MAINE STATE LEGISLATURE

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State of Maine

COMMUNITY MENTAL HEALTH CENTER
SURVEY, PLANNING AND PROGRAM DEVELOPMENT

Department of Mental Health and Corrections

Fiscal Year 1970

222430

COMMUNITY MENTAL HEALTH CENTER

SURVEY, PLANNING AND PROGRAM DEVELOPMENT

DEPARTMENT OF MENTAL HEALTH AND CORRECTIONS

William F. Kearns, Jr., Commissioner

BUREAU OF MENTAL HEALTH

William E. Schumacher, M.D., Director

Thomas J. Kane, A.C.S.W., Chief

Community Mental Health Services

ADMINISTRATION OF STATEWIDE CONSTRUCTION PROGRAM

DEPARTMENT OF HEALTH AND WELFARE

Dean Fisher, M.D., Commissioner

Woodrow E. Page, Director

Fiscal Year
1970

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I. ADMINISTRATIVE ORGANIZATION AND FUNCTIONS

A. SINGLE STATE AGENCY

The single state agency of Maine for the administration of the Community Mental Health Centers Construction Plan is:

Department of Health and Welfare
State Capitol
Augusta, Maine 04330
Commissioner: Dean Fisher, M.D.
Health Facilities Planning and Construction Service Director: Woodrow E. Page

A table of organization of the single state agency follows.

1. Evidence of Authority

The authority provided to the Department of Health and Welfare is defined in Chapter 231, Public Laws of Maine 1965, and by the designation of the Department of Health and Welfare as the sole state agency for the administration of the plan by Governor John Reed on January 29, 1965. Copies of the statute, its certification and a copy of Governor Reed's letter follow.

B. SUPERVISED AGENCIES

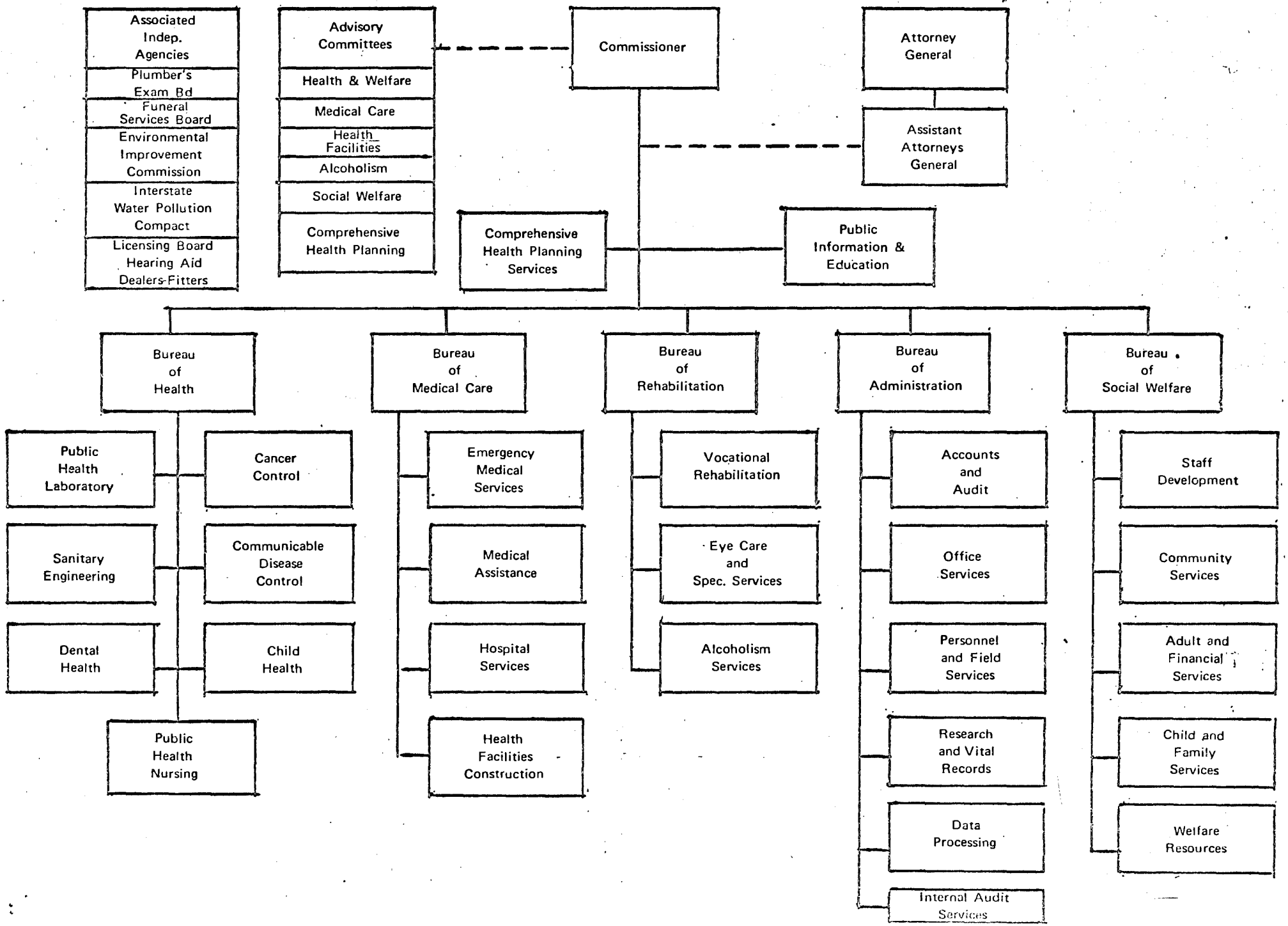
While the administration of the State Plan is vested in the Department of Health and Welfare, Community Mental Health Center program promotion and planning, and the development of a comprehensive plan for community mental health services (including centers construction) rests with the Bureau of Mental Health of the Department of Mental Health and Corrections which is designated as the Mental Health Authority of the State of Maine.

The arrangement providing for program and plan development in the Department of Mental Health and Corrections is by agreement between the two Departments as follows: "The Department of Mental Health and Corrections has entered into an agreement with the Department of Health and Welfare for the express purpose of utilizing the experience and knowledge of the Hill-Burton officials in constructing community mental health facilities approved under Maine's Community Mental Health Center Survey and Construction Plan."

DE MEN HE ANC FAF

ORGANIZATION CHART

JANUARY 1, 1970



APPROVED

4-28-65

BY GOVERNOR

CHAPTER

231

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED SIXTY-FIVE

S. P. 364 — L. D. 1131

AN ACT to Authorize State Participation in Federally Aided Health Facilities Programs.

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Federal Government, through P. L. 88-164, has made available assistance for construction of facilities for the mentally retarded and for community mental health centers, and through P. L. 88-443, has made available assistance for construction and modernization of hospitals and other medical facilities; and

Whereas, approximately $1,500,000 in federal funds will be available for use under P. L. 88-443, and approximately $300,000 will be available for use under P. L. 88-164, during the fiscal year ending June 30, 1965, only if certain organizational requisites are met immediately; and

Whereas, at present several facilities have applied for and are eligible for such federal grants; and

Whereas, the present and future welfare of our State is dependent upon new construction and modernization of hospital and other medical facilities, including mental retardation facilities and community mental health centers; and

Whereas, the following legislation is vitally necessary to assist in such new construction and modernization of hospital and other medical facilities, including mental retardation facilities and community mental health centers; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., T. 22, §§ 1702, 1704, repealed. Sections 1702 and 1704 of Title 22 of the Revised Statutes are repealed.

Sec. 2. R. S., T. 22, § 1703, amended. The first sentence of section 1703 of Title 22 of the Revised Statutes is amended to read as follows:

'The department shall have authority to accept any federal law now in effect or hereafter enacted which makes federal funds available for public health services of all kinds including the construction of hospitals and health centers and to meet such federal requirements with respect to the administration of such funds as are required as conditions precedent to receiving federal funds.'

Sec. 3. R. S., T. 22, § 1709, additional. Title 22 of the Revised Statutes is amended by adding a new section 1709, to read as follows:

467-1

'§ 1709. State-wide plan; advisory council; duties

Except where a single state agency is otherwise designated or established in accordance with any other state law, any state officer or state agency, designated by the Governor for such purpose, is authorized to be the sole agency of the State of Maine to establish and administer or supervise the administration of any statewide plan for the construction, modernization, equipment, maintenance or operation of any facilities for the prevention of physical or mental illness or the provision of care, treatment, diagnosis, rehabilitation, training or related services, which plan is now, or may hereafter be, required as a condition to the eligibility for benefits under any federal law. Such officer or agency is authorized to receive, administer and expend any funds that may be available under any federal law or from any other source, public or private, for such purposes.

The Governor shall appoint a state advisory council or councils with appropriate representatives, including such representatives as are required as a condition of eligibility for benefits under any federal law, to consult with such state officer or state agency in carrying out the purposes of this chapter.

Each council member shall hold office for a term of 4 years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and the term of office of the members first taking office shall expire, as designated at the time of appointment, ¼ of the total number of members at the end of the first year, ¼ at the end of the 2nd year, ¼ at the end of the 3rd year, and ¼ at the end of the 4th year, after the date of appointment. The Governor shall designate the chairman of each such council. Council members, while serving on council business, shall receive no compensation but shall be entitled to receive actual and necessary travel and subsistence expenses while so serving away from their places of residence. The council or councils shall meet as frequently as the chairman thereof deems necessary but not less than once each year. Upon request of 4 or more members of a council, it shall be the duty of the chairman to call a meeting of such council.

Such state officer or state agency is authorized and empowered to comply with or do any and all other acts or things necessary or required to be done as a condition to receiving federal aid or grants with respect to the establishment, construction, modernization, maintenance, equipment or operation for all the people of the State of adequate facilities and services as specified in this section, including the authority:

1. Inventory. To provide for an inventory of existing facilities of a particular category or categories thereof, and to survey the need for additional facilities;

2. Program. To develop and administer a construction program or programs which, in conjunction with existing facilities, will afford adequate facilities to serve the people of the State;

3. Administration. To provide methods of administration, including personnel standards, on a merit basis, and to require reports, make investigations and prescribe regulations;

4. Priority. To provide for priority of projects or facilities;

5. Hearing. To provide to applicants an opportunity for a hearing before such state officer or state agency; and

6. Standards. To prescribe and require compliance with such standards of maintenance and operation applicable to such facilities as are reasonably necessary to protect the public health, welfare and safety.'

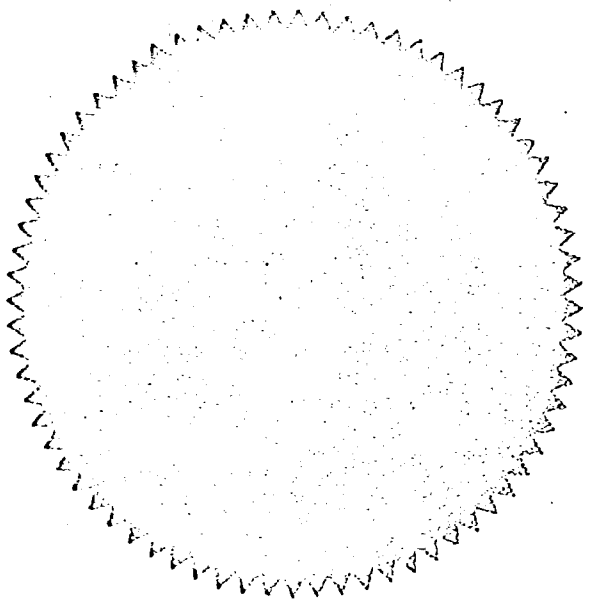
Emergency clause. In view of the emergency cited in the preamble, this Act shall take effect when approved.

467-2

State of Maine

Department of State

I, Kenneth M. Curtis, Secretary of State, certify, that the paper to which this is attached, is a true copy from the records of this office.



In Testimony Whereof, I have caused the Great Seal of the State to be hereunto affixed. GIVEN under my hand at Augusta, this thirteenth day of May in the year of our Lord one thousand nine hundred and sixty-five and in the one hundred and eighty-ninth year of the Independence of the United States of America.

Kenneth M. Curtis *Secretary of State*

IN HOUSE OF REPRESENTATIVES, April 22, 1965

Read three times and passed to be enacted.

Dana W. Childs *Speaker*

IN SENATE, April 23 1965

Read twice and passed to be enacted.

Carlton Day Reed Jr. *President*

Approved April 28 1965

John H. Reed *Governor*

STATE OF MAINE
OFFICE OF THE GOVERNOR
AUGUSTA

JOHN H. REED
GOVERNOR

January 29, 1965

Luther L. Terry, M.D.
Surgeon General
Public Health Service
Department of Health, Education, and Welfare
Washington, D.C.

Dear Surgeon General Terry:

In accordance with Revised Statutes 1964, Title 2, Section 4, I hereby designate the Maine Department of Health and Welfare as the sole agency for the administration of the plan, as required by Public Law 88-164, section 134 (a)(1) for mental retardation facilities and section 204(a)(1) for community mental health centers; also, as required by Public Law 88-443, section 604(a)(1) for hospitals and other medical facilities, such designation to be effective on passage of enabling legislation in the 102nd Maine Legislature.

Sincerely yours,

John H. Reed

JOHN H. REED
Governor

1. The Agreement

a. The Department of Health and Welfare will be responsible for the following functions:

1. General administration (with the exceptions mentioned under item b)

2. Review and process of Parts 1, 2, 3, and 4 of project applications (with the exception of the review of Part 1 in respect to program (scope) and feasibility mentioned under item b2)

3. All phases of construction and payments.

4. Consultation with the Advisory Council.

b. The Department of Mental Health and Corrections will be responsible for the following functions:

1. Preparation of the State Community Mental Health Center Survey and Construction Plan, and revisions and modifications.

2. Consult directly with eligible project sponsors in the development of their proposed project program and feasibility, and review for approval Part 1 of the Project Application in respect to these items.

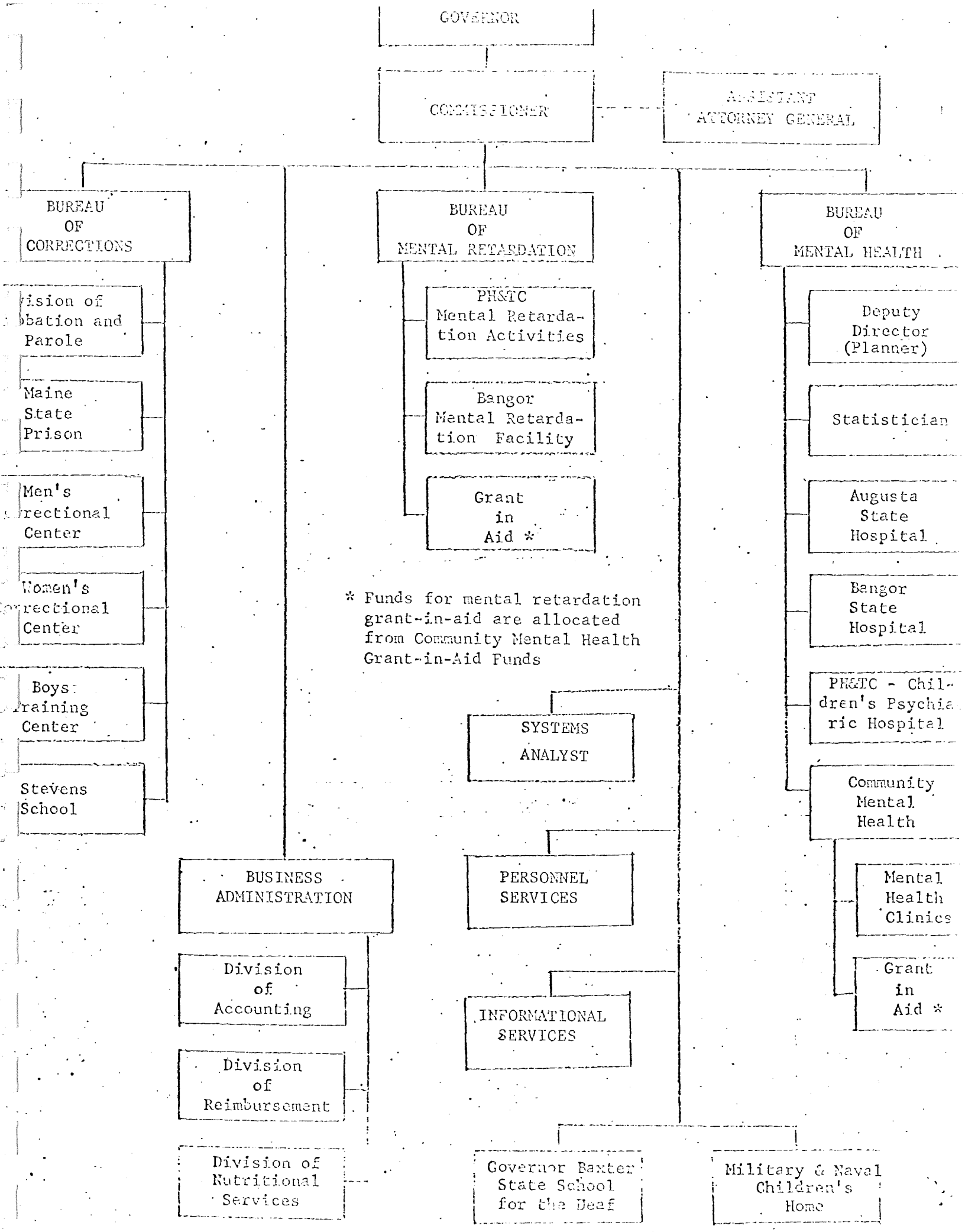
3. Administer grants for the initial cost of professional and technical personnel for centers.

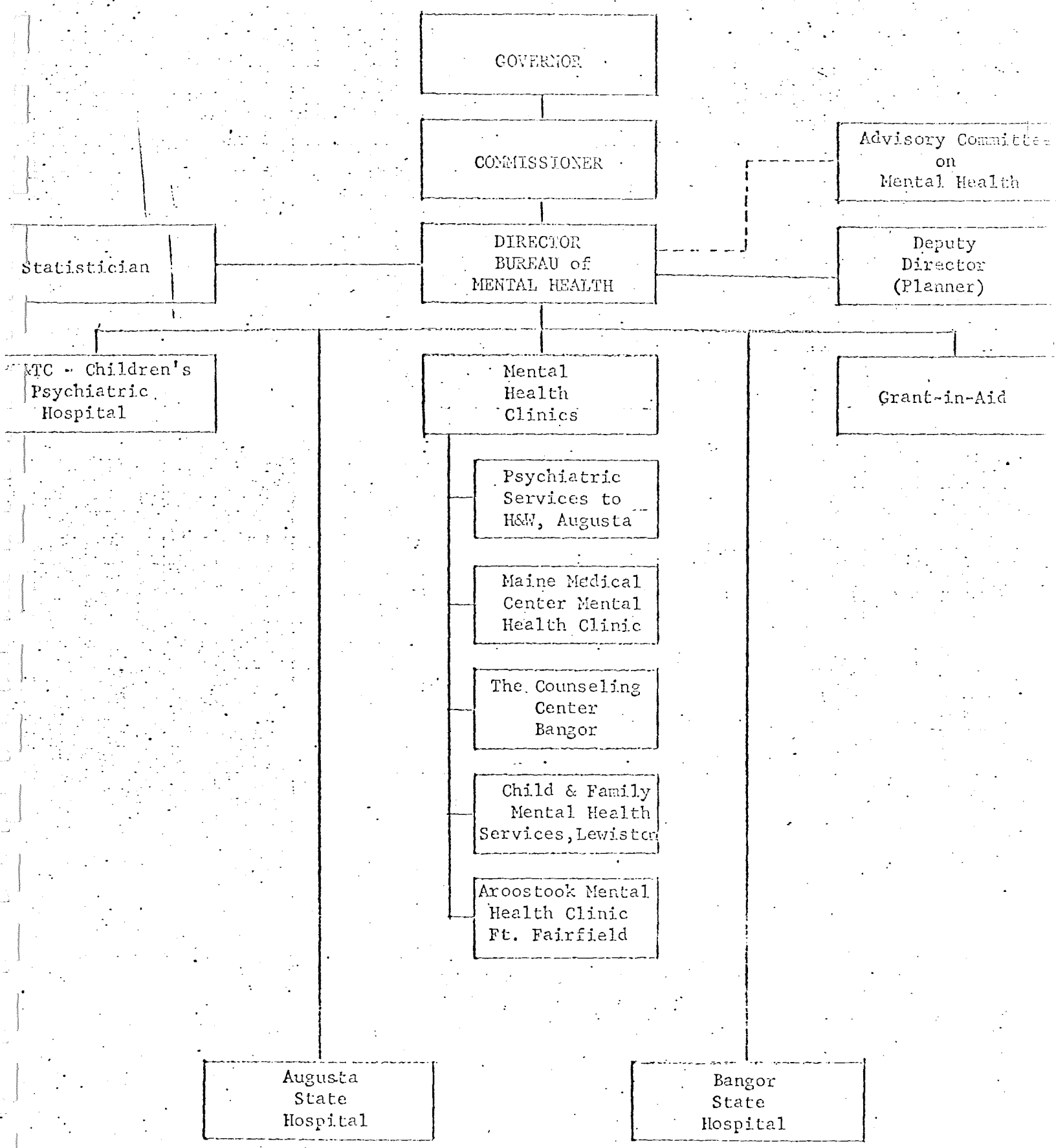
4. Develop and enforce standards of maintenance and operation of programs.

Department of Mental Health and Corrections
State Capitol
Augusta, Maine 04330
Commissioner: William F. Kearns, Jr.
Bureau of Mental Health Director:
William E. Schumacher, M.D.

The Bureau of Mental Health of the Department of Mental Health and Corrections is responsible for the direction of the mental health programs in the institutions within the department and is responsible for the promotion and guidance of mental health programs within the several communities of the State.

An organizational chart follows.


GOVERNOR
COMMISSIONER
ASSISTANT ATTORNEY GENERAL
BUREAU OF CORRECTIONS
BUREAU OF MENTAL RETARDATION
BUREAU OF MENTAL HEALTH
vision of bation and Parole
Maine State Prison
Men's rectional Center
Women's rectional Center
Boys' raining Center
Stevens School
PH&TC Mental Retardation Activities
Bangor Mental Retardation Facility
Grant in Aid *
Deputy Director (Planner)
Statistician
Augusta State Hospital
Bangor State Hospital
PH&TC - Children's Psychiatric Hospital
Community Mental Health
Mental Health Clinics
Grant in Aid *
* Funds for mental retardation grant-in-aid are allocated from Community Mental Health Grant-in-Aid Funds
SYSTEMS ANALYST
PERSONNEL SERVICES
INFORMATIONAL SERVICES
BUSINESS ADMINISTRATION
Division of Accounting
Division of Reimbursement
Division of Nutritional Services
Governor Baxter State School for the Deaf
Military & Naval Children's Home


GOVERNOR
COMMISSIONER
Advisory Committee on Mental Health
Statistician
DIRECTOR BUREAU of MENTAL HEALTH
Deputy Director (Planner)
MTC - Children's Psychiatric Hospital
Mental Health Clinics
Grant-in-Aid
Psychiatric Services to H&W, Augusta
Maine Medical Center Mental Health Clinic
The Counseling Center Bangor
Child & Family Mental Health Services, Lewiston
Aroostook Mental Health Clinic Ft. Fairfield
Augusta State Hospital
Bangor State Hospital

C. MENTAL HEALTH RESPONSIBILITIES

In Maine, mental health responsibilities are officially designated as follows:

a.* operation of state mental hospitals -- Department of Mental Health and Corrections

b.* alcoholism programs -- Division of Alcoholic Rehabilitation, Department of Health and Welfare

c.* mental health services for children and youth -- Department of Mental Health and Corrections

d.* services for drug addiction and narcotics abuse--Interagency Commission on Drug Abuse

e.* mental health rehabilitation services -- Division of Rehabilitation, Department of Health and Welfare

f.* financing of psychiatric treatment of indigent patients -- Department of Mental Health and Corrections through the provision of free services and grants-in-aid, and the Department of Health and Welfare through Title XIX

g.* mental health services for adult and juvenile offenders -- Department of Mental Health and Corrections

h.* mental health services for the aged -- Department of Mental Health and Corrections

i.* mental health manpower and manpower development -- Department of Mental Health and Corrections

* The Department of Mental Health and Corrections through its Bureau of Mental Health provides state institutional care, assigns employees to work in community mental health services, provides financial assistance through grants-in-aid for local services and provides direct financial assistance for education and for special programs. In its direct service provision alcoholics, drug abusers, the aged, offenders, children and youth are served, they are also served by those agencies partially supported by direct financial assistance or by the assignment of Bureau of Mental Health personnel.

The Bureau of Mental Health is assisted in its activities by the Advisory Committee on Mental Health, of nine members appointed by the Governor for staggered three year terms. The present Advisory Committee is composed of the following members:

1. John Ballou, Chairman
   6 State Street
   Bangor, Maine 04401

2. Neil D. Michaud, A.C.S.W.
   Diocesan Bureau of Human Relations Services
   519 Ocean Avenue
   Portland, Maine 04103

3. Joseph Sanders, Ph.D.
   Veterans Administration Center
   Togus, Maine 04330

4. James R. Costello
   Lewiston Sun Journal
   104 Park Street
   Lewiston, Maine 04240

5. Norman Rogerson
   Nickerson Lake
   Houlton, Maine 04730

6. Miss Mary Worthley
   West Lebanon, Maine 04027

7. Ruth Pullen
   49 High Street
   Camden, Maine 04843

8. Mrs. A. Bernadette Vincent
   46 Magnolia Street
   Portland, Maine 04103

9. Alan Elkins, M.D.
   Director of Psychiatry
   Maine Medical Center
   Mental Health Clinic
   22 Bramhall Street
   Portland, Maine 04102

D. STATE ADVISORY COUNCIL

Maine's Advisory Council consists of sixteen members appointed by the Governor for staggered terms of four years. The same council of sixteen members acts as the council for Hospital and Medical Facilities Survey and Construction, and for Mental Retardation Facilities Construction. The Governor designates the Chairman of each of the three councils.

The use of the same individual council members on all three councils provides for a unique integration of facilities planning and construction in these three programs.

a. The list of members of the Mental Health Advisory Council follows.

b. Edward Y. Blewett, Chairman, presides at meetings of the council and approves the agenda of the meetings. He serves as advisor to the single state agency on matters which arise between council meetings. The chairman is also consulted and/or advised by the Bureau of Mental Health of the Department of Mental Health and Corrections concerning its activities, and of the relation of proposed construction projects to staffing grants and of other programmatic relationships.

The Council reviews the construction plan and approves it. It conducts hearings on complaints in relation to the plan and the distribution of funding under the plan. It hears applicants and recommends allocations of available funds under the provisions of the plan.

The Council met during the year July 1, 1969 to June 30, 1970 as follows:
April 7, 1970 - April 13, 1970

There was no new community mental health center construction grants to consider or approve. It acted on increasing the already-approved grant to the Kennebec Mental Health Clinic to the maximum level of support possible ($80,000) and to authorize the transfer of remaining funds to the State of New Hampshire. Such action was to be contingent on federal approval in the absence of a 1969 plan.

