

MAINE STATE LEGISLATURE

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JOINT STANDING COMMITTEE ON HEALTH & HUMAN SERVICES

BEHAVIORAL AND DEVELOPMENTAL SERVICES

LD 1614 PART 2 BUDGET BILL

FY 04 - 05

THIS FILE CONTAINS THE FOLLOWING:

**Departmental Impact Forms
Testimony
Committee Recommendations**

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Management and Budget

Account Number(s): 01014A016401

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>	(-3.000)	(-3.000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(202,174)	(221,628)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill

Departmental Impact Form Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Management and Budget

Account Number(s): 01014A016401

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(3,500)	(3,600)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds to help offset the budget shortfall.

This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) -- BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Management and Budget

Account Number(s): 01014A016401 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	0	0
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from All Other to Personal Services in order to fund the reclassification of one Info Systems Support Specialist I position to an Info Systems Support Specialist II.

This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

This transfer is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Management and Budget

Account Number(s): 01014A016401

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(25,000)	(25,000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds for various administrative costs including office supplies, travel and general operations.

Description of Impact on Program(s) – BE SPECIFIC:

This reduction will be achieved by aggressively managing costs for office supplies, travel and general operations.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Management and Budget

Account Number(s): 01014A016401

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>	400,000	400,000
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Additional Federal MaineCare revenue will be generated because the federal share of BDS administrative costs has increased.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Revenue is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Management and Budget

Account Number(s): 01014A016401

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>	1,683,117	
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Revenue generated from audit recoveries and contract settlements with providers will be deposited to General Fund undedicated revenue.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Revenue is one-time.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Medicaid Services-Mental Retardation

Account Number(s): 01014A070512

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(1,003,282)	(979,066)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds related to the tax on residential treatment facilities for individuals with developmental disabilities.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation of funds is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Medicaid Services-Mental Retardation

Account Number(s): 01014A070512

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	551,839	690,994
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds needed for state General Fund match due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____
(please explain below)

The Federal Financial Participation rate changes annually. Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Medicaid Services-Mental Retardation

Account Number(s): 01014A070512

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(57,166,893)	(61,026,079)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Child Medicaid and Medicaid Services-Mental Retardation to a new account, Mental Retardation Waiver-MaineCare for the purpose of separating waiver seed. The purpose of separating the funds is to allow the Department to track its commitment and utilization of funds in a manner required by the Federal government's authority over Maine Medicaid Waiver for persons with mental retardation.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Elizabeth Levinson Center

Account Number(s): 01014E011968

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	79,066	79,066
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>	52,428	52,428
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds for the tax imposed on residential treatment facilities for individuals with developmental disabilities.
This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation and revenue are ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Elizabeth Levinson Center

Account Number(s): 01014E011968

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>	(-1.000)	(-1.000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(40,170)	(43,397)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Aroostook Residential Center

Account Number(s): 01014F011866

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	24,216	
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>	16,057	
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds for the tax imposed on residential treatment facilities for individuals with developmental disabilities.

This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Appropriation and revenue are one time. Facility due to close by June 2004.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Aroostook Residential Center

Account Number(s): 01014F011866

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(32,999)	(35,161)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Deappropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Regional Operations

Account Number(s): 01014A086370

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund	(15.500)	(15.500)
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	1,100,982	1,157,773
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Regional Operations

Account Number(s): 01014A086370 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	52,500	52,500
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Regional Operations to reflect expenditures in appropriate account.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
 (please explain below)

Appropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Children

Account Number(s): 01014A013607

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>	(1.000)	(1.000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	83,850	89,365
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Children

Account Number(s): 01014A013607

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	0	0
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the transfer of funds from All Other to Personal Services in order fund the reclassification of one Social Service Program Specialist I position to a Social Service Program Specialist II. \$5,940 in FY04 and \$8,786 in FY05.

This request was included in P.L. 2003, c.2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Transfer is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Children

Account Number(s): 01014A013607 ; 01414A013647

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(100,000)	(200,000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	100,000	200,000
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	100,000	200,000
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funding to pay for room and board costs for children in residential treatment. The deappropriation is offset by an allocation of Other Special Revenue Funds.

Description of Impact on Program(s) – BE SPECIFIC:

This reduction will be achieved by obtaining reimbursement of expenditures under Title IV-E of the Social Security Act for eligible children who are placed in PNMI's. The federal revenue will be used to pay some costs for room and board that are currently paid out of the General Fund account.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Title IV-E revenue should be generated at the FY04 level (or greater) in future years.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Child Medicaid

Account Number(s): 01014A073117 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	165,168	214,280
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds needed for state General Fund match due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____

(please explain below)

The Federal Financial Participation rate changes annually. Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Child Medicaid

Account Number(s): 01014A073117

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(2,049,329)	(2,252,622)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Child Medicaid and Medicaid Services-Mental Retardation to a new account, Mental Retardation Waiver-MaineCare for the purpose of separating waiver seed. The purpose of separating the funds is to allow the Department to track its commitment and utilization of funds in a manner required by the Federal government's authority over Maine Medicaid Waiver for persons with mental retardation.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation is ongoing but offset in another program

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Child Medicaid

Account Number(s): 01014A073117

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	5,248,527	5,530,561
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers MaineCare funds from the Department of Human Services to the Department of Behavioral and Developmental Services for in-home supports under MaineCare Section 65(h), behavioral health services.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Appropriation is ongoing but offset with an equal deappropriation in the Department of Human Services.

**2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs**

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>	(-14,000)	(-14,000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(1,136,572)	(1,190,798)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(56,438)	(56,438)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Disproportionate Share-Bangor Mental Health Institute for the purpose of increasing dental services.

Description of Impact on Program(s) – BE SPECIFIC:

Will increase dental services in Region III.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in another program. ^{P23}

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(131,391)	(131,391)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Disproportionate Share-Augusta Mental Health Institute to cover the state match for contracted physician services costs by reimbursing the hospital for regional medical director expenditures.

This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(52,500)	(52,500)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Regional Operations to reflect expenditures in appropriate account.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in another program. P25

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(3,400)	(3,400)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Disproportionate Share-Bangor Mental Health Institute for the purpose of providing peer support services.

Description of Impact on Program(s) – BE SPECIFIC:

Will provide peer support services in Region III.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	54,548	54,548
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the transfer of funds from the Substance Abuse Services program to the Mental Health Services-Community program to correct curtailment in Public Law 2001, chapter 714.

Description of Impact on Program(s) – BE SPECIFIC:

Public Law 2001, chapter 714 deappropriated funds in the Mental Health Services-Community program as a result of savings from increasing the PNMI allowance. A portion of those savings was related to the Office of Substance Abuse. This request transfers funds from the Office of Substance Abuse program to the Mental Health Services-Community program in order to reimburse that program for the substance abuse share.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation is ongoing but offset in another program. P27

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(870,880)	(870,880)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funding for community support services provided to people with psychiatric disabilities who are not eligible for MaineCare.

Description of Impact on Program(s) – BE SPECIFIC:

This constitutes a reduction of approximately 18.5% from the Part I FY04 funding level, and approximately 25% from the Part I FY05 funding level, would result in the loss of case management, in-home supports and related services that enable people with severe psychiatric disabilities to live in the community. Approximately 210 people would be affected each year.

Impact may include increased levels of homelessness caused by the inability of individuals to maintain themselves in apartments; increased incarcerations due to lack of support with community living skills; increased demands placed on the crisis system; and increased admissions to psychiatric hospitals including AMHI (thus increasing membership in the consent decree class). Secondary impacts will occur to local police departments and other community services. BDS will utilize its Intensive Case Managers to mitigate these impacts to the extent possible.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____

(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(82,000)	
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funding for information, referral and public education services.

Description of Impact on Program(s) – BE SPECIFIC:

An \$82,000 reduction in funding for NAMI was originally scheduled to occur in FY05. This initiative will advance the implementation of the funding reduction to FY04.

NAMI's capacity to provide I&R services for families and consumers will be reduced by approximately 32%.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Deappropriation is ongoing, however, FY05 savings are realized in P.L. 2003, c. 20.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(250,000)	(250,000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funding for residential services provided to people with psychiatric disabilities in Private Non-Medical Institutions as a result of increases in the MaineCare program allowance implemented during fiscal year 2002-03.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(100,000)	(100,000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funding for training.

Description of Impact on Program(s) – BE SPECIFIC:

This reduction will impact the training provided to BDS employees and providers by the Center for Learning at the Muskie School. These funds are matched with MaineCare to provide essential training to the community mental health system. This will reduce capacity to respond to training needs by approximately 50%, and a reduction of this magnitude may impact compliance with the AMHI consent decree.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01014A012102

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	142,026	
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the appropriation of funds as a result of audit recoveries from community support services.

Description of Impact on Program(s) – BE SPECIFIC:

This appropriation is offset by revenue (Part J, Section 2) consisting of unspent prior year funding returned to the General Fund by the provider who will receive the appropriated funds. This funding will be used to meet one-time needs in order to ensure the continuation of services.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation is one-time.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community Medicaid

Account Number(s): 01014A073214

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	222,202	266,642
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds needed for state General Fund match due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____
(please explain below)

The Federal Financial Participation rate changes annually. Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community Medicaid

Account Number(s): 01014A073214 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	2,600,000	3,400,000
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers MaineCare funds from the Department of Human Services to the Department of Behavioral and Development Services for services to individuals due to increased MaineCare eligibility.

Description of Impact on Program(s) – BE SPECIFIC:

More individuals will receive MaineCare services.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____
(please explain below)

Appropriation is ongoing but is offset with an equal deappropriation in the Department of Human Services.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Augusta Mental Health Institute

Account Number(s): 01014B073310 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	33,364	35,689
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____
(please explain below)

Appropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Augusta Mental Health Institute

Account Number(s): 01014B073310 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	71,575	89,170
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds needed for state General Fund match due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____
(please explain below)

The Federal Financial Participation rate changes annually. Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Augusta Mental Health Institute

Account Number(s): 01014B073310

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FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	0	0
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers Personal Services to All Other for contracted physician services by eliminating one Physician III position.
\$55,653 in FY04 and \$59,942 in FY05.

This request was included in P.L. 2003, c.2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Transfer is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Augusta Mental Health Institute

Account Number(s): 01014B073310 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	131,391	131,391
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Disproportionate Share-Augusta Mental Health Institute to cover the state match for contracted physician services costs by reimbursing the hospital for regional medical director expenditures.

This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation is ongoing but offset in another program. P38

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Bangor Mental Health Institute

Account Number(s): 01014C073415

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(91,721)	(95,965)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in other programs.

2004-2005 "Part 2" Budget Bill
 Departmental Impact Form
 Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Bangor Mental Health Institute

Account Number(s): 01014C073415 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	65,777	91,501
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds needed for state General Fund match due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____

(please explain below)

The Federal Financial Participation rate changes annually. ^{P40} Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Bangor Mental Health Institute

Account Number(s): 01014C073415

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	56,438	56,438
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Disproportionate Share-Bangor Mental Health Institute for the purpose of increasing dental services.

Description of Impact on Program(s) – BE SPECIFIC:

Will increase dental services in Region III.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Appropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Bangor Mental Health Institute

Account Number(s): 01014C073415 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	3,400	3,400
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Community to Disproportionate Share-Bangor Mental Health Institute for the purpose of providing peer support services.

Description of Impact on Program(s) – BE SPECIFIC:

Will provide peer support services in Region III.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Appropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Disproportionate Share-Bangor Mental Health Institute

Account Number(s): 01014C073415

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	0	0
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the transfer of funds from All Other to Personal Services in order fund the state match on the reclassification of one Info Support Specialist I position to an Info Support Specialist II. \$1,234 in FY04 and \$1,673 in FY05.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Transfer is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Retardation Services-Community

Account Number(s): 01014A012260

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>	(5.500)	(5.500)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	417,955	439,466
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Retardation Services-Community

Account Number(s): 01014A012260

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(108,233)	(200,178)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Reduces funding to self fund change in Federal Financial Participation rate (FFP).

Description of Impact on Program(s) – BE SPECIFIC:

Funding for housing and rent subsidies, supported employment and legal services will be reduced.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Retardation Services-Community

Account Number(s): 01014A012260

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	(545,041)	(607,041)
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Provides for the deappropriation of funding for services to persons with mental retardation.

Description of Impact on Program(s) – BE SPECIFIC:

Funding for recreational and leisure services will be eliminated, affecting approximately 450 people and including sponsorship of the Maine Special Olympics (\$140,207 in FY04 and FY05).

Funding for family support services for 500 people will be reduced (\$17,158 in FY04 and FY05). New families entering the system will not receive services.

Funding for day treatment for some individuals who do not qualify for MaineCare will be reduced (\$67,875 in FY04 and \$87,875 in FY05). Approximately 45 people will lose services in FY04 and an additional 15 people will lose services in FY05.

Funding for respite services will be reduced (\$30,000 in FY04 and FY05). Services will be reduced or eliminated for approximately 105 families.

Flexible funding will be reduced (\$60,289 in FY04 and FY05). These funds are used to pay for essential services and supports that are not eligible for other funding. Services to approximately 3000 people will be reduced.

Funding for staff and provider training will be reduced by \$50,000 in FY04 and \$60,000 in FY05. The impact of this reduction is magnified by the fact that these funds are matched by federal funds through the MaineCare program.

Funding for transportation will be reduced, affecting approximately 120 people (\$19,523 in FY04 and FY05). Access to transportation services for people with mental retardation will be severely constrained due to the combined impact of this reduction and other reductions in funding for transportation services,

Funding for supported employment will be reduced (\$20,000 in FY04 and FY05). Services will not be available to new graduates who are leaving high school and are ready to go to work.

Funding for room and board for children transitioning into the adult system will be reduced (\$60,000 in FY04 and \$82,000 in FY05). This will affect approximately 40 people in FY04 and an additional 10 people in FY05, and will increase waiting lists.

Funding for public education will be reduced by \$49,031 in FY04 and \$59,031 in FY05. This will impact families who depend upon support from the Maine Center on Deafness, Maine Parent Federation and the Maine Autism Society.

Funding for housing/rent subsidies will be reduced, affecting approximately 10 people (\$30,958 in FY04 and FY05). Those affected will likely be required to move to less desirable housing, and/or housing which is farther away from family supports.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Retardation Services-Community

Account Number(s): 01014A012260 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

This request authorizes the Department to transfer up to eight vacant positions and existing funding from General Fund appropriations to establish eight MHMR Caseworker positions.

Description of Impact on Program(s) – BE SPECIFIC:

This authorization is being sought pursuant to the Community Consent Decree, however, the Department intends to contract for additional case management services and this authorization will only be utilized if contracting does not occur.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) _____ (No) _____
(please explain below)

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Freeport Towne Square

Account Number(s): 01014D081469

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>	(-1.500)	(-1.500)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(73,506)	(76,737)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Deappropriation is ongoing but offset in other programs. P49

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Freeport Towne Square

Account Number(s): 01014D081469

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	150,000	150,000
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>	150,000	150,000
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds for budgeted overtime at Freeport Towne Square. This request is offset with General Fund Undedicated Revenue in the same amount.

Description of Impact on Program(s) – BE SPECIFIC:

Freeport Towne Square I and Freeport Towne Square II are licensed by the Department of Human Services as Assisted Living Facilities. Each home is licensed for six (6) residents. Both participate in Maine's Home and Community Based Waiver for Persons with Mental Retardation, a program within MaineCare.

The licensing requirements, as well as Maine's health and welfare assurances to the federal government (CMS), require that there be round the clock staffing and support. The needs of those living in the homes dictate their level of support and there is a long history of overtime use that is well substantiated.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Appropriation and revenue are ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Retardation Waiver-MaineCare

Account Number(s): 01014A999901

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	59,216,222	63,278,701
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers funds from Mental Health Services-Child Medicaid and Medicaid Services-Mental Retardation to a new account, Mental Retardation Waiver-MaineCare for the purpose of separating waiver seed. The purpose of separating the funds is to allow the Department to track its commitment and utilization of funds in a manner required by the Federal government's authority over Maine Medicaid Waiver for persons with mental retardation.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Appropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Substance Abuse

Account Number(s): 01014G067901

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>	(-1.000)	(-1.000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(56,153)	(60,212)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – **BE SPECIFIC:**

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in other programs. P52

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Substance Abuse

Account Number(s): 01014G067901

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(54,548)	(54,548)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the transfer of funds from the Substance Abuse Services program to the Mental Health Services-Community program to correct curtailment in Public Law 2001, chapter 714.

Description of Impact on Program(s) – BE SPECIFIC:

Public Law 2001, chapter 714 deappropriated funds in the Mental Health Services-Community program as a result of savings from increasing the PNMI allowance. A portion of those savings was related to the Office of Substance Abuse. This request transfers funds from the Office of Substance Abuse program to the Mental Health Services-Community program in order to reimburse that program for the substance abuse share.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Deappropriation is ongoing but offset in another program.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Substance Abuse

Account Number(s): 01014G067901 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		(200,178)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Reduces funding to self fund change in Federal Financial Participation rate (FFP).

Description of Impact on Program(s) – **BE SPECIFIC:**

The Office of Substance Abuse plans to discontinue funding for three outpatient treatment programs to offset this reduction. Based on a review of program utilization, one program in Cumberland County and two programs in other areas of the state will have funding discontinued.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____
(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Substance Abuse

Account Number(s): 01014G067901 Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	(402,740)	(402,740)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funding for contracted substance abuse treatment services and OSA administrative costs.

Description of Impact on Program(s) – BE SPECIFIC:

Funding for women's case management in central Maine will be eliminated (\$94,000). The affected program provided services to approximately 350 pregnant women and family members in 2002. Services will be continued by utilizing MaineCare funding.

Case management for dual diagnosis clients in the Portland area will be reduced (\$43,000), affecting approximately 82 people.

Funding for outpatient treatment services in the mid-coast area will be reduced (\$31,000) by terminating funding to an agency with poor utilization, affecting approximately 40 clients. Two other agencies in this area have already closed and access to services will be severely limited.

Funding for one of three contracted regional coordinator positions will be eliminated (\$50,000).

Funding for training on co-occurring disorders in the Bangor area will be reduced (\$29,000).

Funding for two additional detoxification beds and 10 additional shelter beds under construction in Portland - will be eliminated (\$50,000).

Funding for six agencies that provide HIV/AIDS outreach and education across the state will be reduced (\$73,000). Of particular concern is a reduction in services to youth regarding risk factors.

Funding for detoxification services will be reduced (\$18,740).

OSA administrative costs will be reduced by approximately 3% (\$14,000) by aggressively managing costs for supplies, travel and general operations.

Note: The above reductions will result in a maintenance of effort shortfall of \$81,000, which will decrease the federal block and cause a further reduction in funding for treatment services.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Deappropriation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Driver Education and Evaluation Program-Substance Abuse

Account Number(s): 01014G070001

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

General Fund	(2.000)	(2.000)
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	113,474	122,105
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund	113,474	122,105
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Appropriation and revenue are ongoing. Appropriation is ^{P57} offset in other accounts.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Office of Substance Abuse-Medicaid Seed

Account Number(s): 01014G084401

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	1,186,812	996,942
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers MaineCare funds from the Department of Human Services to the Department of Behavioral and Development Services for services to individuals due to increased MaineCare eligibility.

Description of Impact on Program(s) – BE SPECIFIC:

More individuals will receive MaineCare services.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Appropriation is ongoing but offset with an equal deappropriation in the Department of Human Services.

**The following items
do not impact the General Fund
and are not scheduled for the Public Hearing.**

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Residential Treatment Facilities Assessment

Account Number(s): 01414A097801

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	1,461,282	1,437,066
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the allocation of funds from revenue generated by the imposition of an assessment on residential treatment facilities for individuals with developmental disabilities.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Allocation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Children

Account Number(s): 01314A013647

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund		
Federal Funds	457,334	457,334
Other Special Revenue funds		
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Provides funds for new Partnership for Youth in Transition grant.

Description of Impact on Program(s) – BE SPECIFIC:

The Department of Behavioral and Developmental Services has received a grant award notification from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a project titled "Partnerships for Youth in Transition". Through this grant, Maine joins Pennsylvania, Utah, Minnesota and Washington as the five states awarded funding to develop models of comprehensive programs to help support youth. The project will take a close look at what happens when people turn 21 and it will develop service and program approaches that allow the children's and adult mental health system of care to form a closer partnership. The grant will focus on youth ages 14-21 and will run for four years at \$457,334 per year. BDS will work with Maine Medical Center through sites in Portland and Washington County to implement service aspects of the program and with the Children's Cabinet - made up of BDS and the Departments of Human Services, Corrections, Education and Public Safety - for systems policy development.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Grant continues through next biennium and ends 9/26/06. ^{P61}

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Augusta Mental Health Institute

Account Number(s): 01414B010520

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	(1.500)	(1.500)
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	64,200	68,383
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Allocation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Augusta Mental Health Institute

Account Number(s): 01414B010520

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	(71,575)	(89,170)
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Deallocates funds due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

The Federal Financial Participation rate changes annually. Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Augusta Mental Health Institute

Account Number(s): 01414B010520

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	(-1.000)	(-1.000)
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	0	0
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers Personal Services to All Other for contracted physician services by eliminating one Physician III position. \$109,538 in FY04 and \$117,984 in FY05.

This request was included in P.L. 2003, c. 2 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Transfer is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Augusta Mental Health Institute

Account Number(s): 01414B010520

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	258,609	258,609
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Allocates funds to cover the federal match for contracted physician services costs.

This request was included in P.L. 2003, c. 5 (supplemental for FY03).

