 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, Corrections 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 Sub-Committees:

- Residential, Group and Community Care Sub-committee/Children's Residential Treatment Center Sub-committee
- Child Sexual Abuse Treatment Sub-committee
- Inter-Departmental Coordination Committee on Preschool Handicapped Children
- Family Support Sub-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			
CHILDREN'S SERVICES		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services		
Year Ending:		June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1988	June 30, 1989	June 30, 1990
STATE GENERAL FUND		Number of People Served and Units of					Services (Duplicated)		
Child Care Service	1322.5	\$ 426,000	\$ 972,000	\$ 1,005,000	\$ 1,035,000				
Child Welfare	1322.1	\$ 5,278,000	6,016,000	7,110,000	7,784,000	7,980,000			
Title XX Social Serv.	1307.3	11,055,000	11,884,000	13,027,000	14,068,000	13,733,000			
Aid to Charitable Institutions		284,000	281,000	284,000	284,000	284,000			
Regional Admin.		1,287,000	1,374,000	1,442,000	1,514,000	1,560,000			
OW AFDC Foster Care	1320.9	1,411,000	2,104,000	2,301,000	2,635,000	2,714,000			
Purchased Social Service	1324.1	2,250,000	2,693,000	3,337,000	4,365,000	4,567,000			
STATE GENERAL FUND SUBTOTAL		\$ 21,565,000	\$ 24,778,000	\$ 28,473,000	\$31,655,000	\$ 31,873,140			
FEDERAL FUND									
Child Abuse & Neglect	3320.1	\$ 412,000	\$ 91,000	\$ 221,000	\$ 528,000	\$ 544,000			
Child Welfare IV-E	3320.9	4,203,000	4,487,000	5,783,000	7,639,000	7,868,000			
Child Welfare IV-B	3322.1	1,254,000	1,378,000	1,293,000	1,406,000	1,364,000			
Title XX Soc. Ser.	9307.3/9324.1	4,598,000	4,253,000	4,253,000	1,542,000	1,588,000			
Regional Admin.		1,867,000	2,091,000	2,190,000	2,409,000	2,481,000			
FEDERAL FUND SUBTOTAL		\$ 16,550,000	\$ 12,300,000	\$ 13,740,000	\$ 13,524,000	\$ 13,845,000			
GRAND TOTAL CHILDREN'S SERVICES							2,700 children 2,587 childr. 2,545 children		
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 38,115,000	\$ 37,078,000	\$ 42,213,000	\$ 45,179,000	\$ 45,718,000	8,411 families 8,022 fam. 7,528 fam.		
60%							20,363 ** 19,433** 18,354**		
Children's Cen. Off. Admin.	1320.1	\$ 1,345,000	1,804,000	2,330,000	2,200,000	2,266,000			
CHILDREN'S SERVICES SUBTOTAL		\$ 39,460,000	\$ 38,882,000	\$ 44,543,000	\$ 47,379,000	\$ 47,984,000			
TYPES OF CHILDREN'S SERVICES RENDERED BY THE BUREAU OF SOCIAL SERVICES									
Case Study						55,516 hrs.	52,791 hrs.	56,329 hrs.	
Case Supervision - Management						87,318 "	91,081 hrs.	99,621 hrs.	
Individual Counseling						2,811 "	3,386 hrs.	3,112 hrs.	
Group Counseling						582 "	771 hrs.	1,018 hrs.	
Advocacy						1,625 "	1,804 hrs.	2,132 hrs.	
Preparation and Placement						8,279 "	8,472 hrs.	7,496 hrs.	
Court Social Services						17,237 "	18,870 hrs.	18,128 hrs.	
Residential Treatment	\$ 1,924,429	\$ 2,431,463	\$ 2,790,661	\$ 2,783,310	\$ 3,419,990	31,805 days	22,860 days	30,660 days	
Group Homes	1,477,626	1,339,022	1,549,036	1,885,246	2,339,309	29,710 "	23,604 days	43,070 days	
Emergency Shelter	285,316	303,139	395,375	497,589	683,993	4,674 "	11,079 days	7,209 days	
Other Living Arrangements				3,422,290	3,900,000			43,435 days	

**Total clients served using 2.1 average family size.

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SUMMARY #5D 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 resettlement.
- C. Pre-school age children require good nutrition in order to help maximize their development.
- D. Persons with AIDS and HIV infection require a vast array of health and support services during the course of their illness.

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 the 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 and cash and/or medical assistance as needed, the ability of refugees to reach economic self-sufficiency is enhanced. (1) The removal of barriers to refugee employment; (2) To provide English language training so that all employable refugees have survival level language skills; (3) To provide assistance to refugees in their search for employment; (4) To reduce the refugees' reliance on cash and medical assistance by enhancing their employability.
- C. 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.
- D. The primary purpose of the State's Case Management, AIDS Drug Reimbursement, Lodging and Street Education Programs is to provide several vital services necessary to maintain an individual at an optimal level of functioning during progression of HIV disease. Case management, in particular, identifies the medical, social, educational, psychological, financial and other needs of the individual. It identifies the services necessary to meet those needs, and provides the coordination to ensure access to those services.

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, day care); (7) Public Health Nursing Services (health assessment, education, referral).
- 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.
- D. The Division of Public Health Nursing (DPHN) has taken the lead in providing AIDS and HIV education to the minority population of Maine. DPHN had an existing relationship with this population while delivering the other Bureau of Health programs. The target population includes Refugees in Southern Maine, Hispanic population in Central Maine and migrant workers in Aroostook County. The education focuses on the prevention of the spread of HIV and AIDS, along with providing them information on HIV testing. The educators are bi-lingual and offer the education in the client's native language. Written literature has also been obtained in their native language. The setting is usually in the client's home either individually or in small groups.

- D. Persons with HIV infection and AIDS receive the following services:
1. Case management
 2. Financial assistance for medications such as Retrovir (AZT) and Pentamidine
 3. Lodging resource
 4. AIDS street education for drug users.
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.
- D. All persons with diagnosis of HIV infection and AIDS.
5. INTER-DEPARTMENTAL COORDINATION. A. Department of Mental Health and Mental Retardation 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, 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. D. Office of Alcoholism and Drug Abuse Prevention for AIDS Street Education Program.
6. POLICY ISSUES. A. 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?
- B. How can the Bureau continue to effectively meet the ongoing social and economic needs of refugees with dwindling and restrictive resources? C. How can the Bureau maximize participation in the Federal Child Care Food Program within the confines of federal regulations? D. How can the Bureau respond to the increasing need for vital support services as the numbers of person with HIV diseases continue to increase?

