

Creation of a Center for Addictions Triage and Treatment: A Feasibility Study

Washington County Behavioral Health

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Contents

Executive Summary	4
The Planning and Development Process	6
Current State of Substance Use Disorder Services in Washington County.....	6
Current vs. Recommended Service Availability	7
Data Analysis	8
Societal/Human Impact.....	8
Collaborative Assessment and Development	10
Work Group Structure.....	10
Program Outreach: Learning from Others	11
Focus Groups.....	12
Concept Overview	13
Key Features.....	13
Foundational Elements	14
Lead with Race and Equity	14
Go Big, Carefully	15
Develop Expandable Model as Resources Become Available	15
Center on Core Building Blocks	15
Recommended Services	18
Core Services	19
Core Plus Services	19
Co-Located Services	20
Crisis Services/Hawthorn Walk-In Center:	21
Supported and Transitional Housing:.....	21
Tigard Recovery Center:.....	22
Community Partners	22
Facility Design and Client Experience	23
Size and Scale	23
Campus Model	24
Program Grouping and Size.....	25
Locational Analysis	25
Financial Analysis	27
Service Delivery Funding	27
Facility Maintenance	28

Capital Construction Cost Analysis and Resources	28
Cost Analysis.....	28
Resources Available.....	31
Masterplan: A Phased Approach	32
Project Phasing.....	32
Implementation Considerations	34
Implementation Approach	34
Next Steps	37
Works Cited	38
Glossary of Key Terms.....	39
Appendix A: Data Informing Project	44
Appendix B: Work Group Membership.....	52
Appendix C: Focus Group Feedback	54
Appendix D: Racial Equity Tool.....	57
Appendix E: Site Needs	59

Executive Summary

In July of 2019, the Behavioral Health Division of Washington County presented a concept to the Board of Commissioners to create a comprehensive substance use treatment center within the county. The Board provided direction for the division to engage in a process of assessing the feasibility of the concept, including a determination of need, services to be provided and a high-level cost analysis. This document provides a response to that directive.

Since the study commenced in 2019, the community push for police reform has increased the urgency to create services that support people without involving the criminal justice system. In addition, the Purdue Pharma class action settlement acknowledged the impact of opiates on local communities, providing new resources to combat the addictions that have community-wide consequences. Finally, the passage of Measure 110 in 2020 requires the creation of substance use assessment and treatment centers, redirecting marijuana tax dollars toward these efforts. These pivotal events have solidified the need and added potential resources to develop a comprehensive substance use treatment center in our community.

The County currently lacks critical infrastructure for meeting the substance use treatment needs of the community, especially for those who rely on publicly funded services. The impact of this is evident in many ways, including the high number of inmates in our jail who have substance use disorders and the prevalence of people presenting to our local emergency departments with intoxication. The impact on communities of color requires particular attention as their service utilization is lower than the general population, highlighting the need for culturally responsive services.

Over the past 18 months the Behavioral Health Division, in partnership with the Sheriff's Office, local stakeholders and individuals in recovery, has engaged in a structured process to create this feasibility study. Many different areas were considered including:

- Development of foundational principles to guide the work
- Analysis of existing service system and local data
- Evaluation of which services to include in the center
- Identification of the size and scale of the project
- The experience of an individual receiving services at the center
- Financial evaluation to include initial cost estimates and available resources

While the process was facilitated by County staff, the effort was a true community collaboration drawing on many professional and personal perspectives, especially those with lived experience in the substance use disorder and addictions systems of care. Focus groups with individuals in recovery and communities of color provided critical input into all aspects of the assessment. Over 180 people have contributed to this project to date.

The result of this work is a strong recommendation to move forward with the creation of a Center for Addictions Triage and Treatment (CATT). The Washington County Behavioral Health Division is in a fortunate position with existing funds reserved to start the planning of the project. Moving forward with the project now will position the county to rapidly capitalize on any new funding in a way that will have significant positive impact for the community for decades to come.

A note to our readers:

This document is organized into sections beginning with context about the current state of addictions treatment in Washington County. From there, the reader will learn about the approach the Behavioral Health Division took in developing the concept and engaging our community in the process. It is important to note that County staff began only with a general concept of creating a comprehensive substance use treatment center in Washington County; the philosophy, key features and program details were developed by stakeholders and community members.

The Recommended Services section outlines core programs that should be offered for the vision to be realized. Additional services and supports that are complementary in nature and would help support a person’s recovery are described in this section as well. While this fully integrated approach would be ideal, budgetary limitations may necessitate a more focused model, therefore the services are prioritized. From there, the reader will learn about preliminary concepts for the buildings and land required to provide the physical space to provide the services. A fiscal analysis follows, detailing the estimated costs of developing the center.

Finally, the document concludes with a recommended implementation plan. This plan offers a flexible approach should resources be inadequate to initially implement the full concept as described. Detailed in this section are the key stages at which the Board of County Commissioners and the County Administration will be engaged to assess progress by the project work teams, provide input and make key decisions. The intent is to ensure the plan for this critically needed service infrastructure is implemented in a manner that maximizes community benefit within the scope of available resources.

**WHAT DOES *THAT*
MEAN?**

You can find a [glossary](#) of acronyms and terms located at the end of this document, beginning on page 34. Two key acronyms you’ll see throughout this document are:

CATT: Center for Addictions Triage and Treatment

SUD: Substance use disorder

● The Planning and Development Process

This feasibility study is an important first step towards a comprehensive approach to assisting individuals struggling with substance use disorders in Washington County. Our vision is to create a center for addictions triage and treatment which provides rapid access to culturally responsive treatment. The center would include a variety of co-located services and supports to offer tailored services to residents with substance use disorders.

This first stage of planning, the feasibility study, provides policy makers with a preliminary examination of recommended programs, services, and facility needs. If directed by the Board of Commissioners, County staff will move into the next phase of finalizing program detail and facility plans, as well as developing recommendations for real property purchase and selection of a service provider. Following this, the focus of the work will shift to the phased construction of the facility and hiring of program staff.

Considerable work was done to develop the content of this study. Over an 18-month period, County staff engaged individuals with lived experience, community partners and subject matter experts to develop a concept that is responsive to our community and the needs of people living with substance use disorders. Over 180 people have contributed to this study, more than half of those individuals are in recovery from a substance use disorder. Their experiences, and willingness to tell us what works, formed the foundation of this document.

Current State of Substance Use Disorder Services in Washington County

There is a long and complicated history of substance use in our society, one marked by stigma, judgment and limited services. For some, substance use is seen as a moral failing. For others, the pain of seeing a loved one struggle is almost unbearable and often marked with a sense of helplessness. For the individual struggling with an addiction, getting help can be extremely difficult and hopelessness may ensue. Adding complication, the legalization of some drugs such as marijuana and decriminalization of possessing others (e.g. [Measure 110](#) passed in November 2020) is changing society's perception of substance use in our society. These historical and present contexts contribute to the system we have today, one that is under-resourced and still heavy with stigma and lacking in culturally responsive services.

Our current system of care for substance use disorder treatment is hard to access and difficult to navigate. In 2019, Oregon ranked 48th in the nation for individuals needing but not receiving substance use treatment

(Mental Health and Addictions Certification Board of Oregon, 2019).

"...I have lost two family members to overdose; something no family should go through."

--Program Development Work Group member

Many services are unavailable in Washington County, and health care coverage often dictates the options a resident might have. Individuals with commercial insurance or financial resources often have the means to access treatment services when and where they want; individuals with no insurance or public benefits commonly travel a long distance or wait weeks to find help in a system with limited options.

The impact of these challenges in accessing care is evident in many ways. From a human aspect, people with substance use disorders are more likely to have contact with law enforcement and may end up in the local jail with charges that can potentially upend work and home lives with long-lasting effects. From a systems perspective, changing community needs (Lew & Sledd, 2019) have resulted in the closure of programs such as the Hooper Regional Sobering facility (Everton Bailey, 2020),

further straining the limited services available. The community is impacted in a variety of ways including the slowing of access to care and increased health care costs that result when individuals with untreated substance use disorders end up in local emergency departments (Multnomah County, 2017).

Washington County is in a position to substantially improve its treatment system of care for adults with substance use disorders with over \$17 million in special funds currently available to support this concept. This document outlines the need, vision, strategies and resources required to invest in our service infrastructure and fill gaping holes in our treatment system. The benefits will extend far beyond the addictions treatment system with impacts to health care, social services, criminal justice and overall community welfare. There is no illusion that a single program will ever be the solution for the interrelated challenges of substance use, addiction and mental health; however, thoughtful improvements to our treatment systems can provide a pathway to renewed lives and hope for many individuals and their families.

Current vs. Recommended Service Availability

The feasibility study began in the summer of 2019 with a review of the publicly funded substance use treatment system. Behavioral Health staff asked two questions: What services do we currently have in our community? What does our community need?

The first question was easier to answer. As the Community Mental Health Program and, at the time, manager of the behavioral health benefit for the largest Medicaid plan in the county, Washington County staff had ready access to information about the current system of care. The publicly funded system of care was the focus because, as the chart below reflects, current service availability is either lacking or non-existent for key substance use disorder services.

Answering the second question about what our community needs, was more challenging. A review of literature and best practices provided some direction, but not a definitive answer. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) provided the clearest guidance for several levels of care (SAMHSA, 2015). Using population data, it quickly became evident how little service infrastructure exists in Washington County.

Table 1: Current Publicly Funded Service Capacity in Washington County

Service	Current availability within County*	Recommended **	Deviation from Recommended
Sobering Beds	0	No National Data	N/A
Detox Beds	0	37	100%
Men's Residential	13	112	88%
Women's Residential	15	74	80%

*Does not include inpatient care or in-custody treatment services provided by local hospitals or the jail

**National Survey of Substance Abuse Treatment Services (2015), SAMHSA

The county is severely lacking in intensive treatment resources to support adults. There are no dedicated sobering beds or publicly funded withdrawal management (detox) beds in our community. As a result, people who are intoxicated often end up in the jail booking area or hospital emergency departments until they are safe to leave.

These findings were reinforced by the data analysis conducted as part of this study as well as a system mapping process facilitated by the Behavioral Health Division in December 2020. Using the Sequential Intercept Model (Mark R. Munetz, 2006), the system mapping review of the existing

behavioral health system of care identified the lack of an emergency detox center and insufficient residential treatment capacity as key gaps that contribute to individuals with behavioral health conditions becoming involved in the criminal justice system.

The result of not having adequate services available is significant. Residents often must travel outside of the county to access intensive care for substance use disorders. In early 2020, Behavioral Health Division staff conducted a survey of residential providers in the Portland metropolitan area and found that most had wait lists, and it was not uncommon for people to wait weeks for an opening. Due to the nature of moderate and severe substance use disorders, individuals generally do not have the capacity to wait for treatment. This reality results in many people not entering care, even if they are ready.

Oregon’s substance use treatment need is significant. In 2019, Oregon was third in the nation for the percentage of the population who had a substance use disorder within the last year (Mental Health and Addictions Certification Board of Oregon, 2019). Washington County participates in the Healthy Columbia Willamette community health needs assessment which has consistently identified access to behavioral health care as a priority for our community (Comagine Health, 2019). Listening sessions with individuals in recovery regularly highlight *immediate* access to care as one of the most critical features for success. Finally, data shows that the County jail is a common withdrawal management site for publicly funded individuals; people should not have to go to jail to receive support while withdrawing from substances.

Data Analysis

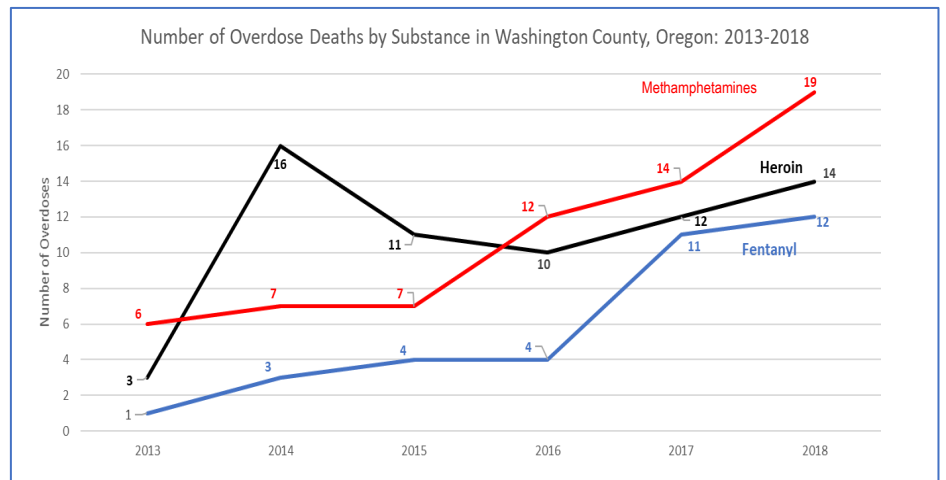
The feasibility study began with the creation of a work group to identify and analyze data that could help inform the project. The work group consisted of representatives from Public Health, crisis services, law enforcement, jail health care, local hospitals, emergency medical services and the behavioral health system. For purposes of brevity, only a portion of their findings are included here; additional information can be found in [Appendix A](#).

The data clearly shows that many people dealing with untreated substance use disorders eventually receive services, though often in systems not designed to provide this care, such as emergency departments or in the County jail. The largest emergency department in the county, Providence St. Vincent, noted that over a four-year period between 2016 and 2019, over 16,000 visits had some component of substance use, with multiple substances common. Data provided by the Washington County Sheriff’s Office show that arrests for driving under the influence of intoxicants average over 200 each month and on any given day, at least 10 inmates are on detox protocols in the jail. See Appendix A for more information.

Societal/Human Impact

Perhaps the more important and compelling data describes the human toll that substance use has on our community members. In 2018, 45 county residents died from overdose of substances including heroin, fentanyl and methamphetamine. Despite successful efforts to reduce the number of opioid prescriptions, there was a steady increase in

Figure 1: Drug Overdose Deaths



overdose deaths between 2014 and 2018 (Washington County Public Health, 2019). Suicide, alcohol-related deaths and drug-induced deaths were the 7th, 9th and 10th leading cause of deaths for Washington County residents from 2012 to 2016 (Comagine Health, 2019). The impact of substance use on families is significant as well. Statewide, parent drug abuse was a factor that led to a child being removed from a parent’s custody and placed in foster care in nearly half of all cases (Oregon Department of Human Services, 2019).

Table 2: Child Welfare Custodies

Removal Reason	FFY 2016		FFY 2017		FFY 2018	
	Number	% of Entrants	Number	% of Entrants	Number	% of Entrants
Neglect Abuse	2708	71.1%	2856	70.3%	2373	66.3%
Parent Drug Abuse	1880	49.4%	2133	52.0%	1671	46.7%
Inadequate Housing	578	15.2%	698	17.2%	706	19.7%
Domestic Violence	463	12.2%	622	15.3%	671	18.7%
Physical Abuse	502	13.2%	557	13.7%	571	16.0%
Inability to Cope	652	17.1%	566	13.9%	512	14.3%
Parent Alcohol Abuse	359	9.4%	535	13.2%	422	11.8%

The data analysis demonstrates the varied and destructive ways a substance use disorder can destabilize life for the individual, their loved ones and other members of the community. Even when help is sought, providing treatment and other supports is complicated. This reality emphasized the need for a collaborative response with multiple perspectives and experiences involved to build a program to address community needs from the ground up.

