STATE OF MAINE
114TH LEGISLATURE
FIRST REGULAR SESSION

JOINT STANDING COMMITTEE ON HUMAN RESOURCES

REPORT OF SUBCOMMITTEE ON MENTAL HEALTH SERVICES

December 1989

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EXECUTIVE SUMMARY

The Subcommittee on Mental Health Services was authorized by the Legislative Council to continue the monitoring of State mental health services which was begun during the First Regular Session of the 114th Legislature by the Oversight Committee of the Augusta Mental Health Institute. The purpose of the subcommittee was to continue oversight of the activities of the consortium of community hospitals which contracted with the Governor to review conditions at the Augusta Mental Health Institute (AMHI) and to consider the relationship between community and institutional services. The subcommittee considered the following issues.

AMHI. The subcommittee met five times during the interim. It met with the interim AMHI superintendent William Thompson and received his reports of consortium activities in reviewing services at the institute. It met with the Commissioner and Associate Commissioner of the Department of Mental Health and Mental Retardation, as well as other employees of the department and representatives of both the public and community providers of mental health services.

Mental health system. The subcommittee reviewed the progress of the department in developing patient assessment and classification criteria and standards of care, plans for use of $7,000,000 bond issue funds for mental health facilities and community residences which was approved by the voters in November, utilization of Medicaid funds for mental health services and the progress of review by the Joint Commission on the Accreditation of Health Organizations to reinstate accreditation.

Community services. The subcommittee met with providers of community services and recognized the need for attention to that segment of the mental health service spectrum. The subcommittee especially recognized the need for increased emphasis in the area of children's services.

The subcommittee recommends that it be reconstituted by the Human Resources Committee in January to continue the ongoing need for oversight and monitoring of the progress of developments in the mental health field. The subcommittee should have the authority to introduce legislation into the Second Regular Session, if necessary. The subcommittee recommends that the Department of Mental Health and Mental Retardation provide the subcommittee with regular progress reports on the implementation of the recommendations of the hospital consortium. The subcommittee recommends that the Department of Mental Health and Mental Retardation examine the methods of payment for community mental health services to determine if there are ways to increase the availability of

third party funding of services. The subcommittee also recommends that the Legislature improve the availablity of funding for community mental health services, especially respite care services, a support group facilitator, community support services and residential staff and services for children, in order to reduce the need for institutionalization and the resulting burden on the State mental health institutes.

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MENTAL HEALTH SERVICES

I. BACKGROUND

This study originated as a recommendation of the Oversight Committee for the Augusta Mental Health Institute which was created by agreement among Governor John McKernan, President of the Senate Charles Pray and Speaker of the House John Martin during the First Regular Session of the 114th Legislature to oversee the efforts of the Department of Mental Health and Mental Retardation in addressing mental health needs resulting from recurring problems at the Augusta Mental Health Institute (AMHI).

The Oversight Committee met throughout the Legislative session. It participated in the selection of a consultant to advise the Department on ways to improve conditions at AMHI, it monitored the execution of a contract between the Governor and a consortium of acute care hospitals (the hospital consortium) to provide interim management of AMHI, make recommendations regarding the appointment of a new superintendent, review the provision of services at AMHI and recommend improvements. As a result of that contract, William Thompson was named interim superintendent of AMHI. The Oversight Committee made the following recommendations.

1. The Oversight Committee recommended that the Legislature enact a $35 million Part II budget "designed to meet basic departmental and institutional needs and to continue the trend toward more mental health services in communities."

2. The Oversight Committee recommended the funding of two or more pilot projects for comprehensive community or regional mental health system programs to address "the needs for integrated inpatient, residential and outpatient treatment and support services, effective case management, quality assurance, data collection and analysis, evaluation and modification of approaches."

3. The Oversight Committee recommended that the Department of Mental Health and Mental Retardation undertake the "development of a strategic plan for a statewide mental health system," a "plan to plan" including goals and objectives for components of the mental health system and standards of care and service for the provision of mental health services.

4. The Oversight Committee recommended that the Joint Standing Committee on Human Resources appoint a mental health subcommittee to continue oversight of activities relating to the State's mental health system and that the Commission on Mental Health provide the subcommittee with information and advice.

Pursuant to Recommendation 4 of the Oversight Committee the Joint Standing Committee on Human Resources requested permission from the Legislative Council to continue Legislative oversight of the activities of the hospital consortium and the implementation of its recommendations as well as to provide additional time for consideration of the issues involved in the relationship between institutional services and community services. The Legislative Council approved the request for a subcommittee of six persons and authorized the subcommittee to hold five meetings.

At about the same time that the mental health subcommittee was approved, the Legislature enacted a Part II budget which provided funding for mental health services which placed more emphasis on institutional services as recommended by the administration and less on community services than recommended by the Oversight Committee.

The Part II budget also provided for the establishment of a Systems Assessment Commission to review the costs of the both AMHI and the Bangor Mental Health Institute (BMHI) and evaluate and formulate specific proposals for alternative systems of care. The Commission is required to develop long range plans for the institutes, including the consideration of smaller regional acute care psychiatric facilities and the need for community services. The Commission is required to submit a preliminary report to the Joint Standing Committee on Human Resources by January 15, 1990 and a final report by April 1, 1990; however, the subcommittee understands that the Commission will ask for an extension to December 1990.

II. ACTIVITIES OF THE SUBCOMMITTEE

The subcommittee met once a month from August through October and twice in November. Its major activities included the following.