SUMMARY #5D CONTINUED

ALL PURCHASED APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures	Actual Services			
PURCHASED SERVICES	Year Ending: June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1988 June 30, 1989 June 30, 1990			
STATE GENERAL FUND	1322.5	426,000	973,000	1,005,000	1,035,000	Number of People Served and Units of			
	1324.1	\$ 3,522,000	\$ 4,374,000	\$ 6,906,000	\$ 9,390,000	Services (Duplicated)			
STATE GENERAL FUND SUBTOTAL		\$ 3,522,000	\$ 4,800,000	\$ 7,879,000	\$ 10,395,000	\$ 10,707,000			
FEDERAL FUND						Children:			
Child Care Food Program	3320.3	\$ 3,320,000	\$ 4,336,000	\$ 4,475,000	\$ 5,704,000	\$ 5,875,000	15,500	18,500	23,100
Refugee Resettlement***	3320.4	\$ 1,147,234	\$ 746,000	\$ 577,000	431,000	444,000	286 clients	259 clients	340 clients
Child Welfare Title 4B	3322.1	172,000	60,000	60,000	99,000	102,000			
Soc. Svs. Block Grant	9324.1	8,814,000	8,504,000	8,729,000	7,386,000	8,500,000			
FEDERAL FUND SUBTOTAL		\$ 13,453,234	\$ 13,646,000	\$ 13,841,000	\$ 13,620,000	\$ 14,921,000			
OTHER FUNDS									
Local		\$ 2,200,000	\$ 2,200,000	\$ 3,000,000	\$ 3,200,000	\$ 3,400,000			
OTHER FUNDS SUBTOTAL		\$ 2,200,000	\$ 2,200,000	\$ 3,000,000	3,200,000	3,400,000			
GRAND TOTAL PURCHASED SERVICES									
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 19,175,234	\$ 20,646,000	\$ 24,720,000	\$ 27,215,000	\$ 29,028,000	21,450 people	21,354	20,210
Purchased Serv. Cen. Off. Admin.		610,000	\$ 641,000	\$ 645,000	\$ 576,000	\$ 594,000			
PURCHASED SERVICES TOTAL		\$ 19,785,234	\$ 21,260,000	\$ 25,365,000	\$ 27,791,000	\$ 29,622,000	37,236 people	40,113	43,650
TYPES OF PURCHASED SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES									
Services to Blind	\$ 53,000	\$ 47,000	\$ 53,000	\$ 51,000	\$ 53,000	2,096 hours	1,888 hours	2,685 hrs.	
Services to Deaf	36,000	39,000	41,000	72,000	74,000				
Day Care for Children	4,011,000	4,736,000	7,544,000	7,968,000	8,407,000	65,625 weeks	65,745 weeks	77,942 weeks	
Child Nutrition Programs	3,320,000	4,336,000	4,475,000	5,839,000	6,014,000	Meals:5,016,851	5,831,226	6,575,335	
AIDS Services	-0-	86,400	229,000	154,000	275,000	90 people	180 people	200 people	
Family Crisis Services	767,000	936,000	1,074,000	1,086,000	1,119,000				
Homemaker-Homebased Services	2,079,000	2,209,000	2,429,000	2,177,000	2,400,000	176,108 hrs.	146,962 hrs.	157,441 hrs.	
Nutrition Svcs/Adult Day	417,000	425,000	426,000	432,000	445,000	138,443/10,082	112,184/23,151	101,033/31,990	
Residential Services	433,000	732,000	790,000	801,000	1,000,000	9,240 days	10,986 days	9,761 days	
Family Planning**	869,000	843,000	851,000	843,000	866,000				
Support Services	2,019,000	2,417,000	2,903,000	2,836,000	3,136,000	25,626 hours	23,623 hours	28,763 hours	
Transportation	1,387,000	1,224,000	1,361,000	1,358,000	1,399,000	Miles/Trips:			
Other	437,000	339,600	372,000	398,000	440,000	2,696,380/5,360	1,953,279	2,738,191 miles	
*TOTAL TYPES OF PURCHASED SERVICES									
RENDERED BY ONE STATE AGENCY		\$ 15,828,000	\$ 18,370,000	\$ 22,548,000	\$ 24,015,000	\$ 25,628,000			

*Does not include local funds

**Includes expenditures reported elsewhere in this report

***Includes approximately \$23,000 in Medicaid Seed for FY'90

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

1. PROBLEM STATEMENT.

The Bureau's 1989 Needs Assessment indicates 156,550 people were over age 65 in Maine. Individuals 85+ are the fastest growing segment of our population. Population projections estimate that the population 75+ will increase 12% from 1987 to 1997. Even more dramatic is the fact that the population 85+ will increase 24% during that period. 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 Elder and Adult Services works with older persons and adults in need of protective services 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, private/public agencies, and five Regional offices.

3. SERVICES PROVIDED.

Services include protective services, 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 60 or over
- b) greatest social need
- c) greatest economic need
- d) incapacitated and dependent adults

5. INTER-DEPARTMENTAL COORDINATION.

Mental Health Task Force with Department of Mental Health and Mental Retardation.
Promoting Older Workers with Department of Labor.

6. POLICY ISSUES.

Improve coordination with and optimize resources available for Long Term Care.
Increase efforts to connect older people/families with information about benefits and services.
Expand Congregate Housing Services Program and Home Based Care Program
Develop community resources for public wards.
Promote partnerships with other public/private agencies.

SUMMARY #5E CONTINUED

ALL ELDERLY APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)

ELDERLY SERVICES

Actual
ExpendituresActual
ExpendituresActual
ExpendituresActual
ExpendituresProjected
Expenditures

Year Ending: June 30, 1987 June 30, 1988 June 30, 1989 June 30, 1990 June 30, 1991

STATE GENERAL FUND

Congregate Housing	1327.3	\$ 299,865	\$ 247,628	\$ 384,154	\$ 439,916	\$ 675,307
Home Based Care	1320.5	3,665,842	3,928,600	6,016,966	5,668,815	5,873,490
BME Admin.		182,401	202,656	252,892	298,609	359,807
AAA Admin.		295,567	285,000	300,000	300,000	300,000
PSSP		372,949	400,000	399,995	381,337	400,000
Housing Services		61,409	43,251	55,221	63,140	68,527
Adult Day Care/In-Home Services		100,000	80,000	97,112	79,594	100,000
Legal Services	1327.1	95,559	156,646	133,414	223,212	235,200
Foster Grandparents		17,000	17,000	22,916	17,000	17,000
Volunteers Program		59,995	60,000	46,663	67,160	160,000
Gramm-Rudman Replacement Funds		37,278	0	0	0	43,664
- Case Management			100,000	99,995	100,967	100,000
Aroostook Alzheimers					160,025	360,000
State Share C.O. Admin		6,813	4,251	2,278	3,383	2,500
STATE GENERAL FUND SUBTOTAL		\$ 5,195,678	\$ 5,525,032	\$ 7,810,606	7,803,158	8,695,495

FEDERAL FUND

OAA - Planning and Admin.		273,237	304,722	314,340	338,568	300,000
OAA - Nutrition		2,055,928	2,002,330	2,238,675	2,053,508	2,637,600
Social Services		1,357,150	1,259,308	1,330,630	1,254,740	1,813,725
Advocacy Assistance		70,311	74,993	45,788	35,178	361,712
Training & Education		38,924	50,180	77,160	70,479	47,479
Senior Employ. Prog. 3327.1		400,634	375,860	413,901	363,847	438,940
Project Maine Neighbor					65,545	140,570
JPTA		0	13,006	0	0	0
Channeling 3327.1		0	3,508	0	0	0
Home Equity Conversion		0	366,663	0	0	0
USDA		643,448	592,814	602,465	622,451	600,000
Alzheimers		122,255	47,143	0	0	0
Foster Grandparents Program		220,724	244,928	231,944	182,239	223,750
Federal Share C.O. Admin.		20,439	12,753	6,832	10,150	7,500
FEDERAL FUND SUBTOTAL		\$ 5,203,050	\$ 5,348,208	\$ 5,261,735	\$ 4,996,705	\$ 6,246,276

3327.1; 4327.1; 9324.1 contribute to the above

GRAND TOTAL ELDERLY SERVICES

ONE DEPT'S ALL SOURCES OF FUNDS \$ 10,397,728 \$ 10,873,240 \$ 13,072,341 \$ 12,799,863* \$ 14,941,771

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

ALL ELDERLY SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

	Actual Services			Actual Services	Projected Services
	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991
	Number of People Served (Duplicated)				
Job Training/Empl.	175	118	0	0	0
Nutrition	17,144	28,948	32,751	23,873	24,000
S.C.S. Employment Program	98	89	81	58	60
Congregate Housing	169	228	169	270	300
Foster Grandparents Program	140	180	180	192	194
<u>Social Services</u>					
Outreach	9,355	9,200	18,160	11,018***	11,000
Transportation	3,575	3,000	2,421	3,046	2,250
Homemaker	258	335	110	125	120
Home Health Services	1,249	961	231	1,000	1,300
Personal Care Assistant	510	785	717	1,000	700
Occupational Therapist	0	0	0	2	2
Physical Therapist	0	0	4	4	4
Chore	30	20	12	-----	-
Home Repair	191	200	182	118	015
Legal	2,015	2,000	2,319	2,948****	3,500
Adult Day Care Services	250	80	95	65	60
Employment	728	448	391	36	50
Case Management	3,035	2,863	5,564**	3,500	3,500
Home Based Care Over 60	1,333	1,136*	1,215	2,400	2,450
Home Based Care Under 60	35**	25**	34	25	25
Totals	40,113	50,577	64,636	49,680	49,635

* No longer funded

** Includes waiver and "assessment only" consumers

*** ASA definition of what to report as units of outreach services has changed, which accounts for difference in number of units from previous years.

