

**Community Service Network 1 Meeting  
Aroostook Community Action Program, Presque Isle, ME  
June 28, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Penny Siddiqui, ACES</li> <li>• Debra Henderlong, Allies, Inc.</li> <li>• Greg Disy, AMHC</li> <li>• Mary White, AMHC</li> <li>• Laura Rowland, Care &amp; Comfort</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Louise McEwen, Dorothea Dix</li> <li>• Lloyd Chase, Community Mediation Services</li> <li>• Trish Murray, Houlton Regional Hospital</li> <li>• Deborah Gray, Life By Design</li> </ul> | <ul style="list-style-type: none"> <li>• Peter Sirois, Northern Maine Medical Center</li> <li>• Craig Fournier, Northern Maine General</li> <li>• Ralph McPherson, TAMC</li> <li>• Pat Dillon, TAMC</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Acadia Hospital (excused)</li> <li>• Cary Medical Center</li> </ul> | <ul style="list-style-type: none"> <li>• NAMI-ME Families</li> <li>• New Day Counseling Services</li> </ul> | <ul style="list-style-type: none"> <li>• Harvest Inn Social Club-TPG</li> <li>• Transition Planning Group</li> </ul> |
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**Alternates/Others present:**

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| <ul style="list-style-type: none"> <li>• Steven Sherrets, DOC/DHHS</li> </ul> | <ul style="list-style-type: none"> <li>• Louise C. Cyr, ACES</li> </ul> |  |
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**Staff Present:**

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| <ul style="list-style-type: none"> <li>• Don Chamberlain, OAMHS</li> </ul> | <ul style="list-style-type: none"> <li>• Darren Morgan, OAMHS</li> </ul> | <ul style="list-style-type: none"> <li>• Scott Bernier, USM Muskie School</li> </ul> |
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Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Introductions were made by Darren Morgan. Steven Sherrets of DOC/DHHS was welcomed
II. Review and Approval of Minutes	<p>The minutes were reviewed and approved with the following corrections:</p> <ul style="list-style-type: none"> <li>• Greg Disy noted that AMHC is listed as a hospital instead of an agency on Page 3.</li> <li>• Page 6: "HIB VISA" not "HP VISA".</li> </ul>
III. Budget, Rate Standardization	<p>Don provided an overview of the budget as passed by the legislature: (Includes both children and adult mental health services.)</p> <ul style="list-style-type: none"> <li>• A total of \$6M must be saved in FY08, as follows: <ul style="list-style-type: none"> <li>▸ \$1M added to projected savings of Administrative Services Organization—for a total of \$6.5M (\$8.5M in FY09).</li> <li>▸ \$1M saved by changes in use of Skills Development Services.</li> <li>▸ \$4M saved by package of changes in rate standardization.</li> </ul> </li> <li>• \$14M must be saved in FY09, \$4M of which will carry over from FY08 rate standardization. The remaining \$10M savings is not yet defined.</li> <li>• The budget language also requires DHHS to set up three work groups, made up of providers, consumers, family members, and DHHS staff, to carry out specific tasks pertaining to: 1) Administrative burden reduction, 2) System redesign, and 3) Rate standardization. The work groups have tight timeframes—convening by July 1, 2007, and completing work before the new Legislative session begins in December. Dep. Commissioner Geoff Green will be making appointments to the work groups and coordinating their work. Members received a legislative document entitled "Part AAAA" detailing the membership and tasks of the work groups.</li> </ul> <p>Debra asked what the mechanism is for an agency to participate in one or more of these workgroups. Don answered that the agency should contact Geoff Green directly.</p>

