

## 7/12/2018 OCEACT Quarterly Advisory Board Meeting

Introductions: Jeff Krolick, Ben Yoder, and Alyssa Kerlinger, OCEACT representation

Michael Oyster: History of ACT, In December recommendations from OCEACT requested for expansion of ACT individuals served to 2000. To comply with DOJ performance plan. Calculation is to see where we are standing. Challenges to meeting expansion were identified. Choice thinks through a residential framework. Exec +1 Supervisor and long term care. Orientation to residential is a convention, OCEACT reminds of also serving people through ACT.

Group brainstormed strategies to reduce default to residential services. Liability issues cited as a concern or potential barrier. Choice referrals are happening, discussion of steps to graduate from residential into ACT. Housing outside of residential is one of the predominate barriers. Looks like on paper might need 24 hour care but hope is to be able to support at ACT level. IDs, theft, issues with hotel stays, behaviors not tolerated, sex trafficking all cited as transition problems. Room and Board fees are upwards of 1800 at some locations.

ICM is case management plus, not ACT light. Somewhat competes with ACT, less expensive and can be short term unlike ACT. Could keep ACT from coming in at times, but also could be referral source as needs are identified. Keeping identities of programs is critical, programs can compliment. ACT criteria is clear and distinct. Culture of ACT organization discussed. State hospital referrals should be going to ACT predominately. ENCC as ACT can be very effective arrangements.

Inreach and hospital coordination, most happens when hospital is near providers. CCC gave a presentation at Unity. Care team meetings, etc. Audio Video tools were emphasized. Michael is working on next steps to grow ACT and smooth transitions.

### Oregon ACT Programs: Summary Statistics Quarter 1 2018:

Trend analysis, questions, feedback- Discussion of referral sources and data of 1% of ACT referrals coming from family and psych hospital. Followed by discussion of Table 3 Reason not accepted to ACT, 67 referrals. Client or guardian declined = 34%. Refer to document outlining all areas of OCEACT quarter 1 data.

Natural supports and supported employment were of particular focus, we would like to see 40% of those enrolled in access engage in supported employment and gain competitive employment.

Thank you members, we look forward to the continued great work and positive outcomes.