**** For a nine-month fiscal year from 10/1/89 through 6/30/90

***** Is reported in Homemaker

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SUMMARY #5F 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, hemoplegia, respiratory dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, stroke, spinal cord injury, epilepsy or any other disability or combination of disabilities which will cause similar vocational limitations to the person.
2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT - The Bureau of Rehabilitation provides a comprehensive program of rehabilitation services to handicapped individuals. Thirteen types of services are rendered through five regional offices and five area offices by 62 counseling and ten supervisory staff. The philosophy is to provide quality service to individuals with a vocational handicap where there is a reasonable expectation that the individual will benefit in terms of employability from such services. The expected outcome of service is to acquire or maintain gainful employment. The Bureau works 1) to continue placing emphasis on vocationally oriented services which will render disabled clients employable; 2) to emphasize use of all available similar benefits to which applicants/clients are entitled; 3) to seek commitment of employer in both the public and private sector for training and placement programs for the handicapped; 4) 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 expands opportunities 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 expanded.
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 Education together for constructive dialogue. Similar state agencies are also working constructively on service issues relating to mental health and mental retardation, primarily in the area of supported employment.
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 #5F CONTINUED

ALL REHAB APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS

ALL SOURCES OF FUNDS (By Accounts)
REHABILITATION SERVICES

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Projected
	Expenditures	Expenditures	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	June 30, 1991
STATE GENERAL FUND								
Rehab. Administration	1325.1	\$ 208,798	\$ 152,229	\$ 303,346	\$ 395,537	\$ 438,055	\$ 426,020	\$ 650,365
Voc. Rehabilitation	1325.2	<u>1,449,882</u>	<u>1,413,461</u>	<u>1,826,174</u>	<u>1,627,873</u>	<u>2,014,576</u>	<u>2,388,422</u>	<u>2,713,393</u>
STATE GENERAL FUND SUBTOTAL		\$ 1,658,680	\$ 1,566,690	\$ 2,129,520	2,023,410	2,452,631	\$ 2,814,442	\$ 3,363,758
FEDERAL FUND								
Rehab. Administration	3325.1	\$ 591,826	\$ 676,640	\$ 768,833	\$ 1,011,007	\$ 1,120,185	\$ 1,168,040	\$ 1,466,607
Voc. Rehabilitation	3325.2	<u>5,613,122</u>	<u>6,404,570</u>	<u>8,512,885</u>	<u>7,928,688</u>	<u>8,346,944</u>	<u>7,595,843</u>	<u>9,108,421</u>
FEDERAL FUND SUBTOTAL		\$ 6,204,948	\$ 7,081,210	\$ 9,281,718	8,939,695	9,467,129	\$ 8,763,883	\$10,575,028
OTHER FUNDS								
Rehab. Administration	4325.1	\$ 102,000	\$ 63,636	\$ 179	\$ 0	\$ 0	\$ -0-	\$ 50,000
Voc. Rehabilitation	4325.2	<u>322,000</u>	<u>121,593</u>	<u>91,808</u>	<u>52,381</u>	<u>19,214</u>	<u>17,052</u>	<u>50,000</u>
OTHER FUNDS SUBTOTAL		\$ 424,000	\$ 185,229	\$ 91,987	52,381	19,214	\$ 17,052	\$ 100,000
GRAND TOTAL REHAB. SERVICES								
<u>ONE DEPT'S ALL SOURCES OF FUNDS</u>		<u>\$ 8,827,628</u>	<u>\$ 8,833,129</u>	<u>\$ 11,503,225</u>	<u>\$ 11,015,486</u>	<u>\$ 11,938,974</u>	<u>\$11,575,377</u>	<u>\$14,038,786</u>
PURCHASED SERVICES SUBTOTAL		\$ 8,287,628	\$ 8,833,129	\$ 11,503,225	\$ 11,015,486	\$ 11,938,974	\$11,575,377	\$14,038,786

1. Combined Bureau Administration and Central Office Administration.

TYPES OF REHABILITATION SERVICES RENDERED BY THE DEPARTMENT OF HUMAN SERVICES

Diagnostic & Evaluation	\$ 405,284	\$ 341,720	\$ 595,239	\$ 428,222	540,843	\$ 396,434	\$ 603,500
Total Restoration	131,188	430,674	612,444	469,085	790,241	797,071	881,000
Training A. College & University	25,275	94,953	271,002	178,850	296,601	125,123	331,060
B. Business & Trades	47,225	26,749	66,702	48,419	48,726	19,820	54,090
C. Personal & Voc. Adjust		841,264	1,318,364	714,881	1,348,888	2,265,048	1,505,440
D. All Other	104,484	150,484	78,728	385,592	752,586	453,745	840,040
E. Total Training	176,586	1,113,450	1,734,996	1,327,742	2,446,801	\$ 2,863,737	\$ 2,730,630
Counseling and Placement Only					(Counseling)=	92,161	
Maintenance	78,148	213,007	364,816	265,323	243,781	192,696	274,360
Post Employment			16,599				
All Other	146,697	153,627	796,830	1,110,133	1,815,814	655,695	2,026,800
Regional Administration	792,190	2,307,722	3,568,956	3,727,051	3,095,229	6,597,584	7,522,496
TOTAL TYPES OF SERVICES RENDERED BY ONE STATE AGENCY	\$ 1,730,093	\$ 4,560,200	\$ 7,689,910	7,327,556	8,934,708	11,595,377	14,038,786

	Duplicated Count						
	9/30/85	9/30/86	9/30/87	9/30/88	9/30/89	9/30/90	9/30/91 (Projected)
	Number of People Served and Units of Services (Duplicated)						
Diagnostic & Evaluation	5,976	4,836	4,492	4,478	4,401	1,969	1,930
Total Restoration	2,166	1,972	1,612	1,337	1,633	661	648
Training A. College & University	516	488	530	363	393	222	218
B. Business & Trades	194	155	159	169	159	59	58
C. Personal & Voc. Adjust	80	1,095	1,224	792	1,233	1,577	1,545
D. All Other	532	266	357	340	324	143	140
E. Total Training	1,548	2,004	2,290	1,664	2,109	2,001	1,961
Counseling and Placement Only	236	233	244	338	390	449	440
Maintenance	1,033	759	950	756	763	250	245
Post Employment	108	97	198	261	290	363	454
All Other	2,397	2,122	2,208	2,280	2,202	1,082	1,060
Regional Administration	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Types of Services Rendered by One State Agency	13,454	12,024	11,994	11,114	13,897	6,775	6,737

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SUMMARY #5G SPECIAL PHYSICAL CHARACTERISTICS SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

We estimate that Maine has 9,000 deaf and severely hearing impaired people. Approximately 3,000 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 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, certified hearing-ear dogs, identification cards, consultation with schools and libraries, developmental services for preschool and school age youth are provided to the deaf and hearing impaired. The Division for the Blind and Visually Impaired 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 adults and children are telecommunication devices, referral and advocacy, devices and assistive speech and language services. Priority services for the blind and visually impaired are early intervention, referral and advocacy, and adaptive skill training.

5. INTER-DEPARTMENTAL COORDINATION.

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

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 #5G CONTINUED		ALL "SP" APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS						
ALL SOURCES OF FUNDS (By Accounts)		Actual	Actual	Actual	Actual	Actual	Actual	Projected
SERVICES TO PEOPLE WITH SPECIAL		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures
PHYS. CHARACTERISTICS								
	Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	
<u>STATE GENERAL FUND</u>								
Administration	1325.1	\$ 114,414	\$ 83,066	\$ 15,350	\$ 395,537	\$ 438,055	\$ 426,020	\$ 650,365
Voc. Rehabilitation	1325.2	524,847	392,359	316,185	1,435,873	1,769,797	2,388,422	2,713,393
Division of Eye Care	1325.4	586,791	596,584	659,210	1,231,112	1,372,961	1,463,951	1,550,445
STATE GENERAL FUND SUBTOTAL		\$ 1,226,052	\$ 1,072,009	\$ 990,745	\$ 2,706,538	3,580,813	4,278,393	4,914,203
<u>FEDERAL FUND</u>								
Division of Eye Care	3325.4	\$ 460,852	\$ 212,823	\$ 442,480	\$ 1,277,129	1,434,257	1,298,941	1,459,479
FEDERAL FUND SUBTOTAL		\$ 460,852	\$ 212,823	\$ 442,480	1,277,129	1,434,257	1,298,941	1,459,479
<u>OTHER FUNDS</u>								
Vending Stand	4325.4	\$ 11,290	\$ -0-	\$ 8,593	10,001	3,094	39,401	80,000
OTHER FUNDS SUBTOTAL		\$ 11,290	\$ -0-	\$ 8,593	10,001	3,094	39,401	80,000
GRAND TOTAL SPEC. PHYS. SERV.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 1,698,194	\$ 1,284,832	\$ 1,441,818	3,993,668	5,018,164	5,616,735	6,453,682
Special Phys. Char. Gen. Off. Adm.								
SPECIAL PHYSICAL CHAR. SUBTOTAL		\$ 1,698,194	\$ 1,284,832	\$ 1,441,818	3,993,668	5,018,164	5,616,735	6,453,682
<u>TYPES OF SERVICES RENDERED TO PEOPLE WITH SPECIAL PHYSICAL CHARACTERISTICS BY THE DEPARTMENT OF HUMAN SERVICES</u>								
Eye Care Pre-School		\$ 39,975	\$ 24,449	\$ 13,015	19,912	17,216	8,947	22,256
Education of Blind Child		524,965	384,416	539,776	691,515	694,406	704,819	896,618
Social Service Older Blind Adult		18,683	179,136	109,186	108,299	121,067	150,979	156,566
Vocational Rehab. Blind		441,571	221,406	311,800	500,021	588,901	599,398	438,412
TTY		33,816	27,742	22,915	0	0		0
Personal Care Attendant		154,698	112,272	190,010	0	0	154,000	154,000
Independent Living Services		98,640	61,899	172,235	171,385	184,798	298,848	543,000
VR Serv. to Hearing/Speech Impaired			431,145	224,364	172,709	95,968	189,221	240,000
Serv. to Hearing Impaired Children								
All Other Gen. VR		2,601,118	2,627,089	2,653,319	2,996,630	3,217,988	3,510,532	4,002,830
TOTAL TYPES OF SPEC. PHYS. SERVICES								
RENDERED BY ONE STATE AGENCY		\$ 4,344,613	\$ 3,862,773	\$ 4,380,900	4,660,472	4,920,345	5,616,735	6,453,682

