Center for Addictions Triage and Treatment
A Feasibility Study

WASHINGTON COUNTY
OREGON
Department of Health and Human Services
Human Services Division

Center for Addictions Treatment and Triage (CATT)
Feasibility Study

Steering Committee
January 21, 2021 Meeting #3
3 – 4:30 p.m.
Zoom Virtual Meeting

Facilitators: Kristin Burke, Walt Peck
Participants: Attendance roster on last page

MEETING SUMMARY

• Welcome and • Recap of November 19 meeting	**Recap** from meeting #2 held November 19. • The leadership team has spent considerable time learning from other programs across the country and British Columbia, hosting eight focus groups, and holding monthly meetings with the Program Development Work Group. • Foundational guidance is derived from the CATT Building Blocks which focus on accessibility, services, client experience, facility design, and safety. • The four service buckets were displayed. This work was developed by the Program Development Work Group. • You asked us to dig into cultural responsiveness, systems interface and partnerships, clinical considerations, funding services, in-reach to the jail and hospital EDs, and the role of prevention in this project. Some are already being assimilated into the project and all will move to Phase 2. • We are wrapping up the high-level, Phase 1 of the project, which will culminate with a formal presentation of the feasibility study to the Board of Commissioners during a work session on April 9. Phase 2 cannot start until the Board gives approval to move the project forward. **Feedback from the Steering Committee** included: • Regarding services: When deciding what services went into different buckets (core, core plus, etc.) Did you consider best practices? Did you also consider what the services are at Houston (as an example)?

	• Answer: We did consult with a number of programs. At this point we are at a high-level conceptual model, but these discussions will be happening more in Phase 2 in a focused manner. • Do you have an idea of the volume that will be coming through the CATT at this point? • Answer: Sort of. At this point, there is not really a similar model that we can look at to glean an idea. We can only take information from data from different sources (i.e. transports to Hooper) and piece information together that way. We can think about how we can support and expand the center to meet demand. • Have you looked at this Phased Approach and how it will be funded? • Answer: Yes. It will be outlined in the Feasibility Assessment but would appreciate any additional leads on funding opportunities. • On a systemic level we will need to design new intervention systems for referrals to treatment. • Will add to Phase 2 • How will this work with Measure 110? Will it be best for the CATT to be near a jail or closer to the community that needs it? • Answer: Focus groups did mention that this center should not be near a jail. That said, we do want to partner on diversion opportunities through DA and Sheriff's offices. • Comment: The idea of scalability is good, but keep in mind that physical space for beds are not scalable (and many components of this projects are bed related). • Comment: Think about this in terms of an ambivalent population (clients do not usually have sobriety at the top of their list). • Agreed. We see each time we have contact with a person as an opportunity to engage them in services and we know that some people may have many contacts before they are ready.

	• We'll need to find out what the people want who cross the threshold, and also, what the people want who WON'T cross the threshold. Comment: Potential funding source: CARA 2.0 being designed now (Comprehensive Addiction and Recovery Action), and SAPT (Substance Abuse Prevention and Treatment block grant) – states got double this year.

• Project Updates	**Summary of presentation slides:**
	Planning work over the last few months has included: A high-level review of substance use disorder treatment data by race/ethnicity, equity tool discussion, size and scope considerations, campus style vs. single building, core services and client experience, fiscal considerations, and drafting of the feasibility study.
	
	Feedback from Steering Committee:
	• Data and Equity
	  • Ask how we can best help the different, diverse populations
	  • There are not enough culturally specific treatments and providers- (the Tri-County Behavioral Health Association has also come to this conclusion)
	  • Equity tool was sent in the chat
	• Size and Scope Considerations
	  • Access to residential treatment- will justice-involved clients be allowed to access the beds? Currently, they are not able to access the beds.
	  • Answer: This is a dilemma that will need to be discussed in Phase 2 so that this program can meet the needs of all Washington County residents
	  • Residential beds: will beds be a statewide resource- especially with ACA clientele. Can we restrict out of area admissions?
	  • Answer: Probably not able to restrict out of area admissions, but ideal client flow would be from detox,
	  • Point of consideration: Will you be adding 20 beds to Washington County or 20 beds to overall network?

