

**TO:** Members of the Legislature

**FROM:** Gerald Rodman, Court-appointed Master  $\bigcirc \lor$  AMHI Consent Decree (Bates et al. v. Glover et al.)

DATE: February 18, 1994

RE: REPORT TO THE COURT

## 

Attached is my recent <u>Report to the Court</u>. This Report is supplied for your information.

Please note that the Report contains a Summary at pages 1-2.

## REPORT TO THE COURT

# Bates et al. v. Glover et al.

Kennebec County Superior Court, Docket No. CV-89-88

To Justice Bruce W. Chandler

From Gerald Rodman, Master

February 18, 1994

# INDEX

SUMMARY	• .	1
SCOPE OF REPORT	•	. 3
CURRENT STATUS OF THE FUNDING FOR THE MENTAL HEALTH SYSTEM	[	. 4
CURRENT BUDGET PROPOSALS - 116TH LEGISLATURE, 2ND SESSION	•	. 7
Governor's Supplemental Budget	•	. 7
DMH&MR and DHS Proposed Supplemental Budgets	•	. 8
PUBLIC INPUT	•	.10
General Comments	•	.10
Comments Regarding Childrens' Services	•	.11
Comments Regarding Adult Mental Health System	•	.12
BUDGET CUT IMPACTS IDENTIFIED BY COMMUNITY MENTAL HEALTH SERVICE PROVIDERS		14
	-	.14
Impact of Budget Cuts on Direct Services		
Impact of Budget Cuts on Community-based Staff	•	.15

### SUMMARY

The Governor's proposed supplemental budget, presented at the second session of the 116th Legislature, is a minor proposal seeking one million dollars of new spending. This budget is minuscule in comparison with the need for services, recent mental health system budget cuts, and even the budgets proposed by DMH&MR and DHS.

Budgets proposed by DMH&MR and DHS, while small, are more DMH&MR has proposed a budget of approximately 4.8 substantive. million dollars for new initiatives; the Department of Human Services has proposed a budget of approximately 1.9 million dollars. The Department of Mental Health and Mental Retardation's budget seeks for children a variety of services including: hospital diversion services, crisis intervention workers, respite care, after school programming and community support workers. For adults, DMH&MR seeks funding for a variety of crisis services, assertive community treatment teams, residential programs, community support services and vocational services. DHS seeks funding for a variety of programs for individuals with head injuries as well as funding for medical and psychiatric evaluation, respite care, and employment training. For children, DHS is seeking funding for child welfare services. Portions of DMH&MR's budget request and all of DHS' budget request regarding mental health services are attached to this report.

Subsequent to the first session of the 115th Legislature, the mental health system has suffered from a series of budget cuts. Predictions of significant service reductions and cost shifting by both the Department of Mental Health and Mental Retardation and the Department of Human Services have been confirmed. The public continues to identify long lists of needed services in a wide variety of areas, including: crisis services, housing, services to

- 1 -

enable people with mental illnesses to remain in their own homes, and services which will enable families to keep their children at home.

Delays in developing beds in the community have caused the State to struggle to find appropriate placements for nursing facility residents. One result was the placement of individuals in Greene Acres Manor, a substandard facility which DHS took action to delicense effective February 1994.

Some cost shifting is evidenced by the Governor's request for supplemental spending for foster child care, necessitated, in part, due to cutbacks in mental health services. DHS reports being asked to take custody of children by parents who state that they do not have access to services that would help their children stay home if the children remain in their custody.

Providers report that waiting lists are increasing and that budget cuts are skewing services away from supportive and treatment services towards short-term crisis care. Staffing for communitybased programs is seen as inadequate with salaries being cut or frozen and fringe benefits being frozen, reduced or eliminated. These influences are seen as resulting in a high rate of turnover.

In January 1994 Public Forums were held in Lewiston/Auburn, Augusta, Bangor, Presque Isle, and Portland. The commenters at the Forums, this year as in the past, expressed their frustration, anger, disappointment, and insistence on progress in developing a comprehensive mental health system for the State.

- 2 -

## SCOPE OF REPORT

The intention of this Report is to summarize public input obtained in association with the Public Forums I sponsored in January 1994, summarize provider information regarding the impact of recent budget activity on their service provision, and to generally describe the current funding environment regarding the Consent Decree. This Report is not intended to be my full Report to the Court pursuant to Paragraph 299 of the Agreement detailing the progress achieved by the Defendants in implementing the terms of the Settlement Agreement. Nonetheless, a draft report was submitted to the parties for comment. Most of those comments are reflected in this Report. This Report should be considered an "additional" report within the meaning of Paragraph 299 of the Settlement Agreement.

### CURRENT STATUS OF THE FUNDING FOR THE MENTAL HEALTH SYSTEM

Subsequent to the first session of the 115th Legislature, the mental health system has suffered from a series of budget cuts. Funds were initially appropriated for Consent Decree related purposes during the first session of the 115th Legislature. The services covered by this funding are outlined in my initial Report to the Court of May 31, 1991 and is followed up in my Report to the Court of January 31, 1992.

