

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #  TYPE  CHG #  ONGOING  ONE TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Establish 3 new Adult Protective Services Caseworkers effective September 1, 2009, to assure compliance with AMHI Consent Decree and to be able to respond to increasing referrals for protective services. This includes a supplemental request to begin 4/1/09.

**JUSTIFICATION OF INITIATIVE (DETAILED)**

These positions are needed to bring the Department into compliance with the AMHI Consent Decree, which requires that active caseloads for caseworkers assigned to work with Class Member Public Wards not exceed 25 cases. As of 8/1/08 only 54.5% of caseworkers statewide had caseloads at or below the 25 threshold. APS is responsible for 159 Class Member Public Wards. Many public wards who are not AMHI Class Members are being seen only quarterly. Investigators are carrying case management cases in order to address the increasing work load. Case managers with Class Member Public Wards on their caseload have 5 or more cases over the 25 case load limit. APS received over 3,513 protective referrals in FY 07, and 3,911 referrals in FY 08 – an 11% increase. APS served as public guardian and/or conservator for 976 clients in FY07 and 1,034 in FY 08 – a 6% increase. There is increasing pressure and expectation from the community due to the complicated nature of cases. Maine will continue to experience the aging of the population, which will result in heightened demand for protective services.

**ACCOUNT NAME:**

Adult Protective Services - Regional

**ACCOUNT #**

ACCOUNT #

Z040

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE SHEET IF MORE THAN 3 POSITIONS):

		FY10 EST. COST		FY11 EST. COST
<input type="text"/>	<input type="checkbox"/>	165,808	<input type="checkbox"/>	198,969
<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Personal Services Total</b>	<input type="checkbox"/>	<b>165,808</b>		<b>198,969</b>

- 40 PROF. SERVICES, NOT BY STATE
- 41 PROF. SERVICES, BY STATE
- 42 TRAVEL EXPENSES, IN STATE
- 43 TRAVEL EXPENSES, OUT OF STATE
- 44 STATE VEHICLES OPERATION
- 45 UTILITY SERVICES
- 46 RENTS
- 47 REPAIRS
- 48 INSURANCE
- 49 GENERAL OPERATIONS
- 50 EMPLOYEE TRAINING
- 51 COMMODITIES - FOOD
- 52 COMMODITIES - FUEL
- 53 TECHNOLOGY

54	CLOTHING			
55	MINOR EQUIPMENT			
56	OFFICE & OTHER SUPPLIES			
58	HIGHWAY MATERIALS			
64	GRANTS TO PUB AND PRIV ORGNS			
67	ASSISTANCE AND RELIEF GRANT			
8511	STA CAP (enter rate in box)	<input type="text" value="0"/>	-	-
	<b>All Other Total</b>		-	-
	<b>Grand Total</b>		<b>165,808</b>	<b>198,969</b>

**REVENUE:**

Account number including revenue source code

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #  TYPE  CHG #

ONGOING  ONE TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Provide general fund support to establish an Integration Coordinator to focus on the needs of people with mental illness and substance abuse issues.

**JUSTIFICATION OF INITIATIVE (DETAILED)**

Data shown that between 50 and 60% of persons with severe mental illness also have a diagnosis of substance abuse. Treating these concurrent illnesses in an integrated approach is crucial to positive clinical outcomes for the persons in question. This position will carry responsibility regarding the policy and best practice developments for service development and implementation across Maine. Pilot initiatives have already been begun. The next necessary phase of this effort is to locate a professionally skilled person in Co-Occurring disorders on the leadership team within the Office of Adult Mental Health Services to ensure that needs are met as required by the AMHI Consent Decree plan.