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	<p>Members received handouts of the new rates, which the group reviewed in some detail. Don pointed out that the rates for some services still reflect a range, though the floor is higher and the ceiling is lower. Other services have a set rate for all providers. The overall rate reduction, averaged across services, is 6.571%.</p> <p>Question: If an agency were to start one of these services, how is the rate decided? Don answered that any agency that starts one of these services will be brought in at the current lowest rate for that service.</p> <p>Don then asked the group for any anticipated changes in services:</p> <ul style="list-style-type: none"> <li>• Debra reported that Allies, Inc. is no longer doing skills development/daily living support, not because of the rate reduction, but because they no longer believe in the service.</li> <li>• No one else reported plans to drop services at this time.</li> </ul>
IV. Inpatient Services	<p>Follow-up on last month.</p> <ul style="list-style-type: none"> <li>• Ralph did not have an update yet on TAMC's figures, but it appears the majority are from Aroostook County.</li> <li>• Peter reported that NMMC's average stay appears to be 14 days.</li> <li>• Mary sent DDPC's figures via email to Darren. Those figures can be found in the updated table attached at the end of these minutes. She reported that the majority of the Aroostook County intakes were from TAMC. Both NMMC &amp; AMHC representatives stated that some of these may have come from them. Don noted that with this in mind some of the figures may include duplicates.</li> <li>• Don asked Greg for a follow-up on the TAMC/NMMC numbers vs. the number that came out of crisis before going into a hospital. Greg had not investigated this. Pat noted that some of these may have been referred directly through TAMC. Peter stated this may also be the case for NMMC.</li> </ul> <p>Don stated that last time the group had also reviewed a possible solution to TAMC closing their inpatient unit and there will be more discussion with AMHC on their proposal after this CSN meeting. Don suggested that there might be a possibility of doing some involuntary intakes at NMMC in addition to voluntary intakes.</p> <ul style="list-style-type: none"> <li>• Peter reported that NMMC has been 100% full since TAMC closed two weeks ago. This is unusual for NMMC for June/July, and it is causing problems.</li> <li>• Mary White reported that they made admission referrals for 42 people and did several referrals for each person. There were 197 refusals for those 42 people in May and June. The reasons provided were: no capacity, facility closing, and no beds—with no beds being the majority. Darren asked if all 42 eventually got a bed and if so, how long did it take?</li> </ul> <p><b>ACTION:</b> Mary will try to get this information for the next meeting.</p> <ul style="list-style-type: none"> <li>• Debra asked if other beds in the state have closed? Don answered that as of this moment, the only beds to close have been TAMC's unit.</li> </ul> <p>Time Frame from Referral to an answer</p> <ul style="list-style-type: none"> <li>• Ralph emphasized that we need to standardize the time frame from the time of referral to the time of an answer to that referral. It would be nice to bring it down to 30 minutes or so.</li> <li>• Darren responded that the problem seems to be work behind the scenes to provide an answer as it takes time to try and get a bed.</li> <li>• Greg reported that it takes up to 2.5 hours for Acadia to give a response. There are things we could do with that</li> </ul>

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	<p>time. Mary added that if they are then accepted, it's a three-hour drive to that bed.</p> <ul style="list-style-type: none"> <li>• Pat noted that at TAMC before the unit closed, patients tended to act up the most at shift changes. They had tried to set a goal to obtain an answer within an hour of the referral, but it was difficult to do so as they were also trying to do patient care while obtaining an answer.</li> <li>• Peter noted that their psychiatrist may be out doing outpatient work when a call comes in. They can't drop what they're doing to provide an immediate answer in those cases.</li> <li>• Darren noted that the Emergency Departments don't know what's going on. Maybe we need to try to check-in with them an hour after their request.</li> <li>• Peter stated that sometimes by the time they have found a bed for a request, the requestor has found a bed elsewhere. We need better communication with each other. Mentally ill patients don't belong in the emergency department. TAMC closing is going to cause a hardship for all four Aroostook County hospitals.</li> </ul> <p>Steve Sherrets asked: Is the threshold to admissions affected due to the backlog? Has the criteria for admission been raised higher? Debra answered that those waiting in ER's sometimes don't need to be hospitalized after waiting. It's the patient's perception of how they are doing. Darren noted that there is a discharge plan follow-up for these cases. Steve then stated that if you have enough resources for intervention in your ER's, you might avoid more admissions. Also note that if you have already recommended inpatient services that you need to keep legality/liability in mind if you try to send these people to a crisis unit instead.</p> <p>Don asked the group: If the ER doctor thought a crisis unit is the best first option, it would need to be a voluntary admission, correct? The group answered yes.</p> <p>Steve then noted that you may have different criteria for those coming out of the jail system who may then need services/a bed.</p> <p>Don then asked what were the chances of NMMC starting up an involuntary unit. Peter responded that the chances were slim. NMMC would need to do renovations to their facility. They only have seven beds at the moment. It is too small and confined to provide both voluntary and involuntary intakes. If the unit was bigger they could divide it better.</p>
<p>V. Mental Health Services at Aroostook County Jail</p>	<ul style="list-style-type: none"> <li>• Lloyd Chase began the discussion by raising concerns about the mental health services provided at the Aroostook County Jail. MH services are provided by County Doc-includes a physician, PA and some nursing staff. His perception is that law enforcement is picking people up for intoxication who are mentally ill and taking them to the jail where they are not receiving services.</li> <li>• Trish noted that actually, they are taking to the ER first. If a problem happens at the jail, they are sent to the ER.</li> <li>• Lloyd asked: if after evaluation and being arrested, are they sent to jail? Trish answered yes. Greg noted that AMHC comes in to do any blue papers necessary.</li> <li>• Lloyd noted that the jail is at capacity and has been for years. Those with dual-diagnosis are being seen by a PA. They are competent in medical skills, but not necessarily in dealing with mental illness. This is a southern Aroostook County problem where treatment is by an MD or PA only. Community Mediation Services has appealed to the state to provide more training to law enforcement in how to deal with the mentally ill.</li> <li>• Steve responded that NAMI provides CIT training through state funding for law enforcement.</li> <li>• Greg stated that AMHC has had a strong presence in the jail in the past, but have cut back due to a lack of financial support for those services. (They provided on-site counseling services.) AMHC continues to provide emergency</li> </ul>