In making its decisions the Council holds open hearings at which applicants present requests in each of the three categories a) hospital and health facilities,

b) Community Mental Health Centers
c) Mental Retardation facilities,
adjourning each specific council and convening the appropriate council under its chairman consistent with the application.

Through representation of the Department of Health and Welfare and the Department of Mental Health and Corrections on the 16 member Council, state agency participation is assured.

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COMMUNITY MENTAL HEALTH CENTERS ADVISORY COUNCIL

(Public Law 88-164, Title II, Sec. 204[a][3])

REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS OR GROUPS CONCERNED WITH PLANNING, OPERATION, OR UTILIZATION OF COMMUNITY MENTAL HEALTH CENTERS OR OTHER MENTAL HEALTH FACILITIES

Members	Representation	Term Expires
1. Edward Y. Blewett, Chairman Trundy Road Shore Acres Cape Elizabeth, Maine 04107	President (retired 1970) Westbrook College, Portland, Maine (Education)	9/17/69 *
2. Marshall J. Gerrie, D.O. 94 Silver Street Waterville, Maine 04901	Maine Osteopathic Association	11/28/70
3. Edward A. Myers Walpole, Maine 04573	Member, Advisory Committee of National Society for Crippled Children and Adults	1/9/73
4. Carroll P. Beals Post Road, Box 355 Wells, Maine 04090	Executive Board, Regional Mental Health Group	10/24/73
5. Lewis H. Rohrbaugh, M.D. 2 Sea Street Rockport, Maine 04843	Director, Boston University Medical Center Boston, Massachusetts	5/29/72
6. John T. Konecki, M.D. West Auburn Road Auburn, Maine 04210	Radiologist, St. Mary's General Hospital, Lewiston, Maine	11/28/70
7. Mrs. Tobie Nathanson (Jon) 4 Westwood Lane Saco, Maine 04072	York County Child and Family	1/9/73
8. Mrs. Nellie Wade (Robert) 448 Lake Street Auburn, Maine 04210	Member, Board of Directors, Lewiston-Auburn Child & Family Mental Health Services	9/17/69 *

REPRESENTATIVES OF STATE AGENCIES CONCERNED WITH PLANNING, OPERATION, OR UTILIZATION OF COMMUNITY MENTAL HEALTH CENTERS OR OTHER MENTAL HEALTH FACILITIES

Members	Representation	Term Expires
9. Dean Fisher, M.D. Wayne, Maine 04284	Commissioner, Maine Department of Health and Welfare	1/9/73
10. William E. Schumacher, M.D. 14 Westwood Road Augusta, Maine 04330	Director, Bureau of Mental Health, Department of Mental Health and Corrections	1/9/73
11. Edmund N. Ervin, M.D. 2 School Street Waterville, Maine 04901	Chairman, Maine Committee on Problems of the Mentally Retarded; Pediatrician, Thayer Hospital, Waterville	11/28/70

REPRESENTATIVES OF CONSUMERS OF THE SERVICES PROVIDED BY SUCH CENTERS AND FACILITIES WHO ARE FAMILIAR WITH THE NEED FOR SUCH SERVICES

Members	Representation	Term Expires
12. Mrs. Margaret M. Loughran (Richard) 55 Hamblet Avenue Portland, Maine 04103	Registered Nurse and Housewife	10/24/73
13. Charles S. Ross, Jr. 236 Franklin Street Rumford, Maine 04915	Member Board of Directors, Hope Training School (MR)	5/29/72
14. Burton D. Payson, Sr. 81 Cedar Street Belfast, Maine 04915	Guidance Director, Belfast Area High School, Belfast	11/28/70
15. Robert W. Hudson 40 Nottingham Road Auburn, Maine 04210	Manager, Western Division Central Maine Power Company, Lewiston	9/17/69 *
16. C. Hazen Stetson 92 Barton Street Presque Isle, Maine 04769	Chairman of Board, Maine Public Service Company, Presque Isle	9/17/67 *

* Term expired; incumbent continues to serve until appointment decision by the Governor.

CHAPTER II

POLICIES AND ASSURANCES

A. REQUIRED ASSURANCES AND STATEMENTS

1. PUBLICITY

[X] yes [ ] no

At least thirty days prior to the submission of the state plan or any modification thereof to the Surgeon General, the state agency shall publish in newspapers having general circulation throughout the state a general description of the proposed plan or any such modification, and the state plan shall be available for examination and comment by interested persons prior to submission to the Surgeon General.

2. ANNUAL MODIFICATION

[X] yes [ ] no

The state agency shall from time to time, but not less than annually, review the state plan and submit to the Surgeon General any modifications thereof which it considers necessary.

3. NONDISCRIMINATION

[X] yes [ ] no

The state agency shall obtain assurance from each applicant that all portions and services of the entire facility for the construction of which or in connection with which, aid under the Act is sought will be made available without discrimination on account of race, creed, sex, or color; and that no professionally qualified person will be discriminated against on account of race, creed, sex, or color with respect to the privilege of professional practice in the facility.

4. CONFLICT OF INTEREST

[X] yes [ ] no

No full-time officer or employee of the state agency, or any firm, organization, corporation, or partnership which such officer or employee owns, controls, or directs shall receive funds from the applicant directly or indirectly for payment for services provided in connection with the planning, design, construction or equipping of the project.

5. FAIR HEARINGS

[X] yes [ ] no

The state agency shall establish such rules and regulations as will provide an opportunity for an appeal to and a fair hearing before the state agency to every applicant for a construction project who is dissatisfied with the action of the state agency regarding its application.

6. RECORD KEEPING AND REPORTING

[X] yes [ ] no

The state agency shall make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require, and shall keep such records and afford such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such reports.

[X] yes [ ] no

The state agency shall retain on file for a period of at least one year beyond participation in the program all documents, accounting records, and control related to any expenditure and shall take such steps as are necessary to assure that sponsors retain, for a period of at least two years after final payment of Federal funds, all financial records and documents related to expenditures for the project.

7. STATE MERIT SYSTEM

[X] yes [ ] no

The state agency shall establish and maintain a system of personnel administration on a merit basis with respect to the personnel employed in the administration of the state plan which shall include provision for:

(1) Impartial administration of the merit system;

(2) Operation on the basis of published rules or regulations;

(3) Classification of all positions on the basis of duties and responsibilities and establishment of qualifications necessary for the satisfactory performance of such duties and responsibilities;

(4) Establishment of compensation schedules adjusted to the responsibility and difficulty of the work; and qualifications of the employee.

(5) Selection of permanent appointees on the basis of examinations so constructed as to provide a genuine test of qualifications and so conducted as to afford all qualified applicants opportunity to compete;

(6) Advancement on the basis of capacity and meritorious service; and

(7) Tenure of permanent employees.

8. SERVICES FOR PERSONS UNABLE TO PAY

[X] yes [ ] no

The state agency shall obtain assurance from every applicant that each facility shall provide a reasonable volume of needed services below cost or without charge for persons unable to pay therefore, including both the legally indigent and persons who are otherwise self-supporting but unable to pay the full cost of needed services, except that this requirement may be waived if the applicant demonstrates to the satisfaction of the state agency, subject to subsequent approval by the Surgeon General, that to furnish such services is not feasible financially.

9. COMMUNITY SERVICE

[X] yes [ ] no

Every community mental health facility shall provide a community service.

10. POPULATION LIMITS

[X] yes [ ] no

Every community mental health facility shall serve a population of not less than 75,000 and not more than 200,000 persons, except that the Surgeon General may, in particular cases, permit modifications of this population range if he finds that such modifications will not impair the effectiveness of the services to be provided.

11. LOCATION OF SERVICES

[X] yes [ ] no

Every community mental health facility shall be so located as to be near and readily accessible to the community and population to be served, taking into account both political and geographical boundaries.

12. RELATIVE NEED AND SPECIAL CONSIDERATION

[X] yes [ ] no

The state agency shall determine the relative

priority of projects included in the state construction program in accordance with the relative need of the area to be served, provided that if the community to be served by the proposed facility is smaller than the area in which it is located, then the relative need of communities within such area shall be determined in accordance with the criteria in Section 54.204(d) of the Regulations, giving special consideration to:

(1) The extent to which the proposed project will, alone or in conjunction with other facilities owned or operated by the applicant or affiliated or associated with the applicant, provide comprehensive mental health services to the community;

(2) The extent to which the proposed facility is to be a part of or closely associated with a general hospital.

B. FEDERAL SHARE

The Federal share of the costs of construction of approved projects will be 58%, dependent on the availability of funding. The State agency, on the the recommendation of the Council, may fund center projects at a lower level.

C. METHODS OF ADMINISTRATION

1. PUBLICITY

The following newspaper advertisement was placed in the Bangor Daily News and in the Portland Press Herald on three successive days in June, 1970. Both newspapers have wide circulation; the former in northern and eastern Maine and the latter in southern and western Maine. Clipped copies of the advertisement are on file in the Department of Mental Health and Corrections.

PUBLIC NOTICE

"The 1970 State of Maine plan for construction of community mental health centers has been prepared. After review by the Community Mental Health Centers Advisory Council, the plan will be submitted for approval to the National Institute of Mental Health. After approval, fiscal year 1970 funds may be committed to specific projects in accordance with the provisions of the plan.

"Provisions of the plan include:

1. The division of the state into eight mental health service areas.
2. A priority system based on the availability of mental health facilities in each area with the highest priority given the area of greatest unmet need.
3. The requirement that each applicant provide for comprehensive services available without discrimination, and that the complex of services provided assure continuity of care.

"Copies of the plan are available for examination at the Department of Mental Health and Corrections, State Capitol, Augusta, Maine. The Department will be pleased to respond to inquiries about the plan."

In addition to newspaper advertising, Maine's mental health center area coordinators, and the state and regional comprehensive health planning agencies are each provided with a copy of the construction plan, and are encouraged to disseminate information about its contents. It is anticipated that this direct publicity about the provisions of the plan will publicize the plan and its provisions, and solicit criticism and suggestions for modification.

2. FAIR HEARINGS PROCEDURE

a. If an Applicant feels that the State Agency has made a final unfair ruling, he may make request in writing to the State Agency for a Fair Hearing before the State Agency. Generally accepted procedures for the presentation of material, admissibility, time limitations, relevancy, and arriving at recommendations will be followed.

b. Actions of the State Agency which will entitle the Applicant to a Hearing include:

1. denial of opportunity to make a formal application;

2. rejection or disapproval of an application, and

3. refusal to reconsider an application.

c. Appeals from decisions or actions of the State Agency must be made by the Applicant, in writing, within thirty days from the date of the adverse decision by the State Agency.

d. The appellant will be notified in writing of the time and place of the Hearing. The time and place of the Hearing, which is determined by the State Agency, will be reasonably convenient for the appellant.

e. The appellant is entitled to be represented by friends or counsel, if he so desires. The appellant and other persons interested and concerned with the State Agency's decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

f. The appellant is entitled to examine all evidence and to question opposing witnesses.

g. The decision of the State Agency will be made in writing within thirty days from the date of the Hearing, and will be based on the evidence presented at the Hearing.

h. A tape recording will be made of the Hearing, and, upon request of the appellant, portions will be transcribed and made available for examination.

i. The National Institute of Mental Health regional office will be notified of any request for a Fair Hearing and will be notified of any scheduled Hearing, the contents of the Hearing, and the decision of the State Agency in writing.

j. All Fair Hearings shall be open.

3. TRANSFER OF ALLOTMENT

Provided that there is no approvable application for the Federal share of funds for a community mental health center in Maine, the State's allotment may be transferred to the State's mental retardation construction authority for allocation to an approved mental retardation facility project in Maine, or lacking both, to another state for a community mental health center project.

D. STANDARDS AND CRITERIA

1. CONSTRUCTION AND EQUIPMENT

Construction and equipment of projects assisted under this program will comply with the general standards found in Appendix A, section 54.215 of the regulations for Title II, Public Law 88-164, and to all existing local requirements (e.g., fire safety, accessibility to handicapped, etc.) as minimum standards.

2, MAINTENANCE AND OPERATION

a. In-patient Services

All facilities housing patients will conform to the requirements for hospitals and related facilities established by the Department of Health and Welfare and shall be licensed in accordance with legal requirements.

b. Other Services

Facilities other than in-patient facilities shall be inspected and licensed or approved by appropriate state or local authority(ies) as being safe and sanitary.

3. RANGE OF ADEQUACY AND CONTINUITY OF SERVICE

Each mental health center shall maintain records on services performed which shall clearly define the presenting problem, the nature of the services rendered, the person(s) rendering services, the disposition of the problem, and a description of any situation adversely influencing access to appropriate care or continuity of the care.

Such records may be kept in a format suggested by the Department of Mental Health and Corrections, or agreeable to that Department, and shall be available for review periodically but not less than annually by the Department. Such review shall not compromise confidentiality, but shall be adequate to verify adequacy and continuity of service.

4. PERSONNEL STANDARDS

All professional personnel shall meet application state licensing requirements and shall be licensed in accordance with Maine law. No professional person shall engage in any service for which he has not been properly licensed.

All personnel shall be adequately trained and experienced for the responsibilities they assume. The State of Maine Personnel Department job descriptions are offered as a guide for such responsibilities and requirements, but a similar and equivalent system may be employed by a community mental health center.

4a. Personnel Administration - All material on Personnel Administration used by the single state agency and the mental health authority, as well as information on local service personnel held by the latter, shall be furnished to the Regional Office on request.

4b. Civil Rights - "Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et.seq.) and the Regulation issued thereunder by the Department of Health, Education, and Welfare (45 CIR Part 80) no individual shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this plan.

The State Agency has established and will maintain methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with the preceding paragraph of this statement. A copy of such methods of administration and any amendments thereto will be submitted to the Regional Office of the Department of Health, Education, and Welfare for determination as to adequacy. The State Agency will

amend its methods of administration from time to time as necessary to carry out the purposes for which this statement is given.

The State Agency recognizes and agrees that Federal financial assistance will be extended in consideration of, and in reliance in, the representations and agreements made in this statement, and that the United States shall have the right to seek administrative and judicial enforcement thereof."

5. AGREEMENTS OF COOPERATION

When a community mental health center program is composed of independent components of service which have agreed to cooperate to provide a comprehensive service, the components shall respect their agreements of cooperation. In the event that a member-party to the comprehensive community mental health program does not abide with its agreement, that party or other parties to the agreement shall notify the Department of Mental Health and Corrections.

6. ENFORCEMENT OF STANDARDS

Should any mental health center or component thereof fail to meet standards of construction and equipment, standards for licensure, standards of safety and sanitation, adequate record keeping, accessibility of records for inspection, legal requirements for professional practice, or agreements of cooperation, the sole State Agency (the Department of Health and Welfare) shall be notified and shall take appropriate action to assure that the unmet standards are met. The Department of Mental Health and Corrections shall similarly take action to see that standards are met and may withhold operational financial support until standards are met.

The Regional Office of the National Institute of Mental Health shall be notified of the failure of any agency to meet established standards and shall assist the state agencies in having standards met by the mental health center in ways the Regional NIMH Officer considers appropriate.

E. FINANCIAL FEASIBILITY

The Department of Health and Welfare, the sole State Agency, will assure that there are adequate funds for construction of each project.

Operational financial feasibility shall be the responsibility of the Department of Mental Health and Corrections which shall examine the proposed operational budget for no less than two years of operation from program inception. Should initial operation be temporarily assisted with initial staffing support, the Department of Mental Health and Corrections shall examine proposed budgets for operation after the termination of all temporary financial assistance.

No construction grant shall be approved by the State Agency without an endorsement of financial feasibility by the Department of Mental Health and Corrections.

Financial feasibility criteria for maintenance and operation shall include:

1. Patient fee sources
2. Third party payments
3. Existing funding sources of program components
4. State financial assistance
5. Reasonableness of personnel costs, including professional and other salaries.

F. ACCESSIBILITY CRITERIA

1. GEOGRAPHIC

While recognizing problems of geography and scattered rural population, it is the policy of the Department of Mental Health and Corrections to provide a mental health service within one hour of travel from any location in Maine. All such services which are publicly supported will be available to the general public.

Each center is required to make provision for clients unable to afford private care. Additionally, each center is obliged to provide for financially capable persons who are unable to obtain equivalent services within the center service area.

G. THE APPLICATION PROCESS

1. At least two months prior to making application for Federal Funds for a Project the Applicant will request a pre-design conference. Participants normally will be the Applicant's representatives, including the Project Architect, the State Agency representative and the National Institute of Mental Health Regional Representative. Pertinent existing structures will be examined as to code requirements and the development of the Project planning will be reviewed.

2. An application for funds under the Federal Act must be submitted to the State Agency prior to September 1 to qualify for consideration during the current fiscal year. It shall consist of the following:

   a. Part 1 of the Project Construction Application (Form PHS 62-1), which includes a description of the proposed Project, need, type of construction and the Architect's estimated costs of construction and equipment.

   b. Schematic plans for the proposed Project. It must be shown that the Project plans fit into a logical long-range plan for the agency. Consideration shall be observed in such planning of the inter-relationships between the Applicant agency and other existing or anticipated related institutions in connection with long-range regional planning.

   c. Proof that the required financial resources for the Applicant's share of the Project costs have already been acquired. (At least ont-third of the Applicant's share should be in cash or other liquid assets free of encumbrances and not more than one-third should be a construction loan. If a loan is contemplated, proof of such arrangements should be presented, but the actual loan need not be made until general contract time.)

d. An Applicant that is an existing hospital shall submit a copy of the latest Report of Inspection for Accreditation by the Joint Accreditation Commission. If the hospital is not accredited and lack of accreditation is based on other than physical structure or deficiency due to the physical structure, the application for funds may be rejected until the deficiency has been corrected.

e. Reference should be made to Chapter III for additional application information.

f. In this application process the Applicant will concurrently notify the planning and development clearing house of the State (State Planning Office in the Executive Department), the regional health planning agencies and the metropolitan area planning agency, if there is one, of its intent to apply for assistance and furnish such information as is required by Bureau of the Budget Circular No. A-95, dated July 24, 1969.

3. The following areas and Projects (in addition to those mentioned in the Regulations) are ineligible for Federal participation under the Program:

   a. Nurses' residential quarters.

   b. Construction Contract Modifications, and

   c. Projects that are already under construction when application is made (so-called "pick-up" projects), except when such projects meet all of the requirements of a normal Project, including the review and acceptability of the Project drawings and specifications, and acceptability of a Project by the National Institute of Mental Health.

4. Filing of Part 1 of the Project Construction Application incurs no obligation or commitment upon the State Agency.

5. Those applications received prior to September 1 will be referred to the Community Mental Health Centers Advisory Council. The applicants will be invited to appear before the Advisory Council to discuss the merits of their proposed Projects.

6. The Community Mental Health Centers Advisory Council will base its selection of Projects for Federal grants on the following:

   a. the priority of the Project as determined in accordance with the principles outlined in the State Plan for determination of relative need;

   b. the intent of sponsoring agencies, expressed in writing, to begin construction within a reasonable length of time;

   c. the ability of the sponsoring agency to meet the financial requirements for construction, maintenance and operation of the proposed facility;

   d. the scope of the proposed Project in terms of the services and facilities it is expected to make available to its area;

e. the degree of local support of the Project and local recognition of the need as expressed by the extent of the public participation in the planning and financing of the Project; and

f. Recommendations of the regional health planning agencies.

7. Project Construction Schedules, which include those Projects for the various types of facilities as recommended by the Advisory Council and the State Agency for the allotments for the fiscal years involved, are then submitted to the National Institute of Mental Health for approval.

8. The sponsor of a Project, which has received tentative approval for an allocation of Federal funds, shall within four months of Project approval by the State Agency file an approvable Part 3 of the Project Construction Application (Form PHS 62 - 7, Site Information) and preliminary plans through Stage 2.

9. A Project, which fulfills the requirements outlined in Item 8, shall within eight months of Project approval by the State Agency file approvable Stage 3 (final) Plans and Specifications.

10. Failure to fulfill the requirements outlined in Items 8 or 9 may cause the Project to be removed from the Project Construction Schedule and its tentative allocation may be rescinded, thereby enabling the State Agency to substitute another high priority Project prepared to fulfill such requirements.

11. The State Agency, upon request from the Project Applicant, may extend the time limitations set forth in Items 8 and 9, if extenuating circumstances warrant such action and if such extension would not effect possible loss of Federal funds to the State. The request for extension must state the reasons for the delay and give satisfactory assurances that the Project will be processed without further delay.

12. If a Project is removed from a Project Construction Schedule by the State Agency, the Schedule will be revised to include the next highest priority Project which meets the requirements for inclusion.

13. The fact that a Project is excluded from a Project Construction Schedule for any of several reasons will not change the Project priority rating (although for other reasons this priority may change). Such Projects will be considered for inclusion in each succeeding Project Construction Schedule.

14. If a Project is in the highest priority group, Part I of the Project Construction Application may be approved and forwarded by the State Agency prior to approval of the Project Construction Schedule. If the Project is not in the highest priority group, Part I of the Project Construction Application will not be submitted until the Schedule is Approved.

15. Priorities of areas change when the State Plan Revision for the State for the succeeding fiscal year has been approved by the National Institute of Mental Health.

16. After approval of the Project Construction Schedule by the National Institute of Mental Health, a listed Project will not be removed therefrom unless the Applicant:

a. voluntarily withdraws;

b. fails to submit the required documents within the time limits specified;

c. fails to comply with prescribed rules and regulations relating to finances, plans, specifications, records, and so forth, or

d. fails to initiate construction within a reasonable period of time.

H. CONSTRUCTION PAYMENTS

Requests for construction payments shall be submitted by applicants to the sole State Agency at times prescribed by section 54.208(a) of the Regulations.

Portland, Me., Press Herald, Thursday, June 25, 1970

LEGAL ADVERTISEMENT
PUBLIC NOTICE

The 1970 State of Maine plan for construction of community mental health centers has been prepared. After review by the Community Mental Health Centers Advisory Council, the plan will be submitted for approval to the National Institute of Mental Health. After approval, fiscal year 1970 funds may be committed to specific projects in accordance with the provisions of the plan.

Provisions of the plan include:

1. The division of the state into eight mental health service areas.
2. A priority system based on the availability of mental health facilities in each area with the highest priority given the area of greatest unmet need.
3. The requirement that each applicant provide for comprehensive services available without discrimination, and that the complex of services provided assure continuity of care.

Copies of the plan are available for examination at the Department of Mental Health and Corrections, State Capitol, Augusta, Maine. The Department will be pleased to respond to inquiries about the plan.

Bangor Daily News, Thursday, June 25, 1970

PUBLIC NOTICE

The 1970 State of Maine plan for construction of community mental health centers has been prepared. After review by the Community Mental Health Centers Advisory Council, the plan will be submitted for approval to the National Institute of Mental Health. After approval, fiscal year 1970 funds may be committed to specific projects in accordance with the provisions of the plan.

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Copies of the plan are available for examination at the Department of Mental Health and Corrections, State Capitol, Augusta, Maine. The Department will be pleased to respond to inquiries about the plan.

CHAPTER III

COORDINATION AND CONTINUITY OF PLANNING

A. CONSISTENCY WITH COMPREHENSIVE MENTAL HEALTH PLANNING

The Maine construction plan is consistent with comprehensive mental health planning in that it promotes:

1. Regionalization through the establishment of community mental health service areas.
2. Decentralization of responsibility and authority.
3. Integration of state hospital programs into community mental health services.
4. The promotion of short-term care of the mentally ill in selected local hospitals.
5. The inclusion of mental health services in comprehensive care programs.

1. REGIONALIZATION

With the initial establishment of five mental health center areas, now expanded to eight service areas, and the development of Area Boards, there is now a basis for local responsibility and authority. The Bureau of Mental Health has begun to delegate decision-making on the distribution of state resources to the active and broadly representative Area Boards.

With a clear delineation of eight mental health service areas, the catchment areas of the two state mental hospitals are in process of being modified so that the Bangor State Hospital will serve three mental health center areas, and the Augusta State Hospital will serve five areas. This delineation will facilitate relationships and improve continuity of care.

2. DECENTRALIZATION OF RESPONSIBILITY AND AUTHORITY

Area Boards are asked to review the distribution of state resources for

community mental health activities in their particular areas. New applicants for state financial assistance are referred to Area Boards for review and approval of proposed programs. Within a year four or five of the Area Boards will make final decisions on the distribution of state resources in their respective areas. The remaining areas have the complication of established agencies not fully integrated into a comprehensive service network and boards not broadly representative. These problems are gradually being resolved.

3. INTEGRATION OF STATE HOSPITAL PROGRAMS INTO COMMUNITY MENTAL HEALTH SERVICES

While progress has been made in attaining this objective, the decision to base center programs outside of the state hospitals has delayed its attainment. However, the Bangor State Hospital has shared staff with the Community Mental Health Center and is in process of delegating its admission screening and aftercare programs to the Counseling Center

Aftercare services are increasingly being shifted to the centers and direct relationships between the Augusta State Hospital superintendent and two center medical directors (Portland and Lewiston) are improving steadily.

4. THE PROMOTION OF SHORT TERM CARE IN SELECTED LOCAL HOSPITALS

This goal is now attained in three center areas where discreet hospital units serve short-stay psychiatric in-patients. Five years ago, there was no "psychiatric bed" in a general hospital. Now there are 62 such designated and extensively used beds.

5. THE INCLUSION OF MENTAL HEALTH SERVICES IN COMPREHENSIVE HEALTH CARE PROGRAMS

Through the integration of the activities of the Mental Health Area Boards with the efforts of the 314(b) agencies coordinated planning is occurring. This integration has been speeded by the funding of integrated mental health aspects of regional planning and direct financial assistance to the "(b)" agencies.

Recently the 314 (a) State Comprehensive Health Planning Agency has been asked to insure that state mental health program components come under its scrutiny and that the Department of Mental Health and Corrections facilities be included in the comprehensive health service plan which is being developed.

An example is a recent evaluation by 314 (b) Agency of the appropriateness of the continuation of surgery at the Augusta State Hospital in the light of extensive expansion of the Augusta General Hospital (less than ½ mile away) with more adequate surgical facilities, and available beds.

The primary feature of the State Mental Health Plan of 1963-64 adopted in the centers program is the location of major service components in the five largest communities of the state with related lesser services peripheral to these. The five areas are now expanded to eight because of population limits on Community Mental Health Centers, and the pattern of health care system development.

State Plans pertinent to mental health are basically outdated including the plan for children and youth and on aging. However, there are aspects of the rehabilitation plan which are pertinent. Of note is the fact that the mental health plan of 1965 has specific recommendations which serve as a guide in plan implementation in the assignment of resources.

No other state plans or reports pertain to mental health except the report of a Task Force on Social Welfare prepared in 1969.

6. COGNIZANCE OF HEALTH AND OTHER PLANNING

The state agency responsible for the development of this plan and the single state agency responsible for its administration has taken cognizance of other health and related planning efforts, and has pertinent plans on file, or has access to such plans.

The Department of Mental Health and Corrections has often been involved in other planning efforts as a direct participant and has assisted in the development of portions of certain plans.

A copy of the Title XIX agreement between the Department of Health & Welfare and the Department of Mental Health and Corrections follows.

