

Center for Addictions Treatment and Triage (CATT)
Feasibility Study

Steering Committee
November 19, 2020, Meeting #2
11 a.m. – 12:30 p.m.
Zoom Virtual Meeting

Facilitators: Kristin Burke, Walt Peck

Participants: Attendance roster on last page

MEETING SUMMARY

1. Welcome/ Introductions	<p>Introductions.</p> <p>Recap from meeting #1 in September. You asked us to look hard at funding and reimbursement; timely treatment; engage clients before they are involved in the criminal justice system; and to think big but do so carefully.</p>
<p>2. Project Update – PowerPoint presentation by Kristin and Walt</p> <p>and</p> <p>3. Project Scope</p> <p>Combined summary of the discussions by topic</p>	<p>Discussion:</p> <p>Cultural Responsiveness:</p> <ul style="list-style-type: none"> • Lead with race throughout the development. • If we had an equity lens that is used in the decision-making process, we can keep this front and center. • When considering support for communities of color, don't lump them all together. Using the acronym BIPOC doesn't feel equitable. Consider their needs uniquely and speak to that separately. • During focus groups, ask culturally specific populations what they need to engage in services <p>Systems interface:</p> <ul style="list-style-type: none"> • Think about SB110 and intentional design around partnership with criminal justice and legal. • Interested in the episode of care and the connections to other community resources- other treatment programs, social services, housing, etc.

As we work together, let's remember that substance use touches many of us, either directly or through a loved one or friend. Sharing and embracing that perspective is essential to the success of our work.

- Medical legal partnerships (MLP) is a program that is in place across the country; to my knowledge the one we supported is the only one in Oregon - but the person who did that is at Health Share if you want to talk with her
- Think about the criminal justice interface, especially with specialty courts.
- Consider including medical/legal support, financial counseling, family and parenting supports.
- Plan for how handoffs to other systems will occur. Develop partnerships.
- In the recovery process, WHO will move people from the hospital, businesses, and jail to the CATT center (outreach and engagement to our partners will be hugely needed).
- We need to use our voice through the CATT to support other organizations by helping educate and create change in our state's mindset about SUD services.
- We need to plan for how the CATT program will function in the larger ecosystem of partner organizations and businesses.

Clinical considerations:

- Think about life course and differences across the age span; consider seniors and people with disabilities while planning, both for facility access and service needs.
- Remove both physical and linguistical barriers.
- Connect with Ed Blackburn center to get lessons learned around the balance of creating an environment that is low barrier/safe/centers on a harm reduction approach. It can be challenging to incorporate all three.
- Community outreach and engagement are super important and needs to be woven into the program.
- We should include virtual platforms and other new developments that were created in response to COVID into our program.
- Consider long-term recovery supports.
- Incorporate a trauma framework throughout the development and service delivery.
- When we talk about safety, safety of who? How do we manage what safety is to each person or group (staff,

	<p>visitors, black indigenous people of color, children of clients, etc.)</p> <p>Other:</p> <ul style="list-style-type: none"> Consider payment methodologies, advocate for new ways of funding services that allow for more flexibility in service delivery to meet the individual's needs. In-reach to the jail and hospital eds sounds and would be great, but it's also a huge lift. What is the role of prevention in this big project?
4. Next Steps	<p>Are we headed in the right direction? Enthusiastic and excited about bringing prevention, intervention, treatment and recovery together.</p> <p>What is the system we still need? What funding is needed to fill the gap(s)? There are good services now, but the system is not coordinated. CATT is one step closer to complete the continuum of care.</p> <p>Timeline for feasibility assessment – we'd like to have this finalized and presented to the Board of Commissioners in April 2021.</p> <p>Comments welcome at CATT@co.washington.or.us</p> <p>Next virtual meeting is January 21, 3 – 4:30 p.m. (Zoom room will be open approximately 10 minutes early.)</p>

Thank you for participating on the CATT Steering Committee!

MEETING PARTICIPANTS

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