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) _____

(No) X

P65

(please explain below)

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Bangor Mental Health Institute

Account Number(s): 01414C012025

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	(-5.000)	(-5.000)
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	(180,530)	(188,883)
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Transfers positions to appropriate program. Position detail on file in the Bureau of the Budget.

Description of Impact on Program(s) – BE SPECIFIC:

A review of positions throughout the department was performed. This request transfers position(s) from one program to another in order to reflect the position(s) in the appropriate program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deallocation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Bangor Mental Health Institute

Account Number(s): 01414C012025

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	(65,777)	(91,501)
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Deallocates funds due to a decrease in the Federal Financial Participation rate from 66.22% to 66.01%.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

The Federal Financial Participation rate changes annually. Impact could be positive or negative.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Bangor Mental Health Institute

Account Number(s): 01414C012025

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	111,083	111,083
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Allocates funds for the purpose of increasing dental services.

Description of Impact on Program(s) – BE SPECIFIC:

Will increase dental services in Region III.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Allocation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Bangor Mental Health Institute

Account Number(s): 01414C012025

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	6,692	6,692
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Allocates funds for the purpose of providing peer support services.

Description of Impact on Program(s) – BE SPECIFIC:

Will provide peer support services in Region III.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Allocation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Bangor Mental Health Institute

Account Number(s): 01414C012025

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>	2,429	3,293
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Allocates funds to cover the federal match on the reclassification of one Info Support Specialist I position to an Info Support Specialist II.

Description of Impact on Program(s) – BE SPECIFIC:

None.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X

(No) _____

(please explain below)

Allocation is ongoing.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Health Services-Community

Account Number(s): 01314A012140

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>	27,692	9,961
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds to continue a part-time Planning and Research Associate 1 through October 31, 2004.

Description of Impact on Program(s) – BE SPECIFIC:

This request continues a part-time, federally funded-position through October 31, 2004. This position is responsible for the data collection tools and protocol, reports, formats, and production associated with the Data Infrastructure grant.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Federal grant ends 10/31, 2004.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Mental Retardation Services-Community

Account Number(s): 01014A012260

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>	(-4.000)	(-4.000)
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>	(458,374)	(470,374)
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds to establish a separate program for the Developmental Disabilities Council in order to segregate expenditures from the Mental Retardation Services-Community program.

Description of Impact on Program(s) – BE SPECIFIC:

The Developmental Disabilities Council (DDC) has incurred state cap charges that are based on a rate devised for the Mental Retardation Services-Community program. The rate established is higher than DDC should have to incur because it is a separate entity. This request creates a separate program for DDC so that state cap charges can be assessed at the appropriate rate.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____
(please explain below)

Deallocation is ongoing but offset in another program. P72

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Developmental Disabilities Council

Account Number(s): 01314A097701

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>	(4.000)	(4.000)
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>	458,374	470,374
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides funds to establish a separate program for the Developmental Disabilities Council in order to segregate expenditures from the Mental Retardation Services-Community program.

Description of Impact on Program(s) – BE SPECIFIC:

The Developmental Disabilities Council (DDC) has incurred state cap charges that are based on a rate devised for the Mental Retardation Services-Community program. The rate established is higher than DDC should have to incur because it is a separate entity. This request creates a separate program for DDC so that state cap charges can be assessed at the appropriate rate.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) X (No) _____

(please explain below)

Sta Cap charges currently paid by the DDC will be reduced by approximately \$8,000.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Behavioral and Developmental Services

Program Name: Developmental Disabilities Council

Account Number(s): 01314A097701

Page # in Bill: _____

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>	7,091	4,120
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the allocation of funds in order to fund the reclassification of a Public Service Manager I position to a Public Service Manager II.

Description of Impact on Program(s) – BE SPECIFIC:

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) X (No) _____

(please explain below)

Allocation is ongoing.

TESTIMONY SIGN IN SHEET

COMMITTEE ON Appropriations and Financial Affairs

L.D. # OR CONFIRMATION: _____ LD 1614 Part 2 Budget Bill

DATE: _____ 6-May-03

PLEASE PRINT!!

Health & Human Services (BDS)

	NAME	TOWN/AFFILIATION	PROPONENT	OPPONENT	NEITHER FOR NOR AGAINST
1.	Sabra Burdick	Acting Commissioner of BDS			
2.	Debbie McNeil	Rockland		x	
3.	Maureen Fortin	Bangor		x	
4.	Chad Boothby	Portland		x	
5.	James L. Gill LMFT	Gardiner		x	
6.	David Bouthroke	Portland		x	
7.	Herb Damon				
8.	Dr. Michael Arenstem	Saco		x	
9.	Charlene Kennelly	MACSP (Me. Assoc. for Community Service Providers		x	
10.	Marianne	Speaking Up For Us		x	
11.	Kim Preble	Bangor		x	
12.	Barbara Calvert	Rockland		x	
13.	Cheryl Poppell	Lewiston		x	
14.	Jan Isenberg	Brunswick		x	
15.	Patsy Weaver			x	
16.					



TESTIMONY SIGN IN SHEET

COMMITTEE ON Appropriations and Financial Affairs

L.D. # OR CONFIRMATION: _____ 1614 Part 2 Budget Bill

DATE: _____ 6-May-03

PLEASE PRINT!!

HUM (BDS)

	NAME	TOWN/AFFILIATION	PROPONENT	OPPONENT	NEITHER FOR NOR AGAINST
1.	Blair Blaine	Bangor		x	
2.	Catherine Holler	Bangor		x	
3.	Joan Churchill	Hebron		x	
4.	Joel Parker	Pathways, Inc.		x	
5.	Terrence Getchell	Lewiston		x	
6.	Stacy Parady	Portland		x	
7.	Amanda Geiger	Bangor		x	
8.	Tanya Lobb	Bangor		x	
9.	Kelly	Crossroads		x	
10.	Barbara Howe	Auburn		x	
11.	Mary Ellen Quinn	Social Worker/Winterport		x	
12.	Julia Frascone	Corinna		x	
13.	Nancy Grimes	Winterport		x	
14.	Diane Farnum	Winterport		x	
15.	Emilie van Eeghen	Maine Assoc. of Substance Abuse		x	
16.	Katherine Carter	Hampden		x	



TESTIMONY SIGN IN SHEET

COMMITTEE ON Appropriations and Financial Affairs

L.D. # OR CONFIRMATION: _____ LD 1614 Part 2 Budget Bill

DATE: _____ 6-May-03

PLEASE PRINT!!

HUM (BDS)

	NAME	TOWN/AFFILIATION	PROPONENT	OPPONENT	NEITHER FOR NOR AGAINST
1.	Carol Carothers	Bangor		x	
2.	Ronald S. Welch	ME Assoc. of Mental Health Services		x	
3.	Eileen Wilkins	Augusta		x	
4.	Joseph H. Pickering	Community Health & Counseling Services		x	
5.	Jeffrey Johnson	Augusta		x	
6.	Nancy Ives	Volunteers of America Clinical Director		x	
7.	Mark Rush	Richardson Home/Mental Health Services	x	x	
8.	Joanne Marian	Addison/Washington County		x	
9.	Reginald Gagnon	South Bristol		x	
10.					
11.					
12.					
13.					
14.					
15.					
16.					



Testimony
of the
Department of Behavioral and Developmental Services
Before the Joint Standing Committee on Appropriations and Financial Affairs and
The Joint Standing Committee on Health and Human Services

May 6, 2003

Senator Cathcart, Representative Brannigan, Senator Brennan, Representative Kane and distinguished Members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services, I am Sabra Burdick, Acting Commissioner for the Department of Behavioral and Developmental Services and I am here to present the Department's proposed FY '04 and '05 supplemental budget.

Maine's financial situation continues to be problematic and this budget reflects additional reductions to the recently enacted FY04-05 budget. The process of determining how these additional reductions will be made is difficult for the administration, for you, and most certainly for the people who rely on our services and depend on our care and support.

Our goal remains to maintain core services and keep a network of service providers intact. However, we recognize that some of the budget reductions to be discussed today will necessitate painful reductions in services, and will challenge the ability of providers to maintain services

In approaching this budget reduction, we applied the same principles that we used in previous efforts. Specifically, we looked for:

- Maintenance of services to class members;
- additional administrative cuts that could be made without jeopardizing key infrastructures (such as data systems, travel for client care/support, required training);
- reductions in non-direct care services;
- additional revenue opportunities, either through cost settlement reports, audit findings, and/or any new Medicaid/revenue strategies;
- reductions in grant funds, rather than MaineCare services which generate matching federal funds.

Because of the Part I cuts already affecting the Children's Services, we did not recommend any further reductions in that service area.

The cost of operating state hospitals and facilities are largely fixed, and the services they provide constitute a fundamental obligation of the state, therefore, we did not recommend reductions in the budgets for those facilities.

In Adult Mental Health Services, the \$1,302,880 FY '04 and \$1,220,880 FY '05 reductions will impact community support services; residential services; training; and information, referral and public education.

In Adult Mental Retardation Services, the \$545,041 in FY '04 and \$607,041 in FY '05 reductions will eliminate funding for social, leisure and recreation activities. Other services will be significantly reduced. These reductions are in addition to previously planned reductions related to decreases in the federal share (FFP) of Medicaid expenditures. Those reductions total \$108,233 in FY '04 and \$200,178 in FY '05.

In Substance Abuse Services, the reduction is \$402,740 in each year of the biennium and an additional reduction of \$200,178 in FY '05 related to the decrease in federal share (FFP) of MaineCare expenditures. These reductions impact funding for outpatient treatment, regional coordination, training, HIV outreach and education, detox services and OSA operations.

Although we will further reduce administrative costs by an additional \$25,000 in each year of the biennium, there are no additional reductions in BDS staffing in this proposal. The Part I budget already contains the elimination of 41 state lines (several administrative lines), as well as a \$5.8 million reduction in FY '05 related to the BDS-DHS merger.

Obviously, these reductions in funding for services, on top of those that have already been made, will pose difficult challenges for us, providers, and for the people we serve.

We will continue to do the best we possibly can, given these economic times. I, and members of my staff, many of whom are here today, welcome any ideas this committee, providers, consumers, family members, and other key stakeholders may have, to help us minimize the impact of budget reductions on the people we serve.

Thank you

May 6th 2003

**Testimony before the Joint Standing Committee on
Appropriations and Financial Matters**

by

The Rev. James L. Gill

**Dear Senator Cathcart, Representative Brannigan, Representative
Rosen and members of the Joint Standing Committee on
Appropriations and Financial Matters:**

**As a mental health professional (Licensed Marriage and
Family Therapist), as an officer of the Capital Area Family
Support Group of NAMI and the father of a mentally-ill family
member, I ask you to avoid, if at all possible, the dramatic cuts in
funding for mental health, substance abuse and mental retardation
services.**

**For NAMI Maine, the proposed cuts of an additional \$82,000,
specifically the contract for Information and Referral, will truly
hobble this agency's impact on those families who struggle with
members who are mentally ill. It is clear that family dysfunction
does not cause these brain diseases. It is equally clear that support
of family health is a vital part of recovery for those suffering from
severe mental illnesses, such as schizophrenia.**

**As a resident of Maine, I find myself speaking out against the
national scandal of the world's richest country being unable to
adequately fund basic health services for this at-risk population,
the mentally ill. I realize that you, as legislators, have the
unenviable task of balancing state budgets affected by this national
scandal. Please give special attention to those suffering from brain
disease. In many cases, they cannot vote for you or on any
legislative issue. This is all the more reason to hear their story.
Thank you.**

**JAMES L. GILL LMFT
37 BRUNSWICK AVE.
GARDINER, ME 04345**

Appropriations and Financial Affairs, Health and Human Services Committees

Senator Cathcart, Senator Brennan, Representative Brannigan, Representative Kane, members of the Appropriations and Financial Affairs and Health and Human Services Committee:

“If one imagines a soul of iron that weathers with grief, and rusts with mild depression, then major depression is the startling collapse of a whole structure.”¹ Our depressed adult mental health system has been reduced to the people who fall under the consent decree and those who have Medicaid.

One effort to mitigate the effect of serious mental illness has been the social clubs and the support groups of NAMI Maine. Your draconian cuts, however necessary you may deem them to be, are not simply surface rust. They may very well might be the rust that causes the implosion for many of the mentally ill.

The most serious result of mental illness is, of course, suicide. The suicide rate in Maine is not stable, but in the last 10 years it has never failed to be considerably above the national average. Estimates vary but not less than 2/3rds of people who take their own life suffer from depression. The mortality rate for untreated bipolar patients is higher than it is for most types of heart disease and many types of cancer. Half of all individuals with Bipolar have attempted suicide, 15 per cent succeed. The most reliable method of preventing suicide in patients with bipolar disorder is early and accurate diagnosis, followed by aggressive treatment of the underlying disorder. In prosperous times our mental health system was unable to meet this need.

Unfortunately serious mental illness is a recurring disease. Demands on the system do not go away. Indeed they grow as people live longer and teens enter adulthood.

Suicide ranks 3rd as cause of death among those 15-24 years of age. It is the 2nd leading cause among children and teens age 10-19. (Increasing 15% last year alone.) And children were a priority in the mental health system!

I fully understand you have competing demands on limited funds. I hope you consider that whichever answer you give is life giving as opposed to life enhancing.

“St. Anthony, attempting to differentiate between angels who came to him, concluded that he could only tell after they had come and gone. When an angel left you, you felt strengthened by his presence; when a devil left, you felt horror”. Grief is a humble angel who leaves you with strong, clear thoughts and a sense of your own depth. Depression is a demon who leaves you appalled.² How meet, right and just it would be for the state to be a good angel.

^{1,2}, Andrew Solomon, **The Noonday Demon: An Atlas of Depression**, New York: Scribner, © 2001, p.17;16

MAINE ASSOCIATION FOR COMMUNITY SERVICE PROVIDERS

Testimony in opposition to the Governor's draft supplemental budget

May 6, 6003

Presented by Charlene Kinnelly, Legislative Chair

Senator Cathcart, Representative Brannigan, members of the Appropriations Committee
Senator Brennan, Representative Kane, members of the Health and Human Services Committee

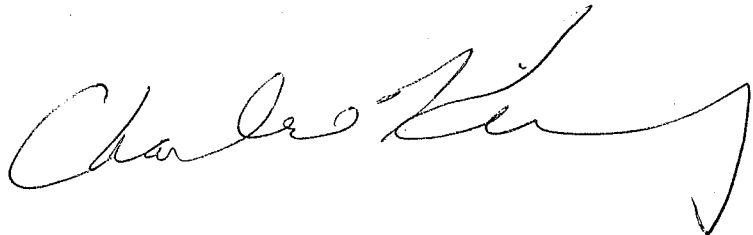
I have appeared before you many times in the past and, in February, appeared in opposition to the Part 1 budget proposal. Many of the things I said that day are the things I would also say today. In February, I distributed a spread sheet to you which showed that General Fund appropriations from FY 95 through FY 03 - before the most recent supplemental - on behalf of services to adults with mental retardation had seen a post-inflation reduction of \$19,442,594. This figure represents a 35% reduction in the base funding for that period. The Part 1 budget cut the Mental Retardation Community account by an additional 19+% cut from the original 2003 appropriation in each year of the biennium. The proposal before you would increase that figure to 26% in '04 and 27% in '05. These cuts must be understood in the context of the prior cuts to understand that the impact is cumulative and threatening to the entire system of services.

Today, I would like to point out two additional issues for your deliberations:

1. While the Department has struggled to ensure provision of services to members of the Community Consent Decree, there is a provision in the Decree which says that Class members cannot receive services to the detriment of non-Class members. I urge you to confer with the Court Master regarding the potential ramifications of the proposal before you.

2. Adults with mental retardation are the only population served by the Department for which the Department has adult protective responsibility. While the Part 1 budget did provide for adult protective services based on historic costs, has anyone projected the potential additional costs which could result in the cuts before you today? How many families will look to adult protective services because they have lost respite, family support, transportation, day treatment, etc.?

ENOUGH IS ENOUGH



May 5, 2003
11 South Park Street
Bangor ME 04401

Committee Member
State House
Augusta ME 04333

Dear Member:

This letter is to express my concerns about the recent budget cuts in the Lynx transportation and Transportation Assistance Program (TAP) system and the cuts in adult mental health services. Plus, the now added cuts you wish to pass. I don't believe that you are aware of the depth of the problems that these cuts will create.

I am a "real person with real needs" in the community like many others; like you. I am a parent, a sister, a daughter, a college graduate, a member of a board of directors and was a professional. I do, however, also live with challenges. I live with learning disabilities, ADD, mental illness and many physical disabilities. These cuts challenge my ability to live as a useful member of the community.

Both TAP and Lynx provide transportation for people with disabilities, including children, the elderly, those with mental illness and physical disabilities. These people, as well as myself, will no longer be able to go to doctors' appointments, counseling, groups, church, grocery shopping or activities within the community. Those living in the rural community will be most hurt.

In regards to myself and my issues with mental illness, this change will cause me to drop out of the activities and counseling that

give me, and others, social interaction and life skills. This degree of isolation will result in more breakdowns, suicides and hospitalizations, and more cost. It would be far cheaper to fund the transportation system that prevents these hospitalizations. This discussion does not even touch the effects of the trauma of being hospitalized or institutionalized anywhere. I have come full circle in going from a home to hospitals to institutions to halfway house to apartment to a year in a nursing home to again owning my own home. Community supports services and rehab services you choose to cut have brought me to where I am now, living in my own home though mostly confined to bed, but volunteering as a part of a community action grant. I do not wish to live isolated in my own home or confined to an institution. We deserve community supports. You are cutting our daily living needs and transportation!

A recent change in the agency policy for Lynx has caused Lynx to stop providing services to those with the most severe disabilities. It effects people in wheelchairs and those who need assistance to and from their vehicles and to and from their doors. Because of the Maine statute in regards to transportation, taxi transportation, and even Lynx and TAP, public transporters are only required to go driveway to driveway. This means the taxi is required to come only to my driveway. They are unable to assist me in any way. Consequently, I am restricted, because of my disability, to transportation provided mostly by ambulance via vans through Lynx. It is a big expense I could not provide on my own. We are told that Lynx will only be allowed to transport to kidney dialysis and chemotherapy. With this

change, I will be confined mostly to home unless a friend can transport. For example, no trips to doctors leads to increased hospitalizations. My last, three weeks in September, cost \$40,000. Again, it would be cheaper to provide transportation and services for the prevention of disease and problems vs. paying, through Medicaid, for hospitalizations and institutionalizations.

My concerns are for all; the children losing services and transportation, the people who have substance abuse issues, the elderly, like those who will lose the STAR program at BMHI and those with mental retardation, wherein lies my degree work. I have life experience with most of these areas. Please look at the effect the budget cuts will have on all these individuals and those who serve them. Respect us and our needs. We ask not for extras, but for our needs for daily life.

Sincerely,

Blair Blaine

Catherine E. Holler

117 Court Street Apt. #204

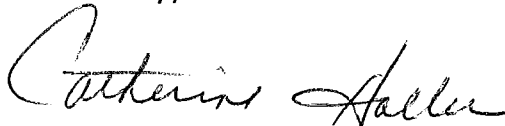
Bangor, Maine 04401

May 6, 2003

To the Appropriations & Financial Affairs Committee and
Health and Human Services Committee

My name is Catherine Holler and I reside in Bangor. I am a Mental Health consumer and is involved with Community Health & Counseling Services for over 7 years. I'm speaking today because I need the services in which CHCS provides; Therapy, Case Management, Day Program, Psychiatry and Vocational Rehabilitation. The services are necessary for me to function as a productive citizen and help me rebuild my life. The Transportation services are also a major factor in my life and they transport me to the services and providers I need to see. Without these services, I would be in a Mental Health hospital. Please don't cut the services down to nothing, many of us depend on them. I thank you for your time and attention.

Sincerely,

A handwritten signature in cursive script that reads "Catherine Holler". The signature is written in dark ink and is positioned below the word "Sincerely,".

Catherine Holler

TESTIMONY IN OPPOSITION TO THE GOVERNOR'S PART 2 BUDGET
TO THE
APPROPRIATIONS AND FINANCIAL AFFAIRS AND
HEALTH AND HUMAN SERVICES COMMITTEES

COMMUNITY CONCEPTS, INC.
JOAN CHURCHILL, DIRECTOR OF DEVELOPMENT AND FAMILY SERVICES

Senator Cathart, Rep. Brannigan, Senator Brennan, Representative Kane and members of the Appropriations and Financial Affairs and Health and Human Services Committees, I am Joan Churchill, the director of Development and Family Services for Community Concepts. We are a large nonprofit organization providing comprehensive social services in Androscoggin, Oxford and Franklin Counties.

One program that our agency provides is outpatient substance abuse treatment. We have counseling offices located in Auburn, Rumford and Norway.

The Office of Substance Abuse has informed us of their decision to cut \$94,000 from our budget, effective July 1, 2003. The funds are allocated for "case management services" for women who are pregnant and parenting and in need of substance abuse treatment. We have been providing "therapeutic case management" which is a method of outpatient treatment. Women without insurance, or with insurances that do not cover substance abuse services adequately have been able to receive individual and group services, including treatment and case management. We have been able to have counselors available in Norway, Rumford and Auburn.

I have completed my budget analysis of the impact of the \$94,000 cut in our Supported Journey into Recovery treatment program. The impact is as follows:

- 1 full-time Counselor position will be eliminated.
- 1 Counselor's hours will be reduced by 10 hours per week. Both of these positions work primarily with women.
- The Supervisor's hours will be reduced by 20 hours per week.
- One of our three SJR office's will close (Norway- most likely).

