Oregon Center of Excellence for Assertive Community Treatment

Minutes for 1/8/15 Advisory Board

In attendance: representatives from – Yamhill County (3), Marion County (1 in person; 1 on phone), Central City Concern (1), CHD (1 – p), Benton County (1 – p), Jackson County (2 – p), Curry County (1 – p), Deschutes County (1-p)

Go to www.oceact.org for updates, job postings, fidelity scores, etc

OCEACT Conference will be June 9 and 10, 2015 at Hood River. A separate planning call will be announced for those interested in participating.

Rick Wilcox from AMH presented on Olmstead and ACT. His presentation was sent out in earlier email, and is available from OCEACT.

From discussion:
Shift in language and emphasis in policy from “least restrictive” to “most integrated” setting.

Federal CMS has issued a new set of rules for home and community based care with implementation expected over the next 5 years. This will result in some significant changes for community-based care, particularly for residential placements. Things to consider as this is rolled out:

- People are to have choice in type of setting they are comfortable with as being most integrated.
- Facilities will not be able to “lock down” areas (such as kitchen) unless strong clinical reasons for the restriction. This is true for all items.
- Cannot set curfews
- Must allow visitors, even overnight.
- People can have choice in their roommates/housemates

Bob Bernstein, from Bazelon Law Center, should be returning to Oregon in the upcoming year to support our progress.
Justin Keller from AMH brought Lorene O’Brien (working with EDIE and PreManage) and Drew Kiah (ER/OHSU spearheading basic info sharing) to share and brainstorm about feasibility of some aspects of the proposed use of PreManage by ACT teams.

Reminder: AMH will pay subscriptions for ACT teams to utilize EDIE/PreManage. These will hopefully start in February. Alerts can be customizable.

The powerpoint, sent in an earlier email with handouts used for discussion, recaps what EDIE and PreManage is.

Justin, Lorene and Drew were looking for feedback from ACT teams regarding minimal information requirements to ensure matching correct person to flag for presence at ER.

Discussion:
 Overall, seems to be quite a bit more information than ACT Teams may have readily available.

ACT Teams (agencies/programs) will need to sign an MOU as a Business Associate Agreement (BAA) to meet HIPAA/HiTECH requirements on information sharing.

Teams will not be required to get permission of ACT participants to be included, however teams may choose to provide participants an opportunity to opt in.

Concerns for required items of information:

- Address - There may be a significant number of ACT participants who are homeless, houseless, or move frequently and may not have a current address
- Gender – M/F may be limiting in choices and culturally inappropriate
- Medicaid ID – not all ACT participants are on Medicaid
- Social Security Number – many people expressed concerns about this requirement – stated name and birthdate should be enough
- May need an optional aliases field as some people use different birthdates and names

Documents can be uploaded, consider crisis plans, Advance Directives (Physical and Declaration for MH Tx), Signs of decompensation, etc.

This should be a tool the ACT team can use and find valuable, not an administrative burden. ACT Teams could choose to “enroll” only those who opt in, or people with higher ER utilization – up to each team to decide how to use this tool.
Question asked if CCO’s are receiving education about EDIE/PreManage. Yes, extensive outreach and education efforts in progress. The hope is to have all CCO’s fully on board by end of 2015.

Discussion re OHSU ED Suggested Care Guidelines handout was not as extensive, was stated this is info ER might like to have on hand, ACT Teams can choose how extensively to complete forms/provide information.

ACT Teams could choose what info to share in uploaded documents, don’t need to repeat here. Could be as simple as, this person is served by ABC ACT Team, please call 555-555-5555.

OUTCOMES:
We know state will be requiring data collection by ACT Teams in the not too distant future. OCEACT shared a possible tool from Colorado. The link to learn more is http://mhcd.org/reaching-recovery.

Megan C. from Central City shared they are being trained to use the Daily Living Accountability (DLA) 20 which will be tracked quarterly. She will send info on this tool to OCEACT.

OCEACT will host a separate conference call/webinar in the next month to further discuss outcome measures we can collect universally across the state.

Next Meeting will be April 9, 2015 9:30-11:30 am Tentatively at Broadway Commons in Salem, OR again.