

**Community Service Network 1 Meeting  
Aroostook Community Action Program, Presque Isle, ME  
May 24, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Annette Adams, Acadia Hospital</li> <li>• Greg Disy, AMHC</li> <li>• Lori DeMerchant, ACES</li> <li>• Laura Rowland, Care &amp; Comfort</li> <li>• Mary Louise McEwen, Dorothea Dix</li> </ul> | <ul style="list-style-type: none"> <li>• Vicky Hardy, Houlton Regional Hospital</li> <li>• Deborah Gray, Life By Design</li> <li>• Edward Buckley, NAMI-ME Families</li> <li>• Andrea Reid, New Day Counseling Services</li> </ul> | <ul style="list-style-type: none"> <li>• Patricia Michaud, NMMC</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>• Allies, Inc.</li> <li>• Cary Medical Center</li> </ul> | <ul style="list-style-type: none"> <li>• Community Mediation Services</li> <li>• Transition Planning Group</li> </ul> | <ul style="list-style-type: none"> <li>• Harvest Inn Social Club-TPG</li> </ul> |
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**Alternates/Others present:**

- Dan Wathen, Court Master

**Staff Present:**

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| <ul style="list-style-type: none"> <li>• Don Chamberlain, OAMHS</li> <li>• Scott Kilcollins, OAMHS</li> </ul> | <ul style="list-style-type: none"> <li>• Darren Morgan, OAMHS</li> <li>• Chris Robinson, OAMHS (via ITV)</li> </ul> | <ul style="list-style-type: none"> <li>• Scott Bernier, USM Muskie School</li> </ul> |
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| <b>Agenda Item</b>   | <b>Presentation, Discussion</b>  |
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| I. Welcome and Introductions                                 | Introductions were made by Darren Morgan. Court Master Dan Wathen was welcomed to the meeting.   |
| II. Review and Approval of Minutes                           | The minutes were reviewed and approved with the following correction: <ul style="list-style-type: none"> <li>• Page 2, Court Master Report, bullet 4: AMHC and not TAMC has reduced contact with the jail.</li> </ul>  |
| III. Legislative Update: Budget, bills, rate standardization | Don explained that the budget and rate standardization is still in flux. There is agreement on the total amount that must be saved by rate standardization over the next biennium: \$20M, which will likely be split \$6M for FY2008 and \$14M for FY2009. With federal matching, the total rate reduction will be \$60 million in MaineCare behavioral health services (both adult and children). In addition, there is projected \$14 million in ASO state savings over the biennium.  |
| IV. Inpatient Services                                       | <p>The hospitals present reported on their Inpatient Services as requested. (A copy of this table created during the meeting appears at the end of these minutes.)</p> <p><b><u>TAMC</u></b><br/>Ralph reported on TAMC's services. He apologized for not having complete figures due to computer problems. He provided a handout showing TAMC's Inpatient Service figures.</p> <ul style="list-style-type: none"> <li>• They average 30 referrals per month from all over the state.</li> <li>• Inpatient intake has decreased between 2001 &amp; 2006—from 3,500 per year to 1,700 per year. Daily census has decreased over this time period from 9 to 4.</li> <li>• Outpatient Services have grown from 3,000 in 2003 to 5,500 in 2006</li> <li>• Total admissions in 2006 were 393. Of these 77 were involuntary. 60% acceptance rate.</li> <li>• Of these, 237 were from within Aroostook County. The other 156 were from elsewhere.</li> <li>• 74 of the referrals were from TAMC's Emergency Department. (Greg noted that AMHC may have been involved</li> </ul> |

