

OCEACT Meeting Minutes

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**Objective: Weekly check in with teams related to COVID-19 Impacts**

**Date: Wednesday, April 29<sup>th</sup>, 2:00 PM**

**Facilitated by Shane Semin, OCEACT    Minutes taken by Christina Lindsey, OCEACT**

**Attendees:**

Heidi Herinckx (OCEACT)

Jeff Krolick (OCEACT)

Alyssa Kerlinger (OCEACT)

Asia Gray (OCEACT)

Brenda Dennis (OHA)

Sarah Gibney (Telecare)

Yao-Hui Huang (Community Counseling Solutions)

Trish Jordan (Coos County Behavioral Health)

Lana Wilkes (Columbia County Mental Health)

Michele Riggs (Tillamook County)

Jan Clay (Lifeworks NW)

Ali Edwards (Klamath Basin Behavioral Health)

Kristian Hernandez (Klamath Basin Behavioral Health)

Ruby Ayala (Klamath Basin Behavioral Health)

Jim Sechrist

Nikki Harvey (Columbia County Mental Health)

Monica Dechert (Yamhill County)

AJ Rider

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**OCEACT Announcements:**

- OCEACT conference has been cancelled due to virus. We are working on alternatives to provide training and will provide updates as able.
- Asia- went through process to access PPE. Each county manages this process differently. Bigger counties have info and forms with instructions on how to access PPE. Asia shared example of PPE request from Washington County. Feel free to outreach Asia if support is necessary to navigate access for PPE.
- Asia has updated Covid 19 Plain Language Document for Act participants to tailor it to Oregon use. On OCEACT Covid-19 page.
- Jeff –Chat board/ forum is moving closer to going live. Will provide update as able once refined.
- Heidi- please forward any policies and procedures to share with others. We are working so quickly to respond to this situation. Please share resources as you are able.
- Brenda (OHA) – I wanted to talk about the Aid & Assist referrals that are coming your way (also called 370). \*shared the Aid & Assist status at OSH\* OSH is not currently taking civil patients and probably won't be until August at the earliest. They will be taking GEI (Guilty Except for Insanity) individuals first. For the most part, the only ACT referrals that are going to come to you are going to be people with misdemeanors (see numbers in highlighted column in table below). There are a few of felonies that will be released to the community, where the hospital feels that the person is safe and is capable of taking medications and avoiding substances once in the community. For example, 11 people in Coos who are on 370 status, 9 have committed felonies, so we don't expect that they will be coming back, and the other 2 should be coming back into the community. I wanted to share this, so you can get an idea of how many of these people might be coming back to your area. This does not take into consideration areas with dual jurisdiction. This is the best information I could get at this time.