Areawide Planning

The 314(b) agencies are:

Southern Maine Comprehensive Health (includes 4 mental health center areas)
Portland, Maine

Tri-County Health Planning Agency
Lewiston, Maine

Regional Health Agency - Upper Kennebec Valley
Waterville, Maine (equivalent to a 314(b) agency although funded by RMP)

Penobscot Valley Regional Health Agency
Bangor, Maine

Aroostook Health Services Development
Presque Isle, Maine

Pen-Bay Regional Medical Agency (a component of Southern Maine
Rockport, Maine Comprehensive Health)

These agencies in general are just developing and their present primary concern is general hospitals. The Pen-Bay Medical Services Board Subcommittee on Mental Health is the board of a developing center (the Mid-Coast Mental Health Clinic, Rockland). Tri-County will use the Area Mental Health Board as a subcommittee for mental health planning.

In the Southern Maine Regional Comprehensive Health Planning Agency, the Department of Mental Health and Corrections has a full-time staff employee to carry responsibility for planning, developmental coordination of mental health, drug abuse and alcoholism programs in that agency's area. The agency also received financial assistance from the Department to help in its support.

Since the State Planning Office is apprised of planning efforts, it serves as a clearing house for planning information. To promote better coordination a conscientious effort has been made to define mental health center service areas to

coincide with state planning areas, and this effort will continue.

COORDINATING WITH NEIGHBORING STATES

Since New Hampshire is Maine's only neighboring state, interstate relations are simplified. In southern Maine, border communities of Kittery, Elliot, and South Berwick receive service from the Portsmouth New Hampshire Mental Health Clinic and "buy into" that agency with a combination of local and Maine state grant-in-aid funds. New Hampshire officials are apprised of any change in services in contiguous areas. A legal interpretation of the law pertaining to the Bureau of Mental Health indicates that state resources may be expended outside of Maine for the benefit of Maine citizens or Maine communities.

COORDINATING WITH LOCAL PLANNING BODIES

As stated in the 1967 Plan (p. 16) a law was proposed and was subsequently enacted providing a staffed State Planning Office. This office serves as a point of coordination of planning activities. The Department of Mental Health and Corrections is in frequent contact with that office in relation to its own planning, and coordination with other planning activities.

Under "The Application Process" (Chapter 11), there is a requirement that other pertinent planning agencies be concurrently notified as the applicant initiates the application process to the single state agency. This requirement is enforced. Additionally, the Council's procedure includes the 314 (a) and 314 (b) agencies (Chapter I). These requirements insure not only initial but ultimate mental health center integration in other health service planning.

I. Purpose of Agreement

In order to comply with the requirements of the Federal Program of Medical Care, as outlined in the 1965 Amendments to the Social Security Act, the Department of Health and Welfare, through its Division of Family Services, takes cognisance of the needs of those persons who are sixty-five years of age or over and requiring of financial help and/or medical and para-medical services while hospitalized in an institution for treatment of mental disease as well as subsequent to release. Such an institution is defined as one that "...meets the requirements for a psychiatric hospital under Title 18, Section 1861(f) of the Social Security Act..." or - effective only until 7/1/69 - "...is approved by appropriate State Standard Setting Authorities as a hospital established for the care of the mentally ill and as being physically safe and as having staff adequate in number and qualifications to carry out an active program of diagnostic, treatment, and rehabilitative services for its patients; and specifically provides psychiatric supervision, medical services, including twenty-four hour nursing services under the supervision of a registered nurse, and the social services necessary to assure a continuous plan of treatment and care of all of its patients...".

The Department of Health and Welfare and the Department of Mental Health and Corrections will, thus, find it expeditious to engage in a cooperative endeavor which insures that persons age sixty-five or over, whether making application for financial assistance or continuing to be recipients of financial assistance, will receive a recorded individual psycho-social and medical study and plan for treatment to insure the most appropriate ongoing medical, psychiatric, and social service to meet specific individual needs. Throughout all phases of the total treatment program, there will be specific individual as well as joint responsibilities for each helping agency.

II. Services

The medical and social service staff of the two state mental institutions of the Bureau of Mental Health, Department of Mental Health and Corrections, will assume

specific responsibilities for recipient-patients in the institution which will provide a high quality of service to these patients. The specific responsibilities include:

1. Completing the initial application for Old Age Assistance and forwarding it to the District Office with adequate information to establish financial eligibility
2. Providing the representative(s) of the Division of Family Services, Department of Health and Welfare, access to the patient and/or his records for purposes of:
    a. Establishment of financial eligibility
    b. Evaluation of the need for medical and social services
    c. Evaluation of appropriate community placement
3. Actively participating in the planning program for each hospitalized individual - this plan will include a recording of the initial medical examination and psychiatric and social evaluation of all recipient-patients who are in the mental hospital within 30 days of the time a payment in their behalf is initiated; it will also include a recording of the periodic re-evaluations for each recipient- patient such re-evaluation to occur at least once in each three month period
4. Assuming responsibility for casework services during the period of in-patient hospitalization
5. Assuring that the majority of recipient-patients will be released on trial visit placement with re-admission, if necessary, being effected immediately; for those few patients discharged upon release, assurance that re-admission shall be accomplished without any delay.
6. Providing for reassessment from time to time to insure the appropriateness of medical treatment by the institution
7. Notifying, where appropriate, the Associated Hospital Service of Maine of the admission of a recipient of public assistance (age 65 and over) to their facility

8. Assuring appropriate protection of the funds of the recipient-patient(s) and his other resources during hospitalization

9. Planning with the liaison social worker for release of patients to alternative methods of care from the time of admission - this includes contact with the patient and his relatives and assessment of the circumstances from which the patient came; it also includes assuming responsibility for effecting the initial placement outside of the institution (following consultation with the liaison social worker)

10. Notifying the liaison social worker if the client, known to the public assistance programs, dies while hospitalized or is ready to be moved from the hospital to an alternative care facility

The Division of Family Services, Department of Health and Welfare, will assume specific responsibilities which include:

1. Accepting and processing at the earliest opportunity the application(s) for public assistance

2. Utilizing, wherever possible, the medical and social service records from the institution as the primary evidence by which to establish financial eligibility for public assistance payments

3. Actively participating in the planning program (and recording same) for each individual while hospitalized and the review of this plan within no more than a three month interval - this plan will include initial and periodic psychiatric, medical, and social work evaluations within thirty days of the initial payment

4. Assuming primary responsibility for whatever kind of intensive social services are needed if, and when, the patient is released from the institution to the community and the engaging in a concerted effort to prevent the need for re-hospitalization - insofar as possible. Initial contacts will be made at least monthly to provide those services which will assist the recipient-patient in making an adequate adjustment to his environment

5. Providing basic maintenance, including medical care, in the hospital plus the full range of agency services which include medical care upon release from the hospital

6. Assuming responsibility for insuring the ongoing assistance payment to an individual already certified to be eligible for such payment during early phases of hospitalization

The Division of Family Services, in order to further facilitate these procedures, will provide, initially, an agency trained social worker to act as liaison between the Division of Family Services and the state hospitals at Augusta and Bangor. It will be the responsibility of the liaison social worker:

1. To facilitate the processing of applications for public assistance and the planning for adequate services to each individual

2. To initiate review of each plan for extended services to each recipient-patient at no more than a three month interval

3. To provide staff consultation to the hospital and to the agency staff

Throughout all phases of service, the greatest emphasis is placed upon joint activities of the social work staff of both agencies. Specifically, the two agencies will be involved in a joint endeavor:

1. To establish initial and continuing eligibility for financial service which includes the review of the case plan at no more than a three month interval subsequent to initiation of payment to the client or to another person on his behalf

2. To assess and expand already existing community resources and to develop other community resources to allow for maximum benefit to the individual who is ready for placement in the community

3. To provide special attention to recipient-patients who have been in the institution for more than a year, to insure that every effort is made to initiate planning for a continuation of treatment which will lead to improvement and possible release to alternative methods of care

4. To refer to the Bureau of Medical Care Programs, for periodic evaluation, the validity of a "reasonable cost" basis for payment of the expenses of the patient

5. To engage in community organization to develop alternative care arrangements and to better utilize existing community facilities, including:

   a. The psychiatrically oriented resources, such as the Community Mental Health Clinics, the in-patient and out-patient services of the Veterans Administration, the state hospitals, and the private psychiatric institutions and

   b. The non-psychiatrically oriented resources, such as nursing homes, foster homes, boarding homes, home health agencies, and housemaker programs

Maine has two metropolitan areas as defined in Section 204 P. L. 89-754

MAINE

Name of SMSA and Areawide Agency	Definition of Area
Lewiston-Auburn:	
Androscoggin Valley Regional Planning Commission James O. Nesbitt, Director 181 Russell Street Lewiston, Maine 04240	Androscoggin County Cumberland County (part): New Gloucester Town Franklin County (part): Jay Town Kennebec County (part): Fayette Town Oxford County (part): Buckfield Town Hebron Town Sagadahoc County (part): Bowdoin Town
Portland:	
Greater Portland Regional Planning Commission William Dickson, Director 562 Congress Street Portland, Maine 04101	Cumberland County (part): Portland City South Portland City Westbrook City Cape Elizabeth Town Cumberland Town Falmouth Town Gorham Town Scarborough Town Windham Town Yarmouth Town

Procedures are described in Bureau of the Budget Circular No. A-82 for review by the areawide agency. Pertinent requirements of Circular A-82 are repeated below to insure requirements for review are made an integral part of this plan.

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1. Purpose. Section 204 of the Demonstration Cities and Metropolitan Development Act of 1966 (P.L. 89-754; 80 Stat. 1263) provides that

> "(a) All applications made after June 30, 1967, for Federal loans or grants to assist in carrying out open-space land projects or for the planning or construction of hospitals, airports, libraries, water supply and distribution facilities, sewerage facilities and waste treatment works, highways, transportation facilities, and water development and land conservation projects within any metropolitan area shall be submitted for review--
>
> (1) to any areawide agency which is designated to perform metropolitan or regional planning for the area within which the assistance is to be used, and which is, to the greatest practicable extent, composed of or responsible to the elected officials of a unit of areawide government or of the units of general local government within whose jurisdiction such agency is authorized to engage in such planning, and
>
> (2) if made by a special purpose unit of local government, to the unit or units of general local government with authority to operate in the area within which the project is to be located.
>
> (b)(1) Except as provided in paragraph (2) of this subsection, each application shall be accompanied (A) by the comments and recommendations with respect to the project involved by the areawide agency and governing bodies of the units of general local government to which the application has been submitted for review, and (B) by a statement by the applicant that such comments and recommendations have been considered prior to formal submission of the application. Such comments shall include information concerning the extent to which the project is consistent with comprehensive planning developed or in the process of development for the metropolitan area or the unit of general local government, as the case may be, and the extent to which such project contributes to the fulfillment of such planning. The comments and recommendations and the statement referred to in this paragraph shall, except in the case referred to in paragraph (2) of this subsection, be reviewed by the agency of the Federal Government to which such application is submitted for the sole purpose of assisting it in determining whether the application is in accordance with the provisions of Federal law which govern the making of the loans or grants.

(2) An application for a Federal loan or grant need not be accompanied by the comments and recommendations and the statements referred to in paragraph (1) of this subsection, if the applicant certifies that a plan or description of the project, meeting the requirements of such rules and regulations as may be prescribed under subsection (c), or such application, has lain before an appropriate areawide agency or instrumentality or unit of general local government for a period of sixty days without comments or recommendations thereon being made by such agency or instrumentality.

(3) The requirements of paragraphs (1) and (2) shall also apply to any amendment of the application which, in light of the purposes of this title, involves a major change in the project covered by the application prior to such amendment.

The mental health agency and the single state agency shall seek resolution of unfavorable comments by direct consultations with the applicant and the areawide agency, reporting the results of such effort to the National Institute of Mental Health and to the Council at the time of the Council's consideration of the application.

No application may be included on the construction schedule for a project in a metropolitan area unless the application has been submitted for metropolitan review in sufficient time to permit the required 60 days for comment and adequate subsequent time for NIMH review prior to the expiration of funds.

GOVERNOR'S REVIEW

This plan has been submitted to the Governor and a letter of his approval follows:

The State Agency assures that any amendment to this plan, as well as projections or other periodic reports required under the program, will also be submitted for the Governor's review, and comments, if any, will accompany the amendments or other required program materials when they are submitted to the National Institute of Mental Health.

STATE OF MAINE
OFFICE OF THE GOVERNOR
AUGUSTA, MAINE
04330

KENNETH M. CURTIS
GOVERNOR

August 26, 1970

Mabel Ross, M.D.
Regional Health Director
U.S. Public Health Service
John F. Kennedy Federal Building
Boston, Massachusetts

Dear Doctor Ross:

The 1970 Community Mental Health Center Survey and Construction Plan for the State of Maine has been submitted to this office for review.

I am pleased to approve this plan.

Sincerely,

Kenneth M. Curtis
Governor

KMC/gir

CHAPTER IV

GENERAL CHARACTERISTICS

The State of Maine is the largest of the New England States. In fact, it is almost as large as the other five N. E. States put together. The state is divided into 16 counties and contains 21 cities, 416 towns, 56 plantations and 407 unorganized townships.

The lavishness with which mother Nature bestowed her gifts on Maine bring to light almost unbelieveable figures. For example, the state has 17,425,000 acres of forest land; some 2,500 crystal-clear lakes; hundreds of mountains; scores of sun-drenched beaches.

Maine's topography is both varied and fascinating. It is 320 miles long, is 210 miles wide at its widest point, and comprises a total area of 33,215 square miles.

Measured on a comparatively straight line, Maine's direct coastline totals nearly 250 miles. However, the coastline is so profusely notched with bays, coves and inlets that if all of them were similarly measured, the result would be a total line of 2,400 miles. Such a figure equals half the length of the entire Atlantic coastline of the U. S.

The density of the woodlands and the distance between population pockets make highway transportation difficult. (see map #1). There is no rail passenger service in the State except the Canadian National Railroad which traverses the northern section between New Brunswick and Quebec. There are only two major airports - Portland and Bangor with many smaller fields serviced by two small airlines.

The State has several small colleges in addition to its State University. A recent reorganization of higher education has led to the

establishment of a super university system which incorporated five state colleges into the university complex. (see map #2).

The only mental health training is the graduate program in psychology (MA and Ph.D.) at the University's main campus in Orono.

Socio-Economic Characteristics

The population of the State of Maine, according to preliminary 1970 census data shows an increase of less than 1% since 1960, and is currently 977,260. The non-white population is negligible accounting for slightly more than ½ of 1%.

The population shift within the State reflects a decrease in the population of the northern section and an increase in the southern portion. For example, all three mental health areas in the northern and eastern regions (Aroostook, Pen-Bay and eastern Maine) share population decreases while the five areas in the central, southern and western section (Kennebec Valley, Tri-County, Cumberland-Portland, York and Bath-Brunswick) show population increases.

The average educational level of the State is 11 years and the average per capita effective buying income was $2476 for 1968. As of February 1970, there were 51,737 adults and children receiving welfare benefits through the categorical assistance programs.

On the average, potatoes return about 30% of Maine's normal farm income of approximately $200 million a year. Poultry accounts for about 35% and comprise the largest item. The third largest source of farm money is dairying, amounting to 20% or a little over $40 million a year.

Maine is a forest state with the largest per capita acreage in the nation. Of 17,425,000 acres, 87% are in forest land with 98.8% in private ownership. Harvesting and manufacturing trees into useful products has been Maine's principal industry for over 300 years. The estimated value of all finished products from wood, over a 10 year period, was $584,686,271.

The fisheries of Maine have always occupied an important place in the economic and industrial growth of the United States. In 1962, 294,323,215 pounds of fish and shellfish valued at $20,364,943 were landed in Maine ports by over 9,000 fishermen.

Mental Health and Related Problems

The State's annual admission rate at its mental hospitals is 366.8 per 100,000 population, which greatly exceeds the national average of 249.3. It is interesting to note that among the admissions to the state hospitals, the number of patients with a primary diagnosis of "dependency on drugs" has doubled.

The problem of drug abuse has had considerable impact on Maine. Widespread use has been identified among the teenage population in all areas, both urban and rural. The Governor has established an Inter-Agency Council on Drug Abuse to coordinate departmental efforts with respect to the problem and to provide leadership at the State level. The Council has recently contracted with a private research firm to determine the incidence of the problem and to make recommendations. The report is due in November, 1970.

The State's ratio of divorces to marriages is 32.53 with those now having a high French-Catholic population (Aroostook, Tri County and York) all being among the lowest.

With respect to juvenile delinquency, the ratio of youth 10 - 19 committed to institutions or probation is 65 per 10,000.

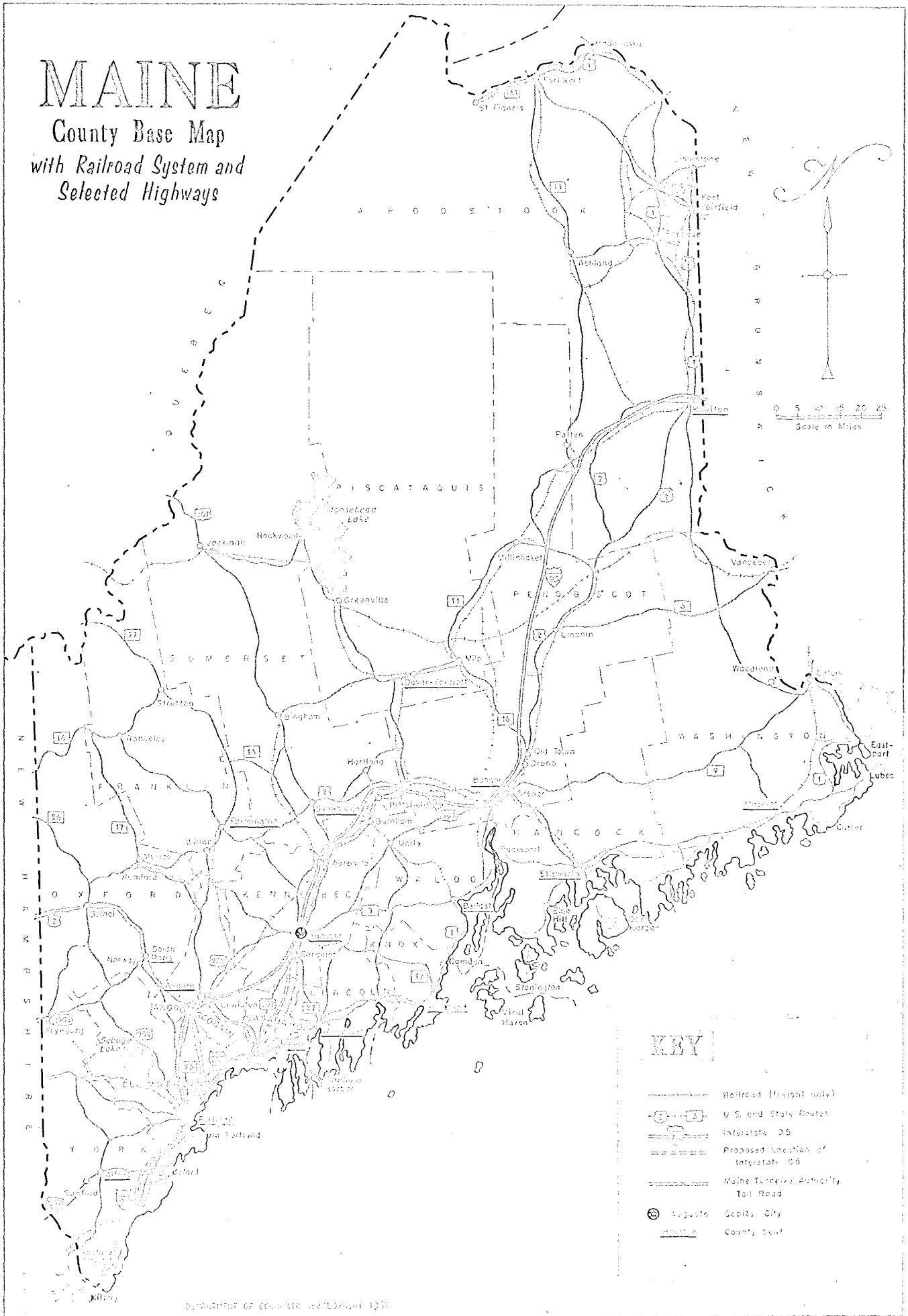
Unwed motherhood and illegitimacy are problems which often are symptomatic of emotional conflicts. The unwed mother, her family and the unwed father always need counseling and psychological help. Maine has a high rate of illegitimacy, being nearly twice the proportion of white illegitimate births in the 36 states for which statistics on illegitimacy are available. Maine's proportion of illegitimate white births is exceeded only by West Virginia, the District of Columbia and Vermont.

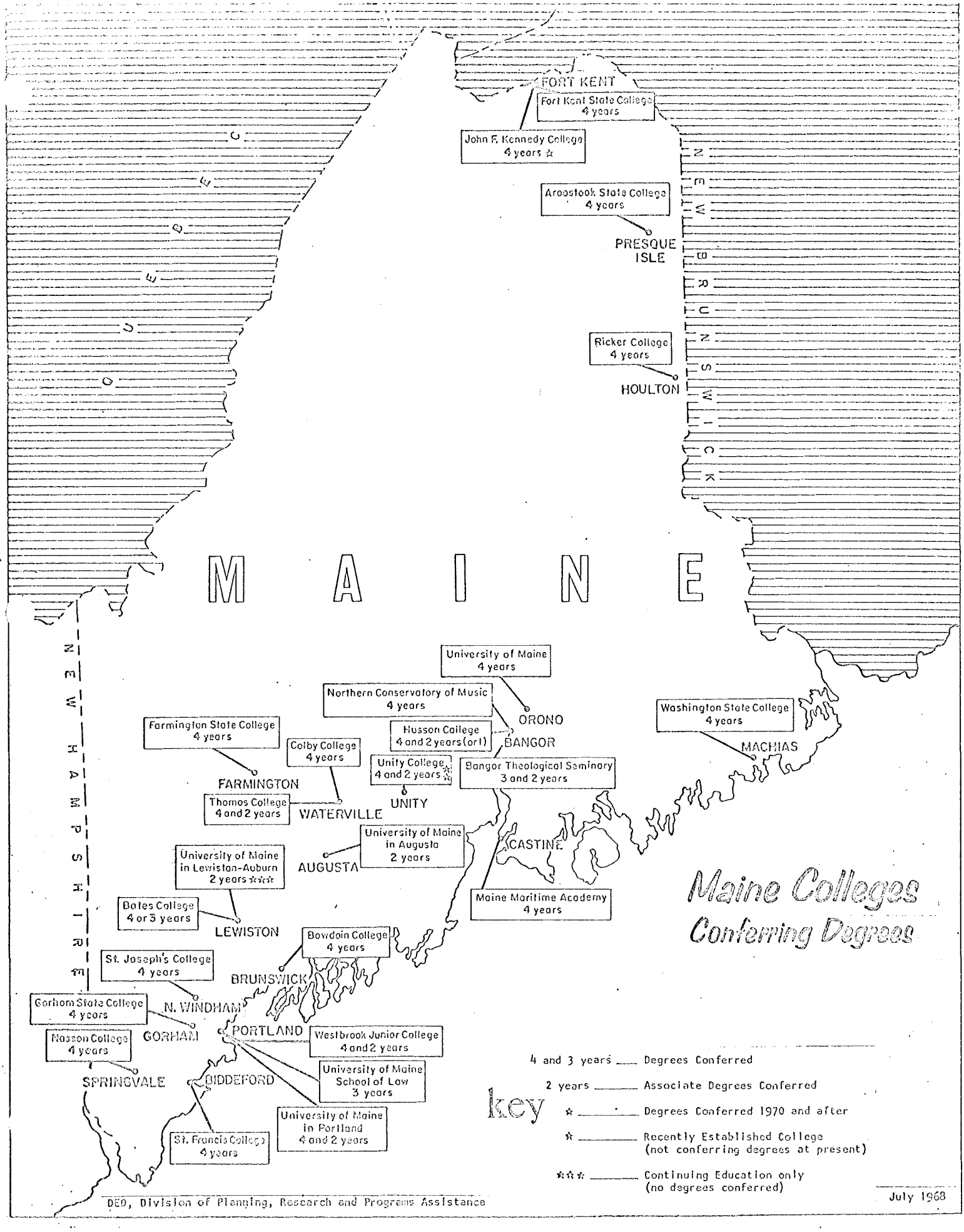
The Maine rate of illegitimate births in 1960 was 3.2 percent of live births. The United States' rate was 1.6 percent. Maine unwed mothers are younger, on the average, than those in the United States as a whole, the median age for Maine unwed mothers being 21.8 years and that for the nation 23.8.

Program Information

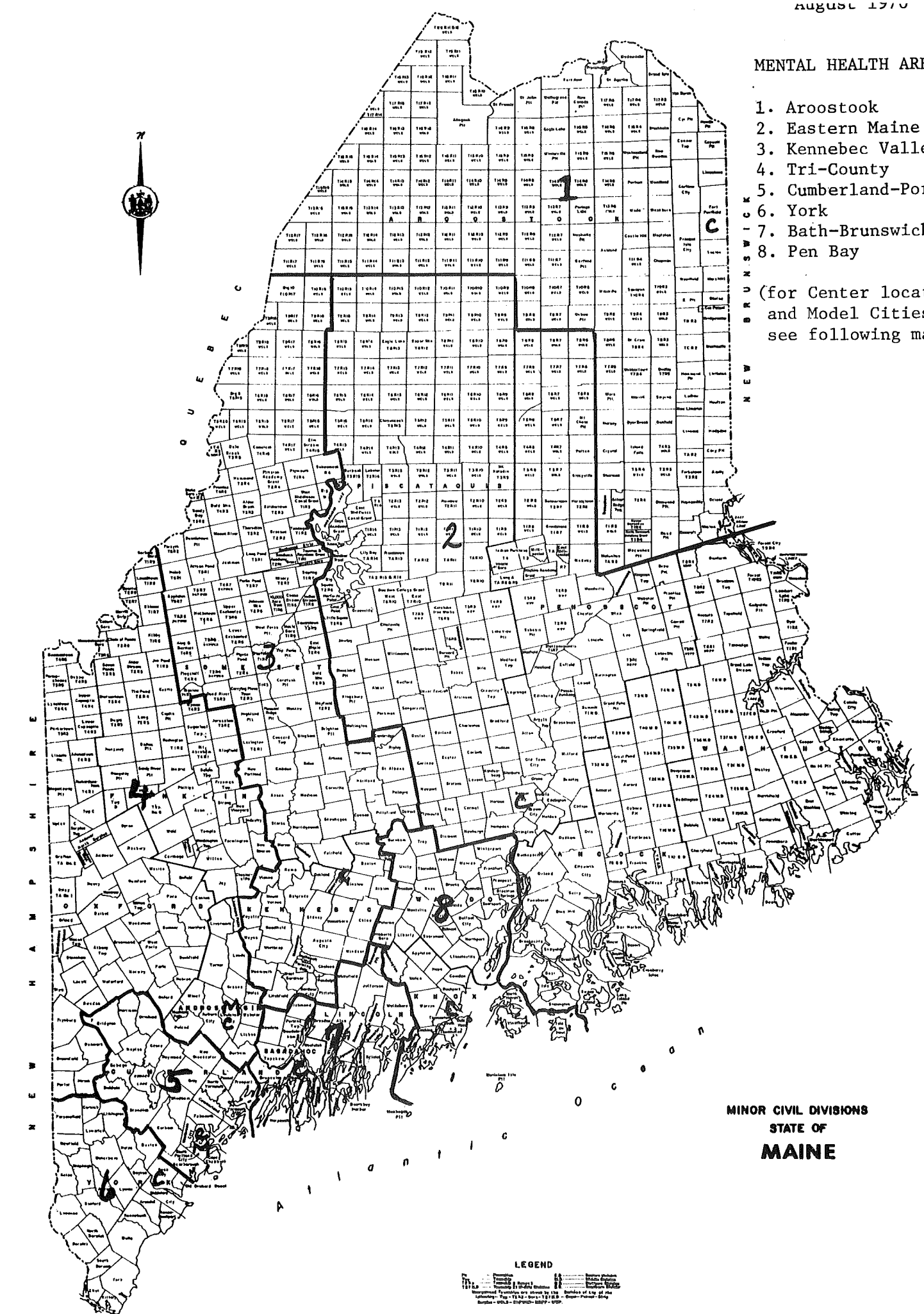
The State operates two hospitals for the mentally ill, Augusta State Hospital and Bangor State Hospital, as well as a hospital and training center for the retarded at Pownal. Under construction is a residential facility for the retarded on the Bangor State Hospital grounds.

