

Program Development Work Group

April 1, 2021



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



WASHINGTON COUNTY
OREGON

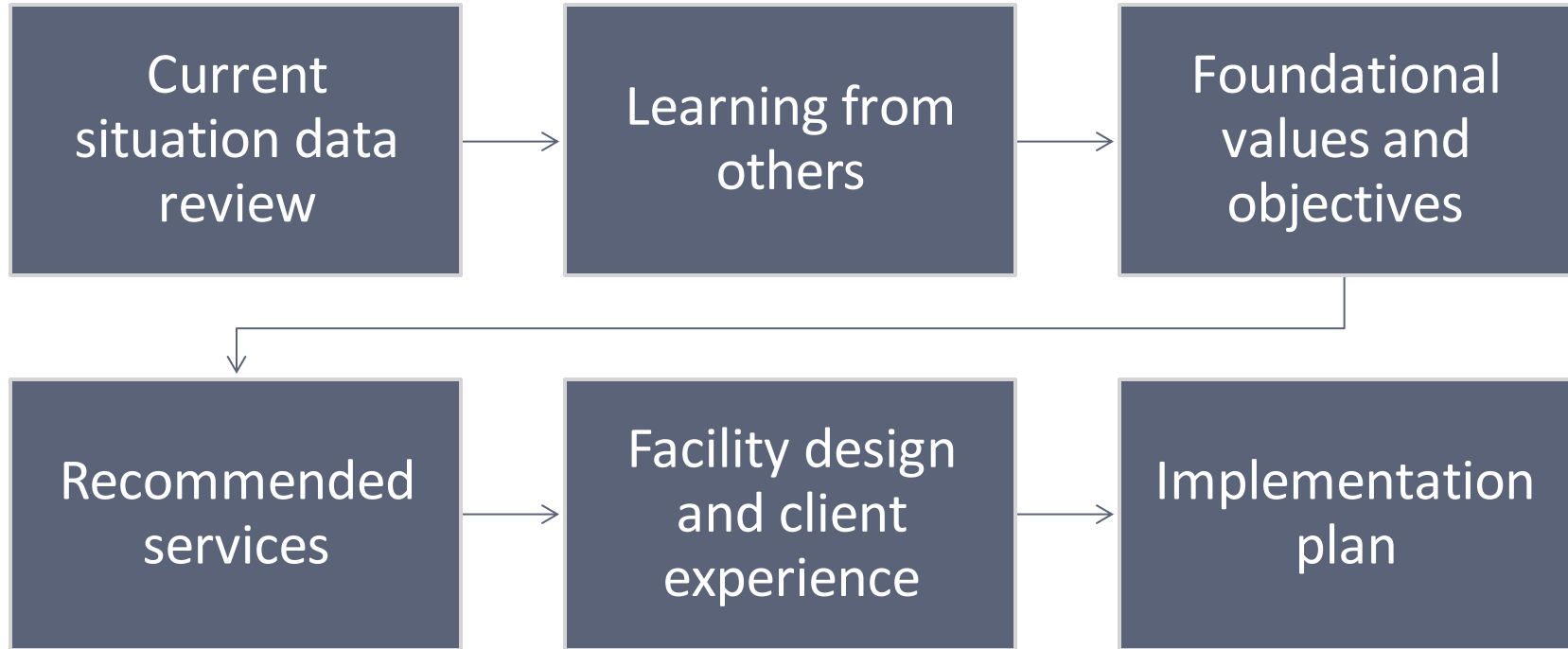
Department of Health and Human Services

Meeting Overview

- Project Updates
 - Facility planning
 - Fiscal analysis
- Implementation Plan
 - Go big, carefully
 - Resource responsive
 - Phased master plan approach
 - Feedback from Steering Committee
- Communications
- Key Dates and Next Steps



The CATT Path



Foundational Values & Objectives

- Go big, carefully
- Lead with race and equity
- Develop in a phased manner
- Anchor with the Building Blocks

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 ongoing 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 whenever 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, 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 adjacent service providers
- Construct isolated community spaces for separation of services, client privacy and support
- 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



