

Center for Addictions Treatment and Triage (CATT)

Steering Committee

November 18, 2021

3 - 4:30 p.m.

Zoom Virtual Meeting

Facilitators: Kristin Burke, Nick Ocon

Participants: Attendance roster on last page

Meeting Summary

1. Welcome and introductions	
2. Project updates a) Program Development Work Group Focus Areas b) Site Selection Update c) Measure 110 RFGP	<p>Update on the Program Development Work Group focus areas: This group is participating in discussions around staffing the center and will take a deep dive into sobering services next. The conversation around how to support individuals while keeping staff and clients safe is a big one.</p> <p>Site Visit Members of the Leadership Team and Facilities Division visited Lifelines Connections in Vancouver, WA. Lifelines' experience with sobering is that they are seeing many houseless folks who are still using substances. Coordinating with supported housing services is one takeaway.</p> <p>Discussion about sobering The jail has criteria around who stays and who goes to the hospital and this can be shared.</p> <p>Q: There's nothing about a sobering model that's involuntary, right? A: We may start with voluntary sobering intakes and change this over time. We are designing the facility in such a way that it can support people that may come in involuntarily.</p> <p>San Diego has a sobering center that is a diversion model, diverting intoxicated people from jail and into treatment. We are in contact with them.</p>

	<p>The messaging to law enforcement is important around this to clarify assumptions. What are the sobering center's criteria and what problems will it serve for law enforcement?</p> <p>We are learning from Hooper Center's lessons.</p> <p>There is a sobering project starting in Portland; it looks to be a hub and spoke sobering center with rapid assessment and referral to a provider network. They are not as far along in the planning as the CATT.</p> <p><u>Site Selection Update: (map shown of locations we are approved to research)</u></p> <ul style="list-style-type: none"> ❖ Two sites selected for further review of a split-campus model <ul style="list-style-type: none"> ➤ Intensive Services on the WCCCA building site (Beaverton) ➤ Community Services on the Alcolek building site (Hillsboro) ❖ Third option has become available <ul style="list-style-type: none"> ➤ Elam Young building could serve as Community Services (Hillsboro) – this building is across parking lot from Hawthorn and is on MAX ❖ Due diligence is happening now on all three, Board has final approval on site selection ❖ Zoning challenges limited our search <p><u>Discussion about site selection</u></p> <p>The committee was very excited about the Elam Young site, indicating it looked like a fantastic option. Hawthorn would only have to move across a parking lot which is a plus. Keeping Hawthorn on Max and in the same general area are very attractive features.</p> <p>Be aware of where these sites are, in relation to other services.</p> <p>Q: Where is the community conversation now, given recent history with the hotel? A: We are working on our messaging and community engagement plan now.</p> <p><u>Measure 110 RFGP:</u></p> <ul style="list-style-type: none"> ❖ Requires the creation of at least one Behavioral Health Resource Network (BHRN) in each county ❖ The OHA and a 22-member group came up with the RFGP questions and are writing the rules. This group has a say in how the money gets distributed in the communities.
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	<p>❖ Washington County's approach:</p> <ul style="list-style-type: none"> ➤ Meeting with providers, coming together as a collective to create a BHRN in our county ➤ Target expanding services for culturally and linguistically communities that have been statistically underserved or unserved ➤ Creating a system that is coordinated and supportive of our community ➤ Providers want WC to hire a program coordinator to provide support for M110 reporting and implementation ➤ RFGP also allows for infrastructure building, Washington County will apply for CATT funding <p><u>Discussion about Measure 110:</u></p> <p>The BIPOC communities feel the Medicaid system is really not serving them well. M110 is aimed at creating a different system of care that addresses the needs of this community. We need to create better culturally specific services but have to collaborate and coordinate with existing Medicaid systems. We also have to do better at communicating to our communities of color.</p> <p>Hiring a program coordinator is the right approach.</p> <p>Create "no wrong door" messaging.</p>
<p>3. Financial Analysis</p>	<p>The financial analysis is being created, including information on all three buildings. The areas of focus:</p> <ol style="list-style-type: none"> 1. Capital construction costs 2. Ongoing building maintenance costs 3. Service costs <p>The financial analysis will be reviewed by two independent consultants before going to the Board of County Commissioners.</p> <p><u>Discussion:</u></p> <p>Q: Have you decided on exactly what services you plan to include?</p> <p>A: Yes.</p> <p>The Intensive Services building will include:</p> <ul style="list-style-type: none"> • Assessment and Triage • Sobering • Withdrawal management (Detox) • Crisis Stabilization • Residential treatment