The most recent cuts occurred during the first session of the 116th Legislature. (In my Report to the Court of February 12, 1993 I detailed the proposed cuts). Deappropriation of 2.4 million dollars was made from the Department of Mental Health and Mental Retardation's community services' budget. Cuts of an equal magnitude had previously been made at the close of the 115th Legislature. Additionally, funds have been deappropriated from the Department of Human Services' budget. Some of these funds were directly targeted for class members.

When the proposed budgets were being formulated, both the Department of Mental Health and Mental Retardation and the Department of Human Services predicted significant service reductions and cost shifting. Both have occurred. Details appear below in the section on Public Input and in the section on Budget Cut Impacts Identified By Community Mental Health Service Providers.

- 4 -

The Governor's supplemental budget seeks for the Department of Human Services supplemental spending to support foster children in state custody. This budget is necessitated, in part, due to cutbacks in mental health services. Reportedly, courts have placed children legally abandoned by their parents in DHS custody. Parents have stated that such abandonment was necessary to access services. This is an example of cost shifting.

I previously reported in the February 12, 1993 Report to the Court that funding for nursing facility beds at the State's Institutes had been prematurely deallocated. The Department of Mental Health and Mental Retardation and the Department of Human Services have struggled to find appropriate placements for some class members. One result was the placement of 7 class members in Greene Acres Manor, 2 were placed directly from AMHI. Greene Acres Manor is a facility which provided substandard care; substandard to the point that the Department of Human Services took action to delicense the facility effective February 1994. This resulted in an additional round of relocating individuals. It was recently reported that part of the current plan is for two patients to go to nursing facility beds at BMHI and two to go to a special unit being set up at AMHI. Apparently, the plan is then to terminate the special unit at AMHI and move the patients, again, to a private nursing facility off the AMHI campus.

- 5 -

It is important to note that the context in which the mental health system operates is that of an historically undersized community service base. It is the intention of the Settlement Agreement that State funds be shifted from AMHI to the community. This opportunity has been diminished by the State's election to make its mental health Institutes "disproportionate share" hospitals. Under this program, approximately 62% of the costs of hospital care at the Institutes have been shifted federal to the government. Essentially, the dollars no longer expended by the State are used to balance the State's budget. This factor intensifies the need for appropriations of funds for community-based services.

## CURRENT BUDGET PROPOSALS - 116TH LEGISLATURE, 2ND SESSION

### Governor's Supplemental Budget

This is a minor budget proposing 1 million dollars of new spending. Fifty percent of this money is for children's mental health system crisis intervention, respite care and individualized foster home placements. Two Hundred Five Thousand dollars (\$205,000) is earmarked for community support services to expand in-home community support for adults to maintain them in least restrictive arrangements. Two Hundred Ninety-Five Thousand dollars (\$295,000) is designated for a few crisis programs. All of the funds would be appropriated in FY'95.

This budget is minuscule in comparison with the need for services, recent mental health system budget cuts, and even the budgets proposed by the Department of Mental Health and Mental Retardation and the Department of Human Services. The Governor's Supplemental Budget is a small fraction of the budget proposed by the Department of Mental Health and Mental Retardation. It includes none of the Consent Decree related budget requests made by the Department of Human Services. The Governor's Supplemental Budget does authorize the use of federal funding for a children's demonstration project for direct services in Piscataquis, Washington, Hancock, and Penobscot counties and for a planning grant for children in Cumberland and York counties. The budgets proposed by DMH&MR and DHS are outlined below.

- 7 -

### DMH&MR and DHS Proposed Supplemental Budgets

The Department of Mental Health and Mental Retardation's budget proposes a net increase of approximately 4.8 million dollars for FY'95. The Department's overall proposed budget, as well as summaries of certain key provisions, are attached to this Report.

For children's services, DMH&MR's budget seeks 1.1 million dollars in FY'95 for a variety of services including: hospital diversion services, crisis intervention workers, respite care, after school programming, child therapy, individualized foster home placements, and community support workers. An additional \$175,000 in FY'95 is earmarked for children without insurance in need of hospital care.

DMH&MR's budget includes significant initiatives in the development of community-based services. Approximately 3.2 million is designated in FY'95 for a variety of crisis services and assertive community treatment teams. Also included is funding for residential programs and vocational services. An additional \$290,000 is sought for community support services in FY'95.

Regarding nursing facility and related care, DMH&MR seeks approximately \$535,000 in FY'95 to fund a portion of the cost of transferring nursing facility beds currently at AMHI and some at BMHI to the community. Additionally, approximately \$258,000 is sought to facilitate the transfer of residents in FY'95 by offering a private room adjustment to providers giving specialized services and providing for on-site services by psychiatrists and family physicians.

- 8 -

In addition to the 4.8 million, the Department also seeks approximately \$109,000 for FY'94 and \$438,000 for FY'95 in order to keep operable the Senior Rehabilitation Unit at AMHI (containing AMHI's remaining nursing facility beds) for the remainder of FY'94 and for three months into FY'95. A similar request for approximately \$245,000 for FY'95 is being made for BMHI.

