Center for Addictions Triage and Treatment
A Feasibility Study

WASHINGTON COUNTY
OREGON
Department of Health and Human Services
Human Services Division

Program Development Work Group

December 3, 2020
10:30 a.m. - 12:00 p.m.
Zoom Meeting
Meeting #6

Facilitators: Walt Peck, Kristin Burke
Support Team: Aika Fallstrom, Kelly Cheney, Naomi Hunsaker, Nick Ocon

Participants: Dave Mowry, Dustin Sluman, Fidel Escalante, Greg Bledsoe, Jeremy Koehler, Kathy Prenevost, Lydia Cortez-Hickox, Sean Fields, Sheila Clark, Stacy Andoniadis, Steven Youngs, Tristan Sundsted, Katrina McPherson, Matt Conrad

Welcome and Meeting Overview	Steering Committee feedback a. Cultural responsiveness b. System interface c. Clinical considerations d. Other Discussed cultural responsiveness as a key area of focus for the project. A question was raised regarding the make-up of the Steering Committee and how many members there are with a vested interest in the program versus no vested interest. One member wants us to consider fewer with vested interest going forward, so we get truly objective opinions. The facilitators stated that the advice we've recently received from another program is to fill the Steering Committee with decision-makers early on.
Discussion Groups	Group #1 (notes attached at end) Group #2 (notes attached at end)
Size and Scale Recommendations	An overview of the small group work on size and scale was provided. A PowerPoint was reviewed with estimated number of beds projected based on data about current beds in the system, and how many we could fill under SAMHSA guidelines. Discussion on BEDS: • Flex beds are really important • Flex beds especially important for people in recovery, for relapses, day to day crisis situations • With this number we could provide high-quality services • With 80-100 beds, will need a LOT of storage

	• Washington County now solely owns Tigard Recovery Center building. This may get used to serve South County with beds and services. • Washington County just received approval to purchase a hotel in Aloha with 52 units that will be converted into permanent supported housing for people with behavioral health and co-occurring needs. (Kristin Burke is involved in this work.) Discussion on FACILITY FEATURES: • Will need lots of storage • Will want several entrances for a variety of purposes • Some services need to be separate from others • Architect has been assigned to this project • Will discuss more in Jan and Feb Volunteers for a facility sub-committee were requested.

Group 1 Breakout Session	**Group 2 Breakout Session**
How do we provide culturally responsive services to a community with many diverse cultures? **Participants: Fidel, Sean, Lydia, Katrina, Dustin, Stacy, Jeremy** **Facilitators: Nick and Kelly** **(Note: these should not be considered quotes)** **Group feedback:** • Try to hire folks that look like and speak the language of individuals from the community. Folks from different lived experiences can have more authentic conversations to support individuals. • Make sure that employees reflect who is walking in the door of CATT. Make sure that both leadership and line staff reflect this diversity. Need to ensure that decision makers are also from these diverse communities. • Hiring people who come with lived experience – especially from the tougher communities – means they will often	**How do we provide low barrier access and a commitment to harm reduction while also creating a safe environment for all program participants?** **Participants: Greg, Matt, Tristan, Steven, Sheila, Dave** **Facilitators: Kathy and Naomi** **(Note: these should not be considered quotes)** **Group feedback**: • There needs to be two sides to the facility. This with require two intake areas. They will need to be set up differently. Maybe even four entrances. • There needs to be a security entrance. Added entrances would add to the cost. • Populations should not mingle. We need to be careful about messaging about reasons for separate areas. We need separate stairwells and doors for safety of residents and staff. • There needs to be break-out rooms for families etc; like what Hawthorn has in its

have a level of trust and be able to quickly establish rapport. They are more culturally aware as some communities hold a belief that they do not engage with help and providers outside of the family. • Culturally specific traditions and beliefs are strong within the Latino Community – there is a sense of pride and it takes time to work with the Latino culture. Hire those with an understanding of this and those that know how to work together to get to an end. Need to look at creative ways to engage clients. • What does it look like when the clients complete the program – understand discrimination that could happen again when folks leave the door. We will need continued resources like jobs and housing from providers who have demonstrated non-discriminatory practices. The transition from CATT should not further injure those affected by discrimination. • Yes, staff and leadership must represent the diversity of the community -- but maybe not mimic the composition of the community because that would be mostly white – but other aspects of diversity like religious and cultural diversity (gave an example of the Muslim religion). Could we partner with traditional health care resources where there are more diverse resources (as an on-call system)? Wants things to look as welcoming as possible for the most persons. • Need to identify a way to look at how to get folks involved from different backgrounds – create a roadmap to how to recruit a more diverse workforce. The PDWG was challenged to provide a solution to this ongoing, long-standing	lobby. (A room for families and a room for peers to meet with folks that are waiting) • Peer mentors should be the first point of contact when law enforcement brings someone into the sobering center. Strong relationships can be built between LE and clients and decrease barriers. Peers can link individuals to different services. • It would be helpful to have a call center to help with screening and intake. This could help individuals to address any needs prior to coming in such as mediation requirements for residential services, problem-solving supports for pets, etc. This up-front work can reduce the no-show rate. • We need to think of the issue of individuals with warrants' sitting in the lobby and the potential presence of law enforcement and be sure to address this dynamic. Perhaps separate entrances for law enforcement. • We need to allow family and community partners to help with triage and warm handoffs. • It would be helpful to have mobile capacity like the Washington County needle exchange van. Mobile capacity could go to the hot spots in the county and do outreach and engagement.

issue, rather than just acknowledge there is a problem. How do we get there? • How do we rebuild and repair trust with the communities – these workgroups do exactly that. There is a need to rebuild trust amongst different communities and work groups like this do exactly that. • Health Share is developing an equity tool to look at how to make and influence decision making. This will be shared with the work group. **Note: Asked whether any participants are aware of plans that their organizations have to lead with race and if so, to share out.**	

WHAT'S NEXT?

a. Meeting #7: January 7 (Zoom Meeting)
   1.) 10:30 a.m. to 12:00 p.m.
   2.) Topics: Facility Features
b. Meeting #8: February 4 (Zoom Meeting)
   1.) 10:30 a.m. to 12:00 p.m.
   2.) Topics: TBD