

**Community Service Network 1 Meeting  
Aroostook Community Action Program, Presque Isle, ME  
September 27, 2007**

**Approved Minutes**

**Members Present:**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Greg Disy, AMHC</li> <li>• Lori DeMerchant, ACES</li> <li>• Christopher Morse, Care &amp; Comfort</li> </ul> | <ul style="list-style-type: none"> <li>• Vicki Hardy, Houlton Regional Hospital</li> <li>• Deborah Gray, Life By Design</li> <li>• Craig Fournier, Northern Maine General</li> </ul> | <ul style="list-style-type: none"> <li>• Patricia Michaud, Northern Maine Medical Center</li> <li>• Richard Lachance, Harvest Inn Social Club (via ITV)</li> </ul> |
|---|--|--|

**Members Absent:**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Acadia Hospital</li> <li>• Allies, Inc.</li> <li>• Cary Medical Center</li> </ul> | <ul style="list-style-type: none"> <li>• Community Mediation Services</li> <li>• Dorothea Dix Psychiatric Center</li> <li>• NAMI-ME Families</li> </ul> | <ul style="list-style-type: none"> <li>• The Aroostook Medical Center (TAMC)</li> <li>• Transition Planning Group</li> </ul> |
|--|---|--|

**Alternates/Others present:**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Danielle Perry, New Day Counseling Services</li> </ul> | <ul style="list-style-type: none"> <li>• Vicki Yerka, Harvest Inn Social Club (via ITV)</li> </ul> | <ul style="list-style-type: none"> <li>• Audrey Peavey, Harvest Inn Social Club (via ITV)</li> </ul> |
|---|--|--|

**Staff Present:**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Don Chamberlain, OAMHS</li> <li>• Scott Kilcollins, OAMHS</li> </ul> | <ul style="list-style-type: none"> <li>• Leticia Huttman, OAMHS (via Telephone for one part of meeting)</li> </ul> | <ul style="list-style-type: none"> <li>• Scott Bernier, USM Muskie School</li> </ul> |
|---|--|--|

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Scott Kilcollins initiated introductions.
II. Review and Approval of Minutes	Minutes were reviewed and approved with no changes.
III. Discussion of Emergency Services	<p>Don initiated the discussion on this topic. This was one of three topics the group decided that needs to be looked at during the August meeting. At issue is who is in charge of responding to a crisis during normal business hours.</p> <p>Greg expressed that there is a need for shared understanding among the agencies over who is responsible for their clients in a crisis situation during normal business hours. Other agencies are assuming that it is AMHC's obligation to respond to their client's crisis during normal business hours because we are the contracted crisis emergency provider.</p> <p>Don stated that the agency community integration worker is to respond to their client during business hours. But also understand that this may not always be practical. The client maybe in one part of the county and the CI worker in another part of the county at the time of the crisis and the CI worker may not be able to physically get to the client. The community integration agency's case managers need a role in those cases. It would be OAMHS' expectation for outpatient services to try and resolve the problem before involving crisis services.</p> <p>Greg stated that Darren Morgan told him that during regular business hours, the community support worker should be working with the client. The crisis provider works with the client during non-business hours. Community support agency should have back-up plans for when their community support worker cannot work with the client during business hours.</p>

Agenda Item	Presentation, Discussion
	<p>Scott Kilcollins stated that once a client is in the hospital (ER), crisis takes over. Greg disagreed. Scott pointed out that this is spelled-out in the current contract amendment.</p> <p>Greg stated that perhaps these are potential education moments with the hospitals.</p> <p>Deborah stated that once the client is in the ER, they are considered inpatient and her agency can't bill for outpatient services, even though there are times when she has had to make all the arrangements for the client to get admitted.</p> <p>Vicki stated it is the policy at Houlton Regional Hospital that once a client is sent to their ER, they have to involve the crisis provider (AMHC) regardless of whose agency the client is with.</p> <p>Don responded that OAMHS will pay for discharge planning by community integration worker, but need approval by regional office. However, OAMHS does not have a payment mechanism for strictly outpatient services.</p> <p>Others stated that the policy on clients in crisis being admitted to TAMC and Cary Medical center is the same as at Houlton Regional Hospital. Patricia confirmed it is the same at NMMC.</p> <p>Some concerns were raised as to how long the wait is in the ER before AMHC responds. Greg countered that once AMHC is called in, their response rate is an hour or less. Others pointed out that the ER delays involve assessment before AMHC is called in. It can also depend on what else is happening in the ER at that time.</p> <p>Don asked the group if they were satisfied with the current hospital protocol where the crisis provider takes over.</p> <p>Vicki stated she is satisfied.</p> <p>Deborah asked if it's helpful if her agency calls AMHC to alert them when a client is on his/her way to ER. Greg responded that the hospital will be calling AMHC anyway, but if you have specific information on the client, that would be helpful.</p> <p>Scott Kilcollins asked if AMHC has a problem with responding. Greg replied that AMHC would never say they are not going to go if called.</p> <p>Don asked if AMHC has capacity outside of hospitals for crisis assessment. Greg said absolutely.</p> <p>Deborah asked giving Greg through an example: If we have a client in crisis, could we refer them to your outpatient service? Greg answered, We have had similar situations in the past. We would respond, but we do not have workers waiting for crisis situations. They have their own clients, too. You can refer patients to ASU directly. You do not need a reference from AMHC.</p> <p>Don drew-up the following on the room's whiteboard to try and get a clearer picture of the process:</p> <p>A person in crisis with a provider  During daytime→call ASU.  Approval-can admit.→Discuss with a consultant-can directly do voluntary admission into a psychiatric unit.  If this doesn't work out, contact AMHC Crisis.</p>