ALL "SP" SERVICES RENDERED WITH DHS ADMINISTERED FUNDS

	<u>Actual Expenditures</u>						
	<u>9/30/85</u>	<u>9/30/86</u>	<u>9/30/87</u>	<u>9/30/88</u>	<u>9/30/89</u>	<u>9/30/90</u>	<u>9/30/91 (Projected)</u>
<u>NUMBER OF PEOPLE SERVICED</u>							
<u>AND UNITS OF SERVICES (DUPLICATED)</u>							
Grant Total Special Phys. Serv.							
One Depts. All Sources of Funds	2,267	1,757	1,842	1,596	2,772	2,431*	2,260*
Eye Care Pre-School	70	64	80	263	296	75	80
Educ. of Blind Child	160	134	164	252	566	390	460
Soc. Serv. Older Blind	14	12	8	116	32	40	53
Voc. Rehab. Blind	974	723	678	507	680	501	491
TTY	86	86	80	87	85	85	85
Personal Care Attendant	16	15	27	16	13	113	118
Independent Living Services	-	43	282	221	353	281	225
VR Serv. to Hearing/Speech Impaired	947	680	523	381	508	433	368
Serv. to Hearing Impaired Children					239	313	380
All Other Gen. VR						4,826	4,247
Total Types of Special Phys. Services							
Rendered by one State Agency	2,267	1,757	1,842	1,903	2,772	2,431*	2,260*

* Excluding All Other General VR

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SUMMARY #5H CHILD AND FAMILY HEALTH SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. 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, low income, or knowledge deficit are barriers 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/accessibility of genetic services and to reduce the burden 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 selected handicapping conditions early and provide specialty treatment services to children.

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 (ICPHC).

6. POLICY ISSUES.

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

SUMMARY #5H CONTINUED	ALL C&F HEALTH APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS				ALL C&F HEALTH SERVICES RENDERED WITH DHS ADMINISTERED FUNDS			
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Actual	Projected		
CHILD AND FAMILY HEALTH	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services	

Year Ending: June 30, 1986		June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1989	June 30, 1990
STATE GENERAL FUND							Number of People Served and Units of Services (Duplicated)	
By Name	1310.1 1316.1							
Poison Control Program					65,461	66,959		
Handicapped/Coordinated Care Services (1316.1710, 1310.1, 1316.7)	\$ 366,511	\$ 321,038	\$ 452,720	\$ 403,828	948,042	1,542,160	1,861 unduplicated	1,857 undup.
Genetic Diseases	102,186	204,966	126,780	249,898	249,898	314,922	31,539 visits	30,000 est.
Public Health Nursing 1310.1	1,530,656	1,318,714	1,665,629	1,830,686	1,931,701	2,101,307	19,409 visits	22,069 visits
MCH Grants & Services 1316.1700	1,170,564	1,658,610	1,715,116	1,581,644	1,451,478	1,985,000	3,902 clients	2,704 clients
Medical Eye Care 1316.1800	232,101	222,823	241,595	351,423	488,945	600,000	10,683 clients	5,869 undup.
STATE GENERAL FUND SUBTOTAL	\$ 3,402,018	\$ 3,726,151	\$ 4,201,840	\$ 4,417,479	\$5,135,525	\$6,610,348	3,175 undup.	2,899 undup.
FEDERAL FUND 9317.2&9317.5								
By Name 9317.6&9317.7	\$ 650,000	\$ 629,243	2,025,897	1,536,215	1,230,906	1,519,843		
MCH Grants & Services 9317.8								
Handicapped/CCS	664,161	641,048	556,727	646,978	616,850	810,923		
Genetic Diseases	165,000	87,120	171,197	60,000	252,397	0		
Public Health Nursing 9317.6 & 9317.7	583,742	853,077	653,407	643,614	691,016	1,168,988		
Clearinghouse	95,083							
Well Child Clinic 9317.6010	40,630	39,236	48,185	59,906	41,790	44,297	5,825 unduplicated	4,924 undup.
FEDERAL FUND SUBTOTAL	\$ 2,198,616	\$ 2,249,724	\$ 3,455,413	2,946,713	2,832,959	3,544,051		
GRAND TOTAL CHILD & FAM. HEALTH:								
ONE DEPT'S ALL SOURCES OF FUNDS	\$ 5,600,634	\$ 5,975,875	\$ 7,657,253	\$ 7,364,192	\$7,968,484	\$10,154,399		
Health Cen. Off. Adm. (Apportioned)	92,100	92,100	82,100					
CHILD & FAMILY HEALTH SUBTOTAL	\$ 5,692,734	\$ 6,067,975	\$ 7,739,353	\$ 7,364,192	\$7,968,484	\$10,154,399	76,394	70,322

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

1. medical specialty, diagnostic and treatment services	1,861	1,857
2. Newborn screening, AFP screening, fragile & screening counseling, services for children with hemophilia, pedigree analysis, laboratory testing, referral, diagnosis, case management	31,539	30,000 (est.)
3. Public Health Nursing/Community Health Nursing services; well child clinics; school health services; health education/counseling re. management of health problems, parenting, health assessment, immunizations, epidemiology, referral, monitoring health services.	42,994	38,465

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SUMMARY #51 HEALTH CARE RELATED TO PREGNANCY PROGRAM FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

- A. Health services to adolescents including Adolescent Pregnancy and Parenting Project.
- B. Family Planning Program
- C. Women, Infant, and Children's Program (WIC)
- D. Public Health Nursing

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

- A. To provide core services addressing the problem of adolescent pregnancy and parenting in Maine.
- B. To increase health services for adolescents.
- 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 Adolescent Pregnancy Coalition 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. Case management and support services are provided to pregnant and parenting teens.
- B. Family Planning services: education, counseling, physical examinations, contraceptives, pregnancy diagnosis, referral and community education.
- C. Provides specific WIC foods and nutrition education.
- D. Public Health Nursing provides health assessments, health education, parenting education.

4. PRIORITIES FOR SERVICE.

- A. Pregnant and parenting adolescents and their infants.
- B. Women of childbearing age, less than 60% state median income.
- C. Medically/nutritionally at risk low income, pregnant, nursing and non-nursing mothers.

5. INTER-DEPARTMENTAL COORDINATION.

Interdepartmental Coordinating Committee for Preschool Handicapped Children (IOPHC), assuring the availability and provision of comprehensive preventive health care to Maine's handicapped preschool population.