Collaborative Assessment and Development

Work Group Structure

To ensure a variety of perspectives were considered and many voices were included in the project, specific work groups were developed, and responsibilities were assigned. Subject matter experts and stakeholders worked together to both build and inform the project. Key work groups include:

- **Leadership Team:**

County staff who organize the project, convene meetings and collect information from other organizations to inform the development.

- **Steering Committee:**

Local leaders who provide key insights into the development and possess broad systems knowledge. This committee helps ensure the project is on the right track and is integrated into other systems.

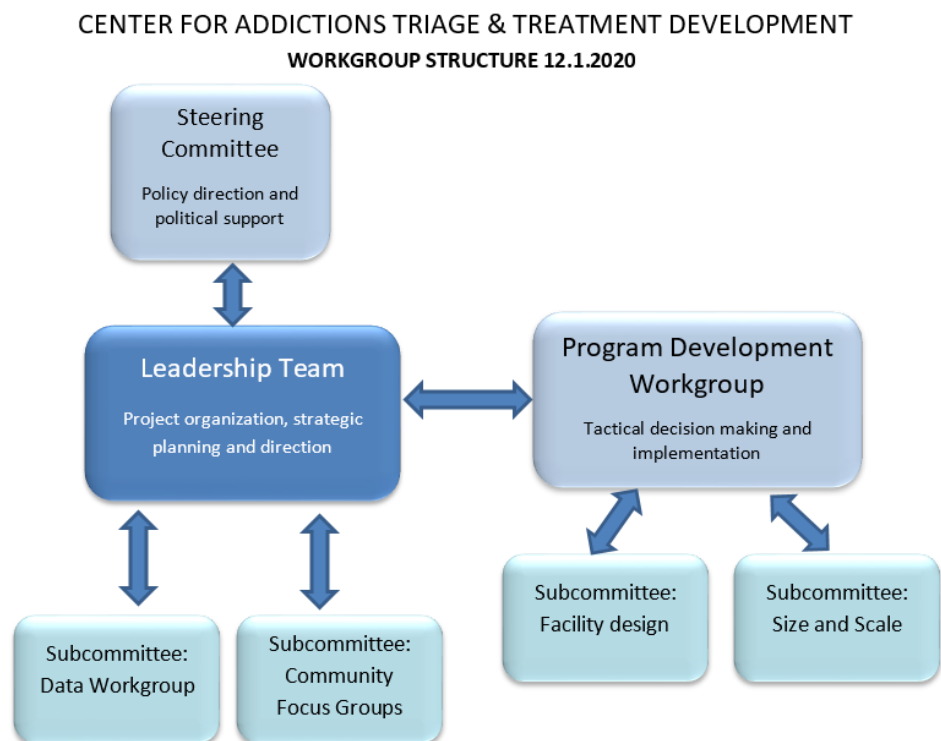
- **Program Development Work**

Group: Subject matter experts that include provider organizations, community stakeholders and individuals with lived experience with the challenges of a substance use disorder. This group provided much of the core, foundational input for this feasibility assessment.

- **Topic Subcommittees:** These committees are usually short-term in duration and focused on key topic areas.

- Data collection and analysis
- Facility design
- Size and scale
- Community focus groups

Figure 2: Work Group Organization



The information collected at each group was incorporated into the overall program design for the concept. Great care was taken to share feedback across work groups and clarify areas when there was not alignment. Many members were representative of other community groups including the Alliance of Culturally Specific Providers, the Law Enforcement Council, and the Behavioral Health Council appointed by the Board of Commissioners. For a list of work group members, see [Appendix B](#).

Program Outreach: Learning from Others

The Leadership Team recognized the importance of learning from the experiences of other communities. A nationwide search revealed a limited number of substance use disorder programs that include the range of services under consideration for the CATT; ultimately, four programs were identified as having valuable information to contribute. In response to outreach by the Leadership Team, each of these organizations was very willing to provide insights into their services. Structured phone interviews (often more than one) were conducted with the information compiled and brought back to the various work groups for consideration. The four initial programs were:

- Restoration Center (San Antonio): a large, comprehensive program that specializes in jail diversion and connection to homeless services. Their mission is to provide integrated care for individuals with substance use, mental health disorders and intellectual and developmental disabilities.
- Lifeline Connections (Vancouver, WA): an agency that has developed over the years to have many different types of services and a strong connection with local emergency departments. Their mission is to inspire hope and support life-saving changes for people affected by substance use and mental health conditions.
- Onsite (Vancouver, BC): co-located with a legal injection center, focuses on the houseless and socially marginalized community. Using a harm reduction approach, the organization provides detox services and transitional housing with a mission of supporting those poorly served elsewhere in the community.
- National Sobering Collaborative (San Francisco): a consortium of organizations providing sobering services which focus on research developing and implementing best practices and disseminating information. Their goal is to support sobering centers across the nation, both in formation of services and in sustaining of programs.

In addition, the Leadership Team had conversations with Portland provider Central City Concern to understand what led to the closure of Hooper Regional Sobering as well as with the staff at Buckley House, a program in Eugene that offers sobering and withdrawal management (detox). Finally, the Leadership Team has closely followed the development of the new Fora Health, Treatment and Recovery campus in Multnomah County (previously DePaul Treatment Center).

These conversations were instrumental in adding key information about challenges and successes other programs have faced. The Leadership Team was also able to learn about how those organizations are funded, efforts they make to provide culturally responsive services, and the size and scale of each program. Initially, the Leadership Team had hoped to travel to several programs for more in-depth learning; however, the COVID-19 pandemic prevented site visits from occurring. The team intends to connect with these programs as the COVID-19 pandemic subsides and travel becomes possible. The goal is to visit two or three programs to obtain a more detailed understanding of their programs and processes to help inform the clinical design of the CATT.

PROGRAM FEEDBACK

- Ensure local leaders are engaged in the project and share in the responsibility for its success.
- Use strategies for long-term engagement, many people won't connect to services right away or will need to come back in the future.
- Services must be available at the time the person is ready, immediate access is critical.
- Don't think about substance use treatment as an acute episode of care, people need long-term support.
- Use a harm-reduction approach, focus on engagement.

Focus Groups

One of the most valuable sources of information for this project were insights from people who have received services in the current system of care. While the Leadership Team emphasized incorporating this perspective in all levels of the project by including individuals with lived experience as work group participants, focus groups were also held to collect additional input. These groups were held in person when proper physical distancing could be maintained, and the rich feedback was brought back to the various work groups to incorporate into their development work. A deliberate effort was made to connect with a variety of communities of color and other diverse groups. On more than one occasion, focus group participants were subsequently recruited to serve on a project work group. Overall, 10 focus groups were held with over 100 participants. Key questions that were asked included:

- What were some of most important things in treatment that were helpful?
- What components of a program like this would make it hard for individuals seeking services?
- What are some key components we should definitely include?

These listening sessions both informed and validated the work that was occurring in other work groups, and they helped shape the project “building blocks” (values and objectives, found on page 15). Key themes included ensuring client choice, employing staff that reflect the community, the need for aftercare connection and the importance of immediate access to services. A summary of the focus group input can be found in [Appendix C](#). Connections and communication are being maintained with the focus groups to help ensure that the project stays grounded in the experience of people most likely to use these services.

FOCUS GROUP PARTICIPANTS

- **4th Dimension O’Rourke Center** (ages 35 and younger)
- **Bilal Mosque** (Muslim community members)
- **Mental Health and Addictions Assoc. of Oregon** (adult men and women)
- **Peer Collaborative** (certified peer mentors)
- **Bridges to Change** (certified peer mentors)
- **Latino Network RAICES** (Latino community)
- **IRCO** (immigrant and refugee community)
- **Women First** (African American women)
- **Quest Center for Integrated Health** (low income, people living with HIV and LGBTQIA2S+)

● Concept Overview

The current state data review and focus group responses confirmed what staff, the work groups and many in the community already knew: Washington County lacks the facilities and staffing necessary to provide intensive substance use treatment for our residents, which has a significant human toll and impacts multiple systems. From this starting place, a concept was formed to create a comprehensive center for substance use treatment that is accessible and responsive to community needs. This center would provide rapid access to multiple levels of care in a manner that emphasizes cultural responsiveness and integration with other healthcare services and systems. Core services would include assessment and triage, sobering, withdrawal management (detox), medication assisted treatment, crisis stabilization and residential treatment. The many individuals working on this project refer to it as the “Center for Addictions Triage and Treatment” or the acronym “CATT.”

“We need people with personal experience, who are genuine, who care, and do not treat us just like a number.”

*--O'Rourke Recovery Center
Focus Group Participant*

Key Features

Recognizing that the needs of our community will change over time, the CATT should be flexible and adaptable, so that it remains an asset for the County well into the future. The program should be centered on the individuals it serves, providing a warm, welcoming approach with long-term engagement of our residents who may or may not be ready for treatment. Rapid access to care should be a cornerstone for all services. Foundational to the program is providing culturally responsive services and addressing inequities that exist in our service system. Additional detail can be found in the following section.

A partnership between the County and community-based organizations is recommended as the operating structure for the CATT. With active assistance from the work groups, the County will create the physical infrastructure and develop the service delivery model. The actual service delivery provider will be selected through a public procurement process in partnership with the local Coordinated Care Organizations which will fund many of the services provided with Medicaid dollars. This model has proved successful in a previous Behavioral Health Division project, the creation of the Hawthorn Walk-In Center, a behavioral health urgent care center located in Hillsboro. This approach leverages the financial resources of the County, the role of the County as a convener and the clinical expertise of a community organization that specializes in substance use treatment services.

The needs of the individuals served by the CATT will be complex and not limited to substance use treatment. Many individuals will have co-occurring health and mental health conditions, legal charges, unstable housing and involvement in other systems such as child welfare. It will be critical for the CATT to develop strong partnerships with other community organizations and systems to take a holistic approach to supporting an individual. Services should be co-located when possible and clients of CATT should receive assistance in navigating systems.

While the concept of CATT is ambitious, it is important to be clear about what will not be part of the program. The program will not replace existing services offered in the community. There is an array of outpatient treatment programs in the community, and the CATT will complement, collaborate, and refer to them. The CATT will not serve as an extension of the jail, or provide services to individuals in a custody setting; instead, strong pathways will be developed collaboratively with the justice system to divert individuals from jail, and to support individuals transitioning out of the jail or in a probationary status. The services provided will be voluntary in nature and designed to engage and support people. Finally, CATT will not be a panacea for substance use concerns in our community. It will be one critical element that will help many; however, substance use disorders are typically chronic conditions and their challenges long-term.

Foundational Elements

A key challenge of any group planning effort is distilling a range of ideas into effective guidance that produces strategic action. This section identifies the guiding CATT principles and core building blocks that emerged based on lessons learned from other organizations, focus groups and input from the project work groups.

Lead with Race and Equity

Washington County has acknowledged how long-standing inequities impact our community members. Social service systems and other institutions were generally formed by Caucasians and therefore are based on Caucasian norms and priorities. Addressing resulting inequities that are present in our community is a key priority for Washington County. On February 25th, 2020, the Board of Commissioners

“...inequities can and must be addressed as Washington County has a moral and legal responsibility to provide all its residents with equal access to the County’s public resources...”

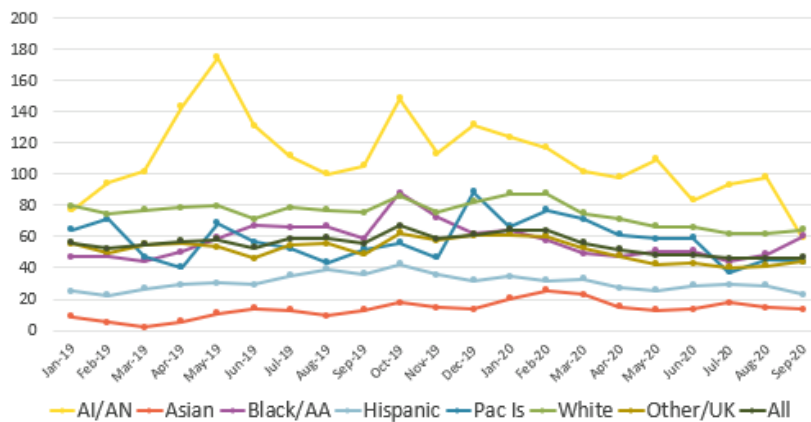
--Washington County Resolution on Diversity, Equity, and Inclusion 2/25/2020

adopted a resolution on Diversity, Equity, and

Inclusion. This resolution acknowledges the higher representation of communities of color in issues of poverty and unemployment while recognizing the underrepresentation in other areas such as County staff. It acknowledges the existing inequities and provides a commitment to “dismantling long-standing systems, programs, policies and practices that may have historically created obstacles to the success of people of color, members of ethnic communities and any marginalized group.” The CATT Leadership Team has embraced this resolution and made deliberate efforts to center on race and equity as the project has developed.

Figure 3: Washington County Utilization of Substance Use Treatment Services by Oregon Health Plan Members

WashCo only: Outpatient SUD Utilization per 1000 member months by Race/Ethnicity: All ages



# Health Share members, Washington County only, Dec 2020			
AI/AN: 1,126	Asian: 5,638	Black/AA: 3,607	Hispanic: 22,021
Pac Isl: 817	White: 38,973	Other/UK: 28,924	ALL: 101,106

Our diverse community does not access or receive services for substance use disorders equally. Data from Health Share of Oregon, the local Coordinated Care Organization serving over 100,000 Washington County residents, shows that the percentage of Asian, Hispanic and Pacific Islander members who utilize outpatient substance use disorder services is significantly lower than for Caucasians (Health Share of Oregon, 2020). A review of specific service utilization found Hispanic members, the county’s second largest racial group, are far less likely to access or receive medication assisted treatment or

residential care (Health Share of Oregon, 2020). There are likely multiple reasons for this disparity. Lessons learned from other programs and focus groups about providing services in a culturally responsive manner through staffing, language, and a welcoming environment can provide a starting point for devising strategies that reduce access barriers.

From the beginning, the project Leadership Team has taken deliberate steps to include the voice of various communities of color in all aspects of the project. The team invited diverse individuals to participate in work groups, intentionally reaching out to underserved populations. Several focus groups with culturally specific populations were held to solicit feedback from individuals who would use the program. The project leadership also consulted with the County's Chief Equity and Inclusion Officer and will include the Office of Equity, Inclusion and Community Engagement in future work on the project. Finally, the project leadership, in collaboration with a work group of subject matter experts, adopted an equity tool to be applied to all project decisions going forward. See [Appendix D](#) for more information about the adopted equity tool.

Go Big, Carefully

Like most projects of this nature, it was challenging to find a balance between proposing a program that is restrained by available resources, and one comprehensive enough to truly address community needs. The fact that funding resources are fluid, and not completely known at this time, adds to the dilemma. Ultimately, the question was put to the Steering Committee: should we focus on what we can do with current resources or dream big?

The Steering Committee acknowledged the funding constraints that necessarily accompany projects such as the CATT, and they also reflected on the complicated needs of community members who would be served at the center. Discussion focused on the significant limitations of treatment that fails to also address physical and mental health needs, as well as social determinants of health such as supported housing and employment assistance. In the end, the Steering Committee urged the Leadership Team to strive for a comprehensive center that supported the holistic needs of an individual, while proactively pursuing the funding required for a sustainable model. Go big, they said, but do so carefully.