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	<p>and psychiatric services</p> <ul style="list-style-type: none"> <li>• Debra noted that some of the problems have been when those with medication have been sent to jail and then denied their medication in jail. Jail has regulations on medications for a reason—to prevent abuse, but there are also reasons why the inmate was prescribed those meds. Both ends of this issue have good reasons for their stand, but it creates problems.</li> <li>• Don asked if the jail pays AMHC directly for their services. Greg answered yes.</li> <li>• Steve noted that there are state and federal mandates that the jail system must follow. The jail must provide mental health services. State has come in to provide crisis services.</li> <li>• Don asked what are the minimum services that the jail must provide. Steve answered it varies from jail to jail. However, Aroostook County is the only jail without a contract for mental health services.</li> <li>• Mary Louise asked if there had been a follow-up to the jail meeting she had attended with Steve several months before. Steve answered yes and no. Nobody has complained to DOC about services at this point. As such, DOC has not set standards for services.</li> <li>• Darren asked, so AMHC's willingness to provide free services to the jail is detrimental? Steve responded, I didn't say that.</li> <li>• Lloyd asked Greg if AMHC has a contract with the jail. Greg responded, no. AMHC has a contract with the county commissioners. They give AMHC a small amount, but it doesn't come close to covering their costs. He didn't have details on the contract, other than it doesn't cover just services at the jail.</li> <li>• Debra noted that there are two issues after someone gets out of jail: finding housing and finding an income source. Allies has been exploring the vocational end—they are looking into both federal and private grants to cover this.</li> <li>• Don suggested since there was initiative to pull together providers and jails that perhaps this needs to be re-energized. Steve said that Aroostook is the only jail to not have a follow-up meeting. However, a provider or the jail has to be responsible to set-up the meeting. He also informed that an MOU is being developed to increase the number of ICM's in jails.</li> <li>• Debra asked how does this new MOU impact ICM's? Darren responded that jail work positions will be protected.</li> </ul>																									
VI. Medication Management	<p>The following table was created after asking each of the hospitals/agencies present about their psychiatrist services:</p> <table border="1" data-bbox="537 976 1955 1289"> <thead> <tr> <th>Hospital/Agency</th> <th># of Vacancies</th> <th># of Psychiatrists</th> <th># of Nurse Practitioners (NP)</th> <th>Where are they located?</th> </tr> </thead> <tbody> <tr> <td>AMHC</td> <td>2</td> <td>2</td> <td>1</td> <td>1 in Presque Isle, 1 split between Presque Isle and Caribou. NP split between Presque Isle &amp; Houlton</td> </tr> <tr> <td>TAMC</td> <td>?</td> <td>1 adult &amp; 1 child</td> <td></td> <td>Fort Fairfield</td> </tr> <tr> <td>NMMC</td> <td>2</td> <td>1.5 Adult, 1 child</td> <td>1-outpatient only</td> <td></td> </tr> <tr> <td>Private Practice-Barnard Hade</td> <td></td> <td></td> <td></td> <td>Caribou</td> </tr> </tbody> </table> <p>AMHC also contracts with NMMC for an additional ¼ FTE in the St. John Valley. They also provide 2 days a month through contract in Houlton.</p> <ul style="list-style-type: none"> <li>• Don noted that the problem appears to be a lack of practitioners.</li> <li>• Debra stated that Allies does a lot of outpatient services and has been having a problem getting people in for an</li> </ul>	Hospital/Agency	# of Vacancies	# of Psychiatrists	# of Nurse Practitioners (NP)	Where are they located?	AMHC	2	2	1	1 in Presque Isle, 1 split between Presque Isle and Caribou. NP split between Presque Isle & Houlton	TAMC	?	1 adult & 1 child		Fort Fairfield	NMMC	2	1.5 Adult, 1 child	1-outpatient only		Private Practice-Barnard Hade				Caribou
