

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
April 26, 2007**

Approved Minutes

Members Present:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Annette Adams, Acadia Hospital (via ITV) • Greg Disy, AMHC • Mary White, AMHC • Lori DeMerchant, ACES • Christopher Morse, Care & Comfort | <ul style="list-style-type: none"> • Lloyd Chase, Community Mediation Services • Marjorie Snyder, Dorothea Dix (via ITV) • Richard LaChance, Harvest Inn Social Club • Edward Buckley, NAMI-ME Families | <ul style="list-style-type: none"> • John Hamlin, New Day Counseling Services • Eric Pooler, Northern Maine General • Patricia Michaud, NMMC • Ralph McPherson, TAMC |
|---|---|--|

Members Absent:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Allies, Inc. • Cary Medical Center | <ul style="list-style-type: none"> • Employment Specialists of Maine • Houlton Regional Hospital | <ul style="list-style-type: none"> • Life by Design • Transition Planning Group |
|---|--|---|

Alternates/Others present:

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

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Don and Scott Kilcollins opened the meeting.
II. Review and Approval of Minutes	Minutes from last month were reviewed and approved with the following corrections: <ul style="list-style-type: none"> • Page 3—Houlton Social Club-the CSN is moving forward with this. • Vickie McCarty is not a consumer council member.
CHANGE IN AGENDA	<p>TAMC reported that they are in discussion on the viability of their 4-bed Fort Fairfield Inpatient Intake Unit. Option 1 is to move it closer to their campus in Presque Isle. Option 2 is to close it. The hospital favors closure within the next two months.</p> <p>January through December, 2006, TAMC processed 77 involuntary intakes in their unit. Of those, 32 were transferred to other hospitals. Mary asked if the closure would have an impact on the day unit? Ralph responded, yes, only the outpatient and Greenwood units would remain open.</p> <p>Don decided to add this to the agenda to discuss under Agenda Item #VI in place of Crisis services.</p>
III. Rate Standardization/Budget Update	<p>Don reported that there is an agreement between parts of DHHS and partner organizations on the standardization of rates, but it has yet to be approved by appropriations or the governor. The proposal also includes three workgroups to cover three areas where savings could be realized:</p> <ul style="list-style-type: none"> • Rate Standardization • System Redesign • Administrative Burden <p>Don reported that the ASO (Administrative Services Organization) is proceeding forward. The RFP (Request for Proposal) went out last week. ASO should be in place in August.</p>

Agenda Item	Presentation, Discussion
IV. LD 1745: CSN Legislation	<p>Members received a draft of LD 1745, “An Act to Improve Continuity of Care within Maine’s Community-based Mental Health Services.” Don noted that “consumers and family members” need to be added to §3608 where it states “A network shall consist of...” He said the AAG (Assistant Attorney General) working on the Confidentiality Statement will also look at Item F under Responsibilities to make sure everything is consistent with current understanding and practice. OAMHS sees this as clarifying, not changing, current policy, and has asked the AAG to provide examples of situations that may arise</p> <p>A member requested the definition of the word “exigency.”</p> <p>Don reported that LD 1745 will have its public hearing on May 10 in Room 209 of the Cross State Office Building in Augusta. There will be a work session on the bill in the same location on May 17.</p> <p>Don informed that §3609 is on the Quality Improvement Council, which meets monthly.</p> <p>ACTION: Don will ask Leticia Huttman and Marya Faust to send a document on the Quality Improvement Council to Elaine Ecker for distribution to all CSNs.</p>
V. Report to the Court Master	<p>Members received copies of two documents submitted to the Court Master on March 16, 2007: 1) Letter (addressing his concerns on the Quarterly Report), and 2) Summary Assessment of Resource Gaps by CSN. Don explained: Deadlines required that OAMHS submit this baseline report to the Court Master, using the best information available, including input from CSN meetings, self-reports from agencies, RDS unmet needs data, and MaineCare data. Ongoing review of the core services will continue at the CSN meetings, and input from the CSNs will be considered in subsequent reporting to the Court Master.</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • There are three agencies providing Community Support. Add Aroostook Counseling & Evaluation. • There is a gap in Crisis Services as discussed at the March CSN meeting—transportation • Greg stated that when you have someone being evaluated in ER and in protective custody, there is a limit of 18 hours. If you can’t find them a bed in that time frame, they have to be let go. Don replied or you have to start the process over. Lloyd responded that this brings us back to the county jail situation where some there should be receiving treatment instead of incarceration. • Don asked if treatment within the jail is a problem. Greg responded that AMHC has reduced their contact with the jail due to a lack of financial support to provide the necessary services. Don concluded that mental health service within the jail is an issue. • Ralph noted that you can Blue Paper a suicidal patient, treat their medical issues and then send them to a psychiatric unit. Acadia has experienced this before. Greg proposed a situation where they do this, medically clear the person, but a psych bed is not available for a few days. What do you do then? Annette responded that Acadia treats such issues on a case-by-case basis. <p>ACTION: The May or June Agenda will include a discussion on mental health services within the jail and improvements that could be made.</p>
VI. Closure of TAMC Inpatient Intake Unit.	<p>In review, TAMC is considering closing their Inpatient Intake unit in Fort Fairfield. In calendar year 2006, they processed 77 involuntary intakes. Of these, 32 were transferred to other hospitals. Overall, 40% of the patients served by the unit are from outside of Aroostook County. With the closure, the only voluntary unit left in Aroostook County will be NMMC in Fort</p>