A. Monitoring of consortium activities

The subcommittee met three times with Interim AMHI Superintendent William Thompson. It reviewed the progress of physical improvements at AMHI buildings. It also reviewed reports prepared by the hospital consortium task groups in the areas of nursing structure and organization, food and nutrition services, housekeeping, medical records and primary physician care. The subcommittee was also able to meet with many of the hospital consortium staff members who participated in the reports to ask questions. A chart containing the recommendations of those reports can be found in Appendix C. Superintendent Thompson also recommended a new organizational chart for the improvement of services and accountability at AMHI. Implementation of these organizational changes was begun during the course of this study. During the course of the hospital consortium's work, the Department advertised for and recruited a permanent superintendent, William Meyer, who began work September 11, 1989. Mr. Meyer resigned to take a new position as administrator of a private hospital in Washington, D.C. on December 6, 1989 after the subcommittee had completed its work. The search for a new superintendent has begun.

The subcommittee wishes to thank the Health Consortium, Inc. and its staff members, most especially William Thompson, for the professional and humanistic approach that they brought to their review of Augusta Mental Health Institute. They have provided a valuable service not only to State Government but to all of the citizens of the State of Maine and particularly to those who are mentally ill and their families. The subcommittee also wishes to extend its appreciation to Marriott Corporation and Servicemaster which contributed their services without fee in reviewing nutrition and housekeeping services at AMHI.

B. Monitoring continuing activities at AMHI

The new superintendent and the Department of Mental Health and Mental Retardation have told the committee that they are substantially in agreement with all of the recommendations contained in the reports prepared by the hospital consortium. The subcommittee has received information continuously about the progress of reorganization at AMHI, the implementation of new positions authorized in the budget during the last session of the Legislature and the recruitment of persons to fill new

positions necessary to carry out the new organizational structure. The subcommittee is especially concerned that the recommendations of the hospital consortium regarding the need for strong management skills in the areas of nursing, medical records and physician services be implementated in as effective a manner as possible. During the course of the subcommittee's work, Susan Parker, the Commissioner of the Department of Mental Health and Mental Retardation resigned. Robert Glover, was nominated to replace her, and a confirmation hearing was held by the Joint Standing Committee on Human Resources on November 27, 1989. Mr. Glover was endorsed by the Human Resources Committee and confirmed by the Maine Senate on December 13, 1989.

As part of this activity the subcommittee met with members of the Subcommittee on Institutes of the Maine Commission on Mental Health and received comments from members of AMHI staff.

C. Patient assessments

Part BB of the Part II budget bill, Public Laws of 1989, c. 501 requires the department to establish review teams to complete a review of treatment needs and current individual treatment plans of all patients residing at AMHI and BMHI for more than 60 days as of July 15, 1989. The review should evaluate the appropriateness of assessments, treatment services provided and discharge plans. The department is required to issue a preliminary report by February 15, 1990 and a final report by July 1, 1990. The department is required to use the recommendations generated by this review in preparing the its biennial budget request beginning with fiscal years 1992-93 and 1993-94.

The Department has contracted with a consultant to prepare a patient classification tool which will be used to identify the needs for resourses.

D. Standards of care

The Department has been proceeding with the development of standards of care. Draft standards have been circulated. Public Laws of 1989, chapter 335 required the Maine Commission on Mental Health to participate in that process. The Maine Commission on Mental Health has reviewed and responded to those draft standards. The Commission had many concerns including the concern that the standards were not directed toward the needs of institutionalized recipients of service. Development of the standards is currently proceeding jointly. Final standards are anticipated in December 1989.

E. Bond issue funds

In November the voters approved the issuance of bonds in the amount of $7 million to fund capital improvements for community mental health services. The Department of Mental Health and Mental Retardation is allocated $3 million for emergency capital needs grants with the remaining $4,000,000 being allocated to the Maine State Housing Authority for acquisition, construction or rehabilitation of community residences for mental health clients. The department and the housing authority are directed to work collaboratively to adopt rules dealing with eligibility, use of funds and loan payments. The department has identified the following as the order of priority for the awarding of funds allocated to it under the bond provision: Meeting fire and safety requirements, ensuring handicapped accessibility, new residential treatment and community inpatient programs, expansion of new program space for existing programs and capital needs for new programs.

The subcommittee also recognized a problem with significant delays in obtaining review by the Fire Marshall's office of new facilities. These delays cause significant problems for both the providers and the potential recipients of service.

F. JCAHO

During the course of the subcommittee's review, the Joint Commission on the Accreditation of Health Organizations notified the State that AMHI would be granted conditional accreditation pending a six months review for progress in implementation of plans for improvement of services.

G. Children's services

The subcommittee identified that the recent attention to the needs of AMHI and the adult mental health system had distracted attention away from the mental health needs of children. Last year the Commission on Children in Need of Supervision and Treatment identified the need for $16 million over the biennium in services for children. The only portion of those recommendations which was funded was $150,000 for a mediation program.

H. Medicaid maximization

The subcommittee identified that there was a need to achieve greater use of Medicaid funds for mental health services in order to free up state funds that could more efficiently be spent on other services. The Department is in the process of attempting to identify ways to maximize the use of third party payor programs. The Bureau of

Medical Services is in the process of developing rules to permit higher rates to be charged for mental health services. The Bureau of Mental Health has recommended the adoption of higher rates.

