

DRAFT 2 WORKING PAPER ON HOUSING AND RESIDENTIAL SERVICES

Background:

Traditionally services and housing have been bundled within the residential services of the Office of Adult Mental Health (OAMHS) and MaineCare. As a consumer improves his/her functioning s/he must move from his/her residential setting to another and if his/her functioning declines s/he again must move back to another residential setting.

As of June, 2007 there are 782 PNMI residential beds within the State of Maine. Of the total PNMI residential beds 507 (65%) are intensively staffed and generally group living facilities and 275 (35%) are scattered site apartments. The total number of units has grown somewhat in recent years.

In FY 2006, 810 unduplicated MaineCare consumers used PNMI funded facilities. There were an additional very limited number of consumers without MaineCare who were supported by grant funding by OAMHS. Overall the OAMHS had 12,857 consumers enrolled receiving community support services in the same time period. The 810 consumers who utilized PNMI funded services represent 6.3 percent of the consumers enrolled. Further in FY 2006 27,543 MaineCare consumers were receiving mental health services. Those receiving PNMI services represented 2.9 percent of this group.

Vision for the Future:

Recognizing that recovery from mental illness is not linear, OAMHS plans to realign the service system to focus on providing services to consumers in their chosen, permanent home at the level of intensity, duration and type necessary to meet the individual consumer's need. Services will be flexible and "wrapped around" the consumer.

Similar to consumers with other health care issues, which at times result in hospitalization and a return to home or to an intermediate step of rehabilitation and then to home, it is the intention of the OAMHS to move towards an unbundling of services from housing. In this system, similar to other health care, a consumer may be hospitalized for a brief period of time and return to his/her home with some additional support or be served in a rehabilitation level of care and then return to his/her home.

It is also recognized that similar to the health care consumer with a serious and persistent (chronic) health condition there may also be a need for longer term facilities. The final residential array of services will include:

1. An intensive, 24 hour/7 day per week, level of rehabilitative residential service which is generally provided in a group living situation but may include living in a highly staffed 24/7 apartment setting with staff on site. Services and housing are bundled together.

2. A 24/7-staffed facility, focused on maintaining maximum level of functioning and in which the consumer is anticipated to remain for a more indefinite period of time. Services and housing are bundled together
3. Housing in the community, which is the consumer's chosen home, and services are provided separate from the housing at the level of intensity and duration needed and desired by the consumer. Within this area service models may take a number of shapes but primarily are two types:
 - a. Services are provided according to a service plan through community support (ACT, ICI, CI, ICM), skills development, daily living supports, psychiatry etc. on an "outpatient basis".
 - b. Services are provided for a fluid group of housing units by a dedicated staff of community support workers, skill development staff, and daily living supports staff. Other mental health services are obtained in the community.

Plan:

To avoid creating financial dislocation for agencies and a chaotic situation for consumers OAMHS will move from the current alignment of residential services to the proposed service array through a phased process.

Phase 1 - Other than for very specialized consumer issues no additional PNMI beds will be initiated by the OAMHS or approved by the OAMHS. This is the current situation.

Phase 2 - Contracts for FY 08 PNMI Community Residences for Persons with Mental Illness specify that the scattered site apartments and apartments which are connected to a more intensive residence be unbundled so that an individual in one of these apartments can remain after services are ended either by the provider or the consumer's decision.

Phase 3 - During FY 2008 OAMHS will work with providers of scattered sites to move them off of PNMI financial support. Housing will be supported through traditional methods to include low-income subsidies such as BRAP, Section 8 and Shelter Plus Care and services are financially supported through traditional MaineCare Section 17 and 65.

Models:

1. PNMI Community Residences for Persons with Mental Illness

A PNMI community residence for persons with mental illness is a PNMI with integral mental health treatment and rehabilitative services. Community residences for persons with mental illness also include residential services for the

integrated treatment of persons with dual disorders, which provide mental health and substance abuse treatment services to individuals with coexisting disorders of mental illness and substance abuse.

Services include mental health treatment, substance abuse treatment, rehabilitative services and/or personal care services. Mental health treatment and rehabilitative services refer to direct services provided for reduction of a mental illness and restoration of a member to his/her best possible functional level is there a way to say this that is more person centered/recovery focused?. These services focus on the establishing or regaining of functional skills; the increase of self-understanding, crisis prevention and self management; socialization and leisure skill development; the development and enhancement of social roles within the context of natural supports, the consumer's community, and others within the residential treatment facility; and other activities connected with the rehabilitation goals and objectives identified in the plan of care.

These residences are staffed 24 hours per day/7 days per week.

Services are billed as a PNMI.

2. Traditional Housing and Support Services

This model currently exists for the overwhelming majority of consumers (nearly 94%) Consumers live in their own home/apartment and receiving a variety of support and treatment services which are provided in the home and provider offices. The housing may be subsidized by BRAP, Section 8, Shelter Plus Care or some other resource. Services often include a level of community support services, ACT, ICI, ICM, CI, as well as, medication management, outpatient services, daily living support, and skills development. Additionally, crisis services may be accessed in times of crisis and either crisis stabilization beds or psychiatric inpatient may be provided when the consumer needs a higher level of care.

The services are billed based upon the service codes in Sections 65 and 17 of the MaineCare Manual.

3. Supportive Housing

This model provides services to a discrete set of residential housing units within a particular geographic area. The numbers of housing units, which are served, are limited by the amount of staff a particular provider utilizes and may include 24/7 coverage or on-call back up coverage. In this model, similar to Traditional Housing and Support Services, the consumer retains their own housing unit; it might be owned or leased by the consumer. Unlike Traditional Housing and Support Services, in this model a group of staff, which includes at a minimum community support workers, daily living support staff, and skills development

staff as a team provide services to the consumers in the finite number of housing units. Additional staff may also be included.

Similar to Traditional Housing and Support Services the consumer makes a choice about the services needed and desired; however the difference is that the consumer is choosing this team of providers as a group, similar to choosing an ACT or ICI team. All the staff that is part of the group acts as a team.

Services are billed based upon the service codes in Sections 65 and 17 of the MaineCare Manual.

4. Long Term PNMI Community Residence for Persons with Mental Illness

This model is very similar to the PNMI Community Residence for Persons with Mental Illness with the exception that the length of stay is anticipated to be of a longer and indeterminate duration. Consumers may have medical or other conditions, which require more specialized care or are such that their needs cannot be met in a lesser level of care.