| Agenda Item | Presentation, Discussion  |
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|             | <p>with those 74 referrals.)</p> <ul style="list-style-type: none"> <li>• Estimated average daily census: 4.7 patients/day total. 3.25 patients/day from Aroostook County.</li> <li>• Transportation: On the initial referral, patients are expected to find a way home, but usually, TAMC has to cover the cost of transportation for the patient.</li> <li>• TAMC's inpatient unit is currently scheduled to close on June 16. Due to staff resigning, and not enough people to use as back-ups in scheduling, they will no longer be able to intake involuntary patients starting June 3. From there on out, they will carefully scrutinize every admission to determine whether or not they can handle the patient.</li> </ul> <p><b>ACTION:</b> Ralph will look into how many of the involuntary admissions were from within Aroostook County vs. from elsewhere in the state.</p> <p>Pat Dillon reminded the group that once TAMC closes its Inpatient unit in mid-June, the data will no longer be available.</p> <p><b><u>NMMC</u></b><br/> Patricia reported on NMMC's services and provided a handout breaking down admissions by the month for 2006 and so far in 2007 and from where those admissions came from.</p> <ul style="list-style-type: none"> <li>• In 2006, 149 admissions, 4 of which were involuntary-3 sent to TAMC and 1 sent to Acadia. They averaged 12.4 admissions per month. 10 of these were from outside of Aroostook County.</li> <li>• So far in 2007, 84 admissions, 2 of which were involuntary-both sent to Dorothea Dix. 15 of these were from outside of Aroostook County.</li> <li>• There is a sharp increase in the number of intakes from outside of Aroostook County.</li> <li>• Transportation: NMMC is covering the cost of transportation, especially for patients from outside Aroostook County. Have also found that most of these patients want to come back to NMMC for treatment—keep continuity of care. It is especially challenging to transport people back to Washington County, which does not have bus service.</li> </ul> <p><b>ACTION:</b> Patricia will determine the average length of stay. She thinks it's a couple weeks.</p> <p><b><u>Acadia</u></b><br/> Annette reported on Acadia's intake figures.</p> <ul style="list-style-type: none"> <li>• 2,283 admissions in 2006. 3% (72) were from Aroostook County.</li> <li>• 40% of total admissions were involuntary. Aroostook involuntary admissions probably somewhat lower percentage.</li> <li>• Acadia took in Aroostook patients either because the Aroostook facilities were full or the patients needed more acute care.</li> <li>• The average stay at Acadia is 9 days.</li> <li>• Acadia averages 12 to 13 homeless patients per month from all over the state. Figures are not currently broken down by county.</li> <li>• Acadia also has an issue with transportation. They are spending thousands of dollars on transportation and have a high volume of homeless patients.</li> </ul> <p><b><u>Dorothea Dix</u></b><br/> Mary Louise apologized—the person who covered for her last month forgot to tell her she needed to provide this data.</p> <p><b>ACTION:</b> Mary Louise will make this information available next month.</p> |

| Agenda Item | Presentation, Discussion  |
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|             | <p><b><u>AMHC</u></b></p> <p>Greg reported on AMHC's intake figures:</p> <ul style="list-style-type: none"> <li>• In 2006, they had 173 inpatient referrals, 104 were accepted by TAMC, 38 were accepted to NMMC. 31 were refused locally. 22 of these were sent to Acadia, 3 to PenBay Medical Center, 2 to Spring Harbor, 3 to Seton Unit of MaineGeneral, 1 to Mercy Hospital and 1 to Amistad.</li> <li>• Could not get voluntary vs. involuntary data. Had to look at every record individually to obtain the above data.</li> <li>• AMHC also seeing an increase in the admissions this year.</li> </ul> <p>Don noted that there are a total of 453 admissions at AMHC, TAMC, and NMMC.</p> <p>With the above data presented and noting that TAMC's unit is closing in a few weeks, Don asked the group for suggestions on what to do.</p> <ul style="list-style-type: none"> <li>• Annette noted that if appears that if this CSN does not accept patients from outside of the CSN, then they might be able to handle their own. The big question would be on the timing of the admissions.</li> <li>• Ralph advocated for a consistent referral form for everyone. Annette noted this has not worked in the past.</li> <li>• Greg asked what is the definition of acuity for each agency? Each agency has a different definition—need to standardize this.</li> </ul> <p>Don noted that looking at the data presented, it appears that there will not be enough beds in the County to handle all inpatient admissions.</p> <ul style="list-style-type: none"> <li>• Darren noted that a better picture might be to look at this year's data rather than past year.</li> <li>• Annette noted that Acadia is not seeing as many patients from Aroostook County so far this year.</li> <li>• Darren asked if there was a way to prioritize beds at Acadia for people from Aroostook County? Annette noted that Acadia does prioritize for CSNs 1 &amp; 2. Acadia has had a few weekends when they have been full. Involuntary patients take priority over voluntary ones.</li> <li>• TAMC noted that their involuntary intake has only been around 10 per year.</li> <li>• Annette brought up Acadia's transportation issues. Leading to Mary Louise to give an example of one case at DDPIC where they had to transport a person home to Milwaukee. Due to regulations, they have to send a 2 to 1 staff ratio on all transportation trips beyond 25 miles, driving them (or in this case flying them) to their home.</li> <li>• Annette noted that very few of Acadia's admissions have caseworkers. Acadia has a homeless shelter, which is overflowing.</li> <li>• Ralph noted that shelters are very stringent on their admission policies due to safety of families at the shelters. If a patient violates their policy, they usually will not be welcome back.</li> </ul> <p>Greg talked to his associates at AMHC about alternatives at AMHC for beds. AMHC has put together a proposal to enable their crisis stabilization unit to take in people who would otherwise be hospitalized. Greg passed around a copy of the proposal given to DHHS that day.</p> <ul style="list-style-type: none"> <li>• They would need to increase their staffing.</li> <li>• They would need to move their unit to a new, single floor facility with single beds.</li> <li>• They would need to increase medical services—consultations with psychiatrists are already available. Can also use the telemedicine video system.</li> <li>• AMHC believes that this would provide an increase in savings to the state compared to hospitalization.</li> </ul> |

