



SEN. ELIZABETH H. MITCHELL, CHAIR
REP. MARILYN E. CANAVAN, CHAIR

MEMBERS:

SEN. PHILIP L. BARTLETT, II
SEN. JONATHAN T.E. COURTNEY
SEN. DANA L. DOW
SEN. JOSEPH C. PERRY
SEN. KEVIN L. RAYE
REP. ANDREA M. BOLAND
REP. SCOTT E. LANSLEY
REP. EVERETT W. MCLEOD, SR.
REP. PEGGY A. PENDLETON
REP. MICHAEL A. VAUGHAN

MAINE STATE LEGISLATURE
GOVERNMENT OVERSIGHT COMMITTEE

MEETING SUMMARY
September 13, 2007

CALL TO ORDER

The Chair, Senator Mitchell, called the Government Oversight Committee to order at 9:45 a.m. in the Burton Cross Building.

Senators:	Sen. Mitchell, Sen. Dow, and Sen. Courtney Joining the meeting in progress: Sen. Perry Absent: Sen. Bartlett and Sen. Raye
Representatives:	Rep. Boland, Rep. McLeod, and Rep. Vaughan Joining the meeting in progress: Rep. Canavan Absent: Rep. Pendleton and Rep. Lansley
Legislative Officers and Staff:	Beth Ashcroft, Director of OPEGA Mary Gingrow-Shaw, Principal Analyst, OPEGA Wendy Cherubini, Analyst, OPEGA Scott Farwell, Analyst, OPEGA Etta Begin, Adm. Secretary, OPEGA
Executive Branch Officers and Staff:	Peter Coughlan, Civil Engineer IV, DOT Fred Hutchinson, Transportation Planning Specialist, DOT David Proffitt, Superintendent, Riverview Psychiatric Center Ron Welch, Director, Office of Adult Mental Health Services, Department of Health and Human Services Richard Estabrook, Chief Advocate, Department of Health and Human Services Advocacy Office

INTRODUCTION OF GOVERNMENT OVERSIGHT COMMITTEE MEMBERS

Members of the Government Oversight Committee introduced themselves for the benefit of the listening audience.

SUMMARY OF JULY 30, 2007 MEETING

Chair Mitchell asked members if they had changes to the July 30, 2007 Meeting Summary. Hearing none, the Summary was accepted as written.

Chair Mitchell asked if there was objection to taking items out of order. Hearing none, the Chair then moved to **Report From OPEGA Director.**

REPORT FROM OPEGA DIRECTOR

- **Introduction of OPEGA Principal Analyst**

Director Ashcroft reported the principal analyst position in OPEGA has been filled and introduced Mary Gingrow-Shaw. Ms. Gingrow-Shaw has worked in State Government for over 25 years and for the last 19 years with the State Department of Audit, with a number of the years in the position of Audit Manager.

The Government Oversight Committee welcomed Ms. Gingrow-Shaw to OPEGA.

- **Status of Audits in Progress**

Director Ashcroft said three reviews have been completed. They are:

- Highway Fund Use by Department of Public Safety
- Requests for Admission to Riverview Psychiatric Center
- Urban Rural Initiative Program

The Committee will be hearing public comments on the Requests for Admission to Riverview Psychiatric Center and Urban Initiative Program Reports at today's GOC meeting.

The in progress status is as follows:

- **Boards/Committees/Commissions/Councils** - review has just been initiated. The general scope is to look at purposes and costs of State supported boards, committees, commissions and councils. OPEGA is in the very early planning stages.
- **Bureau of Rehabilitation Services** is in the reporting phase and working to get management actions into the draft Report before distributing the final draft to the agency which will start the 15 day comment period. OPEGA hopes to present this Report to the GOC no later than the end of October.
- **Contracting for Health and Social Services** – the preliminary research phase is complete and OPEGA is now trying to determine what will be presented to the GOC for recommendations on project direction. This is a large review and OPEGA has gained a lot of information and is looking for a piece that could be done in a timely manner. There will be many other areas the GOC may want to consider putting as separate audits on OPEGA's plan.