The Department of Human Services proposed a supplemental budget of approximately 1.9 million dollars for Consent Decree related purposes. As noted above, none of these expenditures are reflected in the Governor's proposed budget. DHS's proposed budget seeks approximately \$183,000 in FY'95 for services to 200 persons with head injuries. Also sought in FY'95 is \$650,000 to develop up to 6 therapeutic boarding homes to serve persons with head injuries and provide extended care to 40 older individuals. Three Hundred Fifty Thousand dollars (\$350,000) is sought to provide employment training in FY'95; this program would be undertaken in conjunction with DMH&MR. DHS has also proposed for FY'95 adding 2.5 case aids for client visitation and funds for medical and psychiatric evaluation, as well as respite care and asset management for 82 class member public wards.

For young adults and children, DHS is proposing expenditures of approximately \$520,000 for FY'94 and approximately \$498,000 for FY'95. This will provide child welfare services to 38 class member youths in FY'94 and 37 in FY'95 and cover costs for board, care, clothing and individualized services. The Department's entire proposed budget is attached.

- 9 -

### PUBLIC INPUT

In January 1994 I held five public forums and solicited written comments regarding the Defendants' progress in implementing the Settlement Agreement. The forums were held in Lewiston/Auburn, Augusta, Bangor, Presque Isle, and Portland. As I noted in my last Report to the Court, the same concerns were raised last year as the year before. This is true again this year, the anger and disappointment continues.

### General Comments

The frustration, and increasing insistence on progress by those who attended the forums, are captured in the following quotes of people presenting written comments.

"Four years after the Consent Decree became into being, we, those consumers, are no longer patiently content to wait for change. We want the change mandated and forced compliance so that the Consent Decree is not just words but the reality that it was intended to be".

"We come to cry out - in sadness - in frustration - in anger in pain - in fear. How often do we meet and state our needs? When will we be heard - I have written letters, spoken to Legislators, bureau directors, others in the children's system and adult system, program administrators, school personnel and anyone who will listen. I don't know what else to do - I don't know where to turn. Why can't we make it right?"

- 10 -

### Comments Regarding Children's Services

The commenters at the public forums continue to identify a long list of services and supports which are needed by children. These include:

- crisis services residential programs community support worker services mobile response services ----\_ respite care follow-up services upon release from hospitalization child advocacy services \_ \_ structured group homes day-treatment programs transitional services in-home services parent training and education travel expenses wrap-around services counseling services
- individualized support planning services
- group and individual counseling services

Most commenters felt that the Bureau of Children With Special Needs was providing good services but that the services were inadequate in their scope. The Bureau noted at the public forums that it felt that it was only able to meet about 25% of the need for children's services. Family members stated that existing crisis beds do not necessarily provide the intensity and duration of services needed to effectively deal with all the crises which could be resolved without the need for hospitalization. It was noted that the voice on one end of a 1-800 line is not an adequate response to the parent of a child who is psychotic and violent. Similarly, it was stated that a single person in an office with a cellular phone who is 45 minutes away, and works only 9 - 5 on weekdays, is also inadequate crisis coverage.

- 11 -

Families report remaining under enormous stress. Many parents stated that they continue to be counseled by mental health professionals to abandon their children so that the Department of Human Services will be required to seek custody. They are counseled to do this in the hope that their children will receive some services. Parents begged for necessary services so that they would not be forced to make this choice.

Families continue to note the toll that not having available services takes on their family life. They report that not only are their children in need not getting adequate services, but that they are also forced to pay inadequate attention to their other children who, as a result, end up with their own problems.

One parent stated that she literally went bankrupt traveling from Aroostook County to the Jackson Brook Institute in South Portland where her child was frequently hospitalized. Many parents question why \$900 per day was being spent for hospitalizing a child when for far less money children could be kept at home. Parents continue to state that their children are forced out of state for services where they are far removed from their natural system of supports.

### Comments Regarding the Adult Mental Health System

Comments regarding the adult mental health services system closely paralleled comments of previous years. There was little comment regarding any discernable improvement in community-based services. Specifically mentioned services being in short supply included:

- 12 -

- crisis services
- community support services
- supported housing
- supervised housing
- rent subsidies
- community support workers services
- individualized support planning services
- geriatric services
- transportation
- advocacy services

Commenters sought resources which were closer to home, less impersonal, and more dignified. Specific mention was made of the lack of coordination of services. One individual noted that she had received notice of her right to individualized support planning services, but that the notification was poorly done and it was unclear what service was actually being offered. She stated that when she responded to DMH&MR's invitation in the notice to seek more information she received no response.

One individual mentioned that the Consent Decree required additional training of mental health service providers as well as active consumer involvement in individualized support planning. This individual feared that DMH&MR's interpretation of these areas has created more bureaucracy and drained resources away from direct services to consumers. This person concluded that the current training system is very rigid and has required people to take courses which have been redundant and/or irrelevant to their actual jobs.

