

INFORMAL WORK SESSION MINUTES

December 5, 2017 1:30 p.m.

BOC Conf. Room, 434 NE Evans St.

Present: Commissioners Stan Primozich, Mary Starrett and Richard L. “Rick” Olson.

Staff: Laura Tschabold, Ken Huffer, Christian Boenisch, Silas Halloran-Steiner, Brian Young, Carrie Martin and Mikalie Frei.

Guests: James Klass, Citizen and Nicole Montesano, News Register.

Commissioner Primozich called the meeting to order at 1:30 p.m.

A. WORK SESSION: This time is reserved for topics of discussion scheduled for the Commissioners in advance. If a work session is not needed, the balance of the meeting will begin at 1:30 p.m.

1. Pre-Budget Work Session
 - a. Review/discussion of relevant budget instructions and tables (Tschabold, Huffer)
 - b. Discretionary allocation review/discussion (Tschabold, Huffer, Commissioners)
 - c. Next steps
 - d. End of work session

Ms. Tschabold gave a brief overview of the upcoming budget meetings, along with the budget instructions and tables. Mr. Huffer highlighted any significant changes to the budget instructions including a new model that is being used for insurance calculations that more accurately reflects the cost of insurance for individual buildings. It was also noted that worker compensation rates have decreased due to the recent change in providers. Ms. Tschabold reviewed the FY 2018-19 discretionary allocation table with a proposed 3% adjustment for department budgets except for the Commissioner and Assessor budgets. There is also an additional allocation being proposed to cover additional expenses in the Jail that the Commissioners have already been made aware of. After some discussion among the Commissioners the consensus was to move forward with the staff recommendation of a 3% discretionary allocation so that departments can begin building budgets.

B. DEPARTMENT UPDATES – 2:30 p.m.:

1. HHS Department update – Silas Halloran-Steiner – Mr. Halloran-Steiner gave a brief overview of the Yamhill County Peer-Assisted Crisis Center that Yamhill County Health & Human Services has developed (see Exhibit A). He also provided a handout regarding the recent community roundtable opioid conversation with Congresswoman Bonamicci and local leaders (see Exhibit B).

C. PRELIMINARY CONSENT AGENDA – 2:45 p.m.: Consensus of the board to forward preliminary consent agenda items C1 – C3 to the consent agenda for formal session on Thursday.

Contracts/Grants

1. Approve Grant Agreement #17-536 between Yamhill County and the State of Oregon, Office of Emergency Management (OEM) for the Emergency Management Performance Grant (EMPG) program, total amount of \$88,397 in grant funds, retroactive to July 1, 2017 through June 30, 2018.

2. Approve a change order to the agreement between Yamhill County and Integrity Builders, Inc. (B.O. 17-365) for the 621 NE Davis St. project, in the amount of \$21,068.

3. Approve an amendment to the Master Agreement for Licensed Software, Hardware and Services No. OR2012.001.03 (B.O. 17-460) for the use of the Pictometry Tab within Thomson Reuters Proval, site license not-to-exceed amount of \$1,500, annual maintenance and support \$375.00, and initial cost for set-up and configuration not-to-exceed amount of \$1,000.

D. NON-CONSENT AGENDA ITEMS: (Add to consent agenda or leave off)

1. Consideration of the economic development small grant application from McMinnville Economic Development Partnership, in the amount of \$10,000.

Consensus of the board was to add item D1 to the consent agenda for formal session on Thursday.

2. Consideration of the acceptance of the dedication of three permanent easements granted to the County by Carlton 2007, LLC (Ken Wright) and direct staff to record the easements.

Consensus of the board was to leave item D2 on the non-consent agenda for formal session on Thursday.

3. Consideration of an extension of the loan modification and promissory note for the Newberg-Dundee Bypass Loan Agreement (B.O. 16-340) to expire on December 31, 2018.

Consensus of the board was to recommend that staff move forward with item D3 to be approved at a later date once final documents are ready.

E. EXECUTIVE SESSION: None.

F. COMMISSIONER UPDATES/ANNOUNCEMENTS

Following commissioner announcements the meeting adjourned at 3:07 p.m.

Keri Hinton
Secretary

YAMHILL COUNTY PEER-ASSISTED CRISIS CENTER

In our community there is currently a gap in services between hospital inpatient and community-based care. Below are descriptions of situations encountered on a regular basis which demonstrate the need for developing an additional resource:

- 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 for referrals that are non-forensic or not under the jurisdiction of the Psychiatric Security Review Board (PSRB). 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. Because there is no local option, these individuals must currently receive this support out of area. When there is no immediate acute care availability, they may remain in the emergency department for extended periods awaiting transfer. During this period, they receive medications as needed, but are not generally receiving active treatment for their mental health condition.
 - Some individuals with very high needs are not easily admitted to acute care. People who are have co-occurring substance use, are diagnosed with a personality disorder, or have borderline IQ are rarely accepted into hospitals and may end up engaging with local law enforcement or involved in other systems (such as the 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.

