

CATT Steering Committee

September 22, 2020



WASHINGTON COUNTY
OREGON

Department of Health and Human Services

Meeting Overview

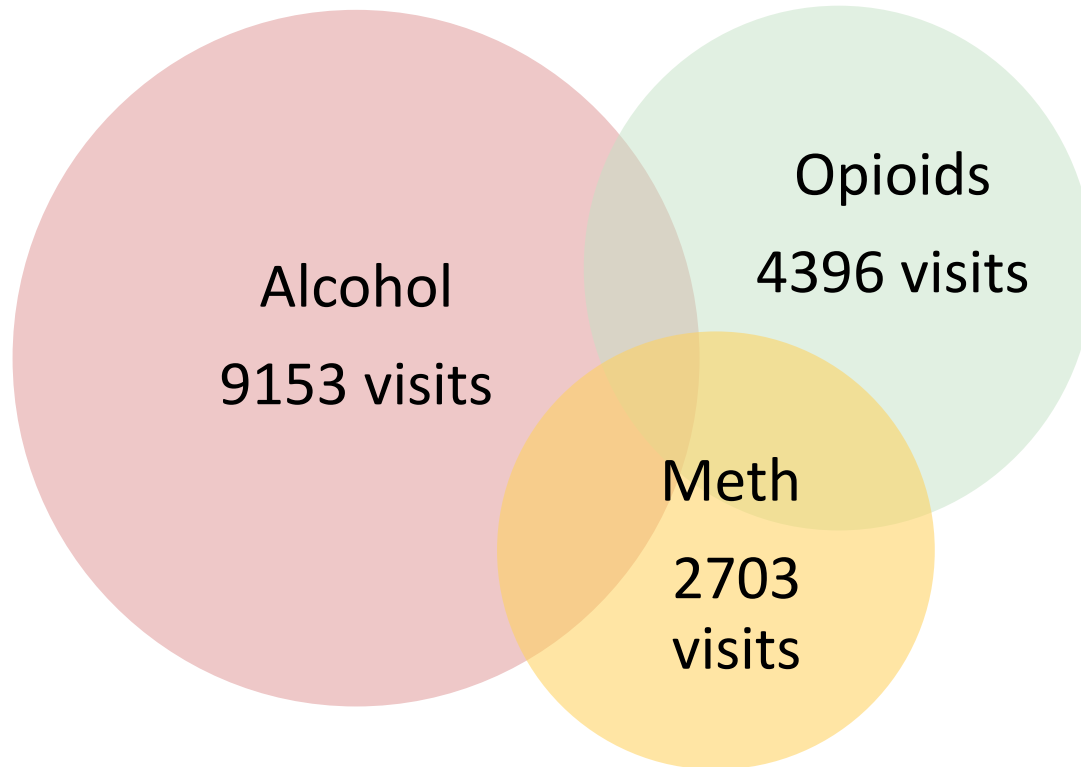
- Current Conditions
- The CATT Concept & Planning Process
 - Steering Committee Role
- Learning From Others
- How Big Should We Dream?

Why are we here?

- Individual, family and societal impacts of substance use are significant
- Current treatment resources are inadequate
- Collaborative planning, advocacy and action can make a significant difference