According to commenters the stigma associated with mental illness continues to be an issue. Commenters concluded that DMH&MR does not have a well thought out plan for an anti-stigma campaign.

- 13 -

## BUDGET CUT IMPACTS IDENTIFIED BY COMMUNITY MENTAL HEALTH SERVICE PROVIDERS

The fiscal year 1994 reports submitted by community providers of mental health services who have contracts with DMH&MR indicate that the State's reduction in funding for mental health services is having a major negative impact. They state this is the case in spite of the fact that many services have been shifted to Medicaid with the result that the federal government pays for the greatest share of these services.

Providers of mental health services are quick to point out that they are attempting to do more with less. They note that demand has increased and that the State is increasing its requirements for things such as in-service training and data provision. They also identify increases in expenses; noted items include the cost of insurance and utilities.

## Impact of Budget Cuts on Direct Services

Some community providers report that they have been forced to cut a myriad of direct services. Included are psychiatric services, crisis services, and community support services. They also note that services have been cut for finding and maintaining employment for people with mental illnesses. Other service reductions involve cuts in social clubs which serve people with mental illness and reductions in outpatient medication management. Providers frequently note that waiting lists are increasing or will be developed where none previously existed.

- 14 -

The cuts are seen by some providers as skewing services away from supportive and treatment services and towards short-term crisis It is also said to be forcing providers to utilize care. unrestricted funds to cover some services which prevents use of this money for needed, expanded services. Decreases in communitybased crisis services has also been linked by one provider to projected increases in hospital-based emergency services.

### Impact of Budget Cuts on Community-based Staff

According to some providers the budget cuts have reportedly had a significant impact upon staffing. Positions have been cut or reduced in hours. In some instances positions which were to have been added have not been, setting back plans to meet identified needs in such areas as emergency services. Salaries have been cut or frozen for prolonged periods. Fringe benefits have been frozen, reduced, and eliminated. Included are health insurance and retirement benefits. Job performance requirements have been increased while available training and education has been eliminated or reduced.

Providers report that these negative influences on staff result in a high rate of turnover. In addition to degrading the quality of service, additional costs are incurred because of the expense of recruitment and training of new employees.

2/18

Gerald Rodman, Master

- 15 -

<ul> <li>UMBRELLA: 14 Department of Mental Health &amp; Mental UNIT: 472 Bureau of Children w/ Spec. Needs</li> <li>PROGRAM: 0136 Mental Health Services – Children ACCOUNT 010 14A 0136 07</li> </ul>	Il Retardation DEPT PRIORITY NUMBER: DATE ASSIGNED:	GOVERNOR PRIORITY NUMBER: DATE ASSIGNED:		ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # DATE SUBMITTED
			PROPOSED EX	PENDITURE LEVEL
		LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS: Provides for the appropriation of funds for consent decree activity in the areas of crisis intervention, community support, respite care, independent living		Positions Legis. Count Positions Other Count	( ) ( )	( ) ( )
skills, individualized foster home placements.		Personal Services		
		All Other		\$1,100,000
		Capital	:	
<i>ر</i>	TOTAL \$		· \$0	\$1,100,000

This request responds to requirements of the AMHI consent decree where the Department is required to identify and request funds addressing critical client unmet needs, as well as, the human resources necessary to develop and administer the system. Specifically, this request supports on an annual basis:

- \* Twenty-four hour hospital diversion (300 children/year). Provides for immediate and individualized therapies and programs to avoid emergency hospitalization [\$100,000].
- \* Crisis Intervention Workers (6 community based staff). Serves 250 children monthly and provides onsite intervention and assessment for children and families in crises [\$200,000].
- \* Respite Care (200 families). Allows care givers relief from 24 hour call responsibilities which would otherwise threaten family stability [\$200,000].
- \* After school programming and recreation (150 children). Provides structured community programs teaching independent living skills [\$200,000].
- \* Child therapy evaluations, assessments and medication review for 100 children. These are critical in identifying appropriate least restrictive treatment interventions [\$100,000].
- \* Individualized foster home placements (10 children). Provides for community and family based options to more expensive residential treatment or hospitalization [\$100,000].
- \* Community Support Workers ( 6 community based staff to serve 90 children). Staff provides case management to ensure that children receive appropriate and timely services [\$200,000].

1/All requested new positions must be identified by proposed classification on a separate listing 2/Attach appropriate completed budget forms 3/ Attach a completed 'F' form

PROGRAM: 0731 Mental Health Services – Children M ACCOUNT 010 14A 0731 17	DEPT RIORITY	GOVERNOR PRIORITY NUMBER: DATE ASSIGNED:		ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # DATE SUBMITTED
			PROPOSED EX	PENDITURE LEVEL
		LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS: Provides for the appropriation of funds for state match required to meet obligations of consent decree activity relating to inpatient Medicaid		Positions Legis. Count Positions Other Count	()	(·) ()
services.		Personal Services		
		All Other		\$175,000
		Capital	:	
	TOTAL S	••••••••••••••••••••••••••••••••••••••	\$0	\$175,000

This request responds to requirements of the AMHI consent decree where the Department is required to identify and request funds addressing critical client unmet needs, as well as, the human resources necessary to develop and administer the system. Specifically, this request supports on an annual basis:

\* Medicaid seed for disproportionate share (25 children in inpatient hospital/year). Provides the state seed for children who are not under the jurisdiction of any other state agency and for families who have no private insurance [\$175,000].

