

Center for Addictions Treatment and Triage (CATT)
Feasibility Study

Steering Committee
March 18, 2021 Meeting #4
3 - 4:30 p.m.
Zoom Virtual Meeting

Facilitators: Kristin Burke, Walt Peck

Participants: Attendance roster on last page

Meeting Summary

Note: The PowerPoint presentation sent to the committee on March 16 was slightly revised for this meeting. The version shared at the meeting is available on the CATT website.

1. Welcome & Introductions	New member and Chair of the Board of Commissioners, Kathryn Harrington, was introduced. Kathryn will serve as liaison to the Board.
2. Project Updates <ul style="list-style-type: none"> a. Facility Planning b. Fiscal Analysis 	<p><u>Facility Planning</u> A summary of the road map that brings us to where we are today, including foundational values and objectives, was presented. The CATT Building Blocks were highlighted.</p> <p>Facility Planning – the facilitators brought us up to speed on the CATT services that the Program Development Work Group identified over the last months. The Facility Sub-Committee has worked on considerations that helped inform the service types, number of beds and square footage for each building concept.</p> <p>Discussion: Replace the words “Hawthorn Walk-In Center” (Slide 7) with the actual service it provides.</p> <p><u>Fiscal Analysis</u> An overview of operational funding, capital funding, and a facility cost analysis were discussed.</p>

	<p>Discussion: Consider a higher contingency amount.</p> <p>Add “unknown” line item for cost premiums such as transit access, field analysis, etc.</p> <p>Q: Regarding operations, will it pay for itself? What role will Washington County play with operations revenue or is the provider responsible for operations cost? A: We won’t build something that is not viable from an operations standpoint. We’ll work in partnership with other organizations and the state, making sure we look at all opportunities to ensure it is adequately funded. Most of these services exist already and providers are able to make the compensation rates work. However, it will be important to coordinate with Care Oregon (a Medicaid managed care organization) and align as much as possible.</p> <p>Q: Have we taken into account, the issues that led to the closure of Hooper’s sobering station? A: Yes, we’ve spoken to Hooper and they provided a detailed analysis for us to learn from. We’ve also spoken with the National Sobering Collaborative and received very helpful information. We are also taking to local subject matter experts.</p>
3. Implementation Plan	<p>Phase I, II, and III were displayed and described. The facilitators asked the committee if this all made sense to move forward.</p> <p>Discussion:</p> <ul style="list-style-type: none"> This project is definitely needed. When we ask what services are needed for individuals who are under community supervision, this is the answer. If we had an alternative to jail that would provide sobering services and make sure these people receive those connections to the treatment services, we would have a dramatic impact on our in-custody population.

- Initiatives like this are generational and have the opportunity to change the way things look in our county. Consider being even more proactive and focus on prevention. Can this initiative somehow tie into not just responding to those who are struggling with addiction, but how do we prevent the next generation of our Washington County residents from falling into that trap?
- Also consider prevention of racism and what is happening in our community with the Asian population.
- Health Share is in support of you pursuing this project. Health Share's board, several months ago, stated that in every endeavor, we lead with race.
- Work on strategic models and milestones and language that will help with the Board getting to "yes" easier.
- It could be a model for how do this work across the state.
- A model that centralizes care specifically for Washington County is not only going to have great impact for the folks that need to be served, but also helps us providers come together and break down silos. When we do that our work is stronger and has a much larger impact for our community.
- Consider ways that the Behavioral Health Division, Public Health and the CATT can work together.
- Oregon is nearly at the bottom of the list for access to intensive services and behavioral health resources, there is enormous potential here.

4. Project Communications	<p>We have published one newsletter to date, and another will be ready by the end of the month. (www.co.washington.or.us/CATT)</p> <p>We are communicating to the legislators with a one-page description of the CATT project concept.</p>
5. Next Steps	<ul style="list-style-type: none"> • Finalization of feasibility study • May 11 – Board of Commissioners consideration of the project • May 20 – next Steering Committee meeting

Next Meeting: May 20, 2021, 3 - 4:30 p.m.

Thank you for participating on the CATT Steering Committee!

MEETING PARTICIPANTS (highlights indicate those in attendance)

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