To meet community need, Yamhill County HHS has developed a peer-assisted crisis center program.

- The project involves utilizing a house located in NE McMinnville and can serve up to 5 individuals at any given time. The program opened November, 15, 2017.
- The program provides 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 program is staffed with highly trained behavioral health professionals including a Qualified Mental Health Professional (QMHP), Peer Support Specialists (PSS), and Qualified Mental Health Associates (QMHA). An allied provider, ProjectABLE, provides 10 hours of PSS support 7 days/wk, and on-call peer crisis support. A Licensed Medical Practitioner (LMP) provides support at the program 2 days per week, 2 hours each day. Services include medication management, illness management and recovery services, peer support, referral to other services, and follow up services.
- Transitional services are provided to assist with reintegration into the community as soon as possible. Estimated average length of stay is 1-14 days. When individuals are ready to leave the peer-assisted crisis program they may return home, step down to a local community residential program, or transition to another facility or care setting. Peer support specialists continue to support individuals as they transition back into the community to help ensure ongoing success.

Questions? Please email Cindy MacLearn, CSS Housing Supervisor: maclearnc@co.yamhill.or.us

Exhibit "A"

PRESCRIPTION DRUGS

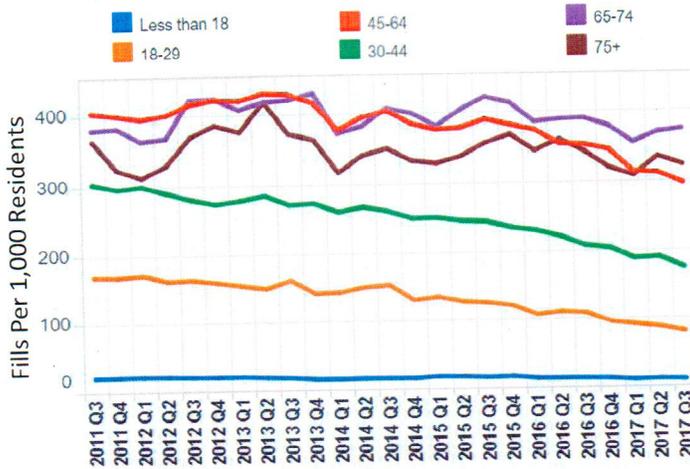
Yamhill County

Data from Oregon PDMP, Vital Records, and Hospital Discharge Dataset

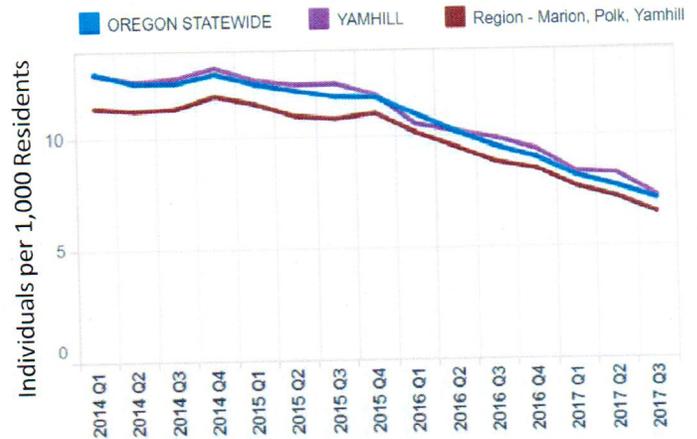


Updated 11/02/2017

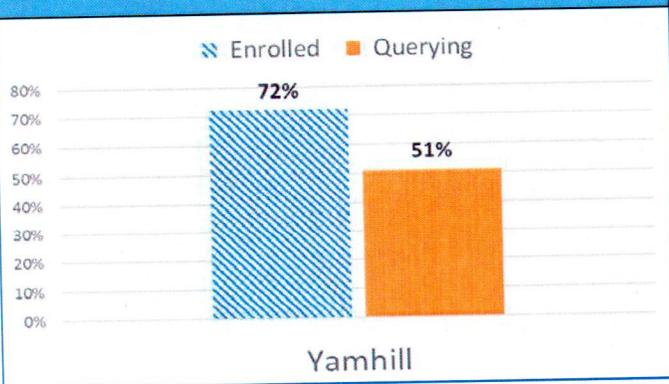
Yamhill Opioid Prescription Fills by Age



Individuals Receiving High Dose Opioids (>90 MED)



Top Opioid Prescribers PDMP Measures in 2017 Q1



Controlled Substance Prescribing 2017 Q3

*Opioid (Non-tramadol) in Yamhill County

18,977

Prescriptions fills, which represents about **22%** of the fills in the region (Marion, Polk, Yamhill).

