

CATT Steering Committee

January 21, 2021



**Center for Addictions
Triage and Treatment**
A Feasibility Study



WASHINGTON COUNTY
OREGON

Department of Health and Human Services

Meeting Overview

- Quick Project Recap
- Project Updates
 - Focus on racial equity
 - Size and scale
 - Facility
 - Fiscal considerations
 - Feasibility Study
- Discussion



Recap: CATT Service Model



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CATT Concept

- Create a comprehensive substance use treatment center with rapid access to multiple levels of care
- Develop collaboratively from the ground up
- Learn from others

Learning From Others

- **Buckley Sobering**, Eugene, OR
- **Central City Concern**, Portland, OR
- **Lifeline Connections**, Vancouver, WA
- **National Sobering Collaborative**, San Francisco, CA
- **Onsite**, Vancouver, BC
- **Restoration Center**, San Antonio, TX

Local Focus Groups

- Certified Peer Mentors and clients from 4th Dimension's O'Rourke Recovery Center
- Certified Peer Mentors from MHA AO (Mental Health and Addiction Association of Oregon)
- Certified Peer Mentors working across settings in Washington County
- Certified Peer Mentors from Bridges to Change
- Leadership from IRCO (the Immigrant and Refugee Community Organization)
- Leadership from Women First (African American agency in Portland)
- Parenting group from Latino Network RAICES
- Leadership from Bilal Mosque

Program Development Work Group

Ann Martin

Washington County Crisis Team –
Hawthorn Walk-In Center

Dave Mowry

National Alliance on Mental Illness

Dustin Sluman

Washington Co. Emergency Responders

Fidel Escalante

Latino Network

Greg Bledsoe

Oregon Health Authority

Hannah Studer

Bridges to Change

J. Sean Fields

Behavioral Health Council

Jeremy Koehler

Health Share of Oregon

John Koch

Washington County Sheriff's Office

Kathy Prenevost

Washington County Behavioral Health

Katrina McPherson

Oregon Health Sciences University

Kristin Burke

Washington County Behavioral Health

Lydia Cortez-Hickox

Citizen Advocate

Matt Conrad

Lifeworks Northwest

Nick Ocon

Washington County Behavioral
Health

Sheila Clark

Washington County Community
Corrections

Stacie Andoniadis

CareOregon

Steven Youngs

Bridges to Change

Tristan Sundsted

Washington County Sheriff's Office



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CATT BUILDING BLOCKS

The Building Blocks establish foundational guidance for the planning and potential development of the Center for Addictions Triage and Treatment. They were developed in 2020 by stakeholders from the project's Program Development Work Group and Leadership Team.

ACCESSIBILITY

Core Value

Timely and on-going access to services is critical to the recovery journey of any Washington County resident.

Objectives

- Prioritize rapid access to SUD services
- Provide seamless entry into CATT from hospitals, the justice system and other key referral sources
- Work to significantly reduce barriers to care
- Ensure priority services are available on a 24/7 basis
- Strive for no wrong door, with multiple avenues to enter services at CATT

SERVICES

Core Value

We believe that people can recover. Through partnerships and community connections, our services are comprehensive, coordinated and founded on evidence-based practices.

Objectives

- Ensure services are culturally responsive and supportive of all community members
- Actively engage community partners in all aspects of program development and planning
- Integrate and coordinate SUD treatment with mental health treatment
- Use a model where peers are active and integrated in all components of the program
- Coordinate care across service systems
- Place a high value on natural supports (i.e. family, friends, community) and engage wherever possible
- Ensure that the program is a viable alternative to jail for non-violent offenders
- Ensure that a harm-reduction approach is prevalent throughout the service array

CLIENT EXPERIENCE

Core Value

Services are driven by the individual and are rooted in dignity, respect, safety, client-choice and timely access.