**ACCOUNT NAME:**

**ACCOUNT #  
ACCOUNT #**

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE SHEET IF MORE THAN 3 POSITIONS):

		<b>FY2010 EST. COST</b>		<b>FY2011 EST. COST</b>
Integration Coordinator	<input type="checkbox"/>	64,000	<input type="text"/>	64,000
Fringe at 36%	<input type="checkbox"/>	23,040	<input type="text"/>	23,040
	<input type="checkbox"/>		<input type="text"/>	
<b>Personal Services Total</b>		<b>87,040</b>		<b>87,040</b>

40	PROF. SERVICES, NOT BY STATE		
41	PROF. SERVICES, BY STATE		
42	TRAVEL EXPENSES, IN STATE		
43	TRAVEL EXPENSES, OUT OF STATE		
44	STATE VEHICLES OPERATION		
45	UTILITY SERVICES		
46	RENTS		
47	REPAIRS		
48	INSURANCE		
49	GENERAL OPERATIONS		
50	EMPLOYEE TRAINING		
51	COMMODITIES - FOOD		
52	COMMODITIES - FUEL		
53	TECHNOLOGY		
54	CLOTHING		
55	MINOR EQUIPMENT	1,900	1,900
56	OFFICE & OTHER SUPPLIES		
58	HIGHWAY MATERIALS		
64	GRANTS TO PUB AND PRIV ORGNS		
67	ASSISTANCE AND RELIEF GRANT		
8511	STA CAP (enter rate in box)	0	0
	<b>All Other Total</b>	<b>1,900</b>	<b>1,900</b>
	<b>Grand Total</b>	<b>88,940</b>	<b>88,940</b>

**REVENUE**

:

Account number including revenue source code

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #  TYPE  CHG #

ONGOING  ONE TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Provide adequate general fund support to the Bridging Rental Assistance Program to ensure that there will not be a wait list and to begin to implement the AMHI Consent Decree plan to move consumers from some Private Non Medical Institutions settings to living in the community with community supports.

**JUSTIFICATION OF INITIATIVE (DETAILED)**

This request is in two parts: 1. The wait list for the Bridging Rental Assistance Program is growing at a rate of seven persons per week. The projected number of persons needing rental vouchers by June 2010 will be 1,180. In addition the Office of Adult Mental Health Services under the AMHI consent decree is seeking to move consumers out of some PNMI beds into other community arrangements thereby eliminating PNMI beds but requiring additional BRAP units to provide housing for these consumers. 2. The Office also plans to move a minimum of 20 consumers in FY 2011 from higher level PNMI facilities to more independent settings. The Office will use 2010 to work with providers to plan this change using a "Housing First" model.

**ACCOUNT NAME:**

**ACCOUNT #  
ACCOUNT #**

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE SHEET IF MORE THAN 3 POSITIONS):

		<b>FY2010 EST. COST</b>		<b>FY2011 EST. COST</b>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Personal Services Total*

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40	PROF. SERVICES, NOT BY STATE	3,476,288	3,776,288
41	PROF. SERVICES, BY STATE		
42	TRAVEL EXPENSES, IN STATE		
43	TRAVEL EXPENSES, OUT OF STATE		
44	STATE VEHICLES OPERATION		
45	UTILITY SERVICES		
46	RENTS		
47	REPAIRS		
48	INSURANCE		
49	GENERAL OPERATIONS		
50	EMPLOYEE TRAINING		
51	COMMODITIES - FOOD		
52	COMMODITIES - FUEL		
53	TECHNOLOGY		
54	CLOTHING		
55	MINOR EQUIPMENT		
56	OFFICE & OTHER SUPPLIES		
58	HIGHWAY MATERIALS		
64	GRANTS TO PUB AND PRIV ORGNS		
67	ASSISTANCE AND RELIEF GRANT		
8511	STA CAP (enter rate in box) <input type="text" value="0"/>	-	-
	<b>All Other Total</b>	<b>3,476,288</b>	<b>3,776,288</b>
	<b>Grand Total</b>	<b>3,476,288</b>	<b>3,776,288</b>

**REVENUE**

:

Account number including revenue source code

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #  TYPE  CHG #  ONGOING  ONE TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Provide general fund support for Outpatient Individual and Group Services, and Community Integration Services.