Facility Planning



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Service Grouping

| Core Services | Core Plus Services |
|---|--|
| <ul style="list-style-type: none">Assessment and TriageSoberingWithdrawal Management (detox)Crisis StabilizationResidential TreatmentOutpatient Stabilization | <ul style="list-style-type: none">Outpatient Substance Use TreatmentOutpatient Mental Health TreatmentSupported EmploymentDrop-in Center (Flex space) |
| Co-Located Services | Community Partner Provided Services |
| <ul style="list-style-type: none">Medical CareDental CareSupported HousingBenefits and Transportation AssistancePharmacyHawthorn Walk-In CenterCounty Behavioral Health Staff | <ul style="list-style-type: none">Social ServicesPrimary healthcare servicesEducation / Family SupportAnimal CareFamily Justice / Legal ServicesMany others.... |

Considerations

- Number of beds
- Clinical environment
- Complimentary service types
- Key features required by service types

| Service | Beds |
|-----------------------------|---------------|
| Sobering | 16-20 |
| Withdrawal Management/Detox | 8-16 |
| Residential Treatment | |
| Men | 24 |
| Women | 15-20 |
| Tigard Recovery Center | 15-20 |
| Crisis Stabilization | 8-10 |
| Total | 86-110 |

CATT Buildings

Intensive Services Building

17,632 sq. ft.

- Assessment and Triage
- Sobering
- Withdrawal Management
- Crisis Stabilization
- Support Services (kitchen, etc.)

Residential Buildings (2)

8,944 sq. ft. each

- Building 1: Women's Residential Treatment
- Building 2: Men's Residential Treatment

Community Services Building

26,294 sq. ft.

- SUD Outpatient Treatment
- Mental Health Outpatient
- Medical Services
- Dental Services
- Pharmacy
- Benefits and transportation assistance
- Peer Drop-In Center
- Supported Employment

Hawthorn and County Staff*

26,000 sq. ft.

- Hawthorn Walk-in Center
- County BH Staff

**may be combined with community services building*

Financial Analysis



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Operational Funding

- Blended funding sources:
 - State funding for treatment services
 - Medicaid reimbursements via CCOs
 - Private insurance
 - Private pay
 - Measure 110
 - County General Fund

Capital Funding

Resources CATT (secured)

| | |
|--------------------|----------------------|
| HSO (195) | \$ 6,494,135 |
| HSO reserves (207) | \$ 10,500,000 |
| THC tax | \$ 500,000 |
| Total | \$ 17,494,135 |

Hawthorn Reserves (secured)

| | |
|-------------------------------|---------------------|
| Hawthorn funds (OHP 193) | \$ 5,370,837 |
| Hawthorn funds (fund balance) | \$ 1,903,206 |
| Total | \$ 7,274,043 |

Resources (potential)

| | |
|-------------------------|----------------|
| Opioid Settlement* | \$ 30,000,000 |
| Measure 110* | <i>Unclear</i> |
| State or Federal Grants | <i>Unclear</i> |
| Fundraising | <i>Unclear</i> |

Total (secured) \$ 24,768,178

Total Possible Project Funds \$ 54,768,178

Facility Cost Analysis

| Item | Size: Reduced | Cost Estimate: Low | Size: Full Model | Cost Estimate: High |
|-----------------------------|---------------|---------------------|------------------|---------------------|
| Land Purchase and site prep | 7.5 acres | \$8,837,535 | 7.5 acres | \$8,493,375 |
| Build | Size: Sq. Ft. | Build Cost: Low | Size: Sq. Ft. | Build Cost: High |
| Intensive Services Building | 17,093 | \$12,327,737 | 17,632 | \$13,038,864 |
| Residential Building #1 | 7,598 | \$4,893,575 | 8,944 | \$5,835,960 |
| Residential Building #2 | 7,598 | \$4,893,575 | 8,944 | \$5,835,960 |
| Community Services Building | 21,593 | \$15,160,856 | 26,294 | \$18,681,887 |
| Hawthorn and County Staff | 22,000 | \$15,950,000 | 26,000 | \$19,604,000 |
| Total | 75,882 | \$61,604,278 | 87,814 | \$71,490,046 |

