

Program Development Work Group

December 3, 2020

Meeting Overview

- Steering Committee Feedback
 - Cultural responsiveness
 - System interface
 - Clinical considerations
- Size and Scale recommendations

Steering Committee Feedback

Steering Committee

Alison Noice,
Executive Director
CODA

Carol Greenough,
Citizen Advocate
Behavioral Health
Council

Christina Baumann,
Chief Medical Officer
Washington County
Public Health

Deric Weiss,
Fire Chief
Tualatin Valley Fire &
Rescue

Gil Munoz,
Executive Director
Virginia Garcia
Memorial Health
Center

Kathy McAlpine,
Chief
Tigard Police
Department

Kevin Barton,
District Attorney
Washington County
District Attorney's
Office

Kevin Mahon,
Chief Clinical Officer
DePaul

Kristin Powers,
Regional Director
Providence Health
Systems

**Maggie Bennington-
Davis,**
Chief Medical Officer
Health Share of
Oregon

Monta Knudsen,
Executive Director
Bridges to Change

Pat Garrett,
Sheriff
Washington County
Sheriff's Office

Pierre Morin,
Clinical Director
Lutheran Community
Services

**Reginald
Richardson,** Executive
Director
Oregon Alcohol &
Drug Policy
Commission

Ruth Osuna, Deputy
County Administrator
Washington County
Administrative Office

Steve Berger, Director
Washington County
Community
Corrections

Tony Vezina,
Executive Director &
Co-Founder
4D Recovery

Cultural responsiveness

- Lead with race throughout program development
- Ensure equity is a key element of the decision-making process
- Consider the unique needs of different cultural groups, don't lump communities of color together
- Ask culturally specific populations what will encourage or discourage their willingness to engage in services

Systems interface

- Plan for an interface and partnership with criminal justice system
- Consider connections to other community resources, such as treatment programs, social services, housing, etc.
- Consider social/legal issues that can impact a person's health (housing, benefits status, etc.)
- Add financial counseling to supportive services
- Emphasize partner outreach and engagement that considers how people will move from referral sources (hospitals, businesses, jail, etc.)

Clinical considerations

- Consider seniors and people with disabilities while planning, both for facility access and service needs
- Remove both physical and linguistical barriers
- Connect with other programs for lessons learned about the challenges of balancing an environment that is low barrier, safe, and centers on a harm reduction approach
- Weave community outreach and engagement into the program; they are essential

Clinical considerations

- Include virtual platforms and other innovations developed in response to COVID-19
- Consider long-term recovery supports
- Incorporate a trauma framework throughout the development and service delivery
- Consider safety from multiple perspectives: staff, visitors, various cultures, different ages, children of clients, etc.

Other

- Advocate for new ways of funding services that allow for more flexibility in service delivery to meet the individual's needs
- Support other organizations working to educate and create change to the state's current approach to SUD services
- In-reach to the jail and hospital EDs sounds and would be great, but it's also a huge lift
- Consider the role of **prevention** in this project

Client Experience:

- **Group One:** How do we provide culturally responsive services to a community with many diverse cultures?
- **Group Two:** How do we provide low barrier access and a commitment to harm reduction while also creating a safe environment for all program participants?

Size and Scale Recommendations

Sobering/Alcohol/Opioids

- Only existing resources are hospital EDs and jail
- Utilization in other communities increased following outreach to law enforcement, hospitals, and other referral sources
- Admission criteria will be important
- National Sobering Collaborative is a great technical resource
- **Recommendation: 8-10 beds**



Sobering/Methamphetamine

- Only existing resources are hospital EDs and jail
- Maintaining separation from Alcohol/Opioid Sobering and treatment programs will be important
- Physical environment will need to be more durable
- Length of stay will be longer
- **Recommendation: 8-10 beds**



Withdrawal Management (Detox)

- Important referral source to residential program
- OAR requirements for staffing
- Rules will impact size
- Medical costs are significant, prescriber required
- Development of pathways into detox will be important
- **Recommendation: 8-16 beds**



Residential Treatment

- Focus on ideal milieu size to create a therapeutic environment
- Consider developing smaller service tracks within programs that address individual needs/experience in combination with common large group core programming
- **Recommendation:**
 - **Men - 24 beds**
 - **Women - 15-20 beds**
 - **Flexible - 15-20 beds**



Crisis Stabilization

- A gap filling resource; a safe place until space is available in another program
- Helps with goals of meeting people where they are and providing immediate care
- Admission criteria will be important
- Opportunity to engage individuals to other services
- Beds can flex for other needs
- **Recommendation: 8-10 beds**



Capacity Summary

• Sobering/Alcohol & Opioids	8-10
• Sobering/Methamphetamine	8-10
• Withdrawal Management/Detox	8-16
• Residential Treatment	
▫ Men	24
▫ Women	15-20
▫ Flexible	15-20
• Crisis Stabilization	<u>8-10</u>
TOTAL	86-104



Discussion

Next Steps

- Next meeting:
 - Thursday, January 7th
 - 10:30-Noon
 - Topic: Facility
 - Who would like to serve on a Facility work group?

Contact Information

- CATT@co.washington.or.us
- Kristin Burke, 503-846-4563
- Kristin_Burke@co.washington.or.us
- Walt Peck, 503-867-1826
- Walter_Peck@co.washington.or.us