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1/All requested new positions must be identified by proposed classification on a separate listing2/Attach a ppropriate completed budget forms3/ Attach a completed 'F' form

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UMBRELLA: 14 Department of Mental Health & Mental Retardation UNIT: 193 Division of Mental Health DEPT PRIORITY PROGRAM: 0121 Mental Health Services - Communit NUMBER: ACCOUNT 010 14A 0121 02 DATE ASSIGNED:	GOVERNOR PRIORITY NUMBER: DATE ASSIGNED:		ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # DATE SUBMITTED
		PROPOSED EXPI	ENDITURE LEVEL
· · ·	LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
<u>COMPLETE IN 25 WORDS OR LESS:</u> Provides for the appropriation of funds for consent decree activity in the areas of crisis/emergency services and community/residential supports.	Positions Legis. Count Positions Other Count Personal Services	( ) ( )	( ) ( )
	All Other		\$3,191,260
	Capital		
то	CALS	\$0	\$3,191,260

This request responds to requirements of the AMHI consent decree where the Department is required to identify and request funds addressing critical client unmet needs, as well as, the human resources necessary to develop and administer the system. The activity is proposed in the area of crisis/emergency services such as crisis beds and in-home community supports; and community/residential supports for persons with long institutional lengths of stay, patterns of recidivism, or needing acute care. Specifically, this request supports on an annual basis:

- \* Three-bed crisis capacity and 24-hour in home supports for the Bangor Crisis Program [\$165,000]
- \* Crisis bed capacity for Oxford County Crisis Program [\$100,000].
- \* Twenty four hour, 7-day a week face-to-face crisis service in Western Cumberland County, the Bridgton area [\$85,000].
- \* Medical support services for persons in crisis with complicating medical problems for the Kennebec Crisis Program's crisis bed program [\$75,000].
- \* Crisis in-home supports for the Cumberland County's crisis bed program [\$25,000].
- \* Specialized crisis host homes for Hancock Crisis Program based in Elisworth [\$25,000].
- \* Crisis in-home supports for Bath-Brunswick area crisis program [\$30,000].
- \* Assertive Community Treatmant Teams one each Region III and Region V [\$1,000,000].
- \* Twenty four hour structured/supervised residential programs: 30 persons @ 44,042/person/year [\$1,321,260].
- \* Rental Assisstance for supported housing for approximately 65 persons [\$240,000].
- \* Integrated vocational/educational services for 25 persons [\$125,000].

1/All requested new positions must be identified by proposed classification on a separate listing 2/Attach appropriate completed budget forms 3/ Attach a completed 'F' form

UMBRELLA: 14 Department of Mental Health & Mental UNIT: 193 Division of Mental Health PROGRAM: 0732 Mental Health Services – Communit ACCOUNT 010 14A 0732 14	DEPT PRIORITY	GOVERNOR PRIORITY NUMBER: DATE		ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # DATE SUBMITTED
	ASSIGNED:	ASSIGNED:		
			PROPOSED EX	PENDITURE LEVEL
		LINE CATEGORY	PROPOSED FOR94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS: Provides for the appropriation of funds for state match required to meet the obligations of consent decree activity relating to intensive, individualized		Positions Legis. Count Positions Other Count	( ) ( )	( ) ( )
community supports.	· · · · ·	Personal Services		
		All Other		\$290,420
		Capital	÷	
· · · · · · · · · · · · · · · · · · ·	TOTAL \$	••••••••••••••••••••••••••••••••••••••	\$0	\$290,420

This request responds to requirements of the AMHI consent decree where the Department is required to identify and request funds addressing critical client unmet needs, as well as, the human resources necessary to develop and administer the system. Specifically, this request supports on an annual basis:

\* Medicaid share of intensive, individualized community supports to allow 65 persons with serious mental illness to live in the community [\$290,420].

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1/All requested new positions must be identified by proposed classification on a separate listing2/Attach appropriate completed budget forms3/ Attach a completed 'F' form

UMBRELLA: 14 Department of Mental Health & Mental Retardation UNIT: 193 Division of Mental Health DEPT PRIORITY PROGRAM: 0121 Mental Health Services – Communil NUMBER: ACCOUNT 010 14A 0121 02 DATE ASSIGNED:	GOVERNOR PRIORITY NUMBER: DATE ASSIGNED:		ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION # DATE SUBMITTED
		PROPOSED EXP.	ENDITURE LEVEL
	LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS: Provides for the appropriation of funds for that portion of community nursing facility beds and associated psychogeriatric services not Medicaid	Positions Legis, Count Positions Other Count	( ) ( )	( ) ( )
reimburseable.	Personal Services		·
	All Other		\$258,225
	Capital	<u>.</u>	
TOTA	AL S	\$0	\$258,225