6. POLICY ISSUES.

- A. Adolescent pregnancy.
- B. Adolescent Health Services
- C. Adolescent "Risk" Behaviors

SUMMARY #51 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	Actual	Projected	
HEALTH CARE REL. TO PREGNANCY		Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Actual Services
Year Ending:		June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1989 June 30, 1990
STATE GENERAL FUND								Number of People Served and Units of Services (Duplicated)
Family Planning	1311.3	\$ 222,765	\$ 394,731	\$ 477,577	\$ 496,967	\$ 1,333,268*#	819,145	
Family Planning & Community Education & Information (CIE)			48,000	48,000	227,764			
Local Action Council	1310.1			75,000	100,000	100,000	100,000	
Adolescent Pregnancy Programs						163,418*	288,545*	
STATE GENERAL FUND SUBTOTAL		\$ 222,765	\$ 442,731	\$ 600,577	\$ 824,731	\$ 1,596,686	\$ 1,207,690	
FEDERAL FUND								
Social Serv. Block Grant	9324.1							
Family Planning		668,800	668,800	660,870	850,540	331,380	866,206	31,899 clients 33,042 clients
Family Planning Information & Education		165,380	181,740	181,740	0	0	0	26,672 clients 11,798 client**
WIC	3310.2	\$ 8,139,283	\$ 8,580,335	\$ 9,394,043	\$ 9,924,171	11,215,337	12,825,701	235,332 dup. 254,045 dup.
Adolescent Pregnancy	9317.8/1316.1	200,000	375,000	261,000	261,800	200,000	0	1,052 1,181
FEDERAL FUND SUBTOTAL		\$ 9,173,463	\$ 9,805,875	\$ 10,497,653	\$ 11,036,511	\$ 11,746,717	\$ 13,691,907	
GRAND TOTAL HEALTH REL. PREGNANCY.								
ONE DEPT'S ALL SOURCES OF FUNDS		\$ 9,396,228	\$ 10,248,606	\$ 11,098,230	\$ 11,861,242	\$ 13,343,403	\$ 14,899,597	
Health Cen. Off. Adm. (Apportioned)		37,524	37,524	37,524				
HEALTH CARE REL. PREG. SUBTOTAL		\$ 9,433,752	\$ 10,286,130	\$ 11,135,754	\$ 11,861,242	\$ 13,343,403	\$ 14,899,597	294,955 300,006
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								
		\$ 1,056,945	\$ 1,293,271	\$ 1,368,187	\$ 1,575,271	\$ 1,664,648	\$ 1,685,351	58,571 clients 44,840 clients
Adolescent Pregnancy Projects case management and support services								
		253,000	375,000	336,000	361,000	363,418	288,545	1,052 clients 1,181 clients
WIC - Food and nutrition education								
		6,661,810	6,997,639	7,542,128	8,570,461	9,203,427	10,568,378	235,332 dup. 254,045 dup.
TOTAL TYPES HEALTH REL. PREGNANCY RENDERED BY ONE STATE AGENCY								
		\$ 7,971,755	\$ 8,665,910	\$ 9,246,315	\$ 10,507,532	\$ 11,231,493	\$ 12,542,274	\$ 294,955 \$ 300,066

* In FY '90 and FY '91 major funds were shifted to state funds

FP Clinical & CIE funds combined

** Change in method of reporting

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SUMMARY #5J MEDICAID SERVICES FINANCED AND ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT

There are approximately 130,000 Maine residents eligible for Medicaid. The Maine Medical Assistance Program was established to provide access to basic Medical care for the poor. Over the years, the Medicaid Program has become a source of funding for an increasingly complex and diverse array of services for an expanding eligible population.

2. MISSION-SYSTEM-PHILOSOPHY-EXPECTED OUTCOME STATEMENT

The Bureau of Medical Services is responsible for administering the Medicaid Program on behalf of the Department of Human Services. The Bureau's mission is to serve the health needs of Maine's residents. In conjunction with this essential mission, the Bureau must comply with federal and state procedural and financial requirements and regulations.

3. SERVICES PROVIDED

Services provided through funds administered by the Bureau of Medical Services include:

Inpatient/outpatient hospital services, physician services, transportation, pharmacy services, dental services, family planning services, preventive health services, chiropractic services, medical supplies and equipment, home health services, speech and hearing services, mental health services, substance abuse services, podiatry services, optometric services, services for the mentally retarded, physically disabled, mentally ill and the elderly, occupational therapy, physical therapy, long-term nursing care services, boarding care services, child health services and Drugs to the Elderly Program.

4. PRIORITIES FOR SERVICE

The Medicaid Program enables the poor, aged, disabled and medically indigent to gain access to needed medical care service. The Boarding Home Program provides adults supervision and/or protection in a home environment. The Drugs to the Elderly Program assists the low income elderly population in the purchase of life sustaining drugs.

5. INTER-DEPARTMENTAL COORDINATION

The Bureau of Medical Services is committed to strengthen the coordination of services with the Bureau of Health, the Department of Mental Health and Retardation, the Bureau of Social Services, the Department of Labor and the Department of Educational and Cultural Services.

6. POLICY ISSUES

The Medicaid Program is a crucial component of any strategy to ensure basic health care for Maine's citizens. As the Bureau assumes responsibility for more services to a greater number of people, it is imperative that efforts be made to manage finite resources efficiently and strive to contain the inevitable rise in health care costs. Issues currently being reviewed and developed by the Bureau of Medical Services are, case-mix reimbursement for long-term nursing care, coverage for the uninsured, managed care, electronic media claims processing and other technological innovations.

SUMMARY #5J CONTINUED		MEDICAL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS RELATED TO MEDICAL SERVICES RENDERED WITH DHS ADMINISTERED FUNDS						
ALL SOURCES OF FUNDS (By Accounts)	Actual	Actual	Actual	Actual	Projected	Unduplicated number of Recipients Served		
MEDICAL SERVICES	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures			
Year Ending:	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1988	June 30, 1989	
<u>STATE GENERAL FUND</u>								
Health Accounts/Medical Care Svcs. (1)	\$ 2,709,947	\$ 4,097,282	\$ 4,599,922	\$ 5,849,230	\$ 6,190,750			
Medicaid/Medical Care Services (2)	48,389,634	55,849,125	64,304,116	62,562,983	72,765,505	112,420	134,340	
ICF/SNF Services	35,398,467	41,577,221	47,976,335	58,424,919	63,853,798	11,146	10,962	
Drugs for Maine's Elderly	2,061,383	2,606,734	2,847,153	2,568,082		9,766	9,780	
Boarding Home Care	12,214,411	12,830,734	15,562,374	15,744,810	15,799,810	3,500	3,550	
Medicaid/Medical Care Administration	3,920,343	4,393,576	4,730,213	5,034,429	5,093,921			
STATE GENERAL FUND SUBTOTAL	\$104,694,185	121,354,672	140,020,113	150,184,453	\$163,703,784			
<u>FEDERAL FUND</u>								
Medicaid/Medical Care Services	\$109,187,205	\$117,906,256	\$126,070,819	\$134,852,450	\$161,759,038			
ICF/SNF Services	89,728,522	98,128,762	117,017,443	131,852,450	139,144,616			
Medicaid/Medical Care Administration	5,986,772	6,688,202	7,420,209	7,852,159	9,091,480			
FEDERAL FUND SUBTOTAL	\$204,902,499	\$222,723,220	\$250,508,471	\$274,557,059	\$309,995,134			
GRAND TOTAL REL. MEDICAID SERVICES								
ONE DEPT'S ALL SOURCES OF FUNDS	\$309,596,684	\$344,077,892	\$390,528,584	\$424,741,512	\$473,698,918			
(1) Health accounts include Child Health Services, Crippled Children Services, State Foster Children Services, Medical Eye Care Services, Non-Title XIX Services and TB Services.								
(2) Medicaid account includes all categories except for ICF/SNF services								

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

1. PROBLEM STATEMENT.

Categorically eligible programs administered by the Department include Aid to Families with Dependent Children (AFDC); Food Stamps; Medicaid; General and Emergency Assistance; the State Supplement to Supplemental Security Income; Child Support Enforcement and Investigation and Recovery. 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 and provide recipients with opportunities to become self-sufficient through employment and training programs.

3. SERVICES PROVIDED.

Eligibility determination and review.
Linkages to community resources.
Child support enforcement.
Investigation and recovery.
Welfare to work programs.

4. INTER-DEPARTMENTAL COORDINATION.

Sharing of client identification and outreach with Division of Community Services, SSI and Bureau of Mental Retardation. During the past year and into the future the Bureau will work with the DOL and the DECS to coordinate education and training services to recipients of AFDC and Food Stamps. Coordination includes joint preparation of plans and coordinated delivery of services.