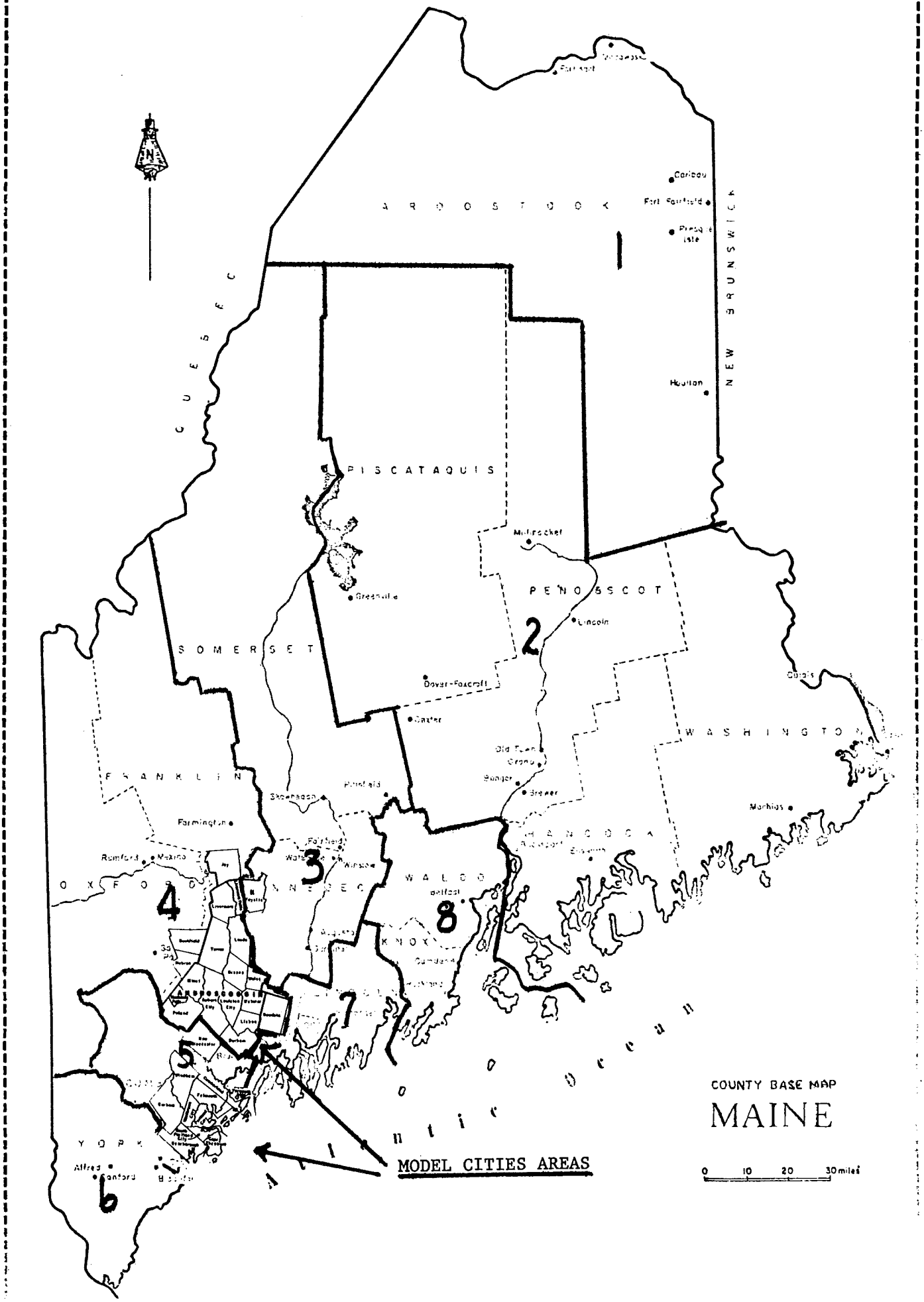
Community mental health services (please see map #3) are provided at varying levels in all eight mental health areas. Three areas have mental health centers which are fully operational (Cumberland-Portland, Tri County, and Eastern Maine); two areas have centers which have been approved for NIMH funding and are in a developmental stage. Kennebec Valley has approved construction funds and Aroostook has federal staffing funds. Two of the three remaining areas are in the process of developing applications for federal funds - Pen-Bay for construction and staffing, and York for staffing. The Bath-Brunswick Area is the only region which is not yet ready to establish a community mental health center.


MAINE
County Base Map
with Railroad System and
Selected Highways
AROOSTOOK
PISCATAQUIS
SOMERSET
PENOBSCOT
WASHINGTON
FRANKLIN
OXFORD
KENNEBEC
WALDO
HANCOCK
KNOX
LINCOLN
YORK
CUMBERLAND
SAGADAHOC
QUEBEC
NEW HAMPSHIRE
Caribou
Presque Isle
Fort Fairfield
Ashland
Houlton
Patten
Millinocket
Vanceboro
Greenville
Lincoln
Old Town
Orono
Bangor
Waterville
Augusta
Gardiner
Rockland
Belfast
Camden
Ellsworth
Bar Harbor
Machias
Eastport
Lubec
Calais
Stonington
Rumford
Norway
Portland
Biddeford
Sanford
Kittery
Scale in Miles
KEY
Railroad (freight only)
U.S. and State Routes
Interstate 95
Proposed Location of Interstate 95
Maine Turnpike Authority Toll Road
Augusta State Capital City
County Seat


MAINE
FORT KENT
Fort Kent State College
4 years
John F. Kennedy College
4 years ☆
Aroostook State College
4 years
PRESQUE ISLE
Ricker College
4 years
HOULTON
University of Maine
4 years
Northern Conservatory of Music
4 years
ORONO
Husson College
4 and 2 years (or 1)
BANGOR
Washington State College
4 years
MACHIAS
Farmington State College
4 years
FARMINGTON
Colby College
4 years
Unity College
4 and 2 years ☆
UNITY
Bangor Theological Seminary
3 and 2 years
Thomas College
4 and 2 years
WATERVILLE
University of Maine
in Augusta
2 years
AUGUSTA
CASTINE
University of Maine
in Lewiston-Auburn
2 years ☆☆☆
Maine Maritime Academy
4 years
Bates College
4 or 3 years
LEWISTON
Bowdoin College
4 years
BRUNSWICK
St. Joseph's College
4 years
N. WINDHAM
Gorham State College
4 years
GORHAM
PORTLAND
Westbrook Junior College
4 and 2 years
Nasson College
4 years
SPRINGVALE
BIDDEFORD
University of Maine
School of Law
3 years
University of Maine
in Portland
4 and 2 years
St. Francis College
4 years
Maine Colleges
Conferring Degrees
key
4 and 3 years ___ Degrees Conferred
2 years _____ Associate Degrees Conferred
☆ _____ Degrees Conferred 1970 and after
☆ _____ Recently Established College
(not conferring degrees at present)
☆☆☆ _____ Continuing Education only
(no degrees conferred)
DED, Division of Planning, Research and Programs Assistance
July 1968

August 1970


MENTAL HEALTH AREAS
1. Aroostook
2. Eastern Maine
3. Kennebec Valley
4. Tri-County
5. Cumberland-Portland
6. York
7. Bath-Brunswick
8. Pen Bay
(for Center locations and Model Cities areas, see following maps)
QUEBEC
NEW BRUNSWICK
NEW HAMPSHIRE
Atlantic Ocean
MINOR CIVIL DIVISIONS
STATE OF
MAINE
LEGEND


AROOSTOOK
PISCATAQUIS
SOMERSET
PENOBSCOT
FRANKLIN
WASHINGTON
HANCOCK
WALDO
KNOX
OXFORD
YORK
CUMBERLAND
Caribou
Fort Fairfield
Houlton
Millinocket
Greenville
Lincoln
Dover-Foxcroft
Carter
Old Town
Orono
Bangor
Brewer
Skowhegan
Farmington
Rumford
Mexico
Waterville
Augusta
Belfast
Alfred
Sanford
Biddy
Machias
NEW BRUNSWICK
QUEBEC
1
2
3
4
5
6
7
8
MODEL CITIES AREAS
COUNTY BASE MAP
MAINE
0 10 20 30 miles

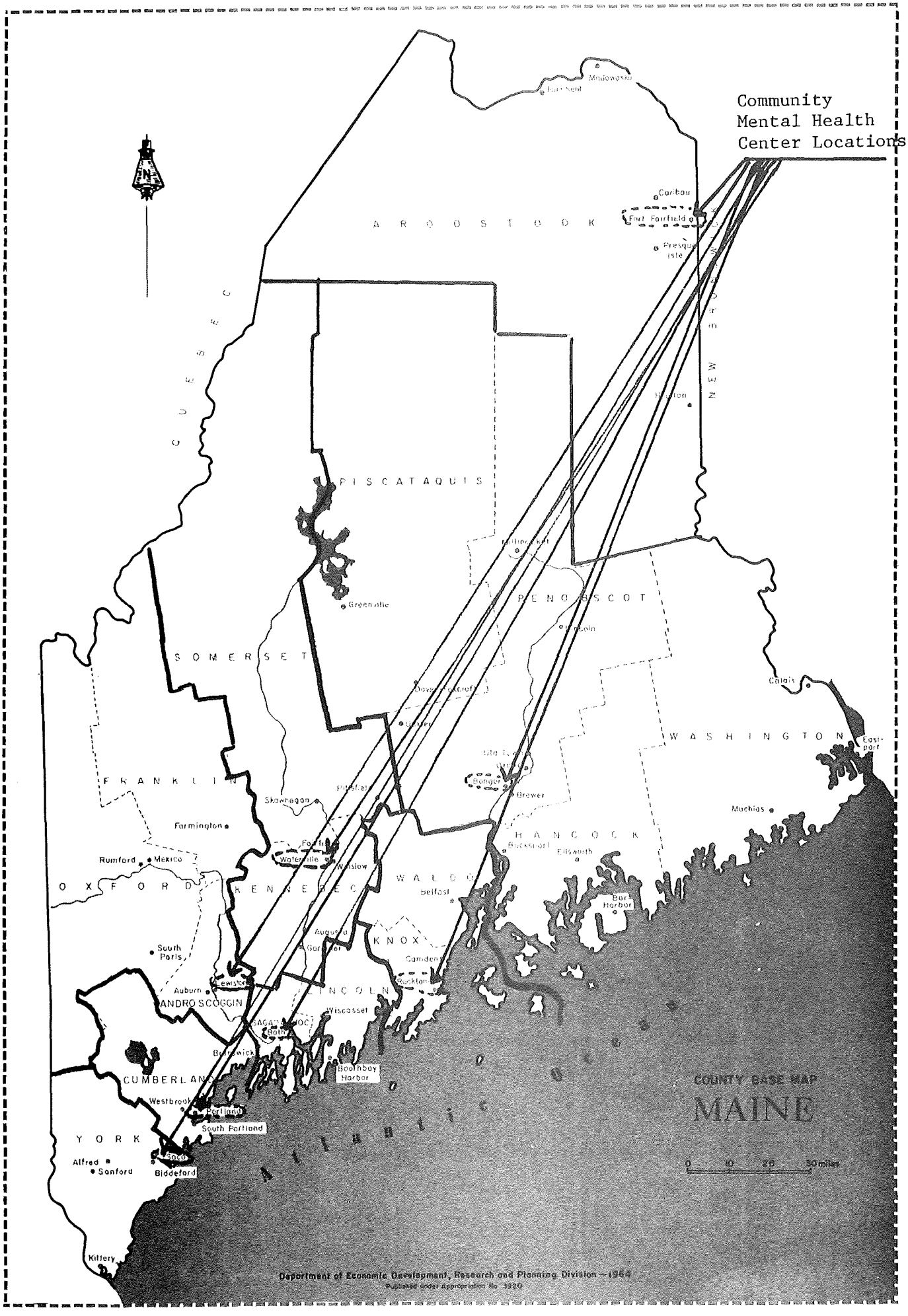

Community
Mental Health
Center Locations
AROOSTOOK
Caribou
Fort Fairfield
Presque Isle
Madawaska
Fort Kent
PISCATAQUIS
Greenville
Millinocket
PENOBSCOT
Lincoln
Dover-Foxcroft
SOMERSET
Calais
WASHINGTON
Eastport
Machias
Bangor
Brewer
FRANKLIN
Skowhegan
Pittsfield
Farmington
HANCOCK
Bucksport
Ellsworth
Bar Harbor
Rumford
Mexico
Waterville
Winslow
OXFORD
KENNEBEC
WALDO
Belfast
Augusta
Gardiner
KNOX
South Paris
Camden
Rockland
Auburn
Lewiston
LINCOLN
ANDROSCOGGIN
Wiscasset
Bath
Brunswick
Boothbay Harbor
CUMBERLAND
Westbrook
Portland
South Portland
YORK
Alfred
Sanford
Saco
Biddeford
Kittery
Atlantic Ocean
COUNTY BASE MAP
MAINE
0 10 20 30 miles
Department of Economic Development, Research and Planning Division — 1984
Published under Appropriation No. 3920

TABLE I

TOTAL POPULATION OF THE PLANNING AREAS

	1970 Census Preliminary	1960 Census	% Change
Aroostook	92,533	106,064	-12.76
Eastern Maine	202,179	208,926	- 3.23
Kennebec Valley	135,095	128,899	4.81
Tri County	154,900	150,726	2.77
Cumberland - Portland	171,492	165,012	3.93
York	108,829	99,402	9.48
Bath - Brunswick	61,375	59,029	3.97
Pen-Bay	50,857	51,207	- 0.69
	977,260	969 265	0.82%

TABLE II

POPULATION CHARACTERISTICS OF THE PLANNING AREAS

1960 CENSUS

	MALE					FEMALE				
	Total	White	Negro	Indian	Other	Total	White	Negro	Indian	Other
Aroostook	54,806	53,628	830	265	83	51,258	50,427	458	252	121
Eastern Maine	105,271	104,109	503	557	102	103,655	102,726	283	506	140
Kennebec Valley	63,008	62,873	60	49	26	65,891	65,745	51	68	27
Tri County	73,197	73,103	61	18	15	77,529	77,427	61	16	25
Cumberland - Portland	78,566	78,214	255	34	63	86,356	86,081	199	31	45
York	48,736	48,543	134	27	32	50,666	50,554	54	23	35
Bath - Brunswick	30,143	29,931	173	10	29	28,976	28,800	145	4	27
Pen-Bay	25,327	25,281	29	14	3	25,880	25,849	22	5	4
TOTAL	479,054	475,682	2,045	974	353	490,211	487,609	1,273	905	424

TABLE III

AGE BY SEX FOR AREAS

1960 CENSUS

	MALE				FEMALE			
	Under 20	20 - 44	45 - 64	65 & Over	Under 20	20 - 44	45 - 64	65 & Over
Aroostook	24,814	18,335	8,039	3,618	23,759	16,363	7,646	3,490
Eastern Maine	41,232	33,358	20,039	10,642	39,352	31,636	20,415	12,252
Kennebec Valley	24,947	18,286	13,073	6,702	24,370	19,687	13,847	7,987
Tri County	28,915	21,384	15,233	7,665	29,022	22,928	16,348	9,231
Cumberland - Portland	30,938	23,989	16,106	7,707	29,938	25,504	17,976	10,857
York	18,875	14,771	10,049	5,041	18,320	15,001	11,001	6,344
Bath - Brunswick	11,515	8,642	6,402	3,410	11,036	9,074	6,696	4,251
Pen-Bay	9,734	7,047	5,267	3,279	9,300	7,104	5,408	4,068
TOTAL	190,970	145,812	94,208	48,064	185,097	147,297	99,337	58,480

The narrative of the population, services, needs and priority represent significant departures from the geographical boundaries of the mental health areas outlined in previous editions of the State Mental Health Plan for Maine.

The initial format of the mental health plan, as submitted in 1965, established five catchment areas, two of which had populations which exceeded the 200,000 limit. With the subsequent development of mental health centers in these areas, further modification was made in two areas:

1) The Mid Coast Mental Health Clinic has expanded its services in the southeastern portion of catchment Area II which includes Waldo and Knox Counties; this area which is centered in Rockland is designated as the Pen-Bay Area.
2) Area V was subdivided to give specific identity to York County (Area V South) and the Bath-Brunswick Area (Area V North), both of which contain the nuclei for the development of comprehensive community mental health centers.

The progressive stabilization of these area sub-divisions over the past two years make it appropriate at this time to officially designate them as catchment areas with respect to present planning.

The delineation of these subdivisions as catchment areas is in keeping with other state planning efforts:

a) the Maine Law Enforcement Assistance and Planning Agency
b) the Comprehensive Health Planning Agency
c) the proposed State Administrative Planning Districts

The population size of Brunswick, Harpswell and Freeport which are in Cumberland County are essential to the service integrity of the new Area VII.

Other than this exception, the state planning staff decided to maintain the integrity of the county lines for area delineation despite the fact that there are sporadic pockets where the population of certain "frontier towns" gravitate outside of their catchment area for health services. With the establishment of centers in all areas and the expansion of services to rural areas hitherto unserved, it is anticipated that the patterns of service delivery will undergo significant changes in the next several years. Rather than setting catchment area lines which become quickly obsolete and create possible barriers to service delivery, this plan will maintain the integrity of the geographical county lines with flexible or changeable patterns of service delivery as needs dictate.

Therefore, with a view to insuring effective service delivery, the State Plan will provide for inter-area compacts to be established between mental health centers, which will provide to the residents of these "frontier towns", their free choice of service, between the center within its area or the center in another area which may better facilitate the delivery of service.

The proposal for inter-area compacts and the specific areas and towns to be included, will be further described.

The catchment areas and the political subdivisions (county) which they comprise are: (According to the 1970 preliminary Census data)

AREA	NAME	COUNTIES	POPULATION
Area I	Aroostook Mental Health	Aroostook	92,533
Area II	Eastern Maine Mental Health	Piscataquis	16,331
		Penobscot	123,299
		Washington	29,106
		Hancock	33,443
Area III	Kennebec Valley Mental Health	Somerset	39,670
		Kennebec	92,743

AREA	NAME	COUNTIES	POPULATION
Area IV	Tri-County Mental Health	Androscoggin	90,127
		Oxford	42,891
		Franklin	21,882
Area V	Cumberland-Portland Mental Health	Cumberland	190,007
		(except Bruns. & Harpswell)	171,492
Area VI	York Mental Health	York	108,829
Area VII	Bath-Brunswick Mental Health	Bath-Bruns. region	18,515
		Sagadahoc	23,037
		Lincoln	19,823
Area VIII	Pen-Bay Mental Health	Waldo	27,983
		Knox	22,874

AROOSTOOK MENTAL HEALTH AREA
(Area I)

Aroostook Mental Health Area (Area I) comprises all of Aroostook County. It is a large county, the boundaries of which include an area almost as large as Massachusetts and larger than the States of Rhode Island and Delaware combined. There are four and a quarter million acres in the county, a vast agriculture and wilderness area sometimes described as "the new America to the Northeast." The area has a frontier quality.

Area I is bounded on the north and northwest by the Canadian Province of Quebec, on the northeast and east by the Province of New Brunswick, on the south and southwest by the Maine counties of Washington, Penobscot, Piscataquis and Somerset.

After travelling through the Haynesville Woods, a vast forest area, suddenly the farmhouses and barns are bigger and less unpainted. The forest changes to rolling fields, dark green with a froth of white potato blossoms. The dark, rich fields tell you this is Aroostook.

Mental Health Area I seems almost out of place in New England. The towns have a western look; the streets are wide and the buildings somehow recent. The one hundred day growing season gives way quickly to the snowbound desolation of arctic winter. The rolling fields of summer could be Iowa or southern Wisconsin. It is the home of the "potato game," a game of chance having to do with the annual growing and marketing of potatoes; more exciting perhaps than wildcatting for oil.

The population of 92,533 is concentrated in the eastern section of the area along a line from the south to the north near the Maine-New Brunswick border. This is the greatest agriculture area in which there are 1,400 square miles of cultivated fields, mostly planted annually in potatoes and, more recently,

in sugar beets. The remainder of the area, comprising about 6,400 square miles, is largely wilderness, dotted with lakes and streams. Running through the western part of the county is the newly-created Allagash Wilderness Waterway, flowing north to join the St. John River that forms the United States-Canadian border as the result of "the Aroostook War" (no casualties).

The area is 640 miles from New York City, 425 miles from Boston, 325 miles from Portland, and 160 miles from Bangor, Maine the nearest metropolitan trading and banking center. Aroostook really is at the "end of the line".

The principle communities in the planning area are Houlton, the county seat of Aroostook County in the southern section, with a population of 9,000; in the east central area, Presque Isle, (11,000), Caribou (10,000), and Fort Fairfield, (5,000); and in the northeast area, Van Buren (4,000); Madawaska (5,500), Fort Kent (4,300). Limestone, a paradox, is the location of Loring Air Force Base, with a civilian and military population of 10,600.

The population density in the area is about half that of the State, living in rural areas, according to the 1960 U. S. Census.

SOCIO-ECONOMIC CHARACTERISTICS

The economic base of the Aroostook area is largely potato raising and lumber and pulp for paper-making. There is an active potato processing industry and a struggling sugar beet growing and processing industry.

Loring Air Force Base at Limestone, Maine, with a large population of servicemen and their dependents, contributes substantially to the economy.

The economic base of the area is unstable, however, as too much reliance has been placed on a single crop. The economy of the area is a feast or famine economy based on how much a barrel of potatoes wholesales for.

Aroostook County families must make their income go further than most U. S.

families since there are more people per household in Aroostook than in Maine or in the U. S. and the family income is lower than the state average.

Area I has an educational level below most of the state. Of the sixteen Maine counties, Aroostook has the highest percentage of the population 25 years of age or older who have had no formal schooling, (2.3%). The percentage of adults in Aroostook who completed four years of high school is lower than the state percentage, the Aroostook percentage being 25.8 and that of the state 29.1. There are five advanced educational facilities in Aroostook County.

Relationship of Socio-Economic Conditions to Mental Health Needs: The area's economy has for years been based on a single agricultural crop, potatoes; while maintaining a high birth rate, family income has been considerably below the levels of Maine or the United States and unemployment has been higher. Although agricultural diversification and new industries have improved the economic outlook in recent years, it will probably be some time before the economy has a significantly broader base than at present to assure higher, stable incomes. Mental health services, which have been almost nonexistent, have been limited because of economic considerations. Other health facilities are very limited in the area. The educational level in the area is low but educational facilities are improving and a new stress is being placed on the importance of higher education.

Recognizing that poverty, economic fluctuations and uncertainties and the pressure of large families and lack of education place unusual demands upon the individual, it is apparent that high quality mental health services are needed in the area. Low income is usually accompanied by dropping out of school and, therefore, inadequate education, vocational skills not commensurate with abilities, unemployment and underemployment, substandard housing, food,

clothing, medical and dental care, a low level of social and civic participation, lack of mobility and the loss of motivation, hope, and incentive for oneself and one's family. When these things occur, all the emotional and mental health problems associated with feelings of worthlessness and inadequacy arise.

MENTAL HEALTH AND RELATED PROBLEMS

The Maine Department of Mental Health and Corrections, reports 149 admissions to Maine state hospitals from Aroostook County for the year July 1967 to June 1968. Utilization rate of state hospital care is low because of the distance from the hospitals.

Juvenile commitments from the Aroostook area in 1968-69 are second highest when compared to the seven other areas.

PROGRAM INFORMATION

Area I has been in an incredibly poor position in terms of both availability of service to population and in the organization of very limited service resources until the recent awarding of a federal staffing grant of $319,000.

The new program of mental health services will be based upon the utilization of teams of mental health workers. Each team will be comprised of mental health workers, with two teams providing three of the essential services (outpatient, emergency, education consultation) at three different locations in the area. A third team will provide inpatient and partial hospital services at the center's current location in the Fort Fairfield Community Hospital.

The major locations in which services will be based are Fort Fairfield, Presque Isle, Caribou, Fort Kent and Houlton. The decision about the ultimate

primary location of the center will be made by a representative citizen committee. All four regions will have full time mental health programs.

All intake will come through the teams providing outpatient and 24-hour emergency services. Partial hospitalization and inpatient services are viewed as two specialized resources which are available to utilize in treatment of the patient if necessary. The team member who initially sees the patient immediately assumes the responsibility for his treatment. The team as a whole is involved with the patient to the degree that they insure that a full range of skills are available to that patient. However, the same therapist will remain with the patient and have responsibility for the monitoring of the treatment plan throughout his illness. This will insure both that treatment can begin at the point of initial contact and that the patient will have continuity of service.

INPATIENT SERVICES

The inpatient service will be located in the Community General Hospital in Fort Fairfield, Maine. This location is in the approximate population center of Mental Health Area I and is about an hour's travel time by automobile from the outpatient locations in Fort Kent and Houlton.

As the result of a bill (L. D. 493, 1965), the State of Maine was authorized to lease the newly completed TB annex to the Community General Hospital, a 44-bed general hospital built at a cost of $516,011 in the late 1940's. The former TB annex, the Community Mental Health Center's primary base at the Fort Fairfield Community Hospital, completed in 1964 at a cost of $546,307, contained 26 beds. A legislative bill in 1965 authorized a lease which provided space for ten years for the Mental Health Clinic operated by the Aroostook Mental Health Services, Inc. as well as ten inpatient psychiatric beds. Aroostook Mental Health Services, Inc., with the approval of the staffing grant application, is now asking the Community General Hospital to provide the ten psychiatric beds

described in the lease.

A discreet inpatient therapeutic milieu is planned on the hospital ward. There is a large lounge-recreational room and one other large room available with sink and work counters which makes it especially convenient as a craft room, wherein various therapies other than the traditional psychotherapy can be offered the patient.