This approach must be coupled with active coordination with County Administration and opportunities for input, decision making and support from the Washington County Board of Commissioners at key project milestones. A project of this nature requires significant coordination with other County departments and community partners, as well as substantial investment of resources, both financial and personnel capacity. In addition, while many in our community agree that additional treatment resources are a good idea, finding the right location for a substance use treatment center is sure to raise concerns from those living or working close by. Community and stakeholder engagement will be essential for the project to be successful, and the Board of Commissioners must be comfortable with the project direction at all critical stages. Key project milestones are described later in this document, in the section [Masterplan: A Phased Approach](#).

Develop Expandable Model as Resources Become Available

In response to the Steering Committee's guidance, a strategy of phased development was established for the CATT. Based on a prioritization model developed by the Program Development Work Group, the project would initially emphasize facilities and contracted services required to provide core services. As additional resources become available, expansion would occur until the full range of services is provided. Early key decisions about land size, zoning and architectural concepts must be made with future growth and expansion in mind.

Center on Core Building Blocks

One of the first tasks assigned to the Program Development Work Group was the establishment of project values and objectives to guide the planning and development of the CATT. Known as the building blocks, they are informed by research on best practices, focus group interviews, and lessons learned from similar programs. They center the key values of the program in all aspects of the development and are intended to be used in tandem with the foundation of leading with race and equity. The building blocks focus on five key areas: services, accessibility, client experience, facility and safety.

CATT BUILDING BLOCKS

Accessibility

Core Value

Timely and on-going access to services is critical to the recovery journey of any Washington County resident.

Objectives

- Prioritize rapid access to substance use disorder services
- Provide seamless entry into CATT from hospitals, the justice system and other key referral sources
- Work to significantly reduce barriers to care
- Ensure priority services are available on a 24/7 basis
- Strive for no wrong door, with multiple avenues to enter services at CATT

Services

Core Value

We believe that people can recover. Through partnerships and community connections, our services are comprehensive, coordinated and founded on evidence-based practices.

Objectives

- Ensure services are culturally responsive and supportive of all community members
- Actively engage community partners in all aspects of program development and planning
- Integrate and coordinate substance use disorder treatment with mental health treatment
- Use a model where peers are active and integrated in all components of the program
- Coordinate care across service systems
- Place a high value on natural supports (i.e. family, friends, community) and engage wherever possible
- Ensure that the program is a viable alternative to jail for non-violent offenders
- Ensure that a harm-reduction approach is prevalent throughout the service array

Client Experience

Core Value

Services are driven by the individual and are rooted in dignity, respect, safety, client-choice and timely access.

Objectives

- Focus services on meeting clients' self-stated goals with a philosophy of hope and resiliency
- Provide services that are responsive and welcoming to a diverse community
- Ensure the presence of staff that reflect the diversity of the individuals served
- Ensure a life experience perspective is present by integrating peers into all components of care
- Implement seamless transitions through services
- Establish the Center using trauma informed care principles

Facility

Core Value

Design a welcoming and inclusive environment that allows services to be provided in a manner that is safe, comfortable and effective.

Objectives

- Locate close to public transportation
- Design space with flexibility in mind to accommodate changes in services and community need over time
- Build for long-term growth of community
- Anticipate dedicated or shared space needs of adjunct service providers
- Construct isolated community spaces for separation of services, client privacy and respect
- Utilize design features that promote safety, health and a trauma-informed treatment environment
- Utilize furnishings that are durable yet comfortable, and easy to secure, clean and sanitize

Safety

Core Value

The safety of staff, clients, friends, families, and the community is of utmost importance.

Objectives

- Ensure that staff, client, and community safety is a key element of facility design
- Research and adopt safety best practices for design and operations
- Establish critical staffing requirements
- Hire and train staff who are compassionate and supportive of clients
- Identify and address external threats to clients, such as domestic violence, through partnership with other organizations
- Clearly define, support, and communicate safety protocols to staff and clients

The goal of the building blocks is to ensure that CATT services are centered on the individuals who receive them, and provision of holistic supports. The program should welcome, draw upon and, when possible, enhance existing support from family and friends. Employees should include those with lived experience of having a substance use disorder to imbed the “I’ve been there” perspective in all aspects of the CATT. Services should be welcoming, accessible and provided by staff whose attitudes and appearance suggest empathy and genuine caring.

Recommended Services

This section provides information about the different types of services that would be provided at the CATT. Intensive substance use treatment is a continuum of services that provide specific supports during different periods of a person’s recovery journey. Recovery is not always a clear, linear path; instead, for many people it is a lifelong endeavor with periods of sobriety and periods of substance use.

An intricate relationship often exists between mental health and substance use disorders. At times, having a substance use disorder will exacerbate a co-occurring mental health condition, while for others a mental health condition may lead to increased substance use as an individual seeks relief from their symptoms. Because of this complex and dynamic relationship, mental health and substance treatment services are often collectively referred to as “behavioral health.” The services provided at the CATT must be able to support both substance use disorders and co-occurring mental health diagnoses. Though it is not specifically described in each service type, mental health support must be integrated into all services.

The process of identifying and prioritizing CATT services was complex. As previously mentioned, the needs of individuals dealing with a serious substance use disorder are often complicated, so it was not surprising that the initial list of potential services was extensive. After considering existing gaps in service in Washington County, as well as best practices and the experiences of local providers and individuals with lived experience, the Program Development Work Group organized services into four categories. These services are described in more detail on the next few pages.

Table 3: CATT Service Categories

Core Services	Core Plus Services
Assessment and Triage Sobering Withdrawal Management (detox) Crisis Stabilization Residential Treatment Outpatient Stabilization	Outpatient Substance Use Treatment Outpatient Mental Health Treatment Supported Employment Drop-in Center (Flex space)
Co-Located Services	Community Partner Provided Services
Medical Care Dental Care Supported Housing Benefits and Transportation Assistance Pharmacy Crisis Services/Hawthorn Walk-In Center County Behavioral Health Staff	Social Services Primary Healthcare Services Education / Family Support Animal Care Family Justice / Legal Services Many others....

It is important to note that there are specific supports that need to be integrated into all CATT services. Mental health supports were previously mentioned and would be complemented by peer services, which include mentoring and support provided by a person with lived experience who is in recovery. Medication supported recovery should also be accessible to anyone who receives care at the CATT, regardless of which program they are enrolled.

Core Services

These services provide critical treatment infrastructure and are foundational to the program design. All core services should be included in the CATT from the outset to address the most pressing and immediate needs of individuals. Services that must be included are:

Assessment and Triage: The entry point into services where an individual meets with program staff to discuss their substance use, service needs and desire for treatment. Initial engagement and support by a Peer Specialist are crucial, with clinical assessment provided by Certified Alcohol and Drug Counselors. The goal is to provide immediate support and rapid connection to care. This service will be closely aligned with the Hawthorn Walk-In Center which offers urgent behavioral health care to support and triage individuals, regardless of where they request assistance.

Sobering: Designed to support an individual who is acutely intoxicated while they are processing the substance from their body. Services include monitoring of vital signs, providing fluids and nutrients and offering a safe and supportive environment until the individual is ready to transition to a different level of care. Length of stay is typically very short, generally ranging from 4-12 hours.

Withdrawal Management (aka Detoxification): Provides monitoring and support to individuals who have developed a physiological dependence on alcohol or opiates. This is typically a short-term service, often with transition to residential services upon discharge. Average length of stay is 3-5 days.

Crisis Stabilization: Flexible, short-term residential program that provides immediate services to individuals in a safe environment while they are waiting to access other care. This program may also be used to support individuals as they are transitioning from one service to another.

Residential: Facility-based treatment where the individual lives in a supportive environment and learns skills to live a life without substances and avoid relapse. Services are commonly 60-90 days.

Outpatient Stabilization: Short-term, rapid access program heavily centered on medication assisted treatment (aka: MAT) and connection to peer support. Supports individuals needing rapid connection to treatment, but for whom residential-based services are not desired or indicated. Provides transitions to outpatient services as indicated.

Core Plus Services

These services would be beneficial to individuals served in the core programs; however, funding and space limits may delay implementation. These services would likely improve client outcomes and assist individuals in transitioning out of more intensive services. Though many of these services are available in the community, having them onsite would likely increase engagement in these needed supports.

IMPACT OF PEERS

Peers are specially trained and certified individuals with the lived experience of having a substance use disorder. Most are in sustained recovery and can provide support and perspective to individuals who are currently struggling with substance use. The relationship between clients and peers is unique, with peers being able to connect with clients in ways that professionals cannot.

The CATT development envisions a center that integrates peers into all aspects of service delivery. From the moment a person first walks in the door, to the time they transition back into the community, peers will be available to provide support, encouragement and ideas for how to navigate the path of recovery.

Outpatient Substance Use Disorder Treatment: Treatment that occurs in a clinic setting with a focus on helping individuals to identify patterns with their substance use, as well as learning skills to achieve and maintain sobriety. Treatment consists of assessment, individual and group therapy, peer mentor services, medication management and urinalysis. The goal of adding these services is not to supplant existing services in the community, but to offer additional options for individuals who have engaged in services at the CATT to continue their treatment journey. Transitions of care can be a vulnerable time for many individuals, and some may decide to opt out of ongoing treatment. Having the option to stay in outpatient services at the CATT may reduce the strain of a transition and encourage people stay in treatment.

Supported Employment: Gainful employment can help individuals maintain sobriety and improve their social determinants of health. Supported Employment is a service that assists in skills training, employment searches and navigating various employment issues. Onsite job training at the CATT could be provided in several areas including working in the commercial kitchen and facility or grounds maintenance. Consideration in building design should include job training areas within the kitchen.

Mental Health Treatment: A range of treatment interventions focused on reducing mental health symptoms and improving community functioning. Services may include evidence-based interventions, peer supports, medication management and counseling. While mental health services should be integrated into all aspects of CATT, some individuals may be willing to engage in mental health treatment but not substance use treatment. Additionally, many individuals served by the CATT may have loved ones who could benefit from mental health support. Having onsite, stand-alone mental health services provides additional opportunities to engage with individuals whose lives have been impacted by substance use.

Drop-in Center: A space where individuals in recovery and their friends, family and other supports can congregate. Drop-in centers provide opportunities for socialization, mutual support, and development of peer networks, all of which are critical to recovery. The space can also be used for support groups, affinity group activities and self-help groups such as Alcoholics Anonymous and Dual Diagnosis Anonymous.

Co-Located Services

Like all community members, CATT participants will need to access a variety of services provided by different organizations. Figuring out how to connect can be both challenging and frustrating, particularly in the early stages of recovery. Providing access to these auxiliary services onsite at the CATT would remove some of the complexity and allow individuals to focus on their recovery. While space may be a limiting factor, the following services have been identified as being especially important to support the recovery of individuals served at CATT:

- Medical Care
- Dental Care
- Benefits and transportation assistance
- Pharmacy

The goal is to provide and design space for outside organizations to operate small, satellite offices. Depending on demand, these could operate daily or on a more limited basis. Partnership with organizations such as Virginia Garcia Memorial Health Center or Neighborhood Health Center would be critical for designing and operating the auxiliary services. An example of where this model has been successful is at the Hawthorn Walk-In Center where Community Action has dedicated space. This allows Hawthorn staff to facilitate direct referrals to

“The social determinants of health have to be addressed as part of treatment; for that reason, we have to go big.”

--Steering Committee Member

services through a personal introduction. The benefit is not just a higher referral connection rate, but ease of access for the client. While the implementation of co-located services may come in later phases, including dedicated space in the design process should be strongly considered.

Crisis Services/Hawthorn Walk-In Center: A complementary service that should strongly be considered for locating on the CATT campus is the Hawthorn Walk-In Center. This program offers urgent behavioral health crisis intervention, assessment and stabilization services. Hawthorn was opened in May 2017 and has become a central component of the County’s crisis response system. It provides connection to both mental health and

“If we don’t have increased capacity for housing options, we are just kicking the problem down the road. We need a solid transition plan for folks that includes a subsidized housing option.”

--Leaders of Peer-Run Organizations Focus Group Member

substance use treatment services; however, ongoing care is not provided. Staff already have strong expertise in assessment and triage, so it makes sense for Hawthorn to continue to be the primary front door for urgent behavioral health services.

Locating the center on the CATT campus will allow for immediate connection to intensive substance use services from a service provider that is known and trusted within the community.

In addition to the clinical benefit of co-locating Hawthorn with CATT, this would address another dilemma as well. Hawthorn is currently in a leased space that over time may become cost-prohibitive, diverting funds from clinical services to cover the

lease. The Behavioral Health division has long planned to look for a permanent home for Hawthorn and has reserved funding for this. The current lease expires in March 2027. While this timeline is nearly six years in the future, the transition of the urgent care clinic could be delayed to the later phases of this project to align more closely with the lease timeline.

Supported and Transitional Housing: A theme consistently raised in conversations with community members, providers and system partners is the need for safe, affordable, and supported housing to be available for CATT participants, especially as they transition out of residential services. For many people, recovery and sobriety are challenged by issues of homelessness or the potential return to environments that do not support clean lifestyles. It’s incredibly difficult for an individual to successfully complete a course of residential treatment, only to return to a home where others are actively using. Clean, affordable and safe housing is critical.

Transitional housing offers temporary lodging where people can continue engaging in CATT outpatient services while receiving assistance locating and securing more permanent housing. Supported housing provides an ongoing residence that is affordable and includes staff that can help an individual learn to navigate the system of community services while living independently.

“People need a place to live after treatment.”

--Program Development Work Group member

Including transitional and supported housing as part of the CATT is responsive to the goals of Metro’s Affordable Housing Bond and the Supportive Housing Services tax measure. An ideal scenario would be to create an affordable housing apartment complex on the CATT campus where individuals with substance use disorders can receive support from onsite staff while continuing their treatment. The County’s Department of Housing Services was very receptive to this concept during an initial discussion. This would be a separate but coordinated project with the CATT project lead participating in both. Currently, the County’s land

broker has been instructed to explore options that prioritize properties that include enough space and appropriate zoning to accommodate housing.

Regardless of whether transitional or supportive housing is developed on the campus, connecting CATT clients with the housing services system is critical. To this end, space will be made available for housing outreach workers and system navigators to assist and support individuals experiencing housing instability. This will provide a direct link from the CATT to the Supportive Housing Services program within Washington County's Department of Housing Services.

Tigard Recovery Center: While not a service that will be on the CATT campus, the Tigard Recovery Center (TRC), a men's residential program owned by the County and operated by a community behavioral health agency, should be considered as a satellite program of the CATT. The services operated out of this building should be complementary to the CATT and part of the overall program design and bed numbers. A remodel of this building will likely be needed as the building is 40 years old and ready for some significant renovation. This building could serve as an access point for residents of the south county, especially if the main campus is developed in the northern part of the county. The use and remodeling need of the program will be explored as soon as a site for the other CATT services is selected. Site selection will inform whether the TRC needs to serve as an access point for south county residents or will continue to operate solely as a residential treatment program.

Community Partners

Organizations that provide a variety of social services in our community have expressed a strong desire to partner with the CATT. This interest informs the final category of CATT services and would extend key supports beyond the boundaries of the proposed facility. Potential services provided by community partners could include Oregon Health Plan enrollment, access to food stamps, rental/utility assistance, recovery meetings, veteran assistance, legal services, anger management, domestic violence services and care of pets to name just a few. These partnerships should include pathways for referrals, communication and a shared approach to meeting the needs of clients. Ideally, formal agreements would be developed to codify the roles, responsibilities and shared commitment to serving CATT recipients.

CRIMINAL JUSTICE DIVERSION

A primary goal of the Center for Addictions Triage and Treatment is to acknowledge and support the understanding that substance use disorders are **medical conditions** requiring treatment and support. Unfortunately, many individuals end up in the criminal justice system for a variety of reasons related to their substance use. In fact, the Washington County Jail serves as the primary publicly funded detox location in the County.