| Agenda Item | Presentation, Discussion   |
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|             | <ul style="list-style-type: none"> <li>• Looking at 6 beds or more if the need is there.</li> <li>• Looking at refurbishing a current building and consolidate their current Adult/Youth units into a single facility. There would be increased costs up front to refurbish/update the facility.</li> <li>• They are looking at placing this facility in either Presque Isle or Caribou.</li> </ul> <p>Don asked the group what they thought of this, noting that consumers in the southern part of Aroostook County are currently equal distance between Acadia and NMMC and many of those people may currently head south to Acadia. Greg also asked for feedback on the proposal.</p> <ul style="list-style-type: none"> <li>• Annette stated it sounds good.</li> <li>• Darren asked what kind of clients AMHC could accept with this new facility that they currently can't accept. <ul style="list-style-type: none"> <li>○ Greg noted that they currently do not have involuntary status. They would consider it, but current regulations do not allow for involuntary intakes that are to a non-hospital. They do not currently propose the facility to be a locked facility as required for an involuntary unit.</li> </ul> </li> <li>• Deborah thought it was a great idea.</li> <li>• Ralph thinks it would be helpful. A wonderful idea.</li> <li>• Darren asked if the state is willing to put up the money for this proposal, why aren't they supporting TAMC's closing unit? The proposal still won't support inpatient involuntary psychiatric admissions.</li> <li>• Mary Louise noted that DDPC has had a relationship with TAMC in the past where involuntary referrals from TAMC went to DDPC.</li> <li>• Annette stated that Acadia has those priorities now, but they have had a couple of cases where they had 6 priorities for 1 available bed.</li> <li>• Mary Louise noted that DDPC's bed capacity is 60. Riverview has 88 beds, half of which are forensic. Staffing is an issue and as such they can't increase their capacity at this time.</li> <li>• Don asked Ralph if TAMC considered doing an observation bed? Ralph said he would check into it.</li> <li>• Ralph noted that there are other factors for TAMC closing their unit other than funding: age of the physical plant and staffing issues. He asked if anyone knew what the capacity of Togus was. The response was no, and that it is very difficult to get into Togus.</li> </ul> <p>Don asked if anyone had done anything with peers in their Emergency Departments? It is working down south on reducing admissions by having someone the consumer can talk to. It has been well received. It has a lower cost and can be put in place fast.</p> <ul style="list-style-type: none"> <li>• Greg noted that AMHC currently does not have any peers in the ED, but the CSN has talked about it. AMHC does have peers on their warm line.</li> <li>• Annette noted that peers may reduce involuntary intakes by convincing some of those patients to become voluntary.</li> <li>• Ralph stated that TAMC does not have a feel for peers either way. He will bring up the subject at the next meeting for his hospital.</li> <li>• Houlton Regional Hospital automatically calls AMHC when they receive a patient. They rely on AMHC. Occasionally, they have a stay of 18 to 24 hours in their ED. In one instance they had to jail someone because they couldn't handle the person—they don't always have the staff.</li> </ul> <p>Don confirmed that the other issue on this subject for this CSN is on transportation. Group confirmed this. Don then noted that it appears that the bed capacity issue is not as bad as it appears. Voluntary patients could be dealt with within the</p> |