As patients' various dysfunctions improve sufficiently to indicate movement towards the community again, the present plans call for a program that will keep inpatients in touch with the community as far as possible. In fact, it is planned that night hospitalization will be provided for those who can work during the day. Weekend hospitalization will be arranged when indicated. Those patients who are evaluated as qualified to participate in what is called the "community therapy program" will be moved out of the hospital ward for half day periods to participate in the Day Care program. Here the patients will be integrated into the therapeutic activities of the Day Care Center, including group, play, occupational, educational, recreational and other forms of appropriate therapy designed to prepare him for reentry into day to day living.

Movement of inpatients to the Partial Hospitalization Program will be especially convenient in this setting. The Partial Hospitalization Program is located in the same wing of the hospital as the In-Patient Program. Patients can leave the ward, going directly to the Partial Hospitalization Program via a private stairway, thus eliminating the need to pass through any other part of the hospital.

The overall staff will consist of 13 professional people giving 20 - 100% of their time to this element.

The inpatient program will provide no more than 21 consecutive days of full-time care to a patient. If inpatient care beyond that time limit is indicated, resources at the Bangor State Hospital will be utilized.

Outpatient Services currently offered by the Aroostook Mental Health Clinic are most inadequate. Currently, an Air Force psychiatrist puts in 4 hours weekly, spent almost exclusively in consultation with the two psychiatric social workers. There are plans to expand the psychiatrist's time to 6 hours per week, in order that some aftercare cases involving psychotropic drugs may be handled by him.

This will be accomplished by establishing two days a week a branch office at Fort Kent, which is a strategic geographic-population concentration location in the area. The team covering the area surrounding Houlton will also consist of five members putting in two days per week.

The Fort Kent office will be staffed two days a week by a team of five mental health professionals. Several members of this team will be fluent in the French language. This will be necessary because of the heavy concentration of French speaking people in that area.

Outpatient care, whether in the central office of the agency or the branch offices, will stress the delivery of appropriate services with utmost dispatch. The intake process will be streamlined. There will be no written application forms presented to the patients and no waiting lists. The therapist who does the intake will also be the patient's primary therapist, and will remain responsible for the overall treatment plan.

The Partial Hospitalization/Day Care Services will be developed as rapidly as appropriate staff can be employed. The present outpatient facility will be used to house the Partial Hospitalization/Day Care program.

The Partial Hospitalization/Day Care area is directly connected by one flight of stairs to the area designated to house the ten psychiatric beds. There will be no physical difficulty in providing continuity of care for those patients in the inpatient unit who will benefit from Day Care.

The program here will be oriented around three primary goals. The first is to provide preventative therapy in a quick, direct, and comprehensive treatment program.

The second goal will be to provide rehabilitative services to those in the inpatient facility.

The third goal will be to make available a program for the more chronically disturbed person who may not be considered readily amenable to rehabilitation.

The program itself will consist of various kinds of group therapy such as play therapy, occupational therapy, and dynamically oriented group therapy for all age groups. Individual counseling and crisis intervention will be available utilizing all staff who are directly involved in treatment. As the original therapist remains with each patient, individual therapy will not be terminated by admission to the Partial Hospitalization/Day Care program.

Planned 24-hour emergency coverage for psychiatric cases will be developed with a rotating staff and a team member who is a psychiatrist and who will assume the medical responsibility. Members of the staff "on call" in rotation will make the service available at all hours. The telephone switchboard of the Community General Hospital of Fort Fairfield will serve as the telephone answering service and all emergency calls will be referred immediately to the appropriate staff member who is "on call."

A special telephone line, known as a "Wats Line", will be installed at the Community General Hospital of Fort Fairfield, making it possible for physicians, staff members in the outreach areas, and community caretakers to get in touch

with the Center immediately and without charge.

One 24-hour emergency bed will be available in a hospital at each of the Branch offices. Any patient requiring more than 24-hour care will be moved to the Inpatient-Partial Hospitalization programs at Fort Fairfield.

PROPOSED SERVICES

The Aroostook Mental Health Center will provide a complete range of consultation and education services to the entire catchment area. The Center will direct its program of consultation and education to the school systems in the area and to the community caretakers, including the clergymen, doctors, lawyers, courts, police and public officials.

A full-time school mental health consultant will also be employed.

Consultation to area ministers and priests by a trained clinical pastor and a clinically trained parish priest will also be made available to the catchment area.

COORDINATION WITH OTHER AGENCIES

The Aroostook Mental Health Center has developed effective working relationships with most resources in the area which will be strengthened and expanded with additional staff and services. There are several joint projects now in operation, such as:

1) providing consultation to the casework staff of the Diocesan (Catholic) Bureau of Human Relations Services;
2) providing evaluation and consultation services to the staff and clients of the State Department of Health and Welfare;
3) an exchange with the Division of Vocational Rehabilitation, of psychiatric evaluation and consultation services for employment counseling and entrance to specialized vocational rehabilitation workshops;

4). a close working relationship with the Aroostook Mental Retardation program is considered to be essential particularly in the light of plans to construct a residential facility to complement a school and sheltered workshop.

The center will provide a major opportunity for all area physicians to receive immediate psychiatric consultation through a no cost long-distance telephone setup, and for active participation of physicians in the treatment planning of patients whom they refer. The Mental Health Center will coordinate its planning, with the Area Comprehensive Health Planning Agency to insure efficiency and effectiveness of service.

AREA RECOMMENDATIONS

1. With the approval of the staffing application, the recruitment of professional staff and the establishment of the essential services presents itself as the number one priority for the area.

2. The development of pre and after-care services are especially needed due to the 150 mile distance to the state hospital in Bangor.

3. The absence of mental health professionals within the school dictate a priority for the development of consultation and direct services to the school systems in the area.

4. There are eight nursing or convalescent homes in the county providing care for the aged population. Since none of these facilities have any mental health staff, the center will develop a consultation program which may enable them to provide improved health care to this high risk group.

5. There are no resources for the treatment and rehabilitation of alcoholics and drug abusers other than the AA. The center will develop specialized alcoholism services both on an outpatient and inpatient basis.

6. The establishment of a mental health staff training center in Aroostook County would have two major objectives:

a) it would attract mental health professionals to an area which is virtually devoid of professional stimulation;

b) it would provide an opportunity for local citizens to receive education in mental health once the manpower problem is solved by staff training.

7. The poverty level in the area dictates the need for extensive part-pay and free mental health services. The area should qualify as a poverty area under the new mental health legislation and then receive maximum federal matching.

8. The existing mental health clinic will serve as the nucleus for the community mental health center in affiliation with the area hospitals. The only other facilities appropriate for affiliation are the School for the Retarded and the Diocesan Bureau of Human Relations Services.

9. The center will be located in one of these towns: Caribou, Presque Isle or Fort Fairfield; the inpatient and day care facilities will be located in Fort Fairfield and outpatient satellites in Fort Kent and Houlton.

Construction is not anticipated for two or three years.

EASTERN MAINE MENTAL HEALTH AREA
(AREA II)

DESCRIPTION OF THE COMMUNITY

The Eastern Maine Mental Health Area (Area II) is an area in northern and eastern Maine comprising four counties. It is a large geographic area with a population of 202,179, comprising 12,429.7 square miles and bounded on the north and east by Aroostook County and the Province of New Brunswick, Canada, on the south by the Atlantic Ocean and on the west by Somerset and Waldo Counties and Penobscot Bay. The counties in the area are Hancock, Washington, Penobscot, and Piscataquis. Only Hancock County is increasing in population. Despite the fact that the past estimates indicated that Penobscot County was growing in population, the closing of Dow Air Force Base, Bangor in July 1968 reversed this trend.

The terrain of the northwestern part of the Area is forest, mountains, lakes and streams comprising the great northern Maine wilderness. To the east, the area is bordered by the island dotted Maine coast line characterized by small pockets of tradition-bound seafaring families.

The national prominence of the coastal area as a vacation haven has produced an annual seasonal population influx of over 75,000 which dwindles rapidly come Labor Day. Although the population concentration of the entire area is 27.9 person per square mile (1960 Census), the greater portion of the area is sparsely populated.

Bangor, the major city in the area was for many years, especially during the 19th century a world famous lumbering center. The city is located on the Penobscot River with its famous Bangor Pool, the first salmon from which is sent every spring to the President of the U. S. Pollution ended this tradition.

SOCIO-ECONOMIC CHARACTERISTICS

The population is largely white with few Negroes and 1,308 American Indians (1960 Census) of the Penobscot and Passamaquoddy tribes. The Penobscot Indian Reservation is located in Penobscot County and there are Passamaquoddy Indian Reservations in Washington County. These are state Indians whose status was determined under a Treaty consumated with the Massachusetts Bay Colony and who are not federal wards. They are the responsibility of the State. The white population is largely Protestant, about 74% with the remainder largely Catholic divided between two ethnic groups, the French and the Irish.

The economy is primarily dependent upon paper and pulp manufacture, allied chemicals, agriculture and small industrial enterprises. Shoes, textiles, pottery, furniture and wood products are the leading manufactured products while farming, fishing and blueberrying provide considerable seasonal employment. A major, though seasonal industry is tourism. Minimum wages tend to prevail in those areas not touched by the large paper manufacturing industries. In the outreach area there is a lack of economic opportunity and considerable poverty. Two of the counties, Hancock and Washington, are federally designated as depressed.

The area as a whole and the coastal region in particular faces a dilemma with respect to whether priority should be given to industrial development or conservation of the environment. A national controversy has been raised around the coastal town of Machiasport where efforts have been made to secure approval for the construction of an oil refinery. While such industrial development would provide an economic boom to the entire area, it faces rough sledding from those who consider the beauty of Maine's coastal environment as its greatest resource. This controversy, which has significant implications for the economic future of the area, also involves aluminum processing.

The area is self-contained in many ways in that Bangor tends to be the commercial center for distribution of goods and services to eastern and northern Maine. It is also a center where financial, medical, social, welfare, educational and cultural facilities are centered. Bangor is the third largest city in Maine with a population of 32,390 and a trading population over 300,000. The two adjoining cities, Bangor and Brewer, have a population over 40,000, a twenty-five mile radius - 98,000 people and a fifty mile radius - 135,000 people.

Although there are no major physical barriers to transportation, there are serious transportation problems in this area. With the exception of the Canadian National, all passenger service by train was discontinued in 1961 and reliance is now placed on long distance bus service and air service for public transportation. Bus service exists between the larger populated areas and the in-between towns of a very limited schedule. Distances are great within the area as the length is 190 miles and the width 120 miles as the crow flies, much more by road. Most transportation in the area is done by personal automobile.

An interstate freeway, U. S. Route 95, bisects the area, making the travel time from Newport to the Millinocket area and in-between towns good.

Bangor is a center of higher education and educational institutions which are an important economic factor. The University of Maine has its principal campus at Orono, eight miles from Bangor, and a subsidiary campus, known as the South Campus, in Bangor at the former Dow Air Force Base. At the two campuses there are 7,000 undergraduate students and 585 graduate students with a faculty of 700.

The Dow Air Force Base, a former Strategic Air Command Base in Bangor, closed June 30, 1968. At its peak period of operation approximately 5,000 military

personnel were stationed there. The personnel strength is approximately 200 now. An estimated 750 military dependents reside in the Bangor area. The former military field is now an international jet port of increasing importance for refueling, service, and hijacked plane stops.

The area has seven post high school educational institutions whose specialization range from theology and music to electronics and business. The most prominent of these institutions is the Maine Campus of the University of Maine at Orono. A college of the University system is located at Machias and the State Maritime Academy at Castine.

Washington County has a low educational attainment level.

MENTAL HEALTH AND RELATED PROBLEMS

The Eastern Maine mental health area has the highest admission rate to the state mental hospitals. The number for 1968-69 was 538. The location of the Bangor State Hospital in the area must be a major factor for this high rate.

The area ranks 5th in the commitment of juveniles to institutions and paroles, with 234 reported for 1968-69.

There are twenty general hospitals in the catchment area and one state (mental) hospital at Bangor. The area also contains the Utterback Hospital, the only private psychiatric hospital in Maine located in Bangor. The Eastern Maine Medical Center in Bangor, is the largest hospital in the area, having 350 beds. The Eastern Maine Medical Center is involved in the development of the Community Comprehensive Mental Health Center and is providing inpatient beds and services as part of the overall plan.

PROGRAM INFORMATION

Prior to the award of an NIMH staffing grant in 1969, mental health services provided in the catchment area were primarily provided by the Bangor State Hospital and outpatient services concentrated in Bangor with limited service provided through small clinics at Machias, Ellsworth and Mt. Desert Island. Limited

general hospital inpatient service tended to be of a crisis intervention nature and other essential services were non existent. The integration of a Family Service Agency and a Guidance Clinic led to the establishment of The Counseling Center as a comprehensive community mental health center. With receipt of the initial staffing grant, the mental health services delivery system became more flexible and comprehensive. The existing program is directed primarily to the implementation of a mental health outreach system that is not hospital centered, although it includes working with and utilizing the state hospital, and community general hospital facilities throughout the entire catchment area.

INPATIENT SERVICES

At the present time in addition to 1100 beds at the Bangor State Hospital, the inpatient services consist of a unit of 14 hospital beds at the Eastern Maine Medical Center. As noted above, the Utterback Hospital also provides inpatient services with 26 beds. This proprietary hospital is not accredited and lacks adequate facilities.

Through its approved staffing application, the Center proposed to enlarge the inpatient care at the Eastern Maine Medical Center Hospital from 14 beds to 28 beds and to install a complete rehabilitative program of therapy that will include casework, group therapy, recreational and occupational therapy, psychological testing and evaluation, and other services as indicated. This is expected to become operational in the Fall of 1970. In the planning stage is a major enlargement of the hospital with a proposal of 40 psychiatric beds within four to five years.

During the 1970-71 period, the Center will develop an emergency inpatient service system using outlying hospitals in Calais, Millinocket, Ellsworth and Dover-Foxcroft. When patients require more extensive hospital

treatment, the branch psychiatrist will facilitate their transfer to the psychiatric unit at the Eastern Maine General Hospital or to the Bangor State Hospital.

PROPOSED OUTPATIENT SERVICES

With the approval and operationalizing of its staffing grant, the Counseling Center has extended the outpatient service to the Eastern Maine Mental Health Area. This was accomplished by establishing four branch offices at strategic geographic locations in the area - in Calais, Ellsworth, Dover-Foxcroft, and Millinocket. Sub-branches have been established in Machias and Lincoln and at the Mt. Desert Child Guidance Clinic offices. Each branch office is staffed by a full-time program director and part time mental health professionals appropriate to care needs. Use of existing services and personnel in the various communities from which patients come is stressed wherever possible in the treatment plans.

Outpatient care, whether in the central office of the agency or the branch offices stresses the delivery of appropriate services with utmost dispatch. With the streamlining of the intake process, there is no written application forms presented to the patients and no waiting lists.

The Partial Hospitalization/Day Care Service was initiated in the early stages of program development, physically situated diagonally across the street from the central offices of the Center. The program has been oriented around the concept of primary prevention, the development of meaningful relationships with patients and staff, and the provision of supportive services for patients whose progress is guarded or poor.

Socialization programs are provided utilizing the facilities within the Day Care Center and other facilities within the community. A van or bus is available to transport patients in day care to various community facilities. Day care services are used as a component part of in-patient care at the general hospital and will involve appropriate state hospital patients.

EMERGENCY SERVICES

Twenty-four hour emergency coverage for psychiatric cases has been developed with a rotating staff and fixed medical supervisory responsibility. Members of the staff "on call" in rotation make the service available at all hours. The telephone switchboard of the Eastern Maine Medical Center makes it possible for physicians, staff members in the outreach areas, and community caretakers to get in touch with the Center immediately and without charge in an emergency.

The intensive care facilities at the Eastern Maine Medical Center and the Bangor State Hospital are used in emergencies.

CONSULTATION AND EDUCATION

Prior to the development of the mental health center, consultation and education services in the catchment area were very limited and focused largely around the Bangor-Brewer metropolitan area. The Counseling Center now provides a wide range of consultation and education services to the entire area. The Center directs its program of information and consultation to the school systems in the area and to the community caretakers, including the clergymen, doctors, lawyers, courts, police and public officials. One of the most successful programs now is a training session for teachers around the emotional problems of children. The program is considered part of the teachers' professional development and participants receive course credit.

The consultation and education service also provides for (1) publishing a quarterly bulletin on community mental health which will report on national, state and local developments; (2) serving as a catchment area headquarters for inquiries and requests for mental health information (3) maintaining a mental health library in the Center (4) maintaining a mental health speaker's bureau (5) sponsoring and supporting mental health seminars and workshops

in cooperation with other agencies for caretakers and professionals in the catchment area.

The Consultation and Education Services of the Center plan has added to the staff two trained Pastoral Counselors, one Catholic, the other Protestant, who will (1) serve as liaison between the Center and its staff and the various clergy in the catchment area; (2) assist in mental health education in the area, particularly these programs connected with churches; (3) provide pastoral counseling when called upon; and (4) develop a clinical pastoral education program in conjunction with the Bangor Theological Seminary.

The educational program is closely allied to the existing family life education program of the Extension Service of the University of Maine.

COORDINATION WITH OTHER RESOURCES

Having emerged as a result of the integration of two of the leading community agencies, the Counseling Center has assumed a leadership role in the coordination of human services in the area. In addition to mobilizing the participation of physicians through the cost-free WATS line, the center serves as a supporting partner for a host of existing human service agencies.

1. The Department of Health and Welfare follow their clients through treatment programs, and participate in conferences where treatment decisions are made.
2. The Homemaker-Health Aide Service is closely coordinated with the casework services of the center through a mutual referral process.
3. The Catholic Diocesan Bureau of Human Relations Services pays two-thirds of the salary of a caseworker who provides specialized services to the four Catholic parishes in Bangor and Brewer.

4. Travelers aid has an agreement with the center, whereby professional services are provided to stranded travelers in the area.

5. The United Community Services, provides its largest allocation to the Center. In turn, the center assumes a significant role in the fund raising and public relations of the U.C.S.

6. The Penobscot County Committee on Community Action has agreements with the Center for the provision of in-kind services as part of their funding mechanism.

7. Other municipal facilities and services, such as the Bangor City Hospital, Welfare, Health and School Departments are provided services through mutual agreements.

8. Close liaison is maintained with the United Cerebral Palsy Program and the Eastern Maine Friends of Retarded Children.

9. The Half-Way House of Bangor, which provides a contract with the center for the provision of diagnostic and treatment services. With the Centers increasing attention to the problems of the alcoholic, the relationship of the center with the Half-Way House is becoming increasingly important.

AREA RECOMMENDATIONS

1. Adult Day Treatment Program (Day Care): should be developed on a decentralized basis available to all within the area. At the present time the Adult Day Treatment Program is operating in Bangor adjacent to the central office of The Counseling Center. This means that its program is only available to those who are living in the Bangor area or who are temporary residents of one of the hospitals in the area.

   The Adult Day Treatment Program should be within a minimum of one hour's driving time from any location within Mental Health Area II. It is proposed, therefore, that five decentralized programs be established in the District offices of Calais, Dover-Foxcroft, Ellsworth, Machias and Millinocket.

2. Inpatient Care: This element of service is now provided only at the Eastern Maine Medical Center in Bangor where Ward C-3 provides 14 psychiatric beds under the program of The Counseling Center. There is clearly a need for decentralizing inpatient care so that no patient is further than one hour's driving time from his home. Experience shows that often it adds to a patient's anxiety to be transported 60 to 100 or more miles away from his home and isolated in a strange hospital setting. This is particularly true of disturbed adolescents who may develop acute separation anxiety when they are removed so far away from their homes. It is proposed, therefore, that agreements be developed with each of the small regional hospitals for one or two psychiatric inpatient beds where patients may be placed temporarily during acute psychiatric episodes. There are ten such hospitals in Mental Health Area II with which inpatient services might be expanded. These include the hospitals at Bar Harbor, Blue Hill, Calais, Castine, Dover-Foxcroft, Ellsworth, Greenville, Lincoln, Machias, and Millinocket.

   Through a decentralized inpatient service, an educational program for nurses and other para-medical personnel could be developed for adequate handling of psychiatric problems, and, more importantly, for recognizing them in their incipient stages and moving toward preventive care.

3. Pre-Care of State Hospital Patients: There is a need for the development of a sophisticated, professional screening service for the admission of patients to the Bangor State Hospital which serves Mental Health Areas I and II. Adequate, professionally-trained staff is needed and such services should be an integral part of the services offered by The Counseling Center.

4. After-Care of State Hospital Patients: The follow-up and after-care of patients discharged from the Bangor State Hospital needs further development and close integration with the services of The Counseling Center.

5. Consultation and Education Services: The Consultation and Education services of The Counseling Center must be extended to provide a broad spectrum of preventive services to the schools, churches, law enforcing agencies, medical profession, and the general caretakers in the area. The aim should be the prevention of mental and emotional breakdown through educational services that strengthen family life, improve education and develop a recognition of early symptoms of emotional trouble so that professional help is sought early.

6. Alcohol and Drug Treatment Program: Extension of these services should be developed with professionals specializing in this area of treatment and education.

7. Mental Retardation Program: There is a need for the careful coordination and integration of the many programs in the area dealing with the mentally retarded and his family.

8. Residential Treatment Services: There is an urgent need for a residential treatment program for the seriously disturbed child, particularly the adolescent, who needs care and treatment away from his own home.

9. Suicide Prevention Program: The 24-Hour Emergency Service of The Counseling Center needs further development with emphasis upon suicide prevention. Some sections of Mental Health Area II have a very high suicide rate, about $2\frac{1}{2}$ times that of the national rate.

10. Training: The Counseling Center, with a staff of 48 professional people in the disciplines of medicine, social work, psychology, religion, nursing, education, recreational and occupational therapy is in an excellent position to give training to young people interested in going into the mental health field. This should be done through a training specialist in the Consultation and Education Department, who coordinates such training with the various professional schools in New England. Such a training specialist would also be responsible for recruiting young people to the mental health professions.

KENNEBEC VALLEY MENTAL HEALTH AREA

AREA III

DESCRIPTION OF THE AREA

The Kennebec Valley Area comprises the two counties of Kennebec and Somerset, a combination which makes up a geographical belt which nearly bisects the State, running from the Quebec border in the north almost to the seacoast in the south-east.

The Somerset region is dominated in the northern half by vast woodlands, a resource which is considered not only of aesthetic value, but also of economic help for the industrial development of the state. The southern half of Somerset County produces poultry, dairy products, apples and maple syrup.

Kennebec County comprises the lower portion of this belt, and contains the State Capitol, Augusta. Its population of over 100,000 represents a distribution which is primarily French-Canadian, although there are significant strains of native New England American stock and a variety of close-knit European cultural groups. The French-Canadian population have achieved sufficient integration so that no bilingual problems exist.

Kennebec hosts a wide variety of industry including plastic, paper, wool, lumber, and meat packing. With Colby College, a prominent four year liberal arts institution located there, there is a feature of "atypical" residents who have been "imported" into the area by virtue of their educational, vocational, or executive skills. The presence of the capitol and the administrative head-quarters of the state also adds a supply of imported residents.

The catchment area is dotted with beautiful lakes and camping areas which provide a shady haven for vacationers as an alternative to the coast.

SOCIO-ECONOMIC CHARACTERISTICS

Of the 135,095 people of Kennebec and Somerset Counties, less than 300 are non-white. Of this total population, approximately 40,000 people are concentrated within the cities of Augusta and Waterville. As one travels further north into Somerset County, the area becomes increasingly rural and the people increasingly poor.

Augusta and Waterville with populations of 22,104 and 18,143 respectively, represent the industrial and retail outlet hub of the catchment area. Three major industries and the state government are the major employers. The presence of several hospitals, particularly the Augusta State Hospital and the Veteran's Administration Center at Togus, provide additional employment opportunities for the Kennebec County resident. Economically, the area continues to rely extensively upon pulp and paper, leather and shoes, textiles and apparel, and poultry processing as its major contributions of the labor force.

The entire Kennebec mental health area has minimal public transportation. The communities of Augusta and Waterville are connected primarily by Interstate Highway U. S. Route 95. The City of Augusta and surrounding communities, including Hallowell and Gardiner, for several years had a one bus line, which has recently been discontinued because of insufficient operating revenues. Because of this situation there has been an increasing reliance upon taxis and the Greyhound bus for surface transport by those who do not own cars. Commercial air travel, once provided by Northeast airlines, is now exclusively provided by a minor feeder line, Executive Airlines.

MENTAL HEALTH AND RELATED PROBLEMS

The Kennebec area ranks second in the state in admissions to the state hospital with 326. Nearly another 100 were admitted to other mental health institutions (V.A. Hospital and Pineland). Here again, as in the Eastern area, its proximity to the state hospital must be considered a major factor.

The problem of juvenile delinquency was most acute in the area which committed more boys and girls to institutions and probation (233) than any other area in the state.

The problem of drug abuse has received increasing attention in the area as local school and state investigating officials begin reporting a rise in the number of drug abusers. Through educational programs calling upon specialists from the field of mental health, medicine, and law enforcement groups, it has become apparent that here as well as in other areas drug abuse is on the increase with many attending implications.

While officials report 25% of the high school population as being drug abusers, members of the school student body raise the alarming figure of 50% as being a more accurate representation of experimenters or regular abusers. In addition to the disruption of personal and familial balance, the economy of the area is also being disrupted because of this problem. With the youth's limited availability of funds to purchase drugs, an increased degree of shoplifting in a community the size of Skowhegan with 7,639 people or Waterville with 18,000 people, is potentially a severe hazard to an economy with a large retail trade component.

Program Information

The Kennebec Mental Health Clinic has been awarded a federal construction

grant with construction to begin in the fall of 1970.

The services of the Kennebec Area are therefore in a state of transition from those of a small outpatient clinic to those of a community mental health center. The Kennebec Mental Health Clinic is currently developing its program and staffing patterns pending completion of construction.

Inpatient Services

At the present time in addition to the Augusta State Hospital of 1600 beds, Augusta General, Thayer, Redington-Fairview and Waterville Osteopathic Hospitals, all admit psychiatric patients with some unspecified beds integrated into the hospital population.

The construction of the Community Mental Health Center facility immediately adjacent to Thayer Hospital will make it possible for the patient from the Thayer Hospital Inpatient Service to walk to the Center, while the patients hospitalized at the Waterville Osteopathic facility are only four to six minutes away from the Central Unit by automobile. Through arrangements with the Community Action Program and Regional Comprehensive Health Planning Agency, there will be a mini-bus available for the transportation of these patients.

The three psychiatric holding beds available at the Redington-Fairview General Hospital will be used pending consultation and patient transfer to the Waterville inpatient component for more intensive therapy.

The Augusta General Hospital has agreed to provide ten psychiatric beds, also integrated into its medical-surgical areas. Owing to the fact that the Mental Health Center area encompasses a wide geographic area, it is necessary, when thinking of centralized services, to include movement of patients from the periphery of the area (Augusta General Hospital) to the center. Patients who are in the psychiatric beds of Augusta General Hospital may be bused to the

Mental Health Center in Waterville for the Day Hospital activities, a trip of twenty minutes.

Outpatient Services

Outpatient services are presently provided by the mental health clinic, the Augusta State Hospital Outpatient Department for its former patients, and through the Division of Psychiatric Services, an agency serving state welfare recipients exclusively. Because of the limited availability of professional staff, these outpatient services have been provided on a limited and primarily short-term basis.