For this reason, Behavioral Health teamed up with the Washington County Sheriff's Office to develop the initial CATT concept with the intent that the center would become an option to engage people into treatment as opposed to going to jail. As we continue to develop the clinical model, we will also explore how the center might be used to divert individuals from the criminal justice system when no violent crimes are involved. This work will be done in continued partnership with the Community Corrections Director, District Attorney, Sheriff, and others who share a vision of reducing recidivism and connecting our community members with substance use disorders to treatment.

Facility Design and Client Experience

Several priorities focused the development teams' attention on early design concepts and the client experience. First, the design should be functional and include all the necessary components for the service provider to operate the program successfully. Second, the design should support clinical considerations, creating a space that provides the best environment for individuals to succeed in their recovery. Finally, the space should appeal to the individuals who will receive services. This must be reflected both in the design of the space, as well as the staff who work there.

A significant effort was made to center this work on the client experience. Through focus groups with more than 100 participants, input was requested from people who have first-hand experience with seeking and receiving treatment for a substance use disorder. Participants were asked what would support their success and what should be avoided. Next, the Program Development Work Group reviewed and expanded on the focus group input, and two subcommittees worked to identify the size and scale of the programs as well as the key features that needed to be included.

"People that work there need to look like us. They have to have an understanding of where we came from. There is more of a connection if they do."

-Women First focus group participant

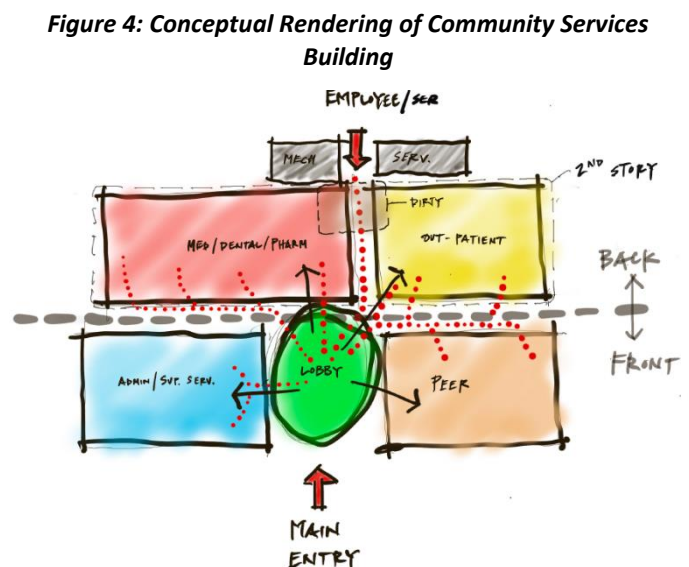
Key themes arose from this work that should be considered as the architectural design is developed and service programming is refined. They include:

- Access: Services must be rapidly available when the individual is ready. Delays may cause a person to not engage in treatment.
- The environment must be warm and welcoming. Including elements of nature would be beneficial.
- Separation of space is essential. Individuals in early recovery should not be in the same space as those who are acutely intoxicated. Whenever possible, services should be separated by gender. This separation of space can be accomplished through several means, including through architectural design or by locating different services in different buildings.
- Staffing must reflect the community and meaningfully include individuals with lived experience in all levels of care. The staff should be approachable and present with a casual appearance to enhance connection.
- Clients do not want to see the presence of law enforcement. This is suggested to be a barrier to treatment. Design should include a separate entrance for police/deputies.

Other key areas addressed included the layout of services, number of beds (size and scale), concepts for facility configuration and locational criteria. These are detailed below.

Size and Scale

Significant work was completed to identify the size of each service type offered out of the CATT. The Tigard Recovery Center was also considered and included in the plan for the overall program capacity.



For [Core Services](#), the number of beds needed to serve the community was developed, with emphasis on growth capacity and flexibility. The work groups factored in several considerations including maintaining an effective clinical environment, existing service capacity within the community, licensing requirements, staffing efficiency, funding availability, state and federal rules and the availability of services in nearby counties. In addition, the work groups explored where services were complementary to each other and where services should be physically separated to enhance the treatment experience. One notable area of discussion was how to separate men’s and women’s services yet support transgendered or non-binary residents.

It is important to acknowledge that some services will likely be at capacity most of the time (residential services) whereas others may have significant fluctuation in demand (sobering). The number of sobering beds included in the design is greater than the assumed need on a regular basis; however, space will be available for surges that may be anticipated such as on New Year’s Eve.

In addition to the residential capacity, space will need to be allocated for outpatient stabilization, assessment and triage services, facility services (kitchen, laundry, janitorial) and administration. If funding allows, space for [Core Plus](#) (drop-in center, supported employment, outpatient services) as well as [Co-located Services](#) (medical, dental, etc.) will be added.

Finally, consideration should be made for also including a permanent home for the complimentary behavioral health crisis services provided by Hawthorn Walk-In Center as well as County Behavioral Health Division staff. It is understood that the feasibility of this addition will depend, in significant part, on the market for available land. Currently, the Behavioral Health Division has approximately 65 staff, though not all are located within the same suite. Hawthorn requires a minimum of 50 additional workstations, plus treatment rooms. Both programs have expanded over the years so any space planning should include room for growth.

Campus Model

One question raised to the subcommittee tasked with exploring program features was whether the facility design should be a single building, with all services contained within, or a campus model with several buildings providing different services and spread across several acres. There was clear consensus that a campus model was preferable. While it would likely be more expensive, the campus model would be more trauma informed, allowing for greater separation of space by program participants and integration of nature. It would also likely increase the flexibility of the CATT in the long run, allowing for future expansion or modifications including the possible inclusion of supportive housing.

While the campus model is the ideal from a clinical perspective, it has its challenges. Locating a property that is large enough to allow for the development of several buildings, accessible by public transportation and near population centers will be very difficult. Even if such a property is identified, the cost may be prohibitive. Given this, a single building approach should also be explored as well as a split campus model that places the different services on non-adjacent properties. This added flexibility will increase the probability of finding a workable solution in a highly competitive market.

Table 4: Proposed Bed Count

Service	Beds
Sobering	16-20
Withdrawal Management/Detox	8-16
Residential Treatment	
Men	24
Women	15-20
Tigard Recovery Center	15-20
Crisis Stabilization	8-10
Total	86-110

Program Grouping and Size

Significant work was done to consider how the different services could be arranged. Services were grouped accounting for workflows, complimentary service types and clinical considerations. This resulted in a recommendation for four separate service clusters. In a single campus model, this would represent up to 5 buildings as the concept includes development of two residential programs. However, various service clusters could be combined into fewer building which would result in some cost savings. Insight was also gained about how services and buildings could be distributed in a split campus approach.

The Program Development Work Group also provided input about the key features each program would require which, when combined with bed numbers, resulted in the size estimates described in Table 5. Each of the service clusters provides a range of estimates that account for the ability to share certain spaces if services are co-located together. For example, if the two residential programs are combined into a single building with separate wings, a single kitchen could be shared. The space estimates were developed by LRS Architects and are useful in both the cost analysis and determining the size of the property needed to support the program.

Table 5: CATT Service Clusters/Space Requirements

Intensive Services	Residential Programs (2)	Community Services	Crisis Services and County Staff*
17,093 - 17,632 square feet	7,598 - 8,944 square feet (each)	21,593 - 26,294 square feet	22,000 - 26,000 square feet
<ul style="list-style-type: none"> • Assessment and Triage • Sobering • Withdrawal Management • Crisis Stabilization • Support Services (kitchen, etc.) 	<ul style="list-style-type: none"> • Program 1: Women’s Residential Treatment • Program 2: Men’s Residential Treatment 	<ul style="list-style-type: none"> • SUD Outpatient Treatment • Mental Health Outpatient • Medical Services • Dental Services • Pharmacy • Benefits and transportation assistance • Peer Drop-In Center • Supported Employment 	<ul style="list-style-type: none"> • Hawthorn Walk-in Center • County BH Staff <p><i>*May be combined with Community Services Building</i></p>

Locational Analysis

A campus model necessitates the need for significant land, a distinct challenge for the project. The Leadership Team, in collaboration with the County’s Facilities and Parks Division, engaged in a preliminary search of available properties in Washington County to assist with the cost estimate. To guide this work, feedback from focus groups and the Program Development Work Group was used to develop a site needs assessment, found in [Appendix E](#). Key features of an ideal property include:

- Proximity to public transportation: Many CATT participants will have limited options for transportation. Locating the program near public transportation will be critical to improving access to the service. Ideally, the program will be near a MAX station or high-frequency bus line.
- Natural space: Proximity and integration with nature was a common theme heard by the Leadership Team. Focus group and work group members commented on the healing aspect of nature and identified that access to green spaces for residential program participants was important. At a minimum, outdoor garden spaces should be incorporated into the campus design.
- Expandable: Funding constraints may limit the initial size of the program. Accordingly, a property that could support future program growth should be considered if possible. Ideally, the land will also be large enough to support a co-located affordable and supported housing project.

In addition to these considerations, the project leadership will need to consider community response to the program. Opposition will be likely and may be minimized by locating the program away from residential neighborhoods, however this may be challenging with zoning. The program should also not be located immediately adjacent to schools or day care facilities, as this would limit the population that could be served by the center. Finally, while an undeveloped property would provide the greatest flexibility in designing the program, land that includes buildings should be considered if other key criteria described above is met.

An initial land search was conducted by the County's broker, Cushman & Wakefield, for the feasibility study. This search confirmed that parcels of land large enough to support the project and located near public transportation are scarce in Washington County. The County continues to work with the broker to explore creative approaches to find a suitable property; however, the County may need to compromise on proximity to population centers in order to find a site that meets most of the other criteria and provides enough space to develop a campus model.

CHALLENGES

Like any large project, there will be challenges associated with implementation phases of the CATT. At a minimum, we can expect:

- **Compromising on the site:** The initial land search came up with few options, however we continue to search and explore creative opportunities.
- **Neighborhood opposition:** Though most people would agree that more resources for substance use treatment is good, few will want it located in their neighborhood. The County should be prepared to engage with neighbors and address their concerns.
- **Staffing challenges:** Behavioral Health in general has a workforce shortage, and this is especially evident in recruiting staff that are culturally diverse.
- **Some bad outcomes:** Individuals served at the CATT will have complex needs, situations and conditions. Some individuals will have co-occurring medical conditions that could lead to significant illness or even death as they struggle with their disorder. Others may continue to be involved in the criminal justice system, even with treatment. Leaders should be prepared for occasional bad outcomes

Financial Analysis

There are two primary areas of focus when analyzing the financing of this project. The first is the ongoing cost to provide the services, the other is the cost to build and maintain the facilities. A preliminary analysis of each is included in this section, with additional refinement anticipated in the project's next stage of planning.

Service Delivery Funding

One critical financial element to highlight is that most services provided by the CATT will not be funded by the new or increased County general funds. The only exception is sobering services, described below. Publicly funded clinical treatment is primarily funded through Medicaid or federal block grants passed on by the state to the counties to manage. The funding from the state is received by the County through a Financial Assistance Agreement which is then contracted out to community service providers. A survey of local providers confirmed the significant role Medicaid plays in funding treatment services.

“Even though we have, as a CCO, a lot of Medicaid dollars flowing to the region, we really can’t use them for capital projects. There’s a lot of money out there for services, but there’s not a lot of money to build service infrastructure.”

--Jeremy Kohler, Health Share of Oregon

In keeping with the role of the County as a safety net, the CATT is designed to be responsive to lower income residents. It is anticipated that most of the individuals served will have Medicaid and a few will have no insurance, consistent with the current experience of local substance use treatment providers. Medicaid and insurance rates are set by Coordinated Care Organizations, the Oregon Health Authority or by insurance carriers. Generally, these rates are sufficient for programs to operate, though there are some challenges. While rates for withdrawal management tend to be very good, they are poor for residential treatment and programs are reliant on a subsidy from the state which is passed through counties. Most substance use treatment agencies provide a variety of services to balance reimbursements and ensure fiscal stability to their overall programs. CATT will have this variety due to the multiple services included in the model.

In recognition that most services will be paid through Medicaid, Washington County has included representatives of the largest Medicaid managed care organization in the Portland metropolitan area, Health Share of Oregon, in the development process. Their input and guidance have been invaluable, and we look forward to jointly exploring alternative ways to fund treatment and opportunities to transform the system of care. Their continued partnership is critical to the success of the CATT. An early task in the next stage of planning will be to formalize the participation of Coordinated Care Organizations in the project's development, with a Memorandum of Understanding that acknowledges the need for adequate services funding.

Sobering services fall outside of the scope of treatment service funding as it is not a reimbursable medical intervention. This service has historically been funded by County general fund through a contract with Hooper Regional Sobering which closed in 2019. The contract was remarkably favorable to the County, costing only \$120 per admission between 2010 and 2017, an amount significantly below the actual cost of providing the service. This translated to an annual cost to the county of approximately \$60,000 per year up to the point that the facility closed. This amount is well under the actual cost of providing sobering services.

Since sobering is not currently available in the metro area, many individuals are held in the jail booking area or emergency departments until they are safe to leave. The Behavioral Health Division will discuss with the County Administrative Office whether the County should resume funding of sobering services to provide an appropriate alternative to the jail for intoxicated individuals. A comparable sobering program in Eugene

identified that their personnel costs were approximately \$275,000 per year. The cost in the metro area would be higher due to many factors, including the wages needed to attract and retain workers. It is estimated that the service would cost around \$550,000. Some staff and expenses would be shared with the withdrawal management and stabilization services and therefore the unfunded portion would be less. There will be opportunities through Measure 110 and other state resources to fund a portion of the sobering service, but the amount of funding the County will receive is unknown. A county general fund contribution may still be requested to help support the provision of sobering services in our community.

While service funding is currently available and new opportunities likely, it is understood that the ongoing funding is contingent on many factors at both the state and federal level including policy decisions and economic health. Should there be changes in service funding that impacts the center's operations, the Behavioral Health Division staff will bring the issue and implications to the board for further discussion.

Facility Maintenance

Once the center is open and operational, ongoing maintenance of the building(s) will be required to ensure the County's asset is maintained and able to continue supporting the services provided. The County has a model for facility maintenance that has worked successfully with the Tigard Recovery Center. This arrangement involved setting up a lease agreement with the provider, whereby the providers pays a monthly fee to operate out of the County-owned space. The revenue generated from the lease is placed in a separate fund which is used for both routine maintenance as well as larger expenses such as renovations and major projects to the building. The amount of the lease is discounted from actual market rate, providing an incentive for the provider to compete for the site. This is especially helpful for non-profit providers who may be challenged to find affordable clinic space within our community but wish to expand their breadth of services.

Capital Construction Cost Analysis and Resources

As previously described, work was done with LRS Architects to estimate CATT development and construction costs based on early space planning. Rough square foot estimates developed for the different services indicate that the campus building(s) could range from 32,500 square feet to nearly 88,000 square feet, depending on which services are ultimately included. The full range of services on a single site would necessitate a land parcel between 6 and 7.5 acres. This estimate was based on sample campus layouts that included all services except a co-located supported housing program. To include a housing program would require additional land. According to the Department of Housing Services, they would need at least one additional acre for a 40-unit building. The land estimate is based on the ideal campus model with separation of buildings, the inclusion of green spaces and significant surface parking. A smaller parcel with a parking structure could reduce the overall footprint required, but construction costs would increase.