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|  | <p>CSN, if out-of-CSN admissions were not accepted.</p> <ul style="list-style-type: none"> <li>• Andrea asked what are we to do for involuntary patients? It's already a problem and will increase.</li> <li>• Darren stated that they now have to be served outside of the CSN. How does the group feel about this? <ul style="list-style-type: none"> <li>○ Greg noted that it would be nice to have a local place. However, that option is not currently available. If the state has the money to open a unit here, let's go for it.</li> <li>○ Patricia noted that NMMC's unit isn't large enough and it would need more money to support it. Don asked if it would be worth having a conversation on this? Patricia responded that it might be worth having a conversation. Don asked if TAMC should be at that meeting. Ralph said he would bring it up with his people. Patty noted that NMMC has hired some of TAMC's people, so they already have some people with experience.</li> </ul> </li> </ul> <p>Don asked the group if they should form a sub-group to discuss the transportation issue.</p> <ul style="list-style-type: none"> <li>• Greg asked who would need to be at that meeting? The current barrier is that law enforcement says it's not their job.</li> <li>• Patricia noted they don't have this problem in Fort Kent.</li> <li>• Darren stated that DHHS does fund law enforcement to do transportation. He asked if DHHS could pay AMHC to do transportation.</li> <li>• Ralph noted that staff may not feel safe on a four hour (or more) drive with someone who is less than cooperative.</li> <li>• Greg also noted that there is an ambulance question as well—tying up this resource away from its home area for several hours. Darren noted that this is also an issue in Washington County.</li> </ul> <p>Don summarized the discussion on these issues:</p> <ol style="list-style-type: none"> <li>1. Exploring the possible expansion of AMHC.</li> <li>2. NMMC to explore prioritizing Aroostook County Admissions.</li> <li>3. Involuntary patients are a problem at the moment. Will discuss with NMMC.</li> </ol> <p>Ralph noted that he will research when TAMC started taking in involuntary patients and how many involuntary patients there were before that time.</p> <p>Both Mary Louise and Annette noted that going to court for involuntary patients is very expensive. Annette noted they are averaging 1 to 2 a month that get to a hearing--and of those, all are committed.</p> <p>Annette also noted that there seems to be a gap in this area for geriatric patients with dementia. They don't meet the criteria for admission. There is a capacity problem in providing care for these people.</p> |
| <p>V. Training for the CSN Area:<br/>July 2007-June 2008</p> | <p>Chris Robinson, via ITV, introduced herself to the group and provided an overview of training provided through the Office of Adult Mental Health Services. She noted that people can see a list of trainings through the training link on the DHHS-OAMHS Website: <a href="http://www.maine.gov/dhhs/bh/Training/Index.html">http://www.maine.gov/dhhs/bh/Training/Index.html</a>. She explained that OAMHS has moved away from conferences and towards smaller targeted trainings. Chris asked the group three questions:</p> <ol style="list-style-type: none"> <li>1) How is recruitment and retention of staff going?</li> <li>2) Specific needs and training topics for next year?</li> <li>3) Preferred delivery methods of trainings, e.g. web-based, face-to-face, combination?</li> </ol>   |