Objectives

- Focus services on meeting clients' self-stated goals with a philosophy of hope and resiliency
- Provide services that are responsive and welcoming to a diverse community
- Ensure the presence of staff that reflect the diversity of the individuals served
- Ensure a life experience perspective is present by integrating peers into all components of care
- Implement seamless transitions through services
- Establish the Center using trauma informed care principles

FACILITY

Core Value

Design a welcoming and inclusive environment that allows services to be provided in a manner that is safe, comfortable and effective.

Objectives

- Locate close to public transportation
- Design space with flexibility in mind to accommodate changes in services and community need over time
- Build for long-term growth of community
- Anticipate dedicated or shared space needs of adjunct service providers
- Construct isolated community spaces for separation of services, client privacy and respect
- Utilize design features that promote safety, health and a trauma informed treatment environment
- Utilize furnishings that are durable yet comfortable, and easy to secure, clean and sanitize

SAFETY

Core Value

The safety of staff, clients, friends, families, and the community is of utmost importance.

Objectives

- Ensure that staff, client and community safety is a key element of facility design
- Research and adopt safety best practices for design and operations
- Establish critical staffing requirements
- Hire and train staff who are compassionate and supportive of clients
- Identify and address external threats to clients, such as domestic violence, through partnership with other organizations
- Clearly define, support, and communicate safety protocols to staff and clients

PHASE 1 Feasibility Assessment



PHASE 2 Planning, Development and Pilot Project



PHASE 3 Build, Provider Selection and Center Opening



PHASE 4 Comprehensive Service Model



INTEGRATION OF CARE

Referral based care with each organization siloed. No central point of entry into the system of care.

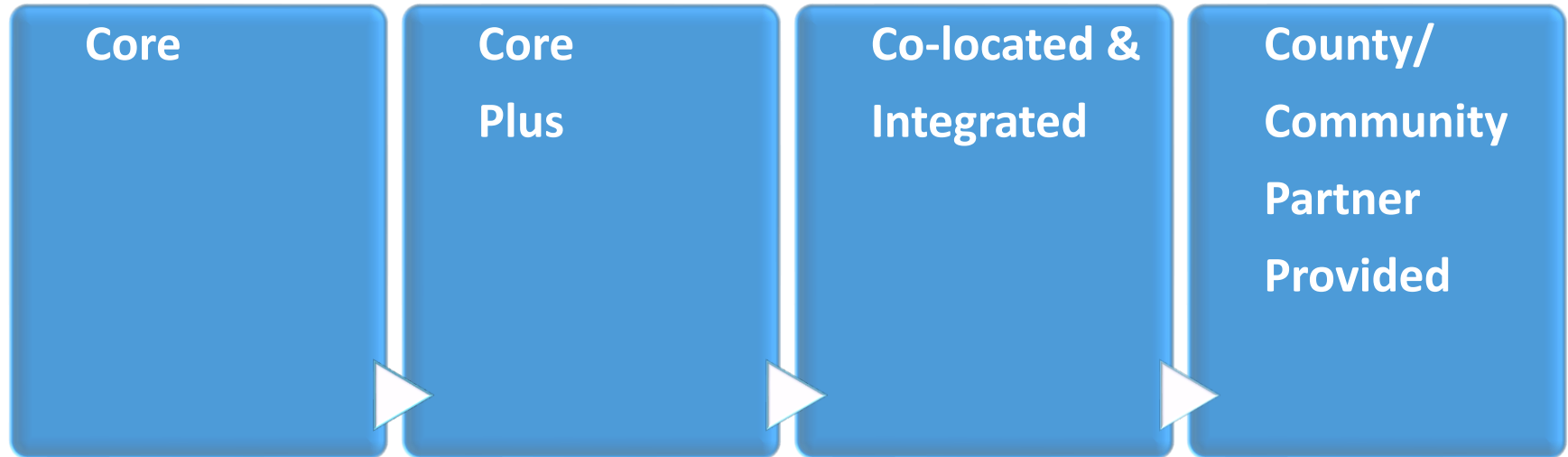
Opportunities for integrated services identified in planning process and partners engaged in developing referral pathways.