OSH Aid & Assist Census as of 2020-04-20

County	.370 Census	.365 Census	.315 Census	A&A Census	Change from Prev. Week	% of Census	% of State Pop.	Census vs. Pop. Dif.	Fel.	% Fel.	Misd.	% Misd.	None Listed
Multnomah	52			52	-4	19.9%	19.51%	0.42%	41	78.8%	11	21.2%	
Marion	35			35	2	13.4%	8.21%	5.20%	27	77.1%	6	17.1%	2
Washington	30			30	0	11.5%	14.12%	-2.63%	21	70.0%	9	30.0%	
Lane	25			25	-1	9.6%	9.06%	0.51%	20	80.0%	5	20.0%	
Jackson	16			16	-1	6.1%	5.29%	0.84%	13	81.3%	2	12.5%	1
Coos	11			11	0	4.2%	1.59%	2.62%	9	81.8%	2	18.2%	
Linn	10			10	-1	3.8%	3.02%	0.81%	7	70.0%	3	30.0%	
Deschutes	9			9	3	3.4%	4.23%	-0.78%	8	88.9%	1	11.1%	
Clackamas	8			8	0	3.1%	9.89%	-6.82%	6	75.0%	2	25.0%	
Douglas	7			7	1	2.7%	2.72%	-0.04%	6	85.7%			1
Wasco	6			6	0	2.3%	0.65%	1.65%	4	66.7%	2	33.3%	
Tillamook	6			6	-1	2.3%	0.65%	1.65%	4	66.7%	2	33.3%	
Polk	5			5	0	1.9%	1.96%	-0.05%	4	80.0%	1	20.0%	
Lincoln	5			5	-1	1.9%	1.18%	0.74%	5	100.0%			
Clatsop	5			5	1	1.9%	0.95%	0.97%	5	100.0%			
Malheur	5			5	0	1.9%	0.78%	1.14%	4	80.0%	1	20.0%	
Curry	5			5	2	1.9%	0.57%	1.35%	4	80.0%	1	20.0%	
Yamhill	4			4	0	1.5%	2.57%	-1.03%	2	50.0%	2	50.0%	
Josephine	4			4	0	1.5%	2.12%	-0.58%	4	100.0%			
Benton	3			3	0	1.1%	2.20%	-1.05%	2	66.7%	1	33.3%	
Umatilla	3			3	1	1.1%	1.95%	-0.80%	2	66.7%	1	33.3%	
Columbia	2			2	0	0.8%	1.25%	-0.49%	1	50.0%	1	50.0%	
Jefferson	2			2	0	0.8%	0.56%	0.21%	1	50.0%	1	50.0%	
Baker	1			1	0	0.4%	0.41%	-0.02%	1	100.0%			
Morrow	1			1	0	0.4%	0.28%	0.10%			1	100.0%	
Wallowa	1			1	0	0.4%	0.17%	0.21%	1	100.0%			
Klamath							1.67%	-1.67%					
Union							0.65%	-0.65%					
Hood River							0.58%	-0.58%					
Crook							0.53%	-0.53%					
Lake							0.20%	-0.20%					
Grant							0.18%	-0.18%					
Harney							0.18%	-0.18%					
Gilliam							0.05%	-0.05%					
Sherman							0.05%	-0.05%					
Wheeler							0.03%	-0.03%					
<b>Total</b>	<b>261</b>	<b>0</b>	<b>0</b>	<b>261</b>	<b>1</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>202</b>	<b>77.4%</b>	<b>55</b>	<b>21.1%</b>	<b>4</b>

Asia (OCEACT) – it helps to have it broken down. It’s not nearly as overwhelming once you see that felonies are probably not coming back to ACT. It’s not nearly as daunting as thinking, “All 370s are coming to ACT.”

Yao (Community Counseling Solutions) – I would like to learn how that referral process works. We are a smaller county with limited resources, so it would be helpful to get some information.

Brenda (OHA) – We don’t have the ability to plan out far in advance with the 370 folks, it depends on when they’ve been found fit to proceed or never to proceed. The hospital’s role is only to get them ready for court and can’t keep them much longer after the decision has been made how they will proceed. The hospital is aware of what progress has been made as they get ready to go to court, or getting to where they will be likely to pass or never to pass, and give as much notice around their release as they can.

Yao (CCS) – I’ve done the wrap around approach in the past and I’d like the receiving county to have as much notice as they can.

Brenda (OHA) – Of course. What it comes down to is that the hospital wants to form the best plan for the person, regardless of what jurisdiction they're in.

Michele (Tillamook) – I received a referral from OSH, my first referral for someone who was on a 370, and it had the discharge date as TBD. So that made it difficult to do all of the things that we need to do to admit. He ended up coming out then going back to the hospital but the form said to respond and it was a bit confusing. They referred this person but they don't know when he's getting out of the hospital.

Brenda (OHA) – It sounds like in that case there were some other things going on. Usually on a 370 they wouldn't get out then go right back into the hospital. They will put the release date because they don't know exactly when it is. I've asked the hospital to put the social worker's name on that form, so you can talk to them because they'll have a better idea of what's going on. Historically the social worker at OSH haven't a lot of referrals to ACT. We were going to do training before all of this happened and we are going to get back in there to do the training.

Heidi (OCEACT) – Let us know if we can be of assistance to provide information about ACT and how we can help.

Brenda (OHA) – I'll get the platform and I'll let you know.

## **OCEACT Conference**

Shane (OCEACT) – This week we made the determination to cancel the OCEACT conference this year. It just doesn't look like we are going to have a way to do the conference safely. We are in the middle stages of identifying a way to do it virtually. We'll let everyone know once we know more about what is going on.

Yao (CCS) – Is it possible to do Zoom trainings in the meantime?

Sarah (Telecare) – If there was something set up by specialty that would be good. One of the pitfalls of the conference is that we can't send everybody but we could have more participate with a virtual conference.

Shane (OCEACT) – We are setting up trainings to be done over Zoom, so get with your point person to talk more about doing trainings virtually.

Heidi (OCEACT) – We had done a lot to get things set up with keynote speakers and breakout sessions. We might move forward with having some of this material going out once a week. We'll keep you posted and I'll send out an official announcement that the conference is cancelled. We just can't guarantee that we will be able to gather 250 people together safely.

Monica (Yamhill) – I do like the idea of having the keynote speakers to do something once a week. To have something virtually so that ACT teams can tune in virtually and benefit from the keynote speakers.

## **Bulletin Board**

Jeff (OCEACT) – I think on our first or second of these calls, we had a suggestion about creating a discussion board. We are close to the end of the process of getting it set up. A couple of menus appear on our OCEACT website. We're trying to keep it simple and have 10-12 topic areas to post. We'll all be involved in the maintenance of the website so you can be assured that all of the users will be ACT staff. We'll send out information about how to register once it is ready. We'll cover this on our calls this week and may set up more for specific instructions. The plan is to keep the board going past the current circumstances.

Asia (OCEACT) – Hopefully it will be another way for ACT teams to share experiences or share stories outside of email or Zoom.

Sarah (Telecare) – People are excited about the discussion board.

Heidi (OCEACT) – We're hoping that each of your agencies are using this time to be mindful about creating policies about interacting with ACT participants, specifically around infectious diseases. We have to think about how we are going to get back to face to face work, unless we're all going to move to Telehealth work, which is not probable. A lot of the information we have posted on our website is from our friends in New Jersey, where they have the second highest rate of infection of any state. So if any of your agencies have been proactive, we'd love to share those resources.

Michele (Tillamook) – I reviewed the policies and procedures and I put together some for our agency and I used a lot of what you have on the website because it made such good sense to me. We also shared some of those policies with our mobile crisis unit. As an agency we are really making sure that we do things like tie our hair back and put glasses on, and we are carrying bottles of hand sanitizer and wipes so that we can sterilize everything. Also the information on COVID-19 for those who have disabilities is good. We did include this information in the packets that we're giving to participants. We're also sharing the information around harm reduction with our ACT team members.

Asia (OCEACT) – I updated the plain language document and removed the Vermont information. I turned it into a Word document so that you can add your information if you'd like to. That information is on our website if you'd like to use that. I took out a few things and changed a couple of the pictures, since it was geared towards developmental disabilities. I added information about wearing a mask in public. There's information about social distancing, working with your staff people, lots of great information, plain language information. There's a place at the end where you can put your agency information either with a business card or add it in the Word document. Last week from Brenda informed us that ACT staff are considered first responders and able to request PPE. We know that some folks (participants) are responding well to Telehealth and some folks really need that face to face contact. \*map of Oregon shared with breakdown by region\* Here are the regions of the state and there are several counties in each region. I tried to see what it was like to request PPE for each region. For the more urban counties, I was told to contact either county health or the public health website to request PPE and to get more information about what is needed to get PPE. For some of the smaller counties, there is only a phone number. The coordinators are pretty responsive. I'd be happy to help anyone who might need assistance. Any questions?

Sarah (Telecare) – Is the document edited from Bridgeway on the OCEACT website?

Alyssa (OCEACT) – Yes and I loaded it as a Word document.