Current Conditions

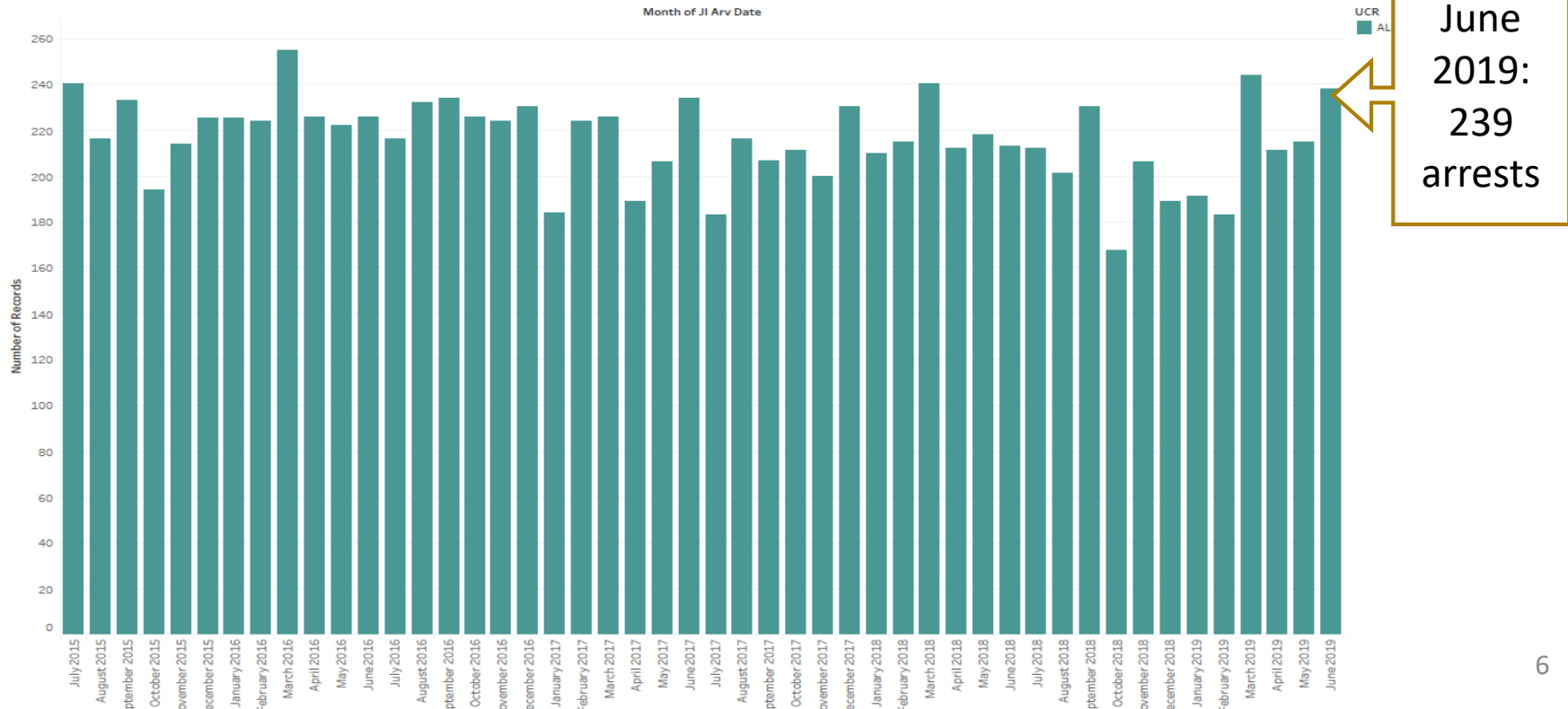
St. Vincent ED (2016-2019)