5. POLICY ISSUES.

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

SUMMARY #5K CONTINUED

ALL APPROPRIATIONS, ALLOCATIONS AND ALLOTMENTS FOR 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, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	June 30, 1991		6/30/90	6/30/91
Central Office - Administrative - Grant Costs - STATE GENERAL FUND						General Assistance*	Total Cases Reported	
1318.1 AF/FS/QC/GA	\$ 2,385,840	\$ 2,887,424	\$ 3,097,464	\$ 3,548,051	\$ 3,743,825	Municipalities	79,045	86,949
1319.1 AFDC Grants	23,489,317	23,310,371	23,272,708	27,758,866	30,371,653	Unincorporated		
1319.3 G.A. Payments	6,912,675	6,530,388	7,060,245	11,404,670	10,265,693	Townships	1,164	1,200
1319.7 SSI State Support	12,814,411	12,845,998	14,265,789	15,745,932	16,800,367			
1307.4 AFDC-Reg. Adm.	5,240,190	2,152,079	2,584,733	4,702,652	5,108,422	Emergency Assistance		
1307.4 Food Stamps Reg. Adm.	0	2,774,842	2,587,337	4,582,241	5,284,731	Title IV-A Requests:	9,237	10,900
1307.4 Medical Assistance Reg. Adm.	1,204,072	1,304,741	1,740,866	1,727,345	1,836,677	Grants:	3,919	4,135
1318.2 Health Insurance Subsidy	0	0	0	27,628	1,000,000			
1318.3 ASPIRE	0	0	4,319,702	4,766,874	4,942,075			
1318.4 Family Services	0	0	736,515	1,097,148	1,175,205			
STATE GENERAL FUND SUB-TOTAL	\$ 52,046,605	\$ 51,605,844	\$ 59,665,359	\$ 75,361,407	\$ 80,528,648	SELU		
FEDERAL FUND - Grant Costs						Welfare Cases	33,780	36,000
3318.1 AF/FS/QC	\$ 4,642,421	\$ 5,307,567	\$ 6,341,090	\$ 7,452,994	13,025,539	Non-Welfare Cases	14,742	17,000
3319.1 AFDC Grants	52,196,132	47,799,371	47,701,289	59,439,589	54,243,101	Amt. Collected Welfare	22,311,528	23,600,000
3307.4 Food Stamps Grants	51,780,420	47,370,158	47,496,566	58,791,743	62,695,466	Amt. Coll. Non-Welfare	15,621,799	17,500,000
3307.4 Invest. & Recovery	0	0	0	78,767	91,459			
3307.4 AFDC Reg. Adm.	464,414	2,035,228	2,584,733	3,976,986	4,616,962	AFDC Cases:	18,665	20,582
3307.4 Food Stamps. Reg. Adm.	5,198,177	2,624,178	2,587,337	4,582,241	5,284,731	Recipients:	53,582	57,582
3307.4 Medical Assistance Reg. Adm.	1,346,938	1,699,401	1,740,866	2,033,955	2,360,985			
3307.4 Electronic Resource Dir.	0	0	0	390,088	453,058			
3318.3 A. S. P. I. R. E.	0	0	3,818,369	4,568,376	7,043,417	Food Stamps		
3318.4 Family Services	0	0	176,900	345,592	1,287,378	Cases:	42,133	48,453
3319.3 Gen. Asst. & Emer. Asst.	0	0	446,765	856,343	750,000	Recipients:	97,098	111,663
FEDERAL FUND SUB-TOTAL	\$120,251,028	\$106,835,904	\$112,893,915	\$142,516,674	\$151,852,096			
4318.1 SELU Special Revenue						Medicaid	Cases: 63,611	68,890
	789,463	317,015	1,327,069	1,669,561	2,869,885		Recipients: 145,018	157,000
GRAND TOTALS	\$173,087,096	\$158,758,763	\$173,886,343	\$219,547,642	\$235,250,629			

*Duplicated client count

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, Medically Needy,

NH clients, Avg. monthly caseload.

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SUMMARY #51L CENTRAL OFFICE ADMINISTRATION OF THE DEPARTMENT OF HUMAN SERVICES

1. PROBLEM STATEMENT.

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

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

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

3. SERVICES PROVIDED.

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

4. PRIORITIES FOR SERVICE.

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

5. INTER-DEPARTMENTAL COORDINATION.

Department of Finance and Administration, controller.

6. POLICY ISSUES.

- A. A Data Base Management System for the Data Processing Division is greatly needed to keep up with ever expanding programmatic computerization needs.
- B. 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.

SUMMARY #5L 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	Actual	Actual	Projected	
CENTRAL OFFICE ADMINISTRATION	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	
Year Ending: June 30, 1986	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	
STATE AND FEDERAL FUNDS							
OADAP Administration	\$ 63,328	\$ 71,263	\$ 83,385	\$ 115,218	\$ 122,232	\$ 130,789	The money figures in this section are approximations subject to changes. In fiscal year 1989, a cost allocation plan was developed for FY'91 and used provisionally for FY 90. Overall for the DHS the indirect cost is 7.4%. The current administrative cost rate by program area is:
Social Services Administration	1,778,406	1,892,923	2,061,963	2,195,919	2,329,648	2,492,723	
Maine's Elderly Administration	91,128	109,177	96,066	132,891	140,983	150,851	
Rehabilitation Administration	251,008	313,185	498,630	463,220	491,429	525,829	
Health Central Office Admin.	738,534	794,671	969,405	904,137	959,196	1,026,339	
Medicaid Central Office Admin.	929,861	1,089,623	1,187,589	1,440,380	1,528,096	1,635,063	
Income Supplementation	968,536	1,055,771	1,012,281	1,300,092	1,379,269	1,475,818	
Disability Determination Admin.	77,317	81,046	150,281	237,922	252,424	270,094	
TOTAL CENTRAL OFFICE ADMIN.	\$ 4,898,118	\$ 5,407,659	\$ 6,059,600	\$ 6,789,779	\$ 7,203,277	\$ 7,707,506	

Alcohol and Substance Abuse	-- 9.2%*
Social Services - including Children's Services, Adult Services, Refugees, Purchased Services, Family Services	-- 9.2%
Rehabilitation	-- 6.3%
Elderly	-- 3.8%
Medical Services	-- 8.4%
Health	-- 7.3%
Disability Determination	-- 14.1%
Income Supplementation	-- 4.9%

* Those programs in the Bureau of Health are 7.3%, but are the smaller portion.

**The final rates for 1990 will be submitted to the Federal Department of Health and Human Services, Division of Cost Allocation for approval in June 1991.

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.

DEPARTMENT OF TRANSPORTATION

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SUMMARY 6: TRANSPORTATION SERVICE TO ELDERLY, HANDICAPPED AND LOW-INCOME; FINANCED AND ADMINISTERED BY THE MAINE DEPARTMENT OF TRANSPORTATION

1. PROBLEM STATEMENT.

Transportation service is provided for the benefit of the public at large, for physically and mentally handicapped adults and children, and for Maine's poor and elderly; including those who do not or cannot drive, those who do not own or have access to private vehicles, and those who do not have family, friends, or neighbors available to transport them to medical facilities, schools, shopping centers, jobs, or recreational/social activities.

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

The State of Maine must assure the availability of a mass transportation system that meets the needs of its citizens with special emphasis on transportation services that meet the needs of elderly, handicapped, and low-income people. In carrying out this objective, the Department of Transportation (DOT) provides subsidy and technical assistance to transportation service providers for the acquisition, operation, and maintenance of transportation equipment and facilities and for the administration of transportation programs that enhance the access of people to health care facilities, stores, educational programs, recreational/social functions, and employment opportunities in rural and urban areas of Maine. The DOT encourages and facilitates the efficient use of Federal and State funds used to provide transportation service by coordination of programs and services. To the maximum extent feasible, the Department provides subsidy to private-for-profit operators for the provision of transportation.

3. SERVICES PROVIDED.

Transportation service is provided by both private-non-profit and private-for-profit transportation agencies who operate or contract for the operation of fixed routes and para-transit services to the general public; including elderly, handicapped and low-income citizens.

4. PRIORITIES FOR SERVICE.

Fixed route transit bus service is available to the public at large in urban and small-urban areas of Maine. Paratransit service in handicapped - accessible small buses and vans is available to the general public, elderly, handicapped, and low-income residents in most Maine communities by calling the local transportation provider and reserving a time and place. Liaisons appointed by the Departments of Human Services (DHS) and Mental Health and Mental Retardation (DMHMR) coordinate purchase of service contracts with transportation providers and serve in an advisory capacity to the DOT on matters concerning public transportation, especially on matters concerning transportation of their clients. In the event that funds from DHS and DMHMR for the transportation of their clients are insufficient for full implementation of the service required, priorities established by DHS and DMHMR shall determine which clients shall be initially served by available human services' funds.

5. INTER-DEPARTMENTAL COORDINATION.

Within the limits of available funding, the cost of transporting Maine's elderly and handicapped is shared by DOT, DHS, and DMHMR. A Biennial Operations Plan (BOP), which details transportation services in each of the eight regions in Maine, is approved by DOT with the consent of DHS and DMHMR. Upon approval, all transportation agencies named in the BOP to participate in the provisions of service shall become eligible to receive subsidy from the Department of Transportation.