Agenda Item	Presentation, Discussion
	<p>Vicki asked, if someone is presented to ER, AMHC is called, medical clearance is given, but we then have a transportation major issue that delayed getting the client into the psych unit by 18 hours, tying up resources for that time period. I feel the setting at ASU would have been more appropriate for the client during this wait. Could we have sent them to ASU in this case? Greg answered no, because ASU is outpatient-only.</p> <p>Pat asked if a patient is not medically cleared for a psych unit, but they would be taken elsewhere, what do they do? Greg said that for a voluntary admission, a patient should be able to go to an ER and get medical clearance without calling AMHC. Vicki responded that her hospital would still need to contact AMHC due to their hospital's policy.</p> <p>Don suggested that maybe we need to have a discussion among AMHC and the hospitals in the CSN about modifying the hospitals' policies on voluntary admissions. Scott Kilcollins noted that we're going from community integration to crisis. There are funding issues here as CI and crisis are funded at different levels.</p> <p>Don summarized: There appears to be a consensus here: Agencies understand the OAMHS policy: the question from you is why isn't it happening that way? Greg responded that there needs to be an understanding of expectation as presented by OAMHS. We need the agencies to understand this.</p> <p>Don noted that we need to get Allies, Inc. into this loop. OAMHS will need to have a conversation with them on the side. We will have Darren Morgan contact Debra Henderlong at Allies, Inc.</p> <p>Patricia noted that transportation is a major issue. Her hospital is usually absorbing the cost of transporting clients back to where ever they came from once they are discharged. Scott Kilcollins asked how much money are you spending? Patricia said she wasn't sure as they aren't tracking it, but she's sure it's several thousands of dollars.</p> <p>Don pointed out that the group is currently focusing on other issues, but that we would be getting to transportation at a future meeting unless the group wants to move it up on the priority list. Members of the group stated no. They are all important issues.</p> <p>Vicki suggested that when we do discuss transportation, that we should invite the sheriff and some ambulance drivers to that meeting.</p>
IV. Impact of TAMC Closure	<p>A handout was given showing the Region III Rapid Response incidents since January 1, 2007. A total of 18 responses took place during the time period in Region III. Of these, 10 were from Aroostook County. TAMC closed in June. 7 of these 10 took place after TAMC closed.</p> <p>Also referred to handout showing DDPC admissions in July and August 2007 and the list of refusals. During the time period, there were four refusals. Three of these were due to DDPC being full (Lack of capacity). The fourth incident was non-crisis related and the client was referred back to the clinical director. There was one involuntary admission from Aroostook County to DDPC in August.</p>

Agenda Item	Presentation, Discussion
	<p>Don asked if there were any questions or concerns.</p> <ul style="list-style-type: none"> <li>• Don raised concerns about how the data is used and by who. It shows that we don't have a large number of rapid responses, comparatively speaking, to others on this list. We don't seem to be doing too bad. If you add up the times involved, Aroostook has 112.5 hours total or an average of 12.53 hours per instance. In comparison, the others on the list had less total hours at 105.5, but an average of 13.19 hours per instance.</li> <li>• Pat questioned the first listing as it involved her hospital, NMMC. She was told they can't have an involuntary admission for more than 18 hours. Don replied that at that point you would need to re-blue paper them. Greg responded that it is a protective custody issue, not a blue paper issue. Don stated that he will look into this and get clarification.</li> </ul> <p><b>ACTION:</b> Don will seek clarification on this issue for involuntary admissions.</p> <p>Don noted that OAMHS will continue to track Rapid Response Incidents to measure the impact of TAMC's closure.</p> <p>Pat provided the following information for NMMC. They received a total of 10 involuntary referrals from June until now. Of these:</p> <ul style="list-style-type: none"> <li>• June had two and both were from other counties.</li> <li>• July had six and all were from other counties.</li> <li>• August had two, one from another county and one from Aroostook</li> <li>• No referrals in September.</li> </ul> <p>Don concluded there isn't much demand at the moment in Aroostook County for Involuntary Referrals. Don then asked if there is a way to track/look at voluntary referrals? Pat noted that, overall, NMMC has been busier in the past two years than prior to that. Don asked if it's difficult to track admissions by county? Pat said, no, as they are already collecting that data.</p> <p>Greg asked if they should also track the number of admissions at ASU? Members of the group nodded affirmative.</p> <p>Don asked if there is anything else that would be useful for us to collect? No other suggestions were made.</p> <p>Greg gave an update on the ASU expansion: There is no real update at the moment. AMHC is looking for possible sites as the original candidate site has been sold. They are looking for a single floor building with an open design that can hold 6 beds. If anyone sees a candidate site, notify Greg.</p> <p>Craig pointed out that in the meantime, some people have tried to get their clients admitted to a boarding home. He noted that, currently, there is no quick way to gain admission into a boarding home because RIII must approve this and they only meet on Mondays. Scott Kilcollins said to call Darren Morgan and keep him informed of those situations. Those in a hospital have a priority.</p>
V. Psychiatric Advance Directives	<p>Leticia Huttman joined the meeting at this point via telephone. She provided an overview of the research paper that was handed out on Psychiatric Advance Directives. OAMHS is looking at providing a basic training on this topic and then a pilot training. She is looking for input/comments from the group.</p> <ul style="list-style-type: none"> <li>• Patricia stated that it was discussed at NMMC's community support meeting. The psychiatrists present were not for it in a crisis situation.</li> </ul>