Cost Analysis

Capital estimates for each service varied depending on the different features required to support the program. The residential services and Hawthorn/County staff services were the least expensive, costing about \$650 per square foot, whereas the space for intensive services and community services were higher, with a range of roughly \$695-725 per square foot. This higher range is due to the inclusion of more medical services within those buildings, as well as central services including a commercial kitchen.

Construction cost estimates include both the general construction cost, as well as a factor for "soft costs" which includes contingency, permit fees, architectural and engineering fees and furnishings, including technology. The cost estimator on contract with LRS, DCW Cost Management, recommended 32-36% of construction costs for the soft cost factor. In consultation with Facilities, this amount was increased to 38% and an additional 7% was added to allow for unknown expenses that may arise. The figures provided by DCW and

Table 6: Program Cost Estimates

Washington County Center for Addictions Triage and Treatment

EXECUTIVE SUMMARY COST ESTIMATE

Scope of Work	Total SF-- Low	Total SF-- High	LOW ESTIMATE				HIGH ESTIMATE			
			Cost per SF	Construction Cost Estimate	Owner (Soft) Cost*	Total	Cost per SF	Construction Cost Estimate	Owner (Soft) Cost*	Total
Site Purchase and Prep	76,230	87,120	\$ 17.51	\$ 1,334,787	\$ 507,219	\$ 1,842,006	\$ 17.75	\$ 1,546,380	\$ 587,624	\$ 2,134,004
Intensive Services	17,093	17,632	\$ 497.39	\$ 8,501,887	\$ 3,230,717	\$ 11,732,604	\$ 510.00	\$ 8,992,320	\$ 3,417,082	\$ 12,409,402
INTENSIVE SERVICES TOTAL						\$ 13,574,611				\$ 14,543,406
Site Purchase and Prep	54,450	65,340	\$ 17.51	\$ 953,420	\$ 362,299	\$ 1,315,719	\$ 17.75	\$ 1,159,785	\$ 440,718	\$ 1,600,503
Women's Residence	7,598	8,944	\$ 444.18	\$ 3,374,880	\$ 1,282,454	\$ 4,657,334	\$ 450.00	\$ 4,024,800	\$ 1,529,424	\$ 5,554,224
Men's Residence	7,598	8,944	\$ 444.18	\$ 3,374,880	\$ 1,282,454	\$ 4,657,334	\$ 450.00	\$ 4,024,800	\$ 1,529,424	\$ 5,554,224
RESIDENTIAL TOTAL						\$ 10,630,387				\$ 12,708,951
Site Purchase and Prep	65,340	87,120	\$ 17.51	\$ 1,144,103	\$ 434,759	\$ 1,578,863	\$ 17.75	\$ 1,546,380	\$ 587,624	\$ 2,134,004
Community Services	21,593	26,294	\$ 484.22	\$ 10,455,762	\$ 3,973,190	\$ 14,428,952	\$ 490.00	\$ 12,884,060	\$ 4,895,943	\$ 17,780,003
COMMUNITY SERVICES TOTAL						\$ 16,007,815				\$ 19,914,007
Site Purchase and Prep	65,340	87,120	\$ 17.51	\$ 1,144,103	\$ 434,759	\$ 1,578,863	\$ 17.75	\$ 1,546,380	\$ 587,624	\$ 2,134,004
Crisis Services/County Staff	22,000	26,000	\$ 500.00	\$ 11,000,000	\$ 4,180,000	\$ 15,180,000	\$ 520.00	\$ 13,520,000	\$ 5,137,600	\$ 18,657,600
CRISIS/COUNTY STAFF TOTAL						\$ 16,758,863				\$ 20,791,604
Total Construction	6 Acres	7.5 acres				\$ 56,971,675				\$ 67,957,969
Unknown (~7%)						\$ 4,000,000				\$ 4,500,000
Total Cost						\$ 60,971,675				\$ 72,457,969

*Owner Soft Costs - 38% of Construction

- Owner Contingency (13%)
- Professional Fees (10%)
- Permits, SDCs & Misc. Exp. (7%)
- FF&E and Technology (8%)

Based on Cost Estimates
Prepared by LRS Architects

LRS are based on a two-year escalation of costs to account for a time delay before construction. The cost estimator also factored in mid-range materials that are more durable in nature, as well as building features that provide a warm and welcoming environment, such as wood accents. Table 6 provides additional detail about the possible development cost for each service. As the number of services increases, (reflecting a growing level of service inclusion) the overall cost increases.

Two models were developed: one that includes many facility features (High Estimate) that would enhance the service delivery provided at the CATT, the other a scaled down version (Low Estimate). The expanded features include spaces such as training rooms, a dedicated art therapy studio, exercise space and a coffee kiosk. These spaces are removed in the scaled down version and additional space savings is achieved by combining some buildings to share mechanical systems and other spaces; for example, the two residential buildings could be combined into a single building with a shared kitchen and dining room. While there are cost advantages to this approach, there is less separation of space and client groups will need to take turns using shared areas. Similarly, the intensive services, community services and crisis/county staff services could be combined into a single, larger building with more shared facilities. This would also result in a smaller physical footprint, allowing for the purchase of a slightly smaller property.

“I went into this, the beginning, dreaming big knowing that reality’s going to smack us in the face at some point and that we are going to have to make adjustments.”
--Program Development Work Group Member

As previously mentioned, the early search for land found few options for parcels near public transportation that aren’t already in process of being developed. In reviewing comparable sales, figures as high as \$1.3M per acre or \$30/square foot were seen for properties close to transportation and population centers. The price per acre drops considerably when exploring land west of Hillsboro; however, access then becomes a concern. While the figures in Table 6 reflects a larger property at a lower price (7.5 acres at \$17-18 per square foot), the County may ultimately find a smaller property at a higher price that is deemed the best option. Likewise, it may prove more cost effective to purchase an existing building and renovate to suit the needs of the program.

Renovation costs for the Tigard Recovery Center are not included in these estimates. This is because the separate maintenance funding is held by the County and renovation planning has not been completed at the time of this study. The scale of the renovation will largely be determined by the resources available in the dedicated accounts and the location of the primary CATT campus. Planning work on a Tigard Recovery Center renovation will begin after the main CATT program is located to help inform the work needed.

Finally, it is important to note that the cost of building affordable and supported housing as part of the CATT campus is not included here. As previously mentioned, this concept has been discussed with the Department of Housing Services, which would incur the cost, and a very positive response was received. Additional details and a funding strategy would be developed as part of the next phase of planning and would be undertaken as a component of the Department of Housing’s Local Implementation Plan for Supportive Housing Services. While the Department of Housing Services would take the lead in this work, the Behavioral Health Program staff would support the effort and ensure housing services are aligned with services offered at the CATT. Regardless of whether supported housing would be offered onsite, housing outreach workers should be included as part of the community services array to support those facing housing instability.

Resources Available

Capital construction costs for the CATT will be significant, especially if all services are included. Fortunately, the Behavioral Health Division holds approximately \$17 million in reserves available for this project. These reserves were accumulated from 2012 to the end of 2019 while the Division managed a behavioral health benefit for Medicaid. In January 2020, the County ceased operating as a managed Medicaid organization and these reserves were retained. Now available to be invested in behavioral health services, it is prudent to use these reserves for one-time costs, such as the CATT development. In addition to the reserves, the County retains approximately \$500,000 in funding from beer and wine tax revenue as well as marijuana tax revenue. These dollars do not carry the same restrictions as other funds received by the Behavioral Health Division and can be used to support this project.

Another funding source that can be leveraged for this project is reserve funding for the Hawthorn Walk-In Center, the County's behavioral health urgent care center. When Hawthorn was originally created, the Division had hoped to purchase a property; however, the County was unable to locate a suitable site. As a result, both Hawthorn and the Behavioral Health Division staff are in a leased building. The original funds were held in reserve with a plan to develop a permanent site in the future. Locating Hawthorn on the CATT campus would allow use of \$7.27 million in reserve funds while co-locating complimentary services.

In addition to the funds already held by the County, there are two potential sources of funding that will become available. The first is revenue from Measure 110 which required the State of Oregon to redirect marijuana tax revenue to develop new substance use treatment and supports through a grants program. Specifically, it seeks to cover non-Medicaid services such as peers, recovery housing, harm-reduction services and culturally specific services. It also is intended to create assessment centers and provide treatment for individuals not covered by Medicaid. These services and supports are aligned with the CATT, and Washington County will be well-poised to compete for funding with the work that has been done to develop the program. Funding will likely be available for the initial development as well as for ongoing services.

Another potential source of funding for capital costs is settlement money from an opioid lawsuit in which Washington County participated. County Counsel has requested \$30 million in settlement monies to support the CATT project. Should this resource be secured, it would cover a large portion of the capital cost. According to counsel, the funds would likely come in overtime rather than in a lump-sum payment. Consultation and support from the county's Finance Division will be critical to determine the best options for how these funds could be applied to the project, especially if the funding is not available immediately.

Finally, there is significant interest at both the state and federal level to expand substance use treatment services. There will likely be federal grant opportunities available as well as possible expansion of Oregon's beer and wine tax. In addition, given the impact of substance use on hospital and health care systems, some local health care organizations may be willing to provide community investment funding toward this project. While this would involve fundraising efforts, there may be several avenues to fill gaps in development costs.

Table 7: CATT Possible Funding Sources

CAPITAL Funding	
Resources CATT (secured)	
OHP (Fund 195)	\$ 6,494,135
CCO reserves (Fund 207)	\$ 10,500,000
Marijuana tax (Fund 192)	\$ 500,000
Total	\$ 17,494,135
Hawthorn Reserves (secured)	
Hawthorn funds (Fund 193)	\$ 5,370,837
Hawthorn funds (Fund 199)	\$ 1,903,206
Total	\$ 7,274,043
Total (secured)	\$ 24,768,178
Resources (potential)	
Opioid Settlement	\$15-30,000,000
Measure 110	<i>to be determined</i>
State or Federal Grants	<i>to be determined</i>
Fundraising	<i>to be determined</i>

Masterplan: A Phased Approach

The CATT has the potential to become a true hub of substance use treatment in Washington County. If all recommended services are provided, and the center is integrated with the supported housing development and continues key engagement with criminal justice system partners, it could fundamentally change how the County supports individuals with substance use disorders. The needs of this population are complex, and they interact with multiple systems. CATT can bring these systems together to provide holistic and humane support to our community members, while reducing their impact on systems that are ill-equipped to provide care.

An implementation dilemma is evident, however. While the County's Behavioral Health Division has resources to contribute to the project, they are insufficient to immediately pursue the comprehensive service model of a full model CATT campus. There are several additional resources that may become available with Measure 110 and the opioid settlement; however, at the time of publication of this study, neither resource is certain.

Project Phasing

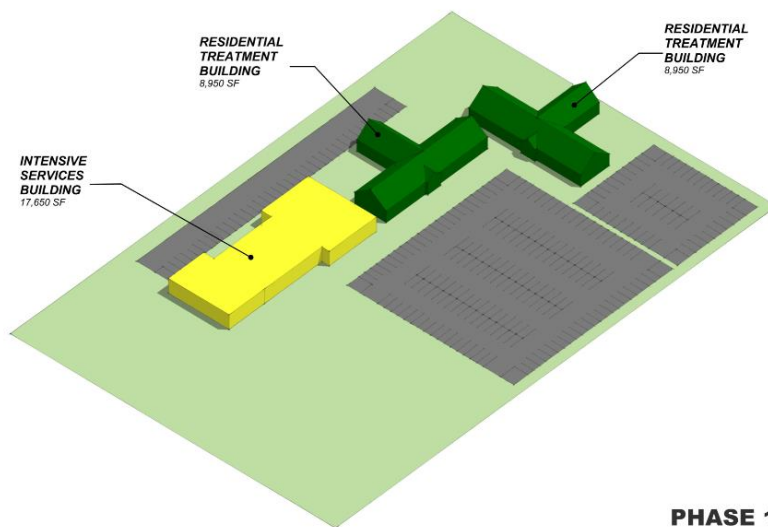
Mindful that the Steering Committee's direction was "Go big, carefully," a phased approach to project implementation is proposed, prioritizing development of the core services and expanding to add the remaining service categories as funding allows. A three-phased approach is recommended as described below. The accompanying figures reflect a campus plan and are for illustrative purposes only. As noted earlier, the actual implementation may involve two or more sites or a single building approach depending on property options available. Phasing is used to illustrate that the full program can be implemented over time, focusing on the core services first. The final plan will be developed in the next stage of project development when more is known about funding availability and site options.

Phase I: Intensive Services

Implementation: In this initial phase, the primary focus would be on purchasing land, developing the final architectural renderings for the intensive services and residential programs, and construction/renovation of buildings to support these services. These buildings would accommodate all the CATT's core services, with space to provide some limited outpatient services. This phase would add much needed intensive substance use treatment services to the county and meet the requirements of Measure 110 of developing addictions resource centers. If a piece of land is found that can support all the services on a single site, this phase would include site prep for future phases. The total estimated cost of this phase is between \$24.2M and \$31.5M. If only one residential program is built, the cost drops to between \$19.5M and \$21.7M.

Phase II: Community Services Inclusion and TRC Remodel: In this phase, the space for community services would be built with co-located services such as medical, dental, outpatient treatment and a peer drop-in center. This phase may involve the search and purchase of additional property (with or without an existing building) if the phase I site is inadequate to support a campus approach. Architectural design and

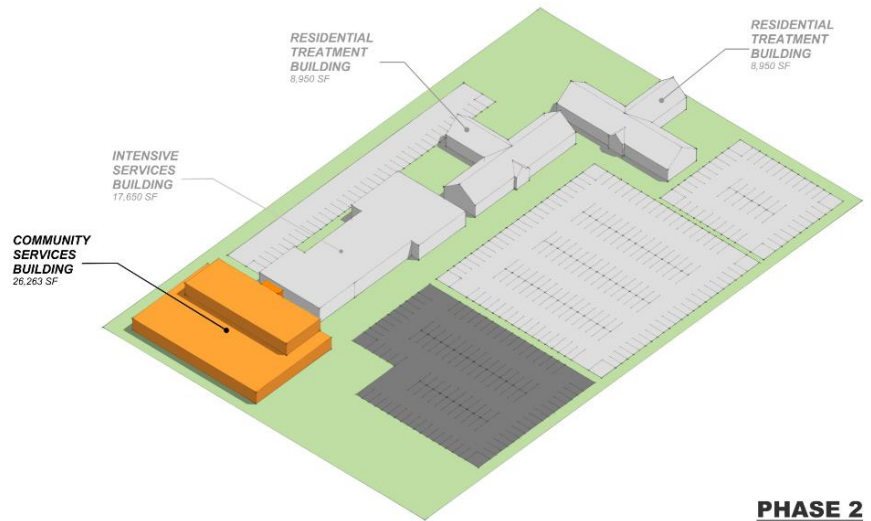
Figure 5: Sample Phase I Campus Map



construction/renovation would occur. Assessment and triage services would be greatly expanded as well as follow-up care and peer services. Significant work would occur in this phase to strengthen partnerships with community providers and ensure seamless service delivery to CATT clients, regardless of the organization providing the support. The cost to construct or purchase and renovate the community services building would be \$16M to \$20M. The overall cost may be less if the land was purchased during Phase I.