6. POLICY ISSUES.

Development, operation and maintenance of a permanent, effective, accessible public transportation system, with particular regard to the transportation needs of elderly, handicapped, and low-income 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	Actual Expenditures	Actual Expenditures	Projected Expenditures
Year Ending:	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991
STATE GENERAL FUND	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 300,000
STATE GENERAL FUND SUB-TOTAL	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 300,000
FEDERAL FUNDS							
16 (b) (2) (E&H Capital)	\$ 221,864	\$ 222,813	\$ 246,934	\$ 275,710	\$ 276,195	\$ 275,244	\$ 275,000
Section 18 (Rural Subsidy)	687,648	766,005	775,280	803,024	704,102	714,111	700,000
Section 9 (Urban Subsidy)	<u>1,676,106</u>	<u>1,729,170</u>	<u>1,457,694</u>	<u>1,408,802</u>	<u>1,262,001</u>	<u>\$ 1,175,872</u>	<u>\$ 1,100,000</u>
FEDERAL FUNDS SUB-TOTAL	\$ 2,585,618	\$ 2,717,988	\$ 2,479,908	\$ 2,487,536	\$ 2,242,298	\$ 2,165,227	\$ 2,075,000
TOTAL FEDERAL AND STATE FUNDS	\$ 2,985,618	\$ 3,117,988	\$ 2,879,908	\$ 2,887,536	\$ 2,642,298	\$ 2,565,227	\$ 2,375,000

Actual Services

Number of People Served
and Unit of Service

The Department of
Transportation does
not keep records on
the number served.

DEPARTMENT OF LABOR

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SUMMARY 7: JOBS TRAINING PARTNERSHIP ACT; ADMINISTERED BY THE DEPARTMENT OF LABOR

1. 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 education and 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, employment 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, technical colleges, higher education institutions, or private employers.

4. PRIORITIES FOR SERVICE.

Priority is placed in each program upon services to those individuals who face significant barriers to employment with special emphasis directed to serving the following target groups: school dropouts, welfare recipients, displaced and dislocated workers and economically disadvantaged youth. The primary goal for all programs serving adults is the acquisition of unsubsidized employment. For youth the major goal is the development of employment competencies that lead to getting and keeping a job. 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; (3% older worker grant)
2. promote cooperative efforts with public education institutions in serving disadvantaged youth and adults; and (8% education set aside)
3. provide incentive grants to SDA's that exceed required performance outcomes. (6% incentive grant)

5. INTER-DEPARTMENTAL COORDINATION.

Department of Education, Department of Human Services including Bureau of Rehabilitation, Bureau of Social Services, Bureau of Income Maintenance, Bureau of Elder and Adult Services.
Department of Economic and Community Development, Department of Mental Health and Mental Retardation.

6. POLICY ISSUES.

Coordination and articulation of Federal and State resources and programs to provide training and employment opportunities for the economically disadvantaged are the primary goals of JTPA. Clear and definitive roles and responsibilities of Human Services, Education, Department of Labor and other human resource development agencies 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 (MHRDC). 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 (PICS) 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 (PIC), 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, Maine Vocational Technical Colleges 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 has been positive.

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. Individual employability plan describes the planned services an individual will receive as a result of the decision made between the individual and the job training system.

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 Services 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.

Policy issues around STAR's implementation and its operation continue to be developed and evaluated for effectiveness.

SUMMARY #7, CONTINUED

JOB TRAINING PARTNERSHIP ACT, DEPARTMENT OF LABOR

	Actual Expenditures	Actual Expenditures	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, 1990	June 30, 1991	1989	1990
<u>ALL FEDERAL FUNDS</u>								
JTPA (Federal)								
Title II-A	\$ 8,542,410	\$ 7,378,639	\$ 7,118,297	\$ 6,045,883	\$ 6,251,884	5,389,500	3,679	3,864
Title II-B	3,685,580	3,598,175	2,444,313	2,544,602	2,281,732	2,143,858	1,375	1,846
Title III Form EDWAA					434,554	730,075		707
Title III Disc EDWAA					85,375	969,667		
III Form	769,268	368,277	449,795	465,318	58,544		666	
III Disc	<u>906,451</u>	<u>1,054,625</u>	<u>276,530</u>	<u>0</u>			<u>0</u>	
TOTAL JTPA	\$ 13,903,709	\$ 12,399,716	\$ 10,288,935	\$ 9,055,803	\$ 9,112,089	9,233,100	5,720	6,417
HOT				91,110	309,804	273,562	691	997
MTI	\$	\$	\$ 875,452	\$ 924,539	997,308	961,534	2,422	2,493
STAR		0	0	1,148,525	1,878,770	1,794,203	832	1,301
TOTAL State	\$	\$	\$ 875,452	\$ 2,164,174	\$ 3,185,882	\$ 3,029,299	3,945	4,791
Total		\$ 12,399,716	\$ 11,164,387	\$ 11,219,977	\$ 12,297,971	\$ 12,262,399	9,665	11,208

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

1990 Maine Social Services Report

SUMMARY #8: MAINE STATE HOUSING AUTHORITY

1. PROBLEM STATEMENT

Since the 1980's there has been decreasing Federal commitment to the development of housing. Affordability and availability create severe strains on Maine citizens to obtain and maintain decent shelter.

2. MISSION

Maine State Housing Authority's mission is to aid Maine people in obtaining and maintaining decent, affordable housing of a type and in a location suitable to their needs by providing financial, technical, and other assistance for the acquisition, construction, and improvement of housing. MSHA also administers Federal housing funds of behalf of the state.

3. SERVICES PROVIDED

HOMEOWNERSHIP -- Through proceeds from tax-exempt bonds and the State's HOME fund, the Home Purchase and Homestart Programs provide lower interest rate mortgage loans to very low, low and moderate income first time homebuyers. Home Improvement loans use tax-exempt bonds and the HOME Fund to provide lower interest rate loans to very low, low, and moderate income households for home improvements and repair. The authority is also participating in a Federal pilot project which provides Home Equity Conversion Mortgages to income eligible older persons. MULTIFAMILY -- The Rental Loan Program uses MSHA tax exempt bonds and HOME funds to make lower interest rate mortgages for the construction of rental housing, including some for very low and low-income tenants. New low income rental housing is also 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 substandard rental housing for low-income tenants. Section 8 Existing Certificates or Vouchers are provided to units rehabilitated through this Federal program. The MSHA administers more than 2,600 federal Section 8 Existing 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. (These two programs are no longer adding new units.)

SPECIAL HOUSING PROGRAMS -- The MSHA finances emergency and transitional homeless shelters in the state from its HOME Fund. The MSHA uses bond financing to provide low interest rate mortgage loans for boarding care facilities which provide housing to persons with developmental disabilities and persons with mental illness. The EAGL Program provides funds for accessibility improvements for homes and apartments for persons with physical disabilities.

4. PRIORITIES FOR SERVICE - Housing needs for very low, low and moderate income persons.

5. INTER-DEPARTMENTAL COORDINATION

- A. Tenant Assistance Program in cooperation with the Bureau of Elder and Adult Services.
- B. Boarding Care Facilities and Group Homes in conjunction with the Department of Human Services, Bureau of Mental Health, Bureau of Mental Retardation and Bureau of Rehabilitation.
- C. Coordination of Comprehensive Planning and Land Use Regulation Act with Department of Economic and Community Development.
- D. Housing Partnership Act of 1989 programs in conjunction with the Department of Economic and Community Development.
- E. Underground Oil Storage Tank Removal in conjunction with the Department of Economic and Community Development.

6. POLICY ISSUES.

- A. The construction of decent affordable housing, ownership/rental.
- B. Rehabilitation of existing structures.
- C. Homelessness.
- D. Housing for special need populations.