- **Three Information Technology Reviews** – OPEGA is trying to get a sense of whether weaknesses can be seen in the three IT areas on the work plan through a self-assessment process with OIT. These reviews are a secondary priority because cost savings do not appear to be involved.
- **State Administration Staffing** – OPEGA is in the preliminary research and this review will be discussed later in today's GOC meeting.

Remaining in the Planned-First Level of Priority is:

- Real Estate/Public Building
- Revenue Collected Through Courts
- State Publications

- **Activity With Joint Standing Committees**

Director Ashcroft said OPEGA was invited to the Transportation Committee to make a presentation on the results of Urban-Rural Initiative Program Report. The Committee will be undertaking a special Committee effort to take a look at some pieces of the program based on legislation from the last session.

Director Ashcroft appeared before the Appropriations and Financial Affairs Committee to talk about OPEGA's State Administration-Staffing Review. OPEGA had noted that the AFA Committee was going to be discussing state administration as part of the Initiative to Streamline State Government. A review of this topic was on OPEGA's work plan because of the interest shown during the last legislative session. Since the review had already been initiated she wanted to discuss with the AFA Committee how OPEGA could also support its efforts. As a result, OPEGA had developed a memo of understanding to send to the AFA Committee regarding what OPEGA would commit to providing. Director Ashcroft said she would like to get the Government Oversight Committee's approval for OPEGA to spend resources and work with the AFA Committee. This item will be discussed further in today's meeting.

- **Information Received Regarding Cuts to OPEGA's Budget**

Director Ashcroft explained that as part of the Initiative to Streamline State Government, the Appropriations and Financial Affairs Committee had sent a letter to all agencies asking that the agency provide their thoughts on how it would achieve cuts of a certain amount with specific amounts identified for each department. The amount identified for OPEGA was \$42,376.00. Because OPEGA's budget is included in that of the Legislature, Director Ashcroft responded through the Executive Director's Office for consideration by the Legislative Council .

Director Ashcroft requested that the \$42,376 cut from its budget be taken out of "All Other" line item for contracting of consulting services. The current budget is approximately \$150,000. The Director's proposal was presented to the Legislative Council and she subsequently received a letter explaining what the Budget Subcommittee had identified overall in the Legislature for cost saving items. The Budget Subcommittee suggested OPEGA's budget be cut by \$75,000 from the "All Other" line item the Director had proposed.

COMMITTEE VOTE FINAL REPORTS

Director Ashcroft informed the Committee that OPEGA advertised in four weekend newspapers an announcement of the Public Hearings scheduled for today related to OPEGA's Review of the Urban-Rural Initiative Program and Riverview Psychiatric Center.

- **Urban-Rural Initiative Program**

Chair Mitchell asked if there was anyone in attendance that would like to make comments about the Urban-Rural Initiative Program Report.

- **Public Comment Period**

No written comments had been received and no one in attendance made comments on the Report.

- **Committee Work Session**

Director Ashcroft made a point of clarification of what the vote will mean on this Report. She said that OPEGA because it is independent, even though it reports to the GOC, releases its work publicly. The GOC's vote on whether or not to endorse the Report is a message to the Legislature on whether it thinks the results in the Report are valuable.

- **Committee Vote**

Motion: That the Government Oversight Committee endorse OPEGA's Final Report on Urban-Rural Initiative Program. (Motion by Sen. Dow, second by Sen. Courtney, PASSED, vote unanimous, 10-0).

- **Requests for Admission to Riverview Psychiatric Center**

Director Ashcroft reminded members that she presented a draft of the Riverview Psychiatric Center Report at the July 30, 2007 GOC meeting.

Chair Mitchell proceeded with comments from the public.

- **Public Comment Period**

Attending and presenting written testimony on the Report were:

- Carol Carothers, Executive Director, NAMI Maine.

The following individuals presented public comment but did not provide a copy of their testimony:

- Dennis King, Chief Executive Officer, Spring Harbor Hospital;
- Ann Lang, private citizen, testifying on her own experiences;
- Eileen Wilkins, member of the Riverview Quality Improvement Council;
- Richard Estabrook, Chief Advocate, Department of Health and Human Services' Advocacy Office;

- Ralph Ardito, member of the Riverview Quality Improvement Council and private citizen testifying on his own experiences;
- Ron Welch, Director, Office of Adult Mental Health Services, Department of Health and Human Services; and
- David Proffitt, Superintendent, Riverview Psychiatric Center.