Total visits:
16,252

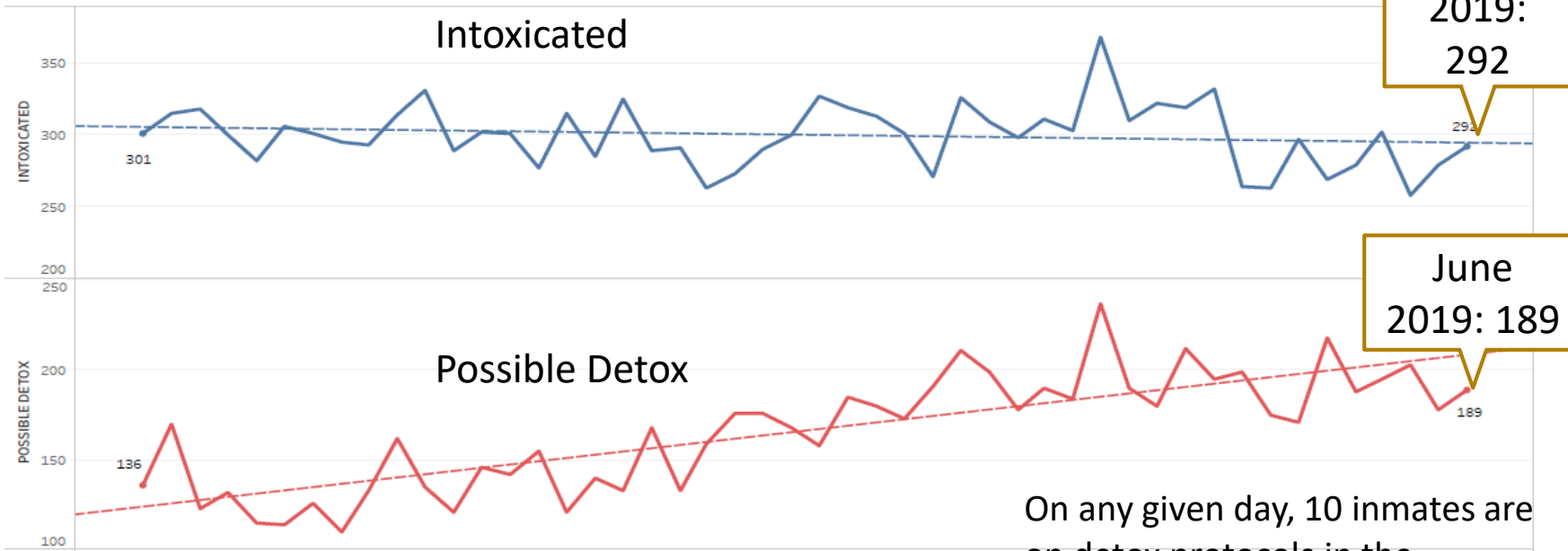
Monthly DUI Arrests

JMS DUI Charges 7/1/2015 to 6/30/2019



Jail Health Services

JMS Intake Screen 7/1/2015 to 6/30/2019



On any given day, 10 inmates are on detox protocols in the Washington County jail.

