

**Community Service Network 1 Meeting
Aroostook County Action Program, Presque Isle
March 22, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia Hospital (via ITV) • Debra Henderlong, Allies Inc. (via ITV) • Greg Disy, AMHC • Lori DeMerchant, ACES • Laura Rowland, Care & Comfort | <ul style="list-style-type: none"> • Margaret Snyder, Dorothea Dix (via ITV) • Richard LaChance, Harvest Inn Social Club • Vicky Hardy, Houlton Regional Hospital • Edward Buckley, NAMI-ME Families | <ul style="list-style-type: none"> • Craig Fournier, Northern Maine General, Franciscan Home (via ITV) • Pat Dillon, TAMC • Tammy Carney, Transition Planning Group |
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Members Absent:

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| • Cary Medical Center | • Life by Design | • New Day Counseling Services |
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Alternates/Others present:

- Lorraine Chamberlain, AMHC

Staff Present: DHHS/OAMHS: Don Chamberlain, Darren Morgan and Scott Kilcollins. Muskie School: Scott Bernier.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Darren Morgan opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the February meeting were approved as written.
III. Crisis Services/Crisis Stabilization Units	<p>Don Chamberlain asked Lorraine Chamberlain to describe AMHC's crisis services to better understand how it works and to address if adequate coverage was provided.</p> <ul style="list-style-type: none"> • AMHC offers a 24 hour/7 day a week crisis phone line. People in crisis who call can talk to a crisis worker. Family members who call can learn of resources in their area. It is connected to all other crisis lines/services throughout Maine. AMHC has served as the back-up for the state network in the past receiving as many as 100 calls from other parts of the state per month in the days before cell phones. In the recent past, that number has dropped to about 5 calls a month from outside of AMHC's service area. <ul style="list-style-type: none"> ○ Don briefly explained the state's toll free crisis hotline number. Every exchange in the state is linked to a local crisis hotline. If there is a problem with the local hotline, the call goes to AMHC. Cell phones and digital telephone (like Vonage) do not have exchanges that are assigned to a specific town or city. As such, they aren't assigned to a specific crisis network. As the use of cell phones and digital service has spread, the number of calls forwarded to AMHC has decreased. • AMHC still tracks calls from other parts of the state and gives the data to DHHS. • AMHC does face-to-face evaluations to anyone of any age within the community • AMHC offers crisis stabilizations • AMHC makes referrals to community resources • AMHC develops crisis plans • AMHC works with treatment providers throughout the county.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • AMHC's average response time for crisis is 33 minutes. • AMHC has a children's crisis unit in Fort Fairfield and an adult crisis unit in Presque Isle. • AMHC offers children's respite service (a lower level of care than crisis). • For non-AMHC clients, AMHC coordinates with the client's provider and sends the evaluation to the provider to show the services AMHC has provided, unless the client does not want the information shared with their provider. • AMHC also has a peer support line that runs 4pm to midnight seven days a week. It is separate from the crisis line, but in the same facility as the crisis line. This makes it easy to have access to a higher level of intervention should it be needed when someone calls. The peers who work on the peer support line are paid. • NAMI provides CIT training; however, the challenge up here is having police officers available for the training, especially in the smaller communities which can't spare an officer even for a couple of hours. • Some officers are well trained, especially the State Police and the Sheriff's Office. The challenge is getting new officers trained. Police chiefs would like training for their newer officers. • There is a gap re: transportation of clients to hospital settings. Recently at both Cary Medical Center and Houlton Regional Hospital have experienced 12 to 16 hour delays waiting for transportation of a client from their facility to either Acadia or Dorothea Dix. Caribou and Houlton Police Departments would not cooperate. Houlton City Council refuses to let police participate in transportation. They believe it is an insurance risk. No problems with the Fort Kent and Presque Isle police. State Troopers avoid the issue. Transportation is a huge problem/need here in Aroostook County. • AMHC meets regularly with law enforcement. Law enforcement state they don't have the staff resources to do transportation. Recently as often as twice a week this situation (long wait) has happened. <p>ACTION: Don stated that DHHS will seek clarification on pertinent law and bring that information back to the group.</p> <ul style="list-style-type: none"> • What about using ambulance transportation? The perception in the ERs is that blue paper transportation needs law enforcement escort even though it doesn't. AMHC has told ERs of alternatives, but physicians feel they are liable without law enforcement involvement. <p>Don asked the group look at the Statewide Crisis Performance Indicator data handout. Lorraine stated the report for AMHC is accurate. AMHC's crisis help line is very well utilized, and the count includes calls from other parts of the state. Don referred the group to the numbers for face-to-face assessments and the locations of those assessments. He stated that DHHS' goal is to maximize the number of assessments conducted outside of ERs.</p> <p>Don stated that DHHS funds crisis services in Aroostook County, but there are continuity problems. Some in private practice are referring people in crisis to their local ER. This is an issue that DHHS is working on. Greg Disy responded that as AMHC reviews emergency services, they understand that there is work that has been done on this statewide. Don asked Annette Adams she could come to Presque Isle to discuss this. Annette agreed.</p> <p>ACTION: Annette will contact Elaine to work this into a future meeting agenda. Lorraine will work on this also.</p>