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> <li>• Greg noted it's all about education. There isn't enough information for psychiatric advance directives up here.</li> <li>• Don noted that part of the dialogue needed is that once you have one, will the hospital recognize it? Because of the legalities involved, a lawyer would be involved in this.</li> </ul> <p>Don noted that OAMHS will do the generic training and then a pilot training. Those with psychiatric advance directives (PAD) in their contracts need not do PAD yet, but should stay tuned.</p>
VI. 24/7 Protocols and Data	<p>Don stated that OAMHS had agreed to do a joint signing of these protocols. He wanted to know the status of these.</p> <p>Greg stated that AMHC has not seen any of these done yet other than from Darren Morgan/Region III.</p> <p>Don encouraged community providers to go through with the protocols. OAMHS would like to see agreements between the hospitals and AMHC and AMHC and DPPC, Acadia and NMMC.</p> <p>Greg asked who should initiate this? Don replied that it doesn't matter. You and the providers should be in contact with one another.</p> <p>Patricia asked if OAMHS had a template. Don replied that OAMHS is trying to avoid that. The requirement is around community integration.</p> <p>Don turned to Greg and asked if AMHC had any data yet on the number of events where you wanted to get received? Greg responded that tracking that information is difficult. It will change in October when changes in how they track data will be set-up, but it will be labor intensive to track.</p>
VII. Other	<p>Scott Kilcollins noted that OAMHS has money for CIT training. That money will expire on March 1, 2008.</p>
VIII. Public Comment	<p>There was no public comment.</p>
IX. October Agenda Items	<p>For the next meeting:</p> <ul style="list-style-type: none"> <li>• Medication management—what would be useful information to have to talk about this. <ul style="list-style-type: none"> <li>○ Greg doesn't know what information is needed, but providers either need to provide the service or don't provide the service.</li> <li>○ Pat noted that it's a problem when they get new patients into the area.</li> <li>○ Greg noted that AMHC doesn't have capacity for this right now.</li> <li>○ Don asked if there are other ways to approach this? Are there other solutions?</li> <li>○ Debra asked how much/often are psychiatric medications being prescribed?</li> <li>○ Scott Kilcollins asked is it getting more difficult to get psychiatrists? Greg answered yes, and it involves their family life and trying to find employment for their spouse. Lori stated that part of the issue is the cost.</li> <li>○ Don noted that it would be useful to know how many psychiatrists there are in Aroostook County, how many positions the agencies are trying to fill, how many are in private practice, etc.</li> </ul> </li> <li>• Richard stated that Harvest Inn Social Club wants to find ways to get more to attend. They are affiliated AMHC. The current barrier is that one needs to have been diagnosed with a mental illness to go to the social club. He believes that they could get more people involved if they could skip the diagnosis. Don noted that this is worthy of</li> </ul>

Agenda Item	Presentation, Discussion
	<p>discussion and that the Office of Adult Mental Health Services does not require screening for one to join a social club.</p> <ul style="list-style-type: none"><li>• Transportation<ul style="list-style-type: none"><li>○ Invite the Sheriff to the next meeting</li><li>○ Invite the Caribou Fire Chief (which also covers their ambulance service)</li><li>○ Invite the Aroostook Regional Transportation Authority</li><li>○ Will look at both internal and external transportation issues of involuntary admissions.</li></ul></li></ul> <p><b>ACTIONS:</b> Scott Kilcollins will call the Caribou fire chief and invite him to the next meeting. Greg will invite Lorraine to the next meeting. He will connect Scott Kilcollins with Lorraine to obtain other resources on transportation for the next meeting.</p> <ul style="list-style-type: none"><li>• Upcoming meetings. We will discuss our scheduled meetings for November (Thanksgiving) and December (27<sup>th</sup>-two days after Christmas) at the October meeting.<ul style="list-style-type: none"><li>○ Those present were for skipping November.</li></ul></li></ul>