The following provided written comments regarding the Report, but was not present at the public hearing:

- Glenn C. Ross, Sheriff, Penobscot County Sheriff's Office

Following is a summary of testimony and comments made during the public comment period.

Carol Carothers

- Access to treatment, both at Riverview and other Maine psychiatric hospitals, continues to be difficult.
- Solution is not as simple as more hospital beds.
- If the State fails to provide adequate community programs for people with mental illness or co-occurring substance abuse problems or fails to address underlying policies about public safety and treatment, the State could never build enough institutions to hold the people that need help.
- What is needed are:
 - more ACT teams that are faithful to the model;
 - more progressive treatment programs and not just at Riverview and Dorothea Dix;
 - access to short term residential step-down programs;
 - additional crisis beds in the community that can accept people with medical problems and people with forensic histories;
 - additional peer support programs;
 - re-entry programming so that recidivism is reduced; and
 - immediate and easy access to assessment and treatment that prevents the need for institutionalization in a hospital or jail.
- The correctional and psychiatric systems can no longer be considered separate.
- More hospital beds are needed at Riverview, but that cannot solve the more complex issues of the need for access to community-based and early intervention.

Ms. Carothers referred to a letter she received from Sheriff Glen Ross asking that she provide it to the GOC because he could not attend the meeting. He stated in his letter that:

- County jails are the default mental health institutions.
- His agency contracts with Acadia Hospital for mental health services. The LCPC worker estimated that during the last year 6-10 requests for admission were denied by Riverview and a number of cases were 6th in line for the next available bed. This is typical of jails across the State and contradicts the numbers presented by State officials which indicated there are no longer capacity issues at Riverview.
- The frustration of reading that there are no capacity concerns at Riverview.

Ms. Carothers asked how the information that most of those turned away from Riverview received needed treatment elsewhere was tracked. (See the comments by Director Ashcroft).

Questions and Comments from the GOC:

- Whether there are enough beds at Riverview is a very small item in the context of the whole problem.
- The need for more forensic beds at Riverview.
- Has a cost analysis of how much it cost to treat people in emergency rooms been done?
- Why doesn't a person who is obviously maniac or delusional go to one of the specialty hospitals who are equipped to deal with people with mental illness rather to an emergency room?

Dennis King

- Early 2007 a “gate keeper” type situation was set up at Spring Harbor and Acadia for requests made for civil beds.
- Admissions are quicker and there are more opportunities for admissions to Riverview and Dorothea Dix.
- Are just now developing a way to track data that people who make requests to Riverview and cannot get in find other treatment.
- Working with the Shalom House in Portland to put a dollar figure and develop strategies that could be employed to address the population of people with multiple admissions each year such that they could receive needed care without going to emergency rooms.
- Spring Harbor has been able to reduce re-hospitalizations by working with community agencies.
- Does not believe the needs of the chronic mentally ill, those who go in and out of hospitals, are currently being met. They have very complex needs such a medical, social services, and transportation needs. If appropriate services could be available to them as needed, they would be able to remain out of the hospitals.

Ann Lang

- Testified regarding her family's experiences in trying to get help for her daughter who has mental health issues and would be considered in the chronic category. She described the following situations:
 - Her daughter was admitted to Maine General and taken to Spring Harbor. Spring Harbor was supposed to get her into Riverview, but after several days Ms. Lang was told her daughter did not qualify for admission to Riverview and was being released from Spring Harbor. There was no explanation given as to why she did not qualify or what the qualifications were. Five days later her daughter overdosed on pills and taken back to Maine General. Again tried to get her into Riverview and was told she did not qualify and was released from Maine General.
 - The difficulties with getting preauthorization for the medication needed for her daughter.
 - Was told her daughter would do well in a living situation where there is more than 1 person and has 24/7 staffing but there is none currently available.

Eileen Wilkins

- Patients at Riverview who no longer need to be there but there is nothing set up in the community to help those leaving Riverview.
- Was told by the Department of Health and Human Services that since this Report ended there have been a lot of improvements and the Report is no longer accurate. She was not told what those improvements were.
- Believes the Report to be accurate. It contains information that has been talked about for many years.