Agenda Item	Presentation, Discussion
IV. Peer Services <ul style="list-style-type: none"> • AMHC Social Clubs 	<p>Greg reported that AMHC has identified the need for a social club in Houlton. He has discussed the questions from last month's meeting about other communities that may have a need for a social club. The two current social clubs report that:</p> <ul style="list-style-type: none"> • Most of those attending the Madawaska Social Club are from Madawaska. • Most of those attending the Presque Isle Social Club are from Presque Isle and surrounding communities. <p>Don stated that they have reported to the Court Master about the need in Houlton for a Social Club. He also said that in CSN 4 (Rockland area) consumers are putting together forums for consumers to solicit what they feel they need in their area for services. CSN 2 (Bangor area) plans to do the same thing. Would this group like to do likewise? Tammy Carney reported that the consumer council's conference will be held on April 25th. Don asked the group if they should move forward with creating the Houlton Social Club or wait for the consumer council? The group indicated they would like to move forward.</p> <p>Members received a handout on "Peer Support 101," a 3-hour class presented by the Office of Consumer Affairs and offered to anyone interested in learning more about peer support (also a requirement for participation in the Peer Support Specialists Certification). Several classes are scheduled for March and April (listed on handout). Providers may request a shortened 1-hour version as well. Concern was expressed that trainings and classes so rarely make it to Aroostook County. Don said that Kelly Staples, whose contact information is listed on the handout, would provide this class in Aroostook County, if requested.</p>
VIII. Service Gaps; Response to Court Master Concern	<p>Don reported:</p> <ul style="list-style-type: none"> • The Court Master appreciates the process and input of the CSNs, but will not allow for delay in remediation of service gaps on their account. • The Court Master is extremely interested in seeing that budget requests are based on identified needs, not on whether funds are available or approval is expected. • OAMHS reported gaps and remedial measures for all the CSNs to the Court Master, using the best information available. Will bring back to the CSNs next month.
V. Review of Community Support Services (ACT, ICI, CI)	<p>Don referred members to the handout on Community Integration and stated that Aroostook County only has community integration services. He pointed to the statistics on the second page stating that if referrals were not done within seven days, they identified it as a gap. Aroostook is largely on target.</p> <p>Don then referred the group to the handouts on intensive community integration (ICI) and assertive community treatment (ACT) noting that Aroostook County has neither of these. For reporting to the court master, DHHS combined all three under community support and told the court master that Aroostook County does not have ICI or ACT. This CSN needs to discuss whether or not it needs either of these services. Keep in mind that ACT needs enough cases, roughly 40 to 50 to make it cost effective. ACT teams don't serve more than a 25-mile diameter area. ICI is a step down from this and is not 24/7.</p> <p>Questions to consider:</p> <ol style="list-style-type: none"> 1. Is DHHS correct in its assumptions that 7 days for a referral is sufficient? 2. Can we explore having an ICI or ACT here? <p>Comments:</p> <ul style="list-style-type: none"> • ACT is beneficial. It allows a person to move towards recovery better with the team. There are those who would benefit, but don't know if there are enough.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Challenge is that we are a rural area. This is an expensive resource group. How could we do this when it would only benefit a few people? How successful is ACT elsewhere? • Would like to know how successful ACT is in rural areas. It has fidelity, is best practice, and has worked in other parts of the state. Concerned about increasing ICI program, as there is no fidelity to it and it is not 24/7. • Whether or not we have ACT should be driven by a need for it. Providers and consumers are not asking for it. It is an expensive and urban model. • Dorothea Dix intensifies its services to provide a spectrum of services, but it is not an ACT team. It would be wonderful to have, but cost prohibitive. • Acadia member stated that some of those who need it have relocated to the Bangor area to use it. • Why are people in the hospital (Acadia/Dorothea Dix) in the first place? With ACT as expensive as it is, would that money be better spent on other services? <p>Don summed up the comments as an indication that for now there will be no ICI or ACT team in Aroostook County. He also reminded the group to watch the seven-day turn around on referrals as it is an ongoing issue.</p>
VI. Budget Update	Don stated that there was no update.
VII. Rate Standardization	<p>Members reviewed a 4-page handout containing various types of information around the rate-setting. A bar graph compared Maine's highest and lowest Medicaid rate for various services and compared them to the average of New England states and other states. Other sheets listed various current rates, proposed rates, and differences, as well as the calculation process by which rates may be determined.</p> <p>Don reported that at the present time in the legislative committee discussion/negotiation process, the original \$10M required rate-setting savings for FY08 has been reduced to \$5M, leaving \$5M to be saved elsewhere (to be determined by the Legislature, if they approve). The \$5M rate-setting savings is to be worked out by DHHS with providers, and there are various proposed solutions being discussed. It is premature to report anything more specific at this time.</p>
IX. Other	<p>Draft Confidentiality Statement handout: If members have questions or need clarifications or examples, please contact Don.</p> <p>Greg asked that if the group is going to discuss data in the future, would it be possible to get copies of the handouts in advance. Don said they would try to do so.</p>
X. Public Comment	None.
XI. April Agenda Items	<ul style="list-style-type: none"> • Outpatient Services • Presentation on Consumer Council (if ready). • Peer Services • Budget and rate standardization