I. Coordination with Appropriations Committee

The subcommittee identified the system of determining legislative policy with regard to mental health services over the last year as confusing and fragmented. While the Human Resources Committee, primarily through its members on the AMHI Oversight Committee, maintained the most direct contact with ongoing events and needs in the mental health system, the Appropriations Committee maintained final authority on funding recommendations. While this system is unlikely to change, the subcommittee believes that there is a need for better coordination in the important process of decision-making on funding of mental health services.

J. Community services

The subcommittee believes that now that significant efforts have been made to improve the delivery of mental health services at the State's mental health institutes, it is imperative to concentrate the attention of the Legislature on the needs of community services. Both the report of the Overcrowding Commission and the AMHI Oversight Commission recommended that it was necessary to increase State funding of community services in order to avoid unnecessary hospitalization with all its negative aspects, whether they be loss of independence and normal community contact for the patient or the extra cost of institutionalization to the State. The subcommittee realizes, as has been emphasized by numerous commenters, that this shift of emphasis may require some double funding of services for a while until the appropriate mix of community and institutional services is reached. This will not be an easy commitment, but it is a commitment that is necessary, not only for the welfare of the recipients of mental health services but also for the long-run benefits of the State Treasury. It is an investment that yields both human and monetary dividends.

K. Systems Assessment Commission

The Systems Assessment Commission was established by Public Laws of 1989, chapter 501, Part BB. Its purpose is to:

1. Review the costs of the AMHI and BMHI;

2. Evaluate and formulate specific proposals for alternative systems of care;

3. Determine how best to use state money in providing the most appropriate treatment for persons with severe long-term mental illness;

4. Develop a long-range plan for AMHI and BMHI including consideration of the creation of a smaller acute care facility or facilities to take the place of the current facilities and any other option for humane, safe and cost effective delivery of services to Maine's citizens;

5. Assess the need for and delivery of community services, including consideration of the drafting of model legislation governing the delivery of mental health services statewide;

6. Coordinate with the Bureau of Public Improvements, the State Capitol Commission, the Supreme Judicial Court Plan and Design Commission.

The Commission is required to submit a preliminary report to the Joint Standing Committee on Human Resources by January 15, 1990 and a final report by April 1, 1990. The Commission has developed a work plan and will be requesting an extension of its final report until December, 1990.

The subcommittee believes that it is important for there to be close cooperation between the Systems Assessment Commission and the Legislature in the development of any plans for future funding of mental health services.

III. RECOMMENDATIONS

RECOMMENDATION 1. The subcommittee recommends that it be reconstituted by the full Human Resources Committee at the beginning of the Second Regular Session of the 114th Legislature with authority to continue oversight of legislative and administrative activities relating to the mental health system.

Much remains to be done. The Department of Mental Health and Mental Retardation will have a new Commissioner in 1990. The Augusta Mental Health Institute is again searching for a Superintendent. The recommendations of the hospital consortium have only begun to be implemented. Tentative JCAHO approval needs to be addressed. Patient assessments continue. Development of standards of care continues. The Systems Assessment Commission will be reporting on its efforts to plan for the long term needs of Maine's mentally ill population. Institutional needs addressed in 1989 need to be balanced by consideration of community needs. It cannot be denied that mental health services must continue to be a priority issue for the Human Resources Committee. Neglecting to follow through on what has been set in motion over the past year can only result in a continuation of the problems of the past. Continued legislative oversight is necessary to facilitate expeditious progress.

There will be many time-consuming activities for the full Human Resources Committee during the Second Regular Session of the 114th Legislature. It will not be possible for the full Committee to devote the necessary amount of time or attention to the full range of mental health issues that remain to be monitored and addressed. The Mental Health Subcommittee has developed a great deal of expertise in the issues currently in progress. It would be most efficient for the subcommittee to continue in its role with regular reports to the full committee.

Some, but not all, of the issues still open for review include:

1. Progress of reorganization at AMHI;
2. Identification of the need for additional funding to implement organizational changes;
3. Progress in implementation of the patient assessment tool;
4. Development of standards of care for recipients of mental health services;
5. Development of quality assurance measures for community programs;
6. Development of housing programs in response to the $7,000,000 bond issue approved in November;
7. Monitoring progress in making improvements necessary for JCAHO rereview in April;

8. Coordinating Legislative actions with the work of the Systems Assessment Commission;
9. Monitoring the adequacy of proposed mental health services budgets and advising the Appropriations Committee on priority funding needs; and
10. Determining the needs of community providers and the appropriate allocation of State resources between the community and institutional sectors.

As an important aspect of the need for continuing oversight, the subcommittee will request authority from the Legislative Council to report out legislation during the Second Regular Session to implement any further recommendations which arise in the course of continuing monitoring and oversight.

The subcommittee believes that it is vitally important for the Human Resources Committee to establish a close working relationship with the Appropriations Committee during the consideration of proposals for funding of mental health services. A mental health subcommittee would greatly facilitate that process.

RECOMMENDATION 2. The Joint Standing Committee on Human Resources should formally request the Department of Mental Health and Mental Retardation to provide the mental health subcommittee with periodic reports on progress toward implementation of the recommendations of the hospital consortium.

The Department of Mental Health and Mental Retardation and the new Superintendent of AMHI indicated to the subcommittee that they were in substantial agreement with practically all of the recommendations of the hospital consortium. The subcommittee prepared an itemized chart of those recommendations which would indicate the actions necessary to accomplish each recommendation, the person responsible for each task, the funding, if any, required to complete the task, the anticipated completion date and progress to date. The department agreed in principle to supply that type of information to the subcommittee. The department indicated that it had a similar kind of progress report which it would be willing to provide to the subcommittee; however, the subcommittee was required to complete its work before this effort could be followed up. The subcommittee believes that a progress report of this type is critical if the Legislature is to maintain its responsibility of ensuring that its efforts over the past year are implemented in a timely and efficient manner.