This appropriation will fund a portion of the cost to transfer to the community, the nursing facility (NF) beds currently at AMHI and some of the beds at BMHI. This request includes; 1) a \$15 per bed day private room adjustment, as an incentive to encourage providers to develop units for this population needing specialized services; 2) funds to cover the cost of holding beds beyond the 15-day Medicaid "bed-hold" for those patients who need a few additional days of hospitalization but need to return to a specialized unit; 3) funds to pay for more frequent on-site services by psychiatrists and family practice physicians for this medically fragile and mentally ill population; and 6) funds to meet any need not covered by the Nursing Facility or any other funding source, as required by the AMHI Consent Decree.

1/All requested new positions must be identified by proposed classification on a separate listing 2/Attach appropriate completed budget forms 3/ Attach a completed 'F' form

UMBRELLA: 14 Department of Mental Health & Mental R	etardation			
UNIT: 193 Division of Mental Health	DEPT	GOVERNOR		
P	RIORITY	PRIORITY	NEW Y_ N_	ORIGINAL SUBMISSION #
PROGRAM: 0732 Mental Health Services – Communition ACCOUNT 010 14A 0732 14	NUMBER:	NUMBER:		TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION #
	DATE	DATE	—	DATE SUBMITTED
A	SSIGNED:	ASSIGNED:		
			PROPOSED EXP	ENDITURE LEVEL
		LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS:				
Provides for the appropriation of funds for that		Positions Legis. Count	. ( )	( )
portion of community nursing facility beds that are Medicaid reimburseable.		Positions Other Count	( )	( .)
		Personal Services		
		All Other	·	\$535,700
		Capital	; У	
	TOTAL \$	······································	\$0	\$535,700

This appropriation will fund a portion of the transfer to the community, for the on-going cost of the nursing facility (NF) beds currently at AMHI and some of the beds at BMHI. This request includes the Medicaid seed funds for 56 beds.

1/All requested new positions must be identified by proposed classification on a separate listing 2/Attach appropriate completed budget forms 3/ Attach a completed 'F' form

UMBRELLA:14	Department	of Mental Health	& Mental Retardation
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UNIT: 194 Augusta Mental Health Institute	DEPT PRIORITY	GOVERNOR PRIORITY	NEW Y N	ORIGINAL SUBMISSION #
PROGRAM: 0105 Augusta Mental Health Institute ACCOUNT 010 14B 0105 50	NUMBER:	NUMBER:	REVISION #	TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION #
	DATE	DATE	· · · · · · · · · · · · · · · · · · ·	DATE SUBMITTED
	ASSIGNED:	ASSIGNED:		
		• 	PROPOSED EXP	ENDITURE LEVEL
		LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS: Provides for the appropriation of funds for the contin nursing unit including 40.0 positions on file with the and All Other. Funds are requested for three month	Budget Office	Positions Legis. Count Positions Other Count	( ) ( )	(40.0 ) ( )
headcount authorized for six months.		Personal Services	\$0	\$378,444
		All Other	\$109,110	\$60,266
· · ·		Capital		•
ι	TOTAL \$	· ,	\$109,110	\$438,710

Funds requested for FY 94 are necessary due to not including the indirect charges applicable to the nursing home operation when preparation of the Part I budget occurred.

Funding of the FY 95 amount will allow for continued operation of the Senior Rehab unit for three months [6.5 payrolls]. Headcount is requested for six months in the event the unit does not fully close and other funds could be used for some limited operation. Failure to provide for continuation funding would result in a disastrous situation under which residents would have to be placed in a variety of inappropriate settings, including some on the psychiatric units. This would place residents in jeopardy.

This request is necessary due to the slower than anticipated downsizing of AMHI's geriatric population.

UMBRELLA: 14 Department of Mental Health & Mer UNIT: 195 Bangor Mental Health Institute	ital Retardation DEPT	GOVERNOR		· ·
	PRIORITY	PRIORITY	NEW Y N	ORIGINAL SUBMISSION #
PROGRAM: 0120 Bangor Mental Health Institute ACCOUNT 010 14C 0120 55	NUMBER:	NUMBER:	REVISION # DELETION #	TO ORIGINAL SUBMISSION # TO ORIGINAL SUBMISSION #
	DATE	DATE		DATE SUBMITTED
	ASSIGNED:	ASSIGNED:	·	· ·
		•	PROPOSED EXP	ENDITURE LEVEL
		LINE CATEGORY	PROPOSED FOR -94	PROPOSED FOR -95
COMPLETE IN 25 WORDS OR LESS:	· · · · · · · · · · · · · · · · · · ·		· · ·	· · · · · · · · · · · · · · · · · · ·
Provides for the appropriation of funds for the contin		Positions Legis. Count	( )	(255)
nursing unit including 25.5 positions on file with the and associated All Other. Funds are requested for		Positions Other Count	( )	( )
with headcount authorized for six months.		Personal Services		\$216,922
		All Other		\$28,800
		Capital		
	TOTA	L\$	. \$0	\$245,722

Funding of this request will allow for continued operation of 15 beds on P-3 unit for three months [6.5 payrolls]. Headcount is requested for six months in the event that the unit does not close and other funds can be identified for some limited operation. Failure to provide for continuation funding would result in a disastrous situation under which residendts would have to be placed in a variety of inappropriate settings, including some on the psychiatric units. This would place residents in jeopardy.