Implementation Plan



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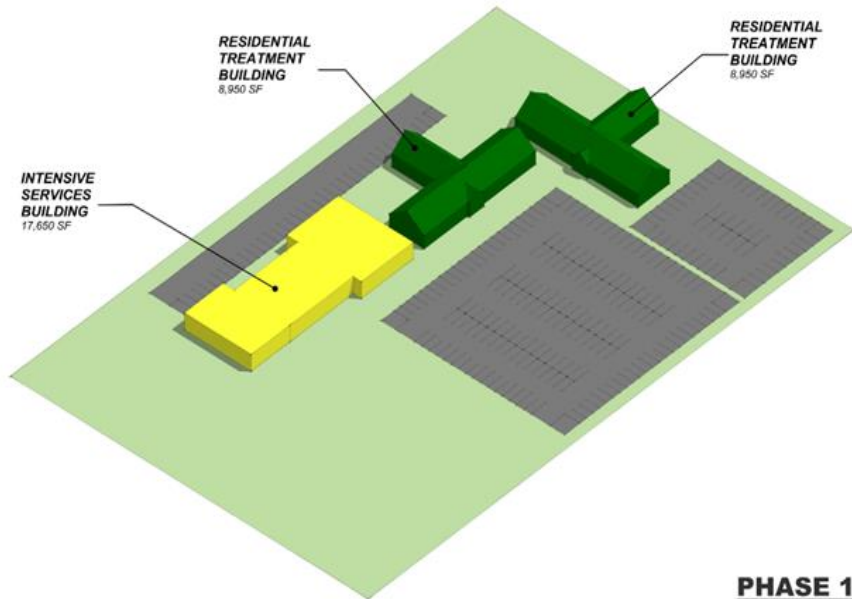
Phase I: Intensive Services Implementation

Locate and purchase site

- Complete architectural design for full campus
- Finalize clinical model and select provider

Construct Intensive Services Building and two residential buildings

- Accommodates all Core Services



Estimated cost: \$30.4M to \$33.2M

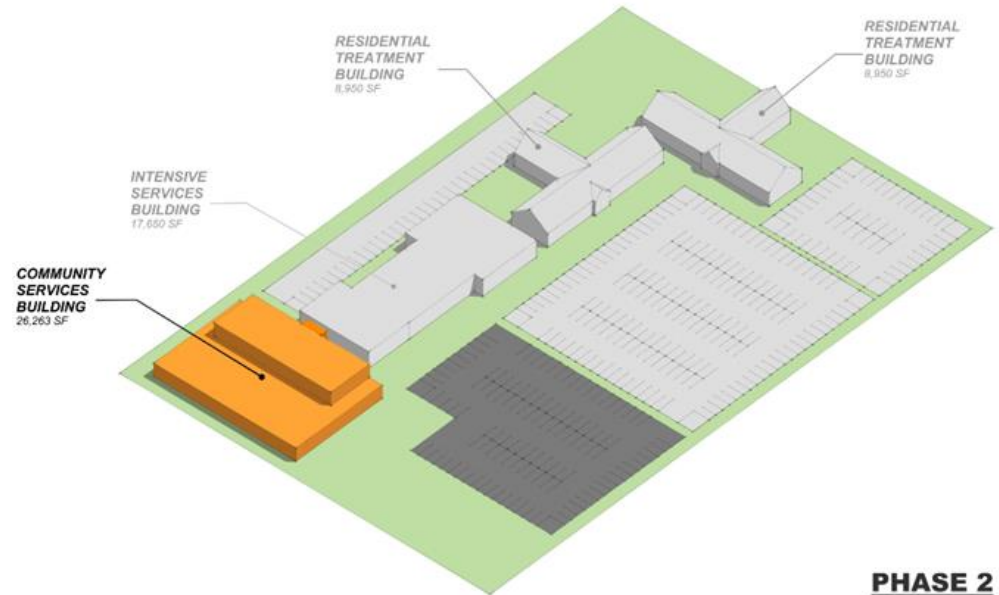
Phase II: Community Services Inclusion/TRC Remodel

Construct Community Services Building

- Co-located services including medical, dental, outpatient treatment and peer drop-in center
- Assessment and triage, follow-up care and peer services increase
- Community providers emphasized to ensure seamless service delivery