RECOMMENDATION 3. The Department of Mental Health and Mental Retardation should examine the payment structure for mental health services and determine if there are ways to save State funds through the maximization of federal Medicaid participation.

Last session, the Legislature enacted LD 1252, AN ACT to Establish the Mental Health Advisory Committee on Medicaid. The Bill was vetoed by the Governor and the veto subsequently upheld. This bill would have required the Department of Human Services to establish reimbursement rates for community providers of mental health services based upon the cost of providing the service, including the reasonable costs of training, recruitment and retention of qualified staff. Currently, many services provided by community mental health providers are covered by Medicaid. Under the current Medicaid formula, the federal government pays for approximately two-thirds of the cost of Medicaid-covered services. The State pays the remainder. Community providers maintain that Medicaid rates are set so low that only a portion of their costs are covered. The remainder must be made up from grants to community providers by the Bureau of Mental Health or from other sources of revenue. Because Bureau of Mental Health grant funds are primarily state funds, the State ends up paying for a larger share (both in percentage and in actual dollar amounts) of the full cost of community services than if higher Medicaid rates were authorized.

The subcommittee believes that it is possible to increase the availability of community mental health services by increasing the Medicaid reimbursement rate to draw down increased federal funds and free up state funds for other purposes. The subcommittee recommends legislation to accomplish this recommendation. (See Appendix D.)

The subcommittee also received some information which would indicate that their may be some more creative ways to orient mental health services to qualify more of them for Medicaid coverage. Comparisons were made with New Hampshire and other states with a high level of Medicaid coverage. The subcommittee strongly recommends that the Department investigate this issue and report back to the Human Resources Committee by March 15, 1990 with recommendations for any legislative changes that are necessary to accomplish this purpose.

The subcommittee received information that improved efficiency in billing and payment procedures by the Department could improve the availability of funding for services. The subcommittee strongly recommends that the Department assess the efficacy of contracting with a private entity to maximize these resources and report back to the Human Resources by April 1, 1990.

RECOMMENDATION 4. The subcommittee recommends that increased funding be made available for community mental health services.

At the current time, we are only beginning to understand the characteristics of Maine's population in need of mental health services. The department has begun the process of making assessments of recipients of services. Only when those assessments have been completed and we have identified persons in need of service who are not receiving it, will we be able to catalog fully the needs of Maine's mentally ill population. Only then will it be possible for the Legislature to appropriately prioritize the demands for funding.

Despite the lack of full understanding of the needs of mentally ill persons, it has become clear to the subcommittee, based upon its efforts and those of its predecessors, that there is a serious need for new and improved mental health services at the community level. The lack of a coordinated system of community services is much of the reason why the State's institutions have reached a level of crisis.

The AMHI Oversight Committee recommended funding of community mental health services at the level of approximately $9 for each year of the 1989-91 biennium. Only a small portion was actually funded. Before the Oversight Committee, the AMHI-BMHI Overcrowding Commission had also recommended increased funding of community services. The subcommittee recognizes that it is very difficult to increase the amount of funding for community services at a time when institutional services are experiencing critical needs. The subcommittee also recognizes that the real demands on institutional services cannot be alleviated until there are adequate alternative community services available to meet the needs of mentally ill persons. AMHI is currently in the process of determining what kind of service is most appropriately delivered in an institutional setting. Once that determination is made, it will be necessary to estimate the level of appropriate demand on the institutions. Only then can it be finally determined what the real need for institutional funding is. On the other hand, persons in need of mental health services cannot be turned away from the institutes if there is no other treatment resource available to them. No one seeks a repetition of the deinstitutionalization pattern of the 1960s when many people were released from institutions without providing any adequate resources for them in the community.

Specifically, but not exclusively, the subcommittee recommends adoption of the following funding proposals.

1. Respite care services. The subcommittee recommends adoption of a demonstration respite care program for mentally ill persons to provide support for their families and care-givers and maximize community alternatives. This program, originally introduced in the First Regular Session in LD 1453, RESOLVE, to Provide Respite Care Services for Families of the Mentally Ill, is recommended for funding at the level of $800,000.

2. Support group facilitator. The subcommittee recommends the adoption of $40,000 funding for a family support group facilitator to enhance the quality of the support provided by families to families, increase the numbers of families served, indirectly contribute to increased service system education and enhance family and service system advocacy.

3. Community support services and residential staff. The subcommittee recommends the adoption of a bill which will be introduced into the Second Regular Session by Representative Christine Burke. This bill provides $500,000 for additional community support services and residential staff for intensified discharge planning and the provision of community supports for persons with severe mental illness. It also provides $300,000 for additional outpatient services for children with special needs.

RECOMMENDATION 5. The subcommittee recommends that cost of living increases for community mental health services be equalized between adult and children's services.

During the Third Special Session of the 113th Legislature, funds were appropriated for community mental health services for adults to assist with staff retention. These funds amounted to $1,089,250 for fiscal year 1988-89, $1,675,000 for Fiscal year 1989-90 and $1,725,000 for fiscal year 1990-91. The subcommittee believes that, as a result of this adjustment for adult services only, the provision of services for children has fallen behind. The subcommittee recommends that an adjustment be made for community mental health services for children which will place those services on a par with adult services.