Social services has been hit quite hard in the Governor's budget. It is difficult to see substance abuse treatment being cut, because substance abusers are our current crop of offenders who are our current crop of people clogging up our jail and prison system, which, as you know, is quite costly and by co-incidence in the proposed supplemental budget for an increase.

I know it takes political courage to stand up to a new Governor but you can do it!!!! Please vote to reduce the size of the proposed cuts to substance abuse treatment. There was a bill earlier this session that recommended increasing the alcohol tax. Now is exactly the time to raise this tax, to offset project cuts in alcohol treatment services.

Thank you for your time. My contact numbers are as follows: Joan Churchill, Director, Development & Family Services, Community Concepts, Inc., 4 Market Square, PO Box 278, South Paris, ME 04281. (207) 743-1520 x 1317 or 743-7716; fax: (207) 743-0010; jchurchill@community-concepts.org

May 5, 2003

The Appropriations and Financial Affairs Committee
2 State House Station
Augusta, ME 04333

The Health and Human Services Committee
2 State House Station
Augusta, ME 04333

Dear Committee Members:

Good afternoon. My name is Mary Ellen Quinn. I am a social worker who has spent the past 21 years working in public sector mental health here in Maine.

I have chosen to work with adults who have major mental illness, such as Schizophrenia, Schizoaffective and Bipolar Disorders. I work in programs dedicated to serving people who are homeless and who experience psychosis as part of their everyday life.

I am grateful to have this opportunity to speak with you, as I know many of you have chosen public service because you see yourselves as champions for those who are disenfranchised in our communities.

The mentally ill who are homeless and who have psychotic disorders are among the most disenfranchised and vulnerable of our citizens. They are the nameless individuals who often wander aimlessly in our streets obviously suffering both from internal demons and dis-ease and from external threats both perceived and real.

The proposed cuts in community support services will curtail our ability to provide Homeless Outreach Services to these individuals. There are countless stories of people whose mental illness is so severe that they reject treatment due to pervasive paranoia or due to their adamant belief that they are not ill. It is only through ongoing tenacious, assertive outreach that community support workers become a familiar face and begin to develop a trusting relationship which eventually helps these folks gain the benefits, housing, and treatment they deserve. Until they obtain Medicaid benefits, which occurs through the intervention of community support workers, we rely on state grant funds to provide these critical services.

Not providing these services will mean an increased number of homeless people, increased suffering with psychosis, increased risk of criminal exploitation, increased risk of self harm and suicide and ultimately will mean an increased census in our emergency rooms, our state hospitals and our jails.

The pendulum of support will swing rapidly from community services to institutional services at a much greater price to taxpayers.

The victims of these cuts have already paid a great price. They live with poverty, oppression, discrimination and despair each and every day.

Please hear the voices of these nameless individuals who can't afford to lose their community support services and who implore you to look elsewhere in the mental health budget for cuts.

Thank you,

A handwritten signature in cursive script that reads "Mary Ellen Quinn".

Mary Ellen Quinn, LSW
(207) 947-0366 Ext. 276

- I. My name is Joel Packer, executive director of Pathways, Inc.
- II. There should not be any more cuts in Direct Services to people with disabilities. The private agencies are the ones that directly serve consumers and have for a long time. They must be supported. These cuts come at a time when other sources of funding are diminishing. Services cannot be sustained.
- III. Private agencies that receive direct state funds work hard to make sure these funds go a long way. Our agency provides \$2.70 in services for every dollar allocated by the state in our vocational and dayhab programs. We also have consumers become taxpayers rather than tax drainers.
- IV. The governor said in part I of the budget that by keeping the cuts to straight state dollars, the state would be serving the most needy. This is misleading and simply not true. Disabilities don't care about income levels. Many consumers are not eligible for Medicaid because the funds can be dependent upon the type of living arrangement rather than the type of problems that they have. In many cases the families choose to keep their MR sons and daughters at home.
- V. When Pineland closed, agencies became the safety net. With further cuts the lifelines will be gone.
- VI. There are already large waiting lists throughout the state with more cuts the waiting time will increase. I wonder how much the state will have to pay in increased legal costs because of not meeting the needs of Maine's most vulnerable citizens.
- VII. In summary, any business person would not want to lose the present system in which local communities and businesses work together providing services for which the state is responsible. If these cuts occur and the private system is disrupted, in the future the state will have to pick up the full cost.

Health & Human Service Committee
Re: Proposed Mental Health Budget Cuts
5/6/04

My name is Diane Farnum. I live in Mexico. I'm here today to speak against the proposed funding cuts to Maine's mental health system and the potential catastrophic impact on the population it serves. I speak from multiple perspectives. I am currently the Training Manager for an agency that provides in-home supports to some the most vulnerable of that population. I am past president of the state Board of Directors for one of Maine's most vocal grassroots organizations and an active family advocate. I am also the parent in a blended family of now 10 kids ranging in ages from 13-29. Three are my biologically mine; two my husband brought to our marriage and the remaining five have been invited to join our family. Out of the ten, seven have mental health issues including ADHD, PTSD, Anxiety Disorder, Anorexia, Bi-Polar Disorder, Borderline Personality Disorder and others. One of them, Nick, is an AMHI Consent Decree Class Member. I've been involved with Maine's mental health system in one way or another for more than ten years, since Nick went to AMHI in 1989. He was 9. In that time I've see incredible growth and positive changes in the way in that Maine provides services to those with mental health needs. I've also seen the positive impact those changes have had on lives both personally and professionally. My clients are staying out of the hospital. They're living in their own apartments. They are making friends. They are having lives and enjoying them. Some of them for the first time ever. My kids, all of them – including Nick – are succeeding. They're getting jobs – good ones. They're going to college and getting good grades. They are moving out on their own. They're falling in love. They are getting married. They are productive, contributing members of the community and the economy. They have hopes and dreams and goals that they never had before and they're achieving them. They are talking about a future...a POSITIVE future. These proposed cuts and the potential impact on the services and supports that got them to where they are today puts it all at risk....for my clients and my kids. Don't do that to them, any of them. They've finally started to live and hope and dream. Don't take it away now. Thank You.

Diane Farnum
205 Main Street
Mexico, ME 04257
(207) 369-0542
dfarnum@richardsonhollow.com

May 6, 2003

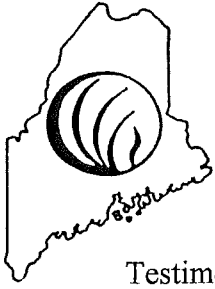
Good afternoon, Senator Cathcart, Representative Brannigan and Members of the Appropriations Committee and Members of the Health and Human Services Committee

I am Emilie van Eeghen, Vice President of MaineGeneral Health, and President of the Maine Association of Substance Abuse Programs. Like many of the clients, family members, providers and other stakeholders gathered before you today, I am deeply concerned about the impact of further cuts on the basic continuum of care to individuals struggling with mental illness and with substance abuse.

Our system of care is reeling from the effects of the many reductions in services that we have already absorbed. Waiting lists for services are becoming lengthier. The Emergency Departments are getting busier with patients unable to access mental health and substance abuse services before their illness reaches a stage of crisis.

The additional budget cuts that are proposed will be devastating. Waiting lists for services will get longer. People receiving services will be cut off from care before their needs are reasonably well met. Other people will not be able to access community-based care at all. Services will close. Staff members will be laid off. The Emergency Department will be called upon to serve more people. The most costly kind of response to illness, in financial terms and in terms of the consequences to people's lives, will result from these proposed cuts. I greatly hope that you will reconsider.

Thank you.



NAMI Maine

(Formerly The Alliance for the Mentally Ill of Maine)

Testimony of Carol Carothers
May 6, 2003

Senator Cathcart, Representative Brannigan, Senator Brennan, Representative Kane, members of the Joint Standing Committees on Appropriations and Health and Human Services.

I am Carol Carothers, Executive Director of the National Alliance for the Mentally Ill of Maine. I speak today in opposition to additional cuts to the Department of Behavioral and Developmental Services.

I expect that we are all sorry to be here again airing the same concerns. These are difficult times for the State's most vulnerable people, for the employees who work with them, and for everyone in this room. Just a month ago, I was here to oppose cuts. Today, I am here to say that we cannot lose more. The impact on people with mental illness and their families will be too great.

We are returning to the time over 200 years ago when jails were the primary service system for people with mental illness. In fact, jails **are** the largest providers of mental health services – 8 times as many people with mental illness are in our jails than in our mental hospitals. A recent report from the General Accounting Office notes similar circumstances for young people with mental health problems. That report, issued just last week, found that over 12,700 parents in 19 states had placed their children into the child welfare or juvenile justice system just to get mental health services. Of these placements the overwhelming majority, 9,056, were juvenile justice system placements. In the adult system, Maine Sheriffs will tell you that between 16% and 50% of their inmates have mental health problems – 85% have substance abuse problems. In the general population just 3% of people have serious and persistent mental illness and 7% substance dependence diagnoses. What other illness would result in jail placements in such record numbers?

The sad truth for some states, Connecticut for example, is that they now spend **more** on their corrections budgets than they spend on their education budgets. Continuing to cut mental health services will eventually bring Maine to this place – a place I feel certain we do not want to be.

Now, let me focus on the cuts to NAMI Maine specifically. This budget doubles the cut to NAMI Maine – originally \$82,000 (19% of our budget) the cut will now be \$164,000 (38%) over the two years. We have been primarily funded by the state since we were established 14 years ago. This has allowed us to provide crucial services state wide and has assisted the State to comply with the terms of the AMHI Consent Decree. We have

sustained other cuts over the past two years. By 05 NAMI Maine's funding will be reduced by \$240,297 from FY 01 levels. I am still reviewing the budget to know exactly what will be lost – but staff layoffs will occur as well as service reductions.

Let me take this opportunity to thank you for your attention to mental health and for the assistance that you have provided to NAMI Maine over the last months of budget cutting. Let me also thank the Department of Behavioral and Developmental Services for the funding that they have provided for NAMI Maine in the past.

To close, I urge you to find alternatives to making these additional cuts.

FACT SHEET ABOUT NAMI MAINE

Who we are and what we do:

- Membership organization representing families of and people with mental illness and/or co-occurring substance abuse disorders.
- Contracted by the State to fulfill two sections of the AMHI Consent Decree: Section I – Family Support, paragraphs 109 – 111 and Section XII – Public Education, paragraph 252.
- Receive \$256,628 for Family Support (called Information and Referral), \$72,988 for Family Respite, and \$100,000 for public education. Total: \$429,616.
- Between 2000 and 2002, responded to 8,969 phone calls, trained 4,310 people at 295 sites, provided 11,612 hours of respite care, and our website was contacted 77,504 times. Cost of service: \$3.90/contact. \$6.28/respite hour.

Accomplishments 00-02 that make NAMI Maine unique

- Only public voice for people with mental illness and their families
- Brought the plight of inmates with mental illness in jails and prisons to the attention of the legislature and the public.
- Obtained non-state funding to start CIT, a nationally recognized community-policing program designed to improve police response to psychiatric crises in the community.
- Obtained federal funding of \$900,000 for Cumberland County Jail Diversion project.
- Provided 8 hours of training to all graduates of the Maine Criminal Justice Academy about effective interventions in psychiatric crises at no cost to the Academy.
- Offered the only in-school training about childhood mental health problems – how to recognize and cope with them. No cost to schools.
- The only organization to offer in-jail training to correctional officers at no cost to the jails and with Criminal Justice Academy approved credits.
- Only organization in Maine offering one-stop-shopping for information about mental illness, how to get help, and what the laws require.
- Only organization in Maine offering warm line help to families of and people with mental illness Monday through Friday, 8am to 5pm.
- Only organization in Maine offering respite services to adults with mental illness.
- Only system-wide policy and legislative advocate for people with mental illness and their families.
- Identified \$10,000,000 in savings to the MaineCare budget via five years of advocacy for mental health parity.

Funding overview:

- Reduced by \$32,480 in FY 01 (\$20,000 in child funding, \$12,480 in respite).
- Reduced by \$41,537 in FY 02 (\$36,932 in costs of occupancy, \$4,605 in QIC)
- Proposed cut of \$164,000 in 05.
- Total reductions 01-05: \$240,297 (39% reduction)

- Despite funding reductions in 01 and 02, increased number of people trained by 174%, number of training workshops by 163%, and number of children's trainings by 150%.

Impact of 05 cuts:

- 39% reduction in staff (2 positions out of 6)
- Elimination of financial assistance to 17 local support groups
- Elimination of individual on-site advocacy for families in treatment settings and schools.
- 39% reduction in involvement in policy-making and system-wide advocacy activities
- 39% reduction in information and referral services (response to calls, policy-making participation, information dissemination).



THE MAINE ASSOCIATION OF
MENTAL HEALTH SERVICES

TO: Senators Cathcart and Brennan, Representatives Brannigan and Kane,
Members of the Joint Standing Committees on Appropriations and
Financial Affairs and Health and Human Services

FROM: Ronald S. Welch, Executive Director

DATE: May 6, 2003

RE: Supplemental Budget for Fiscal Year '04/'05

Enough is enough! These words resonate through out the halls of the legislature because they resonate with the truth.

My name is Ron Welch and I am the Executive Director of the Maine Association of Mental Health Services. We represent providers of community mental health treatment to tens of thousands of Maine's children and adults across the state. If this budget passes, you should expect that it will have a profound impact on the constituents within your own communities!

\$92 million dollars have already been cut from community mental health treatment, as the attachment shows. The Fiscal Year '04/'05 Biennial Budget passed just weeks ago has already put community mental health care up against the wall. We recognized then, as we do now, that the state's fiscal crisis can only be solved if all play an equitable part. We have done that and more, and yet those who live with mental illness are asked again to suffer additional cuts in services.

If the \$92 M cut in care and treatment put us up against the wall, these cuts will send people with mental illness crashing through it! You can stop this! I believe that you are fully aware that we have now reached the point where additional cuts cannot be sustained! Please don't let Maine's community mental health systems erode beyond repair.

Community Support Services are core to the well being of people with mental illness. MaineCare is not an option for all individuals. These are the individuals in public and private hospitals, or in jails without the treatment they require, or in homeless shelters, or who are able to work but make too much to be eligible for MaineCare, or who have benefits that preclude MaineCare eligibility. For these reasons, cutting scarce general fund dollars by 25 % may leave the health of some people precariously in jeopardy.

Ultimately, the burden will fall back on our towns and cities in the form of general assistance. Why play these shell games of cutting the general fund account of BDS, only to push the burden back to Maine's municipalities, who in turn will seek help from the state? Haven't we had enough of this?

There are other ways to deal with this. We proposed at the hearing on the biennial budget that policy makers take a look at the cost benefit analysis of changing how they provide intensive case management services. Private agencies pay \$13.61/hr for these caseworkers, and state government pays \$17.75/hr, not to mention the vast differential in fringe benefits. In any case, while this proposal did not generate any interest on the part of the Administration at that time, we bring it up again today as an idea that would save the state money. Today we ask that you think of our clients, not the union, and consider the fiscal efficacy of contracting out this service.

As you will see in the attached pages, we estimate that cuts included in the biennial budget, along with these cuts, will result in a loss of 1200 to 1400 jobs in the community services arena. When faced with a job loss of half that size at Great Northern Paper we admirably pulled together all the resources we could muster to help. The same responsive approach occurred for Old Town. Yet here, the state is actually making the job cuts itself.

This budget also gives merit increases to state workers and increases to institutional budgets, while cutting community mental health services. This is not the direction prescribed in the AMHI Consent Decree, a policy that Maine has embraced for the last 10 years. If we are committed to NOT running our mental health services through legal cases and consent decrees - we are going in the wrong direction with this supplemental budget proposal.

Finally, the irony of a continually increasing corrections budget is surely not lost on you. As you cut more community mental health services, many individuals with mental illness end up in the correctional system without the treatment they need. Reference the work, just last year, of the Joint Standing Committee on Criminal Justice and Public Safety, which documented these issues well. It is far cheaper and more humane to provide people with mental health services in community settings, rather than in jails.

We approached the hearing on the biennial budget, with a sense of obligation and responsibility. We provided thoughtful testimony. We agreed that we would work with the Department to make that budget work, even with a \$92 M cut in services. We will continue to be your partners in these difficult times, but as to further cuts, enough is enough!

\$7.4 M in Cuts to Adult Grant Funds

A.) Service Cuts:

- **Vocational Services:** over 100 people will be cut from services that help them obtain and retain viable work.
- **Community Support Services:** in addition to cuts included in the FY 03 budget, another \$380K and \$1.5M will be cut, leaving over 100 people without this necessary service.
- **Flexible Funds:** 60 people will lose these services.
- **Transportation:** cut by \$500K!
- **Consumer Services:** includes cuts to social clubs.
- **Outpatient Services:** 300 consumers will lose service.

B. Job Loss:

This cut amounts to over \$7.4M for the biennium. No funds were restored in the Governor's "change package".

The value of the \$7.4M cut is equal to a loss of hundreds of taxpaying jobs to the Maine economy statewide. The amplified impact of these lost jobs will be even greater to the Maine economy, as was evidenced when Great Northern Paper closed.

\$17.6 M in Cuts to Children's Grant Funds

A.) Service Cuts:

- **Preventive Therapeutic Services:** 1,300 children will lose these services.
- **Community Support:** cuts community support services for 520 non-MaineCare youth, and outreach, advocacy and counseling for 800 homeless youth..
- **Case Management:** 445 non-MaineCare children lose services.
- **Home-Based Family Services:** this cut eliminates over 160 children and families from service.
- **Outpatient Services:** over 880 children will be cut from this service.
- **Flexible Funds:** in FY 04, over 425 children will be cut from this service. That goes up to over 2,250 children in FY 05.
- **Respite Care:** over 165 children will be cut from the respite program in FY 04 and over 2,580 in FY 05.
- **Mediation Services:** this cut impacts over 300 children and families who are attempting to keep their families together through mediation.
- **Information and Referral:** over 40,000 requests for information and referral will not be honored because of this cut.
- **Parent Support and Self Help:** 1,200 families will lose this service.

B. Job Loss:

The Governor's "Change Package" adds back about \$5M to the \$22.6M cut in the services listed above, with some minimal restoration of services.

The value of the remaining \$17.6M cut is equal to a loss of hundreds of taxpaying jobs to the Maine economy statewide. The amplified impact of these lost jobs will be even greater to the Maine economy, as was evidenced when Great Northern Paper closed.

Over \$67 M in Cuts to MaineCare Services

Over \$30 M in MaineCare Cuts to Children's Services:

\$10,049,146 is cut in Medicaid seed over the FY 04/04 biennium. Matched, this means that reimbursement of over **\$30M will be lost**, both in terms of services to children and to the state economy.

Although DBDS expects to achieve these "savings" by tightening reimbursement levels, cuts over the last two years make this approach unreasonable. What is reasonable is to translate these cuts into a **loss of hundreds of jobs** to the state of Maine over the next two years.

Over \$37 M in MaineCare Cuts to Adult Services:

\$12,524,552 is cut in Medicaid seed over the FY 04/05 biennium. Matched, this means that reimbursement of over **\$37M will be lost**, both in terms of services to adults with mental illness and to the state economy.

Although DBDS expects to achieve these "savings" by tightening reimbursement levels, cuts over the last two years make this approach unreasonable. What is reasonable is to translate these cuts into a **loss of hundreds of jobs** to the state of Maine over the next two years.

Financial Impact of Cuts To Community Mental Health Services

~ ~ ~

Biennial Budget for Fiscal Years 2004 and 2005
As already Passed by the Maine Legislature

<u>Service Cuts</u>	<u>State Funds</u>	<u>Federal Funds</u>
MaineCare for Children:	\$10,049,146.	\$20,098,292.
MaineCare for Adults:	\$12,524,552.	\$25,049,104.
Children's Services:	\$17,600,000.	
Adult Services:	\$7,400,000.	
<hr/>		
Subtotals:	\$47,573,698.	\$45,147,396.

**Total Cuts to Community Mental Health Treatment and
Services for Children and Adults: \$92,721,094!!!!!!!!!!**

NOTE: This only accounts for the immediate direct cuts in treatment and services. It does not include the costs that will be incurred when children and adults require more intensive and costly institutional services.

The Maine economy will likewise be negatively impacted with the loss of almost a hundred million dollars.

TO: Members of the House Appropriations and Human Services Committees

From: Nancy Ives, Volunteers of America Clinical Director
Ed Blanchard, Shalom Clinical Director
Residential Service Providers/Maine Mental Health Association

Date: May 6, 2003

Recent changes by the Department of Human Services in the funding mechanisms for PNMI (Private Non-medical Institutions) is going to present a serious funding problem for mental health providers. The PNMI funding mechanism is utilized in all adult residential and supported housing options in Maine.

In the PNMI funding formula, there is an "allowance" category that covers many of the essential expenses outside labor costs. Until the most recent change, the cost of room and board for residents of these facilities was included in the allowance category. This meant that these costs were included in the costs covered by MaineCare. Now, room and board have been moved out of this category and must be covered by DBS grant dollars. Since there has been an overall cut in grant money to provider agencies already, there will be no grant money left available to cover the cost of room and board. This will result in a deficit for agencies providing this service.