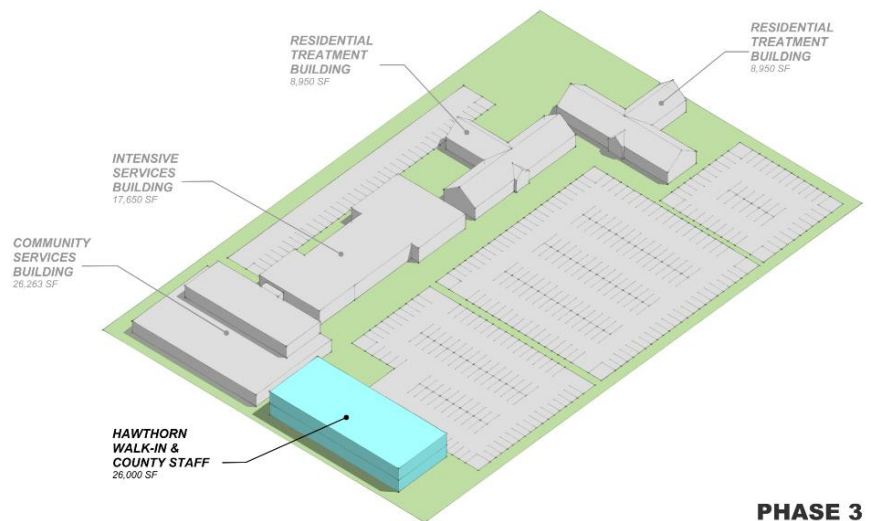
Another focus area during this phase would be renovation and possible expansion of the Tigard Recovery Center (TRC). While not located on campus, it should be integrated into the overall CATT program, receiving referrals, and possibly acting as a south-county access point. The planning work should begin once a site is selected for CATT and renovation should begin after the residential programs are built in Phase I. Timing the renovation to begin once the men’s residential building is opened will allow for current residents to move from TRC to the CATT campus, resulting in no loss in treatment beds or disruption of care for those already in residential services at the time renovation begins.

Figure 6: Phase II Sample Campus Map



PHASE 2

Phase III: Crisis Center (Hawthorn Walk-In) and County Behavioral Health Staff Building: As part of this final phase, the Hawthorn Walk-in Center and County Behavioral Health Division staff would be relocated from leased space to the CATT campus. This would ensure close collaboration between Hawthorn and the CATT with increased efficiencies in providing support to community members and a comprehensive access point to services. The benefit of this approach is rapid access to care coordination provided by County staff and easier coordination across all programs. The County has found that co-locating behavioral health staff with Hawthorn to be extremely advantageous and would like to continue this arrangement. The cost of the Phase III building would be between \$16.8M and \$20.8M.



PHASE 3

In addition to locating Hawthorn and County staff onsite, this would be the phase where an affordable and supported housing project would be developed in partnership with the Department of Housing Services if their capacity allows. While contingent on finding land that is large enough and properly zoned, the inclusion of housing on the CATT campus would provide the final element to model for substance use treatment that is truly comprehensive and the cornerstone of care in Washington County.

The three phases do not necessarily need to be developed consecutively. If there is adequate funding and suitable property to purchase, all services could be developed concurrently, except for the renovation of the Tigard Recovery Center which should wait until other residential beds are open to avoid a loss of service in our community.

Implementation Considerations

With \$17.5 million available, it is possible to add intensive services capacity in our community, or to make significant progress in that direction, without securing additional resources. There are several implementation dilemmas to consider, each with pros and cons, and trade-offs will need to be made. A few scenarios are provided below:

Option 1 (Fully implements Phase I Intensive Services): Identify a property with an existing building that can be purchased and renovated to implement Phase I intensive services. This is likely the least expensive scenario and the overall cost should be less than the figures identified in Table 6, which assumes a ground-up construction approach. This option could be implemented with the resources the Behavioral Health Division currently holds and services could be available sooner than a ground-up build. The downside of this approach is that the campus-model ideal would not be implemented as future phases would be located on a second site. Additional land search and planning would need to occur to implement Phases II and III.

Option 2 (Implements Phase I Intensive Services with exception of residential programs): Focus on purchasing a larger site initially and build from the ground-up. Initial construction would focus on the Phase I Intensive Services Building, while one or both residential programs would be delayed until additional funding is secured. The approach preserves the campus design model, and eventual implementation of Phases II and III could move faster because the property would be secured. The downside is that more funding and time would be required to complete the Phase I residential programs.

Option 3 (Requires additional funding to implement Phase I Intensive Services): Purchase a building large enough to contain all services and renovate as funding becomes available. In this scenario, the focus would be on the County purchasing a property that has existing structure(s) that could be renovated. The upfront capital would be significant, likely exceeding the assets currently held. Overall, the total purchase and renovation cost will likely be less than a ground-up build, but all the phases would need to be delayed while additional funding is secured for improvements. The benefit of this approach is that the single campus model could be achieved, and the phases may be able to occur more rapidly as there would be fewer buildings to renovate. The downside is that delivery of all services, including Phase I intensive services, would likely be delayed until additional funding is secured to complete necessary renovations.

These options are not exhaustive however they provide several ideas of how the project could progress. Regardless of whether the project progresses incrementally or all three phases to commence at once, a masterplan approach addressing both capital construction and service delivery is required.

Implementation Approach

Each stage of the project will have key deliverables and set points at which the Board of Commissioners will be briefed. There will be clear points at which the Board will need to take action, either approving an action, requesting additional information or determining that the project should not move forward. These key decision points include:

- Approval of the Feasibility Study and direction for further planning to occur

- Approval of a project financial strategy
- Selection of site(s)
- Purchase of real property
- Architectural firm selection and contract
- Contractor selection through contract approval
- Provider selection through contract approval
- Approval of general funds for sobering services (if needed) during the county budget process

The real property acquisition and capital construction will be managed through Facilities using a detailed work plan. This work plan will be developed following Board approval of the Feasibility Study and will include key benchmarks, Board briefings and sequenced actions that move the project forward.

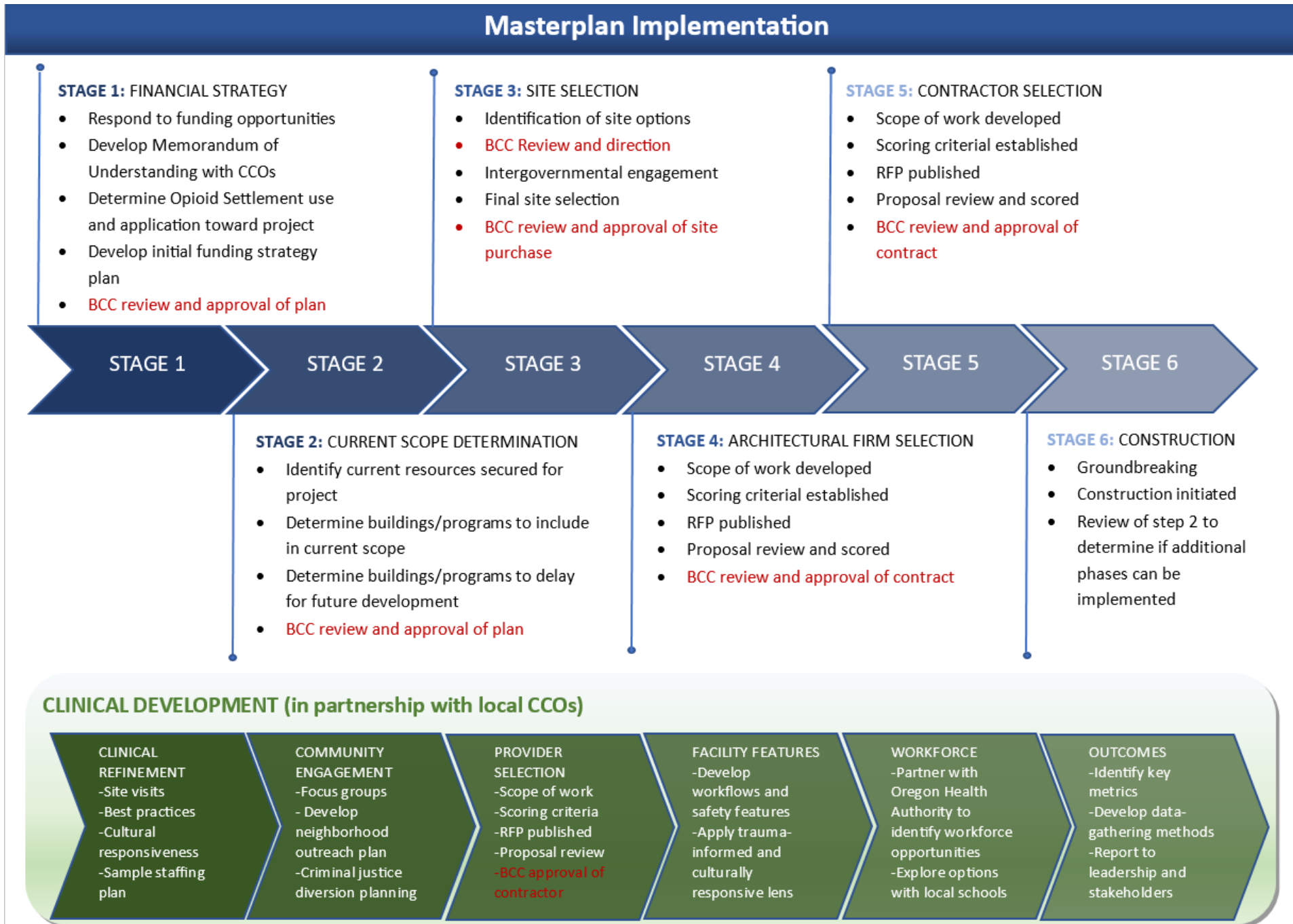
A final plan for service development will be managed by the Behavioral Health Division. Here too, a work plan will be developed to include focus areas such as service delivery, best practices integration, community engagement, cultural responsiveness, systems integration and workforce development. This work will be accomplished in partnership with service funders to ensure the program is responsive both to the needs of the community as well as the requirements of funders. County staff will convene stakeholders including other providers, service systems and community members to inform this work. A communications plan will be developed in concert with the Office of Community Engagement to inform and engage community members, including those who live or work near the ultimate site(s) chosen for the program. Project leadership will assess and monitor the staffing requirements necessary to accomplish this work and to engage the appropriate departments and offices.

Another priority focus is securing resources for capital construction. There are many potential sources of funding such as Measure 110 funds, opioid settlement dollars and grants that may be available over the next year, and Behavioral Health Division staff will actively pursue them.

Finally, it is understood that if the best site for the program resides within a city, considerable partnership with that city will be critical to ensure success of the program. This partnership must start at the time a possible site is identified to address any concerns the city leadership may have about the program being located within their city limits.

Figure 8 on the next page provides a high-level sequencing of stages for the project, both for site development and construction and for the final clinical development.

Figure 8: Implementation Sequence



Next Steps

The project has been designed to align with the multiple priorities established by the State of Oregon. The Oregon Health Authority's vision of *simple*, *responsive* and *meaningful* behavioral health care (Oregon Health Authority, 2020) is exemplified in the CATT, which is centered around the individual and focused on rapid access to care. In addition, the project provides the County with an avenue to address the requirements of Measure 110 which includes the development of an Addiction Recovery Center to provide triage, assessment and case management for individuals cited for possession of controlled substances (Oregon Health Authority, 2021). Finally, the project complements and supports the strategic plan of the Alcohol and Drug Policy Commission which is centered on improving the effectiveness of treatment and recovery services. The Commission's strategic plan strives for the development of culturally responsive, community-based treatment and recovery supports with intentional diversion away from the criminal justice system (JBS International, 2020).

Pending approval to move forward by the Board of Commissioners, the focus of the work will shift from conceptual development to clinical refinement and application of the building blocks and equity tool. Continued areas of focus for the Leadership Team will be encouraging strong community partnerships and identifying and leveraging available and potential funding to support the vision of creating a comprehensive CATT campus. Ensuring support from Coordinated Care Organizations, the Oregon Health Authority and local stakeholders is key to the project's success, as is continued involvement and buy-in from local treatment providers. Additionally, staff will need to invest significant effort educating and garnering support from local, state and federal officials, with an immediate focus on the applying funding from the opioid settlement and Measure 110 toward this project. Grant opportunities also need to be pursued. To build support for all these initiatives, broader engagement and education efforts with the community also need to occur. This work will be done in partnership with the selected service provider and in consultation with the Office of Equity, Inclusion and Community Engagement.

The vision and implementation plan presented in this feasibility study reflects the dedication and insights of many individuals and organizations. Inspiration was provided by like organizations in other communities that freely shared their institutional experience and lessons learned. Insights from focus group participants anchored the project in the reality of diverse individuals working every day to achieve and maintain their recovery journey. Steering Committee members provided strategic guidance that was both challenging and grounding, and the Program Development Work Group did the heavy lifting of moving the CATT from a concept to a detailed plan. To be sure, there is much more work to be done, and we are hopeful that all these participants will continue their interest and involvement, but now is a good time to pause and say thank you to everyone who has offered their time and expertise. Together, we have crafted a vision for the Center for Addictions Triage and Treatment that is a forward-thinking, community-based response to a challenge that impacts all of us.

Figure 9: Oregon Health Authority's Vision for Behavioral Health



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Glossary of Key Terms

This glossary provides definitions of many of the terms used in the feasibility assessment as well as other terms that are commonly used in the field of substance use disorder treatment. Where available, additional information can be found by clicking on the links to the right of the definition.

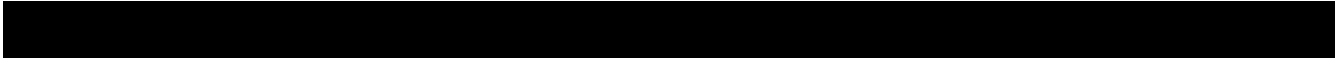
Term	Definition	Additional Information
Abstinence	The fact or practice of restraining oneself from indulging in something, typically alcohol or other drugs.	
Addiction	A compulsion, chronic, physiological or psychological need for a habit-forming substance, behavior, or activity having harmful physical, psychological, or social effects and typically causing well-defined symptoms upon withdrawal or abstinence.	
CATT	Center for Addictions Triage and Treatment. A concept being developed by Washington County to create a comprehensive center for substance use assessment, treatment and connection to services.	
CCO	See Coordinated Care Organization	
Co-occurring Disorder	The coexistence of both a mental health and a substance use disorder. See also Dual Diagnosis.	www.samhsa.gov
Co-occurring Services	It is common that individuals experience both mental health and substance use disorders concurrently. Co-occurring treatment (also referred to as <i>dual diagnosis</i>) acknowledges this dynamic by supporting both mental health and SUD treatment concurrently. Services are blended into the treatment model, with supports ideally provided by staff that have training and/or experience in both areas. The interconnectedness of mental health and substance use disorders should be acknowledged and supported in all programs.	
Coordinated Care Organization	An organization that manages the Medicaid benefit for individuals on the Oregon Health Plan who are assigned to that organization. CCOs are responsible for providing holistic care including physical, mental health and dental care.	
Crisis Stabilization	A program that provides a safe and supportive environment for individuals who are currently acutely intoxicated on stimulants such as methamphetamines. Emphasis is placed on creating a safe environment to minimize risk to self and others when individuals are highly agitated. Services would include monitoring of vital signs, providing fluids and nutrients and offering a safe and supportive environment until the individual is ready to transition to a different level of care.	
Detox or Detoxification	See Withdrawal Management.	