This request is necessary due to the slower than anticipated downsizing of BMHI's geriatric population. Salary savings will be available to meet unbudgeted payroll expenses during the last two months of FY94.

1/All requested new positions must be identified by proposed classification on a separate listing 2/Attach appropriate completed budget forms 3/ Attach completed 'F" form

UHBRELLA: UNIT: PROGRAH: ACCOUNT:	Bureau of Medical Services Medical Care Payments to Providers	DEPT. PRIORITY NUMBER: DATE ASSIGNED:	,	GOVERNOR PRIORITY NUMBER: DATE ASSIGNED:		NEW Y REVISION # DELETION #		TO ORIG	INAL SUBMISSION INAL SUBMISSION INAL SUBMISSION SUBMITTED	/
			ور جو که ور ور ور ور ور			P	ROPOS	SED EXPEN	DITURE LEVEL	
PROPOSED N	NEW OR EXPANDED ACTIVITY			LINE CATEGORY	4 4	PROPOSED	FOR	-94	PROPOSED F	FOR -
Provides f continued Honitoring	IN 25 WORDS OR LESS: funds for ( <u>Example:</u> Provides fund development of the Haine Environm g Program) ( <u>Additional</u> : Include a d position numbers involved in the	ental all position		Positions Legis. Count Positions Other Count Personal Services		( (	)		() () \$182,784	)
	priate funds for case managements for persons with head inju		•	All Other Capital	Ņ					
	·	TOT	AL Ş							

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Under the terms of the AMHI Consent Decree the DHS must develop services for persons with head injuries who are class members or who are diverted from admission to AMHI. This appropriation will expand Medicaid funded case management to include services to 200 persons with head injuries.

UHBRELLA: UNIT: Bureau of Rehabilitation; DEPT. Voc. Rehab. PROGRAM: 0134 ACCOUNT: 010-10A-0134-01 DATE ASSIGNED:	GOVERNOR PRIORITY NUNDER: DATE ASSIGNED:	NEW Y N ORIGI REVISION / TO ORIGI DELETION / TO ORIGI	I er 22, 1993 INAL SUBHISSION / INAL SUBHISSION / INAL SUBHISSION / SUBHITTED
		PROPOSED EXPEN	DITURE LEVEL
PROPOSED NEW OR EXPANDED ACTIVITY	LINE CATEGORY	PROPOSED FOR -94	PROPOSED F(
<u>COMPLETE IN 25 WORDS OR LESS</u> Provides (unds for ( <u>Example)</u> Provides funds for the continued development of the Haine Environmental Honitoring Program) ( <u>Additional</u> ) Include all position titles and position numbers involved in the proposal)	Positions Legis. Count Positions Other Count Personal Services	( 0 ) ( 0 ) 0	(0) (0) 0
Provides funds for Employment Training (not Vocational Rehabilitation) for persons with mental illness covered under the Consent Decree.	All Other Copital	0 ' 0 ·	<b>350,000</b> 0
τοτλ	.1. \$	0	350,000

These All Other funds will be used to contract with Community agencies showing high degree of consumer involvement in program and service planning. These funds are not to be designated to the V cational Rehabilitation program. Therefore, they will not be used for match, or draw down any federal money. An RFP will be issued for Employment Training and related services for persons covered under the Consent Decree. Pl uning and implementation will be done in conjunction with the Bureau of Mental Health.

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UMBRELLA: UNIT: PROGRAM:	15 - Div of Resid	DEPT. ential Care <sup>PRIORITY</sup> NUMBER:	GOVERNOR PRIORITY NUMBER:		NEW Y Revision	· · · · · · · · · · · · · · · · · · ·	ORIGINAL TO ORIGINAL	SUBMISSION SUBMISSION
ACCOUNT:		DATE ASSIGNED:	DATE ASSIGNED:		DELETION	<i>i</i>	TO ORIGINAL Date Subhi	
					<u> </u>	PROPOS	ED EXPENDITU	RE LEVEL
PROPOSED NEW OR EXPANDED ACTIVITY		LINE CATEGORY	i - 1	PROPOSE	D FOR	-94	PROPOSED F	
Provides fund continued deve	elopment of the Main		Positions Legis. Coun Positions Other Count		(	) )		(1)
-	- ,	Include all position ved in the proposal)	Personal Services					\$35,360
Provides fu home beds.	nds for 36 specia	lized boarding	All Other					\$650,000
1. 1 • 1			Capital	۲				
		TOTAL	\$					

Under the terms of the AMHI Consent Decree, DHS must develop community housing issurces to serve Consent Decree class members and others with non-mental health diagnoses who will be diverted from AMHI admission. Those funds will be used to develop up to six therapeutic boarding homes to serve DHS public wards, persons with head injury and provide extended care 40 older adults with behavior problems. The Personal Services funds will provide for an Auditor II to assist with the audit responsibilities for 200+ increase in cost reimbursed 1 parding home beds.