Staffed residential housing for some individuals with persistent and chronic mental illness is imperative to their recovery, community integration and community safety. If you were to poll community support service providers, housing and psychiatric services would be top on their list for highest need and lowest available resources. Without housing, most if not all, of our residents would be on the street, in jail, using shelters, emergency rooms and/or expensive hospitalization. If residential programs are forced to shut down due to deficit funding, the State will continue to pay for their housing albeit at a higher rate than can be accomplished through a planned, safe, and supervised residence. Many of our residences have been set aside for high profile and high users of community and State resources (i.e. AMHI). By changing the way PNMI is reimbursed, these high users of services will cost the State more not less since room and board costs will have to be made up through changing other essential elements of the program (staffing patterns, for example). Furthermore, many of the individuals agencies house and supervise are individuals who can not live in community housing because of rental history and other potentially life threatening behavior (arson, violence etc.) BDS has asked us to supervise individuals in the community with specific staffing patterns suited to maintaining safety for the individual and the neighborhoods/community. With the PNMI rate setting cuts and reduced grant dollars, staffing patterns and appropriate services cannot be maintained for consumers many of which are consent decree consumers.

One may see a solution in raising the costs that consumers pay for housing; however, agencies already charge most consumers what amounts to $\frac{3}{4}$ of their monthly income. Consumers use the remainder of their income for co pays and personal items. If agencies are forced to raise the rent, consumers will have to make the choice of whether to remain in safe and supervised housing or move to accommodations which have proven in the past not to be a stabilizing choice for them. Many will end up hospitalized, homeless or in jail.

DBS and the Appropriations and Human Services committee are asked to review the consequences of this action and restore enough mental health grant dollars to correct this looming problem.

Appropriations and Financial Affairs and Health and Human Services Committees
State Supplemental Budget, Tuesday, May 6, 2003,
Community Health and Counseling Services, Bangor, Maine
By Joseph H. Pickering, Jr., Executive Director

Senators Cathcart and Brennan, Representatives Brannigan and Kane, and Members of the Appropriations and Financial Affairs and Health and Human Services Committees: my name is Joseph H. Pickering, Jr. I am the Executive Director of Community Health and Counseling Services and a member of the Northeast Quality Improvement Council, a member of NAMI of Maine Board of Directors and most importantly the father of a son with schizophrenia. Thank you for the opportunity to speak.

I respectfully respect that you totally support Governor Baldacci's vision but not any of his proposed budget cuts to community mental health services. Governor Baldacci's vision is clear and visionary, it calls for many things including a mental health services system that can and will support every Mainer in real need. He promises that all people have the support in their communities that they need, when they need it. He promises a mental health system that is cost effective, innovate, easily negotiated, based on prevention and best practice, and responsive to individual differences and needs.

Neither Governor Baldacci or the Legislature is responsible for the state's sad one billion-dollar deficit but you are both responsible for making choices that terribly effect the lives of community clients. We cannot have a system that is cost effective and innovative by cutting community client services first, while preserving state employment. Community client services should be the last cut, not the first cut. Maine cannot afford to provide the needed support to people in their communities by drastically cutting its most cost-effective services. It surely should not continue to replace or duplicate them with more costly state-operated services but the state has been. Why? This community safety net has proven to prevent the use of more expensive and more restrictive alternatives. By sharply eroding this vital safety net, you as a Legislature are incurring greater costs to the taxpayer and giving greater pain to community clients.

Both the Governor and you are sadly presiding over the largest cut in community-based clients' services in the history of Maine. The Governor and you approved ninety-two million dollars of cuts with only a handful of positions cut in Department of Behavioral and Developmental Services (BDS). All this is happening while the regional BDS offices have grown enormously over the past few years. Why? Why is the State of Maine downsizing community services while upsizing state employment in the regional offices? Shouldn't the first priority of the mental health system be client services? Now Governor Baldacci, has contrary to his vision, proposed to the Legislature that all of the new BDS budget cuts be borne by the community agencies and clients. He has not approved any cuts to be made in BDS structure in the latest round. Please reject Governor Baldacci's decision to further devastate community mental health services.

In the past few years well over 100 million dollars have been cut from the community safety net while actual increases have been approved for BDS state structure. Reject the Governor's proposed cut for community services. Have the courage to ask the Governor to match up the budget proposal with his stated vision.

Oppose all cuts in community services. One state legislator has said we may need more time before we cut funds from the BDS structure. I ask that all of you please take off your Republican and Democratic hats and ask this one question.

If you need more time to study the necessary changes in state government before making cuts to the BDS structure, then even more so you should take the time necessary to study the impact of the \$92 million cut on the lives of community clients. You owe it to them before you ever consider any further cuts to these clients.

Community clients deserve your compassion and your support, not constant instability! I have enclosed a copy of a letter that the Community Health and Counseling Services' Board of Directors recently sent to the Legislature. It outlines the devastating effects of these cuts to community-based service recipients.



Community Health and Counseling Services

P.O. Box 425, Bangor, Maine 04402-0425
(207) 947-0366
(207) 990-4730 TTY for Hearing Impaired
website: www.chcs-me.org

May 2, 2003

The Appropriations and Financial Affairs Committee
2 State House Station
Augusta, ME 04333

The Health and Human Services Committee
2 State House Station
Augusta, ME 04333

RE: "Budget Cuts: FY 04/05 Supplemental Budget"

Dear Senators Cathcart and Brennan and Representatives Brannigan and Kane:

The Board of Directors of Community Health and Counseling Services (CHCS) is writing to urge you to reverse the proposal for additional budget cuts for adult mental health services as proposed in the Department of Behavioral and Developmental Services (BDS) Supplemental Budget. These cuts, if approved, would have a devastating impact on community-based mental health services for adults.

To put these cuts into perspective, the reduction in grant dollars for community support services represents more than 19,000 hours of community support services each year of the biennium. This represents services to approximately 250 people a year.

The people who receive community support services are individuals with a mental illness who are homeless or at risk of homelessness, have difficulties living in the community because of poor judgement or bizarre behavior, are at risk of arrest because of behavior related to their mental illness, are at risk of harming themselves or others, or have great difficulty in caring for themselves without additional supports. Community support services provide the supports and assistance to help these individuals live successfully in our communities.

Maine's community mental health system has already been forced to absorb a \$92 million reduction in state and federal funding in the Biennial Budget for 2004-2005. With this proposed cut, community agencies, the backbone of the community mental health system, would experience an additional \$4 million proposed cut in the budget. Why?

Community-based services can no longer continue to bear this burden of funding reductions. The people we serve need these supports. Reduction in community-based services will shift cost to more expensive settings like hospitals, jails, shelters and other more costly services for their "safety net" often at local expense. There is a symbiotic relationship here: without hospitals community services cannot function, without community services the hospitals will fail.

The answer to this crisis must lie in the elimination of duplicative services provided at greater cost by BDS and a major streamlining of the ever-expanding and unplanned growth of the BDS regional office network. If state government continues on its path of simply adding BDS positions in the community, there will be three groups that will pay that price. First, consumers lose because Maine does not have unlimited funds. The resources we have need to be used efficiently and effectively. Second, the community agencies, which are the backbone of the service delivery system, lose. Agencies like CHCS are always on the front line for cuts when the state has a budget crisis. This cannot

"Caring and serving since 1883"

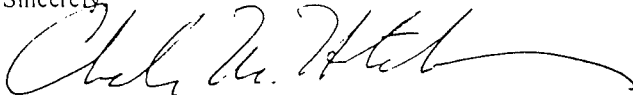
continue if the service delivery system is to survive. Lastly, the taxpayer pays for more expensive state positions and/or for more expensive services.

Over the last ten years, state policy has made community services a viable alternative to the large public psychiatric hospitals of past decades. The state's inability to maintain the quality of these expensive services over time has resulted in the additional burden of court ordered consent decrees. The BDS supplemental budget, as proposed, turns back the clock on mental health consumers in the community. We believe a disproportionate amount of cuts have been taken out of community services in relation to other parts of the mental health budget. It is well past time for a change. These cuts will make it much more difficult for the State of Maine to meet the requirements from the current consent decree. It may also lead to a new consent decree. The regional operations of BDS need to be eliminated. Maine cannot afford all this structure nor can it afford the state duplicating the services of community agencies at greater cost. The role of the state should be clearer. The state should monitor, plan, evaluate and assume contractual authority.

BDS needs to get out of the service delivery business and totally overhaul its structure, making actual cuts in its administration overhead. The state's obligation is to create and manage a system, which will efficiently and effectively provide services to people with serious mental illness. This obligation cannot be sacrificed to save state jobs. Only jobs which contribute to the efficient and effective provision of services and supports should be maintained. All other jobs can be eliminated. Up until now, the process of cutting positions has not included an analysis of the system. This is a gross disservice to people with mental illness and the taxpayers of Maine. The regional office system is an excellent example. Since its inception, it has not been evaluated for effectiveness but the system continues to expand. We suggest that there is the possibility of substantial savings in the regional system. By actual cuts, we do not mean not filling vacant positions, but reducing the number of staff in regional offices and reducing administrative spending. The answer is not in job protection for state employees or the protection of a state structure. If massive changes and reductions are to be made in community services, then massive reductions need to be made in state structure. The answer is focusing on the most effective and efficient application of the funds available to provide services directly to Maine's citizens.

Thank you for your attention to this matter on behalf of those we serve and on behalf of the Board of Directors of CHCS.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles M. Hutchins", with a long, sweeping horizontal line extending to the right.

Charles M. Hutchins, First Vice President
CHCS Board of Directors



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2 State House Station
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Page 2

5/2/03

Appropriations Committee Letter

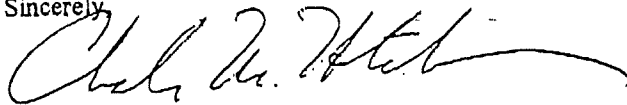
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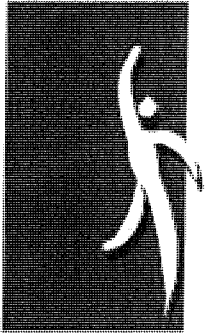
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Thank you for your attention to this matter on behalf of those we serve and on behalf of the Board of Directors of CHCS.

Sincerely,



Charles M. Hutchins, First Vice President
CHCS Board of Directors



Maine Developmental Disabilities Council

TESTIMONY APPPOSING THE PROPOSED SUPPLEMENTAL BUDGET CUTS TO THE DEPARTMENT OF DEVELOPMENTAL AND BEHAVIORAL SERVICES

121st Legislature, Appropriations and Financial Affairs Committee, May 6, 2003

Good afternoon Senator Cathcart, Senator Brennan, Representative Brannigan, Representative Kane and other distinguished members of the Appropriations and Financial Affairs and Health and Human Services Committees. My name is Rebecca Weinstein and I am the Executive Director of the Developmental Disabilities Council. The DD Council is an independent advocacy organization working toward systems change to assure that individuals with developmental disabilities are fully included, integrated, and involved in decisions impacting their lives.

The proposed additional cuts to the budget of the Department of Behavioral and Developmental Services will gravely impact the ability of the state of Maine to provide quality care and services to individuals with mental health, mental retardation, and substance abuse issues. These individuals did not choose their conditions, yet they are required to bear the weight of our current fiscal crisis.

Community-based programs are a part of established best practice. They allow individuals with mental health challenges and/or mental retardation to remain close to their networks of support – families, neighbors, and friends – that have proven essential for successful programs. Any sort of disability, including mental health and mental retardation, is a natural part of the human existence and does not diminish the right of individuals to live independently, exert control over their own lives, and be fully included in their communities. Community programs like these help to make this level of inclusion possible for everyone. These cuts to community services will effectively mean that some individuals are denied these rights.

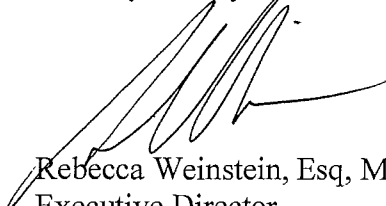
From a fiscal perspective the proposed cuts are likely to be extremely short sighted. Community based programs help individuals with developmental disabilities or mental health challenges to remain in their communities and with their networks of support. These types of services can help to avert the need for more intensive care options, reducing the cost of care. Average national Medicaid expenditures for those with mental retardation receiving home and community based services (HCBS) were less than half of the cost of an intermediate care facility (ICF). (research and training center on Community Living <http://rtc.umn.edu/risp01/toc.html>) These cuts could also transfer costs to other areas.

Approximately 55% of Maine's homeless population suffers from a mental illness, substance abuse problems, or both. Without community-based support, many more people may fall through the cracks and end up on the street.

In reality, these cuts impact not just those individuals who will lose or become ineligible for services, but all of us, as they can and in likelihood will result in increased costs in the long term. Additionally, supports like recreation and leisure programs, supported employment and public education help to make our state more diverse and open by making it possible for ALL individuals to be integrated, included and valued members of our state. These cuts will make it even more difficult for individuals with disabilities or mental health challenges to be active and vital members of their communities.

The history of discrimination against these groups makes the injustice of these cuts even more egregious. We must work to reform our priorities so that those most in need are not the first to feel the pain when budgets run into the red. These proposed cuts represent steps in the wrong direction.

Thank you for your consideration.



Rebecca Weinstein, Esq, MSW
Executive Director

Good afternoon Senator Cathcart, Senator Brennan, Representative Brannigan, Representative Kane and other distinguished members of the Appropriations and Financial Affairs and Health and Human Services Committees. My name is Louise Merriman and I am the parent of a child with autism and also a member of the Maine Developmental Disabilities Council.

In initiating budget cuts, it is important to recognize that there are faces and families that are behind these numbers. As a mother of a child with autism, I hope to put a face in front of these numbers.

For the past two years, my five year old son, Andy, has had to cope with the many challenges of autism. These challenges include language delays, social delays, physical and cognitive deficits. Andy has worked hard and come a long way in two years, but this progress would have been impossible without the transportation services that are soon to be cut.

A prime example of this is Andy's transport from home to his school in Sanford. As a parent working full-time, it is not possible for me to transport Andy from home to school and from school to daycare. This service has provided Andy with critical access to educational and therapeutic services that has made a real difference in his life. When my son started the school, he was only able to speak one word and was losing curiosity in the world around him. Now Andy is speaking full sentences and although still working with the disease of autism, he is much more engaged in the world around him. Again, none of this would be possible without these transportation services.

I have to ask myself what the costs would be if Andy did not have access to these services. What if there was no transport for Andy and he was forced to go to a nearby school that really didn't meet his needs? Would Andy have made the physical and mental strides that he did in the two years that he was transported to this school? What additional financial burden would the state have had to assume for Andy in the future?

But, Andy is only one face behind these numbers. There are many other faces that don't have a voice here. Please think of the many children and families who depend on these services. Although it can appear that these services are ancillary, they can truly make a difference in people's lives. And although the cuts seem to solve the fiscal problem at hand, the overall cost can be staggering.

Speaking Up for Us of Maine
PO Box 1065
Gardiner, ME 04345
(207) 582-0005

May 5, 2003

To: The Members of the Joint Committees
From: Speaking Up For Us

Speaking Up For Us is here to take a strong stand opposing further budget cuts to BDS.

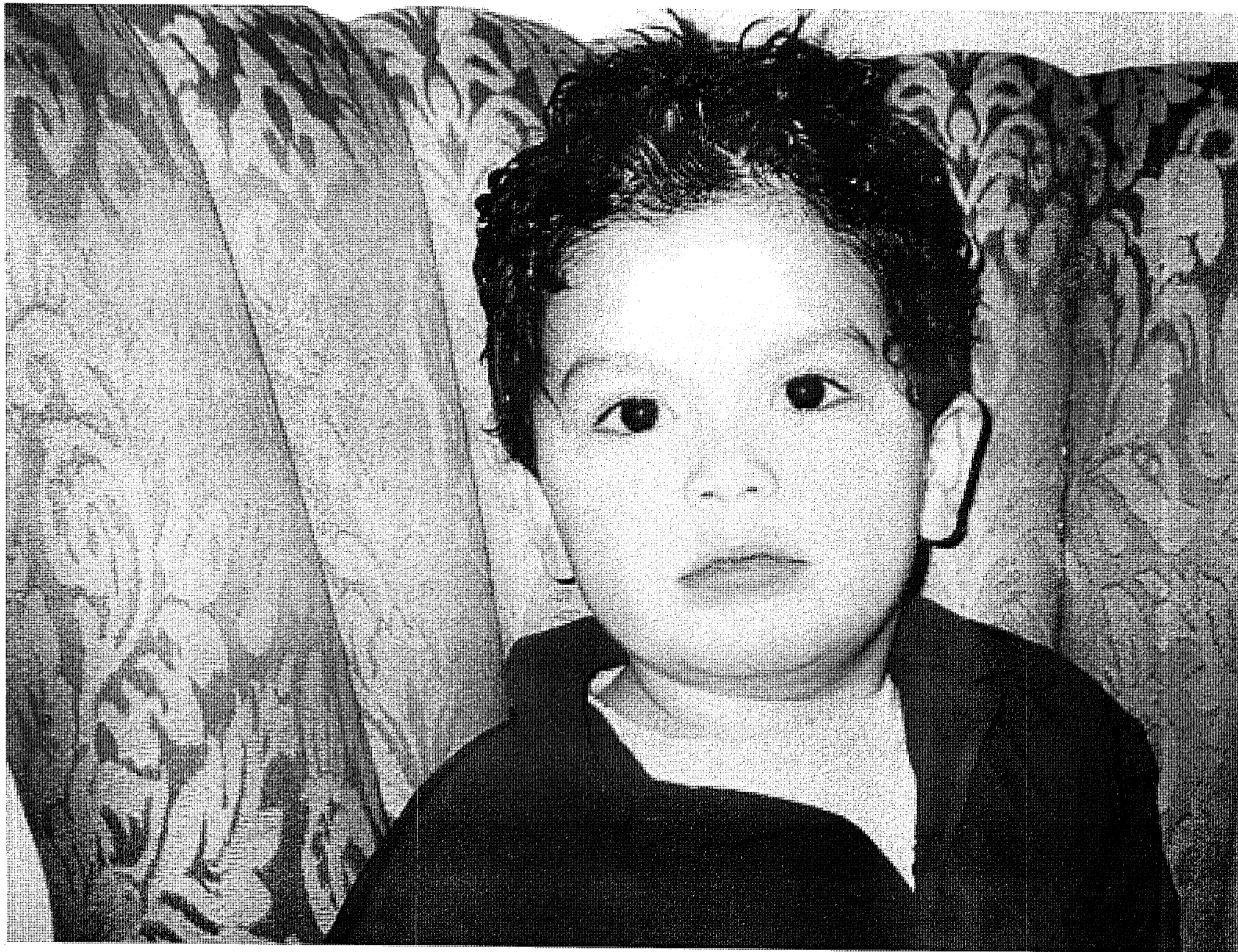
It seems like we are fighting cuts all the time when many people didn't have what they needed before. This impacts the daily lives of people with developmental disabilities all over the state! We have spent a lot of time talking to people about how the cuts will affect them. So many people are just asking to live a normal life. They just want to be able to give their families support for letting them stay at home; get respite when they need it; get a ride to the doctor or to see a friend. Most of all, they want to work and be productive members of society. If they can't get the basic support they need, how can they gain independence and learn job skills? We keep waiting for the budget crisis to get better so we can see people getting their needs met, growing and contributing more to their communities. Speaking Up For Us stands for community inclusion. How can we be included if we can't get what the people in our communities have? How long will we have to wait?

We are very scared about the cuts for people who receive little or no services now. We are scared for people who live in rural places and already have lots of trouble with transportation. They get stuck already. Where will they go? What will they do? We are worried they will fall through the crack just like so many people already have.

We can't handle any more cuts to our budget.

Thank you for your time.

-Speaking Up For Us Officers
Laura Antranigian
Sherry Howes
Maryann Preble
Jason Wyman



May 5, 2003

CITY COUNCILORS
Nichi S. Farnham, Mayor
Anne E. Allen
Michael R. Crowley
Frank J. Farrington
Richard D. Greene
David S. Nealley
Gerry G. M. Palmer, Jr.
John M. Rohman
Daniel J. Tremble

Committee on Appropriations and Financial Affairs
Maine State Legislature
Augusta, Maine

Honorable Senator Cathcart, Representative Brannigan:

The Bangor City Council recently met with a coalition of behavioral and developmental service providers who brought to our attention their concern for the preservation of the current community based service system. This group includes representatives from Community Health and Counseling, OHI, Wings, and St. Michael's Center. At its heart, they are concerned that state budget reductions might have a negative impact on the current community based system serving individuals with behavioral and developmental needs. They also indicated that a large number of questions remain as to the exact nature and extent of how proposed reductions are to be implemented and their effect on the entire system. Particular concern was expressed in regard to state support for services provided to individuals who do not qualify for Medicaid.

As we are all aware, the State has worked for many years to establish a community based service system. With the long-standing move away from institutionally based services, significantly more individuals are now living in community settings and can continue to do so successfully so long as appropriate and timely support and intervention services are available. At the local level, we are keenly aware of the problems that surface when such support is not available. Many of our requests for police and emergency medical services can be traced to underlying mental or developmental issues, and we are all aware of the extent to which Maine's homeless issues are related to these disabilities and the availability of needed community services.

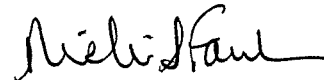
The City of Bangor has long been concerned with these issues. A Council created Special Committee on Mental Health has been in existence for over four years and has served as a forum for communication and coordination between the City, state, and a variety of non-profit service providers. The City was also

actively involved in a recent review of the issues facing the mental health system in our region and in developing recommendations to improve this system.

We understand that efforts are currently underway to reorganize the Department of Behavioral and Developmental Services and the Department of Human Services in order to reduce administrative overhead and minimize duplication of services. We also understand that the State is working within an environment of constrained fiscal resources and growing Medicaid costs.