RECOMMENDATION 6: The subcommittee recommends that the Maine Health Care Finance Commission work together with the Maine Hospital Association and with individual hospitals to determine ways of increasing the role of community hospitals in the provision of short term acute mental health services for mentally ill persons with the goal of reducing institutionalization and increasing the ability of persons to be treated in the community.

The subcommittee believes that the State's mental health system could benefit from an expanded role on the part of community hospitals. While some community hospitals take a more active role than others in the treatment of acute mental illness, the entire system could benefit from a broader acceptance of this role. Crisis treatment in a local setting can be more effective in facilitating the reentry of a patient/client into community outpatient treatment and reduce the burden of institutionalization, not only for the individual but also for the State mental health institutes.

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APPENDIX A

SENATE

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STATE OF MAINE
ONE HUNDRED AND FOURTEENTH LEGISLATURE
COMMITTEE ON HUMAN RESOURCES

June 12, 1989

Rep. John L. Martin, Chair
Legislative Council
State House
Augusta, Maine 04333

Dear Rep. Martin:

The Joint Standing Committee on Human Resources requests permission of the Legislative Council for the following interim studys in order of priority.

1. STUDY TO REVIEW STATE MENTAL HEALTH SERVICES

The provision of mental health services by the State has been the subject of serious concern during the course of this session. Although the Legislature has taken some emergency measures, as a first step toward the improvement of services, there is still much work that needs to be done.

During the next few months, the consortium of hospitals will be assisting in the management of the Augusta Mental Health Institute. It is vital that there be a continuted legislative oversight of that effort and the implementation of any further activities recommended by that organization.

While a great deal of time has been spent in addressing the emergency nature of problems at the mental health institutes, there is a serious need for additional consideration of the issues involved in the relationship between institutional services and community services. An interim study is the best way to consider and address these issues.

The status of eligibility of the mental health institutes for federal Medicare and Medicaid funding continues to be an issue of uncertainty that requires legislative involvement.

STATE HOUSE STATION 115, AUGUSTA, MAINE 04333 TELEPHONE 289-1327

The Human Resources Committee will be hearing the report of the AMHI Oversight Committee on Tuesday, June 13. We expect that it will be necessary to meet frequently during the summer; however, we will not be able to discuss with the Human Resources Committee the manner of the Committee's involvement over the summer until we know the recommendations of the AMHI Oversight Committee. After that meeting we will be able to provide additional information regarding the number of members and meetings that will be necessary to accomplish this task.

2. ELDERLY SERVICES STUDY COMMISSION

The Joint Standing Committee on Human Resources also has a strong interest in L.D. 747, RESOLVE, Establishing a Commission to Study the Level of Services for Maine's Elderly Citizens (copy attached). This bill is currently on the Appropriations Table. It establishes a study commission with 15 members (including 3 legislators) and authorizes the study commission to request legislative staffing. While we believe this study to be extremely important, in light of the gravity and immediacy of the mental health issues, we must list the L.D. 747 study as our second priority.

The Committee is also reporting out legislation relating to health care financing (L.D. 920) which recommends the establishment of a study commission relating to health planning and deregulation of ambulatory health services. This study commission has three legislative members; however, staffing will be provided by the Maine Health Care Finance Commission.

Sincerely,

Sen. N. Paul Gauvreau
Senate Chair

Rep. Peter J. Manning
House Chair

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APPENDIX B

MENTAL HEALTH BILLS CARRIED OVER BY
APPROPRIATIONS COMMITTEE

LD 211 **AN ACT to Provide Adequate Salaries for Workers in Residential Treatment Facilities for Emotionally Disturbed Children**

Requires rates for residential treatment centers to cover wages at levels comparable to those paid to State employees performing similar functions.

LD 789 **AN ACT to Create the Youth-at-Risk Alternative Education Program**

Creates the Youth-at-Risk Alternative Education Program to assist school districts which create alternative education programs designed to decrease middle school and high school dropout rates.

LD 884 **AN ACT to Increase Staffing of Child Development Workers**

Provides funds for 6 mental health and mental retardation caseworkers , one for each region served by the Bureau of Children with Special Needs, to visit the homes of preschool children with special needs.

LD 939 **AN ACT to Provide a Cost-of-Living Adjustment for Residential Treatment of Emotionally Disturbed Children**

Provides funds for 5% cost-of-living increase for mental health services to emotionally disturbed children in residential treatment centers.

LD 1027 **AN ACT to Require the Department of Human Services to Set Child Welfare Fee-for-service Rates Based on Yearly Negotiations with Private Nonprofit Community Residential Treatment Providers.**

Requires rates of residential treatment service providers based on actual costs at an annual occupancy rate of 85%.

LD 1117 **AN ACT to Increase Family Support Services to Maine Families Who Choose to Care for Their Developmentally Disabled Children at Home**

Provides $1,000,000(first year) for respite care, counseling, peer support, information and referral and recreational opportunities for families who choose to maintain their children with developmental disabilities at home.

LD 1257 AN ACT to Provide Medicaid-reimbursable Mental Health Services to Families with Infants and Toddlers

Provides $150,000 for mental health treatment and related services to infants and children under the age of 5.

LD 1631 AN ACT to Improve the Availability and Effectiveness of Youth and Family Services (CHINS legislation)

Creates Maine Commission for Youth and Families. Provides $6,000,000+ for services for treatment services for children.