<u>1</u>/All requested new positions must be identified by proposed classification on a separate disting  $2/\lambda$ ttach appropriate completed budget forms

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PROGRAM: BEAS Administration ACCOUNT: 010-10A-0140	DEPT. PRIORITY NUMBER: DATE ASSIGNED:	GOVERNOR PRIORITY NUMBER: DATE ASSIGNED:	,	NEW Y REVISION DELETION	#     TO ORIG       #     TO ORIG       DATE	INAL SUBMISSION # INAL SUBMISSION # INAL SUBMISSION # SUBMITTED
PROPOSED NEW OR EXPANDED ACTIVITY		LINE CATEGORY		PROPOSI	PROPOSED EXPEN	PROPOSED FOR -
COMPLETE IN 25 WORDS OR LESS: Provides funds for ( <u>Example</u> : Provides funds continued development of the Maine Environment Monitoring Program) ( <u>Additional</u> : Include all	tal	Positions Legis. Count Positions Other Count		(	}	(+2.5) ( )
titles and position numbers involved in the p	-	Personal Services				64,552
Provides funds for supportive services f AMHI Consent Decree class member public		All Other				180,000
	•	Capital		٢		-0-
	TOTAL	5		<u></u>		244,552

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This appropriation will support the costs of 2.5 Case Aides who are needed to comply with the twice monthly client visit requirement of the Consent Decree. All other funds will be used to pay for medical and psyciatric evaluation, respite care and asset management for 82 class member public wards.

1/All requested new positions must be identified by proposed classification on a separate listing 2/Attach appropriate completed budget forms

UMBRELLA: 10 Dept. of Human Services UNIT: 148 Bureau of Child,& Faaily Sys.	DEPT. PRIORITY NUMBER:	NUMBER: REV	ISION F TO ORIGIN	L SUBMISSION # L SUBMISSION # L SUBMISSION #
PROGRAM: Child Welfare Services APPROP: 010-10A-0139-01	DATE ASSIGNED:	DATE ASSIGNED:		MITTED 11/15/93
			PROPOSED EXP	NDITURE LEVEL
PROPOSED NEW OR EXPANDED ACTIVITY		LINE CATEGORY	PROPOSED FOR 194	PROPOSED FOR 195
SUMMARIZE IN 25 WORDS OR LESS: Provides for child welfare services for AMHI		Positions Legis. Count Positions Other Count	() (1.5)	( ) (1.5)
Consent Decree Class members who are in the care or custody of the Department of Human		Personal Services \$ 53,273		\$ 55,706
Services.		A11 Other	\$467,274	\$442,826
		Capita]	0	0
· · ·	TOTAL \$	· · · · · · · · · · · · · · · · · · ·	\$520,547	\$498,532

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This will provide child welfare services to children and young adutts who are AMHI Consent Decree Class Members and in the voluntary care or legal custody of the Department of Human Services (38 youth in FY 194 and 37 in FY 195). These service include case management services from 1.5 F.T.E. Human Services Caseworker (step 3 for FY 194 and Step 4 for FY 195) and costs for board and care, clothing and individualized services.

1/ All requested new positions must be identified by proposed classification on a separate listing
2/ Attach appropriate completed in iget forms
ew/Meris/BCFS94
11/15/93

DEP MBRELLA: 10 Dept. of Human Services PRIOR UNIT: 148 Bureau of Child & Family Sys. NUMB	ITY PRIORIT	Y NEW YN	TO ORIGINA TO ORIGINA	L SUBMISSION # L SUBNISSION # L SUBMISSION #
PROGRAM: 013 Aid to Families OA PPROP: 010-10A-0137-01 AFDC Fostor Care ASSIGN		Ds	DATE SUB	MITTED 11/15/93
			ROPOSED EXPE	NDITURE LEVEL
PROPOSED NEW OR EXPANDED ACTIVITY	LINE CATE	BORY PROPOSE	D FOR 194	PROPOSED FOR 195
SUMMARIZE IN 25 WORDS OR LESS: Provides for state share of AFDC-Foster Care.	Positions Le Positions Ot Personal Ser	her Count 1 (	)	( )
	All Other		\$\$67	\$ 25,414
	Capita]		· •	
TOT	AL \$	\$ 43	1,567	\$ 25,414

This provides the share for board and clothing costs for approximately four AMHI Consent Decree Class Members in the Department's legal custody who are anticipated eligible for federal Title IV-E benefits for these expenditures for all or some portion of SFY 194 and SC 195.

1/ All requested new positions must be identified by proposed classification on a separate listing 2/ Attach appropriate completed budget forms ew/Meris/BCFS94 11/15/93

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TOTAL

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