Some mental health, health care and social services co-located at CATT. Referral pathways to other systems established.

Services are interconnected and co-located wherever possible. Individuals have multiple access points into services with no wrong door.

Programs & Services:

A Managed Approach



Core

These programs provide critical treatment infrastructure and are foundational to the program design.

- Sobering
- Medication Assisted Treatment
- Medically Assisted Withdrawal/ Detox
- Residential Treatment
- Crisis Stabilization

Core Plus

Adding these programs when space and funding allow will be beneficial to individuals served at the CATT.

- Outpatient SUD Treatment
- Supported Employment
- Transitional Housing
- Mental Health Treatment
- Drop-in Center (flex space)

Co-located & Integrated

These programs and services help clients address co-occurring needs. They should be integrated with CATT programs and located on the campus as space allows.

- Medical Care
- Dental Care
- Child Care
- Benefits and Transportation Assistance
- Pharmacy

Community/County Partner-Provided

These supportive services enhance the likelihood of client success. While not located on the CATT campus, partnerships and collaboration should be formally established with consistent referral back and forth.

- Supportive Housing
- Social Services
- Medical
- Dental
- Education / Family Support
- Animal Care
- Family Justice/Legal Services

Steering Committee Feedback



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Cultural Responsiveness

- Lead with race throughout program development and implementation
- Ensure equity is a key element of the decision-making process
- Consider the unique needs of different cultural groups
- Ask culturally specific populations what will encourage or discourage their willingness to engage in services

Systems Interface

- Plan for an interface and partnership with criminal justice system:
 - Specialty courts
 - SB110
 - Probation and parole
 - Jail in-reach
- Consider the episode of care and connections to other community resources: treatment programs, social services, housing, etc.
- Investigate Medical Legal Partnerships (MLP), a strategy for addressing social/legal issues that can impact a person's health (e.g., housing, benefits status)
- Support other organizations working to educate and create change in how SUD services are funded

Clinical Considerations

- Think about life course and differences across the age span, including seniors and individuals with disabilities
- Remove both physical and linguistical barriers
- Connect with other programs for lessons learned about the challenges of balancing an environment that is low barrier, safe, and centers on a harm reduction approach
- Prioritize community outreach and engagement

Clinical Considerations (cont.)

- Include virtual platforms and other innovations developed in response to COVID
- Consider long-term recovery supports
- Incorporate a trauma framework throughout the development and service delivery
- Consider and address the complexity of safety from multiple perspectives

Other

- Advocate for new ways of funding services that allow for more flexibility in service delivery to meet the individual's needs
- In-reach to the jail and hospital EDs sounds and would be great, but it's also a huge lift
- What is the role of prevention in this project?

Questions/Comments



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Project Updates



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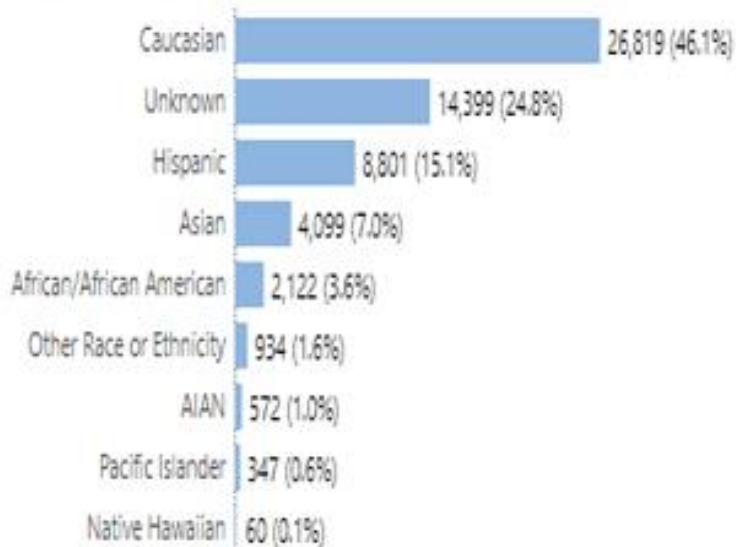
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Data Review