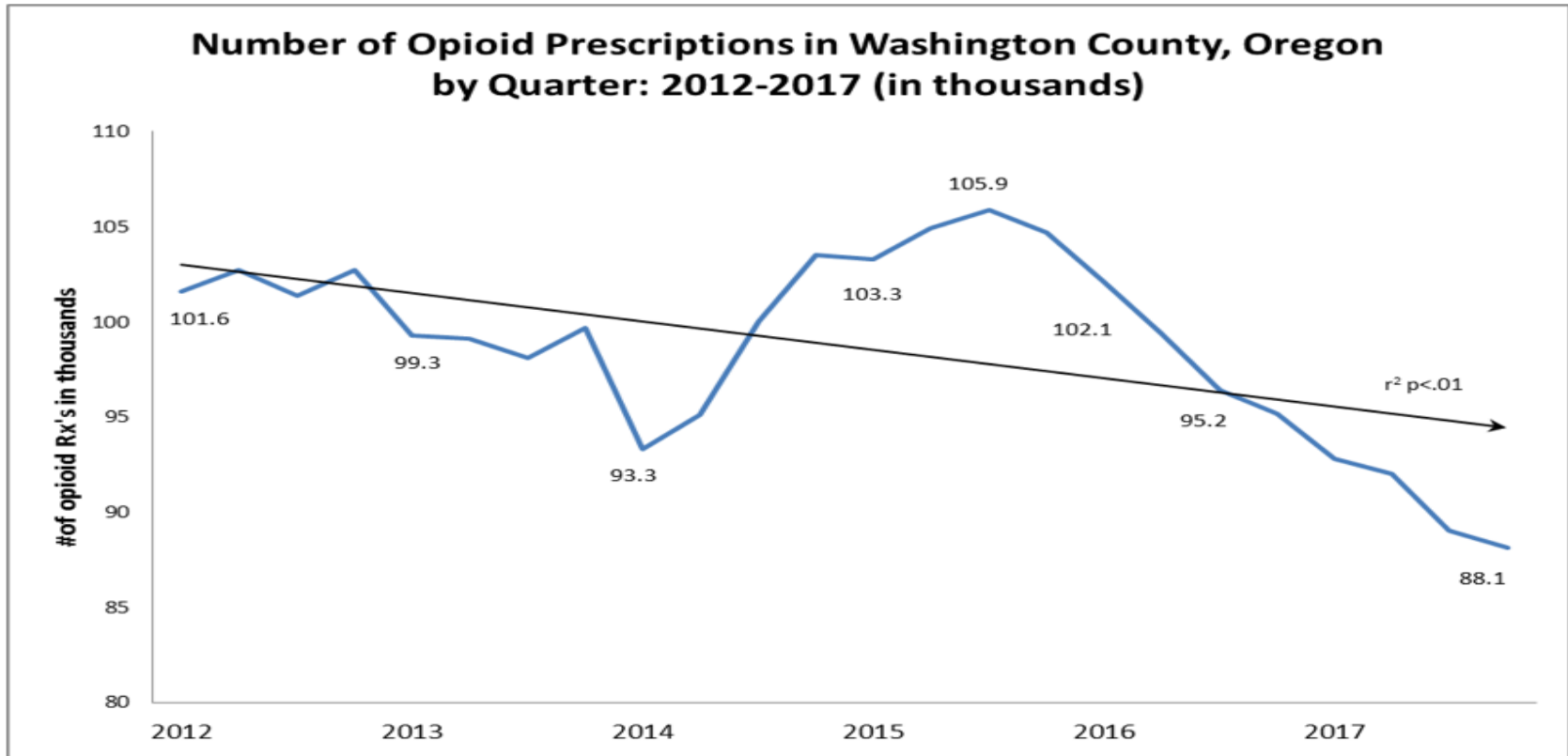
Child Welfare

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- Statewide, parent drug abuse contributes significantly to children being placed in foster care

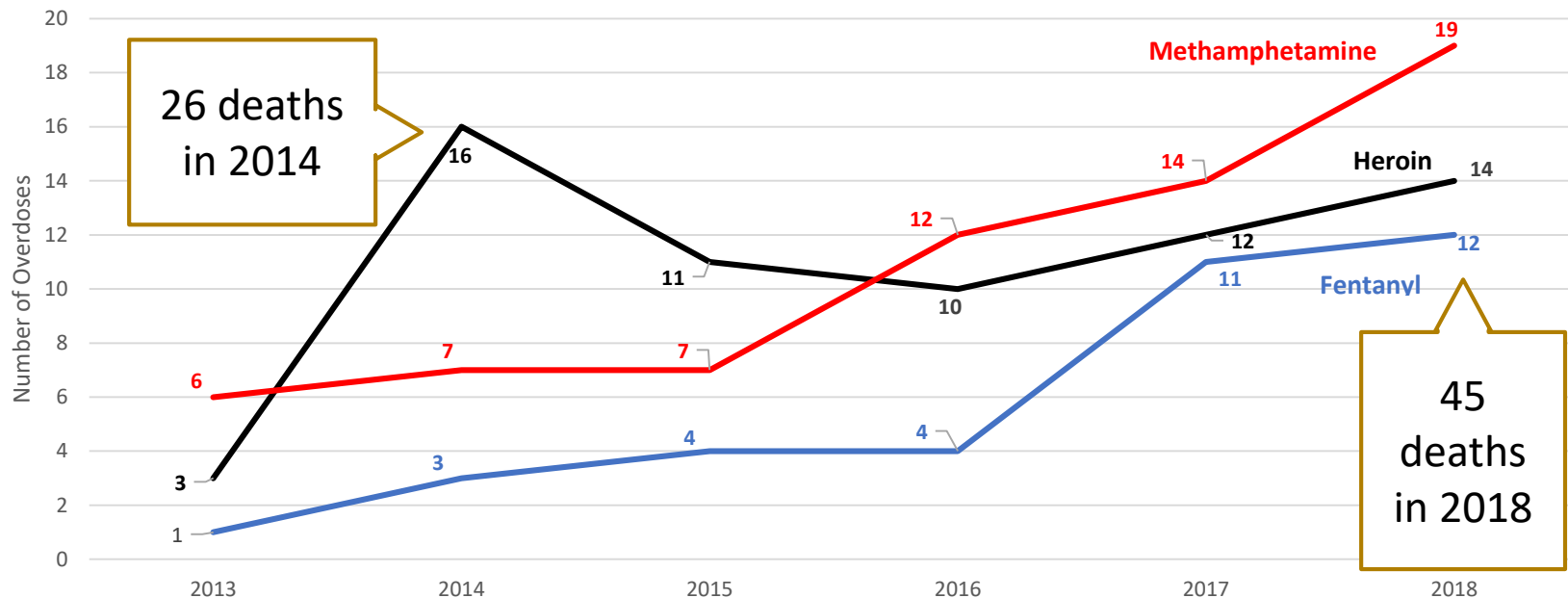
	FFY 2016		FFY 2017		FFY 2018	
Removal Reason	Number	% of Entrants	Number	% of Entrants	Number	% of Entrants
Neglect Abuse	2708	71.1%	2856	70.3%	2373	66.3%
Parent Drug Abuse	1880	49.4%	2133	52.0%	1671	46.7%
Inadequate Housing	578	15.2%	698	17.2%	706	19.7%
Domestic Violence	463	12.2%	622	15.3%	671	18.7%
Physical Abuse	502	13.2%	557	13.7%	571	16.0%
Inability to Cope	652	17.1%	566	13.9%	512	14.3%
Parent Alcohol Abuse	359	9.4%	535	13.2%	422	11.8%

