

OCEACT Advisory Committee Meeting

7/13/2023



Attendees:

- Ben Yoder, Heidi Herinckx, Asia Gray, Liz Middleton – OCEACT
- Angella James – OHA
- Kevin Brooks – Yamhill
- Janet – Outside in
- Zachary Wilson – Kansas
- Teresa Emery – adapt
- Leilani Faber – Community Counseling Solutions
- Jacek Haciak
- Luke King – Benton Co
- Katrina Alford – Lifeways
- Jeremie Wharton – SLMH
- Doug Houston – Jackson County
- Thomas Lawrence - Laurel Hill
- Logan Amaral – Laurel Hill
- Alba Garcia – Polk County
- Jennifer Bray – Coos
- Shannon Wilhelm – Marion County
- CB Mooney – Options
- Cathy – Working Wonders
- Matthew Bowen – Symmetry Care

Agenda

1. OHA announcement/ Rules Advisory Committee August 10th
 1. Rules Advisory Committee (RAC) is scheduled for Thursday Aug 10th from 9-12pm. We don't know who all the RAC members are at this point. The OARs will be open for both ACT and IPS
 1. Send recommendations to Angella
 2. IPS fidelity reviews are going to resume in October
 3. Next week at the ACT learning collaborative – July 20th from 10-11am. Medicaid staff will be there to answer questions. ACT programs have special identifiers for billing. Programs who are not certified ACT providers will not be able to use that SUDs billing. ACT providers or others who help manage ACT billing are able to attend. Please send questions to Angella by tomorrow so that they can set the agenda. Please let Angella know if you are not getting those emails for the learning collaborative and get added to the list.
2. Recovery Oriented Care – Jacek Haciak

1. Jacek is a retired psychologist and now has a consultation business. He has lived experience and has learned how to manage those all his life.
2. Symptoms are often related to trauma and we are indirectly assisting individuals to discover resiliency
3. Assumptions he is operating from:
 1. Evidence based practice require are elements to be included. Our system is responsible to tax payers and investors and need to justify decisions. We get caught in system efficiency. These measured elements are created from group data, to show that this treatment will be most effective and it justifies their actions. EBP suggests that if we are effective than there should be indicators in the system of success like ER decrease, less hospitalizations, incarcerations, etc. These are system measures that assume people are getting better. It doesn't mean that lives are improving or that people are healing. It doesn't take into account individual success.
 2. We don't ask, "do you feel satisfied achieving your goals?" "are you listened to when you object to the treatment?" "are you healing?" "are there meaningful markers in your life that show you are healing?"
 3. Self determination and strength-based
 1. Treatment is often problem oriented instead of talking about successes and discussing how things are going. Discussing how to build strengths is more inspiring. It is still moving forward in recovery. Trust and relationships override all other factors when working with someone. Ask them what they want and then use our provider skills to help them with those goals
 4. We should rely on their report to determine recovery and success. Do they report feeling better, and/or healing?
 5. We burn out less when we aren't contesting or arguing with people or trying to convince people. We can just show up with people and be with them. Focusing on strengths builds confidence and that is so important in recovery.

3. Conference Debrief

1. Doug has presented all the crisis training to his team. Waiting on the slides still. OCEACT to get slides
2. Leilani's team got together and talked about what was most helpful. CADC presented on Harm Reduction with the information from the training.
3. Being in person boosted moral for SLMH team. They are incorporating harm reduction and how to coordinate the distribution of Narcan. Nirmala Dhar's cross walk for those who don't meet criteria and how to make referrals and assess for degenerative conditions. That was helpful.
4. Jacek reported it was very grounding to be together and in person. Appreciated Pat Deegan's approach to medications and self-determination.

5. Angella noted that not taking medications is not a criteria to deny someone as per the OARs. She agreed with Jacek that it was important to learn about the power of choice.
 6. Kevin Brookes appreciated the panels and sessions. It was great to be in person.
 7. Teresa appreciated the empathic fatigue topics. She got some good ideas. Ron Unger's compassionate approach to hearing distressing voices was great too.
 8. Doug said that one of his employers said it was the best one yet. Sherronda's was nice to see how people were willing to talk and engage in that conversation.
 9. Teresa thought it was courageous for Sherronda to talk about those topics. Teresa got picked on a little but learned something.
4. Nirmala TA Call topic suggestions
 1. Attendees will check with their teams and let Heidi know if there are specific topics we can have Nirmala present on at an upcoming TA call.
 2. Nirmala is a great resource and contact to reach out to with questions or concerns.
5. Call for TA topics
 1. No one came up with a topic. Ideas can be sent to anyone on the OCEACT team.
6. CPMC current cohort updates
 1. Cohort #7 waitlist is open. Please reach out to Asia Gray to get on the list.