

CATT PROGRAM DEVELOPMENT WORK GROUP (PDWG)

OCTOBER 7, 2021

MEETING SUMMARY

Virtual meeting – ZOOM

FACILITATORS: Kristin Burke, Kathy Prenevost

ATTENDING: David Eisen, Geoffrey Carden, Hannah Studer, Sean Fields, Jeremy Koehler, Katrina McPherson, Matt Conrad, Sheila Clark

STAFF ATTENDING: Nick Ocon, Aika Fallstrom, Kelly Cheney, Naomi Hunsaker

Agenda Item	Meeting Notes
1. Welcome -Introduce new members	Members introduced themselves.
2. Project Updates: Recap of last meeting	<p>A recap of the September meeting was provided:</p> <ul style="list-style-type: none"> The Board of County Commissioners (BCC) agreed that the CATT concept is great, approved us to continue researching our site recommendations and asked for a financial plan that details how we will pay for the site(s) and services <ul style="list-style-type: none"> Kristin gave a shout out to Fora Health and CODA for helping with the preliminary staffing analysis The CATT Leadership Team continued planning for the next phases of work over the summer and developed a timeline The work that needs to get done for the next phase was introduced
Key focus areas	<ol style="list-style-type: none"> Complete a financial analysis: <ul style="list-style-type: none"> Building and capital cost estimate Staffing model cost estimate Write Memorandum of Understanding agreements with our Coordinated Care Organizations – we want this program to be sustainable Complete research on our recommended sites and get BCC approval Stand up new work groups and subcommittees Select an architect – Washington County Facilities and Parks Division is working on an RFP
Site selection and recommendation	The site analysis document was reviewed. Of the few options available in the commercial real estate market, we identified two existing buildings that met most of our main criteria. We proposed this option as a split-campus model

and provided our recommendation to the BCC with justifications. They agreed we should pursue this option.

The two sites are about two miles apart, on public bus lines, one campus has plenty of green space, both have adequate parking and combined, give us the approx. 80,000 square feet we estimated is our need. These two sites are the least expensive option of the options available and would allow for quickest implementation without zoning changes.

The “WCCCA building” site is in Beaverton, very close to the Hillsboro city limits. Our intent would be to offer our core intensive services here: assessment and triage, sobering, crisis stabilization, withdrawal management (detox), and two residential treatment programs. This building is 24,000 square feet and we would add 10-14K s/f.

The “Aloclek building” is in the City of Hillsboro, on the eastern edge, near Tanasbourne. The green space and trails surrounding the 51K s/f building make it attractive for the CATT Community Services building. Community Services will house outpatient, health services, a peer drop-in center, Hawthorn crisis services and county staff.

We are doing the due diligence work to purchase the WCCCA building. If everything checks out, we will provide a written briefing to the Board in mid-December and hopefully get permission to buy in mid-January.

We are working on the details for a possible letter of intent to purchase Aloclek.

There are many steps in-between now and the BCC approving purchases. Once we physically own the buildings, we can start the architectural design work.

DISCUSSION

Q: If the county already owns the WCCCA building, why do we have to pay for it?

A: When 9-1-1 (WCCCA) built a new building to move to, the funding for the construction required monies from selling the old WCCCA building. And there will be costs to renovate.

Q: What are the drawbacks to this option?

A: Neither is on the MAX line, but it is a real struggle to find anything available on the MAX line. The main drawback is reliable transportation between the two sites. We may work with the CCOs on non-emergency medical transportation funds.

Q: So one of the advantages of the CATT is that cops won't have to take as

	<p>many people to jail, correct?</p> <p>A: Jail diversion is a goal. There are many medical, safety and staffing challenges during intake to serving highly agitated and/or involuntary individuals. We plan to open the CATT initially to voluntary intakes only and consider expanding to involuntary if staffing allows in the future. There are a lot of details and education to work out still. We may find some solutions as we continue to look at the whole system of emergency departments, law enforcement, EMR, and the CATT. There may be ways to support each other.</p> <p>We'll also need to look at the population who are ambivalent about treatment to see how best to help them.</p>
Revised Charter	<p>We accomplished a lot under our original charter which was formed over two years ago. An updated charter was emailed prior to the meeting for review. The revised charter reflects the current areas we would like this group to focus on.</p> <p>Immediate feedback was that people were fine with the revised charter. Feel free to email Kristin if you have feedback.</p>
Staffing the Center	<p>There are multiple services that we hope to offer at the CATT. Today's discussion will focus on staffing "Intensive Services" which include:</p> <ul style="list-style-type: none"> • Assessment and triage • Sobering • Withdrawal management (detox) • Crisis stabilization • Residential treatment <p><u>DISCUSSION</u></p> <p>To help inform the provider RFP and fiscal analysis, let's discuss what the big picture looks like for staffing the center. This is not a final staffing plan, but key characteristics that the selected provider should consider for the different service areas. Key questions to consider in the breakout group discussions:</p> <ul style="list-style-type: none"> • How do we ensure cultural responsiveness? • Where are opportunities to share staff across services? • How should the staffing vary by time of day? • How are peers integrated? <p>Attendees were divided into three groups and assigned key service areas to discuss. (Breakout room notes to be sent with meeting summary.)</p>
Key dates and next steps for the CATT	<p>Next PDWG meetings: December 2, 2021 and February 3, 2022</p>



Department of
Health and Human Services
Behavioral Health Division

	<p>Preliminary funding analysis: November 2021 (goal)</p> <p>Site selected: January 2022 (goal)</p> <p>RFP publish date: March 2022 (goal)</p> <p>If anyone on the PDWG is interested in serving on the Provider RFP creation committee, please let Kristin know (Jeremy K. volunteered at the meeting).</p>
Note:	<p>Feel free to reach out to Kristin or Kathy if you want more detailed information on anything discussed today by emailing: CATT@co.washington.or.us.</p>

Next PDWG meeting: December 2, 2021