Prescription Drug Monitoring



Community Overdoses

Number of Overdose Deaths by Substance in Washington County, Oregon: 2013-2018



Existing Treatment Capacity

Service	Current availability within County*	Recommended**	Deviation from recommended
Sobering Beds	0	No National Data	N/A
Detox Beds	0	37	-100%
Men's Residential	20	112	-82%
Women's Residential	15	74	-80%

*Does not include inpatient care or in-custody treatment services provided by the jail

**National Survey of Substance Abuse Treatment Services (2015), SAMHSA

Stories Behind the Data

“...this is an opportunity to interrupt the cycle of trauma and adverse childhood events, which will benefit generations.”

“...I’ve seen grown men throw themselves down steel stairwells or jump from a second story just for the chance they would be prescribed pain medication....”

“On a personal level, I am in long-term recovery and consider myself lucky to have the support and resources when I made the decision to go to treatment 22 years ago; not everyone does.”

“...I have lost two family members to overdose; something no family should go through.”

- Program Development Work Group (March 2020)

Questions/Comments



CATT Concept

- A triage and treatment center for Washington County residents with substance use disorders (SUD)
- Co-located services at many treatment levels for:
 - Sobering
 - Detox
 - Mentoring/Peer Services
 - Residential
 - Medication Assisted Treatment (MAT)

Key Principles

- Participation is voluntary and treatment is driven by the individual
- Access to care is immediate
- Service is responsive to a diverse community
- Serves as a resource for, and viable alternative to, the justice system
- System integration is emphasized with public and community partners

Phase 1

- Feasibility Study

Phase 2

- Final Facility and Program Design

Phase 3

- Construction and Provider Selection

Project Structure



How can the Steering Committee help?

- Provide strategic guidance
- Ensure collaboration and integration across system partners
- Help resource the planning effort
- Communicate and advocate within your agency and with partners

Work to Date

- Current conditions (Data Work Group)
- Early concepts (Program Development Work Group)
- Learning from others:
 - Review of other programs (Project Leadership Team)
 - Community focus groups (Project Leadership Team)

Comparative Program Research



**Vancouver,
British
Columbia**



**San Antonio,
TX**

**Vancouver,
WA**



Lifeline Connections



- Vancouver, Washington
- Sobering, Residential, Detox, MAT, Outpatient
- Other services integrated
- Expanded significantly since founding in 1962
- Philosophy: harm reduction & focused engagement

Restoration Center

- San Antonio, Texas
- Large, comprehensive program
 - Integrated homeless services
 - Integrated mental health services
- Focus: alternative to the criminal justice system
- Strong community partnership



Onsite

- Vancouver, British Columbia
- Stabilization, detox, MAT, transitional housing
 - Co-located with legal injection center
- Philosophy: harm reduction, community partnership, and low-barrier early recovery
- Focus: the houseless, socially marginalized, and opioid and amphetamine consumers



Local Focus Groups

- Certified Peer Mentors from 4th Dimension
- Certified Peer Mentors from MHAAO (Mental Health and Addiction Association of Oregon)
- Certified Peer Mentors from Bridges to Change
- Certified Peer Mentors working across settings in Washington County
- Individuals with lived experience