LD 1646 AN ACT to Provide Community-based Support for Mental Health and Mental Retardation Clients

Provides $1,582,720 for 3 crisis teams, 2 community advocates, for the development of supervised apartments for 40 people with mental retardation, residential vouchers for 50 persons with mental retardation and 150 boarding care beds.

MENTAL HEALTH BILLS CARRIED OVER BY
HUMAN RESOURCES COMMITTEE

LD1197 RESOLVE, Directing the Department of Mental Health and Mental Retardation to Study Mental Health Needs.

Contains recommendations of the Commission to Review Overcrowding at the Augusta Mental Health Institute and the Bangor Mental Health Institute. IT requires the Department of Mental Health and Mental Retardation to conduct a systems study of the population to be served; to develop mechanisms to ensure cooperation and communication between inpatient units and community service providers; and to conduct a statewide assessment of the need for psychiatric inpatient units in local community hospitals.

LD 1648 AN ACT to Improve Services for Maine's Mentally Ill.

Establishes specific standards of care for the treatment of Maine's mentally ill citizens. The bill requires the Department of Mental Health and Mental Retardation to put standards into place, to report on progress toward compliance with the standards, to review the needs of all residents who have lived at a state institution for more than 60 days and to conduct an annual review of unmet patient needs. The bill funds staff and facility improvements at the Augusta Mental Health Institute and the Bangor Mental Health Institute.

APPENDIX C

MENTAL HEALTH SERVICES RECOMMENDATIONS IMPLEMENTATION

Recommendations:	Actions Needed to Implement:	Person Responsible	Anticipated Approp.	Implement-ation Date	Progress to date:
CONSORTIUM: Primary medical care					
1. Qualified clinical director					
2. Qualified medical director					
3. Reorganize nursing administration					
4. Qualified nurse administrator					
5. Increase primary care physicians to 5					
6. Reorganize Medical Service					
A. Dailey rounds					
B. Exam rooms on each unit					
7. Encourage continuity of care and primary preventive care					
A. Centralized medical records					
8. Strengthen emergency medical care in off hours					
9. Establish physician directed quality assurance program					
10. Better coordination of medical and psychiatric care					
11. Improve relationships with community hospitals					
12. Increase & improve medical education and staff development					
13. Provide psychiatric back-up during off hours as necessary to cover admissions					
14. Establish medical environment of quality health care delivery					
A. Network with residency programs					
15. Obtain new medical equipment					
16. Establish ethics committee					
17. Improve access to specialty physicians					

MENTAL HEALTH SERVICES RECOMMENDATIONS IMPLEMENTATION

Recommendations:	Actions Needed to Implement:	Person Responsible	Anticipated Approp.	Implement-ation Date	Progress to date:
CONSORTIUM: Medical Records					
I. Administration					
1. Reorganize medical records dept.					
A. Obtain qualified medical records manager					
2. Establish detailed procedure for analyzing medical record deficiencies					
A. Manual system					
B. PC-based system					
3. Develop basic medical statistical data base					
4. Improve records coding					
5. Establish productivity monitors and develop standards					
6. Centralize medical transcription services					
7. Investigate transcription equipment					
8. Evaluate word processing equipment					
II. Content					
1. Identify and list all medical records requirements					
2. Coordinate with medical staff					
3. Implement documentation evaluation tools					
4. Convert to nonintegrated record					
5. Develop formalized outpatient medical clinic record					
6. Monitor adherence to regulatory requirements					
7. Evaluate each form					
8. Solicit input from users of forms					

9. Establish separate multi-disciplinary medical records committee of the medical staff to advise, review and monitor forms

10. Medical Record Staff should provide orientation and continuing education regarding medical documentation.

11. Develop policies for quantitative and qualitative analysis

12. Cease providing copies of records for monthly clinical case conference

III. Flow

1. Develop consistent manual census reconciliation procedure

   A. Central discharge processing

2. Incorporate use of clinical record to document treatment performed in the medical clinic

MENTAL HEALTH SERVICES RECOMMENDATIONS IMPLEMENTATION

Recommendations:	Actions Needed to Implement:	Person Responsible	Anticipated Approp.	Implement-ation Date	Progress to date:
CONSORTIUM: Nursing services					
I. Structure and Organization					
1. Create nursing dept.					
2. Obtain qualified director of nursing					
3. Redefine registered professional nurse role at unit level					
4. Revise RN to MHW ratio					
5. Redefine MHW role					
6. Create plan for definition and placement of patient populations					
7. Structure nursing units and staffing according to patient population and needs					
8. Qualified head nurse for each unit with appropriate responsibilities					
9. Centralize float pool to fill vacancies on shift by shift basis					
10. Consider development of nurse physical assessment sub-group					
11. Develop group of positions to provide nursing support services					
12. Provide adequate ancillary services (housekeeping, dietary, maintenance, clerical)					
13. Enhanced staff development					
A. Clinical nursing					
B. Management development					

II. Staffing

1. Develop therapeutic program in each unit
2. Develop professional practice model
3. Evaluate constant observation and one to one interventions
4. Develop more efficient system for patient escort and support services
5. Establish unit based scheduling
6. Use central float pool staffed with those who elect to be assigned
7. Establish content validity and interrelater reliability of present classification tool
8. Educate and assist staff with use of classification tool
9. Develop data management systems
10. Clarify roles and job descriptions
11. Increase RN IIs, MHW IIs and IIIs and decrease MHW Is
12. Consider reallocation of MHW FTEs to RN FTEs based on attrition