As you review proposals affecting the Department of Behavioral and Developmental Services, we urge you to work with all interested parties to preserve and enhance the community based services system now in place. It is essential that this system continue to adequately serve the needs of our citizens. It is also important to communities like Bangor that are home to many clients and providers that this system be maintained and strengthened.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Nichi S. Farnham". The signature is fluid and cursive, with a long horizontal stroke at the end.

Nichi S. Farnham
Mayor

Cc: Members of the City Council

Senators Cathcart, Senator Brennan, Representative Branigan, Representative Kane and members of the Joint Standing Committee on Appropriations and Human Services my name is Bruce Curran and I have stood here many times in the past wearing a number of Hats. I have talked as the Director of the Maine Alliance for Addiction Recovery, as a combat veteran of the Vietnam War with a PTSD diagnosis, a person in recovery from addiction, a Licensed Alcohol and Drug Counselor, and as a step father of 19 year old young man who for the past 16 months has struggled to adapt to life as a person with Schizophrenia.

Instead today I stand here as Bruce Curran citizen of this state, resident of and voting taxpayer from the Town of Lowell. It is in Senator Cathcart's district and Represented by George Bunker.

A few weeks ago the headlines read Budget passed and signed in record time or Budget passed and signed without any tax increases. So why do we gather in this room today?

In keeping with other Budget testimony I have given this year I will not whine about lost services the present budget cuts will bring to those who can least afford to lose them. Instead I will offer a solution.

You, this Legislature should order a price increase (not a tax increase) of ten cents a bottle on every bottle of Alcohol that leaves the State's warehouse after July 1 2003. This does not affect the Micro brewers and other products that do not enter the State's Liquors warehouse. A price increase on alcohol products is long over due. If after the increased revenue is calculated by the liquor commission staff (they will do a more accurate job than any other group) more money is needed to balance the budget. Then I urge you to reduce ALL departments that depend on the budget for money by an equal amount. No Department or group should be exempt from this budget reduction starting with the Governors Office and work down to the smallest line item in the budget and reduce all by the same amount. When I say no one is exempt that also means you the legislators. It is FAIR CLEAN AND EASY TO JUSTIFY TO YOUR CONSTITUENTS.

Something else that needs to be fixed is how this budget process works. Far too much time is spent during each legislative session working on the Budget. Once a budget is passed there should be a one time only chance to amend it, say eight or nine months into the fiscal year. There should be a twenty day window of opportunity to discuss and amend as needed. The process should start and end during this time frame. If the budget is not amended then we all live the

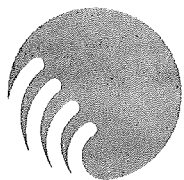
consequences. This would allow you, the Legislature to the other important work you are elected to do.

In closing I would like to say again that an increase in the price of alcohol is long overdue and IT IS NOT A TAX INCREASE.

Thank you for your attention and I will answer any questions you may have.

Bruce M Curran
398 West Old Main Road
Lowell, Maine 04493

Home phone 207-732-5204
Work phone 207-732-5679



NASW

National Association of Social Workers

<http://www.socialworkers.org>

NASW-Maine Chapter

Post Office Box 5065
Augusta, Maine 04332-5065

E-mail: NASWmaine@aol.com

Office: (207) 622-7592 Fax: (207) 623-4860

Kimberly A. Collins, MSW, Executive Director

TO: Joint Standing Committee on Appropriations and Financial Affairs
FROM: Kimm A. Collins, MSW, Executive Director
DATE: May 6, 2003
SUBJECT: Testimony: An Act to make Supplemental Appropriations and Allocations for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2004 and June 30, 2005

Senator Cathcart, Representative Brannigan, and distinguished members of the Joint Standing Committee on Appropriations and Financial Affairs, my name is Kimm Collins and I am the Executive Director of the Maine Chapter of the National Association of Social Workers. Thank you for this opportunity to provide testimony on behalf of NASW-Maine Chapter in reference to *'An Act to make Supplemental Appropriations and Allocations for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal years Ending June 30, 2004 and June 30, 2005.'*

NASW is the largest organization of professional social workers with over 150,000 members nationwide. In providing testimony today, I represent over 1,300 professional social workers residing, working and voting in all of Maine's Senate and House Districts.

States across the nation are facing a fiscal crisis. Maine is no exception.

Our fiscal problems are complex – and there are no simple solutions to complex problems. The Governor and all of the Members of the 121st Maine Legislature are faced with very difficult decisions. The implications of those decisions will impact many of the people that social workers serve. The distinguished Members of this Committee are the Legislators who are the most familiar with the budget cuts already impacting the funding of mental health, substance abuse, and mental retardation services. And yet, we are here today faced with making decisions about proposed additional cuts to these essential services.

Every day, social workers witness the devastating impact of people not being able to receive adequate mental health care coverage. Approximately 65,000 adults residing in Maine are striving to cope with serious and persistent mental illness. One in every 5 adults and one in every 12 children will have an episode of mental illness in any given year.

Delay in necessary mental health care treatment and/or substance abuse services can lead to physical illnesses and / or more serious mental illnesses that become ultimately even more costly to treat.

Social workers recognize that federal, state and local government play a central role in providing people access to comprehensive health care, including mental health care, as well as responsible human services. Maine needs to appropriate sufficient funds in order to ensure that every Maine citizen has the opportunity to meet their basic human needs, without placing undue burdens upon our most vulnerable populations.

States across the nation are facing a fiscal crisis. Maine is no exception. Our fiscal problems are complex – and there are no simple solutions to complex problems. Therefore, the NASW-Maine Chapter respectfully suggests that instead of cutting funding for essential services, Maine needs to implement basic tax reform in order to ensure that every Maine citizen has the opportunity to meet their basic needs. A fair and just tax reform would create a stable revenue stream without placing undue burdens upon Maine's most vulnerable populations.

In the context of a federal government that is seemingly determined to give tax breaks to those who need it the least, while cutting services from those who need them the most, Maine has the opportunity to do just the opposite – an opportunity to stand proud as a model to our nation of *'Life the Way it Should Be'* – an opportunity to lead with innovative, humane social policy – as the State of Maine has done so many times in the past, thanks to the compassionate and wise decisions of lawmakers here in the Maine legislature.

Social Workers believe that Maine needs to implement basic tax reform to prevent the necessity of making additional cuts to the State Budget which would seriously impact mental health, substance abuse, and mental retardation services. Social workers believe that a fair and just tax reform would create a stable revenue stream without placing undue burdens upon Maine's most vulnerable populations.

Social workers believe that the tax system as a whole needs to be based on the different abilities of individuals and businesses to contribute – a progressive system which taxes people and corporations based on their ability to pay. Therefore, the NASW-Maine Chapter is working in coalition with other progressive organizations to promote tax reform policies that would:

- Benefit the majority of Maine taxpayers;
- Focus relief on those who pay the highest proportion of their income in taxes overall;
- Provide adequate revenues that support Maine's commitment to essential education, health, safety and quality of life services;
- Export as much burden as possible to non-residents; and
- Strike a fair balance between corporations and individual taxpayers.

Social workers recognize that federal, state and local government play a central role in providing people with quality education and training, comprehensive health care including mental health care services, effective public safety, responsible human services, environmental protection, a sound infrastructure necessary for a thriving economy, etcetera. Social workers believe that the expenditures required to meet these objectives are essential ingredients in our state's future and in the health and vitality of Maine's people. These expenditures are an investment that we cannot afford to do without. We must guard against placing undue burdens upon our most vulnerable populations. The impact of this year's fiscal crisis will last for years to come – we must make wise choices – remaining mindful of the impact of those decisions on Maine's people, Maine's communities, and Maine's future.

2003 MAY - 5 PM 1:55
O.F.P.R.
Attn: Appropriations Comm.

I am a 38 year old disabled woman. I was in a bad car accident when I was 10 years of age.

I crushed my hip which caused Osteoarthritis. I was in Strivers Hospital for Crippled Children for a year and a half. I had a rod and several screws put in my hip.

A year later I had it removed. I suffered chronic pain that about 6 surgeries off and on to have bone spurs removed three out the years. I was too young to have a hip replacement. I had to wait until I was 30 years old. I've always been a fighter not a quitter.

My first hip replacement was in June of 1994 since then I've had 10 more surgeries 16 all together.

I received my H.E.D. when I was 28 then I went to College for 6 years. I'm a surgical nurse.

having surjumps back to back
hip popping out of the socket
but I never gave up I worked
at Tulane Medical Center also
at Childrens Hospital in New Orleans
Louisiana

My back is awful from my
hip popping out of the socket
I can't walk now because of
all these problems I'm on
blood thinners so I won't throw
a clot.

I don't want to spend my
life in a nursing home I
love my 6 year old son dearly
I need all my hours and
more. The care that I need is full
time. I payed in ^{on} my life
when I was working I need
all my help.

I beg you not to take away
my hours I need them for me
24 hours a day every day

I know some people may
not need them but I need
all my hours. I've already lost
8 of my hours at night which

I truly cried

Please don't take my life
from me I rightfully deserve
I'm not let's I'm not started

If you would like to talk
to me please call 359-2549

Thank you
Kimberly
Dickerson

5/2/5

To Whom This May Concern,

If there is any cuts in the Budget. there should not be in the Community Counseling. Be Cause of we all need our workers, Counselor, and day Program workers To Manage in day to day thing's we need To Talk to. if it wasn't for my Day Program workers Melessia Johnson I would not Be here today she has work with me for the past 2 years I don't know what I would of done without her. and my Groups. also all the other worker help me Very Much So! if I don't have these ~~per~~ people I could have Been in the State Hospital. So please don't Cut the Budget Save us from losing our Sanity

Darcas Bennett

if it wasn't for the programs
at CHCS I would be in the
Hospital and I think they should
keep the programs so we could
stay out of the Hospital and the
staff at CHCS help me I would stay
out of the Hospital if it wasn't
for CHCS I would be in a mental
Hospital with a nervous Break
down. So don't cut the programs
Sherry Johnston out please
thank you

O.F.P.R.
2003 MAY -6 AM 7:28

May 03, 2003

R. Scott Brousseau
P.O. Box 85
Fairfield, ME 04937
Phone: 207-453-4702

Dear Members of the Appropriations and Financial Affairs
Committee:

The State of Maine has already cut \$92 Million dollars from the Bureau of Behavioral and Developmental Services. This Bureau cannot sustain another 5 Million dollars in cuts without severely affecting those with mental illnesses, mental retardation or substance abuse problems in the State of Maine. Without continuing to provide proper treatment for this fragile segment of Maine's population, we will see more of them falling through the cracks and ending up homeless or in Maine's jails and prisons. Such austerity measures will do much more harm than good -- costing the state more in terms of hospitalizations and incarcerations.

Please vote against any further \$5 Million dollar budget cuts in the Bureau of Behavioral and Developmental Services. Thank you for your thoughtful consideration of this extremely important matter.

Sincerely,

R. Scott Brousseau

R. Scott Brousseau

To: Appropriation & Finance Committee
Health & Human Services

LD # Title

Position Oppose

Senator Mary Cathhart, Representation
Joseph Brannigan, Michael Brennen,
Thomas Kane, Appropriation for Comp,
Health Human Services

I am here today to testify on behalf
myself in opposition on LD#
title

Thank you for your time

Barbara Calvert

594.0513

I was hospitalized for two months
while in a Bipolar mania. Medications
did not work during this illunonary
state. I ended up with electro shock
therapy. Released from the hospital

I was placed in a Group Apt. Program at Midcoast Mental Health. Given 24 hour care along with therapy weekly and a case worker to help me with functions & next steps. I was receiving disability at this time and medicaid. Disability had a cost of living increase and raised my pay about \$100⁰⁰. Because of this increase I no longer qualified for medicaid. I had to move from the group apartment program and had no way to pay Midcoast for individual therapy, group therapy, case worker visits or medications.

My case worker & I traveled many different avenues for health care coverage but on a very limited income did not have money for health care coverage.

The benefits I received from Midcoast have been life altering & life saving. Without these services I would be unmedicated - living in & out of

hospitals and unable to have normal healthy relationships with my children and society in general.

What has been most life altering for me is I have come to a place that I may not be able to explain. Bipolar but I have accepted it and with all of the support I have can say that I am living in reality daily. Instead of waking up and dreading the day or having the thought that I cannot go on living - I am able to embrace the day and smile. And as stresses come up which they do I can deal with them one at a time and know that I have support.

Since I was unable to pay for services during the 8 months that I did not have Medicaid my bills quickly added up with no way of me being able to pay. This was an added stress. Midcoast helped me by being able to write off my bill - which was a blessing.

I can only pray and be here today
That others can also be guided &
helped in such a positive direction.

5/5/03

To: Appropriation and Finance Committee, Health and Human Services Committee

Regarding:

Position: Oppose

Senator Mary Cathhart, Representative Joseph Brannigan , Senator Michael Brennen and Representative Thomas Kane and members of the Appropriation and Finance Committee and Health and Human Services Committee, I am here today to testify on behalf of Mid Coast Mental Health Center in opposition. In my capacity of a Community Support Worker.

I am very concerned about the impact of a greater budget cut. As a community support worker I work with a wide variety of people with mental health issues and concerns. Sometimes I am their basic support for mental health needs and intergration in to the community. Community Support is in many cases what keeps many of my clients from relapse , going to the hospital or perhaps suicide. By adding another budget cut to our already depleted systems will cost many clients to relapse and cost the community more. Our clients may end up losing time from work, hospitalization that can be lengthy, families will be affected more. Our clients come to us to help them with housing, emotional, finance, linkage to resources into the community. We are advocates when are clients are unable to advocate for themselves or just for support in learning to advocate. Sometimes we are someone that is there for their highs and lows. In most cases without this support they would be in much distress,

Joyce Barber
May 6, 2003
MidCoast Mental Health

Hello, my name is Joyce and I would like to tell you about myself. I have rapid-cycling, bi-polar disorder, depression, agoraphobia and anxiety and panic attacks. I go to Mid-Coast Mental Health for services. I don't qualify for Medicaid. Due to family circumstances I have no money for medical bills but need the services. I have been hospitalized many times.

My community support workers help me learn how to live life with mental illness. She helps me to use the tools that the community offers. She also works with me when I need a crisis worker. She helped me to get into the Crisis Stabilisation Unit along with the Crisis team.

The crisis team is there for people 24 hrs around. I have used them when I have panic attacks or when I am suicidal. They are always there for me.

Next comes my psychiatrist he gives me prescriptions for my meds.

He always checks in with me to see if I still have stressors and what they are and if anything good is going on.

Without the support of the team at Mid Coast Mental Health I would end up hospitalized or suicidal. I need their services to live life as much on life's terms as I can.

Thank you for your time
Joyce Barbour
(207) 596-0406

May 06, 2003

Hearing Testimony for the Supplemental Budget for the Biennium- Part 2; before the joint committees of the Appropriation Committee and Health and Human Services.

Good Afternoon, Senator Mary Cathcart, Representative Joe Brannigan, Senator Mike Brennan, Representative Tom Kane and members of the committees.

My name is Sonja H. Wyllie, I live in Warren, Maine and state that I strongly oppose this bill.

I want you to know how very difficult it is for me to stand here before you today. The last time I stood before a group of people and spoke was in the fall of 1998. I was speaking then in the capacity of chairperson of the SAD 40 Board of Directors. My short speech that night was to step down as Chairperson. A couple of months before this I was savagely sexually assaulted and being in my position not only as chairperson of SAD 40, but also a member of the Board of Directors of Regional Vocational School #8 in Rockland, and a member of the Board of Directors of Maine School Boards Association here in Augusta, my assault caused a "media frenzy". It was not only in newspapers, radio, but television news reports around the state. I had literally was harassed by all forms of media, as to details of my assault and who was my assailant. I will only say this, that one might view various people as would-be rapists--this is not always

cont.

so; mine wore a three piece business suit.

I stepped down and resigned as a director from the other Boards of Education so that my personal situation would not turn into a "circus" for the Boards of Directors. Plus the fact that I was severely traumatized by everything that had happened and could not function effectively in any capacity. The outcome of my Post Traumatic Stress Disorder resulted in the loss of my job as a nurse in a Doctor's office for 18 years; my marriage of 25 years ended in divorce, my father died suddenly of a massive coronary 10 days after my divorce became final on Christmas Eve; and there are other traumas that occurred also in the year ahead. In the divorce settlement I only received joint tenancy in our family cemetery plot as my husband thought it best to have our assets out of my name as I was pursuing legal action against my assailant. (My husband, unknown to me had a "girlfriend") so I don't receive anything from him. Also, ironically enough, because I think my assailant knew he would be convicted, the table was turned on me and I was charged with filing a false rape report! This completely took the "rug out from under my feet!" I pleaded "no-contest" as I had not gone to the hospital immediately after the assault and there was no conclusive DNA evidence. By pleading no-contest you in effect state you are innocent, but realize you do not have enough "hard evidence" to perhaps win your case. I was automatically given a sentence of guilty, did 100 hours of community

c t.

service in our local schools And after just a few months the judge took me off of probation!!!
(Something I should not have had to deal with -
I feel the judicial system let me down!!!)

I literally have been in an emotional mess since. For money to live on, I cashed in my 401K which after working for 30 years was substantial, but the federal government took 67% of it in taxes! I lived frugally, hermited in my ^(rental) house as I was afraid to go outside and be seen by people. I would only go out when absolutely necessary. As my money ran out, I was forced to go back to work. I worked as a charge nurse in a long-term care facility starting in July of 2000. There was overwhelming paperwork demands, patient needs and I had a difficult time handling the deaths of my patients that I had become attached to. In February 2001, I had a complete nervous breakdown and was admitted to a Psychiatric Unit for 2 weeks; I went home for a while then was readmitted to another Psychiatric Unit and was discharged in May 2001. While at the hospital the social service case worker helped me apply for Maine Care and also my Social Security Disability Income. Which is something that comes out of your paycheck each week just for these needs should they occur. I was granted Maine Care retroactive to February of that year and waited for my Disability. Upon discharge from the hospital I had been assigned to a BDS community/case worker. She was my case

Pg. 4/6

Worker for over a year. I had kept doing the paperwork necessary for my Disability and other needs and she was suppose to deliver them for me. Needless to say they or most of the paperwork never got to where it was suppose to. She told me I just needed to wait. Out of desperation for some finances, I spoke with her supervisor, I was assigned another caseworker. In September of 2002 I found out that my Disability paperwork had not been filed- so I did it myself! Interestingly enough, I became eligible in November 2002 and received my check in December 2002. Although it was stated I was eligible in February 2001, they could only go back retroactively one year, so that meant September 2001. I did receive retroactive funds but literally used every cent to pay back people that had helped me survive, and bills that I owed - (I do have receipts for all of this). I now have a monthly check of \$853.00, and with MaineCare get by and finally see some "light at the end of the tunnel". My goal to finish paying off my bills and get both my mental and medical health back and go back into the work force. (You see the stress from all of this attributed to multiple medical/emotional problems, the least of which I have been diagnosed with Type II Diabetes and need to take medicine and have a healthy diet.

When I was notified soon after I became eligible for my Disability Funds (money) that came out of my paycheck each week just for this possible need; that my Maine

Pg. 5/6

Coverage would be closed automatically because I make "too much money"!!!! The rug once again has been pulled out from under my feet!!!!

Please explain to me, how a person can survive on \$853.00 per month, when rent is \$350.00, need to pay all utilities/heat, buy medication (currently 1344.90 per month), need food (I am eligible for ten dollars in foodstamps) (-) yes I go to the food banks but most of the food is all cans or packages of high carbohydrates - no fresh fruits or vegetables, no proteins! This have caused me to gain weight and the need for more medication! (Which I will not be able to afford).

Through all of this, it has been very difficult for me to accept charity; As I once was financially sound, had a good job, husband, and respected person in the community. But I have "swallowed" my pride and accepted this charity in order to live, but have not abused it. I try to save money for the Maine Care Program whenever I can - i.e. medication samples, discharging myself early from the hospital/ Against Medical Advice, and taking care of myself at home.

In my research, in my panic, I have obtained information that I am in the government classification of people as the "optional population", which includes ill people under 65, disabled people, (like myself); And the Blind!!!! How would you like to be an "optional population person". It seems to me, to say that we are people of this United States that are "throw-aways"!!!!

c. t.

Who makes these rules? I have been given the run around from state officials to federal officials and back again! No one wants to take responsibility!!!

Yet as a government, we are sending billions and billions of dollars to help other "populations of the world" - why can't we keep some of the money for our own people that need help like myself until I can get back on my feet and into the work force once again? I would then once again be proud to say that I am a Mainier and an American!!!

You see with^{out} Maine Care right now I will not be able to get the services I desperately need to survive. And, obviously, it will keep me from getting back in the work force - the "rug" has once again been pulled out from under me!!!

There is much more detail I could give you, but have had all I can do to do this much!

Do you have any questions for me?

(Exhibits shown)

I end with a quote from Helen Keller:

"I am only one, But still I am one - I cannot do everything, but still I can do something, I will not refuse to do the something I can do."

Thank you for listening to me today.

Sanjath Wyllie

May 6, 2003

Testimony for Health & Human Services
@ Appropriations Committee
Regarding proposed cuts to Substance
Abuse Service

I am a Registered Nurse. I have worked in the field of Substance Abuse Treatment in Maine for more than 20 years. I have watched many essential services go by the wayside - including ~~most~~ residential treatment and Detox.

If detox services are cut, it will only create more problems for the governor's enormous challenges.