**JUSTIFICATION OF INITIATIVE (DETAILED)**

Proposals to more clearly define the scope of the state's obligations to pay for services to non-class members, under the terms of the Law Court's decision and the AMHI Consent Decree, are currently under discussion among the Department, the Court Master and Plaintiffs' counsel. Additional state funds will be needed if these discussions result in broadening the definition of eligibility for state funded services beyond that proposed by the Department, to include paying for services to non-class members who meet the clinical criteria under MaineCare Section 17, but do not meet the MaineCare requirements. Unmet needs data also support additional resources for selected services.

**ACCOUNT NAME:**

**ACCOUNT #  
ACCOUNT #**

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE SHEET IF MORE THAN 3 POSITIONS):

		FY08 EST. COST		FY09 EST. COST
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Personal Services Total*

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-

40	PROF. SERVICES, NOT BY STATE			517,500
41	PROF. SERVICES, BY STATE			
42	TRAVEL EXPENSES, IN STATE			
43	TRAVEL EXPENSES, OUT OF STATE			
44	STATE VEHICLES OPERATION			
45	UTILITY SERVICES			
46	RENTS			
47	REPAIRS			
48	INSURANCE			
49	GENERAL OPERATIONS			
50	EMPLOYEE TRAINING			
51	COMMODITIES - FOOD			
52	COMMODITIES - FUEL			
53	TECHNOLOGY			
54	CLOTHING			
55	MINOR EQUIPMENT			
56	OFFICE & OTHER SUPPLIES			
58	HIGHWAY MATERIALS			
64	GRANTS TO PUB AND PRIV ORGNS			
67	ASSISTANCE AND RELIEF GRANT			
8511	STA CAP (enter rate in box) <input type="text"/>			
	<i>All Other Total</i>	-		517,500
	<i>Grand Total</i>	-		517,500

**REVENUE:**

Account number including revenue source code

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #

TYPE

CHG #

ONGOIN  
G

ONE  
TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Provides funding for a position to monitor and track consent decree compliance standards.

**JUSTIFICATION OF INITIATIVE (DETAILED)**

The Region III office of the Office of Adult Mental Health Services, in order to fulfill its statutory and consent Decree obligations needs an Office Manager I position to perform all administrative support duties within the office. This will be the only position within that office to provide these necessary services.

**ACCOUNT NAME:**

**ACCOUNT  
#  
ACCOUNT  
#**

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE

SHEET IF MORE THAN 3 POSITIONS):

**FY2010  
EST.  
COST**

**FY2011  
EST. COST**

Office Associate I with 36% Benefits	<input type="checkbox"/>	31,654	<input type="checkbox"/>	31,654
<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	

**Personal  
Services Total**

**31,654**

**31,654**

- 40 PROF. SERVICES, NOT BY STATE
- 41 PROF. SERVICES, BY STATE
- 42 TRAVEL EXPENSES, IN STATE
- 43 TRAVEL EXPENSES, OUT OF STATE
- 44 STATE VEHICLES OPERATION
- 45 UTILITY SERVICES
- 46 RENTS
- 47 REPAIRS
- 48 INSURANCE
- 49 GENERAL OPERATIONS
- 50 EMPLOYEE TRAINING
- 51 COMMODITIES - FOOD
- 52 COMMODITIES - FUEL
- 53 TECHNOLOGY
- 54 CLOTHING
- 55 MINOR EQUIPMENT
- 56 OFFICE & OTHER SUPPLIES
- 58 HIGHWAY MATERIALS
- 64 GRANTS TO PUB AND PRIV ORGNS
- 67 ASSISTANCE AND RELIEF GRANT

8511

STA CAP (enter rate in box)

-

-

*All Other Total*

-

-

*Grand Total*

**31,654**

**31,654**

**REVENUE:**

Account number including revenue source code



**REVENUE:**

Account number including revenue source code

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #  TYPE  CHG #

ONGOING  ONE TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Provide funds for Warm Line contract to increase staffing on the 1:30 AM - 8 AM shift

**JUSTIFICATION OF INITIATIVE (DETAILED)**

The Warm Line has seen an increase in volume of calls in the 1:30 AM - 8 AM shift with increase dropped calls. Additionally this service is required under the AMHI Consent Decree and the Court Master has issued an order to the Court recommending that the Court direct the Department to increase the staffing for this shift.