MENTAL HEALTH SERVICES RECOMMENDATIONS IMPLEMENTATION

Recommendations:	Actions Needed to Implement:	Person Responsible	Anticipated Approp.	Implement-ation Date	Progress to date:
CONSORTIUM: Food and Nutrition Services					
1. Develop strategic plan covering					
A. Departmental goals and operational parameters					
B. Patient needs					
C. Regulatory requirements					
D. Selective vs. nonselective menu					
E. Future needs of aging population					
F. Style of service					
G. Role of dietitions and dietetic technicians					
2. Develop necessary resources					
A. Remodel physical facilities					
B. Convert to centralized tray service using chilled food concept and rethermalization					
C. Consolidate, upgrade and relocate patient cafeterias					
D. Purchase diet office management computer system					
3. Restructure and reorganize the food and nutrition department					

MENTAL HEALTH SERVICES RECOMMENDATIONS IMPLEMENTATION

Recommendations:	Actions Needed to Implement:	Person Responsible	Anticipated Approp.	Implement-ation Date	Progress to date:
CONSORTIUM: Housekeeping					
1. Obtain "state-of-the-art" equipment					
2. Develop standardized work rates					
3. Implement written work schedules					
4. Develop standard written cleaning procedures					
5. Clarify responsibilities of housekeeping staff as compared with other staff					

MENTAL HEALTH SERVICES RECOMMENDATIONS IMPLEMENTATION

Recommendations:	Actions Needed to Implement:	Person Responsible	Anticipated Approp.	Implement-ation Date	Progress to date:
OVERSIGHT COMMITTEE: Budget 1. $35,000,000 for mental health system (institutional and community services)					
OVERSIGHT COMMITTEE: Pilot projects 1. Establish two or more pilot projects for comprehensive community or regional mental health system programs 2. Commission on Mental Health monitor and analyze data from pilot projects					
OVERSIGHT COMMITTEE: Strategic plan 1. OMHMR should develop a strategic plan for statewide mental health system including: A. Goals and objectives B. Standards of care.					
OVERSIGHT COMMITTEE: Oversight 1. Human Resources Committee should establish a sub-committee to function as an oversight committee on the State's mental health system.					

APPENDIX D

342lhs

SECOND REGULAR SESSION

ONE HUNDRED AND FOURTEENTH LEGISLATURE

Legislative Document No.

STATE OF MAINE

AN ACT to Increase the Capacity of the State to Provide Mental Health Services.

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

NOTE TO ROS
ALL TEXT (IN SEC. 1) WHICH IS NOT UNDERLINED IS TAKEN FROM DATABASE

Sec. 1. 22 MRSA §3173 is amended as follows:

The department is authorized to administer programs of aid, medical or remedial care and services for medically indigent persons. It is empowered to employ, subject to the Civil Service Law, such assistants as may be necessary to carry out this program and to coordinate their work with that of the other work of the department.

The department is authorized and empowered to make all necessary rules and regulations consistent with the laws of the State for the administration of these programs including, but not limited to, establishing conditions of eligibility and types and amounts of aid to be provided, and defining the term "medically indigent," and the type of medical care to be provided. In administering programs of aid, the department shall, among other services, emphasize developing and providing financial support for preventive health care and home health care in order to assure that a comprehensive range of health care services is available to Maine citizens. Preventive health services shall include, but need not be limited to, programs such as early periodic screening, diagnosis and treatment; public school nursing services; child and maternal health services; and dental health education services. To meet the expenses of emphasizing preventive health care and home health care, the department is authorized to expend for each type of care no less than 1.5% of the total sum of all funds available to administer medical or remedial care and services eligible for participation under the United States Social Security Act, Title XIX and amendments and successors to it.

The department shall provide all applicants for aid under this chapter with information in written form, and verbally as appropriate or if requested, about coverage, conditions of eligibility, scope of programs, existence of related services and the rights and responsibilities of applicants for and recipients of assistance under this chapter.

All applications for aid under this chapter shall be acted upon and a decision made as soon as possible, but in no case shall the department fail to notify the applicant of its decision within 45 days after receipt of his application. Failure of the department to meet the requirements of this 45-day time standard, except where there is documented noncooperation by the applicant or the source of his medical information, shall lead to the immediate and automatic issuance of a temporary medical card which shall be valid only until such time as the applicant receives actual notice of a departmental denial of his application or he receives a replacement medical card. Notwithstanding an applicant's appeal of a denial of his application, the validity of the temporary medical card shall cease immediately upon receipt of the notice of denial. Any benefits received by the applicant during the interim period when he has actual use of a valid, temporary medical card shall not be recoverable by the department in any legal or administrative proceeding against the applicant.

Whenever an applicant is determined by the department to be ineligible for a program for which he has applied, he shall be immediately so notified in writing. Any notification of denial shall contain a statement of the denial action, the reasons for denial, the specific regulations supporting the denial, an explanation of the applicant's right to request a hearing and a recommendation to the applicant of any other program administered by the department for which he may be eligible. Whenever an individual's application for Aid to Families with Dependent Children is denied by the department, the notice of this denial shall also include, in a clear and conspicuous manner, a statement that the applicant is likely to be eligible for medical assistance and shall include information about the availability of applications for the program upon request to the department either in writing or through a toll-free telephone number.