	• Will the transitional beds be restricted by not taking those who are in custody but may be released if bed available?
	  • Answer: (did not get to this question during the meeting).
	• Did you project need out 20-30 years?
	  • This is one of the challenges we want to discuss with architectural firm. We are trying to build in as much flexibility for future needs as possible.

• Discussion	**Discussion on the presentation**
	
	• If there is a way that we can link outpatient services with early morning releases from jail, it will help to keep clients engaged. We should look at coordinating release operations with services at CATT.
	• It would be best to consider how this work will mutually benefit with new Family Justice Center as the work being done is similar (re: land, funding, etc.).
	  • Kristin would be happy to have a separate discussion about this. Kevin B to connect.
	• Factor in what we are learning from the pandemic, when it comes to physical space design
	  • Yes, we have notes about this and will make sure to include services for those who need or want to access services remotely, can't physically be in the building, or if another pandemic shuts down the facility.
	• Look at the need for family-based treatment services.
	  • We are looking at family supports and services as part of our trauma-based approach, more discussion in Phase 2
	• The number of beds seems small - what is the availability of the network?
	  • We did look at different data sources including the current number of beds in the system. Some of the factors that also influenced the bed number were OARs, IMDB rules, previous service utilization trends, funding sources

	• If WC has these number of beds, how does it compare to surrounding counties?
	  • Alison and Kevin M. provided some information about beds in Multnomah County. A higher number of beds is not necessarily a good thing; how the milieu supports recovery is a significant consideration.
	• Have you developed a staffing model yet?
	  • It will be done in Phase 2 and we want to do it in partnership with providers.
	• Is there a resource that has been developed that outlines the need?
	  • It is the Feasibility Assessment. That document will summarize all the work done to date.
	• Can you make a 1-2 page summary and have it translated into Spanish?
	• Member comment: I'm an enthusiast as far as the message for your Board; the devil is in the details, with emphasis on: how to use data to seek out those people who have historically not been served and create a path that is to recovery and wellness and not jail; how you'll lead with race; how you'll apply trauma informed principles, how you'll use evidence-based practices for treatment, and how you'll serve families and children to lessen the impact on them.
	• How do we integrate the culturally specific model of care? Are there resources out there? There should be more discussion.
	  • We are looking at services out in the community, but there are not many. It will be a big focus as we move into Phase 2.
	• We need to look at an enhanced personnel pipeline. Look at the Student Success Act, too. How can we grow the personnel we need to staff this, especially in the face of so many other programs that are also recruiting.
	• The CATT can be a 24/7 resource that police can use to get people the treatment that they need and significantly reduce, perhaps, the interactions that first responders have to have. Police should not be the

	stopgap. This could be a bridge that moves the national and local narrative of police reform. With police handling all the mental health and substance use calls, this facility gives us a significant resource to fill a gap in services. Everyone on screen gave a thumbs up on the direction that the CATT is heading.
• Next Steps	Tony and Maggie volunteered to review the draft feasibility study. E-mail: **CATT@co.washington.or.us** Website: www.co.washington.or.us/catt Newsletter: Read and subscribe to *"The CATT Connection"* newsletter. Next virtual meeting is March 18, 3 – 4:30 p.m. (Zoom room will be open approximately 10 minutes early.)

Thank you for participating on the CATT Steering Committee!

MEETING PARTICIPANTS

Alison Noice Carol Greenough Christina Baumann Deric Weiss Gil Munoz Kathy McAlpine Kevin Barton Kevin Mahon Kristin Powers	Maggie Bennington-Davis Monta Knudsen Pat Garrett Pierre Morin Reginald Richardson Steve Berger Tony Vezina Ruth Osuna	***STAFF*** Aika Fallstrom Kathy Prenevost Kelly Cheney Kristin Burke Walt Peck Naomi Hunsaker Nick Ocon