Renovate Tigard Recovery Center

- Provides a connection to CATT services in south county



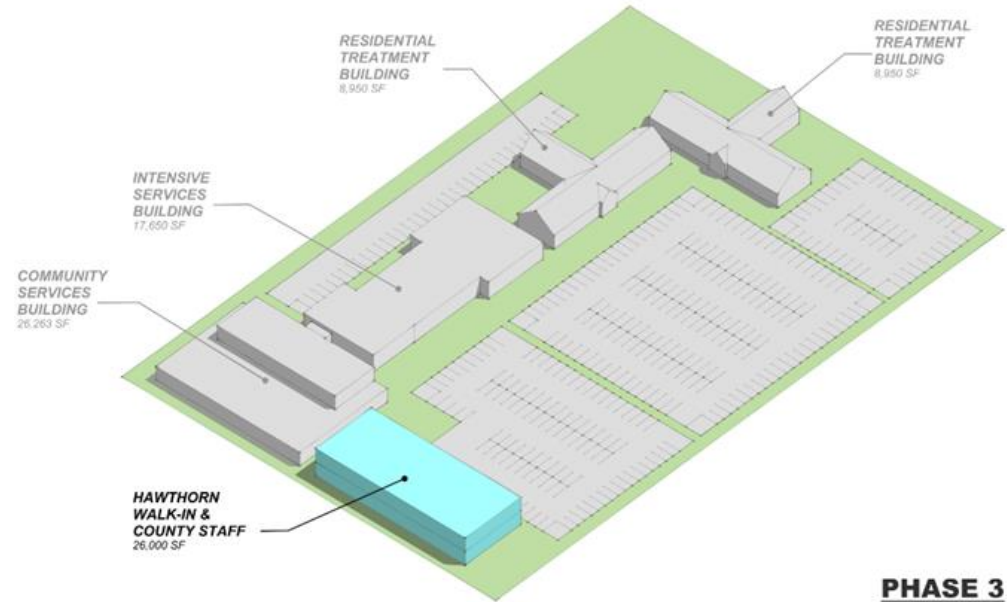
PHASE 2

Estimated cost: \$15.1M to \$18.7M

Phase III: Hawthorn Clinic and BHS

Expansion

- Relocate Hawthorn Walk-In Center and County Behavioral Health Staff to campus which enhances service access and care coordination.



Estimated cost: \$15.9M to \$19.6M

Phase I: Intensive Services

- > Pursuit of funding opportunities
- > Land acquisition
- > Final architectural design
- > Clinical refinement
- > Provider procurement
- > Construction: Intensive Services Building
- > Construction: Residential Buildings
- > Intensive services provided onsite

Phase II: Community Services

- > Community partners engaged
- > Finalize architectural design for Tigard Recovery Center remodel and Community Services Building
- > Construction: Community Services Building
- > Construction: Tigard Recovery Center remodel and expansion
- > Select co-located services providers and execute space agreements

Phase III: Comprehensive Campus

- > Finalize architectural design for Hawthorn and County staff
- > Development of onsite supportive housing by the Department of Housing Services
- > Relocate Crisis Center and County Behavioral Health staff to CATT campus

Budget Gap

- Phase I budget gap: \$12.9M - 15.7M
- Phase II budget gap: \$15.1M - 18.7M
- Phase III budget gap: \$8.4M - 12.1M
- **Total budget gap: \$36.4M – 46.5M**
- Opportunities?
 - Opioid settlement: \$20-30M
 - Measure 110: ??
 - 2022 Federal Earmark: \$2M?

Feedback

- Steering Committee (3/18/21)
 - On the right track
 - Cost analysis reaction
- Public Safety Coordinating Council (3/19/21)
 - Much needed resource for our community
 - Offered a letter of support for the 5/9/21 Commissioner Board Meeting

Feedback, cont.

- Early county leadership feedback:
 - Feasibility study makes a strong case for the center's need
 - Concern about budget gap/financial analysis
 - Concern about site needs assessment not being viable

Project Communications

- February 9th Board of Commissioners briefing
- Legislative outreach
- Newsletter: did you get it?



Next Steps:

- Sharing of Feasibility Study
- May 6th: Next PDWG meeting 10:30-noon
 - Ideal model vs. areas to compromise
- Initiate additional planning to expand on site options and fiscal analysis
- June/July: Board of Commissioners consideration of Feasibility Study