**ACCOUNT NAME:**

**ACCOUNT #  
ACCOUNT #**

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE SHEET IF MORE THAN 3 POSITIONS):

		FY2010 EST. COST		FY2011 EST. COST
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Personal Services Total*

-

-

40	PROF. SERVICES, NOT BY STATE	43,749	43,749
41	PROF. SERVICES, BY STATE		
42	TRAVEL EXPENSES, IN STATE		
43	TRAVEL EXPENSES, OUT OF STATE		
44	STATE VEHICLES OPERATION		
45	UTILITY SERVICES		
46	RENTS		
47	REPAIRS		
48	INSURANCE		
49	GENERAL OPERATIONS		
50	EMPLOYEE TRAINING		
51	COMMODITIES - FOOD		
52	COMMODITIES - FUEL		
53	TECHNOLOGY		
54	CLOTHING		
55	MINOR EQUIPMENT		
56	OFFICE & OTHER SUPPLIES		
58	HIGHWAY MATERIALS		
64	GRANTS TO PUB AND PRIV ORGNS		
67	ASSISTANCE AND RELIEF GRANT		
8511	STA CAP (enter rate in box) <input type="text" value="0"/>	-	-
	<b>All Other Total</b>	<b>43,749</b>	<b>43,749</b>
	<b>Grand Total</b>	<b>43,749</b>	<b>43,749</b>

**REVENUE**

:

Account number including revenue source code

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUDGET INITIATIVE REQUEST FORM**

GRP #  TYPE  CHG #  ONGOING  ONE TIME

**INITIATIVE DESCRIPTION (25 WORDS OR LESS)**

Provide funds for Warm Line contract to increase staffing on the 1:30 AM - 8 AM shift

**JUSTIFICATION OF INITIATIVE (DETAILED)**

The Warm Line has seen an increase in volume of calls in the 1:30 AM - 8 AM shift with increase dropped calls. Additionally this service is required under the AMHI Consent Decree and the Court Master has issued an order to the Court recommending that the Court direct the Department to increase the staffing for this shift. The cost is for 9 Months in FY 09

**ACCOUNT NAME:**

**ACCOUNT #  
ACCOUNT #**

**PERSONAL SERVICES:**

CLASSIFICATION (ATTACH SEPARATE SHEET IF MORE THAN 3 POSITIONS):

		FY08 EST. COST		FY09 EST. COST
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Personal Services Total*

-

-

40	PROF. SERVICES, NOT BY STATE			32,811
41	PROF. SERVICES, BY STATE			
42	TRAVEL EXPENSES, IN STATE			
43	TRAVEL EXPENSES, OUT OF STATE			
44	STATE VEHICLES OPERATION			
45	UTILITY SERVICES			
46	RENTS			
47	REPAIRS			
48	INSURANCE			
49	GENERAL OPERATIONS			
50	EMPLOYEE TRAINING			
51	COMMODITIES - FOOD			
52	COMMODITIES - FUEL			
53	TECHNOLOGY			
54	CLOTHING			
55	MINOR EQUIPMENT			
56	OFFICE & OTHER SUPPLIES			
58	HIGHWAY MATERIALS			
64	GRANTS TO PUB AND PRIV ORGNS			
67	ASSISTANCE AND RELIEF GRANT			
8511	STA CAP (enter rate in box) <input type="text"/>			
	<i>All Other Total</i>	-		<i>32,811</i>
	<i>Grand Total</i>	-		<i>32,811</i>

**REVENUE:**

Account number including revenue source code