| Agenda Item  | Presentation, Discussion  |
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|  | <p>Comments on recruitment/retention:</p> <ul style="list-style-type: none"> <li>• Members indicated a need for nurses, nurse practitioners, and psychiatrists. Chris asked if there were any thoughts/suggestions on how the Department could help in this process.</li> <li>• Chris asked if there is an issue with recruiting MHRT level staff. Craig stated that NMG is always short, but they are working on resolving this as he is going to become a trainer for MHSS. <ul style="list-style-type: none"> <li>○ Annette noted that state psychiatrists appear to be paid more than what private agencies can pay.</li> <li>○ Ralph asked if state offers residencies like those offered to medical schools where tuition is written off after a certain period of service to an under served area. Andrea noted that New Brunswick is currently doing this.</li> <li>○ Mary Louise noted that HP One Visa does this. Greg noted that you need to be in an underserved area as defined by the Department of Labor. Unfortunately, not all of Aroostook meets this.</li> <li>○ Greg thinks that a residency offer is a great idea.</li> </ul> </li> </ul> <p>Comments on training needs/topics:</p> <ul style="list-style-type: none"> <li>• Training locally in Advanced Directives would be helpful. I appreciate having them on the website, but a training is needed. Chris noted that this has been brought up by other CSNs and that OAMHS is looking into training in this area.</li> </ul> <p>Comments on delivery methods:</p> <ul style="list-style-type: none"> <li>• It would be less costly to offer a training here in Aroostook County—send one or two trainers up here rather than send our employees south.</li> <li>• Web-based is one option for Aroostook, but it should not be the only option. We want live training here in Aroostook County.</li> <li>• Chris asked what Greg thought about the Supported Employment training via ITV? He liked it because there was no travel involved for attendees.</li> </ul> <p><b>ACTION:</b> Chris will research into HIB One Visa and medical schools.</p> <p>If anyone has any further questions/suggestions for training, contact Chris Robinson at: 287-4865 or <a href="mailto:christine.c.robinson@maine.gov">christine.c.robinson@maine.gov</a>.</p> |
| <p>VI. Consent Decree Quarterly Report</p>                     | <p>Members received copies of the Consent Decree Quarterly Report filed on May 1, 2007. Don pointed out the added summary section of the Performance and Quality Improvement Standards, with the usual tables and graphs included in following pages.</p> <ul style="list-style-type: none"> <li>• Greg noted that it would be helpful to breakdown this data by CSN. Don noted that this will be done.</li> <li>• Don noted that standard 18 would no longer include Aroostook County, since there will no involuntary beds there.</li> <li>• CSN members will receive ongoing quarterly reports.</li> </ul>   |
| <p>VII. Guidelines for Psychiatric Hospitalization Process</p> | <p>Don referred the group to the draft document handout and asked that it be shared with the group's emergency rooms. DHHS needs some feedback and discussion on the document. In the meantime, this agenda item is postponed to a future meeting.</p>  |

| Agenda Item                 | Presentation, Discussion  |
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| VIII. Policy Council Report | <p>Annette reported that the policy council will be meeting on Tuesday, May 29. She wondered if there is more that can be done to help get the council moving.</p> <p>Don noted the policy council's work on 24/7 access to community support records and the "no-reject" access to services. He passed around a copy of the current letter on the 24/7 policy.</p> |
| IX. Other                   | There was nothing brought up on this agenda item.   |
| X. Public Comment           | There was no public comment.  |
| XI. June Agenda Items       | Mental health services at the Aroostook County Jail.  |

**Table for IV. Inpatient Services**

| Unit   | # of Admissions                   | # from Aroostook County | # from outside of Aroostook County | # Turned Away | Average Stay  |
|--------|-----------------------------------|-------------------------|------------------------------------|---------------|---|
| TAMC   | Voluntary: 393<br>Involuntary: 77 | 237                     | 156                                | 74            | 4.7 days total<br>3.26 days from Aroostook                |
| NMMC   | 149, 4 of which were involuntary  | 144                     | 5                                  |               | 14 days? Will look into this and report figure next month |
| Acadia | 2283                              | 72                      |                                    |               | 9 days  |
| DDPC   | Will get figures for next meeting |                         |                                    |               |   |
| AMHC   | 173                               |                         |                                    |               |   |