- Health Share demographics and utilization
- Indigent treatment utilization
- Jail data
- Census information
- All payor-all claims database
- Healthy Columbia Willamette, Health Needs Assessment

Substance Use Disorder Treatment (Health Share in Washington County)

Race/Ethnicity

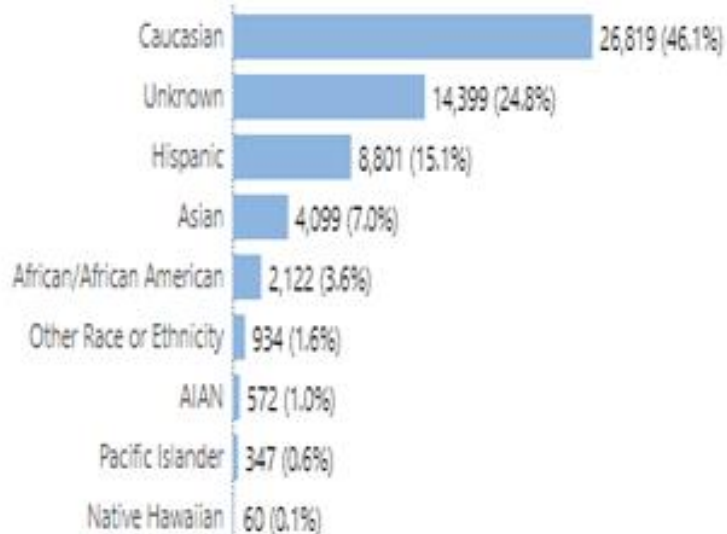


Detox and residential services utilization:

- 60% Caucasian
- 6% Hispanic

Substance Use Disorder Treatment (Health Share in Washington County)

Race/Ethnicity



Initiation of Medication Assisted Treatment

- 68% Caucasian
- 5% Hispanic
- 2% African American
- 1% Asian

Size and Scope Considerations

- Existing resource availability
- Right-size for productive treatment environment
- State and federal requirements
- Consider transitions from more acute services to recovery support

Residential Capacity

- Sobering 16-20
- Withdrawal Management/Detox 8-16
- Residential Treatment
 - Men 24
 - Women 15-20
 - Flexible 15-20
- Crisis Stabilization 8-10

TOTAL

86-110 Beds



The Big Picture: Overall Facility Design



Campus

Vs.



Single Center

Core Services

Women's
Residential

Sobering

Flex
Residential

Men's
Residential

Withdrawal
Management

Crisis
Stabilization

Intensive Services:
services split by gender

Sobering

Withdrawal
Management

Crisis Stabilization

Barrier/Distance needed

Other Services
Building

Men's
Residential

Barrier/Distance needed

Barrier/Distance needed

Flex
Residential

Barrier/Distance needed

Women's
Residential

Fiscal Considerations

- Space analysis is beginning
 - Architectural firm engaged
 - Focus on project scalability and phased implementation if needed
- Initial land search/cost analysis has begun
- Keeping an eye toward future expansion



Feasibility Study

- Executive Summary
- Current State of Addiction Services
 - Data Analysis
 - Human/Societal Impacts
- Concept Overview
 - Key Features
- Assessment Process
 - Leading with Race
 - Work group structure
 - Learning from others
 - Focus Groups
- Building Blocks

Feasibility Study

- Recommended Services
 - Core
 - Core Plus
 - Auxiliary Onsite
 - Community Partners
- Facility Design/Client Experience
 - Size and scale
 - Campus model
 - Locational analysis
- Phased Approach: Looking to the Future
 - Go Big, Carefully
 - Develop expandable model as resources increase
- Financial Analysis
- Next Steps

Discussion



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Next Steps:

