

OCEACT Advisory Committee Meeting

1/12/2023



Attendees:

- Ben Yoder, Heidi Herinckx, Christina Lindsey, Liz Middleton – OCEACT
- Angella James – OHA
- Richelle Murray – Manager of Adult Mental Health Services, OHA
- Katrina Alford – ACT Team Lead, Lifeways, Malheur County
- Logan Amaral – Coordinator ACT Team, Laurel Hill Center
- Kristen Anders – ACT Team Lead, MCCFL
- Jennifer Chun – Program Manager, Marion County
- Alba Garcia – Program Manager, Polk County
- Jacek Haciaak
- Suzanne Hart – QA, Linn County
- Luke King – QA, Benton County
- Gaby Kissell – Intensive Services Program Supervisor, Lifeways Malheur County
- Thomas Lawrence – Coordinator ACT Team, Laurel Hill Center
- Tami Stump – Finance, Polk County
- Lauren Tuosto – ACT Team Lead, Options for Southern Oregon
- Shannon Wilhelm – Clinical supervisor, Marion County
- Ashley Wuertzer – Clinical Director, Cascadia FACT

Review from Ben Yoder on the purpose of the OCEACT Advisory Board Committee.

DEI Statement

Introductions

1) The latest updates from OHA and OCEACT for 2023

- Richelle
 - CMS approved an increase in 01/2023 for ACT services
 - Included in this funding increase is, depending on the amount of mental health services provided, an increase in funding for specific cultural and linguistic services provided
 - The hope is with the increased funding, more services can be provided to individuals who experience those barriers
 - With the pandemic and ACT, OHA and OCEACT are working to define what ACT means post-pandemic, to address workforce issues, and hopefully get to the point of expanding services for more people
 - Leadership at OHA is changing, working on that as an agency and if there will be any impacts to ACT
- Heidi
 - Heidi will be a subject matter expert for SAMHSA on implementing ACT

- Recognition that there are some unique issues that are currently happening, specifically regarding impacts of the pandemic
- At a point in time where need to do some new strategizing, particularly around workforce issues

2) Statewide ACT Capacity. OCEACT will be adding a brief section in fidelity review reports with analysis of capacity for the team being reviewed. Discussion: Is Oregon meeting the community need? OCEACT OAD data shows that ACT programs are at 92% capacity. Discussion points: What are strengths of ACT implementation in Oregon? What are the barriers to expansion? To acceptance of more referrals?

3)Angella is putting together a work group to discuss the referral process, and how to improve it. Looking for providers (and participants?) to participate. Referral data examination.

(Agenda items 2 & 3 were combined during the discussion)

- Ben
 - OCEACT has been developing ideas around providing feedback to agencies around capacity
- Heidi
 - One of the biggest goals has been to implement fidelity ACT programs state-wide
 - We have been successful in meeting that goal
 - The communities have been invested in meeting the goal
 - The question is now, are we meeting the need?
 - This is will take some partnership with OHA, CCOs, and agencies
 - One of the ways to look at this will be in tracking referrals
 - When an individual is referred to an ACT program, there is information that is tracked at the agency level about the person – are they enrolled, are they not enrolled and why?
 - This is part of the quarterly summary reports
 - OAD data is analyzed each quarter
 - All of the quarterly reports are found on the website
 - Each report starts with referrals – data is collected from what the teams know
 - There may be other information that is not included
 - Someone is getting out of the state hospital, the referral may go to CHOICE, the CCO, or elsewhere before getting to the agency
 - For the most recent quarter, there were 98 referrals
 - Report on the age of the individuals, the source of the referrals, and break it down by agency
 - Want to take a closer look at these figures, to see what we can learn about what is happening with referrals
 - When OCEACT was created and was under the DOJ, there was an idea of creating a “wait list” to see what the need is
 - This was never implemented successfully
 - There may be various things that are affecting the numbers that we see
 - The majority of individuals not accepted into ACT are declining services
 - Why are they saying no?
 - They do have the right to say no
 - What is the “pitch” of the ACT team/agency?
 - If people need help, they may say no. How can we get them to yes?
 - About a quarter of individuals don’t meet ACT criteria
- Richelle
 - OHA is looking to streamline new referrals

- Angella
 - Would like to start getting some feedback regarding referrals
 - Would like to get what is causing the numbers
 - Are referrals not meeting the diagnosis?
 - Is the person making the referral not getting all the information in the referral?
 - We want to limit the back-and-forth between the referee and the agency
 - A streamlined referral process may eliminate some of these things
 - There are concerns about referred individuals not meeting criteria or declining the service
 - Why is this happening?
 - Hopefully a streamlined process can address these issues
- Heidi
 - Recognize that ACT is good at working with people who have had barriers to accessing services or concerns about working with services in the past
 - Want the ACT Team to be providing these services, presenting the information, talking about what services are available while the person is still inpatient/residential
 - If there are other entities meeting with the person before the ACT team, it may be interfering with assertive engagement by the ACT team
 - COVID has also presented problems with doing some of this upfront work
- Ben
 - ACT should make the distinction between traditional mental health services and understanding why a person might say “no” is important
 - Also understanding why a guardian may be saying no as well
 - Trying to understand the team is getting a “no” and what to do so that ACT services can be considered
- Heidi
 - One idea that was had was to include this referral data each team’s fidelity review
 - OCEACT will put this information in each teams fidelity report
 - We ask questions about where ACT referrals come from
 - If there are any barriers to the referral process
- Richelle
 - This would be helpful for OHA to get at least the basic information
- Ben
 - Anything else to be mentioned in regards to capacity
 - It looks like programs are at 92% capacity
- Jennifer
 - For Marion County the issue with expansion is the massive staffing shortage
 - How can we accept more people into ACT and serve them safely?
 - Due to the higher-risk nature of people in ACT
 - Are we doing the best thing for folks by putting them on teams that have staffing shortages?
 - With COVID and the state and nation wide shortages, it might make sense to have a waitlist, don’t want to feel pressured to take someone onto a team
 - Possible to have a denial reason for not accepting people while we are not fully staffed
 - Money doesn’t solve the problem right now, it helps but isn’t getting the staffing or housing resources needed to be available now
- Ben
 - That was the initial idea that if the waiting list hit a certain number of people, they would fund another position
 - Having vacancies on teams, particularly in critical specialty positions, is a concern
 - It is more than just two hours a week and four contacts a week
- Tami

- One of the things that makes it difficult is that funding is not consistent
- Being paid on a fee-for-service basis is an issue
 - Payments stop if a person goes into jail or the hospital
 - More stable/consistent funding would help
 - It may also be helpful to have a way to bill or track all the time spent looking for someone out in the community
- Heidi
 - There hasn't been a financial or billing structure put in place for the assertive outreach piece
 - This includes doing outreach in the state hospital and jail
 - Could be very beneficial to fix to help support teams in getting paid
- Angella
 - We have plans to bring trainings on billing and changes as well as a platform to bring up concerns
 - Will also put together a workgroup to update the rules
 - Requested emails or information regarding the workgroup

4) Introduction of OHA Forensic Peer –Nadarajah Sharmalee R Sharmalee.R.Nadarajah@oha.oregon.gov she is new to her role and wanting to meet providers and get familiar with the landscape of BH services in Oregon.

- Angella
 - She is onboard
 - There are lots of things going on at OHA, so we will follow up with this next quarter

5) Conference Planning 2023-invitation of topics, speakers, relevant questions for discussion

- Ben
 - Asking for topics that could be beneficial for the OCEACT conference
 - Tami – Setting up EHRs, Visit Templates, electronic communication documentation (particularly around texting)
- Heidi
 - OCEACT team is meeting next week in Eugene to go over topics that have been brought up during fidelity reviews throughout the year
 - Will want to address the fact that many community health agencies have experienced client deaths and there has been a rise in suicide rates
 - Want to provide an opportunity for agencies to talk about it amongst themselves and talk about it
 - In the past we have had grief counselors come out and talk about grief and loss
 - Will want to bring up an evidenced-based suicide prevention program/strategies
 - Conference dates are 06/12/23-06/14/23
 - The 06/12 date will be for team leaders at the Alumni Center at OSU
 - Afternoon session for the team leaders
 - Full day on 06/13 and half day on 06/14
- Richelle
 - The adult suicide prevention plan will be published soon by OHA
 - Includes a framework that will be used by providers
 - Will send this information to Heidi

6) Celebration of cohort 3 of CPMC's, start of cohort 4 dates are being considered

- Ben

- Celebration of Cohort 3 of CPMCs
- There will be opportunity for Cohort 4 soon