Richard Estabrook

- His work involves the provision of care and advocates for people with mental retardation, autism, or developmentally disabled.
- There are difficulties in getting people the needed community services or psychiatric hospital bed when needed. Because of the difficulties the individuals go to the emergency rooms.
- The need for a place an individual can go to be titrated off medications and be safely held for 4-6 weeks.
- The present process is very slow with no real procedures, everything done ad hoc and extremely inefficient.
- The need for both more beds at Riverview and more community services.

Ralph Ardito

Mr. Ardito's testimony included his involvement with the Riverview Quality Improvement Council and having a son with mental health issues.

- At the time the State was considering building the new hospital there were arguments on whether Augusta should have Riverview, and if so, how many beds should it have.
- Provisions made during the construction of Riverview for an additional wing to be added if necessary.
- The need for larger or more facilities with 24/7 care in the communities.

Ron Welch

- Changes made for civil requests since September, 2006 include:
 - In negotiating a compliance plan for the Riverview consent decree, it has to assure the Court how it would achieve the continuity of care from community social work through hospitalization and the return into the community.
 - Hospitals worked together and agreed, irrespective of whether they had an in-patient psychiatric unit, would make referrals for longer term stays to the 2 private specialty hospitals, Spring Harbor and Acadia, who would serve as the "gate keepers" for Riverview and Dorothea Dix.
 - Procedures described in the consent decree are being implemented.
 - While the initial data is looking good, we need to continue to look how well this approach is working.

- The requests for help generally surge in April and for one month in the fall each year but the Department believes there may be better ways to respond to the surges than just adding hospital beds that are not needed at other times of the year.
- Testimony regarding forensic requests included:
 - In February, 2005 the Departments of Health and Human Services and Corrections prepared a joint plan of action to look at issues relating to this population.
 - At the present time the plan has not yet been implemented because they do not have clarity on definitions and need clear definitions about which population receives which service.
 - Department will be addressing mental health issues and the need for more forensic beds in the context of the Governor's proposal to consolidate jails.
 - Department has intensive case managers across the State assigned to the jails.
 - Department is working with jail administrators to establish a uniform data collection instrument.
- General discussion points included:
 - Need more beds at Riverview and more community services.
 - Housing similar to the Shalom House, small residential setting where staff live in, are needed but the Department's Consent Decree with the Court restricts residential settings to no more than 8 people.
 - Department's proposal for structuring housing needs is in the Court Master's hands and addresses the fact that some individuals do better in individual apartments while others to better in group situations.

Questions and Comments from the GOC:

- Why do legislators continue to hear so much about lack of capacity at Riverview and Dorothea Dix for forensic patients?
- What needs to be done to get the definitions for the jail population to receive the care they need in an institution and why it still has not been resolved since 2005.
- Legislators have only just received a vague outline from the Governor's Office regarding the jail consolidation plan and why Mr. Welch believes there is a plan in the consolidation proposal to address the issues he stated above.
- Why some crisis workers don't bother to contact Riverview because they believe they are going to be turned down for help.
- Are there better ways to do community services which are better for the patients and might cost less?

Chair Mitchell asked Director Ashcroft to address questions or comments made so far by members of the audience.

Director Ashcroft answered Ms. Carothers question about how OPEGA concluded that people turned away by Riverview had likely received help somewhere else. She acknowledged that there are limitations on what OPEGA gathers for information and attempts to address in any report. In this case, OPEGA's results and summaries were based on the data collected on requests that came to Riverview through any means: phone calls, faxes and in-person requests. Riverview was given a form to use to record information about each request for admission received. OPEGA's statement in the report that the data suggests a certain percentage of people probably got served somewhere else in the system is based on analysis of that data that showed:

- a large percentage of individuals did not have repeated requests for admission to Riverview; and
- some individuals who the data showed were transferred from ER's to community/specialty hospitals in a fairly timely manner and were perhaps subsequently admitted to Riverview.

This analysis is obviously limited by the data available. For example, if an individual was still in crisis and not being served well but repeated calls were not made to Riverview then the data would not show that access might still be needed. OPEGA does state in the report that it cannot say definitively what anyone's experience was without doing specific follow-up on individuals.

