

**Community Service Network 1 Meeting
Aroostook County Action Program, Presque Isle
February 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. • Greg Disy, AMHC • Lori DeMerchant, ACES | <ul style="list-style-type: none"> • Lloyd Chase, Community Mediation Services • Chris Morse, Care & Comfort • Mary Louise McEwen, Dorothea Dix (via ITV) • Trish Murray, Houlton Regional Hospital | <ul style="list-style-type: none"> • Edward Buckley, NAMI-ME Families • Peter Sirois, NMMC • Ralph McPherson, TAMC |
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Members Absent:

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| <ul style="list-style-type: none"> • Chris Morse, Care & Comfort (excused) • Cary Medical Center | <ul style="list-style-type: none"> • Life by Design • New Day Counseling Services | <ul style="list-style-type: none"> • Northern Lighthouse • Tammy Carney, Transition Planning Group |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Freeman Corey, ACES • Patty Michaud, NMMC | <ul style="list-style-type: none"> • Pat Dillon, TAMC • Pat Storey, TAMC | <ul style="list-style-type: none"> • Vickie McCarty, CCSM |
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Staff Present: DHHS/OAMHS: Don Chamberlain, Darren Morgan. 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 January meeting were approved as written.
III. Review Meeting Guidelines	<p>Darren reviewed the meeting guidelines provided in the meeting materials, noting especially: 1) the agreement to turn off all cell phones and pagers, and 2) to avoid the use of acronyms and jargon.</p> <p>At this point, Don Chamberlain reviewed the following handouts:</p> <p><u>Serious Mental Illness (SMI) Estimates - 2000 Census Data</u> Updated from version distributed last month to include 2 changes:</p> <ul style="list-style-type: none"> • Population from Bridgton area moved from CSN 6 to CSN 5, where most receive services • Estimated SMI population broken down by age groups: 18-61 and 62 and over <p><u>Adult Mental Health Services MaineCare Data (2004-2006 Statewide)</u></p> <ul style="list-style-type: none"> • Skills Development category, which also includes Daily Living Skills, represents 2nd highest per person cost, serving fewer clients—more intense services provided? • All categories, except Residential, will be considered in rate standardization, currently pending. • OAMHS will try to get statewide data broken down by CSN.

Agenda Item	Presentation, Discussion
IV. Consumer Council System of Maine	<p>Vickie McCarty, Consumer Council System of Maine Outreach Worker for Region III, was scheduled to present her role in the development of the new Consumer Council System and to ask for members' assistance in her efforts to:</p> <ul style="list-style-type: none"> • Recruit consumer participation in and educate consumers about the council system • Inform consumers about the regional conference, April 25, at the Bangor Conference Center • Meet one-on-one, in small group gatherings, or present to larger groups of consumers. <p>Unfortunately, due to an accident that tied up traffic for a few hours, Vickie was delayed and did not arrive until the meeting had concluded. She will contact members of the CSN via email to pass on information on this topic.</p>
V. Peer Services, Part II	<p>Peer Services, Part II</p> <p>Members received updated Peer Support Funding spreadsheets, recalculated after shifting Bridgton area population from CSN 6 from CSN 5. Members also received copies of the OAMHS Performance Indicator and Outcome Reporting Forms for Peer Services and Warm Lines. OAMHS is looking to improve the meaningfulness of the data collected and asked members to give feedback on the data that should be collected.</p> <p>Members were asked for recommendations on the direction of peer services in CSN 1. Currently, there are 2 social clubs and a warm line, and funding for social clubs is \$21 per person per year.</p> <p>Discussion highlights:</p> <ul style="list-style-type: none"> • Greg Disy of AMHC reported that a social club is needed in the Houlton area and said he expects significant numbers would take advantage of the service. • AMHC currently has active clubs in Caribou and Madawaska. • Consumers/family members currently staff AMHC's warm line. They would like to see more peers involved. • Peter of NMMC asked if there might be a need in some other community for social clubs and mentioned the idea of conducting a survey to determine the need and make sure we are not missing a population that would benefit from this. For example, should there be one in Presque Isle? • Lloyd of Community Mediation Services stated that there was a group meeting many years ago in Houlton and that there is a need for a social club there now. • Peter responded that it would be helpful to have numbers to look at the whole county. <p>The group passed a recommendation to establish a social club in Houlton. The discussion continued regarding numbers using present social clubs, where consumers are located, etc. Don asked that the group look at who is currently attending the clubs and determine the demographics for Aroostook County.</p> <p>ACTION: AMHC will make a presentation on the social clubs at the next CSN meeting.</p>
VI. Statewide Policy Council	<p>OAMHS chose 17 of the 27 CSN members who volunteered or were nominated to serve on the Statewide Policy Council. The membership roster was sent to all CSN members. Meetings will begin in March.</p>
VII. Resolve PL 192	<p>Members received a copy of the newly released Resolve PL 192 Draft Report ("IMD Plan"). The first public forum on the report was held on Feb. 5 in Augusta, with no one attending. Another forum will be scheduled for Augusta, and the forum originally set for Feb. 21 in Bangor will be rescheduled, as well. Members will receive notice of the new dates. The final report incorporating stakeholder feedback is due to the Legislature by March 15.</p>