Drop-In Center (Flex space)	A large space where individuals in recovery and their supports can congregate. Drop-in centers provide opportunities for socialization, mutual support and development of peer networks. These spaces can be used for support groups and affinity group activities.
Family Engagement	Intentional efforts and activities to include family members (as defined by the client) in the treatment planning and delivery within programs. This is both an approach to care and a philosophical orientation that acknowledges that individuals do not live in isolation, and support from their community is essential in recovery.
Harm Reduction	Harm reduction is an approach to treating those with alcohol and other substance-use problems that does not require patients to commit to complete abstinence before treatment begins. Instead, an array of practical strategies are deployed to reduce the negative health and social consequences of substance use. Relapse is considered part of the recovery process, and individuals and clinicians work together after a relapse to help the person understand what precipitated the relapse and how to avoid it moving forward.
Hawthorn Walk-In Center	The Hawthorn Walk-In Center is a behavioral health urgent care program that provides crisis intervention, safety planning, connection to services and brief treatment. This center is open 7 days per week and does not require appointments. Most other Washington County crisis services are located out of Hawthorn, including the mobile crisis team, peer crisis services and intensive transitional services.
Leadership Team	A team of County employees and contractors who lead the development of the CATT by organizing work groups, communicating progress and soliciting support for the project from community leaders.
MAT	Medication Assisted Treatment. Another term for Medication Supported Recovery. See Medication Supported Recovery for additional information.
MSR	See Medication Supported Recovery
Medication Supported Recovery (MSR)	Another term for Medication Assisted Treatment (MAT). MSR is the use of medication to assist an individual in achieving and sustaining recovery from a substance use disorder. Medication may also be used as a harm-reduction approach, regardless of whether abstinence is achieved. MSR should be integrated into all programs and offered to individuals as an option to support their recovery.
Mental Health Treatment	A broad term for various treatment interventions focused on reducing mental health symptoms and improving community functioning. Services may include evidence-based interventions, peer supports medication management and counseling.

Mentors	Also referred to as Peer Mentors, these are individuals who are in sustained recovery and can provide support to other individuals who are going through similar experiences. Peer mentors are required to be certified by the Mental Health and Addiction Certification Board of Oregon. See also Peer Support Services.	
Natural Supports	Natural supports refer to the support and assistance that naturally flows from the associations and relationships typically developed in environments such as the family, school, work and community. These relationships and the support and assistance they offer, maintain and enhance the quality and security of life.	
Opioid Lawsuit and Settlement	Across the nation, states and other localities filed lawsuits against opioid manufacturers contending that marketing and prescribing incentives contributed to local communities experiencing negative outcomes. Purdue Pharmaceuticals is in the process of settling these suits. Settlement dollars can be used to mitigate the impact on communities of overprescribing of opioids.	
Outpatient Stabilization	A short-term, rapid access program heavily centered on MAT and peer support. This program will support individuals needing rapid connection to treatment, but for whom residential-based services are not desired or indicated. Intended to be short-term with transition to outpatient services as indicated.	
Outpatient SUD Treatment	Substance Use Disorder Treatment that occurs in a clinic setting with the capacity to serve individuals in identifying their patterns with substance use, and how to learn skills in achieving and maintaining sobriety. Treatment consists of assessment, individual and group therapy, peer mentor services, medication management, and urinalysis.	
Peers	See “Peer support workers”	www.samhsa.gov
Peer Support Services	Peer support services are services and supports that are provided by individuals with lived experience of having a substance use or mental health disorder. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.	www.samhsa.gov
Peer Support Workers	Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. See also Mentors.	

Program Development Work Group	A work group made up of local community subject matter experts who provide input and guidance to the development of the CATT. The Program Development Work Group offers concrete guidance in areas such as clinical model, facility features and cultural responsiveness.	
Recovery	A process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Individuals who have a substance use disorder who have stopped using substances are in recovery.	www.samhsa.gov
Residential Treatment	A facility-based treatment program where the individual lives in a supportive environment and learns skills to avoid relapse. Services are commonly 60-90 days.	
Respite	A flexible, short-term residential program that provides a safe environment to support individuals while they are waiting to access other residential care. Respite may be used to engage and connect people into services at CATT while waiting for an opening in the right level of care.	
Sobering	A specially designed program to support an individual who is acutely intoxicated while they are processing the substance from their body. Sobering provided at the CATT primarily refers to supporting individuals intoxicated on depressants such as alcohol or opioids. Services would include monitoring of vital signs, providing fluids and nutrients and offering a safe and supportive environment until the individual is ready to transition to a different level of care.	
Steering Committee	A CATT committee that provides strategic guidance on the development of the CATT. This committee ensures collaboration across system partners and provides broad direction to the project work groups and Leadership Team.	Link to page that will list SC members
SUD	Substance Use Disorder.	
Substance Use Disorder	The recurrent use of alcohol and/or drugs which causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. This term is preferred to the term “addictions” which is broader and includes gambling, gaming and other addictive behaviors. Individuals that have a substance use disorder are diagnosed as being mild, moderate, or severe.	www.samhsa.gov
Supported Employment	A program that focuses on developing skills to be competitive in the job market.	
Tigard Recovery Center	An existing men’s residential program located in Tigard. The building is owned by Washington County with services provided by a contractor. This building currently serves 13 men, with capacity for up to 20.	

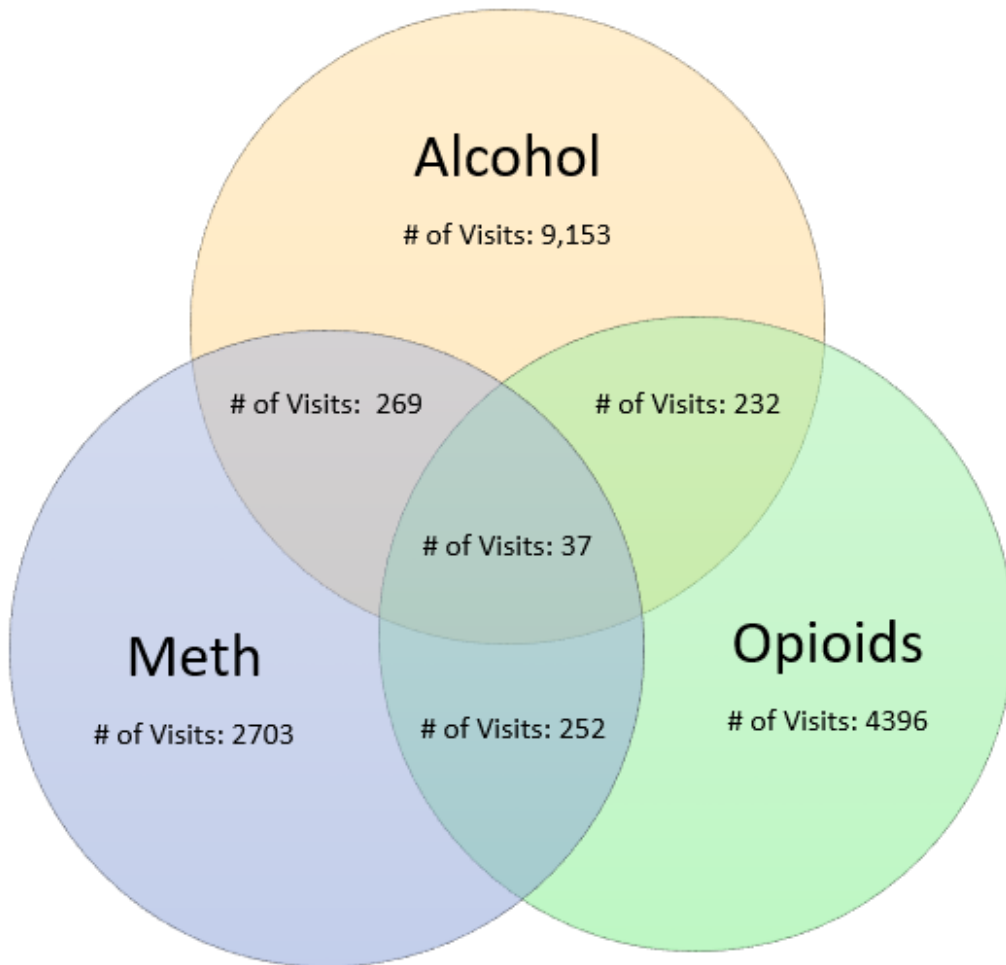
Transitional Housing	Housing that is temporary and of limited duration but provides a safe and stable environment while a more permanent arrangement is sought.	
TRC	See Tigard Recovery Center	
Trauma Informed Care (TIC)	An approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff. There are three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice by implementing services that are trauma informed, training staff and responding to participants with a trauma sensitive approach.	www.traumainformedoregon.org
Trauma Specific Services	Programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).	www.traumainformedoregon.org
Withdrawal Management (aka: Detox)	A program that provides monitoring and support to individuals who have developed a physiological dependence on alcohol or opiates. This is typically a short-term service, often with transition to residential services upon discharge.	



Appendix A: Data Informing Project

The data presented in this section was compiled by a data work group of community subject matter experts. Additional detail about the data is provided in the text near the slide.

Provident St. Vincent Emergency Department: Alcohol, Opioids, & Methamphetamines Visits 2016-2019



Representatives of Providence St. Vincent Hospital participated in the data work group and provided the information found on this page and the next. The graphic above illustrates that individuals often present to the emergency department intoxicated, frequently with multiple substances. This information highlights the complexity of service need.

ST. VINCENT EMERGENCY DEPT. (2016-2019)

PSV ED Clinical Presentation

	2016	2017	2018	2019	Total
Alcohol	2374	2486	2582	2249	9691
Methamphetamine	709	769	919	864	3261
Opioids	926	935	898	682	3441

PSV ED SUD HOLDS

	2016	2017	2018	2019	Total
Sober Hold or Sober Re-evals in ED	162	241	258	216	877
Identified explicitly w/ Detox need or Dispo to Detox	23	26	26	12	87

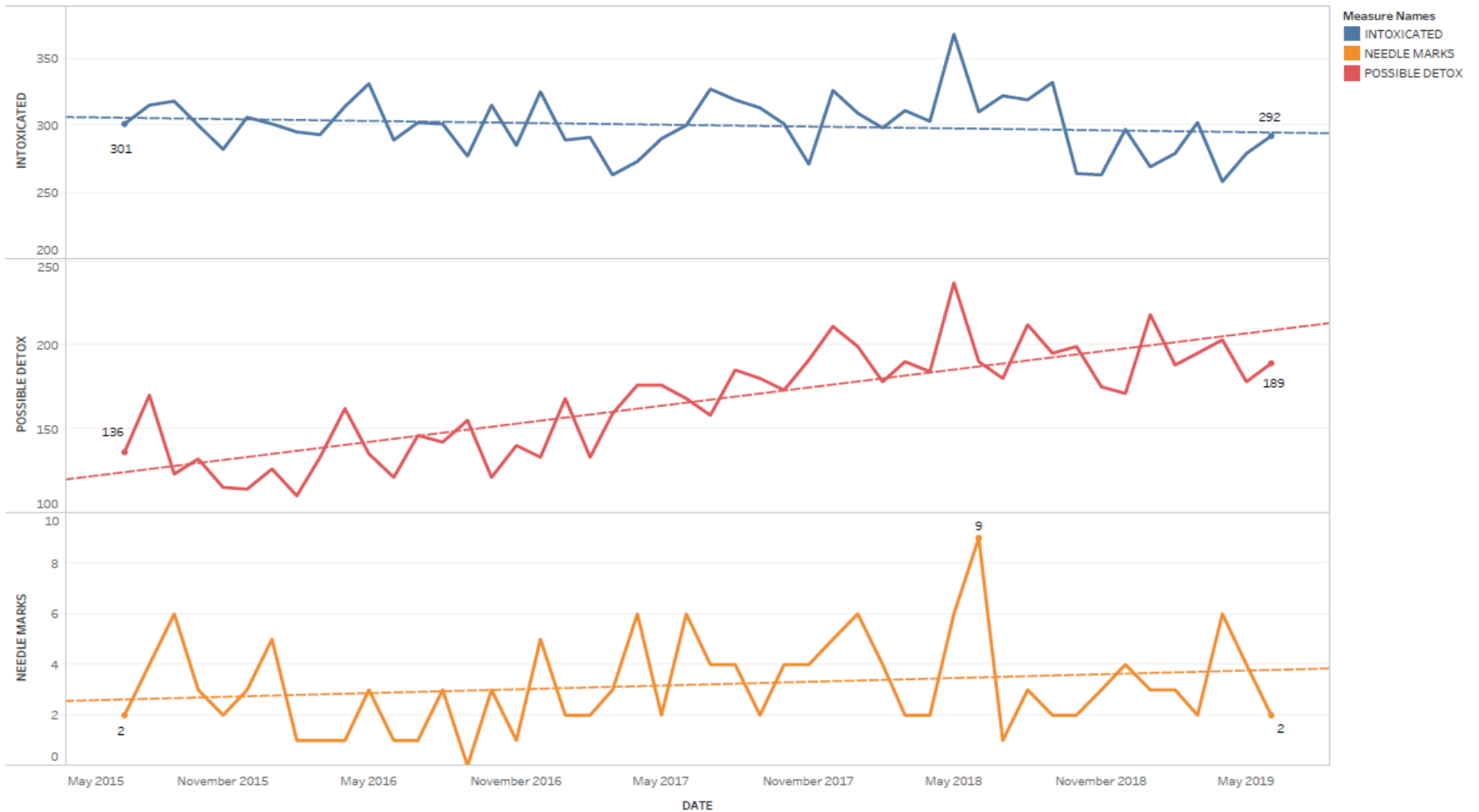
ST. VINCENT EMERGENCY DEPT. (2016-2019)

PSV ED: Dispo by Substance

	Dispo	2016	2017	2018	2019	Total	
Alcohol	Admit	920	868	967	879	3634	37% admit
	Left against advice	44	25	39	28	136	
	Discharge	1378	1545	1531	1306	5760	
	Transfer	32	48	45	36	161	
Meth	Admit	211	202	225	183	821	25% admit
	Left against advice	6	7	16	15	44	
	Discharge	485	549	663	658	2355	
	Transfer	7	10	15	8	40	
Opioids	Admit	654	687	621	454	2416	70% admit
	Left against advice	6	6	16	13	41	
	Discharge	260	233	254	213	960	
	Transfer	6	9	7	2	24	

The first graph demonstrates the number of individuals who presented in the Emergency Department with a diagnosed intoxication. The service need is often for acute support including sobering or withdrawal support (detox). Note that the data for 2019 is not complete as this information was gathered in November 2019. The second graphic provides information about the outcome of the emergency department admissions. This slide demonstrates that while most people who present with substances are discharged, a high percentage of those presenting with opioid intoxication are admitted.