In response to the question of how requests were tracked at Riverview, Director Ashcroft said there is a general description of what was to be done in the methodology section of the Report. Every request received was to be documented by Riverview by filling out the form to gather certain data about the request. OPEGA relied on the fact that Riverview followed that process for every phone call, fax or in-person request and does not have any reason to believe that they did not follow that procedure.

Director Ashcroft addressed the statement that in some situations there had been long stays in emergency rooms and pointed out to the GOC that OPEGA analyzed what it could see in the data based on dates and times of different requests. Again, the data is limited. If another call back was not made to Riverview, we do not know how long the stay might have been. The window of time OPEGA used to determine an excessive stay was 24 hours. Others may have different thoughts about what is the appropriate amount of time for somebody having a mental health crisis to be spending in an emergency room. Twenty-four hours was chosen because we were working with dates and times of requests and it was the clearest delineation point that we could use for analysis. There may have been people in the emergency room for 16 or 24 hours that would not have shown up on the review and picked out as being an exception.

Mrs. Lang said that her daughter was ineligible for Riverview but was not told why she was ineligible. Director Ashcroft said it is her understanding that there are conditions that could keep someone from being eligible to enter Riverview. Those include: if the individual suffered from a substance abuse problem, or if there are medical issues along with the mental health issues that may need treatment in a medical setting. Mr. Estabrook talked both about people having mental illness and mental retardation. Director Ashcroft said it was her understanding there is a distinction between them and that mental retardation is another condition that would make an individual ineligible for admission to Riverview.

Lastly, OPEGA did note in the report that it did appear that it was very difficult to get some people with particular characteristics into a psychiatric hospital bed. It appeared that sometimes there may have been physical beds available, but that perhaps there was not staffing capacity to deal with the type of situation being presented by the individual. Discussions regarding obtaining and building more space or adding more beds, should also include whether the State has adequate staff to allow that bed capacity to actual be used.

Government Oversight Committee discussion followed and included the following:

- In the 80's there were 1,500-1,800 patients at Dorothea Dix and over the years it has changed from a hospital or institution based system to a community based system. It seems as though the change to a community based system was made before community services were available as needed.
- The Committee has been told there have been improvements since the time this Report has been written. The State spends a lot of money on emergency room treatment, which may not always be the best way to serve people requesting help. If a chronic person needs evaluation for mental health treatment, why don't they go directly to Riverview or Spring Harbor for an evaluation? Why do they have to go to an emergency room when both facilities have staff that is trained to make assessments of the needs of a mental health person?

Director Ashcroft said she would let the Department speak to that, but did say that during her meeting with Muriel Littlefield, Lucky Hollander and Sabra Burdick from DHHS they seemed interested in whether the "gate keeper" system that had been set up would result in fewer requests for admission to Riverview coming from emergency rooms. They expected that it should.

- How does the new "gate keeper" system measure whether a reduction in calls are being made directly to Riverview from emergency rooms, what methodology is used and if there is a form that staff fills out, is that form being completed no matter what time shift it is?

Mr. King said that Spring Harbor's admissions office is recording information as to the disposition of each call. A lot of definitions had been worked out in terms of what a call means. With that information Spring Harbor estimates that from February 21, 2007 through July 31, 2007, Spring Harbor diverted, or admitted to Spring Harbor, 24% of admissions that would have otherwise been presented directly to Riverview. Of the 183 calls for a civil bed at Riverview, only 38% of the individuals or 70 were actually admitted to Riverview. A number of people either withdrew their referral once they called Spring Harbor or were treated in community hospitals.

Public comments continued and Chair Mitchell recognized David Proffitt. His comments included:

Civil Admission Requests

- Since Riverview's partnership with Spring Harbor and Acadia in November, 2006, there has been a great decrease in the civil admissions waiting list.
- Riverview is tracking data on how long it takes to make an admission from a request from Spring Harbor and has seen that an admission can be made within 2 days of a request.
- The different levels of care in the system.
- Half of the patients at Riverview have had multiple admissions to Riverview.