	<ul style="list-style-type: none"> • Outpatient stabilization <p>The Community Services building will include:</p> <ul style="list-style-type: none"> • Outpatient substance use treatment • Outpatient mental health treatment • Peer drop-in center • Supported employment • Supported housing • Hawthorn Walk-in Center • County Behavioral Health staff • Other services as space and finances allow <p>It would be great if the CATT continues to address the stigma around addictions, like Elam Young Parkway does by having two separate entrances and lobbies.</p> <p>We will be working on trauma informed care best practices, including multiple entry points, and making the CATT safe and welcoming for all.</p> <p>The Asian Services Center is a model for how to engage people in services.</p> <p>Q: What models of culturally specific services are you looking at? A: We are getting to this. There is a lot of work ahead of us. We will be having conversations about destigmatizing addiction with our cultural service providers.</p>
4. Community Engagement Plan	<p>We are working on a community engagement plan with an advisory committee of local representatives. Our “Feedback” form just launched. We will be working with the neighbors, cities and businesses in Beaverton and Hillsboro. Our strategic plan lays out specific actions.</p> <p>We are reviewing the Social Vulnerability Index, developed by the CDC from the census tract. This index examines the most vulnerable parts of the community that need services because of common stressors like social economic status, minority status, and access to housing and transportation. This is only a snapshot of the data we are looking at and we will be exploring a lot more with our epidemiologists.</p> <p><u>Discussion:</u> Would like to see a map of the findings from the Social Vulnerability Index.</p>

	<p>It would be worthwhile to do brief presentations for Boards of Directors and other established groups about the CATT. There is momentum building around the CATT. Consider creating a Speakers Bureau and a video for the website. Consider an “Ask Us” town hall forum.</p> <p>Include the Community Based Organizations.</p> <p>Connect with culturally specific peer recovery mentor trainings. This also would help develop leadership within communities and develop a workforce for the CATT.</p> <p>The county is already an active partner in the alliance of culturally specific behavioral health providers so this would extend that partnership.</p> <p>Consider meeting with the County’s Racial Equity Group (that is helping with COVID vaccines) to get more information about the communities and community response around the possible sites. This group is a good cross section of the community.</p> <p>Work with the Community Based Organizations (CBOs) to get community input.</p> <p>Consider including the Quest Center in the community engagement committee.</p> <p>Public Health partners know a ton about demographics and engagement through their work on COVID-19. They might have ideas for us on how to engage the community.</p> <p>The Community Engagement planning team is working with our county epidemiologists and will lean in closer to ask more of Public Health.</p> <p>If you are sharing information around M110, then fold in the CATT. The state is moving into how to address addictions with the Behavioral Health Resource Networks (BHRNs). The CATT will be one component of the BHRN. The BHRN will be up and running in 2022 and we will incorporate the CATT into it once opened. The CATT will become an additional asset in our community.</p> <p>Provide good definitions of what a BHRN is and what the CATT is.</p> <p>Engage the organizations that are embedded in our communities. Ask how to support those organizations and build collaboration at the same time.</p>
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	<p>Q: How do we engage the community before the site(s) is selected?</p> <p>A: Through the news – share information about the epidemic of overdoses. This will help education the community of the need for the CATT and build momentum. The more information that is pushed out, the better. We can help the public understand what the heck is going on with overdoses and that CATT is needed.</p> <p>Use this to destigmatize substance use disorders and capture attention. The work we are doing to get the CATT built is not to help “those people” but that people are using and overdosing and that has an impact on us all. The CATT will help people get back to good health.</p> <p>Alaska had a “You know me” campaign that had a lot of impact. Pamplin Media is a good source to get news out to people.</p> <p>We are very excited about this work and appreciate the amount of time being spent to get this right for the community.</p>
5. Next steps	<p>Next Meeting: January 20, 2021, 3 - 4:30 p.m., on Zoom</p> <p>Feel free to look at the work of the Program Development Work Group on the website.</p> <p>CATT website: www.co.washington.or.us/CATT Subscribe to get the <i>CATT Connection</i> newsletter as soon as it’s published. Feel free to share this information.</p>

MEETING PARTICIPANTS (those in attendance are highlighted)

<p>Alison Noice</p> <p>Carol Greenough</p> <p>Christina Baumann</p> <p>Christopher Hummer</p> <p>Deric Weiss</p> <p>Gil Munoz</p> <p>Jenny Haruyama</p> <p>Jill Archer</p> <p>Kathryn Harrington</p> <p>Kathy McAlpine</p> <p>Kevin Barton</p> <p>Kevin Mahon</p> <p>Kristin Powers</p>	<p>Latricia Tillman</p> <p>Maggie Bennington-Davis</p> <p>Monta Knudsen</p> <p>Pat Garrett</p> <p>Pierre Morin</p> <p>Reginald Richardson</p> <p>Ruth Osuna</p> <p>Simone Brooks</p> <p>Steve Berger</p> <p>Tony Vezina</p>	<p>STAFF</p> <p>Aika Fallstrom</p> <p>Kathy Prenevost</p> <p>Kelly Cheney</p> <p>Kristin Burke</p> <p>Naomi Hunsaker</p> <p>Nick Ocon</p>
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