Any applicant for benefits under the medically needy program whose countable income exceeds the applicable state protected income level maximum shall be eligible for the program when his incurred medical expenses are found to exceed the difference between his countable income and the applicable state maximum. Whenever the applicant incurs sufficient medical expenses to be eligible for the medically needy program and provides reasonable proof thereof to the department, a medical card shall be issued within 10 days of the presentation of proof that eligibility has been met. Failure of the department to meet the requirements of this 10-day time standard, except where there is documented noncooperation by the applicant or the source of his medical information, shall lead to the immediate and automatic issuance of a temporary medical card which shall be valid only until such time as the applicant receives actual notice of a departmental denial of his application or he receives a replacement medical card. Any benefits received by the applicant during the interim period when he has actual use of a valid temporary medical card shall not be recoverable by the department in any legal or administrative proceeding against the applicant.

In all situations where prior authorization of the department is required before a particular medical service can be provided, the department shall authorize or deny the request for treatment within 30 days of the completion and presentation of the request to the department. The department's response to such a request shall be supplied to both the provider and the recipient. Whenever the provider is unable or unwilling to provide the service requested within a reasonable time after approval of the request by the department, the recipient shall have the right to locate another approved provider whose sole duty shall be to notify the department of his intention to provide the service subject to the original approval. It shall be the duty of the department to vigorously assist any recipient in his search for an approved provider of a necessary medical service where, through reasonable effort, the recipient has been unable to locate a provider on his own.

No time standard established by this section shall be used as a waiting period before granting aid, or as a basis for denial of an application or for terminating assistance.

The department shall make and enforce reasonable rules and regulations governing the custody, use and preservation of the records, papers, files and communications of the department. The use of those records, papers, files and communications by any other agency or department of government to which they may be furnished shall be limited to the purposes for which they are furnished and by the law under which they may be furnished.

The department shall initiate and monitor ongoing efforts performed cooperatively with other public and private agencies, religious, business and civic groups, pharmacists and other medical providers, professional associations, community organizations, unions, news media and other groups, organizations and associations to inform low-income households eligible for programs under this chapter of the availability and benefits of these programs and to insure the participation of eligible households which wish to participate by providing those households with reasonable and convenient access to the programs.

All moneys made available to fund programs authorized by this chapter shall be expended under the direction of the department, and the department is empowered to direct the expenditures therefrom of those sums which may be necessary for purposes of administration.

Relating to the determination of eligibility for medical care to be provided to a beneficiary of state or federal supplemental income for the blind, disabled and elderly, the department may enter into an agreement with the Secretary of the United States Department of Health, Education and Welfare, whereby the secretary shall determine eligibility on behalf of the department.

The Department of Human Services may establish fee schedules governing reimbursement for services provided under this chapter. In establishing the fee schedules, the department shall consult with individual providers and their representative associations. <u>In establishing fee schedules for community mental health provider agencies, the department shall, using standard methods established by the department, establish fees for all services based upon the full reasonable costs, including training, recruitment and retention, attributable to each category of service. In determining full reasonable costs for community mental health services, the department shall consult the Bureau of Mental Health.</u> The fee schedules shall be subject to annual review.

During the annual review of fee schedules required by this section, the department shall consult with individual providers participating in the Medical Assistance Program and their representative associations to consider, among other factors, the cost of providing specific services, the effect of inflation or other economic factors on the adequacy of the existing fee schedule and its obligation under the federal Medicaid program to ensure sufficient provider participation in the program.

The annual review of fee schedules shall be incorporated into the annual Medicaid report established by section 3174-B.

Sec. 2. 34-B MRSA c. 3, sub-c.III, Art. III is enacted to read:

ARTICLE III

RESPITE SERVICES

§3651. Respite services

1. Program Development. The department shall develop a program for the delivery of respite care services for mentally ill individuals and their families.

2. Program requirements. The department shall establish criteria for the funding of a demonstration respite care programs which contain at least the following elements:

A. The program shall be located in areas of the State providing geographic balance;

B. Respite care services must be provided by qualified mental health professionals;

C. Respite care may be provided at the client's home or in an apartment to be shared by the client and the mental health care worker; and

D. Respite care services shall be available for a period of at up to 2 weeks.

3. Report. The department shall submit a report regarding the respite care program to the joint standing committee of the Legislature having jurisdiction over human resource matters by January 15, 1992. The report shall include an evaluation of the program and recommendations on whether the program should be continued and expanded.

4. Sunset. This section is repealed October 1, 1992.

Sec. 3. Adjustments by the Department of Mental Health and Mental Retardation prohibited. The Department of Mental Health and Mental Retardation shall not make any reductions in funds to community mental health providers or decrease the number of clients or units of service authorized as a result of the adjustments required in section 1 of this Act.

Sec. 4. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

	1990-91
MENTAL HEALTH AND MENTAL RETARDATION DEPARTMENT OF	
Bureau of Mental Health	
All Other	
Provides $800,000 for demonstration respite care program and $40,000 to provide a support group facilitator for 15 local family support groups	$840,000

STATEMENT OF FACT

Section 1 of this bill requires the Department of Human Services to set Medicaid reimbursement rates for Community mental health services at a rate which recognizes the full reasonable cost of those services. Currently rates are set at a level which is too low, resulting in the need for the State to cover the nonMedicaid-reimbursed costs of community providers. This bill will permit the State to take full advantage of federal Medicaid participation to cover the excess cost of services now being cover completely with State funds.

Section 2 establishes a respite care services demonstration program. Section 4 appropriates funds for the respite care demonstration program and for a support group facilitator for local family support groups.

Section 3 provides that the savings in State funds resulting from increased Medicaid reimbursement will continue to be available for community mental health providers.