

**INFORMAL SESSION MINUTES**

**January 24, 2017**

2:00 p.m.

Commissioners' Office Conference Room

PRESENT: Commissioners Mary Starrett, Stan Primozich, and Richard L. "Rick" Olson.

Staff: Laura Tschabold, Christian Boenisch, Mikalie Frei, Cynthia Thompson, Silas Halloren-Steiner, and Lindsey Manfrin.

Guests: Nicole Montesano, News-Register.

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\* indicates item forwarded to formal agenda

Commissioner Primozich called the meeting to order at 2:01 p.m.

\* Contracts - see agenda for details.

\* Authority - see agenda for details.

\* Bridges - see agenda for details.

\* Committees - see agenda for details.

\* Personnel - see agenda for details.

**Health and Human Services update** - Silas Halloran-Steiner provided a brief overview of the Yamhill County Health and Human Services 2016 Annual Survey results. (See exhibit A for details.) He reported that there was an 87% completion rate and noted the overall improvement in the areas of: morale, leadership, communication and recognition. Mr. Halloran-Steiner gave the Board an update on the Yamhill County Peer-Assisted Crisis Center program regarding some adjustments that were made due to pending projected budget cuts. The program will serve up to 5 individuals at any given time and they plan to begin operations by June 2017 (See exhibit B for details.)

Following commissioner updates, the meeting adjourned at 3:05p.m.

Crystal Cox  
Secretary

Accepted by Yamhill County  
Board of Commissioners on  
2-16-17 by Board Order  
# 17-42

  
SP MS RO

## Yamhill County HHS 2016 Annual Survey Results

227 staff (87%) completed the survey

Goal: use this information to continually improve.

### **Common Themes - Strengths:**

- Overall showed significant improvement!
- Our shared work is mission-oriented and meaningful
- Strong commitment to quality

### **Common Themes – Opportunities to grow:**

- Timely communication about change
- Improve tools and resources to effectively do jobs
- Keep workload manageable and able to be accomplished
- Continued increase in staff morale

### **Strongest Growth Areas:**

- Overall morale increased 12%
- Leadership openly encourages feedback and input regarding operations increases 7%
- Satisfaction with how leadership communicates regarding policies and procedures increased 7%
- People receiving recognition or praise for doing good work increased 4%

## 2017 HHS Organizational Goals

### **Positive Work Environment**

- Increase morale
- Increase retention
- Increase opportunities for shared decision making
- Increase effectiveness of cross-divisional and general communication

### **Trauma Informed Agency Advancement**

- Build capacity for managing vicarious trauma
- Continued development of becoming a Trauma Informed Agency

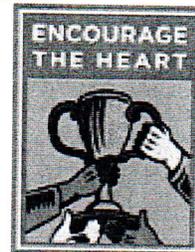
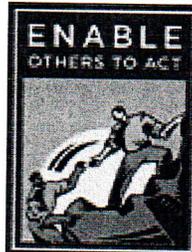
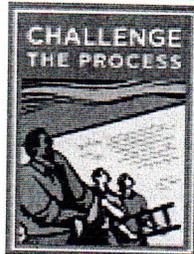
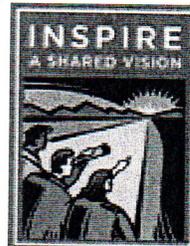
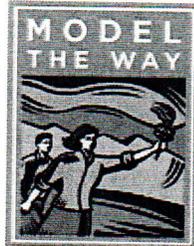
### **Assuring staff have the tools to effectively do our core mission**

- Professional development
- Improved workflows
- Effective feedback loops for staff, clients, and community partners

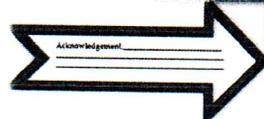
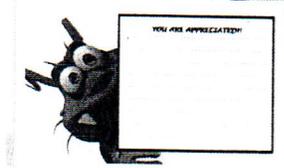
**Next Steps:** Divisions will be meeting and discussing strategies to achieve improvement.

*“The time is always right to do what is right.” ~Martin Luther King Junior*

## 5 Pillars of Leadership



## Your Great Ideas In Action!



## YAMHILL COUNTY PEER-ASSISTED CRISIS CENTER

Statement of need: there is a gap in services between hospital inpatient and community-based care.

- We have vulnerable individuals in the community who temporarily need very high levels of care and support. When these individuals experience an increase in symptoms (posing a danger to the health and safety of themselves or others), we currently have limited options for how to serve them locally.
  - Access to long term care beds at Oregon State Hospital has significantly decreased. This creates longer stays in acute care and congests the system, resulting in limited availability for those in need of high level services. It is left to local communities to serve these individuals in alternative settings.
  - When acute psychiatric beds are available, eligible individuals may be admitted to a hospital for treatment. When there is no immediate acute care availability, they may remain in the emergency department for extended periods awaiting transfer.
  - Some individuals with very high needs are not easily admitted to acute care and occasionally end up in jail. While waiting in these settings, effective treatment may be delayed.
- Individuals are returning to the community sooner as acute care works to decrease length of stay. These individuals are not always ready for the transition and may come out of the hospital fragile, and are sometimes homeless. Their needs are still too high for an environment like Bridges crisis respite and they require 24 hour supervision & services.
  - They may temporarily be placed in a setting such as a hotel with staff supervision, but that is not an ideal arrangement.
  - Sometimes these individuals are in & out of acute settings multiple times.

Solution: To keep the community safe and meet community need, Yamhill County HHS is developing a peer-assisted crisis center funded through existing grant and health services revenue.

- The current proposal involves partnering with the Housing Authority of Yamhill County (HAYC) and utilizing a location close to other HHS offices/resources and the jail for this project. The program will serve up to 5 individuals at any given time. We plan to begin operations by June 2017.
- The program will be managed by the Community Support Services Program Manager and provide 24-hour/day intensive mental health treatment and stabilization for medically stable individuals experiencing mental health crises.
- The goal is to create a calm, non-institutional recovery-oriented setting that can serve as a diversionary alternative to acute care or jail (or a step down option for individuals leaving acute care) while providing the services necessary to support these individuals to remain in the community safely.
- Peer-Assisted Crisis center program will be staffed with highly trained behavioral health professionals. Peer Support Specialists will work on-site 24 hours/day to promote hope, independence and personal growth. Services include medication management, illness management and recovery services, peer support, referral to other services, and follow up services.
- Transitional services will be provided to assist with reintegration into the community as soon as possible. Estimated average length of stay would be 5-14 days. When individuals are ready to leave the peer-assisted crisis center program they may return home, step down to a local community residential program, or transition to another facility or care setting. Peer support specialists will continue to follow them as they transition back into the community to help ensure ongoing success.

Exhibit "B"