

Center for Addictions Treatment and Triage (CATT)
Feasibility Study Phase

Steering Committee
May 20, 2021 Meeting #5
3 - 4:30 p.m.
Zoom Virtual Meeting


Facilitators: Kristin Burke, Walt Peck, Nick Ocon
Participants: Attendance roster on last page

Meeting Summary

1. Welcome & Introductions	Welcomed everyone back. The March meeting was recapped.
2. Project Updates a. Feasibility Study b. Masterplan approach c. Facility planning	<p><u>Feasibility Study</u></p> <p>The draft study was provided to County leadership. They responded and asked for us to provide a masterplan and answer a few more clarifying questions. These questions and revisions helped to build a rational case for the CATT. The Feasibility Study is nearly completed and will be shared with the Board soon. A copy will be provided to the Steering Committee soon after.</p> <p>The final decision for the CATT to move forward lies with the Board of Commissioners.</p> <p><u>Masterplan approach</u></p> <p>The masterplan highlights the project milestones and defines when key decision steps will go to the Board for approval. It also provides increased detail on implementing the plan, including a high-level, sequential roadmap to construction and a sequential path to the clinical side of things in partnership with local CCOs.</p> <p><u>Facility planning</u></p> <p>Our original concept for the CATT was based on an ideal for the types of services offered and the site attributes desired. We needed to add some flexibility in case the site or funding do not align with the recommendations from the Program Development Work Group (PDWG).</p>

	<p>The Core Services (sobering, detox, residential, assessment and triage and stabilization) will remain intact as they are the principal components to the CATT. We asked the PDWG to prioritize other services recommended in the Co-Located and Core Plus categories to determine where we could compromise if we had to.</p> <p>The results for Services Prioritization were:</p> <ul style="list-style-type: none"> •Tier 1 priority: Peer Drop-In Center, Housing Navigation and Access, Outpatient Substance Use Treatment, Outpatient Mental Health Treatment, Crisis Services/Hawthorn •Tier 2 priority: Supported Employment, Benefits and transportation assistance •Tier 3 priority: Pharmacy, Medical Care, Dental Care <p>Discussion:</p> <ul style="list-style-type: none"> • Several members agreed with the prioritization. • There is value in bringing the service provider on board early. • Look at the outbound referral model, post Measure 110. • Peers will be incorporated in all aspects of service delivery. • Peer drop-in center is separate from peers being integrated into treatment services. • Provide as many possible avenues to connect with people, where they are at in their recovery journey. • Combining pharmacy with medical and dental costs less if provided together. • Look at combining things that make sense to be together for shared utilization of space. • Good to know that the core services remain unchanged. • How many of the services will be done by partner agencies how many will be responsibility of the service provider? • May be some cost savings if Hawthorn and Behavioral Health staff are moved to the CATT campus, rather than continuing to lease space elsewhere. • We are engaging with our CCOs because most of our services will be funded by Medicaid. We have asked providers for their funding distribution which confirmed that OHP is the primary payor. Funding from the state will pay to provide some services.
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	<ul style="list-style-type: none"> • Be careful about assuming current system funding is, providers all do a range of things to make it work. • Question: As far as medical, dental and pharmacy services, did we talk about scope of work they think would be most helpful? Was length of stay discussed? Answer: Not yet. This is for the next phase of work. <p> Reminder that the CATT is still in the concept phase and the “to do list” will be refined if the CATT is allowed to move into the next phase of work.</p> <p>The results for Site Attribute prioritization were:</p> <p>Highest priorities:</p> <ol style="list-style-type: none"> 1. Located near public transportation 2. Plenty of parking 3. (Tie) Service separation, near population center, single campus <p>Lowest priorities:</p> <ol style="list-style-type: none"> 1. Access to nature 2. Easy to get to across whole county <p>Discussion:</p> <ul style="list-style-type: none"> • A large parking area could accommodate a mobile unit.
<p>3. Planning for next stage of work</p> <ol style="list-style-type: none"> a. Focus areas b. Work Group structure c. Provider selection 	<p>Facilitators discussed how to organize work and what do we do next. Eight key focus areas have been identified by the leadership team:</p> <ul style="list-style-type: none"> • Clinical services – get a provider selected • Funding – we need a financial plan that includes financing of treatment services. When is a good time to bring in the DA, Sheriff, local leaders for fundraising and to garner public support? • Systems integration – there are lots of systems in place; compliment and engage with these partners • Criminal Justice interface – how does CATT interface and support the work they are doing; seek opportunities for diversion • Community engagement • Communications – effective communications with all key stakeholders • Workforce development – this is critical. There is activity at the state and local level. Does CATT become a training center? How to



be a part of the solution without destabilizing the rest of the provider agencies?

- Facility – we need to identify a site and an architect

Discussion:

- When could we start fundraising and doing outreach?
- The more money we have, the more services on that tiered plan get done.
- There will be venues for criminal justice to do jail diversion – we want to do something creative and different.
- Measure 110 ARCs – this mandate is changing rapidly – keep a pulse on this.

Work Group and Committee structure

The Leadership Team has identified four new work groups/committees that will be needed, in addition to the four that are already up and running.

Already exist:

Leadership Team

Steering Committee

Program Development Work Group

Communications Work Group

New/Needed:

Community Engagement Work Group

RFP Development Work Group

Law Enforcement/Criminal Justice Interface Work Group

Workforce Development Work Group

Equity, Diversity and Inclusion (EDI) will be included in every aspect. We will engage the County's EDI team and rely on their expertise.

Consider a public health work group. Healthcare needs to step up for local providers to help people. (Plans are in place to bring on a Health Share representative to the Leadership Team to help with bringing a healthcare perspective.)

Provider selection

When is the right timing to bring on a provider? We want the provider to help inform the facility and clinical design.

	<p>We'll look at the RFP that was created for jail health and see if we can borrow from that.</p> <p>Timing is important as the Core Services will be provided early. There may be multiple RFPs for certain service areas.</p> <p>We used the same model for Hawthorn, in that we brought on the provider early.</p> <p>Will be looking at Whatcom County (Washington) -- which is a county-built and service provider operated facility – to ask about what worked and what challenges they faced.</p>
4. Next steps	<p>Feasibility Study is 99% done and will go to the rest of the Board of Commissioners soon for their review. We are hopeful that the Board agrees to move forward with the CATT in July.</p> <p>Next phase of work is being planned now.</p> <p>The Steering Committee will take a break for the summer and reconvene in the Fall and maybe a few different members.</p> <p>We are drafting a letter of support from the Steering Committee and will send it to you soon for signature.</p> <p>Walt is transitioning out as facilitator. Nick Ocon and Kristin will co-facilitate in the Fall.</p>

Next Meeting: September 16, 2021, 3 - 4:30 p.m.
(The Steering Committee will not meet in July)

MEETING PARTICIPANTS (highlights indicate those in attendance)

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