

## Program Development Work Group

May 6, 2021

10:30 a.m. - noon

Zoom Meeting

Meeting #10

Facilitators: Walt Peck, Kristin Burke

Attending: Dave Mowry, Dustin Sluman, Hannah Studer, J. Sean Fields, Jeremy Koehler, Kathy Prenevost, Katrina McPherson, Steven Youngs, Tristan Sundsted, Greg Bledsoe, Stacie Andoniadis, Fidel Escalante, David Eisen, Naomi Hunsaker, Aika Fallstrom, Kelly Cheney, Nick Ocon

### MEETING SUMMARY

1. Welcome and overview	Welcome Dr. David Eisen, Executive Director, Quest Center for Integrative Health
2. Project Updates	<p>The work of this group is summarized in the feasibility study.</p> <ul style="list-style-type: none"> <li>• Study provided to County leadership: Board Chair and County Administrator</li> <li>• Feedback received: <ul style="list-style-type: none"> <li>○ Argument for project is very strong</li> <li>○ The study needs additional clarification: <ul style="list-style-type: none"> <li>▪ How will services be funded?</li> <li>▪ Concern about ability to find suitable property</li> <li>▪ Need a masterplan</li> </ul> </li> </ul> </li> </ul> <p>The feasibility study is complete except for any final edits from the County Chair and Administrator.</p>
3. Masterplan Implementation Update	<p>The masterplan highlights project milestones and pre-determines key stages that will need Board approval. It also provides increased detail on our implementation approach.</p> <p>Discussed the path to construction.</p> <ul style="list-style-type: none"> <li>• Funding has two areas: <ul style="list-style-type: none"> <li>○ Capital construction</li> <li>○ Operations</li> </ul> </li> <li>• Construction side of financial analysis: <ul style="list-style-type: none"> <li>○ New resources due to Measure 110? Opioid settlement?</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Currently, we have some money in the bank (\$17.5 million)</li> <li>○ Opioid settlement- we were part of litigation against big Pharma. Settlement dollars could be a big portion of this center.</li> <li>• No timelines attached as most are still unclear</li> </ul> <p>Discussed the clinical pathway.</p> <ul style="list-style-type: none"> <li>• There are stages of development that would be done in partnership with local CCOs</li> <li>• We will need to select a provider in conjunction with CCOs</li> <li>• We will plan to work with local colleges (PCC, PSU, Pacific, etc.). to see how we can work to encourage workforce pipeline</li> </ul> <p>Looked at critical decision points where we will be asking for Board approval all along the way.</p> <p><b>Discussion from PDWG:</b></p> <p>Q: What capacity of services are we talking about for unduplicated individuals?</p> <p>A: We have some information to work with, but without certain services in Washington County already (i.e. sobering), it is difficult to get accurate numbers. At this point we have projections that are from information gathered while talking to other programs, especially the Buckley Center in Eugene. The number of beds we would add to the system was discussed. The program is being designed with a range of bed numbers so we can grow with demand.</p> <p>Q: Are you planning on have one provider or a coalition of providers to run the CATT?</p> <p>A: This hasn't been fully decided yet; however, we expect there to be a primary service provider for the core services and an assortment of providers for other co-located services.</p>
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<p>4. Site and Facility</p>	<p>We've talked a lot in the past about a "grand model." But what if all the funding we need isn't available, or the perfect site isn't out there as an option? How would we prioritize the most important things and compromise on what we originally wanted? We may need to be flexible in our design.</p> <p>The core services do not change. They are central to the CATT.</p> <p>The work group members were asked to look at Core Plus and Co-Located services and determine priorities if we have to compromise.</p> <p>Breakout sessions were used with one group prioritizing 10 integrated and co-located services that were identified by this work group and one group prioritizing 8 site attributes.