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	<p>evaluation because they aren't receiving other services from those agencies.</p> <ul style="list-style-type: none"> <li>• Greg followed up that AMHC has closed to outside requests, because they have all they can do to keep up with their own workload.</li> <li>• Debra responded that Allies has to transport people to Bangor to obtain services. General practitioners are not comfortable with psychotropic medications without a follow-up with a psychiatrist. Most general practitioners have a full caseload already.</li> <li>• Don asked if there was a different approach that could work.</li> <li>• Greg answered that AMHC has been looking at doing medicine management groups rather than 1 to 1 sessions, but they can't get support from Licensing. Licensing has stated this is a confidentiality issue. Don asked, so if we can overcome this, it would help? Greg answered, yes. A group of 10 people would be easier to do than 10 individual sessions. Debra followed-up that this has worked in other states. Many don't want a one on one session. So it is cost effective. Greg indicated that AMHC is ready to go with this if given the go-ahead. They need to take care of their own people first, but they should then be able to open it up to help others.</li> <li>• Don then asked if other providers would be willing to do group sessions. Debra stated that's all Allies does. Don said that DHHS would look into it and asked Greg to forward the proposal to him. Don also noted that DHHS would need to set a standard rate for group sessions.</li> </ul> <p><b>ACTION:</b> Greg will forward AMHC's proposal on doing group medication management sessions to Don for review.</p> <ul style="list-style-type: none"> <li>• Steve asked if agencies had considered using Telemed for this. Greg responded that AMHC does some of this via televideo, but only after an initial face-to-face session. AMHC's psychiatrist who does this had to obtain specific approval from Maine Med to do it.</li> <li>• Don asked who else has telemed in Aroostook County? AMHC, DHHS, TAMC, NMMC and the Jail. Muskie has a list of all Telemed sites in the state.</li> </ul> <p><b>ACTION:</b> Scott will email a copy of the current Telemed list to Don and Darren.</p> <ul style="list-style-type: none"> <li>• Steve noted that the Forensic Grand Rounds sessions via telemed will be starting soon.</li> <li>• Debra stated that money could be saved by providing outpatient services through family therapy, but currently due to licensing requirements, you have to declare all family members as patients.</li> </ul> <p><b>ACTION:</b> Debra will send an email to Don explaining this in detail.</p>
VII. Policy Council Report	<p>The most recent policy council meeting was cancelled due to the budget meetings. Need to determine what ASO will do before the policy council is reconvened. CSN meetings in August might be suspended.</p> <p><b>UPDATE:</b> The July CSN meetings have been suspended instead of August.</p>
VIII. QIC Information	<p>A handout on the QIC was passed out to CSN members present. QIC still exists and meets regularly. Greg asked what is the interface between QIC, Policy Council and CSNs? Don responded that there is no formal connection. Steve noted that the QIC has asked the very same question. QIC is open to additional membership is anyone is interested.</p>

Agenda Item	Presentation, Discussion
IX. Other	There was nothing brought up on this agenda item.
X. Public Comment	There was no public comment.
XI. July Agenda Items	The July meeting has been cancelled. Please keep the August meeting date (8/23) on your calendar.

**Table for IV. Inpatient Services—Updated to include Dorothea Dix Psychiatric Center (DDPC) figures**

Unit	# of Admissions in FY06	# from Aroostook County	# from outside of Aroostook County	# Turned Away	Average Stay
TAMC	Voluntary: 393 Involuntary: 77	237	156	74	4.7 days total 3.26 days from Aroostook
NMMC	Voluntary: 145 Involuntary 4	144	5		14 days? Will look into this and report figure next month
Acadia	2283	72			9 days
DDPC	Voluntary: 169 Involuntary: 111 Of these, 45 were homeless	Voluntary: 3 Involuntary: 26 Of these, 4 were homeless	244	Not provided	102.7 days overall, 69.5 for those from Aroostook County
AMHC	173				