

**Community Service Network 1 Meeting
Northeastland Hotel, Presque Isle, ME
October 25, 2007**

DRAFT Minutes

Members Present:

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| • Annette Adams, Acadia Hospital (via telephone) | • Mary Louise McEwen, Dorothea Dix (via telephone) | • Patricia Michaud, Northern Maine Medical Center |
| • Greg Disy, AMHC | • Vicki Hardy, Houlton Regional Hospital | • Peter Sirois, Northern Maine Medical Center |
| • Lori DeMerchant, ACES | • Deborah Gray, Life By Design | • Ralph McPherson, The Aroostook Medical Center (TAMC) |
| • Christopher Morse, Care & Comfort | • Danielle Perry, New Day Counseling Services | • Patty Dillon, TAMC |
| | • Craig Fournier, Northern Maine General | |

Members Absent:

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| • Allies, Inc. | • Community Mediation Services | • NAMI-ME Families |
| • Cary Medical Center | • Harvest Inn Social Club - TPG | • Transition Planning Group |

Alternates/Others present:

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| • Jim McKenney, Crown Ambulance/TAMC | • Alice Bolstridge | • Steve DeMaio |
| • Lorraine Chamberlain, AMHC | | |

Staff Present:

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| • Don Chamberlain, OAMHS | • Darren Morgan, OAMHS | • Scott Bernier, USM Muskie School |
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Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Darren initiated introductions and welcomed all present. It was discovered that the telephone connection with Bangor was in-and-out at times. Attendees were asked to speak up so that Annette and Mary Louise could hear the discussion to follow.
II. Review and Approval of Minutes	Minutes were reviewed and approved with no changes.
III. Transportation	<p>Darren reported that local law enforcement had a meeting conflict with today's meeting, and that is why they could not attend. Jim McKenney (Crown Ambulance/TAMC) and Lorraine Chamberlain (AMHC) were introduced to the group.</p> <p>Lorraine reported a few key elements that are barriers to transportation:</p> <ul style="list-style-type: none"> • In involuntary situations, there is a problem of having available law enforcement. Delays are as long as 8 to 24 hours. The sheriff's department cites a lack of resources. • Caribou Police Department also cites a lack of resources as the reason they have not been able to provide coverage. • In voluntary situations, there are a lot of complications. Voluntary situations are not viewed as medically necessary (which delays transportation), yet the doctor in the ER is hesitant to let these people go via private vehicle. • There are also issues on finding transportation back from treatment. • In the past three months, AMHC has used the Presque Isle Police Department. Caribou Police Department will help when they can. Fort Kent Police Department helps when needed. Houlton Police Department will not participate due to liability concerns regarding transporting someone outside their jurisdictional area. (Police Departments are reimbursed for transporting involuntary commitments.)

Agenda Item	Presentation, Discussion
	<p>The group engaged in a lengthy discussion about who transports involuntary admissions, when in the process various agencies notify the sheriff of an impending transport, unpredictable and sometimes long wait times while securing a bed and the resulting effect on transportation (and consumers), lack of hard data on times involved, and the availability and willingness of local police departments to assist in transportation.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • There is a hesitation to do involuntary transportation without police escort, due to risk of assault or damage to equipment, etc. • In most cases, agencies notify the sheriff before or early in the intake process that an involuntary transport is pending. In northern and central Aroostook County, the local police departments are willing back-up the sheriff's office as needed. • Jim said they've experienced situations where once they're ready to begin the transportation, the sheriff's department is no longer available. • It sounds like part of the problem is the time period between blue paper and the time of finding a bed. This can create transportation problems should a work shift change occur in that time period. For example, the call for transportation is at 1pm, but a bed isn't found until 6pm. • Annette responded that Acadia's goal is to provide an answer within 30 minutes of the request. She understands that there are a fair amount of cases that have taken an hour. She can't explain why that is—time of day, shift change, information about the patient arriving piecemeal, medical component, availability of a doctor at her end, then explore best place to put them—at Acadia or Dorothea Dix. She knows they have had a few cases recently that have taken longer than they want. Annette added that if there is something glaring that Acadia needs to look at, she would like to know about it. • Need to refocus on the consumers. Remember this goes to their needs; and when one is being admitted involuntarily and there is a delay in transportation, their civil rights are suspended during that delay. • Lorraine stated that the CSN needs hard data. AMHC's average response time finding a bed is 1.5 hours. • Don observed that the discussion appears to have gone from a transportation issue to an admission issue. Patricia stated that the big issue is securing a bed. • Greg suggested that the Crisis Workgroup might more appropriately address this issue, with information from this CSN, since they are already focused on issues like this. • Annette said that they've had some success at the crisis workgroup meetings. They are sharing clinical criteria sets and have talked a little about outlier cases. It would be a better forum to discuss the routine, but it won't have immediate results. • Don suggested that information from the crisis meetings could be reported back to the CSN. Let crisis deal with resolving the time issues and report back to the CSN. <p>Shifting the focus back to strictly transportation issues, the group discussed what data is or could be collected to reveal the specific problem areas. They decided the following data will be gathered for the next three months:</p> <ul style="list-style-type: none"> • Length of time to get transportation from the decision or approval to transport to the actual time the transportation takes place • Time departed and mode of transportation • Frequency of long distance transportation • Voluntary versus involuntary and the location/distance of transportation • Disposition time from arrival at the emergency room (ER) to the time they leave the ER.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Time period between when the patient is assessed and disposition. <p>ACTIONS: The data listed above will be collected from November 1 through January 31 and presented at the February 2008 meeting, where it will be reviewed and discussed. Don will look at the liability issues around transportation and report back to the CSN.</p> <p>Patricia pointed out that many of these people do not have family who can help with transportation. Voluntary admission is a challenge for them on the transportation end—they don't have money or a relative to transport them back. So far this fiscal year, NMMC has paid out \$1,500 for transportation for these cases.</p>
IV. Medication Management	This was tabled until next meeting.
V. Attendance at Harvest Inn Social Club	This was tabled until next meeting
VI. Other	The November meeting is cancelled. The next meeting will be on December 27, 2007 at Aroostook Community Action Program in Presque Isle.
VII. Public Comment	<p>A family member and also a friend of a consumer expressed concerns about the consumer's unmet needs:</p> <ul style="list-style-type: none"> • Consumer is in need of more intensive medication help and more intensive daily living skills help. Family member has read through Section 17, and these services are supposed to be available, but they are not. • Aroostook County has community integration, but lacks ACT services, which is what the consumer needs. • Consumer is on the wait list with current agency. A second agency is willing to take consumer, but probation officer will not allow the transfer to the second agency. • This case is not unique. There are others that also have unmet needs. • What is the process to fulfill unmet needs? Don responded that DHHS is gathering data on unmet needs through the ISPs. • DHHS should survey the consumers and their families on their unmet needs. <p>Don suggested that consumer and/or family member:</p> <ul style="list-style-type: none"> • Work with provider(s) and Darren to resolve provider issue • Identify specific unmet needs • Meet with the CSN's family (NAMI) and consumer representatives (absent today, but normally here) to discuss these issues and advocate at CSN meetings.
VIII. December Agenda Items	Medication Management Attendance at Harvest Inn Social Club