

Center for Addictions Treatment and Triage (CATT)

Steering Committee

March 17, 2022

3 - 4:30 p.m. (meeting ended at 4 p.m.)

Zoom Virtual Meeting

Facilitators: Nick Ocon and Kathy Prenevost

Participants: Attendance roster on last page

Meeting Summary

1. Welcome and introductions	
2. Project updates <ul style="list-style-type: none"> a) Site Selection b) Measure 110 c) Public Safety Work Group d) Provider Selection 	<p>Site Selection</p> <p>We have two locations that we are considering for the CATT services. CATT would occupy both with different services in each, as part of the split-campus model.</p> <p><u>17911 NW Evergreen Place in Beaverton</u></p> <ul style="list-style-type: none"> • Commissioners support our use for the Intensive Services Building • Currently around 24,000 s/f, would need to be expanded to around 35,000 s/f • County-owned property housing 911 services, will be vacated soon • RFP for an architectural firm is in process, design work to follow <p><u>5250 NW Evergreen Parkway in Hillsboro</u></p> <ul style="list-style-type: none"> • Great location for Community Services Building • Zoning challenges with this location, a code text change is required • Working with the owner but this location option may not work out <p>Measure 110</p> <p>This measure creates an opportunity to expand SUD services in our local area and across the state. Nearly 20 organizations came together in Washington County to create a Behavioral Health Resource Network (BHRN) and apply for the M110 funding. We requested \$17M for CATT capital development gap funding and to hire a BHRN Coordinator. The grant award process has been delayed several times and we hope to hear the outcome from the State in April.</p>

	<p>We will move forward on the Intensive Services Building regardless of the grant funding but would like to have the funding for the stability of the program development. There will be other grant opportunities coming up if these funds fall through.</p> <p>Public Safety Work Group We will stand up this new work group now that the implementation phase has started for the CATT. This work group creates an opportunity for our local law enforcement agencies to participate in the project. Kristin Burke and Commander John Bennett from the Sheriff's Office will co-facilitate and are recruiting members now.</p> <p>Key focus areas include neighborhood safety, triage and transport protocols, and discussing diversion opportunities.</p> <p>This work group will expand to include partners from local criminal justice agencies like the judicial system and community corrections once the work gets a little further along.</p> <p><u>Discussion:</u></p> <p>Q: Things have changed since we first began talking about the CATT. When the state decriminalized possession we are finding that there is nothing to divert people from except low-level dealing and property crimes. What will the CATT be looking to divert from now?</p> <p>A: Due to the Measure 110 law, there are less diversions options than before. However, here are a lot of diversion models that we can look into across the country that might be helpful for us to pursue. Also, we are hoping to get folks to agree to go to sobering or detox services at the CATT instead of having them be in the booking area in the jail.</p> <p>Provider Selection A single provider will be hired to manage the Intensive Services staffing and coordination of services but will be allowed to subcontract work with approval by funders. Even though CATT won't open for another two years (estimate) we want the provider on board now to assist with facility design.</p> <p>An RFP was developed in collaboration with the local Coordinated Care Organizations (CCOs), who will fund most of the services. We received a lot of great input from Health Share of Oregon, CareOregon, Trillium Community Health Plan and Yamhill CCO. We expect the Provider RFP to be published in April and awarded in June. The CCOs will participate in the scoring process and have agreed to contract with the provider who gets awarded the contract.</p>
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	<p><u>Discussion:</u></p> <p>Q: Will there be an RFP for the community services provider? A: Yes, but not at this time. That will occur down the road -- when and if we have confirmed the purchase of a building for community services.</p> <p>Q: What would happen if the Community Services Building doesn't go through? A: This is still an unknown, but we are hopeful.</p> <p>Q: If community services doesn't go through, does that affect the plans for the intensive services? A: No, intensive services will be built.</p>
<p>3. Project Planning</p> <ul style="list-style-type: none"> a) Community Engagement b) Communications c) Project Organization d) Architectural Design e) Workforce f) Construction Plan 	<p>Community Engagement</p> <p>We have a strategic plan and several focus areas. We are currently working on the key timelines between now and opening the CATT.</p> <p><u>Discussion:</u></p> <p>Q: How will the destigmatizing campaign ensure there is cultural competence? How will it be tailored around cultural needs? We know that there is community-level trauma. A: We are just starting to approach this and do the planning, but cultural outreach is high on our radar.</p> <p>Statement: Suggest you start with community and co-create a plan. Response: Absolutely. This suggestion will be brought to the group working on this.</p> <p>You might want to check out the national group called "Shatterproof." They have created a destigma campaign and tool kit. This is mostly known on the East Coast. (https://www.shatterproof.org)</p> <p>Communications</p> <p>Planning for the next phase of communication is ongoing. We have a number of avenues to communicate with our stakeholders and the community (newsletter, website, open houses) and recognize there are always areas to work on. The Communications Team is focusing on including equity and inclusion in our approach, evaluating our efficacy of reaching the intended audience, and developing written materials.</p>

	<p><u>Discussion:</u></p> <p>Q: Where do Washington County residents go for involuntary sobering now? Please make sure that is addressed in future communications.</p> <p>A: Multnomah County is working on a project that will include involuntary sobering. The program is likely to launch sooner than the CATT and we will collaborate with them.</p> <p>Make it clear that the CATT will be voluntary.</p> <p>After Hooper Detox was discontinued, police were left with no option except to take people to the hospital. We see very intoxicated people at jail booking, with low level crime, so having a sobering center in Washington County will be very helpful for our community.</p> <p>Project Organization</p> <p>The Leadership Team will be partnering with the provider and architect selected through the RFP process. The county's Facilities Division will have an increased role in the CATT project. The Leadership Team is looking at the project's current structure and determining what needs to be revamped for the next phase of work.</p> <p>Strategic Planning</p> <p>We are doing a lot of planning for the next phase, but holding off on facility design, workforce issues and systems interface until the selected provider is onboard and can partner with us in the decisions.</p> <p>Coordination with the BHECN</p> <p>Information and idea sharing is happening regularly between us and Multnomah County's Behavioral Health Emergency Coordination Network project manager. The two projects are not duplicative and may complement each other. Our sobering program is being set up to serve individuals who voluntarily seek help for SUDs while Multnomah County's BHECN will serve involuntary individuals.</p> <p><u>Discussion:</u></p> <p>Think about infection control and prevention in the design. Intentionally focus on respiratory diseases in the design because we don't know what is coming our way next.</p>
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	<p>Make sure that we are working with Child Protective Services and having family visit areas in the facility design. Reuniting with children can be a big motivator for parents to recover. Consider families in every step of the design.</p> <p>Q: How will multi-cultural design be achieved with each of the two buildings? Do you have good examples of what multi-cultural aspects look like? What does a safe, welcoming, and healing environment look like for all? We want you to be empowered to go get those resources. Our demographics will continue to change.</p> <p>A: We have looked at this and will continue. The RFP language for the provider and the architect centers on cultural competency.</p> <p>Additional Thoughts: Consider looking at the issue of children whose parents are addicted. Washington County has been running a pilot program called the “Family Sentencing Alternative Pilot Program.” The program includes a specialty court to deal with parents who are addicted and engaged in criminal behavior. The pilot program is very successful and has a low recidivism rate. (Link to press release and more information.)</p> <p>Q: Measure 110 decriminalized possession and changed the landscape. Only 19 people chose to take the screening assessment in the entire state for an entire year, rather than pay a fine. How will we get people to voluntarily come to the CATT and engage in services?</p> <p>A: When the Behavioral Health Resource Network (BHRN) money comes through and we have enhanced services in the community, there will be:</p> <ul style="list-style-type: none"> • Word of mouth – people will hear about how to get help • A widening depth of services available • Peer mentors on the street encouraging people to get help • Services available after hours whenever someone is ready • More culturally specific services available <p>We don’t have all the answers yet about cultural competency and diversion opportunities, but we do know that a person’s readiness to get help comes and goes very fast, so we want to be ready to offer treatment when people are ready for the help.</p> <p><u>Information included in the chat about the Measure 110 results from Feb 20-Feb 21:</u></p> <p>91 calls; all completed screening</p> <ul style="list-style-type: none"> • 55 callers (60%) only wanted to complete the screening • 17 callers (19%) completed the screening, were already
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	<p>involved in other support services elsewhere, and were not interested in additional resources provided by the Recovery Center Hotline.</p> <ul style="list-style-type: none"> • 19 callers (21%) completed the screening, were not involved in other support services elsewhere, and were interested in additional resources provided by the Recovery Center Hotline. <p>The 19 number is the people who indicated at the end of the telephone assessment that they intended to seek out treatment. 91 people actually did the telephone screening.</p> <p><u>Statement about the Measure 110 first year stats:</u> This speaks to the necessity to make the program inviting, inclusive, and accessible. I know you are working to do that. Even things such as good food may make a difference.</p> <p>Statement: Peer mentors are very important – consider elevating their voice. Answer: We have really elevated the peer voices on the Program Development Work Group and have at least one peer on the Steering Committee to ensure we have guidance from concept to operationalizing the CATT. It is amazing how much we have learned from the peers. We have 10 individuals with lived experience who have agreed to be CATT Champions. We are working on determining how to raise their voices now.</p> <p>There is a difference between involuntary and mandated (court related compulsion to attend treatment) admits. Providers have been impacted by the changes Measure 110 created. Involuntary sobering is completely different and has different challenges.</p>
4. Next Steps	<p>Next Meeting: May 19, 2022, 3 - 4 p.m., on Zoom. (Meeting will move from 90 to 60 minutes.)</p> <p>CATT website: www.co.washington.or.us/CATT Subscribe to get the <i>CATT Connection</i> newsletter as soon as it's published.</p> <p>Feel free to share this information.</p>

MEETING PARTICIPANTS (those in attendance are highlighted)

<p>Alison Noice</p> <p>Carol Greenough</p> <p>Christina Baumann</p> <p>Christopher Hummer</p> <p>Deric Weiss</p> <p>Gil Munoz</p> <p>Dan Weinheimer for Jenny Haruyama</p> <p>Jill Archer</p> <p>Kathryn Harrington</p> <p>Kathy McAlpine</p> <p>Kevin Barton</p> <p>Kristin Powers</p>	<p>Latricia Tillman</p> <p>Maggie Bennington-Davis</p> <p>Monta Knudsen</p> <p>Pat Garrett</p> <p>Pierre Morin</p> <p>Reginald Richardson</p> <p>Simone Brooks</p> <p>Marci Nelson for Steve Berger</p> <p>Tony Vezina</p>	<p>STAFF</p> <p>Aika Fallstrom</p> <p>Kathy Prenevost</p> <p>Kelly Cheney</p> <p>Kristin Burke</p> <p>Nick Ocon</p>
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