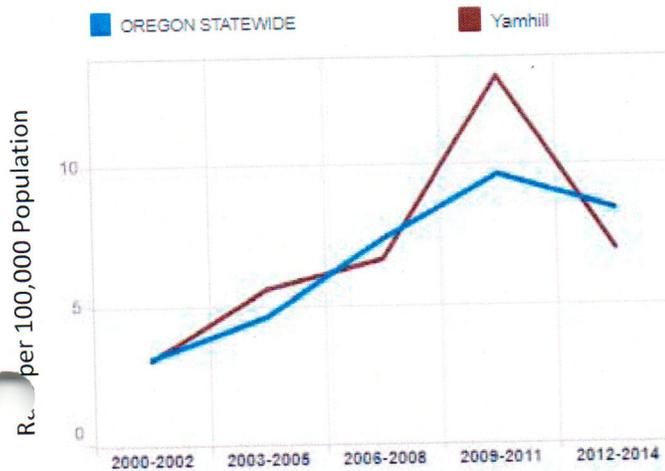


8,477

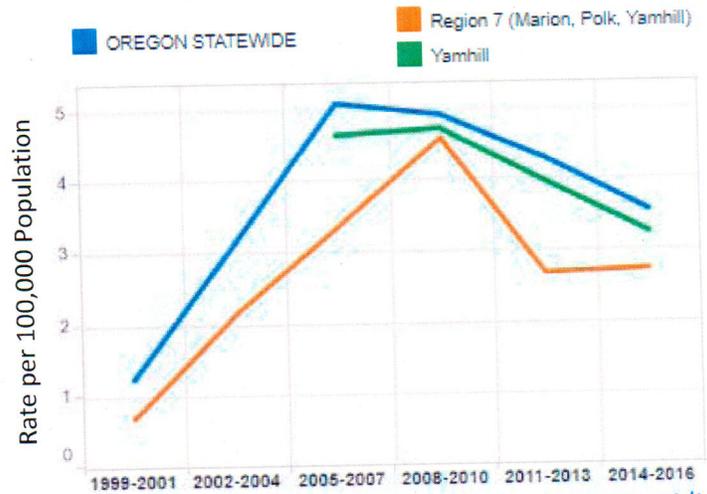
Individuals receiving opioids, which represents about **8.2%** of the county's population.



Opioid Overdose Hospitalizations



Opioid Overdose Deaths

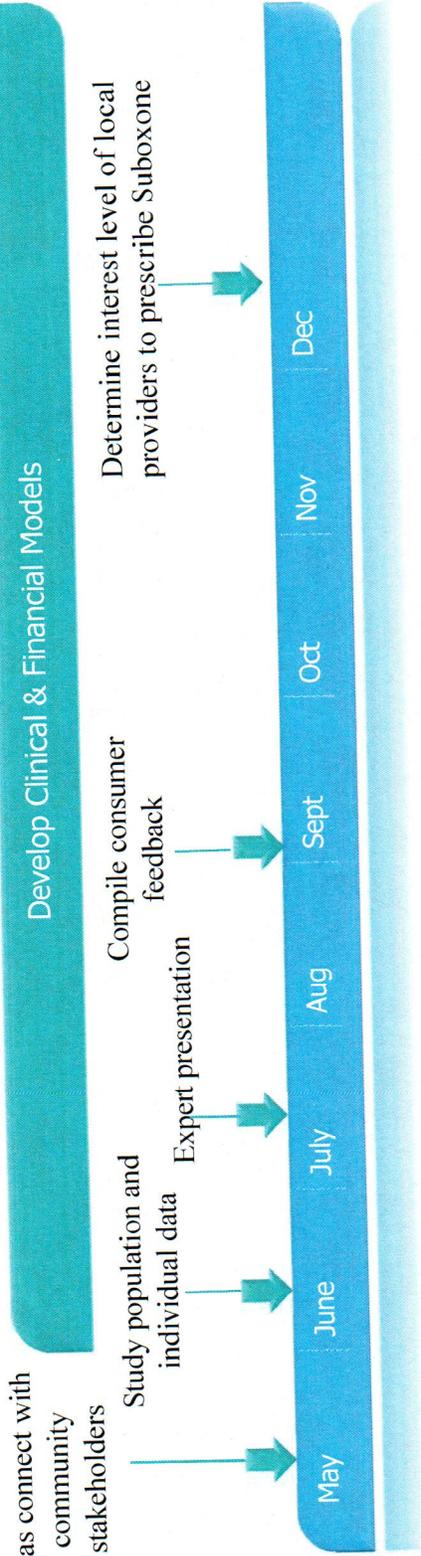


Technical Note: Counties with smaller populations may have rates suppressed due to small numbers.

Exhibit "B"
1 of 2

Medication-Assisted Therapy (MAT) Phase 1

2017



2018-2019



Questions:

Silas Halloran-Steiner, HHS Director
halloras@co.yamhill.or.us

MAT Phase 2- Spring 2020

- Long term scope inclusive of residential and medical detox
- Ongoing monitoring of system outcomes

*Exhibit "B"
2012*