- Spring Harbor and Acadia have the capacity to serve people up to 40 days. If determined that the patient will need more extensive psychiatric rehabilitation to obtain stability to be able to move into the community, a referral is made to Riverview;
- Maine has an Interstate Compact with other states.
- Riverview does not have a contract with Spring Harbor or Acadia and does not pay for the “gate keeper” services at either Hospital.
- There are different sources of funding for Riverview, Spring Harbor and Acadia.
- A dietary assessment is done on every admission to Riverview.
- He would not be in support of dorm type housing for patients recovering from mental illness.

Forensic Admission Requests

- There is difficulty in getting people appropriate care upon the request.
- Riverview’s waiting list for a forensic bed.
- Work being explored to get persons in jails access to psychiatric care other than for formal forensic psychiatric bed.
- Competency evaluations which Riverview must perform have doubled over the last year.
- Persons found not criminally responsible are also placed in the care of the Commissioner and the numbers are increasing.
- With the increasing competency evaluations and not criminally responsible patients, Riverview is unable to have beds available when requests are received from jails.

Questions and Comments from the GOC:

- At one time the two State Hospitals (AMHI and BMHI) provided all in-patient psychiatric care. Has a cost analysis been done, for the State’s purpose, since the creation of the community-based system?
- Could the GOC receive the documentation that Riverview’s requests for forensic beds have increased over the last year?
- Whether a dorm type housing setting fits into the modern day philosophies?

Hearing no other response for public comment, Chair Mitchell, on behalf of the Government Oversight Committee thanked everyone who spoke regarding the Riverview Psychiatric Center Report and for the information each provided to the Committee.

Chair Mitchell moved to the Committee work session on the Report.

- **Committee Work Session**

Director Ashcroft said that at the last GOC meeting members discussed forwarding the Riverview Psychiatric Center Report to the Health and Human Services and Criminal Justice and Public Safety Joint Standing Committees with the request that they continue to pursue the areas of concerns brought up at today’s public hearing on the Report, and report back to the GOC by a certain date on what actions the Committee took or plans to take.

The GOC moved to vote on the Report and go back for Committee discussion after the vote.

- **Committee Vote**

Motion: That the Government Oversight Committee endorse OPEGA's final Report on Riverview Psychiatric Center – An Analysis of Requests for Admission. (Motion by Rep. McLeod, second by Rep. Boland, PASSED, vote unanimous 10-0).

- **Committee Work Session con't**

GOC members wanted time to think about what actions the Committee should be asking the Joint Standing Committees of jurisdiction to take on the Report.

Director Ashcroft said she would provide GOC members a summary of the discussions during the public comment period on the Report prior to the next GOC meeting to assist them with discussions on what actions the Committee would ask from the Joint Standing Committees.

By consensus, the Government Oversight Committee postponed its recommendations on the Report until the next Committee meeting.

UNFINISHED BUSINESS

- **Response Received From DEP Regarding Action Taken by Appropriations and Financial Affairs and Natural Resources Joint Standing Committees on the Request Forwarded for an OPEGA Review of the Department of Environmental Protection's Water Quality Enforcement Efforts**

Director Ashcroft said that at the last GOC meeting she reported to the Committee that the Natural Resources Committee had not taken any particular action on the letter sent from the GOC, but there had been additional positions approved as part of the budget. The GOC asked Director Ashcroft to find out if those additional resources were being used in the kinds of efforts that were the concern of the Lakes Environmental Association.

Director Ashcroft referred the Committee's attention to the letter from Sen. Rosen asking if the DEP has met the mandate of monitoring and licensure for water quality in Maine Rivers and attached an article that had been in the Bangor Daily News regarding a large algae bloom on the Penobscot River. He wanted the GOC to be aware there is also a concern in this area related to Maine's rivers.

Director Ashcroft told the GOC that she has spoken with Andrew Fisk, Director, Bureau of Land and Water Quality, Department of Environmental Protection and learned that the Department did get four new positions through the last budget. Two positions are being dedicated to field services which involve compliance and enforcement for land and natural resource protection laws and are related to the concerns of the Lakes Environmental Association. They are at the end of the hiring process and once completed, one position will be in Augusta and the other in Portland so efforts can be focused where development is greatest, which is in Southern Maine and around bodies of water.