It is planned to expand outpatient services to a full-time basis at the central unit in Waterville. The outpatient program will provide for psychiatric, psychological and social worker and psychiatric nursing service. A full-time outpatient service is already being developed in Augusta through the assignment by the Bureau of Mental Health of the mental health team which formerly served as the mobile mental health unit for the Department of Health and Welfare. This team consists of two psychologists, a social worker and consultant psychiatrists on a limited part-time basis.

With the establishment of the full program, a mental health team will also spend one day a week in Skowhegan to serve the northern section of the county.

Emergency Services

At the present time, psychiatric emergencies are provided for in the general hospitals, the state hospital, and the Veteran's Administration Center, primarily by the medical professional with no 24-hour consultation services available from mental health specialists. With the expanded program, 24-hour emergency service will be provided by the mental health center staff. After hours, the staff will be on call through the hospital emergency service.

Consultation and Education

Consultation and educational services of this area have been limited and focused primarily towards the cities of Augusta and Waterville. One social worker is investing three full days per week in school consultations with teachers. The only elementary schools receiving this service is Augusta, SAD 54 (Skowhegan) and Union 42 (Winthrop). The center has also provided public lecture series on mental health.

COORDINATION WITH OTHER RESOURCES

The proposal for the development of services and deployment of staff has been developed in concert with the Mental Health Area Advisory Board, the State Bureau of Mental Health and the area comprehensive health planning agency.

Special efforts have been made to coordinate service planning with the local school districts, the medical society and the clergy. The participation of pastoral counselors on the staff will enhance collaboration with the clergy.

To insure coordination of mental health with mental retardation services, a staff member of the State Bureau of Retardation has been assigned to the mental health center.

School mental health consultants will work primarily with teachers, guidance counselors, principals, and school nurses, psychiatrists with the physicians and pastoral counselors with the clergy.

Area Recommendations

1. After nearly two years of active planning for construction, the Kennebec Valley Mental Health Area is now at the point of beginning construction of their facility. The priority recommendation therefore for this area must be the immediate commencement of construction of the center. Construction is due to begin in the fall of 1970.

2. The second major need in terms of priority must be that of obtaining approval and funding of a staffing application. The initial staffing application submitted to NIMH in January 1970 has been returned for further revision and clarification.

3. With the approval of the federal staffing application and receipt of adequate funding, the employment of professional staff must be accomplished.

4. A fourth priority must be the development of a professional staff-sharing program between and among the mental health facilities within the area.

5. With the completion of construction and procurement of adequate staff, an immediate goal must be the establishment of the essential services. Since outpatient and education-consultation services currently exist to some extent, the priority for service development will be to establish adequate inpatient, partial-hospitalization and emergency service.

Since the Comprehensive Health Planning Agency has been delegated as the coordinating health agency of the area, it will be involved in all service planning.

TRI-COUNTY MENTAL HEALTH AREA

(AREA IV)

DESCRIPTION OF THE AREA

The Tri-County Area (Area IV) of the State Mental Health Plan comprises a three county region of Androscoggin, Oxford and Franklin Counties.

Through the awarding of a Community Mental Health Center construction grant in 1966, construction was initiated and completed in 1967. An NIMH staffing grant was awarded in 1967 and the center became functional in November of that year.

The total population of the Tri-County Area, according to preliminary 1970 census data is 154,900, the bulk of which is in the more populated areas of Farmington, Rumford-Mexico, Lewiston-Auburn. The area population is divided with Androscoggin having approximately 90,127; Oxford 42,891; and Franklin County 21,882.

An excellent network of roads center in the Lewiston-Auburn area which also has the only public transportation service. There are all weather highways throughout the region with major highways providing good accessibility to the south, to New Hampshire, to the central part of Maine and to Canada to the north. There are over 90 towns and cities in the area which has a total of 478 square miles.

Oxford County has as its principle activities farming, lumbering, manufacturing and vacation-tourist business. The towns of Rumford and Mexico are the largest communities in the region serving more than 20,000 of the 30,000 population. Rumford is the site of the Oxford Paper Company, one of Maine's

largest manufacturing plants and is the commercial banking and shopping center of the region. Bethel is the second largest township in the region, with farming, saw mills, wood products and ski vacation - tourism as its principle industries. It is also the site of the nationally prominent center for social dynamics, the National Training Laboratories.

Franklin County is largely rural and many sections are economically depressed. There are no cities and Farmington, the shiretown of the county, is its largest community with a population of 5,000, a hospital and a state college. The International Paper Company located adjacent to the county serves as a major employer. Like other regions in central Maine, the county boasts one of the best developed ski areas in the east at Sugarloaf in Kingfield.

The area pays a high price for its industrial development as evidenced by the Androscoggin River which runs through the entire area and becomes increasingly polluted by industrial waste deposits. By the time it reaches the bridge separating Lewiston and Auburn, it purifies the air with its rancid odor.

Androscoggin County comprises an area of 478 square miles. The "industrial heart of Maine" is an important agricultural, trade, and service area. Approximately 24,902persons reside in rural towns which surround the Lewiston-Auburn urban area.

SOCIO-ECONOMIC CHARACTERISTICS

The major urban areas of the twin cities of Lewiston-Auburn have a combined population of 65,225. The makeup of the population is predominately white. Immigration from the Canadian Province of Quebec in the last century and in the early 1900's has left Franco-Canadians, the dominant cultural group. For instance, Lewiston with its population of about 41,817, is 85% Catholic and characterized by a bilingual communications system reinforced by several French speaking Catholic

parishes, parochial schools and Franco-American fraternal and social organizations. Over 10% of the population in the County is foreign born and over 25% are of a foreign or mixed parentage, primarily Canadian.

Economically the communities in the Area rely chiefly on textile industries and small shoe shops. The economic troubles of both industries in recent years have left the area in an extremely insecure position with a series of mill closings resulting in financial hardships.

The area is characterized by considerable hidden poverty, both, rural and urban. The urban problem is less evident by virtue of the fact that families which would otherwise be below the poverty level are maintained by the presence of both parents in the labor force. It is speculated that women comprise 50% of the 30,000 persons working in the geographical area. The reason for this high percentage of women in the labor force is the low wage structure of the local industries. One of the symptoms of this poverty is the poor physical condition of young men evidenced by the fact that over 55% of men in this area are rejected for military service.

An event of significance to the area in general and to Lewiston in particular is the recent designation of that city as one of the two model cities in Maine.

The impetus given by this designation to the city's concentration on identifying its major socio-economic ills has already resulted in the development of programs geared to the needs of the city's underprivileged. Several million dollars in programs are on the drawing boards and at various stages of implementation.

MENTAL HEALTH AND RELATED PROBLEMS

As in other parts of Maine, the Tri-County Area has its share of mental illness and problems related to it. In 1969, 107 adult citizens from that County developed serious mental illness requiring hospitalization at one of our state institutions. The suicide rate in a recent study is higher than

the national or state average.

There has been an increase in juvenile delinquency. In 1969, there were 163 youngsters committed to institutions or probation by the juvenile courts for offenses in their communities. Incidentally, one-third of the youth of this area never reach high school.

There is a prevalence of alcoholism in the area. The large number of after-hours social and fraternal clubs is conducive to excessive drinking.

Program Information

The recommendations of the State Plan regional survey in 1965 were implemented in 1966 with the construction of the mental health center in Lewiston and by approval of a federal staffing grant in 1967.

At that time, a Mental Health Area Board was established with representatives from the Tri-County Area to coordinate the development of services. The Mental Health Area Board now functions as the mental health planning component of the Tri-County Comprehensive Health Planning Board. Each of the three major service providers (the Child and Family Mental Health Center, Lewiston; Franklin Area Mental Health and Oxford County Mental Health Association) also have independent citizen Boards.

Under their auspices all essential elements have been developed in Androscoggin County and outpatient, emergency and education-consultation services have been provided in Oxford County.

Although Franklin County was initially prepared to participate in the staffing proposals, the region withdrew from the active planning and development of mental health services in 1967. In 1970 with the assistance of the State Bureau of Mental Health, the needs and resources of the Franklin County region were evaluated and a proposal was submitted which advocated the immediate

participation and involvement of that region in the area of mental health planning and delivery of services. The Bureau of Mental Health is currently assisting the Franklin County region in the implementation of the specific recommendations of this report.

Inpatient Services

The original provision of inpatient services called for the utilization of both general hospitals in Lewiston. Due to difficulties involved in the utilization of one of the hospitals, a decision was made in 1969 to centralize inpatient services at St. Mary's Hospital. Although the hospitals in Oxford and Franklin Counties will provide for emergency overnight service, anything beyond that will require transfer to St. Mary's Hospital.

The centralization of inpatient services was followed swiftly by a decision to develop an inpatient psychiatric unit with a full staff. A staffing application for the provision of the expanded inpatient services was approved in June of 1970 but as yet remains unfunded. The physical renovations of readiness for the inpatient facility are currently underway with the expected date to be October 1, 1970.

The Rumford Community Hospital and the Stevens Memorial Hospital in Norway also will admit short-stay psychiatric patients with medical supervision. The assignment of a psychiatrist from the center in Lewiston to Rumford-Norway for one day per week has provided the needed consultation to physicians which encourage them to admit and treat such patients locally.

The Franklin County hospital also endorses in principle the admission of psychiatric patients, when mental health staff become available, to insure adequate care.

Outpatient Services

Outpatient services are provided in all major regions of the catchment area. The outpatient services of the larger outpatient program in Lewiston experienced an increase from 1,969patients in 1967 to6,777 patients in 1969. The foundation for outpatient services is based on a well balanced inter-disciplinary approach with all professional staff psychiatrists, psychologists, social workers, psychiatric nurses, and other mental health personnel assuming major responsibility and relying on the special skills that each has to offer. The major goal of the outpatient program is to facilitate the entry of patients into the mental health system and to provide the most appropriate service as promptly as possible. The system of outpatient care is built around a centralized intake unit where psychiatrists, psychologists and social workers provide input for immediate problem assessment and assignment to the most appropriate and available staff. Priority is based on the emergency of the problems and, despite the threefold increase in case load, no waiting list has developed.

The intake unit serves as the communications hub of the total comprehensive service network, being the communication point for community caretakers in referring patients as well as for the state hospital in returning patients to the community. The deployment of staff insures the availability of intake staff at all times. The outpatient staff at Oxford County consists of two full time professionals and several part-time. Franklin County is in the process of recruiting for a new director for its outpatient program.

Partial Hospitalization

There are no partial hospital services located in either Oxford or Franklin Counties. Both regions rely on the partial hospitalization unit located on the premises of the mental health center located across the street from St. Mary's

Hospital in Lewiston. The day center is complimentary to all other essential elements of service and is coordinated with other community resources. Recreational activity facilities are available at the nearby Lewiston Armory. The program, because of its location and centralization of facilities, is of greatest value to local patients that are residents of the Lewiston-Auburn area. Patients are admitted from other sections of the catchment area when possible but the goal is to develop day care programs in the satellite areas as early as possible. The approximate number of patients accommodated at any given time is presently limited to 15. The major limiting factor is the space available. With the development of inpatient services in the hospital, consideration is being given to the expansion of the day hospital program in a much larger adjacent facility.

The staff of the day center consists of two psychiatric nurses and an occupational therapist. Outpatient and inpatient staff are utilized when required. The provision of easy access from one service to another is accomplished by a high degree of interaction and communication between the professional staff of all services.

Emergency Service

A 24-hour emergency service is maintained by the center at two levels for the entire area. Emergency services during the daytime, are provided through the intake unit. Emergency services required after center hours are handled through a 24-hour telephone answering service to which the entire professional staff of the center are assigned on call. The non-medical staff of the center assume responsibility for initial coverage with psychiatric coverage available to them if required.

The policies and procedures for the emergency service have been widely publicized and shared particularly with the police and sheriff departments in

the area as well as with physicians. All hospitals play a significant role in the provision of emergency services with major emergency care provided at St. Mary's Hospital. The provision of the emergency services has facilitated proper referrals to the state hospital.

Education Consultation Services

The education-consultation services of the center provide a vital balance to the other essential services which are primarily medically oriented. With the medical model adding a definite dimension of depth to the program of the central services, the community service orientation adds a dimension of breadth which is conducive to coordination and continuity of care. The center considers its education-consultation program as a major channel of communication to the community caretakers who are providing front-line mental health services.

The center's education-consultation services preceded the development of its current role as a community mental health center. This agency has had a school mental health consultation program in effect in the Lewiston-Auburn area since 1961, expanded to Androscoggin County in 1965 and specialized for Operation Headstart in 1967. Likewise, the Franklin County Mental Health Services provided mental health consultation to schools long before the inception of the mental health center program. The Franklin County program began in 1960 with the provision of family counselling and school mental health consultation.

More recently active efforts have been made with the clergy, and the medical and legal societies to provide a liaison to jointly sponsor a series of seminars and workshops. Meetings have been held with both the county medical society and the hospital staffs. A clergy seminar was initiated in 1968 and has continued to the present. A family-life education program has been provided by

the center for nearly 10 years through its mental health associates which numbers over 1,000 volunteers.

The most recent expansion of education-consultation service has been the development, in conjunction with Bates College, of a seminar on emotional needs of children. This seminar was provided during the summers of 1969 and 1970 with a credit-granting status by Bates College.

Coordination with Other Resources

The staff of the mental health center played a significant leadership role in the establishment of the county-based community action program and the development of the model cities program in Lewiston. Moreover, the former president of the Center Board served as the Chairman of the planning committee for the development of the Tri-County Regional health planning group. The center served as a major partner for the provision of funds with which to secure the federal comprehensive health planning grant, now the Tri-County Comprehensive Health Planning Agency.

AREA RECOMMENDATIONS

1. It is important to note at the outset that Franklin County is currently without mental health services. The obvious first priority will be to assist that region in developing services guided by the recommendations of the recent study of their needs.

2. The priority in specific program direction during this coming year (1970-71) will be inpatient services. An application was submitted and approved but funds withheld because of federal funding deficits. As funds become available, the focus will be on developing this program and stabilizing the service during the next year. As inpatient services begin, the problem of alcoholism in Area IV will be considered as another service area into which the center should move in the near future. An attempt will be made to build into our inpatient service, specialized services for the alcoholic and also to begin more specific treatment

programs in the community for the alcoholic. Concerning the latter, the Model Cities Program will be approached for participation in such future community programs primarily as an attempt to coordinate efforts to serve specific problem groupings in the population.

3. The next area of focus during the next year will be children and adolescent services. A position of Child Psychiatrist has been established and recruitment has been successful. A first step will be an evaluation of community needs for such services. Tentative plans are to have such a program be primarily non-clinical and very community oriented. As a beginning step in establishing a link with the grass roots community, the center applied for and had recently funded a Project Youth Program through the Office of Juvenile Delinquency. This project will utilize a professional director and delinquent adolescents to work with other adolescents who are having social-emotional adjustment problems.

4. Also concerning children and adolescent programs, the State of Maine, Bureau of Mental Retardation is planning to assign a staff member to the center in order to assist in coordinating community services to retarded children and then to recommend services in which all present service providers would participate.

5. The aged population, which historically has been ignored for services, will be another concern during the next year. Since a large nursing home is located within two hundred yards of the center, an obvious need for consultation services exists and could be developed. The center will be studying this need and the feasibility of providing a full-time consultation program to facilities which serve the aged.

6. The Day Center Program has been expanding during the three years of its existence. In order to meet the demands for additional space, an apartment building will be purchased in the near future to provide housing for this program. Located across the street from both the inpatient unit and mental health center, the apartment building will serve multiple purposes. In order to make maximum use of space available, consideration is being given to implementing a half-way house for state hospital after-care patients and community patients who would

benefit therapeutically from such a setting.

7. In considering plans for service and program expansion, there will be a need for added manpower. In order to be prepared to meet manpower needs, the center is working toward the development of a special training program for mental health workers which would be a cooperative effort between the center and a liberal arts college located within one-quarter mile of the center.

8. In order to establish the above programs, the center plans to enter into contractual agreements with other community institutions. Negotiations have also been in progress with health insurance companies within the State to provide adequate payment for care. These two methods of funding will be the primary means of developing local financial support.

9. The Lewiston Model Cities Program and mental health center have been involved in open communication and program planning for the past two years. Project Youth is specifically directed at the Model Cities area. They are beginning negotiations on how to best serve the mental health needs of the model cities area. It is planned to build a large component into our children's service which would serve the model cities residents.

CUMBERLAND-PORTLAND AREA

AREA V

DESCRIPTION OF THE AREA

The Cumberland-Portland area as defined by the State Mental Health Plan, encompasses the geographical confines of Cumberland County. The area extends from Scarborough in the south to Stoneham in the northwest and include the heaviest concentration of population in the state. The total population of Cumberland area number 171,492 residents who live in 23 towns and two cities.

The population center of the county is Maine's largest city, Portland, a city of 64,304, which is surrounded by mushrooming bedroom communities. According to the 1970 preliminary census data, this urban population has experienced a decrease of 8,262 since the 1960 census suggesting increased suburbanization.

The proximity of lakes and seacoast make for very pleasant transformation with the influx of summer vacationers to the coastal and lake areas.

Considerable industrial development has taken place in South Portland with diversified industries occupying the W. W. II vintage ship building yard and new electronics manufacturing plants locating near the Portland International Jet Port. Traditional older companies like the S. D. Warren Paper Mill-Westbrook continue to thrive and small agricultural and dairy enterprises dot the region outside the urban center.

Recently listed as 44th in polluted air, the City of Portland, like the northeast coast, is caught in the dilemma of industrial-economic progress vs. conservation of the environment, with the residents of the coast areas championing the latter cause.

The city enjoys a good public transportation system which serves the Greater Portland Area. Scheduled ferry service to the service offshore islands provides transportation for a considerable number of year-round island residents who work in the Portland area.

The recent inauguration of an international ferry service between Portland and Yarmouth, Nova Scotia has stimulated an interest in the redevelopment of the Portland waterfront that may mean a revitalization of the east end of the city.

The City of Portland has been in the throes of urban renewal since the federal programs inception and has focused its attention on the inner city area. More recently, it was designated as the first of two model cities in Maine and has achieved marked improvement in the city's west end. The input of federal dollars as a result of its model city's status has provided significant economic benefits to the area.

The Area boast several institutions of higher education, notably the University of Maine in Portland and Gorham which has undergone dramatic expansion in recent years. Several business colleges, schools of nursing and a two year college for women.

SOCIO-ECONOMIC CHARACTERISTICS

The Cumberland-Portland area reflects the highest socio-economic level of all areas, according to preliminary 1970 census data. The median of school years achieved is 11.9, well above the State level. The population has had the best cost income per household and per capita of all mental health areas. Finally, the area is shown to have the lowest percentage of its population on public assistance.

MENTAL ILLNESS AND RELATED PROBLEMS

The Cumberland-Portland Area has the state's largest urban population, whose problems are both identifiable and serviced, as well as a significant rural population whose needs are less evident and poorly met.

The area reflects strengths in some characteristics and weaknesses in others, for example, the suicide rate in the area is among the lowest in the State. In the four year period 1963-67, the area had a total of 73 suicides on a yearly average of 18, next lowest in the State.

On the other hand, the preliminary data for the 1970 census show that the divorce rate for Cumberland County in 1969 was the highest in the State. There were 721 divorce and annulments for 1949 marriages, or a ratio of 36.99%.

In fiscal year 1969, there were 333 admissions to the state hospitals.

The areas ranks medium in juvenile delinquence, with 213 youths committed to the juvenile institutions or placed on probation.

Program Information

The major mental health resource for the area is the mental health center at the Maine Medical Center in Portland. This center has been awarded both construction and staffing funds for the development of the five essential services which are now fully established. The mental health center is the primary resource for central and southern Cumberland County.

A satellite clinic has been established at Bridgton to serve the northern portion of Cumberland County. The Bridgton clinic provides outpatient, emergency and education-consultation services. Inpatient and partial hospital services are provided at the mental health center.

The area contains two other general hospitals located in Portland and the State operated Pineland Hospital and Training Center located 20 miles from

Portland which provides care for the retarded and an inpatient psychiatric unit for children.

Three months before approval of the staffing grant, a temporary 12-bed inpatient unit was opened at the Maine Medical Center. This was in anticipation of the construction being completed on the 32-bed permanent unit. Since the time of its opening the inpatient unit has often been caring for more than 12 patients. In most cases, the average length of stay has been a week although a few patients have been treated for a month or longer. The projected figures for the first twelve months of operation of the inpatient unit are approximately 250 admissions and about 3,000 patient days. During the coming year it is anticipated that this figure will be at least doubled due to the opening of the 32-bed unit. Some patients with more chronic diseases can now be treated for longer periods of time although short stay admissions will predominate.

Outpatient Services

The outpatient department has been a functioning entity since 1963 partially supported by the State Bureau of Mental Health. The outpatient service has expanded its patient load and increased its activity in the followup of patients discharged from the State Hospital in Augusta. A change in the philosophy and goals of the program is intended to provide increased service. Whereas the clinic formerly functioned mostly as a crisis-oriented service, it is now available to do short-term follow up as well as a considerable amount of group and family therapy.

The Portland area hosts the most extensive network of mental health related outpatient services provided by other agencies. The Child and Family Services of Portland has a professional staff of ten social workers and a consulting psychiatrist. The agency provides counseling services to the communities in Greater Portland.

Services for alcoholics are provided by a halfway house. The Portland City Hospital serves as a holding operation for acute alcoholics while the Westbrook Community reported that 23% of its admissions were treated for alcoholism in 1969.

The Salvation Army provides emergency financial and residential services while the newly established Bureau of Human Relations offers multiple services which range from counseling and camping for low income children, to residential and planning for human services.

Emergency Services

The emergency service was increased beginning on March 1, 1970 with the recruitment of a full-time director for this service. The director has the responsibility for all patients who come in on an emergency basis and works directly with the involved house officers. Although the expansion of this service has resulted in more effective emergency psychiatric services it has been to some extent overworked by the influx of patients from outside the catchment area.

Partial Hospitalization

The day treatment center has been opened since September 1, 1969, and is currently well established. It has been used only in a limited way in terms of service other than post-hospitalization. It is hoped that this particular service will be demonstrated to be helpful in early detection and prevention of serious psychological decompensation prior to hospitalization. The average daily census on the day treatment center approximates 15 and is expected to increase to nearly 50 patients weekly within the next year. Because of the geographical size of the area it may be appropriate to consider the establishment of a satellite partial hospital program elsewhere in the catchment area for the future.

Education-Consultation Services

The consultation service has been running informally for several months but on March 1, a formal psychiatric consultation program was made available to all patients. The increased availability of consultation services has had a positive effect in reducing the previous reservations of non-mental health professionals.

The consultation service is still in its embryonic stages, and it is doubtful that much expansion of this service will take place during this next year.

Coordination with Other Resources

Despite the fact that the relationship with the center to the community is not totally positive, the relationship with the majority of community resources is very satisfactory. The effectiveness of the center is reflected primarily by the numbers of people who are serviced in the community with minimal separation from work or home. The positive response of the community has in turn stimulated the expansion of services to meet rising needs.

The mental health center has been involved in statewide planning for mental health from the beginning.

1. Participation in the development of programs with the office of Economic Opportunity and model cities is ongoing.

2. Family planning and counseling services has been developed in conjunction with the Department of Health and Welfare and Child Health Services. Counseling services are provided both by the mental health center and child and family services of Portland. A proposal for the establishment of a satellite family planning clinic has been submitted to the Peoples Regional Opportunity Program, the regional community action agency for the area.

3. Members of the mental health staff have participated in the development of the cities application for designation as a model city. Since approval, the staff have served on various task forces.

4. The Medical Center and the Mental Health Center in particular have been very active in the development of comprehensive health planning in the area. The importance of coordinating mental health within the total health planning framework led the State Bureau of Mental Health to assign a full-time mental health coordinator to insure the maximum cooperation in coordination between mental health and total health planning. The mental health coordinator is assigned to Area 5 and is housed in the offices of the Southern Maine Comprehensive Health Planning Agency.

5. Both precare and aftercare services are provided in cooperation with the State Hospitals in Augusta and Pownal. Communications with the State Hospitals staff is constant with respect of transfer of patients and records between the center and the hospital. Efforts are underway to explore greater utilization by the center and the State Hospitals of each others' resources.

AREA RECOMMENDATIONS

It is important in considering area recommendations, to cite the dual role of the Mental Health Center of the Maine Medical Center in Maine's network of mental health services. For this center serves as the major professional training institution for the State. It is approved for a residency in psychiatry and an internship in psychology. In addition, the center trains psychiatric aides and is beginning to explore a program in the training of pastoral counselors.

1. A major goal of the training program is to provide the entire State with professional mental health personnel and thus, help alleviate some of the manpower shortages that exist in the State.

2. Concurrent with this training program is the commitment to maintain and indeed expand the essential services of the center. Currently, all of these services are operational and will be further developed within the philosophical framework of the center's dual role as trainer of professional manpower and provider of mental health services. Approval of the center's pending staffing grant is crucial to the fulfillment of its dual role.

3. With respect to clinical services, there is need for increased specialized services for children. Gains are being made in this direction with the development of a "therapeutic nursery" approach.

In addition, a great deal needs to be done in terms of retarded children and people who are hampered by physical handicaps. The Medical Center's Department of Physical Medicine represents an excellent resource with which to work.

4. For those diagnostic categories such as alcoholism and drug abuse, a two-pronged attack is planned. The first is that when direct medical services are needed, patients with these difficulties are admitted as patients with any psychiatric problem.

With respect to primary prevention, which is considered as the most effective approach to these problems, the center will be reaching out more

into the community in an attempt at education and preventive medicine. Community "caretakers", such as police, clergy, educators, and other health professions will be worked with to achieve greatest impact on these problems. For example, the center is initiating a mental health training program for general practitioners.

5. While the expansion of services by the mental health center represents one dimension of increased program development, the prospect of sharing resources and staff with other institutions and services throughout the area is another way of achieving maximum utilization of the center's resources, Such organizations would be hospitals, social agencies, church groups, and the like.

6. An important part of planning for this area is the coordination of its activities with model cities. The funding of the therapeutic nursery program is an illustration of the effectiveness of such coordination. The Director of the mental health center serves on the Health Task Force of Model Cities and represents an assurance that such coordination will continue.

7. With a goal of making its services as accessible as possible to the people who most need them, the mental health center will shortly relocate its out-patient services, day center, and children's division to a hospital-owned facility which is closer to the community, on the bus line and within the model cities area. Since the new location will be still within a block of the medical center, it will present no obstacle to continuity of care.

8. Future Construction: The current inpatient facility of 30 beds is housed in a four-story wing built in 1956. Any future expansion of inpatient services will be determined in the light of need, available staff and construction funds, and would be provided for by the construction of additional stories to this wing.

YORK AREA
(Area VI)

DESCRIPTION OF THE AREA

York County is bordered on the east by approximately 45 miles of coastline on the Atlantic Ocean and has a population of 108,829 according to the preliminary 1970 census data. The area experienced the greatest growth in the last decade. Its western border (vertically north-south) is shared with the State of New Hampshire and divided mostly by the Salmon Falls River. To the north, the border is set by the Saco River, which separates it from the lower communities of Oxford County. As the river continues southeasterly to the ocean, it forms the majority of the county line between York and Cumberland Counties. The county contains two cities (Saco and Biddeford) and twenty-six towns which in total occupy 652,800 acres. It has 1903 miles of roads, part of which is the Maine Turnpike, entering at Kittery and running parallel to the coast, north to andbeyond Augusta, the State Capital. There are two unattended airports - one at Biddeford and the other at Sanford.