Some people say Chemical dependency is a self-inflicted illness. But, in fact, most people with this disease are genetically predisposed and have little or no knowledge of it until they are out of control - much like Diabetes and Heart disease. However, no one in the State of Maine is forced to go without treatment for diabetes or heart disease.

If detox services are cut, people will be dying in the streets.

Sara J. Orlerton, RN So. Portland, ME

O.F.P.R.

8-4-03

To:

2003 MAY -8 AM 10:48

Whom it may concern,

I am writing this letter on behalf of my Grandmother Hazel Lawrence of Levant, Me. who is receiving home health service thru Alpha One. She is 86 year old widow. For the last two years my grandmother has been in and out of a nursing home for health reasons. my grandmother didn't fit the profit for nursing home care and she was also turn down by wood land Group home and others because she was to much care. So where does she go? She has only medicare and ~~medicaid~~ no money for private pay. Because of Alpha One and all for the hours she recieve she is able to live at home and get the best care she deserve. If you cut her hours where is she going to go are you go to find her a place to stay. Is medicaid willing to pay more money for nursing home care or group homes?

If you take this right
it is in humane. Please don't
do this it's not the way we
should be caring for ~~our~~ elderly
in Maine. Remember what we
do now will be our future
as we grow old.

Thank you,

Joline Ralston

86 Overlook Rd
Levant, Me. 04456
207-884-8233

P.S. Since my grandmother found
out that her hours may be cut she
has been praying to God to die.
So she won't have to leave her
home. This is ~~so~~ cruel. Please
don't do this.

5-6-03

To whom it may concern,

O.F.P.R.

2003 MAY 8 AM 10:48

Hi my name is Amic Ross, and I am
writing to you in regards of my mother
Rhonda Irene Rhodes who is 45 years old.
She is a quadriplegic and she has been
since Oct. 4th, 1996 by being in a car
accident because some jerk was speeding and
not paying attention to the road. My mom never
asked to be this way and for you guys to
take her hours ain't right. She needs 24
hr care because people need to get her
breakfast, lunch, and dinner they need to feed
her, get her bathed, washed up and dressed
brush her teeth, take her to do errands and
apts, and she needs someone there to give
her drinks and empty her leg bag all day
long, and then she needs to be put to bed, and
do it all over again, when she's in bed
someone needs to be there all night to
watch her, turn her and give her drinks. I
mean she can't move for herself we are
her hands and feet, we are the ones to move
her. It is hard for her to get people to take
care of her as is because you don't pay
enough, and now you are gonna be cruel
and take her hours away so she can't have
help and she will have nothing to do besides
stay home in bed and get bed sores. Come
that ain't right, cause you and me can

walk use our arms and legs to get ourselves ready and hey do you realize we can work and she can't do none of that. You don't know how it feels to hear your mom say she wishes she had died in the first place because she can't get help, and she can't help herself, and your guys are taking her few hours she has!! I think the quadriplegics should have more hours than anyone because they need 24 hr care... It is scary not having your hands and feet and to have people stare at you and laugh, all I am asking is if you do anything please think about giving more hours don't take hours from quads. Cause if you take the few hours she has she will never have a happy life. I hope you don't think I'm being rude I am just speaking the truth.

Thanks

Sincerely,

Amie Irene Ross
Amie Irene Ross

Amie Ross
35 Bridge Rd
Augusta, ME
04330

O.F.P.R.
To: Whom it may Concern

5-6-03

Hi my name is Rhonda Rhodes I am a 45 year old guard. I can not feel from the middle of my chest down nor move my arms or legs.

I need to keep my 23 hours due to my care such as bed baths, getting up, bowel program, draining my leg & night bag all day, all night long and I have to have assistance with feeding me, my care givers have to prepare/cook my meals. I also got to drink alot of fluids all day and all night long so my system don't shut down.

I've got to be shifted every half-n-hour well I am up in my chair and I have to be turned every 4 hours well I am in bed so I don't get skin break down. As well I need help getting my errands done and going to doctor appointments. ~~As well~~ ^{My care} givers are my arms and legs. So please let me keep my 23 hours.

Sincerely:
Rhonda
Rhodes

P.S

I am to young to live in a nursing home. I would rather live at home and be independant.

O.F.P.R.
To: Whom it may Concern
2005 MAY - 8 AM 10:48 5-6-03

Hi my name is Rhonda Rhodes I am a 45 year old guard. I can not feel from the middle of my chest down nor move my arms or legs.

I need to keep my 23 hours due to my care such as bed baths, getting up, bowel program, draining my leg & night bag all day, all night long and I have to have assistance with feeding me, my care givers have to prepare/cook my meals. I also got to drink alot of fluids all day and all night long so my system don't shut down.

I've got to be shifted every half-n-hour well I am up in my chair and I have to be turned every 4 hours well I am in bed so I don't get skin break down. As well I need help getting my errands done and going to doctor appointments. ~~As well~~ ^{My care} givers are my arms and legs. So please let me keep my 23 hours.

Sincerely:

Rhonda

Rhodes

P.S

I am to young to live in a nursing home. I would rather live at home and be independant.

MAINE COUNCIL OF CHURCHES

TESTIMONY ON BEHALF OF THE TANF ACCOUNT

Presented by Dolores Vail

On behalf of The Maine Council of Churches

May 7, 2003

Senator Cathcart, Representative Brannigan, members of the Appropriations Committee.

I am Dolores Vail, Economic Justice Program Director for the Maine Council of Churches, and I speak in support of retaining our current level of TANF funding.

As a state, we need to congratulate ourselves on our past support for TANF and especially for our support of the Parents as Scholars Program that has become a model that Senator Snowe is now proposing for the National TANF legislation. Historically, we have done a good job of caring for those less fortunate and giving them hope. In this difficult time, especially for the poor, let us not pull back from this commitment. We need to maintain at least our current level of support for those who need TANF assistance.

Therefore, I am here to urge you to maintain our good record and resist the temptation to address the shortfall by cutting TANF or any program that offers meager but necessary support for the poorest families in our state. The projected decline in TANF families to justify these savings is unrealistic; and to take action now based on these estimates, is dangerous. Almost daily we hear about a loss of a job by a friend; almost daily we read of plant closings, or downsizing, and the unemployment figures are going up. Even assuming the most optimistic picture of increased employment, and new and expanding businesses, it is extremely unlikely that the need for TANF will decrease by the year 2005. Surely this assessment is essentially dishonest. It is more honest to assume more TANF requirements in this economic climate. Our essential responsibility as a civil and moral society is to put food into hungry mouths, house the homeless, take care of the health problems of the uninsured, and assist the working poor who may need emergency help. This is what TANF helps to do, albeit poorly, and we cannot afford to shortchange our commitment to this program.

We strongly urge you to consider very carefully other alternatives to needed revenues to support TANF such as distributing the burden of this deficit more fairly between business and personal taxes. The state has a moral obligation to our children, and those who are less fortunate. If the state fails to meet this obligation, it then falls to the often meager resources of the local community to respond. And to shift the cost to the local government is in fact raising taxes at the local level.

In Maine, our community values suggest we assume responsibility for others. As our elected representatives, we ask you to act on our behalf to meet this responsibility for those who are in dire need and are not able to meet their basic requirements and are unable to be here to speak for themselves. We need to feed the hungry, clothe the naked, house the homeless, and provide medical insurance for all. We have the means from the wealth of community and other available assets! We only need the courage and will to do what needs to be done.

of TANF & PaS Cases - January 1986 to May 2003



Date	Jan 01	Feb	Mar	Apr	May	Jun	Jul 01	Aug	Sep	Oct	Nov	Dec	Jan 02	Feb	Mar	Apr	May	Jun
Cases	10,782	10,775	10,751	10,808	10,763	10,608	10,436	10,270	10,401	10,361	10,369	10,524	10,810	10,853	11,028	11,204	11,162	11,086
Date	Jul 02	Aug	Sep	Oct	Nov	Dec	Jan 03	Feb	Mar	Apr	May	Jun	Jul 03	Aug	Sep	Oct	Nov	Dec
Cases	10,959	10,843	11,104	11,276	11,671	12,236	12,093	12,354	12,505	12,380	12,391							

Graph based on data from January 1986

Dear Representative Brannigan, Senator Cathcart, and members of the Appropriations Committee,

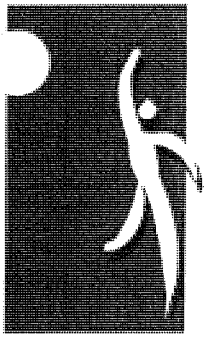
Remember the TV commercial with the mechanic under a car doing expensive repairs caused by the owner's negligence and delay in taking care of problems? He reminds viewers, "You can pay me now, or pay me later!"

As a psychiatrist practicing almost 30 years in Maine, and the parent of an only son with a major mental illness, I ask that you do all you can to minimize the cuts to mental health services. As former Surgeon General David Satcher wrote in his historic report on the state of mental health of children, only 1 in 5 with significant psychiatric problems gets the treatment they need. I know from first hand experience that early treatment, including the kind of relatively low cost but effective support and education that NAMI provides, can make a real difference to children and families in trouble. Left untreated, many psychiatric problems become exponentially more expensive in public dollars and in suffering as hospitalizations, residential treatment, and, sadly, incarceration becomes part of a mentally ill person's trajectory.

At a time when many pressures to cut costs are bearing down on us, let's "Do the right thing" by our mentally ill citizens not only because moral courage demands it, but also because it also is the highly beneficial thing to do from the point of enormous future cost savings for the State!

Sincerely,

James H. Maier, M.D.



Maine Developmental Disabilities Council

TESTIMONY IN OPPOSITION TO THE PROPOSED SUPPLEMENTAL BUDGET CUTS TO THE DEPARTMENT OF HUMAN SERVICES

121st Legislature, Appropriations and Financial Affairs Committee, May 7, 2003

Good afternoon Senator Cathcart, Senator Brennan, Representative Brannigan, Representative Kane and other distinguished members of the Appropriations and Financial Affairs and Health and Human Services Committees. My name is Rebecca Weinstein and I am the Executive Director of the Developmental Disabilities Council. The DD Council is an independent advocacy organization working toward systems change to assure that individuals with developmental disabilities are fully included, integrated, and involved in decisions impacting their lives.

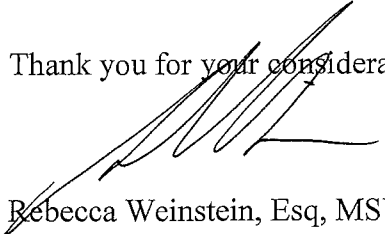
Transportation is one of the most serious issues impacting individuals with developmental disabilities. Access to transportation is a continuing, constant and profound barrier to even the most basic services, let alone the goals of full inclusion and integration. Even at current levels, transportation is one of the most frequently mentioned barriers faced by those with disabilities.

The proposed cuts in MaineCare transportation funding will make it that much more difficult and/or costly for individuals with disabilities to access health care – perhaps the most vital of services. Additionally, due to the inter-related nature of funding for transportation, the impact of these cuts could also have a trickle down effect on access to other human service programs.

Transportation is a vital part of ensuring that individuals with disabilities have access to the services they need, beginning with medical care. While we all understand the limited funds available for the biennium, reducing funding for transportation stands only to increase costs in other areas. Limiting access will not save money; more likely it will increase costs through more intensive use of emergency facilities, or transfer costs to already cash strapped families who will be forced to rely on more expensive options such as taxis.

Cutting these funds are a short-term fix that will lead to greater long-term costs and have a far reaching impact.

Thank you for your consideration.



Rebecca Weinstein, Esq, MSW
Executive Director



MID-COAST MENTAL HEALTH CENTER

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P.O. BOX 526
ROCKLAND, ME 04841
207-594-2541
1-800-540-2072

15 MID-COAST DRIVE
BELFAST, ME 04915
207-338-2295
1-888-660-9991

TDD FOR HEARING IMPAIRED
BELFAST 207-338-5846
ROCKLAND 207-594-4975

Date: May 6, 2003

To: Senator Mary Cathcart, Representative Joseph Brannigan, Senator Michael Brennan,
Representative Thomas Kane

Regarding: Supplemental Budget for the Biennium.

Position: Oppose

Senator Cathcart, Representative Brannigan, Senator Brennan, Representative Kane, and members of the Appropriations Committee and Health and Human Services, I am Martha Marchut and I am here today to testify on behalf of Mid-Coast Mental Health Center in opposition to the cuts to Community Support Services proposed in the Supplemental Budget for the Biennium. In my capacity at Mid-Coast Mental Health Center, I am the Manager of Community Support Services in Belfast.

In order to qualify for Community Support Services, individuals must have a diagnosed psychiatric illness of sufficient severity to significantly interfere with social or occupational functioning. They may be homeless or at risk of homelessness. They may have great difficulty caring for themselves. They may present a risk of harming themselves or others. They may be at risk for future psychiatric hospitalization.

Community Support Services provide a lifeline for these individuals by connecting them with needed services, helping them to advocate for themselves, and providing individuals and their families with information, consultation, and problem-solving supports.

Community Mental Health Treatment and Services for Children and Adults already has experienced \$92,000,000 in cuts. The proposed cuts to Community Support Services will largely affect those Community Support consumers who do not qualify for Medicaid. Typically, these are individuals who, through great effort, have been able to earn just enough money to put them above the poverty level and to thus keep them from qualifying for Medicaid. It seems particularly unjust to penalize them in a way that actually undermines their efforts to be productive members of our society.

Thank you for your time.

Martha Marchut, LCSW
Manager of Community Support
Mid-Coast Mental Health Center
207-338-2295
mmarchut@mcmentalhealth.org

FAX: ROCKLAND 207-596-2064

FAX: BELFAST 207-338-2388

www.mcmentalhealth.org

PROVIDING SERVICES TO RESIDENTS OF MID-COAST MAINE FOR OVER 30 YEARS



Maine Association of Interdependent Neighborhoods

P.O. Box 2711
Bangor, ME 04402
Judy Guay, President
(207) 947-4371
krjguay@myexcel.com



May 7, 2003 **Testimony Opposing \$2 million TANF Cut & Cuts in Mental Health Services**

Good afternoon, my name is Russell Anderson and I am here representing the Maine Association of Interdependent Neighborhoods (MAIN). MAIN is a group of individuals and organizations advocating for the rights of our most vulnerable citizens, and has been doing so for over 20 years.

Just yesterday, I was informed about a proposal to cut \$2 million from the TANF program. This is, apparently, predicated on the hopes that an ever-lagging economy will get better, and projecting, 400+ families will move off welfare in Maine. Isn't this a gamble in these dangerous times of unpredictable crises and daily notices of job losses?

We've already taken cuts in Medicaid; look at the increased co-payments and premiums; how about the community transportation funding cuts; and mental health services.

Who can absorb more cuts? Answer: Not the neediest people of this state.

There are other creative ways to supplement the General Fund, other than on the backs of those whose lifestyle is often an austere regimen of food pantries, regular utility disconnects, second-hand thrift shops, broken hearts, and a never-ending hope that someday a better life may come, especially for their children.

I talk to low-income families and individuals on a daily basis. Their pleas collectively demonstrate the inherent stresses of families having to survive on a public benefit grant averaging \$386 a month—as many of you know Maine's TANF grants are the very lowest in New England. Such stress can take its toll on the lives of these children and families, and their communities. What will happen to local community programs providing mental health services, homeless shelters, domestic violence intervention, counseling of all sorts, faith-based initiatives who are already under financial duress when these families need even more help?

Does the rationale of cutting social services encourage our people, our communities--our state—to strive for disparate treatment for some and a prosperous existence for others?

Please look elsewhere to fill the shortfall: The BETR program is a prime candidate for a small first-time percentage cut. A sales tax on ski lift tickets would be another resource for funding if that current tax exemption were removed.

There are better ways than taxing the poor.

Russell Anderson
1301 Manktown Rd.
Waldoboro, ME 04572
Tel: 832-4754



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
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Thomas F. Shields, M.D.

375 Maple Hill Road
Auburn, ME 04210
Telephone: (207) 782-7451
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E-Mail: tshields@exploremaine.com

May 7, 2003

To : Members of the Appropriations Committee
From : Concerned members of the Health and Human Services Committee

Severely diminished services in BDS and DHS have been proposed.

The Tobacco Settlement Funds remain a source from which to de-allocate funds to relieve some of the painful cuts in BDS and DHS services. These Tobacco Fund programs remain almost fully intact.

The Fund for Healthy Maine can continue statutory integrity; maintain its services to individuals, communities, and schools; and still be a source for more than \$4,000,000 for BDS and DHS services in the next biennium.

WHY SHOULD THIS MONEY BE USED TO PAY FOR

- 1) ADVERTISING EXECUTIVES**
 - 2) PUBLIC OPINION POLLING COMPANIES**
 - 3) TELEVISION AND PRINT MEDIA ADS ?**
- NONE OF THESE ITEMS DIRECTLY BENEFIT PEOPLE.**

To the desperate mental health patient, the frazzled care-giver who has lost respite care, and the family deteriorating without support services, explain why these tobacco programs are more important than they are.

A plan for the use of the Fund for Healthy Maine is attached.

Thomas F. Shields, M.D., District 72, Auburn

District 72 Part of Auburn

TESTIMONY FOR DE-ALLOCATION OF A PART OF THE TOBACCO SETTLEMENT ALLOCATIONS

No changes were present in the Governor's proposed budget for the Fund for Healthy Maine. The assumption here is that it will be flat funded with the same amounts. The tobacco program-related allocations are addressed below :

1. FY03 Allocation \$7.69 million and \$1.0 million CDC grant for the Community/School Grants:

These should remain intact for the important work they could do.

There are 31 community grants in addition to 9 school-based health centers, 5 Indian health centers and PROP, a statewide youth program. There were 4 start-up school grants beginning January 15, 2001 which were to be decreased to the level of the others. Each of these could yield \$ 50,000 to bring them to the level of the others.

FY 04 and FY 05 Available money - \$ 400,000

2. FY 03 allocation \$2.7 million for the Counter-marketing Media and Statewide Education Contractor :

This contractor has been providing research-driven and tested messages, materials, and training to support community and school efforts which create awareness of the effects of tobacco and how to receive help if cessation of smoking is desired. SFY 03 is the third fully funded year for this activity. The intensity of developing new material should be less, since the products already developed are "research-driven and tested". This program can be diminished 50% for FY 04 and FY 05.

Available money - \$2,700,000

3. FY03 allocation \$1.7 million for the Tobacco Treatment Contractor and \$750,000 for the Pharmaceutical Treatment Program :

These should remain fully funded. The treatment contractor has a training mandate which may overlap the training duties of the education contractor.

4. FY 03 allocation \$1,100,000 for evaluation costs for the success of the programs :

Omitting this in FY 04 and funding it for FY 05, since it has already established trends between 1997 and 2001, makes available \$ 1,100,000.

Total available funds : \$4,200,000 for FY 04 and FY 05

Department of Human Services/Bureau of Health Fund for a Healthy Maine

	SFY 01 FHM Allocation (in millions)	SFY 02 Allocation (annualized in millions)	SFY 03 Allocation (annualized in millions)	Other Sources of Funding (in millions)
Tobacco-Related Allocation				
Community/School Grants	\$8.35	\$7.69	\$7.69	\$1.00 CDC Grant
Cessation/Evaluation/Education and Counter-marketing Media	\$7.95	\$4.70	\$6.50	
Home Visits Allocation	\$4.80	\$4.30	\$4.30	\$0.26 (GF app.) \$0.26 (Federal Funds)
Oral Health Allocation	\$0.95	\$0.95	\$0.95	
Family Planning Allocation	\$0.40	\$0.40	\$0.40	\$1.014 State Funds \$0.273 Federal Funds

Notes:

Tobacco Cessation/Evaluation/Education and Counter-marketing Media received additional funds in FY 03 of \$1.8 million.

Home Visits had \$1 million taken from their budget in FY 03 on a one-time basis, but this was replaced with the same amount of funds from TANF.

An additional \$50,000 was allocated to Medicaid for Oral Health Case Management.

Explanations of Other Sources:

Family Planning other sources include: Federal Funds (Social Services Block Grant = SSBG \$0.273 million) and State General Funds (\$1.014 million, which includes Community Family Planning, Primary Prevention, and SSBG State Match). Other government funds for Family Planning include Federal Title X Funds (\$1.538) and Medicaid patient reimbursement (\$0.883 million).

Home Visits receives \$0.26 from the General Fund and \$0.26 from the Medicaid Provider Account.

Partnership For A Tobacco-Free Maine also receives \$1.00 million from Centers for Disease Control (CDC) for certain statewide support of tobacco activities. For instance, these funds pay the salaries of seven staff members, many of the program's overhead expenses (rent, etc.), enforcement of tobacco laws, and some statewide coordination of local interventions (such as training conferences and newsletters). In addition, these funds provide support for the Tobacco-Free Athletes program and for initiatives that address populations that are disproportionately affected by tobacco use.

An additional \$0.263 million is allocated from the Federal Maternal Child Health Block Grant to support School-Based Health Centers (SBHCs) around the State, separately from those supported with the FHM Tobacco Community/School Grants (\$0.4 million from FHM Community School Grants specifically supports SBHCs).

Background on State/Federal Funding for Tobacco Prevention/ Cessation in Maine

Prior to 1993, there were no State or Federal funds for tobacco prevention or cessation in Maine, despite tobacco use being our biggest underlying cause of death. In 1993, a grant of \$750,000 from the National Cancer Institute (NCI) was awarded to Maine. This money came to the Bureau of Health, and created the ASSIST Program. Seven State positions were created—five professional and two support staff. The focus of this program was to create local support across the State for tobacco prevention and control.

