



Center for Addictions Treatment and Triage (CATT)

Steering Committee September 16, 2021

3 - 4:30 p.m. Zoom Virtual Meeting

Facilitators: Kristin Burke, Kathy Prenevost Participants: Attendance roster on last page

Meeting Summary

1.	Welcome and introductions	Welcomed everyone back from the summer break and introduced new members.
2.	 Project updates a) Board adoption of study b) Planning for next stage 	Board adoption of study: After two years of work by many in the community, we published a feasibility study for the CATT. The study was unanimously adopted by the Board of Commissioners on July 20 and we were directed to begin looking for property. Feedback from the Board included the need for this program in our community; the desire to integrate the CATT into other services, especially housing; and we were asked to return with a financial strategy.
	of work c) Work group structure d) Provider selection	Planning for the next phase of work: The next stage of work includes creat a detailed financial plan that will detail property acquisition costs, staffing costs and resources available. The analysis will have two parts: capital infrastructure and services. We will also need to finalize the clinical design, select a site and begin construction. Other top priorities are to concentrate community engagement and systems integration.
		Work group structure: We have reconvened the Program Development Work Group and this group will work on the clinical areas of focus, which are to develop a staffing model and research best practices. We will be starting up several new committees and subcommittees. A <u>diagram of the work group</u> <u>structure</u> was shared.
		Provider selection : A subcommittee will help inform the Request For Proposal (RFP) to select a provider. This work will commence in early 2022. The chosen provider(s) will help with project development work by becoming a member of the Leadership Team, and the clinical work including facility design and staffing patterns.
		<u>Community Engagement:</u> A Community Engagement Committee will begin by the end of the year with three focus areas:





	 Informing the community about the project Receiving feedback on the design and implementation Working with neighborhoods and cities closest to where the CATT will be located
	This committee will be tasked with developing relationships with culturally diverse groups, those with lived experience, emergency services, and faith- based organizations. The committee will also partner with the county's Office of Equity, Inclusion and Community Engagement.
	Discussion: Make sure we are looking at grant opportunities and federal funding for substance use disorder services to help fund the CATT.
	It is smart to engage the community now, early in the process, and educate people about how great this program will be.
	Find synergies with partners doing community engagement work, like the group that is coordinating the COVID-19 vaccination outreach efforts, as an example.
	Use the Community Engagement Committee to provide education to the public and reduce the stigma of substance use treatment.
	Look for opportunities to partner with natural allies.
	There are underlying addictions issues in most of the people who have criminal justice issues.
	Congratulations on the progress made so far.
	The Board will need to see the community engagement strategy.
 Measure 110 a) Behavioral Health Resource Network 	One complete BHRN is required per county by January 1, 2022. A BHRN is not a brick and mortar building, but rather a collection of services and staffing that increase access to addictions care. We already have the elements of a BHRN in Washington County, but the services are dispersed across multiple organizations. Measure 110 (M110) will allow us to work closer together with our provider network and coordinate services.
(BHRN) b) System Approach	Washington County Behavioral Health began meeting with our local providers in August and together they formed a Measure 110/Provider Committee. This committee meets every two weeks to work on preparing for the M110 requirements, collaboratively. We are looking at a "hub and spoke" model with the county operating as the convener. This is an opportunity to enhance the current system of care by expanding culturally specific services and filling





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system gaps. We hope to submit the application for a BHRN in partnership with our providers.
The CATT will become part of the Washington County BHRN network when it opens.
Is this the right approach? Is there anything else we need to consider?
Discussion: There are many cultural groups and refugee communities that have historically been left behind and not offered services. Let's get some representatives from these diverse groups included in these discussions.
There can be a very high failure-to-appear rate for citations for possession of drugs. Under M110, how do we encourage people to engage in treatment?
We'll need to find creative ways to use the CATT to engage this community to treatment. We'll need a "winning formula."
We've been exploring property options since January 2021 as part of the feasibility study. Our priority has been to find a site that reduces barriers to treatment. We compiled our findings and submitted these to the Board of Commissioners. On September 14, the Board directed us to further explore the recommended option of a split campus model, acquiring a building in Beaverton that is currently owned by Washington County, and potentially purchasing a building two miles away in Hillsboro.
Are we on the right track? What other information would you like to see at the next meeting?
Discussion: How will you be braiding the funding sources and who will absorb what costs? This will be a big part of our financial strategy; we want the program to be successful.
It may be a good time to look at Alternate Payment Methodologies (APM).
This is creative problem-solving and an ingenious approach.
The Board is unanimously behind this approach.
This plan looks wonderful, but it is still quite a distance from the cities in south Washington County.
Hopefully you can etch out funds for transportation and rapid response pick- up for anyone ready to enter treatment.





Great concept and love the idea of a shuttle for south county residents.			
	Another county program is looking at Uber and Lyft vouchers as a more economical way to transport people to services. This could address the access to services issue when public transit is not a good option.		
	Medicaid pays for non-emergency medical transportation as a benefit and this may cover transport to and from the CATT for OHP/Heath_Share members.		
	The core services such as intensive treatment and residential treatment will be at the facility in Beaverton. The "core plus" services such as community services, county staff, and the crisis center will be housed at the Hillsboro location. We may or may not be able to open both at the same time, depending on funding. We will strive hard to do all of it as discussed in prior meetings.		
	If enough parking space was available, some supportive services could be done in mobile units.		
	Washington County already hosts a significant community of Afghani refugees. We don't know yet how many will be resettled in our region and how many will have access to welfare/Medicaid benefits. The refugees are highly traumatized and in need of supports. We will need everyone working together to find solutions.		
5. Next steps	Next Meeting: November 18, 2021, 3 - 4:30 p.m., on Zoom		
	Check out the CATT website for up to date information: <u>www.co.washington.or.us/CATT</u> and remember to <u>subscribe</u> to get the <i>CATT</i> <i>Connection</i> newsletter as soon as it's published. Feel free to share this information.		

MEETING PARTICIPANTS (highlights indicate those in attendance)

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