The GOC asked Director Ashcroft to contact DEP in February, 2008 to get an update of whether they have met the mandate of monitoring and licensure for water quality in Maine Rivers and other issues raised by the Lakes Environmental Association.

- **Additional Information Requested by the GOC Regarding the Quarterly Review of Requests Received for OPEGA Audits**

Director Ashcroft reminded members that at the last GOC meeting they worked through the GOC's new process for requests received for OPEGA audits. The GOC wanted more information on some of the requests before deciding what action to take.

- **School Revolving Renovation Fund**

Sen. Plowman requested the review of the Department of Education's School Revolving Renovation Fund.

Director Ashcroft reviewed the statute and talked with Jim Rier from the Department of Education and with someone from the Maine Municipal Bond Bank who is responsible for administering the fund. Mr. Rier did provide to the requestors, documents regarding the request for information on the fund and has not heard back from the individuals on this issue since the information was sent. He also provided a copy of a letter sent to superintendents regarding the fund. Director Ashcroft's interpretation of the letter is that the Department was concerned that funding for projects under construction or that had been approved for construction, had resulted in a low balance in the fund. The Department was thus temporarily suspending new applications while they projected out what they might be getting for cash flow into the funds. Once that was figured out, they would get back to the superintendents about receiving new applications. The Municipal Bond Bank is responsible for administering the fund and distributing the money. Director Ashcroft said that from information received, it appears that there is money in the Fund and there are controls in place to assure proper administration of the Fund. Additional information that would be gained if an OPEGA audit were done would be whether recipients are using the funds for allowable purposes.

Director Ashcroft does not see this request having the same potential for cost savings or revenue accountability that are currently on OPEGA's work plan.

Sen. Courtney asked for information on forgiving a debt and the process for that. Mr. Rier explained how the fund works. An application is received by the Department of Education for approval. Once the project is approved, that approval goes to the Maine Municipal Bond Bank will disburse the approved amount of money as the project goes forward. Before disbursement of funds, a local vote by referendum in the community is required and if approved, funds begin to be requested to support the work that is being done. A portion of the money disbursed for the project would be forgiven and not paid back by the school unit. The amount forgiven is based on that unit's level of receivership and State support, but it cannot be less than 30% or more than 70%.

The Government Oversight Committee agreed that no further action by the Committee will be taken on this request.

A letter will be sent to Sen. Plowman explaining the findings and action taken by the GOC on her request.

- **Consolidated Emergency Communications Bureau Regional Communications Centers (RCC) (Dept. of Public Safety)**

At the last GOC meeting the members asked Director Ashcroft to find out if an OPEGA audit would have an impact on whether the consolidation moved forward at this time. Director Ashcroft learned that it would not have an impact as to whether the consolidation process continued, although looking at the topic at some point in time may be helpful in answering some questions.

Chair Canavan said she continued to be concerned that there was a mandate to consolidate public emergency service answering points (PSAPs) Centers but that for Waterville, Winslow and others to merge with Augusta would cost more than those towns would pay with their own PSAP. She said there continues to be confusion over what the \$2.50 rate per head for Kennebec County included.

Chair Mitchell received a letter from Cliff Wells, Director, Consolidated Emergency Bureau stating that the PUC confirmed that, as a result of legislative action, the number of PSAPs across the State would be reduced. Verizon will no longer support the equipment located at the PSAPs and that the equipment is obsolete and has to be replaced.

The Government Oversight Committee asked Director Ashcroft to make a request to the Public Utilities Committee and/or the Regional Communications Center asking whether they have already set out what is included in the rate and how they arrived at it and ask that they put their response in writing.

- **ASPIRE Program (DHHS)**

At the last meeting, the GOC requested Director Ashcroft to get the dollar amount being spent in the ASPIRE Program. She said approximately \$28.5 million was spent in Fiscal Year 2006. Of that, approximately \$6.4 million was from the General Fund and the remainder came from a federal block grant. This program provides different types of goods and services as support for people who are seeking to become employed and is a very similar program to the Vocational Rehabilitation Program that OPEGA is currently finishing a review on. Although the results of the Report have not yet been released, Director Ashcroft recommended that the GOC consider putting this topic "On Deck" until the Committee heard the results on the Vocational Rehabilitation Program review.