SOCIO-ECONOMIC CHARACTERISTICS

French is a major ethnic group in this county, consequently, Catholicism represents a large religious group. The heaviest concentrations are in the largest communities, estimated at 80% in Biddeford and 60% in Sanford. They tend to be bilingual, blue-collar workers, and tenement dwellers. Block voting is evident as the majority of political office holders (state, county & local) are of French extraction. There are large stretches of recreational area; the best known is at Old Orchard Beach, which offers the closest ocean vacation facilities to eastern Canada. Residents of Montreal and Quebec comprise the predominant vacationing group in the area.

Biddeford-Saco area is a textile manufacturing center and has been affected by the shift of this industry to the south. Although it suffered

greatly during the 1940's and early 1950's with the shift of its textile industry, it has recovered and is heavily dependent economically on two major industries, the Saco-Lowell Division of Maremount Corporation, manufacturers of machine guns and the Pepperell Mills, which produce textiles.

The Kittery area, in southern York County, has, as its two major economic resources, the exceptional seacoast, which offers recreational facilities for many people of the eastern seaboard of the United States, and the Navy Yard in Kittery, commonly known as the Portsmouth Navy Yard. The economy of the area has been primarily dependent upon the ship-building industry and has not diversified itself sufficiently. With the uncertainty of the future of the Navy Yard, the economic future of this area is uncertain.

Sanford, like the Biddeford-Saco area, was affected badly by the shift of the textile industry to the south. This city attained a national recognition as the town "that wouldn't die" because of its economic comeback after the disaster of the closing of the textile mills. It now has a varied industrial complex of plastics and light industry, and has made an economic recovery which is remarkable.

The residents[1] of the York County area are approximately 43% rural. The population is increasing and there is an out migration of only 19.2 per thousand. The state figure is 62.9/1000. While the percentage of people 65 and older is greater than the national figure (9.4), this figure is only two tenths of a percent greater than that of Maine's 11.3%. The median age, 31.2 years, is also greater than the national figure (29.5), but very close to that of the state (31.6).

(1) The socio-economic characteristics are based on 1966 facts from "The Maine Handbook" - a statistical abstract; population estimated at 102,000.

A very large number of the work force are employed in manufacturing, transportation equipment, leather and textiles being the largest employers. The per capita income compares closely with Maine's but is much less than Cumberland County's. Housing is better than the state average.

The people are served, in good part, by the five hospitals that are located in York County - H.D. Goodall (Sanford), Saco Osteopathic, Tri County Osteopathic (Kittery), Webber Hospital Association (Saco-Biddeford), and York Hospital.

MENTAL ILLNESS AND RELATED PROBLEMS

The York area gives evidence of being one of the more mentally healthy area. In 1969, there were 155 admissions from the county to the state hospitals. This was much less than the total admissions to outpatient clinics and was the third lowest county total.

The divorce rate in this area was low for the State and the court commitment of youths to institutions and probations was the lowest in the State. The data shows that the divorce rate in 1969 of York County was 344 divorces and annulments, versus 1257 marriages, a ratio of approximately 27%.

PROGRAM INFORMATION

With the advent of a mental health staffing grant at Maine Medical Center, less than two years ago, York County was designated as a separate Mental Health Catchment area, due to population limitation, with the future intentions of the York area developing a center program of its own.

In the absence of available and developed services, communities in the extreme northern and southern parts of the county have received mental health services from centers outside of the catchment area. The towns in the southern tip gravitated to the mental health clinic in Portsmouth, New Hampshire while those in the north sought service from the clinic in Bridgton.

Those services used by the majority of the remaining communities were

provided by the Child and Family Guidance Services, Biddeford. This agency, which was funded partly by the Bureau of Mental Health, local municipalities and fees, operated two outpatient clinics.

The clinic at Webber Hospital, Biddeford, has been open three days a week, while the Sanford Clinic at Goodall Hospital was covered two days a week. The staff includes a part-time psychiatrist (2 days at Webber and 1 day at Goodall); a part-time psychologist (1 day a week, wherever the greatest need); and a full-time social worker and secretary. During one period of time a part-time social worker was used to cover the Goodall Clinic.

INPATIENT SERVICES

There are no psychiatric inpatient services in this catchment area.

OUTPATIENT SERVICES

This service has grown proportionately each year in response to increasing requests for service, so that full-time professionals are now staffing the clinics. This will be further discussed.

EMERGENCY SERVICES

There are no emergency services.

PARTIAL HOSPITALIZATION

None.

CONSULTATION AND EDUCATION

The staff has given a priority effort to diagnostic and consultation services to school systems. At the present, the majority of the case load is 18 years of age and below.

During the past two years, the area Mental Health Board (York County Area Mental Health Association, soon to be changed to York County Counseling Services, Inc.) has been reviewing and planning a broader program for the delivery of mental health services.

As of August, it began full-time operation of both existing part-time out-patient clinics by adding another full-time social worker and two aides.

It is proposed that the new agency, Counseling Guidance Services, Inc. will encompass the staff of Child and Family Services and key staff members of Learning Services HUB, a recently completed demonstration project providing services to low income school children and their families.

In September, Counseling Guidance Services, Inc. is opening a third clinic at the York Hospital in the town of York, which will expand outpatient, consultation and education services to the sourthern communities. At that time, a third social worker (part-time) and additional aides will operate this clinic. The back-up psychological and psychiatric staff will be on a part-time basis and travel to all three programs as needed.

The administration of the program will be provided by the Director of Sweetser Children's Home, Saco. This school is well known for its work with emotionally disturbed children. Through an arrangement of the shared-staff concept, Sweetser's professional staff and facilities will be available to the mental health program on a regular basis, providing such services as speech therapy and psychological evaluation.

The triangular distribution of clinics gives good geographic balance and accessibility of programs to the area residents. Current planning calls for the development of a staffing grant application with Sweetser being the applicant and the Area Board (Counseling Guidance Services, Inc.) advising and recommending overall approval of existing and expanded programs.

COORDINATION WITH OTHER RESOURCES

The Bureau of Mental Health has assigned a full-time planner for southern Maine to be housed in the Region's Comprehensive Health Planning Agency. This unique relationship gives mental health a priority consideration in the comprehensive planning process.

Consultation to schools which is a major service of the clinics will be enhanced by a close working relationship with Sweetser Children's Home. When emergency testing is needed, clients will be given immediate attention. In

addition, the school makes available most of its professional talent and its wide range of special educational equipment and facilities.

The Catholic Diocesan Bureau of Human Relations Services for York County has frequently referred clients and has indicated an interest in linking-up informally to prevent duplication of services while strengthening others.

The State's Department of Health and Welfare and the Division of Vocational Rehabilitation have been ongoing sources of referral and funding. Local physicians, clergy and social welfare agencies have leaned heavily on the clinics as other professional mental health services are not available elsewhere in the county. As previously indicated, the school systems are generally in support of the program as are community governments and United Community Services agencies.

AREA RECOMMENDATIONS

1. Essential Services - The submission and approval of a federal staffing grant is the major priority. The current limited services are presently being provided by Sweetser with the expressed intent that with a staffing grant, a full-time director and administrative staff would be developed as an integral part of the Community Mental Health Center Program.

a. Inpatient - It is anticipated that after six months working relationship with the three hospitals, the most appropriate location of the inpatient unit can be determined.

b. Outpatient - These should continue to expand on a soundly planned basis utilizing the three designated locations as the base in which to build.

c. Emergency - A twenty-four hour telephone communication network should be installed linking each community to the nearest program

or to a central switchboard. The latter could then advise the caller where services are available.

d. Partial Hospitalization - Depending upon the final pattern of inpatient hospitalization, a decision will be made as to the location and extensiveness of this program.

e. Consultation and Education - A firm foundation has already been developed through Learning Services HUB, in the use of non-professionals in the school program who will continue to play an important role. Consultation services will be expanded to related community caretakers such as clergy, law enforcement, education and physicians.

2. Children's Services - There is a definite need to expand the school program, increase evaluation services and local follow-up. The existing children's residential program and staff at Sweetser provide a solid foundation for the extention of children's services into the outlying area.

3. Alcoholism Services - The coordinator is currently engaged with comprehensive health planning in a regional effort to identify present services, need, quality, coordination and possible expansion of services with other similar and related agencies. Hospitals are reluctant to treat alcoholics unless admitted as private patients leaving a vast number of problem drinkers searching for help. The only alcoholic program in the catchment area is Milestone Foundation, Inc., a shelter program. This has requested mental health services for their in-house program. This matter is under consideration by the Area Board, and dependent on expansion of professional staff.

4. Drug Abuse Services - With cooperation from the State Drug Abuse Council, the Area Board has formed a Drug Committee, as well as one for alcohol. This committee zeroed in on Old Orchard Beach, which has an identified problem of use and abuse. Due to high

seasonal increase of summer population, the committee planned and implemented with broad representation from the community, a crash demonstration (8 week) program in Drug Rescue. This program uses ex-users and ex-addicts in its youth consultation and referral programs. It received total funding from the Bureau of Mental Health and the Governor's Council. The data collection system and experience will provide valuable information on how to operate similar programs in the future.

Additional planning funds are being pursued through the County Community Action Program to establish other drug councils and rescue programs where needed.

BATH-BRUNSWICK AREA

(AREA VII)

DESCRIPTION OF THE AREA

The Bath-Brunswick Area (Area VII) was originally integrated with Cumberland-Portland and York to comprise Mental Health Area V. However, because of the need for remaining within the population limits for a catchment area, it was necessary to reorganize Area V. The geographical area covered by the newly designated catchment area are the counties of Sagadahoc and Lincoln, as well as the greater Brunswick area which lies within Cumberland County.

The Bath-Brunswick Area is largely composed of small seaside and farming communities which have had a fair degree of economic stability. The people are engaged in fishing, lobstering, maritime trades, farming and farm services with some light industry as well as a Naval Air Base and shipyard employment. Their background is largely Maine Yankee, but the area has also many young families from other parts of the nation and older retired people from all over the east. The entire eastern side of the area consists of a large stretch of the beautiful Maine coast line. The Boothbay region, for example, offers a restful respite from the urban areas of nearby Portland and Boston from which it is easily accessible.

Bowdoin College in Brunswick is a major educational-cultural center.

SOCIO-ECONOMIC CHARACTERISTICS

In the summer, tourist services employ many of the local people, and the entire atmosphere of many of the towns changes as both population and outlook enlarge with the influx of summer residents.

Preliminary census data for 1970 indicate a population of 61,375, which represents an increase from 1960 of 3.97%.

It is important to note, however, that the Naval and Air Force stations located in the Brunswick area have been major contributors to the population increase. The recent decision to close down the Air Force station at Topsham may have some effect on the population growth of the future. However, the decision of the Naval Air Station in Brunswick to utilize the residential facilities at the Topsham Air Force Base will perhaps move into the area families assigned to the Naval Air Station who have been living outside of the area.

The communities of Bath and Brunswick represent interesting contrasts. The Brunswick community population is younger than the State of Maine's (25.0 yrs.) and the Bath area population is older than both (31.5 yrs.). One of the factors contributing to this difference is the predominance of youth in the Brunswick region. The Brunswick Naval Air Station, the Topsham Air Force Station and Bowdoin College each contributes large numbers of men aged 17 to 24 to the community's population. It is estimated that over 2,000 young persons are connected with these three institutions.

The area boasts one of the best known shipbuilding yards in the country, the Bath Iron Works; and takes considerable pride in its role as a builder of fleets. However, the traditional reliance of the area on the production of the shipbuilding yards in Bath has made it economically vulnerable to the keen competition with other yards.

Recently, the economy of the entire area sustained a decisive blow with the loss of its recent bid for the multi-billion dollar DX destroyer contract. This blow which has had a demoralizing effect on the whole region has been felt in every economic enterprise from the corner gallery store to the commercial banks.

The area includes the noted Boothbay region which lies at the end of a long peninsula typifying the area's communication problems. The "fingers" of land are linked only at their bases by Route 1 highway compromising easy travel between communities. There is no system of public transportation in the area except for taxis and infrequent Greyhound buses.

Mental Health and Related Problems

The Bath-Brunswick area ranks third of the mental health areas in suicide. The area also evidences serious domestic problems and in the calendar year 1969, had the second highest ratio of divorces to marriage of all mental health areas. With 247 divorces and 679 marriages, its ratio was 36.36.

However, the Bath-Brunswick area has the next to lowest admission rate to the state hospitals with 148. It also demonstrated delinquency control with the next best record of all areas. Only 51 youths were committed to juvenile institutions or probation.

The influx of youth around the coast during the summer months has increased the drug traffic. Many youths gravitate toward the coast in nomadic bends carrying and disseminating their drugs and accompanying problems. There is yet no hard data on the extent of drug abuse.

Program Information

The only mental health resource in the catchment area is the Bath-Brunswick Mental Health Association. This outpatient clinic was established in 1961 with its services initially restricted to those residents of the Bath-Brunswick United Fund area (10 towns) whose problems were child-related.

The current full-time staff consists of a social worker director and a counseling psychologist. In addition, there are three part-time social workers and a counselor who together provide seven days of service per week, a

psychiatric consultant and clinical psychologist, a day, and a day and a half respectively.

Despite the limited staff, the clinic provides a significant outpatient service as well as education-consultation services to community caretakers and a limited inpatient service at the Brunswick Hospital through its psychiatric consultant.

With the delineation of Bath-Brunswick as a separate catchment area, despite its limited population, the Bath-Brunswick Mental Health Association represents the only nucleus for the development of a community mental health center. The agency has prepared well for assuming such area-wide responsibility by expanding its Board of Directors from local to area-wide representation and by initiating needed new services in the outlying Wiscasset-Boothbay-Damariscotta area, which is comprised of 14 communities.

The three centers of service in the area are all hospital-based. The administration office and the director are located at Bath Memorial Hospital with part-time workers at the Brunswick hospital. The new branch office, established at Miles Memorial Hospital in Damariscotta, is open two days per week and staffed by social work staff which covers Bath and Brunswick.

The immediate focus of the Bath-Brunswick Mental Health Association is on stabilizing its current services on an area-wide basis to insure provision of services and representation for all area residents at least on a minimal basis. This stabilization process represents a first major step toward its development into a comprehensive community mental health center. At the point that application is made for federal staffing or construction funds, an exception to the population limits will be requested.

The major deterrent to the development of a mental health center at the moment, is financial, due to the loss of the DX destroyer contract. The clinic and its Board are currently concerned about the capability of the area to finance a comprehensive community mental health center and will need considerable assistance in developing the program and financial planning necessary to insure that community needs can be met without serious financial risk-taking.

Until then, the area will remain as only one of the two catchment areas without a mental health center in some stage of development.

The communities of Damariscotta, Bath, Boothbay, and Brunswick have hospitals. These hospitals provide four resources from which mental health services are and may be provided. With the nucleus of mental health services to be located in the Bath-Brunswick area, the outposts would be located in the Damariscotta and Boothbay area. With the existence of two hospitals in Bath, there are five hospitals located in the area all of which provide a mutual exchange of patients and have a common referral center with the Maine Medical Center of Portland.

Area Recommendations

The Bath-Brunswick area with its current limited staff resources considers itself unable to developed specialized services. Its present approach is a generic one with special attention to specific problems; eg. all alcoholics are accepted for service and provided necessary services, in individual or group treatment. Where specialized treatment services for alcoholism or drug abuse are required, referral can be made to the Mental Health Center in Portland, which is only 17 miles away.

The clinic does provide diagnostic services for educable and trainable

retarded children as well as after-care service to patients discharged from the state hospital. Pre-care services are negligible due to the lack of partial-hospitalization facilities, and the reluctance of the local hospital to admit indigent psychiatric patients.

Where certain specialized service can be feasibly provided in the communities, the clinic has been instrumental in the promotion of services by others. For example, the clinic serves as the administrative base of a volunteer staff for suicide prevention programs.

At the point of financial feasibility, the clinic would serve as the nucleus for the development of a comprehensive center to be located in the Bath-Brunswick area. The initial thrust will be toward submitting a staffing application for the replacement of existing part-time services by full-time staff and the development of new essential services, particularly inpatient and partial hospitalization.

No construction is anticipated in the foreseeable future. Existing space, all located in hospital facilities, can be expanded to meet the needed additional staff complement. An additional reason for postponing construction is the desirability of waiting for the consolidation of three small existing hospitals, and the location of a community mental health center in relation to the consolidated medical center.

PEN-BAY MENTAL HEALTH AREA
(Area VIII)

DESCRIPTION OF THE AREA

The Pen-Bay Mental Health Area (Area VIII) comprises the counties of Knox and Waldo, located some 90 miles north of Portland, hugging the rocky coastline of Maine. The area represents a unique combination of inland rural towns devoid of progress or change, and a string of coastal communities and islands which lie dormant through the winter only to experience the re-surgence of social and economic activity with the arrival of summer and tourists.

Rockland, the shire town of Knox County and the area's only city, is the primary retail trading center of the catchment area. It has a population of 8,197. "Down the coast" is Camden, nestled between Mt. Battie and a picturesque harbor. Camden is unique in being a picturesque Maine coastal community whose wealthy summer residents are dedicated to the development and support of community projects.

Of the 50,000 people, one-half live in the larger towns of Belfast (the shire town of Waldo County) Camden, Rockland and Thomaston. The other half live in small villages of under 2,500, inland and on the coastal peninsulas.

The Pen-Bay catchment area of Maine is unique in that it includes five inhabited islands served by ferries off its shoreline.

SOCIO-ECONOMIC CHARACTERISTICS

Knox and Waldo counties, comprising the community mental health area, are two of Maine's smallest and poorest counties. By Economic Opportunity Act standards, Waldo is considered the second most impoverished county in Maine. Most of the employment in Waldo is seasonal, but poultry raising and processing is year 'round. About 1/3 of families is below the poverty level.

Waldo county has a high rate of admission to the state mental hospital serving it, is low among Maine counties sending students to college, and is high in draft rejections.

Knox county has an exceptionally high population over 65 years of age in relation to national and Maine levels.

Along with the same seasonal businesses found in Waldo County, Knox County has a printing plant, a woolen mill, a large cement plant, a plant for processing sea products, an electrical machinery factory, leather tanning and plastic factory, and a hearing-aid microphone industry. The seasonal food industry employs the largest proportion of Knox County workers. This includes extensive commercial fishing and packing, and the harvesting and freezing of blueberries. The coastal towns of the entire area depend upon fishing, limited farming, boat building, and the summer tourist trade.

Ferry service to the outlying islands is very limited and the ferry routes are difficult so that the ferries do not travel in the late evenings or at night. The average time required to make the ferry trips varies from 20 minutes to Isleshow to approximately 1-1/2 hours to Monhegan. Vinalhaven, the largest island community, has around 1,100 population during the winter months which triples in the summer.

The mainland is served quite adequately by a highway system which includes Route 1 paralleling the coast of Maine, and by a secondary road system which is quite adequate. Emergency helicopter service is a must for the island population. At the present time, the nearest helicopter service is at Augusta (Air National Guard) and Brunswick (Naval Air Station). The Coast Guard Stations on the Maine coast have no helicopter service and have to depend on service out of Massachusetts. Hopefully, as federal funds become available, helicopters will be secured and related to the Coast Guard Station in Rockland.

The upkeep of a helicopter service would be beyond local financial resources, but if tied into the Coast Guard installation and available for emergency situations it would be quite practical.

In 1960 only 73 persons were non-white, with 46 blacks. Many Finns live in and near Warren in Knox County. The population is generally white Anglo-Saxon Yankee protestant. The area has the highest rate of recipients of Public Assistance in the State of Maine.

Throughout the area, as in the rest of Maine, the cost of living is high, especially such items as heating, electricity, and food. For 50% of the people, especially those in the thickly settled areas, rents are high. Past census data have indicated housing problems of dilapidation, inadequate plumbing, and even dirt floors.

PROGRAM INFORMATION

The Mid-Coast Mental Health Clinic is currently the only mental health resource in the area providing outpatient and consultation services, with the exception of the monthly visit of a clinical psychologist from Sweetser-Children's Home to Belfast.

The two area general hospitals, Knox County General Hospital and the Camden Community Hospital, are in the process of affiliating and are formulating plans for one regional health facility. Already the Mid-Coast Mental Health Association and the Mid-Coast Home Health Agency have voted to accept the aegis of the Penobscot Bay Medical Center Board of Trustees. This Agency is being developed as a regional health organization, coordinating all facets of health care service for the region, including comprehensive mental health services.

Inpatient Services - Existing inpatient services currently consist of a flexible operating agreement with the Knox County General Hospital in Rockland. Through this agreement the mental health clinic is allowed to admit patients to the hospital. Two beds have been designated for psychiatric use, although

these beds are not held vacant by the hospital at times when the Clinic has no use for them. The program is currently handicapped in that the hospital is devoted primarily to the care of general medical and surgical patients so that ambulatory emotionally disturbed patients do not have an adequate environment, services or facilities. The presence of a single psychiatrist on the staff hampers any extension of inpatient care.

With the establishment of the Penobscot Bay Medical Center, it is proposed that a multiple-purpose psychiatric wing be built. This would contain beds for the use of psychiatric inpatients. Group foster care for emotionally disturbed children is also planned.

Outpatient Services - At the present time the Mid-Coast Mental Health Clinic operates outpatient services in the Bok Medical Arts Building, which is directly across the street from the Knox County General Hospital. Personnel currently employed in this outpatient service consist of a part-time psychiatrist who serves as Medical Director; one full-time trained social worker; one twenty-hour a week trained social worker; one two-day a week qualified clinical psychologist; and one secretary. The work being done is primarily in the nature of counseling and psychotherapy. Limited consultation services are being provided to school guidance counselors, teachers, public health nurses, and other area resources as staff time permits.

In addition to the services offered by the Clinic in its central office, it also maintains an office in the hospital in Belfast which is served 1-1/2 days a week by a psychiatric social worker. An arrangement with the Catholic Diocease pays the remainder.

Because the catchment area includes a number of islands in Penobscot Bay, and because of distance and limited ferry service, it is planned to establish a traveling clinical team. Regular visits will be made to the islands of Vinalhaven,

North Haven, Islesboro, and to Monhegan.

It is proposed to enlarge the outpatient services and relate them to the proposed Ambulatory Care Center of the Penobscot Bay Medical Center with the addition of four full-time psychiatric social workers, one full-time clinical psychologist, one full-time psychiatrist, and a director-coordinator. It is proposed to set up an outpatient service which will be able to meet the general mental health needs of the area and which will relate very closely on the one hand with inpatient facilities, and on the other to other community facilities. They will constitute a part of the Ambulatory Care Center for comprehensive family-oriented health care.

Partial Hospitalization Services - At the present time there is no partial hospitalization service available.

The proposed partial hospitalization services will be temporarily provided through the new Methodist Home for Senior Citizens in Rockland. The Methodist Home currently has one floor which is unoccupied by residents and is anxious to cooperate in such a Day Care program. This would be established as a temporary service to take care of the situation until such time as the Penobscot Bay Medical Center is constructed. At that time, special quarters will be provided for partial hospitalization in the Ambulatory Care Center which would be contiguous to the inpatient service, the diagnostic and treatment center and the offices of the mental health personnel.

Other therapeutic benefits through recreational programs provided by the natural resources of the area will be boat cruises in the bay, supervised and planned programs of skiing, skating, sliding, snowmobiling and picnicking. Interested local citizens will be involved as volunteers in making these resources available, and in planning and supervising the programs for day care patients.

Emergency Services - No comprehensive emergency services are currently available. Patients are given emergency service on more or less of a "hit or

miss" basis when it is possible to do so.

Resources for future emergency service development are the well-developed Ambulance Corps Training program of the Knox County General Hospital which has been active since 1960, and the two-way radio communication net linking the island communities to the general hospitals.

It is proposed in the new Penobscot Bay Medical Center that the primary resource for emergency care will be the physician covering the emergency room. If the doctor feels psychiatric care is necessary, he can admit the patient and call one of the staff of the Mental Health Clinic, or if the emergency seems of a less serious nature, he can obtain telephone consultation.

Consultation and Education - Current services have been limited to consultation to teachers and guidance personnel. Educational programs have utilized local radio, press resources and information to community organizations.

The expansion of the program will provide for the extension of consultation to clergy, police, probation officers, AA groups, ex-addicts, etc.

Coordination with other Resources - The development of Comprehensive Community Mental Health Services in the Pen-Bay area has been closely coordinated with the Southern Maine Comprehensive Health Planning Agency. The goal of the current project to develop a regional comprehensive health care system for the upper Pen-Bay area will necessarily involve the participation of many agencies.

AREA RECOMMENDATIONS

1. The most urgent priority is the securing of funds with which to recruit the professional personnel necessary to staff the essential services. A federal staffing application is currently in the process of development and will be submitted for review in late 1970.

2. A parallel priority is the construction of the Pen-Bay Medical Center of which the comprehensive community mental health services will be an integral

part. Pending completion of construction, the expanded staff will be housed in existing facilities to provide the newly inaugurated services.

3. Aside from the essential services, the need for specialized services for emotionally disturbed children is paramount. With the construction of the Pen-Bay Medical Center, the present facility of the Knox County General Hospital would be available and could be used as a foster home and training school for multiple handicapped children, including the emotionally disturbed.

4. With the completion of the Pen-Bay Medical Center, it is proposed that the temporary Day Care Center in the Methodist Home could be converted to a service for the aged, which would include occupational therapy, group therapy, and other individual specialized services as required.

5. Specialized services for alcoholics and drug abusers are currently under review by an area drug abuse council. The Interagency Council on Drug Abuse has recently financed a study on the extent of drug abuse in Maine and will make recommendations for action. The mental health center will evaluate its position in the light of these findings and recommendations.

6. The suicide rate in the Pen-Bay area is among the highest in the country. The mental health center, as part of its expanded role, will develop a research program, utilizing available staff for the University of Maine, to conduct studies into the causes and effects of suicide in the area.

7. Extension of direct services to Belfast, the outlying islands, and later to adjacent county communities should be effected. With the establishment of the Ambulatory Care Center, rehabilitation staff, with the assistance of volunteers, will provide comprehensive rehabilitation services. Followup services will be extended to the outlying areas through the center's traveling teams.

8. Aftercare services now provided by the existing mental health clinic will be expanded and extended to an effective pre-care service for patients who might otherwise require hospitalization in Bangor State Hospital.

10. The dearth of mental health manpower makes it essential for the center to provide a training program. Serious efforts will be made to establish a block field placement unit with a graduate school of social work.

11. The site for the construction of the mental health center has been selected. It is located nearly equi-distant between the two existing hospitals, overlooking the coast. An application for construction funds is being submitted in the Fall for funding in FY 1971.

INTER-AREA COMPACTS

The rationale for the development of inter-area compacts has been described in the introduction to the catchment area. The utilization of this mechanism will provide for flexibility in guaranteeing service delivery despite changing patterns of service flow. The focus is on service rather than on geographical and political barriers which may obstruct service. The catchment area limitations of NIMH will, of course, be complied with.