</p> <p>The SERVICES group prioritized:  <u>Tier 1 priority:</u> Peer Drop-In Center, Housing Navigation and Access, Outpatient Substance Use Treatment, Outpatient Mental Health Treatment, Crisis Services/Hawthorn  <u>Tier 2 priority:</u> Supported Employment, Benefits and transportation assistance  <u>Tier 3 priority:</u> Pharmacy, Medical Care, Dental Care</p> <p>Noting these comments:</p> <ul style="list-style-type: none"> <li>• Some of the areas should be mingled together such as Housing Navigation and Access, Benefits and Transportation Assistance, and Supported Employment</li> <li>• There should be a shuttle bus with a peer and an EMT on board to either bring clients to the CATT or transfer them to other services such as medical appointments and other services that are not on site.</li> <li>• Housing services and supports is a key service that should be available at the CATT. Folks cannot maximize the services they get at the CATT if they do not have a home to return to.</li> <li>• OHA is moving in the direction of directing funding to programs that are offering integrated services (SUD and mental health) so as we plan moving forward, we should keep this in mind.</li> </ul>
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	<p>The SITE group prioritized:</p> <p>First priority: Located near public transportation</p> <p>Second priority: Room for lots of parking</p> <p>Third priority: Services separated into different buildings, located near population centers, everything located on one campus vs. separate sites with transportation between sites.</p> <p>Fourth priority: Build the center from the ground up</p> <p>Fifth priority: Access to green space/nature</p> <p>Sixth priority: Easy to get to from anywhere in the county</p> <p>Noting these comments:</p> <ul style="list-style-type: none"> <li>• Being on public transportation is critical. Many people seeking services may not be driving there, and many will be houseless.</li> <li>• Parking would likely be more for staff use but need to have enough so that people aren't parking in the neighborhoods – especially if there is neighborhood resistance to the center. Plus, if someone is ready for services there should be parking access for them. With plenty of parking, we eliminate the barriers and stress.</li> <li>• Keeping services separate is very important and easiest with separate buildings. You can do this with one building if you provide separate access points. Either way, separation of services is a “must do.”</li> <li>• A new building, built from the ground up, is preferred. But the cost may prevent this. If only minor renovations are required of an existing building, then this would be most cost effective.</li> <li>• Some of the lower priority items like green space – it all depends on money, land space, and location.</li> <li>• Incorporate an online business model (COVID lesson).</li> <li>• If we have separate locations, then peers can help with transports.</li> <li>• It is unrealistic for the CATT to be easy for all residents to get to/be close to where they live.</li> </ul> <p>Should we look at intensive services on one site and community services at another site? If there were shuttle/transportation services, then we may not have to</p>
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	<p>ensure that both sites be close to public transit. (Which may open some additional options).</p> <p>PDWG discussion: The SWOT analysis model was discussed: Strengths, Weaknesses, Opportunities, Threats.</p> <p>Kristin stated that the feasibility study is an assessment of all four components of SWOT. This is also a continual process that will occur throughout the development.</p>
5. Next Steps	<p>FEASIBILITY STUDY: The feasibility study will go to the Board Chair and the County Administrator for final review.</p> <p>Once the final touches are made, the study will go to the rest of the Board of Commissioners. Once the Board has the study, we will share it with all of you.</p> <p>JULY: We anticipate a work session with the Board in July that will provide us with direction on the CATT concept.</p> <p>PLANNING WORK: The Leadership Team is planning the next phase of work with the county Facilities Department. If the Board agrees this project should move forward, we anticipate new work groups and advisory committees will be needed in inform the next phases of work to be done.</p> <p>The Program Development Work Group will likely be rearranged into teams with similar areas of expertise. We will add new members as well.</p> <p>FALL: Workgroups will take a break for the summer, pausing until the Fall when reorganized work groups will convene.</p> <p>WALT: Walt is leaving this work to fully retire. He came out of retirement to kickstart the CATT project and get us through the feasibility assessment phase. He has done a tremendous job and we wish him well.</p>