Motion: That the Government Oversight Committee moves to put the ASPIRE Program "On Deck". (Motion by Sen. Perry, second by Rep. Boland, PASSED, 7-0).

NEW BUSINESS

- **Review Topics On-Deck, Tabled and of Interest in Prior GOC Discussions**

The Government Oversight Committee tabled this item until the next meeting.

- **Discussion re: OPEGA's State Administration Review and the "Initiative" to Streamline State Government**

Director Ashcroft said OPEGA met with the Appropriations and Financial Affairs Committee and Grant Pennoyer, Director, Office of Fiscal and Program Review. The objectives of OPEGA's review of State Administrative - Staffing are very similar to what the AFA Committee is reviewing as part of "The Initiative". OPEGA plans to share information being collected on its review with the AFA Committee and OFPR to assist them in their work.

Director Ashcroft referred the GOC members to the draft Memorandum of Understanding Regarding OPEGA Support of "The Initiative Effort" she will send to the AFA Committee and Director Pennoyer, if approved by the GOC.

Director Ashcroft reviewed with the GOC the contents of the draft Memorandum describing the three major objectives listed below:

1. Determine whether opportunities exist to reduce costs of upper level administrative functions in State government by eliminating positions where the functions performed by those positions:
 - are redundant to functions being performed by others; or
 - could be more efficiently and economically performed by other staffing arrangements.
2. Determine whether opportunities exist to reduce costs associated with contracting for personal services that are currently supporting or enhancing upper level administrative functions.
3. Determine whether there are opportunities to reduce costs associated with upper level administrative functions by restructuring/reorganizing facets of State government.

OPEGA is giving priority to addressing Objectives 1 and 2 as OPEGA and AFA both agree that Objective 3 requires more effort that can be completed within the time frame for "The Initiative".

By October 31, 2007, OPEGA will complete work, and share results of that work with the AFA, on the following sub-objectives related to Objectives 1 and 2. Every effort will be made to complete as much of the work as possible prior to AFA's currently scheduled meetings on October 15 and 16, 2007.

Objective 1 Sub-objectives:

- A. Determine which positions will be included within the scope of work on this objective.
- B. Determine whether there has been growth in the # of positions in "upper level administration" over the past ten years. If so, determine where that growth has occurred in terms of position categories and organizational units.
- C. Determine whether particular organizational units appear out of line with others in State government with regard to number of positions and position categories in upper level administration.

- D. Determine whether staffing ratios in State Government (upper level administrative positions compared to all other staff) are out of line with other states or other recognized or generally accepted standards and benchmarks.
- E. Determine whether there are particular types of positions, particular ways positions are created, or other factors that present risk for unnecessary or unplanned growth in the upper level administrative functions.

Objective 2 Sub-objectives:

- A. Determine which contracted services will be included in the scope of work on this objective.
- B. Determine whether there are particular types of contracted services, particular ways in which contracts are established and administered, or other factors that present risk for initiation or continuation of unnecessary or overly costly contracts.
- C. Determine potential areas of concern or risk associated with the current level of contracting activity by analyzing available data in aggregate and by organizational unit. For example:
 - a. Number of contracts
 - b. Types of contracts
 - c. Types of services contracted for
 - d. Vendors
 - e. Expenditures

In keeping with its normal audit process, OPEGA may also proceed with work on additional sub-objectives beyond what is committed to in the Memorandum in order to more fully address Objectives I and II with more specific findings, recommendations and understanding of root causes. It is highly unlikely this additional work would be completed within the time frame for "The Initiative". OPEGA's decision on whether or not to perform this additional work will be dependent on the results of work committed to here and the course of action that AFA pursues after receiving those results.

The GOC agreed that OPEGA did not need prior approval from the GOC regarding what information is given to the AFA Committee, but that all information provided to the AFA Committee be given to the GOC members simultaneously.

SCHEDULE NEXT COMMITTEE MEETING

The next Government Oversight Committee was not scheduled.

ADJOURNMENT

The Government Oversight Committee meeting was adjourned at 12:50 p.m. (Motion by Rep. McLeod, unanimous).