SUMMARY #8, CONTINUED

MAINE STATE HOUSING AUTHORITY — ALL APPROPRIATIONS, ALLOCATIONS, ALLOTMENTS

	Revenues Year Ending December 31, 1987	Revenues Year Ending December 31, 1988	Revenues Year Ending December 31, 1989
State Appropriated Income	\$500,000 ^[1]	\$ 0	\$ 500,000 ^[4]
<hr/>			
<u>Programs Offered by MSHA</u>	<u>Cumulative Housing Funds Generated⁽²⁾ Since MSHA Founded</u>	<u>Number of Units 1988 (Cumulative)</u>	<u>Number of Units 1989 (Cumulative)</u>
1. Single-Family Purchase	\$ 809,268,931	17,305	18,954
Single-Family Home Improvement	14,355,743	2,054	2,347
2. Multi-Family Program (Federal Section Eight)			
New Construction/Substantial Rehabilitation	149,000,000	4,585	4,585
Moderate Rehabilitation	1,199,200 ⁽³⁾	428	558
Existing Certificate/Vouchers	12,000,000	2,264	2,631
Rental Rehabilitation Program (Federal)	10,858,716	1,249	1,486
Rental Rehabilitation Program (State)	196,000	76	76
3. Rental Housing Loan Program (Non-Section 8)			
New Construction/Substantial Rehabilitation	45,279,973	526	1,227
Purchase/Improvement	610,000	34	34
4. Community Housing Programs			
Homeless Shelters	4,309,000	544 beds	555 beds
Farmers Home 515 Rental Assistance	7,968,000	156	180
Small Projects Initiatives	1,868,000	54	54
Rural Housing Preservation Costs	2,259,647	189	351
New Housing Initiatives Program	10,375,563	356	356
Handicapped Accessibility Program	850,000	53	88

(1) Flood Assistance.

(2) Does not include bond reserves.

(3) No estimate on amount of private loans generated.

(4) Shelter operating Subsidy Program

DEPARTMENT OF CORRECTIONS

1990 Social Services Report

SUMMARY 9A: SOCIAL SERVICES BY THE DEPARTMENT OF CORRECTIONS

1. PROBLEM STATEMENT.

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

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

To provide, or assist in the provision of correctional services throughout the state and, to that end, 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.

The Department provides, or assists in the provision of, correctional services relating to all facets of rehabilitation and community-life adjustment. The services are 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 each other, and to provide custody, supervision and rehabilitation for those considered in need of correctional programs. 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 abuse 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. comprehensive correctional services are implemented throughout the state;
- C. the public is protected from those within the correctional system who display incorrigible traits; and
- D. efforts are made, whenever possible, to offer rehabilitative services to community-based correctional clients.

6. POLICY ISSUES.

The policy of the Department is that correctional services be developed, expanded, or approved through the provision of direct services by or through the Department to persons and other entities of services relating to all areas of rehabilitation and community-life adjustment. These services are 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	Actual Expenditures	Projected Expenditures
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991	
DEPARTMENT OF CORRECTIONS							
*Alcohol Services	\$ 219,976	\$ 267,143	\$ 370,698	\$ 485,020	\$ 443,726	\$ 598,200	\$
**Community Correctional Services	1,035,740	1,304,461	1,528,152	1,996,760	2,501,505	2,644,520	2,980,287
Social Services	196,095	193,666	221,138	334,582	434,182	452,931	475,575
TOTAL	\$ 1,451,811	\$ 1,765,270	\$ 2,119,988	\$ 2,816,362	\$ 3,379,413	\$ 3,695,651	\$3,455,862
	Actual Expenditures 1985	Actual Expenditures 1986	Actual Expenditures 1987	Actual Expenditures 1988	Actual Expenditures 1989	Actual Expenditures 1990	Projected Expenditures 1991
SOCIAL SERVICES							
Maine Youth Center	\$ 54,696	\$ 55,730	\$ 59,107	\$ 64,070	\$ 68,800	\$ 70,934	\$ 74,480
Maine Correctional Center	53,309	58,921	70,755	86,191	145,654	192,432	202,053
Maine State Prison	84,447	79,015	91,276	151,991	186,752	150,310	157,825
Downeast Correctional Facility				32,330	32,976	39,255	41,217
TOTAL	\$ 192,452	\$ 193,666	\$ 221,138	\$ 334,582	\$ 434,182	\$ 452,931	\$ 475,575

*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 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. The revised Adult and Juvenile Codes, implemented a few years ago, have greatly increased the number of clients in need of community-based services. These services offer options other than incarceration within State and county facilities to the Department of Corrections and judges.

SUMMARY 9B:

JUVENILE JUSTICE & DELINQUENCY PREVENTION PROGRAM

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Projected Expenditures
Year Ending: June 30, 1985	June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989	June 30, 1990	June 30, 1991
STATE GENERAL FUNDS							
1371.7 Juvenile Justice Program							
Positions	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Personal Services	\$ 32,000	\$ 31,230	\$ 32,809	31,380	33,109	36,803	37,246
All Other	45,070	81,322	37,435	14,679	40,701	61,781	33,107
Sub-Total General Fund	\$ 77,070	\$ 112,552	\$ 70,244	\$ 46,059	\$ 73,810	\$ 98,554	\$ 70,353
FEDERAL GRANTS							
3371-7001 Other Grants		\$ 156,167	\$ 162,206	\$ 170,261	\$ 220,392	\$ 218,549	\$ 236,047
3371-7004 Jail Monitoring Grant							
Positions	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Personal Services	24,814	27,100	29,306	33,266	35,823	39,457	42,264
All Other	12,998	8,633	8,942	4,214	2,190	1,323	4,841
3371-7005 Administration							
Positions	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Personal Services	16,875	19,352	16,225	15,681	16,200	24,384	26,940
All Other	---	123	246	240	400	888	811
3371-7007 Advisory Group							
Support							
Personal Services	3,553						
All Other	7,697	13,625	8,075	7,338	9,737	14,318	14,097
Sub-Total Federal Grants	\$ 225,000	\$ 225,000	\$ 225,000	\$ 231,000	\$ 284,742	\$ 298,919	\$ 325,000
GRAND TOTAL STATE AND FEDERAL	\$ 302,070	\$ 337,552	\$ 295,244	\$ 277,059	\$ 358,552	\$ 397,473	\$ 395,353

SUMMARY 9B 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 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 1989-90).

- Priorities:
- Youth Advocacy;
 - Removal of Juveniles from Adult-Serving Jails and Lockups;
 - 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's (JJAG) Jail Monitoring Committee

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

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

DEPARTMENT OF EDUCATION

1990 Social Services Report

SUMMARY 10: DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES: THE INTERDEPARTMENTAL COORDINATION SYSTEM FOR INFANTS AND CHILDREN WHO ARE HANDICAPPED OR AT-RISK, AND THEIR FAMILIES

1. PROBLEM STATEMENT.

In Maine, services for infants and preschool children with special needs 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, ages 0-5, 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:

- * Infants and children, ages 0 - 5, who are handicapped or at-risk for developmental delay;
- * parents of children 0-5 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. GOALS AND OBJECTIVES

The ICCPHC works aggressively to assure that:

- A. identification services (screening and evaluation) are available and accessible to Maine's young children, ages 0-5.
- B. A coordinated, family focused plan will be developed and implemented for each child and family, reflecting the priorities of the family and provided pursuant to P.L. 99-457.
- C. Raise awareness about early childhood development, parenting and services for children and families.
- D. Reduce the incidence of developmental delay, and the impact of a handicap upon individual children and their families.
- E. Transition to public school is a smooth and positive experience for parents, children and public schools.
- F. Education, support personal and professional growth for parents and providers is available through a variety of mediums and sources at the community level.

6. INTER-DEPARTMENTAL COORDINATION.

Management of this program is the responsibility of the Interdepartmental Coordinating Committee for Preschool Handicapped Children, (ICCPHC), which includes representatives from the Departments of Educational and Cultural Services, Human Services, and Mental Health and Mental Retardation, Division of Community Services, Department of Labor, Department of Corrections, as well as Parents, MADSEC, Headstart, the Developmental Disabilities Council, and private and community provider representatives.

SUMMARY 10 CONTINUED

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual Expenditures	Actual FY '90	Projected FY '91
Year Ending: June 30, 1985	June 30, 1986	June 30, 1987	June 30, 1988	June 30, 1989			
<u>STATE GENERAL FUNDS</u>							
0-5 Handicapped Services	\$ 909,730	\$ 1,051,637	\$ 1,123,689	\$ 1,159,393	\$ 1,159,393	\$ 1,849,782	\$1,814,715
<u>FEDERAL FUNDS</u>							
P.L. 99-457							
Part H (0-2)				244,444	327,644	341,396	-0-
Section 619 (3-5)				1,481,823	3,268,496	1,662,241	3,457,541

Preschool Services Provided

The sites in 1988:

Received 3,273 referrals, (increase of 16% over 1987-1988)
 Screened 6,450 children, (increase of 24% over 1987-1988)
 Evaluated 3,542 children, (increase of 38% over 1987-1988)
 Managed 4,690 cases (sites only), (increase of 15% from 1987-1988 and
 Placed 9,021 children (increase of 43% over 1987-1988) in
 17,050 services (increase of 70% over 1987-1988).
 Waiting for services - 2,275 children (increase of 63%)

EPILOGUE

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

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

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

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