The mental health authority of the state will maintain the updated status of inter-area compacts and will submit them annually as an addendum to the state plan.

Inter-area compacts may be developed between the Boards of any two or more areas and submitted in writing for the approval of the state mental health authority. The criteria to be applied by the State in evaluating any proposal for an inter-area compact are:

1. that the citizen boards of each area approve the proposal;
2. that the proposal give evidence of improved service delivery to the towns affected;
3. that the citizens of the towns involved be promptly and adequately informed of changes in their eligibility for service;
4. that responsibility for the provision of the service be clearly identified;
5. that the effectiveness of the inter-area compact be evaluated periodically;
6. that mutually agreeable arrangements be made for reimbursement to the service provider which does not impose a burden on the consumer;

7. that the services provided do not discriminate against those who reside outside the area;

8. that the conditions of the inter-area compact do not violate existing laws or procedures.

SERVICE AGREEMENTS

AREA I

None

AREA II - Service extended to:

Area III		Area VIII
Comstock	Elm Stream	Troy
Wells	Soldiertown	Jackson
Brassau	W. Middlesex	Monroe
Tomhegan	Seboomook	Winterport
Taunton	Sandwich Academy	Frankfort
Misery	Chase Stream	Prospect
Sapline	Indian Stream	

Area III - Service extended to:

Area IV	Area VIII
Richmond	Somerville
	Unity Hibberts Gore
	Palermo Whitefield

Area IV - Service extended to:

Area III	Area V
New Portland	New Gloucester

Area V - Service extended to:

Area IV		Area VI
Stoneham	Denmark	Parsonfield
Lovell	Brownfield	Cornish
Stow	Porter	
Sweden	Hiram	
Fryeburg	Norway	

Area VI

None

Area VII - Service extended to:

Area V

Brunswick
Freeport
Harpswell

Area VIII - Service extended to:

Area VII

Jefferson
Waldoboro

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Aroostook (Area I)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
General Hospital without Psychiatric Unit																				
Peoples Benevolent Hospital 143 E. Main Street Fort Kent, Maine 04743	Private Non-Profit	X					X													
Community General Hospital 3 Green Street Fort Fairfield, Maine 04742	Private Non-Profit	X					X													
Outpatient Mental Health Clinic																				
Aroostook Mental Health Clinic Community General Hospital Fort Fairfield, Maine 04742	State Government		X				X	X		X	X	X				210				114
Houlton Mental Health Center Madigan Hospital Houlton, Maine 04730	State Government		X				X	X								107				32

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Aroostook (Area I)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Major State Hospital - Area II																				
Otterback Private Hospital - Area II																				
V.A., Togus - Area III																				
Children's Psychiatric Hospital Pineland Hospital - Area V																				
Psychiatric Services to Health & Welfare - Area III																				

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency — Aroostook (Area I)	Type of program
Diocesan - Human Relations Bureau Caribou, Maine	Counseling Service

Form - 3

Area or Region: Aroostook (Area I)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time Part Time T, R, & I * Total				1									1
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I * Total													
3. Psychologists	Full Time Part Time T, R, & I * Total				1+2=3									3
4. Social Workers	Full Time Part Time T, R, & I * Total				2									2
5. Professional Nurses	Full Time Part Time T, R, & I * Total													

* T, R, & I means Trainees, Residents and Interns.

Form - 3, (continued)

Area or Region: Aroostook (Area I)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psych-iatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psych-iatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psych-iatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
6. Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time Part Time T, R, & I * Total													
7. Other (optional) _____	Full Time Part Time T, R, & I * Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Eastern Maine (Area II)	type of control (Govt. NPA, Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Psychiatric Hospital																				
Bangor State Hospital Box 926 Bangor, Maine 04401	State Government	X	X	X	X				X	X					792	223				1992
Utterback Private Hospital 31 Kenduskeag Avenue Bangor, Maine 04401	Private Proprietary																			
Gen'l Hospital without Sep. Psychiatric Unit																				
St. Joseph Hospital 297 Center Street Bangor, Maine 04401	Church	X																		
Outpatient Mental Health Clinic																				
Washington County Mental Health Service Down East Community Hospital Machias, Maine 04654 Not open Oct-May	Private Non-Profit		X												6					
The Counseling Center 43 Illinois Avenue Bangor, Maine 04401 (Formerly Eastern Maine Guidance center)	State Government		4				X	X							628					236

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Eastern Maine (Area II)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Outpatient Mental Health Clinics continued																				
Mt. Desert Island Child Guidance 322 Main Street Bar Harbor, Maine 04609	Private Non-profit Assoc.		X					X							84					
Hancock County Mental Health 415 Water Street Ellsworth, Maine 04603 opened July, 1968	Assoc.																			
V.A., Togus Children's Psychiatric Hospital Pineland -- Psychiatric Services to M&W	Area III Area V Area III																			

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Eastern Maine (Area II)	Type of program
Diocesan Human Relations Service (opened 5/69) Brewer, Maine		Counseling Service
Halfway House Bangor, Maine		Alcoholic Rehabilitation

Form - 3

Area or Region: Eastern Maine (Area II)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time	1												1
	Part Time				1+1=2									2
	T, R, & I *													
	Total													
2. Physicians (Non-Psychiatric)	Full Time	10												10
	Part Time													
	T, R, & I *													
	Total													
3. Psychologists	Full Time	7			1									8
	Part Time	1			2+1=3									4
	T, R, & I *				5									5
	Total													
4. Social Workers	Full Time	7			1									8
	Part Time				2									2
	T, R, & I *													
	Total													
5. Professional Nurses	Full Time	20												20
	Part Time													
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

Form - 3, (continued)

Area or Region: Eastern Maine (Area II)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time	5												5
	Part Time													
	T, R, & I *													
	Total													
Other (optional) _____	Full Time													
	Part Time													
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Tri-County (Area IV)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
General Hospital without sep. Psych. Unit																				
St. Mary's General Hospital Lewiston, Maine 04240	Church	X													64					
Central Maine General Hospital Main Street Lewiston, Maine 04240	Private Non-Profi	X													273					
Franklin County Memorial Hospital 9 N. Main Street Farmington, Maine 04938	Private Non-Profi	X													44					
Outpatient Mental Health Clinic																				
Oxford County Mental Health Ass Masonic Building South Paris, Maine 04281	Private Non-Profi		X													61				
Franklin County Counseling Serv 54 Main Street Inc. Wilton, Maine 04294	Private Non-Profi		X				X	X	X			X	X	X		277				60
Community Mental Health Center																				
Child & Family Mental Health 106 Campus Avenue Services Lewiston, Maine 04240	Private Non-Profi	X	X	X			X	X				X	X			931				657

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Tri-County (Area IV)	type of control (Govt. NPA. Prop.)	services offered in facility (check)												enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
V.A. Togus Area III																				
Augusta State Hospital Area III																				
Children's Psychiatric Hospital Pineland Area V																				
Psychiatric Services to M & W Area III																				

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Tri County (Area IV)	Type of program
Diocesan Bureau of Human Relations Services (January, 1969)		Family Life Education Program

Form - 3

Area or Region: Tri County (Area IV)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time						2							2
	Part Time				1		1							2
	T, R, & I *													
	Total													
2. Physicians (Non-Psychiatric)	Full Time													
	Part Time						1							1
	T, R, & I *													
	Total													
3. Psychologists	Full Time													
	Part Time				1		2							3
	T, R, & I *													
	Total													
4. Social Workers	Full Time						6							6
	Part Time						3							3
	T, R, & I *													
	Total													
5. Professional Nurses	Full Time													
	Part Time						3							3
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

Form - 3, (continued)

Area or Region: Tri County (Area IV)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
5. Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time													
	Part Time T, R, & I *						1							1
	Total													
7. Other (optional) _____	Full Time													
	Part Time T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

Form - 1

Cumberland, Portland (Area V)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Psychiatric Hospital																				
Pineland Hospital & Training Ctr Children's Psychiatric Hospital Box C Pownal, Maine 04069	State Gov't	X					X		X						36					4329
General Hospital with Sep. Psych. Unit																				
Maine Medical Center 22 Bramhall Street Portland, Maine 04102	Private	X	X																	
General Hospital Without Sep. Psych. Unit																				
Mercy Hospital 144 State Street Portland, Maine 04101	Church	X	X						X	X		X								
Westbrook Community Hospital 40 Park Road Westbrook, Maine 04092	Private Non-Profit	X													N/A					
Chronic Hospital with Sep. Psych. Unit																				
Portland City Hospital 1151 Brighton Avenue Portland, Maine 04102	Local Government	X													214					139

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Cumberland, Portland (Area V)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Residential Treatment Center for Emotionally Disturbed Children The Spurwink School 858 Riverside Street Portland, Maine 04103	Private Proprietary	X						X				X	X	X	5					199
Outpatient Mental Health Clinic Portland Child Guidance Clinic 335 State Street Portland, Maine 04101	Private Non-Profit		X					X	X				X	X		129				73
Western Maine Counseling Service Box F, Bridgton, Maine 04009 (opened July, 1969)																				
V.A. Togus - Area III																				
Psychiatric Services to M&W Area III																				
Augusta State Hospital, Area III																				

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Cumberland, Portland (Area V)	Type of program
Diocesan Bureau of Human Relations Services 317 Congress Street Portland, Maine		Counseling programs
Child & Family Services 187 Middle Street Portland, Maine		Counseling services
Rescue, Inc. 331 Cumberland Avenue Portland, Maine 04111		Suicide Prevention
Serenity House		Alcoholic Rehabilitation

Form - 3

Area or Region: Cumberland, Portland (Area V)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time	3												3
	Part Time	2		2	1									5
	T, R, & I *													
	Total													
2. Physicians (Non-Psychiatric)	Full Time	8												8
	Part Time		1											1
	T, R, & I *													
	Total													
3. Psychologists	Full Time	6												6
	Part Time	2		1	2									5
	T, R, & I *													
	Total													
4. Social Workers	Full Time	14												14
	Part Time		2	1	1									4
	T, R, & I *													
	Total													
5. Professional Nurses	Full Time	16	2											18
	Part Time	4	2	1										7
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF MENT. HEALTH MANPOWER

Form - 3. (continued)

Area or Region: Cumberland, Portland (Area V)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psych-iatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psych-iatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psych-iatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time	57												57
	Part Time		1	2										3
	T, R, & I *													
	Total													
Other (optional) _____	Full Time													
	Part Time													
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

York (Area VI)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Outpatient Mental Health Clinic																				
The Community Child & Family Guidance Clinic So. Moody Street Saco, Maine 04072	Private Non-Profi		X				X	X								292				63
Augusta State Hospital Area III																				
V.A. Togus Area III																				
Children's Psychiatric Hospital Area V																				
Psychiatric Services to H&W Area III																				

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency — York (Area VI)	Type of program
Sweetser-Children's Home 50 Moody Street Saco, Maine 04072	Residential Treatment for emotionally disturbed children
Boysport Box 101 Limerick, Maine 04048	Home of Boys
Milestone Foundation Old Orchard Beach, Maine	Alcoholic Rehabilitation

AREA SURVEY OF MEN HEALTH MANPOWER

Form - 3

Area or Region: York (Area VI)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time				1									1
	Part Time													
	T, R, & I *													
	Total													
2. Physicians (Non-Psychiatric)	Full Time													
	Part Time													
	T, R, & I *													
	Total													
3. Psychologists	Full Time				1									1
	Part Time													
	T, R, & I *													
	Total													
4. Social Workers	Full Time				1									1
	Part Time													
	T, R, & I *													
	Total													
5. Professional Nurses	Full Time													
	Part Time													
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

Form - 3, (continued)

Area or Region: York (Area VI)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
6. Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time Part Time T, R, & I * Total													
7. Other (optional) _____	Full Time Part Time T, R, & I * Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - I

Bath - Brunswick (Area VII)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
General Hospital without Sep. Psych Unit																				
Bath Memorial Hospital 73 Winship Street Bath, Maine 04530	Private Non-Profit	X													2					
Parkview Memorial Hospital East Side Upper Main Street Brunswick, Maine 04011	Church																			
Regional Memorial Hospital Peary Drive Brunswick, Maine 04011	Private Non-Profit	X													126					
Outpatient Mental Health Clinic																				
Bath-Brunswick Mental Health Assoc. Inc. 23 Winship Street Bath, Maine 04530	Private Non-Profit		X				X	X					X		209					92

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Bath - Brunswick (Area VII)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Residential Treatment Center for Emotionally Disturbed Children																				
The Harbor School, Inc. East Boothbay, Maine 04538	Private Proprietary	X													9					N/A
V.A. Togus - Area III																				
Augusta State Hospital - Area III																				
Psychiatric Services to R & W Area III																				

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Bath - Brunswick (Area VII)	Type of program
Bath-Brunswick Rescue, Inc. 12 Whittier Street Brunswick, Maine		Supportive Therapy

Form - 3

Area or Region: Bath - Brunswick (Area VII)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time Part Time T, R, & I * Total			2	1									3
2. Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I * Total			1										1
3. Psychologists	Full Time Part Time T, R, & I * Total			1	1									2
4. Social Workers	Full Time Part Time T, R, & I * Total				1 4									1 4
5. Professional Nurses	Full Time Part Time T, R, & I * Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF MENT. HEALTH MANPOWER

Form - 3, (continued)

Area or Region: Bath - Brunswick (Area VII)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psych-iatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psych-iatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psych-iatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time Part Time T, R, & I * Total			3										3
Other (optional) _____	Full Time Part Time T, R, & I * Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Kennebec Valley (Area 3)	type of control (Govt. NPA. Prop.)	services offered in facility (check)												enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Psychiatric Hospitals																				
Augusta State Hospital P.O.Box 724 Augusta, Maine 04330	State Government	X	X	X	X		X	X	X	X	X	X	X	X	177	419	-	-		3690
General Hospital with separate Psychiatric Unit																				
Veterans Administration Center Augusta, Maine 04330	Federal Gov't V.A.	X	X	X	X		X		X	X	X	X			669					3420
General Hospital without separate Psychiatric Unit																				
Thayer Hospital North Street Waterville, Maine 04901	Private Non-Profit	X													135					
Elizabeth Ann Seton Hospital Chase Avenue Waterville, Maine 04901	Church	X													119					
															109					

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - I

Kennebec Valley (Area 3)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:						Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization				
				Day	Night	Other											Day	Night	Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
Outpatient Mental Health Clinic																					
Psychiatric Services to Dept. M&W	State Government		X					X					X			251					142
Vickery-Hill Building Chapel Street Augusta, Maine 04330																					
Kennebec Mental Health Clinic P.O. Box 624 Waterville, Maine 04901	Private Non-Profit		X				X	X	X	X	X	X	X			302					107
			X													99					33
Children's Psychiatric Hospital Pineland Area V																					

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency — Kennebec Valley (Area 3)	Type of program
Diocesan Human Relations Service Waterville, Maine	Counseling Service
Friendship Center St. Mark's Parish House State Street Augusta, Maine 04330	Outpatient Resocialization

AREA SURVEY OF MEN HEALTH MANPOWER

Form - 3

Area or Region: Kennebec Valley (Area 3)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Psychiatrists	Full Time	9	5		2+2=4									14
	Part Time													
	T, R, & I *													
	Total													
2. Physicians (Non-Psychiatric)	Full Time	3	3											6
	Part Time		1		1									2
	T, R, & I *													
	Total													
3. Psychologists	Full Time	1	3		2+1=3									7
	Part Time	2			1+4=5									7
	T, R, & I *													
	Total													
4. Social Workers	Full Time	11	2		1									14
	Part Time		3		2									5
	T, R, & I *													
	Total													
5. Professional Nurses	Full Time	34	30											64
	Part Time		2											2
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3, (continued)

Area or Region: Kennebec Valley (Area 3)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
. Other Professionals (Occupational Therapists & Voc. Counselors Only	Full Time	7	10											17
	Part Time		3											3
	T, R, & I *													
	Total													
. Other (optional) _____	Full Time													
	Part Time													
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF PSYCHIATRIC FACILITIES

Form - 1

Pen - Bang (Area VIII)	type of control (Govt. NPA. Prop.)	services offered in facility (check)													enter total admissions to:					Total professional manhours per week
		Inpatient care	Outpatient care	partial hospitalization			Emergency service	Consultation & Education	Diagnosis and observation only	Rehabilitation service	Preadmission service	After-care program for ex-hosp. pts.	Training	Research	Inpatient programs	Outpatient prog.	partial hospitalization			
				Day	Night	Other											Day	Night	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
General Hospital without separate Psychiatric Unit																				
Camden Community Hospital 108 Elm Street Camden, Maine 04843	Private Non-Profit						X													
Knox County General Hospital Maple Street Rockland, Maine 04841	Private Non-Profit														109					
Outpatient Mental Health Clinic																				
Mid-Coast Mental Health Clinic 12 White Street Rockland, Maine 04841	Private Non-Profit		X													99				33
Bangor State Hospital Area II																				
Otterback Private Hosp. Area II																				
M.A. Togus Area III																				
Children's Psychiatric Hosp. P	H. & T.C.	Area III																		
Psychiatric Services to Health	& Welfare	Area III																		

AREA SURVEY OF OTHER MENTAL HEALTH FACILITIES

Form - 2

Area, name and address of agency	Pen - Bang (Area VIII)	Type of program

Form - 3

Area or Region: Pen - Bang (Area VIII)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psychiatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psychiatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Psychiatrists	Full Time Part Time T, R, & I * Total				1									1
Physicians (Non-Psychiatric)	Full Time Part Time T, R, & I * Total													
Psychologists	Full Time Part Time T, R, & I * Total				1									1
Social Workers	Full Time Part Time T, R, & I * Total				2									2
Professional Nurses	Full Time Part Time T, R, & I * Total													

* T, R, & I means Trainees, Residents and Interns.

AREA SURVEY OF MENTAL HEALTH MANPOWER

Form - 3. (continued)

Area or Region: Pen - Bang (Area VIII)

Discipline	Work Status	Psychiatric Facilities (required)								Other (optional)				Total
		Psychiatric Hospital	Gen Hosp. With Separate Psych-iatric Units	Resident Treatment Center for Emot. Disturbed Children	Outpatient Psych-iatric Clinic	Mental Health Day/Night Facility	Complete Community Ment. Health Cent.	Other Multi-Component Psychiatric Facility	Other	Other Mental Health Facilities	Academic Setting	Non-Mental Health Setting	Private Practice	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Other Professional Occupational Therapy-ists & Voc. Rehabilitations Only	Full Time													
	Part Time													
	T, R, & I *													
	Total													
Other (optional)	Full Time													
	Part Time													
	T, R, & I *													
	Total													

* T, R, & I means Trainees, Residents and Interns.

CHAPTER V

SURVEY OF NEED AND RANKING OF AREAS

The indicators which have been chosen are the same or similar to those used in prior years. They have been selected because their variability between the areas is significant. We have maintained the same weight for each category as in previous years. Since our lack of resources and professional manpower remain our greatest problem, we have weighted the resources category three times as high as the others. Considerable interest has been expressed by psychiatrists and psychologists in practicing in Maine, but our financial resources have restricted such employment.

The priority system reflects need, but does not reflect the areas which have already received grants under P.L. 88-164. The Centers in operation are reflected in increased activity in the Mental Health Resources category.

CATEGORY 1. POPULATION CHARACTERISTICS

Catchment Areas	Dependency Ratio** Population Under Age 15 & Age 65 & Over ÷ Population Age 15 - 64			Percent Never Married*		Persons Per Sq. Mi.		Rank for Category	
	Numbers	Rate	Rank	Percent	Rank	Number	Rank	Sum of Rank	Rank
Aroostook	40575 & 7596 / 59129	.8147	1	25.00	1	15.4	8	10	1.5
Eastern Maine	67005 & 23186 / 119509	.7547	2	22.39	4	27.9	7	13	4.5
Kennebec Valley	40498 & 15221 / 76481	.7285	4	22.25	7	74.4	5	16	6
Tri County	48044 & 17304 / 90352	.7233	6	22.29	5	111.0	2	13	4.5
Cumberland - Portland	51265 & 18652 / 100188	.6979	7	23.17	2	207.4	1	10	1.5
York	30944 & 11604 / 42548	.6969	8	22.26	6	99.4	4	18	8
Bath - Brunswick	18677 & 7600 / 26277	.7275	5	23.04	3	109.0	3	11	3
Pen-Bay	15391 & 6899 / 29710	.7503	3	19.63	8	57.2	6	17	7

* U.S. Census of Population, 1960

** Estimated Population July 1, 1965 by Age Groups and Counties, obtained from Division of Research and Vital Records of the Department of Health and Welfare

CATEGORY 21. SOCIOECONOMIC CHARACTERISTICS

Catchment Areas	Households in Cash Income Group 0 - $2,999*		Public Assistance Recipients** February, 1970			Median School Years Completed Persons Age 25 & Over***		Rank for Category	
	Percent	Rank	Number	% of Pop.	Rank	Number	Rank	Sum of Rank	Rank
Aroostook	20.9	2.5	5586	6.04	2	10.1	2.0	6.5	1
Eastern Maine	20.9	2.5	10758	5.32	5	11.4	6	13.5	5
Kennebec Valley	20.1	4	7553	5.59	3	11.0	4	11	3.5
Tri County	20.0	5	8297	5.36	4	10.1	2.0	11	3.5
Cumberland - Portland	4.8	8	8858	5.17	7	11.9	8	23	8
York	19.9	6	3861	3.55	8	10.1	2.0	16	6
Bath - Brunswick	16.7	7	3219	5.24	6	11.6	7	20	7
Pen-Bay	22.8	1	3495	6.87	1	11.2	5	7	2

* Sales Management Survey of Buying Power, 1968
** Old Age Assistance, Aid to the Blind, Aid to the Disabled, and Aid to Dependent Children
*** U.S. Census of Population, 1960

CATEGORY 3. MENTAL HEALTH RESOURCES

Catchment Areas	Admission to State Hospitals for Mentally Ill 7/1/68-6/30/69			Termination from Outpatient Clinics 7/1/68 - 6/30/69			Mental Health Manpower*			Rank for Category	
	Number	Rate per $\overline{M}$	Rank	Number	Rate per $\overline{M}$	Rank	Number	Rate per $\overline{C}$	Rank	Sum of Rank	Rank
Aroostook	139	15.0	2	374	40.4	6	0	0	1	9	2
Eastern Maine	538	26.6	8	1059	52.4	7	24	11.9	6	21	8
Kennebec Valley	326	24.1	6.5	507	37.5	5	32	23.7	8	19.5	7
Tri County	262	16.9	3	1204	77.7	8	9	5.8	4	15	6
Cumberland - Portland	333	19.4	4	230	13.4	2	26	15.2	7	13	3.5
York	155	14.2	1	120	11.0	1	2	1.8	2	4	1
Bath - Brunswick	148	24.1	6.5	219	35.7	4	2	3.3	3	13.5	5
Pen-Bay	114	22.4	5	115	22.6	3	5	9.8	5	13	3.5

*Psychiatrists in the State 8/23/70
Certified Psychologists in the State 10/23/68

CATEGORY 4. SOCIAL PROBLEMS INDICATORS

atchment Areas	Illegitimate Births*- 1968		Infant Deaths*- 1968		Divorce & Annulment to Marriages in County of Occurrence*- 1969		Juvenile Delinquency** 7/1/68 - 6/30/69			Suicides 1964 - 1967*			Rank for Category	
	Rate to Live Births	Rank	Per 1M Live Births	Rank	Rate to Marriage	Rank	Number	Rate to Pop. Age 10 - 19	Rank	Number	Four Year Rate	Rank	Sum of Rank	Rank
roostook	3.9	8	22.5	3	27.7	7	174	78.1	2	27	2.45	8	28	7
astern Maine	7.8	4	23.4	2	31.0	5	234	61.9	5	94	4.49	6	22	5
ennebec Valley	8.1	3	14.9	6	35.9	3	233	95.8	1	73	5.57	5	18	2.5
ri County	6.1	6	18.6	4	30.2	6	163	55.4	6	104	6.73	2	24	6
umberland -Portland	8.9	1	17.9	5	37.0	1	213	70.4	4	73	4.34	7	18	2.5
ork	4.9	7	12.2	8	27.4	8	61	32.0	8	59	5.80	4	35	8
ath - Brunswick	8.3	2	14.7	7	36.4	2	51	45.9	7	39	6.31	3	21	4
en-Bay	7.0	5	27.0	1	35.2	4	71	71.5	3	41	8.16	1	14	1

* Division of Research & Vital Records, Department of Health and Welfare

* Court Commitments to Boys Training Center, Stevens School, and Placed on Probation

PRIORITY SYSTEM SUMMARY

Catchment Areas	Category #1 Weight = 1 Rank	Category #1 Weight = 1 R x W	Category #2 Weight = 1 Rank	Category #2 Weight = 1 R x W	Category #3 Weight = 3 Rank	Category #3 Weight = 3 R x W	Category #4 Weight = 1 Rank	Category #4 Weight = 1 R x W	Sum of R x W	Rank	Construction Under P.L. 88-164 Status
Aroostook	1.5	1.5	1	1	2	6	7	7	15.5	1	
Eastern Maine	4.5	4.5	5	5	8	24	5	5	38.5	8	
Kennebec Valley	6	6	3.5	3.5	7	21	2.5	2.5	33.0	7	Approved
Tri County	4.5	4.5	3.5	3.5	6	18	6	6	32.0	6	Completed
Cumberland - Portland	1.5	1.5	8	8	3.5	10.5	2.5	2.5	22.5	3	Completed
York	8	8	6	6	1	3	8	8	25.0	4	
Bath-Brunswick	3	3	7	7	5	15	4	4	29.0	5	
Pen-Bay	7	7	2	2	3.5	10.5	1	1	20.5	2	In process of application

Addendum to the 1970 Plan:

INTERPRETATION OF PRIORITIES

The operationalizing of the priorities as calculated, require that they be placed in a perspective which gives due consideration not only to the needs of each area as determined by weighted criteria, but also to the recommendations made by each area. Other factors such as availability of existing resources and financial readiness to pursue construction are also significant in considering the appropriateness of any particular center embarking on a construction program.

For example, although the Aroostook area has been designated as priority number one, the availability of existing facilities and the embryonic stage of development of its program and staff make in inappropriate to consider construction during this fiscal year. Its status does give it priority however, for State participation in financing its staffing grant which it places as its first recommendation.

Therefore, the real priority for construction will shift to the number two priority, Pen-Bay Area, which is prepared for construction by virtue of its inclusion in the development of the Pen-Bay Medical Center.

With priority number three (Cumberland-Portland Area), number six (Tri-County), and number seven (Kennebec Valley) already approved or having completed construction, and priority number four (York) and number five (Bath-Brunswick) not ready to move in this direction, the status of priority number eight (Eastern Maine) increases considerably beyond its designated place in the order of priority.

It is reasonable to expect therefore, that unless the Aroostook area moves to a point of readiness, the Eastern Maine area will assume the position of being next in line for construction (after Pen-Bay) by virtue of its completed staff and program development and the urgency for facilities to house the expanded program.

The nature of the evolution of mental health services which requires certain phases of staff and program development before construction, suggests that the

application of this priority system will be more appropriately applied first to staffing and to construction thereafter. Within this perspective, four of the first five priorities (numbers 1, 2, 4, and 5) will be given priority status for the development of staffing grant applications.

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