In November, 1997 the tobacco excise tax was raised from 37¢ to 74¢ per pack, with a resulting \$3.5 million allocated to the Bureau of Health for tobacco prevention and control. These funds represented the first State funds ever appropriated for tobacco prevention and control. No new Bureau staff were added with these funds. Meanwhile, the Federal source of tobacco funds was changed from NCI to the Centers for Disease Control and Prevention (CDC). These funds were then added to the tobacco excise

tax funds to create the Partnership For A Tobacco-Free Maine (PTM), with a focus on: community and school interventions to reduce tobacco consumption; media to change the culture surrounding tobacco, to reduce youth smoking, and to counter the Tobacco Industry's mass media campaigns; and enforcement of tobacco laws (using CDC funds). The structure and strategies used by the PTM follow program guidelines recommended by the Centers for Disease Control.

For fiscal years 1998 and 1999, the PTM relied on the tobacco excise tax funds for its State funding. It also continued to receive about \$0.75 million from the CDC for support of the seven State positions as well as for some statewide coordination (including tobacco law enforcement).

Starting fiscal year 2000, the \$3.5 million funding from the tobacco excise tax ended. Instead, that year PTM received \$3.5 million from the tobacco settlement. Federal CDC monies continued, and for this fiscal year, the Bureau of Health also received \$0.4 million from the Food and Drug Administration (FDA) for tobacco enforcement. This ended in June, 2000 with the Supreme Court's decision that disallowed the FDA from controlling nicotine.

For fiscal year 2001, tobacco settlement funds were allocated to the following categories: \$8.35 million for community/school grants; \$6.75 million for tobacco treatment services and counter-marketing media; \$1.2 million for evaluation of all the tobacco-related programs; and \$0.26 million for five positions in the Bureau of Health.

For fiscal years 2002 and 2003, the tobacco settlement funds were allocated as follows: \$7.69 million for community/school grants (including school-based health centers), \$4.2 million for tobacco treatment and counter-marketing media, and \$0.5 million for evaluation.

Summary of Tobacco Funding:

State FY	Source of Funds	Amounts (in millions)	Total (Annualized)
Prior to 1993		No State or Federal Funds for Tobacco Control	- 0 -
1993-1997	Federal NCI	\$0.75	\$0.75
1998-1999	State Excise Tax	\$3.50	
	Federal CDC	\$0.75	\$4.25
2000	Tobacco Settlement	\$3.50	
	Federal CDC	\$0.75	
	FDA	\$0.40	\$4.65
2001	Tobacco Settlement	\$16.30	
	Federal CDC	\$0.95	\$17.25
2002	Tobacco Settlement	\$12.39	
	Federal CDC	\$1.00	\$13.39
2003	Tobacco Settlement	\$14.47*	
	Federal CDC	\$1.00	\$15.47

**An increase to the Bureau of Health budget was received in FY 03 and is carried forward.*

Bureau of Health Tobacco Settlement-Funded Allocations

TOBACCO-RELATED ALLOCATION—HEALTHY MAINE PARTNERSHIPS

Community/School Grants and Statewide Coordination: \$7.69 million

This allocation is for community/school grants to reduce tobacco addiction, poor nutrition, and physical inactivity. Thirty-one grants were awarded in January 2001 to 31 areas covering the entire state. Awardees had to include the local health care delivery system, at least one school district, and other pertinent community members and organizations in their partnerships. Their focus is on changing policies and creating community environments that make physical activity, healthy eating, and living a tobacco-free life easier to achieve. Examples include: preventing youth smoking; working with employers to create policies that encourage and support employee activity breaks (such as a brisk walk during the day); making tobacco treatment services available and accessible throughout the community; ensuring healthy food and beverages are available in school lunch programs; and helping restaurant owners to offer and highlight healthy and tasty menu items.

Statewide coordination includes the following contracts: tribal organizations to address the three risk factors, the Maine Center for Public Health to address obesity and other activities, PROP to implement training and technical assistance to support 31 local Youth Advocacy Programs, and a statewide Youth Advocacy Tobacco Prevention Network.

Each grant includes a subcontract to fund a School Health Coordinator in at least one school.

COMMUNITY/SCHOOL GRANTS (TOTAL FOR CATEGORY = \$7.69 MILLION, GRANTS = \$7 MILLION) Community/School Grants as of 1/03

Annualized Award Name of Awardee Town	Annualized Award Name of Awardee Town	Annualized Award Name of Awardee Town
\$207,644 MaineGeneral Health Getting Healthy Augusta	\$211,600 Waldo County General Hospital Healthy Living Project Belfast	\$211,600 Central Maine Community Health Corporation Healthy Androscoggin Coalition Lewiston
\$211,600 Mount Desert Island Hospital Healthy Acadia Bar Harbor	\$211,600 Blue Hill Memorial Hospital Healthy Peninsula Project Blue Hill	\$211,600 Regional Medical Center at Lubec Downeast Healthy Tomorrows Lubec
\$211,600 University of New England Coastal Healthy Communities Coalition Biddeford	\$211,600 Mid Coast Hospital ACCESS Brunswick	\$211,600 Calais Regional Hospital St. Croix Valley Healthy Communities Calais
\$207,552 Bridgton Hospital BodySmart Bridgton	\$211,600 Downeast Health Services Coastal Hancock Healthy Communities Ellsworth	\$211,600 Cary Medical Center Power of Prevention Caribou
\$211,600 Partnership for Healthy Communities Bangor Region Partners for Health Bangor	\$211,600 Northern Maine Medical Center St. John Valley Partnership Fort Kent	

Community/School Grants (continued)

Annualized Award Name of Awardee Town	Annualized Award Name of Awardee Town	Annualized Award Name of Awardee Town
\$211,600 Franklin Community Health Network Healthy Community Coalition Farmington	\$211,600 Mayo Regional Hospital Piscataquis Public Health Council Dover-Foxcroft	\$230,000 York Hospital Choose to be Healthy York
\$211,600 Houlton Regional Hospital STOP Houlton	\$211,600 City of Portland, Public Health Division Healthy Portland Portland	\$211,600 Youth Promise of Lincoln County TLC For Life Newcastle
\$211,600 Penobscot Valley Hospital SPRINT for Life Lincoln	\$211,600 Peoples Regional Opportunity Program Communities Promoting Health Portland	\$211,600 Sebasticook Valley Hospital Healthy Living Pittsfield
\$211,600 Millinocket Regional Hospital Katahdin Area Partnership Millinocket	\$209,576 River Valley Healthy Communities Coalition Project NOW: Northern Oxford Wellness Rumford	\$211,600 Aroostook County Action Program Partnership for a Healthy Community Presque Isle
\$211,600 Western Maine Health Care Healthy Oxford Hills Norway	\$210,588 Redington-Fairview General Hospital Somerset Heart Health Skowhegan	\$207,488 Goodall Hospital Partners for Healthier Communities Sanford
\$211,600 Mid Coast Substance Abuse Council Knox County Coalition Against Tobacco (KCCAT) Camden		\$201,664 United Way of Maine Healthy Horizons Waterville

School-Based Health Center Grants — Contracts began 1/15/01

Annualized Award School/School District Name of Awardee	Annualized Award School/School District Name of Awardee	Annualized Award School/School District Name of Awardee
\$75,000* Mountain Valley High School Swift River Health Care	\$75,000* Oxford Hills Middle School Western Maine Health	\$75,000* Waterville Senior High School Waterville Public Schools
\$20,000 SAD #19 — Lubec Regional Medical Center at Lubec	\$20,000 Lewiston Middle School Central Maine Medical Center	\$18,000 Lincoln Academy Miles Health Care
\$75,000* Mt. Ararat High School MSAD #75	\$22,000 Lewiston High School Central Maine Medical Center	\$20,000 Noble High School MSAD #60

**These awards are start-up grants that will be decreasing over time to the level of the other SBHC awards.*

State matching funds for the Federal Maternal Child Health Federal Block Grant also support six school-based health centers for a total of approximately \$263,000 annually. The school-based health centers supported by these funds are: Auburn Middle School, Maranacook Community School, School Union 74, King Middle School, Portland High School, and Boothbay Region Schools.

Indian Health Centers

\$17,000	\$17,000	\$17,000
Passamaquoddy Tribe	Houlton Band of Maliseet	Penobscot Indian Nation
Indian Township	Indians	Old Town
\$17,000	Houlton	\$17,000
Aroostook Band of Micmacs		Passamaquoddy Tribe
Presque Isle		Pleasant Point

Statewide Youth Development and Leadership Initiative: \$175,000

PROP, Portland

Annual allocation \$175,000; contract year is 11/02 – 10/03.

This contract supports training and technical assistance for the development and maintenance of the local Healthy Maine Partnership Youth Advocacy Programs and the Partnership For A Tobacco-Free Maine's statewide MY TURN (Maine Youth Tobacco Use Resistance Network) Initiative.

Treatment/Counter-marketing Media and Statewide Education: ~~\$5.18 million~~ ^{\$5.42 million}

This allocation funds the Maine Tobacco HelpLine, training for tobacco treatment specialists, counter-marketing media and statewide educational materials, and technical assistance and training to the 31 Healthy Maine Partnerships.

Counter-marketing Media/Statewide Education Contractor: ~~\$700,000~~ ^{\$2,700,000}

CD&M Communications, Portland

Provides research-driven and tested messages to counter Tobacco Industry advertising and influence; as well as educational materials for distribution to schools, health care providers, and members of the public on quitting tobacco and discouraging initiation of tobacco use. In addition, creates awareness that secondhand smoke is deadly and assists population groups who are disproportionately affected by tobacco use. Develops messages and materials to raise awareness about the availability and effectiveness of the HelpLine and the dangers of tobacco; develops counter-marketing media messages to prevent youth from using tobacco and develops materials and training to support the community and school efforts.

Tobacco Treatment Contractor: \$1,734,431

Center For Tobacco Independence, Portland

Provides the statewide toll-free telephone counseling for tobacco users – the Maine Tobacco HelpLine, outreach and support for pregnant women who smoke, management of the medication voucher program and training of health care providers and tobacco treatment specialists.

Tobacco Treatment Pharmaceuticals: \$750,000

J.E. Goold, Augusta

Evaluation: \$1.10 million

This allocation supports independent evaluation of the statewide level of sentinel indicators of success of the tobacco-related program components. Key indicators include prevalence of tobacco use among youth and adults, consumption as measured by cigarette sales, and tracking of state and local tobacco control policies. In addition, the CDC has identified key milestones against which a tobacco control program may measure its success. Maine's program is evaluated against these milestones. Other contracts for FY 03 include funds for an adult tobacco survey and for development of a progress-monitoring tool for the community/school grantees.

Evaluation Contractor: \$800,000

The Gallup Organization, Maryland

**Centers for Disease Control and Prevention Grant: \$1.00 million
(not from Fund for a Healthy Maine)**

These funds support statewide infrastructure and the salaries of seven Bureau of Health staff, overhead for the Partnership For A Tobacco-Free Maine (rent, etc.), the Tobacco-Free Athletes program, enforcement of tobacco laws, and programs that identify and address populations disproportionately affected by tobacco use. These funds represent the only other funds the Bureau of Health receives for tobacco prevention/treatment/control other than the Fund for a Healthy Maine.

Examples of Successful Outcomes—Tobacco-related Allocations

Tobacco Sales Decline: The rate of decline in per capita cigarette consumption in Maine has more than tripled since the tax increase and introduction of PTM – both in 1997. Maine's annual per capita cigarette consumption declined 19% from 132.8 packs per year to 107 packs per year in 2000 (or an average of just over 6% per year). Prior to the tax increase and the start of PTM, per capita cigarette consumption in Maine had been declining at an average of 2% per year since 1988.

Youth Smoking Rate Decline: The smoking rate among high school students declined 36% between 1997 and 2001. During that time there was also a 72% increase in the number of high school students who have tried to quit smoking.

Community/School Programs

The Partnership For A Tobacco-Free Maine funded 31 "Healthy Maine Partnerships" (HMP) that work on initiatives related to tobacco use, nutrition, and physical activity. Examples of successful outcomes include:

- Provided assistance for communities in Lewiston-Auburn to establish policies for tobacco-free recreational fields.
- Helped USM establish a tobacco-free residence policy and helped create the Maine Tobacco-Free College Campus Network.
- A mid-coast area HMP recruited over 150 volunteers to help prepare a 54-page guide to physical activities in Lincoln County. The guide will be distributed to 15,000 residents.
- In the Augusta-Gardiner region, established a group to help pregnant smokers quit using tobacco during pregnancy and beyond.

- Four Healthy Maine Partnerships collaborated with the Mid-Maine Worksite Wellness Council to increase the wellness of area workers.
- Thirty-one local Youth Advocacy Programs were established by PTM with local Healthy Maine Partnerships.
- The number of School-Based Health Centers (SBHC) in Maine has increased 33% in the last two years, providing access to an additional 4,150 students.

Treatment/Cessation

From January to December 2002, the HelpLine assisted 4,687 Maine residents from all Maine counties and all demographic groups. Of these callers:

- 22% were not smoking six months after HelpLine counseling.
- Of the approximately 3,000 tobacco users counseled, about 1,500 quit temporarily and 650 quit long-term. Without assistance that figure would have been 200 smokers.
- In the first four months of the Medication Voucher program, 567 tobacco users (41% of callers counseled) enrolled in the program.
- 410 health care providers, social workers, and teachers from across Maine attended training sessions on tobacco intervention.
- 4,900 Tobacco Treatment Tool Kits, complete with treatment guidelines and referral information, were given to health care and dental providers.

Counter-marketing Media/Statewide Education

- 48% of the public is aware that bar workers are exposed to greater risks of secondhand smoke.
- 53% of calls to the HelpLine are in response to a televised message. The bulk of all calls come from messages and materials distributed.
- During periods of no advertising, call volumes drop dramatically—from 30-40 a day down to under 10 a day.
- Awareness of the consequences of secondhand smoke is at 34% of the population of the state.
- 73% of the population recalls a message explaining the consequences of smoking.
- Ongoing technical assistance, public relations, and outreach to the 31 Healthy Maine Partnerships.
- Distributed over 60,000 pieces of educational materials statewide to health care providers, community school partners, stakeholders, and the general public.

MAY 16, 2003

To Governor Baldacci and
Members of The Appropriations Committee

My name is Eileen Wilkins and I live here in Augusta. I serve on the legislatively mandated State Quality Improvement Council (QIC) on Mental Health, and on the AMHI QIC.

I am writing to you today about the further cuts in mental health services which we cannot afford to make. We are being penny wise and pound foolish.

It has been suggested that we raise the sales tax by 1 cent or raise the alcohol tax. I am especially in favor of the latter as alcohol is not a ~~ness~~ necessity. This tax revenue could be dedicated to BDS and increased by a sufficient amount to recoup the presently requested \$1 million dollar cut and the previously passed cuts.

As most of the voters did not seem to be concerned about tax increases this should not ruin anyone's reputation and will save money in the long run and may even save lives.

Respectfully submitted,

Eileen L. Wilkins

21 Weston St. Apt. #2

Augusta, ME 04330

Eileen L. Wilkins



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF
BEHAVIORAL AND DEVELOPMENTAL SERVICES
40 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0040



SABRA C. BURDICK
ACTING COMMISSIONER

May 23, 2003

Senator Mary Cathcart, Chair
Representative Joseph Brannigan, Chair
Members, Joint Standing Committee
on Appropriations and Financial Affairs
State House, Room 228
Augusta, Maine 04333

Dear Senator Cathcart, Representative Brannigan and Members of the Committee:

The attached is in response to yesterday's request by a number of committee members for an update on the impact of the Part I budget reductions on children's services.

As always we are available to respond to any questions.

Sincerely,

Sabra C. Burdick
Acting Commissioner

SCB/dg
Attachments

BDS CHILDREN'S SERVICES FUNDING IMPACT SUMMARY FOR FY04

Community Support Services

Both Early Intervention and Homeless Youth services are included in this category.

Early Intervention

Early Intervention services are provided to parents of young children who have been diagnosed with a developmental delay. One of the services in the category are parent groups where parents who have just learned about their child's disability come together to learn about the disability and ways to work with their child at home to limit the adverse effects. Infant toddler groups are also covered in this category. These are groups for children are not qualified for CDS services or the service is not reimbursable by MaineCare. This program prevents the children from further deterioration in functioning and requiring more intense and higher cost interventions. The reduction will result in 360 children (of the 520 served in FY 03) no longer receiving these services.

Homeless Youth

This program provides outpatient mental health treatment, community support, case management and counseling for almost 450 homeless Maine youth statewide. The reduction in this program means that 265 homeless youth will no longer have this service available. In addition, the number of available street outreach workers will be cut in half

Case Management Services

Most children who receive case management in this category are in hospital settings in Maine or in out of state facilities, or their families reside in Maine, require assistance in order to develop and maintain ongoing support in the community. These families are the working poor who do not qualify for MaineCare or for whose insurance does not cover case management. Case management may even include helping them to apply for MaineCare such as the Katie Beckett waiver. The number of children that will lose case management services is approximately 750. This may result in greater use of crisis services, inpatient hospitals and other high cost intensive services.

Flexible Funds

These funds primarily provide after school services, assessments, equipment, respite and counseling/therapy. These services are not billable to MaineCare either due to the nature of the service or due to the fact the child is not eligible for MaineCare. These funds served 1949 children in FY 03 and the reduction in funding will result in 1500 children no longer receiving services in FY04. Of this total, approximately, 60 children will no longer receive specialized assessments and 100 children and families will not receive

counseling/therapy. Equipment was purchased for about 115 children in FY03 such as backyard fences so that children with autism can safely play outside at home, door alarms and locked boxes for sharps and medication so that a children with a disabilities and high risk behaviors can remain safely at home. All of the above mentioned services and supports are areas for reduction.

HomeBased Family Services

These services provide intensive clinical home based treatment services to children and families across the state. These funds provided services to approximately 160 children and families for FY 03. The reduction in funding will result in 83 children and families losing these services. This may result in children being in crisis and requiring psychiatric inpatient hospitalization or residential treatment.

Mediation Services

Dispute resolution and mediation prevent children from leaving home prematurely due to family conflict or to promote reunification and as required under the BDS Rights of Recipients grievance process. These services were provided to 318 children and their families in FY03. The reduction in these services will result in 159 children and families not receiving these services. This may result in children not being able to remain at home with their families.

Outpatient Services

Outpatient services include individual, group, and family therapy, medication clinic, and diagnosis and evaluation. The reduction in these services will result in 765 children and families no longer able to receive these services.

Respite Care Services

Respite care is planned, temporary care of a child, for the purpose of providing relief to the primary caregiver. This cut will result some reduction in the number of respite hours available to the 2500 eligible children and their families. We are in the process of developing a sliding fee scale which will mitigate the impact.

Department of Behavioral and Developmental Services
 FY04/05 Children's Services "All Other" Funding
 May 22, 2003

PART I BUDGET

Service	FY'03	FY'04	FY'05	Restored Per Year
Social, Leisure, Recreation	234,375	100,000	100,000	
Crisis	2,316,956	2,316,956	2,316,956	
Community Support	1,186,202	600,000	850,000	450,000
Case Management	2,245,883	200,000	200,000	
HomeBased Family Services	622,190	300,000	300,000	
Outpatient Services	1,526,380	600,000	850,000	400,000
Residential Services	786,425	707,782	707,782	
Room and Board	2,528,737	2,303,843	2,303,843	
Flex Funds	2,004,357	421,049	421,049	150,000
Respite	2,177,160	2,039,299	1,539,299	
Mediation	351,324	170,000	170,000	
Information & Referral	214,932	0		
Parent Support/Self Help	203,107	0		
Wait List Room & Board		0	0	
Training/Overhead/Other	203,890	50,000	50,000	
CPI		0	0	
Funding for MaineCare Seed	926,356	0		
Total Part I	17,528,274	9,808,929	9,808,929	1,000,000 per year

BDS CHILDREN'S SERVICES FUNDING IMPACT SUMMARY FOR FY04

Community Support Services

Both Early Intervention and Homeless Youth services are included in this category.

Early Intervention

Early Intervention services are provided to parents of young children who have been diagnosed with a developmental delay. One of the services in the category are parent groups where parents who have just learned about their child's disability come together to learn about the disability and ways to work with their child at home to limit the adverse effects. Infant toddler groups are also covered in this category. These are groups for children are not qualified for CDS services or the service is not reimbursable by MaineCare. This program prevents the children from further deterioration in functioning and requiring more intense and higher cost interventions. The reduction will result in 390 children (of the 520 served in FY 03) no longer receiving these services.

The approximate total number of children who are both waiting for early intervention services and the number that may lose the service given the reduction in funding is 428 .

Homeless Youth

This program provides outpatient mental health treatment, community support, case management and counseling for almost 520 homeless Maine youth statewide. The reduction in this program means that 265 homeless youth will no longer have this service available. In addition, the number of available street outreach workers will be cut in half.

Case Management Services

Most children who receive case management in this category are in hospital settings in Maine or in out of state facilities, or their families reside in Maine, require assistance in order to develop and maintain ongoing support in the community. These families are the working poor who do not qualify for MaineCare or for whose insurance does not cover case management. Case management may even include helping them to apply for MaineCare such as the Katie Beckett waiver. The number of children that will lose case management services is approximately 420. This may result in greater use of crisis services, inpatient hospitals and other high cost intensive services.

The approximate number of children who are both waiting for case management and the number that may lose the service given the funding reduction is 566.