Agenda Item	Presentation, Discussion
	<p>Kent. The nearest involuntary units will be in Bangor (Dorothea Dix and Acadia). TAMC's New Roads Day Treatment would also close.</p> <ul style="list-style-type: none"> • NMMC reported that they have recently received people from as far away as Rockland. They are not large enough to take on involuntary intake. • Marjorie asked how many involuntary intakes were from outside of Aroostook County. • Don asked if anyone knew of a model for a small number of involuntary intakes where you hold the person, and enable them to clear within a few days? Marjorie responded that was how they use to work with the Blue Paper system back when it had a five-day limit. It has since been reduced to three days and it is more difficult to make it work on the shorter time frame. • Marjorie asked if TAMC could have observation beds and then Blue Paper people to Acadia. Ralph didn't have an answer for that. Annette stated that if TAMC can't handle inpatient, they probably can't afford an observation unit. • Don reported on Franklin Memorial Hospital in Franklin County and how they partnered with a provider (Evergreen Behavioral Health) about having two observation beds in the hopes that it would break even. • It was asked if we should look at the profiles of the patients needing involuntary intake. • NMMC reported that in the past they have used the family room in their ER as a holding area while looking for a bed in the past. • Don stated that Houlton Regional Hospital was thinking of getting a few psychiatric beds. Lloyd responded that they dropped the idea due to a change in Medicaid payments that would no longer cover this. • Don summarized that we have two problems here: 1) the travel distance from Houlton to a voluntary intake unit, and 2) the travel distance for everyone to an involuntary intake unit. • Don suggested that this might be an option for AMHC. Greg stated they have discussed it before, but never beyond the dream stage. It would need to be financially feasible first. • Don stated that DHHS is trying to get Cary Medical Center to these meetings. • Greg asked if there was a way to guarantee a bed or two at Acadia Hospital strictly for CSN 1 for involuntary Intakes. Annette responded that they prioritize for this area, but that they can't make a guarantee. • Ralph asked if there was a mandate on the Blue Papers to seek the closest bed. Don responded that no, it is not a mandate on the Blue Papers. It is a mandate from DHHS. • Ralph stated that TAMC is trying to limit their intake to Aroostook County only, since they plan to close the unit. • Don asked how other rural states like Montana and Wyoming handle this? Marjorie stated she doesn't know, but DDPC was visited by a consultant in 2000 who was impressed with how resource-rich Maine was. • Don asked where the group should go with this? Should there be a subcommittee that can convene to discuss this or should it wait for the next CSN meeting? Greg favors having time to discuss this with his people and waiting until the next CSN meeting. <p>ACTIONS:</p> <ul style="list-style-type: none"> • Ralph will bring data in on both Voluntary and involuntary Intakes for calendar year 2006 for TAMC including where the patients came from (inside or outside of Aroostook County) and how many may have been turned away. Also, where the patients homeless or not. Ralph will also get the numbers of those receiving treatment for this time period from their New Roads Day Treatment center. • Patricia to do the same thing for NMMC. • Greg will provide AMHC's crisis data for the same time for those in crisis who needed a bed whether voluntary or involuntary and include why someone might not have been able to obtain a bed if they needed one and could not get one.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> Acadia and DDPC need to look at the potential impact this will have on their facilities and determine if there is a way to isolate some beds for involuntary intakes from CSN 1. This is to be moved to the top of May's agenda.
VII. Draft Outcomes and Statistics	Don reported that there was nothing new to report on this topic. OAMHS is looking to determine key things that should be measured, what can be culled out, what should be counted to determine how well CSN is doing.
VIII. Peer Services	<p>Don reported that other than the Social Club in Houlton, they were waiting for the formation of the consumer council before looking at what else may be needed in this area. Mary reported that there were several consumers from the County at the conference, which was occurring at the same time as the CSN meeting.</p> <p>ACTION: Don will ask Leticia contact Mary White about peer services at AMHC.</p>
IX. Outpatient	This discussion will be postponed until the Inpatient issues have been resolved.
X. Training	<p>Don reported that Chris Robinson was soliciting training needs from each CSN to inform the upcoming cooperative agreement with the Muskie School Center for Learning.</p> <ul style="list-style-type: none"> Mary stated that since DHHS has become more electronic and computer oriented, why not offer computer skill training for consumers. Eric Pooler requested a train-the-trainer on the Mental Health Support Specialist certification. Scott gave him the information for the upcoming training on this.
XI. Other	<ul style="list-style-type: none"> Scott gave notice that Muskie is physically moving their Augusta office. Their phone system will be down at times from May 16 though 18. They will still have access to their email during this time period. Elaine will email an official announcement to all CSN members of their new address via email. Phone/email will remain the same. Don reported that DHHS is now writing an RFP on employment services. They are looking for a provider to oversee this statewide and employ employment specialists in each of the seven CSN's. Provider will also oversee ACT employment specialists around that state and oversee the monthly employment specialists meeting. Another element will be on system development functions—how do we measure success? The RFP will take 4-6 weeks and then another 6 months for the bid to be accepted, contract written, etc. Greg reported that AMHC will no longer be providing supported employment services, because it can not support itself. AMHC is not receiving state funding for the program and can no longer subsidize it internally at the level necessary to make it work. There is a policy council meeting on Monday, April 30th. Don asked if anyone needed to pass on anything to the council. No one indicated they had anything. Don stated that the meeting will be reported on at the next CSN meeting.
XII. Public Comment	There were no public comments.
XIII. May Agenda Items	<p>Place the TAMC Intake Unit Closure at the top of the May agenda.</p> <p>Medication Management</p> <p>Mental health services in the jail</p> <p>Training</p>