Questions/Comments



Discussion: Defining Scope



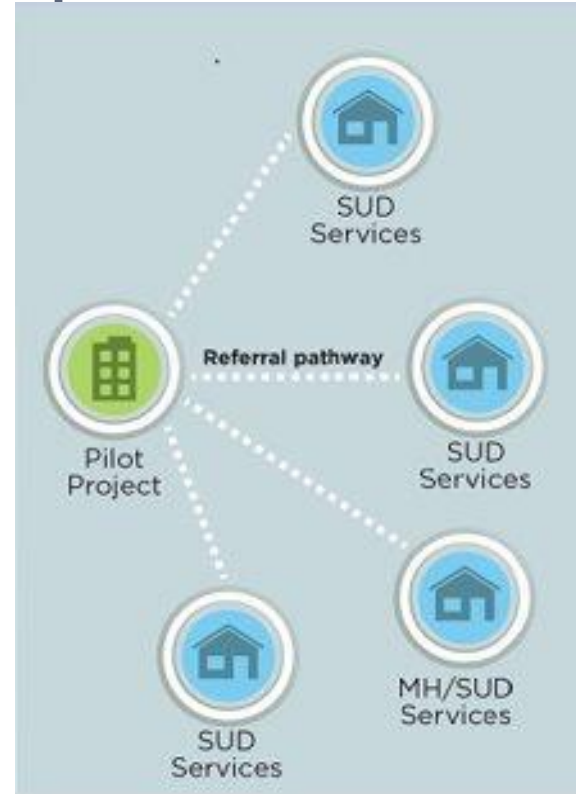
Phase 1: Feasibility Study

- The current system has little integration
- Care is referral-based with each organization siloed
- There is no central point of entry into the system of care
- Enhancing system integration and providing easy, low barrier access are primary goals of the CATT Feasibility Study



Phase 2: Planning, Development & Pilot

- Concepts developed as part of the Feasibility Study are tested
- Emphasis is placed on opportunities for integrated service delivery
- Partners are engaged to develop referral pathways
- Pilot is located in south county



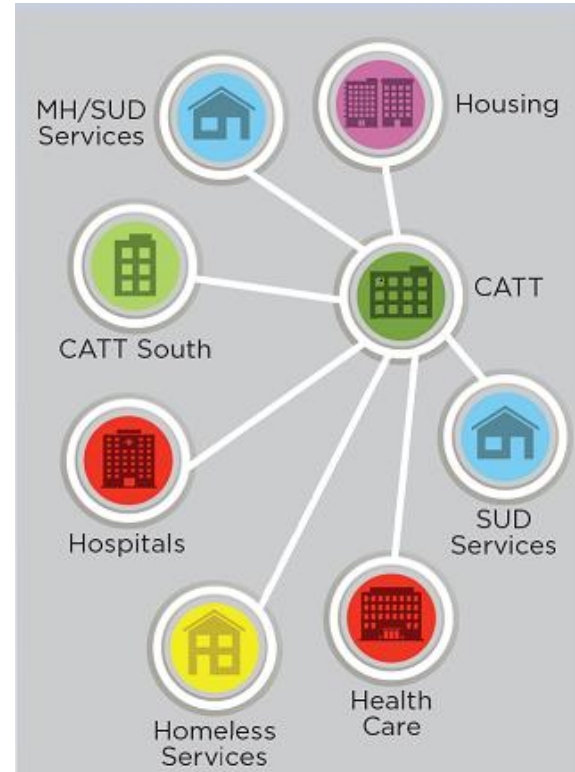
Phase 3: Build, Provider Selection, Opening

- Some mental health, health care and social services co-located at the CATT
- Seamless entry for clients between CATT programs
- Referral pathways to other SUD and mental health providers established



Phase 4: Comprehensive Service Model

- Services are interconnected and co-located wherever possible
- Individuals have multiple access points into services with no wrong door
- Formal referral pathways established to other mental health and SUD providers, as well as housing, homeless services, hospitals, and health care providers



PHASE 1 Feasibility Assessment



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

PHASE 2 Planning, Development and Pilot Project



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

PHASE 3 Build, Provider Selection and Center Opening



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

PHASE 4 Comprehensive Service Model



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

INTEGRATION OF CARE

Discussion



Next Steps

- Bi-monthly meetings through Feasibility Study
- Doodle poll to establish reoccurring time
- November meeting focus:
 - Program building blocks
 - Services

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