Flexible Funds

These funds primarily provide after school services, assessments, equipment, respite and counseling/therapy. These services are not billable to MaineCare either due to the nature of the service or due to the fact the child is not eligible for MaineCare. These funds served 2300 children in FY 03 and the reduction in funding will result in 1500 children no longer receiving services in FY04. Of this total approximately, 60 children will no longer receive specialized assessments and 100 children and families will not receive counseling/therapy. Equipment was purchased for about 115 children in FY03 such as backyard fences so that children with autism can safely play outside at home, door alarms and locked boxes for sharps and medication so that a children with a disabilities and high risk behaviors can remain safely at home. All of the above mentioned services and supports are areas for reduction.

HomeBased Family Services

These services provide intensive clinical home based treatment services to children and families across the state. These funds provided services to approximately 160 children and families for FY 03. The reduction in funding will result in 85 children and families losing these services. This may result in children being in crisis and requiring psychiatric inpatient hospitalization or residential treatment.

The approximate number of children who are both waiting for home based services and the number that may lose the service given the funding reduction is 135.

Mediation Services

Dispute resolution and mediation prevent children from leaving home prematurely due to family conflict or to promote reunification and as required under the BDS Rights of Recipients grievance process. These services were provided to 318 children and their families in FY03. The reduction in these services will result in 150 children and families not receiving these services. This may result in children not being able to remain at home with their families.

Outpatient Services

Outpatient services include individual, group, and family therapy, medication clinic, and diagnosis and evaluation. The reduction in these services will result in 528 children and families no longer able to receive these services.

The approximate number of children who are both waiting for outpatient services and the number that may lose the service given the reduction funding reduction is 762.

Respite Care Services

Respite care is planned, temporary care of a child, for the purpose of providing relief to the primary caregiver. This cut will result some reduction in the number of respite hours available to the 2500 eligible children and their families. We are in the process of developing a sliding fee scale which will mitigate the impact.

5/28/03

Children's FY04 Allocations by Service Category

	FY04	FY03	Reduction/
Recreation	Allocation Amt.	Allocation Amt.	Increase
CHCS	\$ -	\$ 15,000	\$ (15,000)
Sweetser	\$ -	\$ 54,375	\$ (54,375)
The Children's Center	\$ 40,000	\$ 165,000	\$ (125,000)
UCP	\$ 25,000	\$ -	\$ 25,000
Woodfords	\$ 35,000	\$ -	\$ 35,000
Total	\$ 100,000	\$ 234,375	\$ (134,375)

	FY04	FY03	Reduction/
Crisis	Allocation Amt.	Allocation Amt.	Increase
AMHC	\$ 93,955	\$ 75,955	\$ 18,000
CHCS	\$ 299,194	\$ 318,894	\$ (19,700)
Counseling Services Inc.	\$ 328,877	\$ 328,877	\$ -
Crisis & Counseling Center	\$ 168,646	\$ 168,646	\$ -
Evergreen Behavioral Services	\$ 99,854	\$ 99,854	\$ -
Ingraham	\$ 20,272	\$ 20,272	\$ -
Mid Coast MH Services	\$ 92,714	\$ 92,714	\$ -
Oxford County Mental Health	\$ 33,475	\$ 33,475	\$ -
RHG-Turner Family Support	\$ 244,200	\$ 244,200	\$ -
Shaw House	\$ 1,700	\$ -	\$ 1,700
Sweetser	\$ 715,526	\$ 715,526	\$ -
Tri County MH Services	\$ 68,543	\$ 68,543	\$ -
CO	\$ 150,000	\$ 150,000	\$ -
Total	\$ 2,316,956	\$ 2,316,956	\$ -

	FY04	FY03	Reduction/
Community Support	Allocation Amt.	Allocation Amt.	Increase
AMHC	\$ -	\$ 6,573	\$ (6,573)
Catholic Charities	\$ 15,400	\$ 15,400	\$ -
CYB	\$ 47,168	\$ 80,813	\$ (33,645)
CHCS	\$ -	\$ 10,444	\$ (10,444)
East End Children's Workshop	\$ 16,778	\$ 16,420	\$ 358
Family Focus	\$ 27,333	\$ 27,333	\$ -
Home Counselor's Inc.	\$ 120,000	\$ 268,000	\$ (148,000)
Mid Coast Children's Services	\$ 33,840	\$ 73,756	\$ (39,916)
NFI - Oliver House	\$ -	\$ 11,168	\$ (11,168)
Pathways	\$ 31,600	\$ 76,000	\$ (44,400)
PCAP	\$ 20,200	\$ -	\$ 20,200
Preble Street Resource Ctr.	\$ 89,000	\$ 175,775	\$ (86,775)
Shaw House	\$ 9,000	\$ -	\$ 9,000
Sister Mary Odonnell Shelter	\$ -	\$ 61,858	\$ (61,858)
Special Children's Friends	\$ 46,010	\$ 78,829	\$ (32,819)
The Child Health Center	\$ 28,800	\$ 69,500	\$ (40,700)
The Children's Center	\$ 25,760	\$ 62,200	\$ (36,440)
Tri-County Mental Health	\$ -	\$ 22,355	\$ (22,355)
Open Payment	\$ -	\$ 64,000	\$ (64,000)
UCP	\$ 27,622	\$ 47,325	\$ (19,703)
Waban	\$ 18,036	\$ -	\$ 18,036
YWCA	\$ 43,453	\$ 18,453	\$ 25,000
Total	\$ 600,000	\$ 1,186,202	\$ (586,202)

	FY04	FY03	Reduction/
Case Management	Allocation Amt.	Allocation Amt.	Increase
Case Management	\$ -	\$ 154,967	\$ (154,967)
Case Management - MR	\$ -	\$ 120,512	\$ (120,512)
Case Management MR Children	\$ -	\$ 33,333	\$ (33,333)
Case Management MR Wait List	\$ -	\$ 108,285	\$ (108,285)
Catholic Charities	\$ -	\$ 165,191	\$ (165,191)
CYB	\$ -	\$ 27,827	\$ (27,827)
Community Counseling	\$ -	\$ 434,658	\$ (434,658)
Mid-Coast Mental Health	\$ -	\$ (35,765)	\$ 35,765
PCAP	\$ -	\$ 23,858	\$ (23,858)
Shaw House	\$ -	\$ 16,836	\$ (16,836)
Sweetser	\$ -	\$ 118,000	\$ (118,000)
TriCounty	\$ -	\$ 114,494	\$ (114,494)
Open Payment	\$ -	\$ 466,462	\$ (466,462)
Wings	\$ -	\$ 497,225	\$ (497,225)
CO	\$ 200,000	\$ -	\$ 200,000
Total	\$ 200,000	\$ 2,245,883	\$ (2,045,883)

	FY04	FY03	Reduction/
Home Based	Allocation Amt.	Allocation Amt.	Increase
AMHC	\$ -	\$ 76,696	\$ (76,696)
Catholic Charities	\$ -	\$ 150,514	\$ (150,514)
Home Counselor's Inc.	\$ -	\$ 140,500	\$ (140,500)
TriCounty MH Services	\$ -	\$ 71,480	\$ (71,480)
Open Payment	\$ -	\$ 18,912	\$ (18,912)
Youth & Family Services	\$ -	\$ 164,088	\$ (164,088)
CO	\$ 300,000	\$ 0	\$ 300,000
Total	\$ 300,000	\$ 622,190	\$ (322,190)

	FY04	FY03	Reduction/
Outpatient	Allocation Amt.	Allocation Amt.	Increase
Acadia	\$ 6,297	\$ 6,279	\$ 18
AMHC	\$ 24,328	\$ 24,422	\$ (94)
Auburn, City RETC	\$ -	\$ 9,120	\$ (9,120)
CHCS	\$ 30,538	\$ 30,444	\$ 94

Community Counseling Center	\$	-	\$	63,784	\$	(63,784)
CYB	\$	6,657	\$	28,112	\$	(21,455)
Day One	\$	-	\$	6,000	\$	(6,000)
Drug Rehab	\$	-	\$	21,514	\$	(21,514)
Family Focus	\$	-	\$	43,156	\$	(43,156)
Maine Medical Center	\$	-	\$	34,048	\$	(34,048)
Mid Coast MH Services	\$	55,071	\$	144,998	\$	(89,927)
Shaw House	\$	32,180	\$	1,929	\$	30,251
Sweetser	\$	172,616	\$	285,027	\$	(112,411)
Tri County MH Services	\$	69,966	\$	70,371	\$	(405)
Open Payment	\$	-	\$	31,500	\$	(31,500)
Waban	\$	48,702	\$	258,904	\$	(210,202)
WCPA	\$	50,000	\$	53,865	\$	(3,865)
Woodfords	\$	84,940	\$	150,100	\$	(65,160)
Youth & Family Services	\$	18,705	\$	106,500	\$	(87,795)
Youth Alternatives	\$	-	\$	40,000	\$	(40,000)
YWCA	\$	-	\$	116,307	\$	(116,307)
Total	\$	600,000	\$	1,526,380	\$	(926,380)

	FY04		FY03		Reduction/
Room & Board/Residential	Allocation Amt.		Allocation Amt.		Increase
Acadia	\$	-	\$	185,374	\$ (185,374)
CWC	\$	-	\$	2,568	\$ (2,568)
NFI North	\$	21,194	\$	274,440	\$ (253,246)
Ingraham	\$	-	\$	18,375	\$ (18,375)
Out of State Room & Board	\$	-	\$	62,265	\$ (62,265)
Project Atrium	\$	-	\$	93,618	\$ (93,618)
Rumford Group Homes	\$	-	\$	60,424	\$ (60,424)
Spurwink	\$	-	\$	220,001	\$ (220,001)
Waiver Grant Funds	\$	-	\$	69,207	\$ (69,207)
CO	\$	2,990,431	\$	2,328,890	\$ 661,541
Total	\$	3,011,625	\$	3,315,162	\$ (303,537)

	FY04		FY03		Reduction/
Flex	Allocation Amt.		Allocation Amt.		Increase
DOC Flex	\$	80,000	\$	-	\$ 80,000
Family Support	\$	-	\$	5,000	\$ (5,000)
LongCreek-DOC	\$	20,000	\$	-	\$ 20,000
Mountainview-DOC	\$	20,000	\$	-	\$ 20,000
OHI	\$	33,333	\$	489,583	\$ (456,250)
Open Payment	\$	-	\$	12,000	\$ (12,000)
Sweetser	\$	-	\$	12,000	\$ (12,000)
The Children's Center	\$	-	\$	445,000	\$ (445,000)
Tri-County MH	\$	-	\$	12,000	\$ (12,000)
UCP	\$	-	\$	655,633	\$ (655,633)
Woodfords	\$	-	\$	373,141	\$ (373,141)
CO	\$	267,716	\$	-	\$ 267,716
Total	\$	421,049	\$	2,004,357	\$ (1,583,308)

	FY04		FY03		Reduction/
Respite	Allocation Amt.		Allocation Amt.		Increase
AMHC	\$	-	\$	18,000	\$ (18,000)
John F. Murphy	\$	10,000	\$	10,000	\$ -
P. Turner Respite	\$	1,000	\$	1,000	\$ -
The Children's Center	\$	804,720	\$	850,000	\$ (45,280)
UCP	\$	672,969	\$	703,879	\$ (30,910)
Woodfords	\$	550,610	\$	594,281	\$ (43,671)
Total	\$	2,039,299	\$	2,177,160	\$ (137,861)

	FY04		FY03		Reduction/
Mediation	Allocation Amt.		Allocation Amt.		Increase
Diability Rights Center	\$	-	\$	40,000	\$ (40,000)
Maine Community Mediation	\$	-	\$	45,124	\$ (45,124)
PCAP	\$	55,000	\$	141,340	\$ (86,340)
Youth Alternatives	\$	55,000	\$	124,860	\$ (69,860)
CO	\$	60,000	\$	-	\$ 60,000
Total	\$	170,000	\$	351,324	\$ (181,324)

	FY04		FY03		Reduction/
Overhead	Allocation Amt.		Allocation Amt.		Increase
CO	\$	44,060	\$	203,890	\$ (159,830)

	FY04		FY03		Reduction/
Information and Referral	Allocation Amt.		Allocation Amt.		Increase
Helping Hands	\$	-	\$	45,604	\$ (45,604)
Maine Center for Public Health	\$	-	\$	15,000	\$ (15,000)
Maine Parent Federation	\$	-	\$	91,828	\$ (91,828)
NAMI	\$	-	\$	18,500	\$ (18,500)
Southern Me. Parent Assoc.	\$	-	\$	44,000	\$ (44,000)
Total	\$	-	\$	214,932	\$ (214,932)

	FY04		FY03		Reduction/
Self Help	Allocation Amt.		Allocation Amt.		Increase
Crisis & Counseling	\$	-	\$	160,032	\$ (160,032)
Outright	\$	-	\$	33,000	\$ (33,000)
The Child Health Center	\$	-	\$	10,075	\$ (10,075)
Total	\$	-	\$	203,107	\$ (203,107)

Funding for Mainecare Seed	\$	-	\$	926,356	\$ (926,356)
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Grand Total	\$	9,802,989	\$	17,528,274	\$	(7,725,285)
Funding Grant	\$	9,802,989				



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF
BEHAVIORAL AND DEVELOPMENTAL SERVICES
40 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0040



SABRA C. BURDICK
ACTING COMMISSIONER

May 28, 2003

Senator Michael Brennan, Chair
Representative Thomas Kane, Chair
Members of the Joint Standing Committee
On Health and Human Services
State House
Augusta, ME 04333

Dear Senator Brennan, Representative Kane and Committee Members:

Per the Committee's request, I am providing the following information related to priorities should \$800,000 be restored to the FY '04 budget for children's services. BDS would recommend the following:

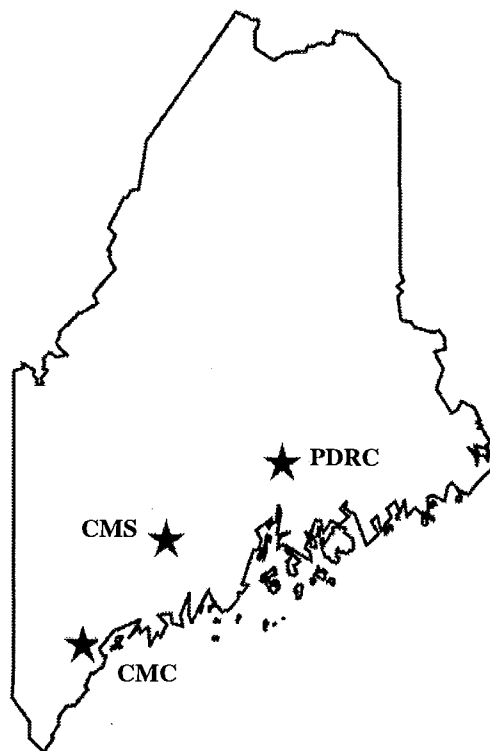
1. Outpatient -- \$200,000
Special populations affected by the initial cuts for whom services cannot be otherwise supported. Examples include specialized services for children who have been sexually abused and children who are deaf and need specially trained staff to deliver services.
2. Homeless -- \$150,000
These funds would restore outreach services in areas that could no longer be serviced due to funding reductions. Approximately 120 homeless youth would be served.
3. Early Intervention -- \$150,000
These funds would serve children ages 0-5 and would support children and parents in developing necessary knowledge and skills to best grow and develop and prevent further disability. Included would be infant-toddler groups.
4. Case management -- \$300,000
Sixty additional children and their families who are not Mainecare eligible would be able to access case management services. These children may be residing in a hospital setting and/or in an out-of-state facility.

I am available to answer your questions.

Sincerely,

Sabra C. Burdick
Acting Commissioner

Maine Association of Community Mediation Centers



PDRC	Penquis Dispute Resolution Center, Bangor
CMS	Community Mediation Services, Augusta
CMC	Community Mediation Center, Portland

Mediation

You can control the decisions that affect your relationships with your family, your community, your workplace and your life through mediation.

Mediation is a voluntary process in which people in conflict meet with trained mediators to discuss options for reaching a solution that satisfies both parties.

A Mediator is a neutral party who helps parties make practical, informed decisions to try to resolve the disagreement between them.

Mediation is

- **Confidential:** What is said in the mediation stays private
- **Informal:** No official proceedings
- **Satisfying:** Parties express their views and participate in finding a "win-win" solution
- **Affordable:** Services are free or provided at low cost
- **Quick:** Typical mediation sessions last 2 -3 hours and are held within two weeks of your call, so you can move ahead with your life
- **Successful!** Most sessions end in agreement

The Mediation Process

- When you contact a MACMC mediation center, you will discuss your dispute with a case coordinator who will help you to decide if mediation is right for you.
- If all involved parties agree, the coordinator will arrange a mediation session at a time and place convenient to all.
- Skilled mediators structure the discussion and set groundrules for safety and equality.
- Each party has an opportunity to be heard and, with the help of the mediators, the parties discuss their differences in the hope of coming to an understanding.
- Mediators assist the parties to reach a workable agreement that is their own.

Support for MACMC

MACMC has been recognized as providing a valuable service to communities through support to its programs by:

- *Maine Department of Behavioral and Developmental Services*
- *Maine Community Foundation*

MACMC Outreach

MACMC mediation centers can tailor a mediation presentation or workshop to the needs of interested organizations. Please contact your local center for more information.

MACMC Mediation Services

The Maine Association of Community Mediation Centers, MACMC, is made up of three private non-profit community mediation centers offering dispute resolution services to individuals and organizations throughout Maine:

Community Mediation Services

Augusta 621-6848

Penquis Dispute Resolution Center

Bangor 973-3586

Community Mediation Center

Portland 772-4070

Toll Free/TTY 1-888-497-3500

Mediation Can Help With

- Family disputes
- Parent/Teen communication
- Social and community organization conflicts
- Neighborhood disputes
- Workplace conflict
- School disputes
- Tenant/Landlord disputes
- Consumer problems
- Other conflicts

Statewide Service by County

Aroostook, Hancock, Penobscot, Piscataquis and
Washington:

Penquis Dispute Resolution Center 973-3587

Androscoggin, Franklin, Kennebec, Knox, Lincoln,
Sagadahoc, Somerset, Oxford and Waldo:

Community Mediation Services 621-6848

Cumberland and York:

Community Mediation Center 772-4070

For more information about the Maine
Association of Community Mediation
Centers' programs,

please contact us toll-free/TTY

1-888-497-3500



Community Mediation Services

P.O. Box 177

Augusta, ME 04332-0177

Phone: 621-6848; Fax: 621-8399

email: mediate@zwi.net

www.communitymediationservices.org

Penquis Dispute Resolution Center

262 Harlow Street

P.O. Box 1162

Bangor, ME 04402-1162

Phone: 973-3587; Fax: 973-3699

email: tgoodridge@penquiscap.org

www.penquiscap.org

Community Mediation Center

222 St. John Street, Suite 254

Portland, ME 04102-3069

Phone: 772-4070; Fax: 874-7402

email: cmcl@maine.rr.com

www.communitymediation.net

MEDIATION

Consumers and Providers of the Department of Behavioral and Developmental Services now have the opportunity to settle disputes through mediation.

Mediation is:
Voluntary
Confidential
Effective

We can assist with disputes involving:

- Providers and Consumers
- Legal guardians and Clients
- Family service plans
- Development of advance directives
- Interagency relationships
- Unmet needs

Call now!

Our trained Mediators can help you reach an agreement that is your own and meets your needs

Toll-Free/TTY

1-888-497-3500

Maine
Association of
Community
Mediation
Centers

An association of non-profit organizations in cooperation with the Maine Department of Behavioral and Developmental Services

Community Mediation Services

Helping people resolve conflicts in homes, communities and work places

P.O. Box 177 ▪ Augusta, ME 04332 ▪ Voice/TTY (207) 621-6848 ▪ Fax (207) 621-8399 ▪ mediate@gwi.net

June 2, 2003

Hon. John E. Baldacci
Office of the Governor
SHS 1
Augusta, ME 04333-0001

Dear Governor Baldacci:

As you may recall from my other communications and from our meeting, Community Mediation Services, along with the two other community mediation providers in Maine, Community Mediation Center in Portland and Penquis Dispute Resolution Center in Bangor, has a contract with the Department of Behavioral and Developmental Services (BDS) to provide mediation services to its consumers, service providers and employees. This valuable service gives consumers of BDS the option of settling their disputes with their service providers and others before filing a grievance. Disputants are also given the option, through the grievance process, to proceed to mediation and thereby avoid the costly, time-consuming and often traumatizing hearing procedure. This process was put into place to help BDS comply with the Consent Decree.

We have recently discovered that we may lose up to 20% of our contract amount with BDS. A cut this large would effectively hamstring our ability to offer our service the way we had intended under our contract. For example, disputants who file a grievance within the children's services system are guaranteed the option of having their issues redressed in mediation within five calendar days. With the proposed decrease in funding for our program, we will be forced to cut staff hours, leaving this kind of efficient caseload turnaround a virtual impossibility.

It is my understanding that money will soon become available to reinstate some of the funding cuts made during the recent budget process. We respectfully request that our funding be restored, so that we may continue to provide the kind of quality service that BDS consumers and their families have come to expect from our agencies. Since our funding is Medicaid-matched, and since our service often makes resort to a hearing unnecessary, restoring our funding would save the state of Maine money in the long run.

If you have any questions about our service, or our contract with BDS, please do not hesitate to call me at 621-6848. Thank you for your consideration of this matter.

Sincerely,



Tracy Quadro Walk, Lead Fiscal Agent
Maine Association of Community Mediation Centers

Cc: Members of the Appropriations Committee

Tracy Quadro Walk, Executive Director

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