Agenda Item	Presentation, Discussion
	<p>Question:</p> <ul style="list-style-type: none"> • How does this effect community hospitals? IMD's worked on the plan and will then discuss it with other hospitals with psychiatric beds, however this document focuses on the four psychiatric hospitals (Spring Harbor, Acadia, Riverview and Dorothea Dix). <p>ACTION: Members may send any additional feedback to Elaine Ecker, eecker@usm.maine.edu.</p>
VIII. Crisis Stabilization Units (CSU), Part II	<p>Members received updated CSU information spreadsheets, recalculated to reflect the additional beds not included in last month's version.</p> <p>AMHC's Crisis Stabilization Unit (CSU) Data</p> <p>Greg Disy reviewed AMHC's CSU Additional Data Request form and reviewed the results with the group. Highlights:</p> <ul style="list-style-type: none"> • 5-bed unit in Presque Isle (2 double-occupancy rooms and 1 single occupancy room upstairs). • 58 out of 91 days at 100% occupancy (April, May, June 2006). • 177 admissions; 144 unduplicated. (July 1, 2005 to June 30, 2006) • Average length of stay: 6 days • 172 admissions came from and discharged to Aroostook County. • Most came from their own home, with the second highest coming from the homeless shelter. • 12 were stepped up to a higher level of care and 19 were moved to a PNMI. • Staffing includes a master level clinician who is predominately there during the day and 1.5 FTE (Full-Time Equivalent) support staff, who are MHRT-1 or MHRT/C. • Services offered: supported counseling, links to resources in the community, therapeutic intervention with clinician, handling of medications, access to psychiatry. <p>Questions to consider:</p> <ul style="list-style-type: none"> • Is this CSN in need of more crisis beds? How many? Where? • Is staffing adequate? If staffing were to change, could unit take more acute clients? • Are there limitations at current facility that precludes certain clients? • Would peer crisis beds or "living room" substitute for additional CSU beds? <p>Don stated that it appears that this CSN has adequate CSU beds available. He also asked AMHC how many people were turned away from the CSU unit—AMHC does not currently track that data, but will start doing so.</p> <p>Other comments:</p> <ul style="list-style-type: none"> • Concerned was expressed about having a 2-story CSU facility—person in crisis could open window and jump. • If funds were available for a single-story facility, it would be better utilized. • Need data on how many are turned away from current unit, in order to make informed recommendation. • Finding and funding transportation is a significant issue. <p>The group also discussed issues around crisis services/needs of those in jail with mental illness, and members expressed an interest in learning more about the joint work of the Department of Corrections and DHHS on diversion and re-entry for people with mental illness involved in the criminal justice system. Don informed that the DHHS OAMHS contact person is Steve Sherrett.</p>

Agenda Item	Presentation, Discussion
IX. Crisis Services Review	<p>Members received a comprehensive spreadsheet of 2006 data collected quarterly from crisis programs throughout the state, as well as the Performance Indicator and Outcome Reporting Form for Crisis Services. Feedback on data collected may be emailed to Elaine, eecker@usm.maine.edu. This item will appear on next month's agenda for further review and discussion.</p> <p>It was noted that the number of contacts with AMHC's crisis program appears high compared to other crisis providers in other CSNs, and AMHC will investigate and clarify the data.</p> <p>ACTION: AMHC will prepare a presentation of their crisis program for the March meeting.</p>
X. Rate Standardization	<p>Don reported that the state must standardize rates—one rate across-the-board for each type of service, except for residential. Work on rate-setting is continuing with DHHS and members of MAMHS (Maine Association of Mental Health Services). More on this still-evolving issue at the next meeting.</p>
XI. Confidentiality	<p>Members received a draft Confidentiality Statement and gave the following feedback:</p> <ul style="list-style-type: none"> • With respect to release of information to DHHS, who is considered an appropriate representative? • What is the policy on re-release of records from other agencies? • The section on release of information to family caretakers needs more clarification. What are the procedural steps? • OAMHS has asked for specific examples for the section on dangerous situations. • The Order of District Court section seems confusing. Why do the process twice to release the documents? • What impact will this have on state confidentiality law? For example, if a client were in a hospital, but refuses to give permission to release their information to an agency they could be discharged to, this enables DHHS to release their information without the client's permission. OAMHS will seek to get better clarification. <p>Members may send any further comments to Elaine, eecker@usm.maine.edu.</p>
XII. Other	<p>Ongoing meetings (4th Thursdays, 9-noon) will be held at the Aroostook County Action Program in Presque Isle.</p>
XIII. Public Comment	<p>None.</p>
XIV. March Agenda Items	<p>Crisis Services Confidentiality Report on AMHC's social clubs Report on AMHC's crisis program</p>