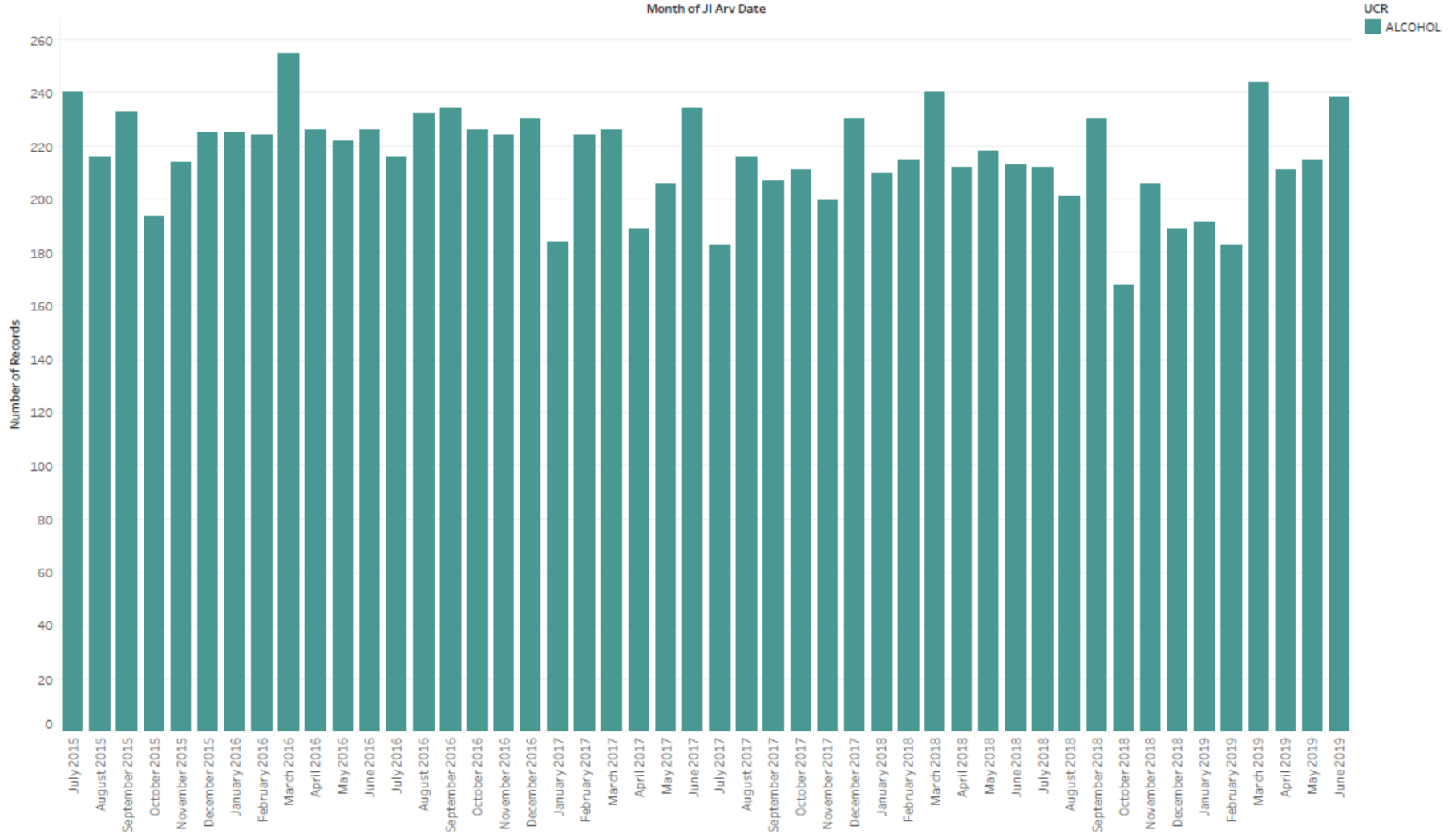
JMS Intake Screen 7/1/2015 to 6/30/2019



The trends of INTOXICATED, POSSIBLE DETOX and NEEDLE MARKS for DATE Month. Color shows details about INTOXICATED, POSSIBLE DETOX and NEEDLE MARKS. The data is filtered on DATE, which ranges from 7/1/2015 to 6/30/2019.

The data on this page is provided by the Washington County Sheriff’s Office. It covers a four-year period from 7/1/2015 to 6/30/2019. The graph shows the number of individuals brought to the jail who were identified by jail medical services as intoxicated at the time of booking as well as individuals who are identified as possibly needing support for withdrawal from a substance.

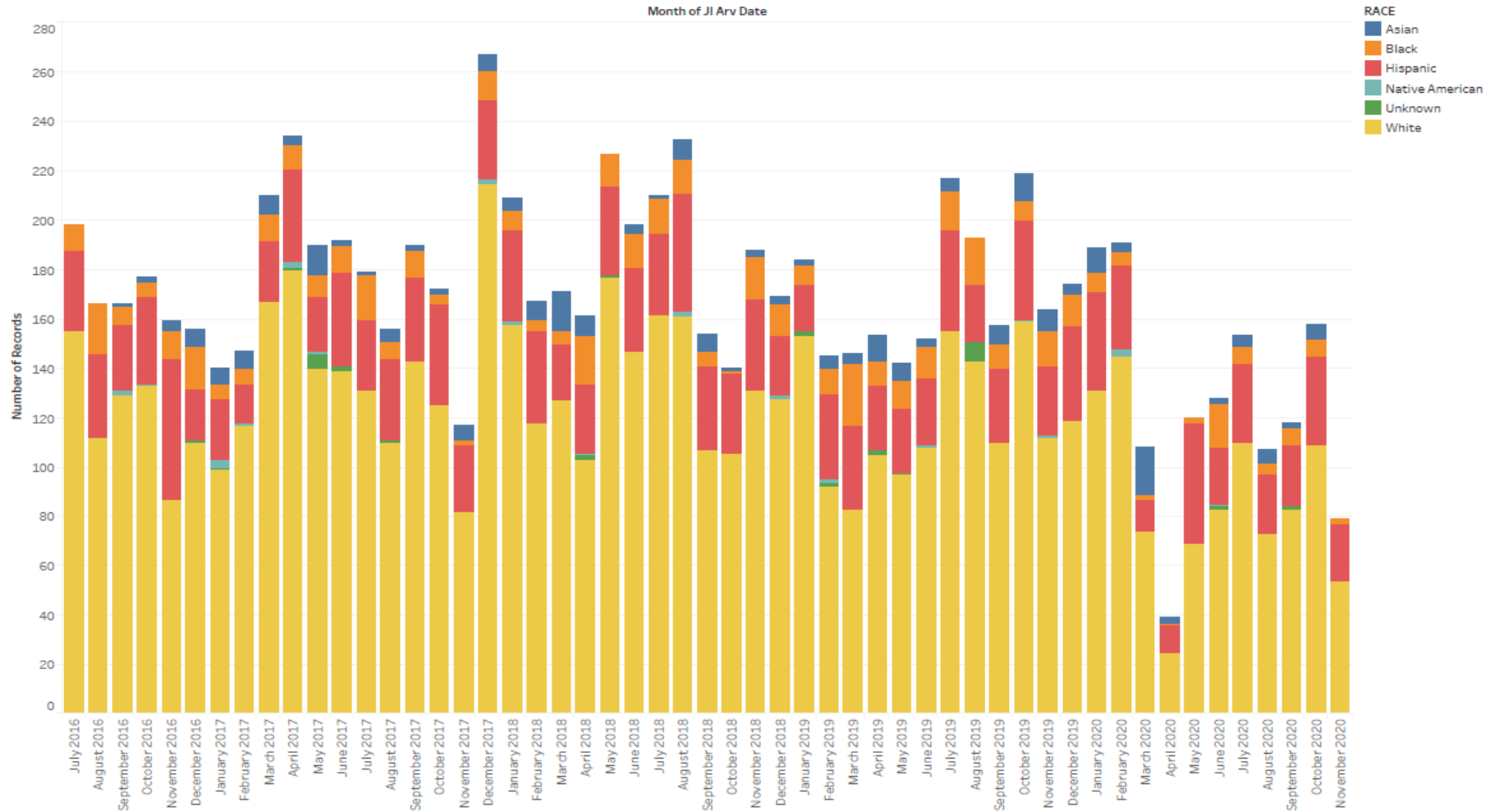
JMS DUII Charges 7/1/2015 to 6/30/2019



Sum of Number of Records for each JI Arv Date Month. Color shows details about UCR. The data is filtered on JI Arv Date, which ranges from 7/1/2015 12:00:00 AM to 6/30/2019 12:00:00 AM. The view is filtered on UCR, which keeps ALCOHOL.

The data on this page is provided by the Washington County Sheriff’s Office. It covers a four-year period from 7/1/2015 to 6/30/2019. This graph identifies the number of individuals who are arrested for driving under the influence of intoxicants each month in Washington County. This graph only represents the actual number of individuals arrested, not the total number of individuals driving while intoxicated.

JMS Drug Charges (By Race) 7/1/2016 to 11/30/2020



Sum of Number of Records for each JI Arv Date Month. Color shows details about RACE. The data is filtered on UCR and JI Arv Date. The UCR filter keeps DRUGS. The JI Arv Date filter ranges from 7/1/2016 12:00:00 AM to 11/30/2020 12:00:00 AM.

The data on this page is provided by the Washington County Sheriff’s Office. It covers the period from 7/1/2016 to 11/30/2020. The graph demonstrates the race of individuals with substance related charges. Charging data shows that communities of color are represented at different rates than their overall percentage of the population.

CURRENT STATE: YOUTH SURVEY

- Oregon Student Wellness Survey 2018
- Key measures:

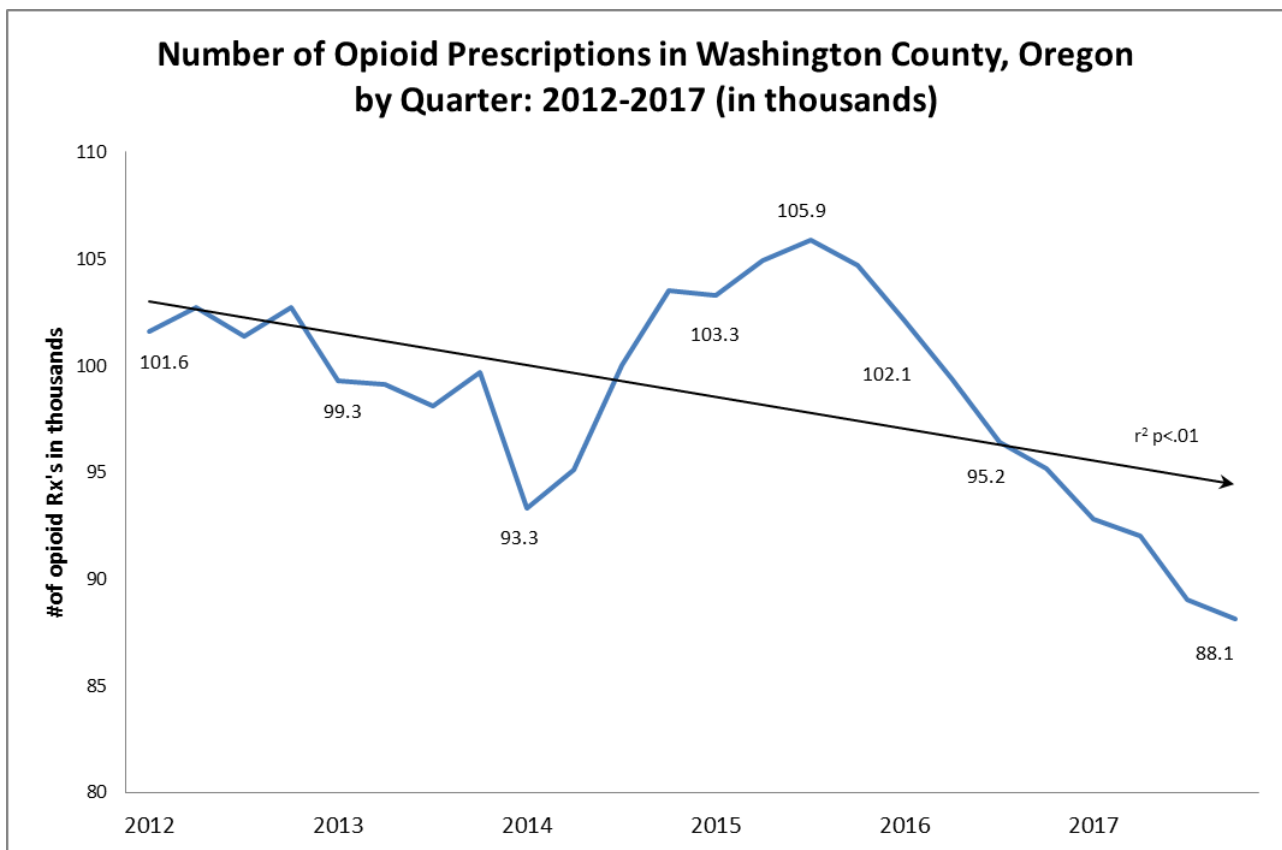
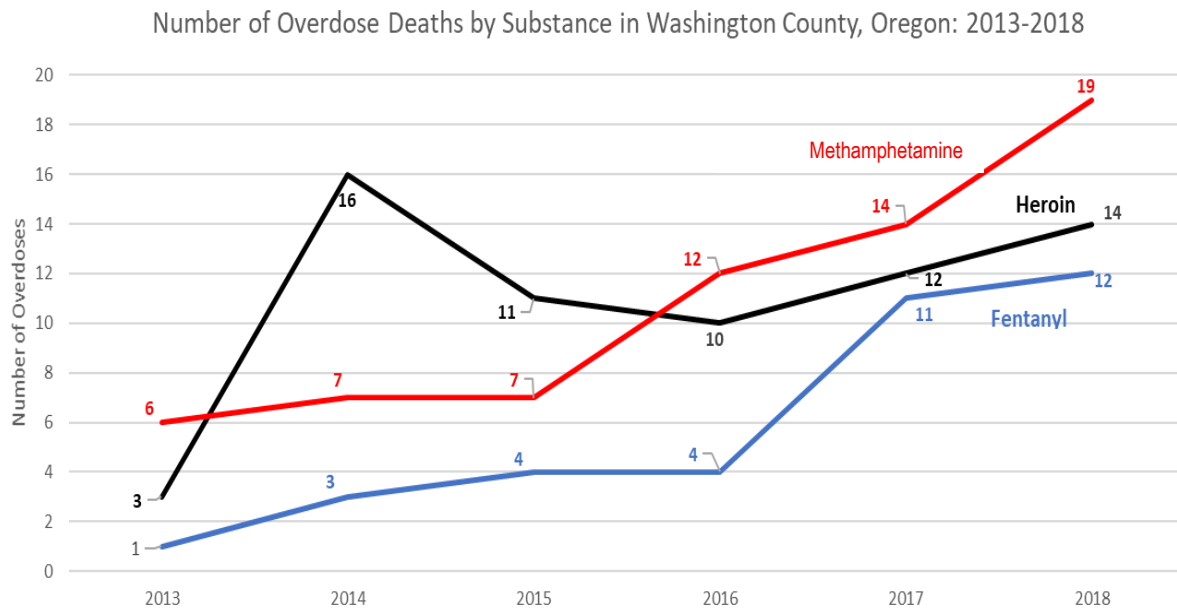
Rode in a car with an adult who'd been drinking		Used illicit drugs (excluding marijuana) in past 30 days		Used Alcohol at least once in past 30 days		Binged on alcohol at least once in the past 30 days	
6th	8%	6th	1%	6th	3%	6th	<1%
8th	11%	8th	5%	8th	11%	8th	3%
11th	10%	11th	17%	11th	24%	11th	12%

INFORMING CLINICAL DESIGN: OTHER DATA

- Approximately 10.4% of calls to the Washington County crisis line resulted in a referral to substance use treatment services
- Washington County had over 300 transports to Hooper sobering in 2017
- On any given day, 10 inmates are on detox protocols in the Washington County jail

This page represents a collection of data from a variety of sources that were reviewed by the Data Work Group. The first slide presents self-reported data from the Oregon Healthy Teens Survey, Washington County students. This survey is conducted annually and covers a broad range of topics.

The second slide illustrates the prevalence of calls to the Washington County crisis line that resulted in a referral to substance use treatment. In addition, the Washington County Sheriff's Office transported nearly one individual a day out of the county to Hooper Sobering before the program was closed.



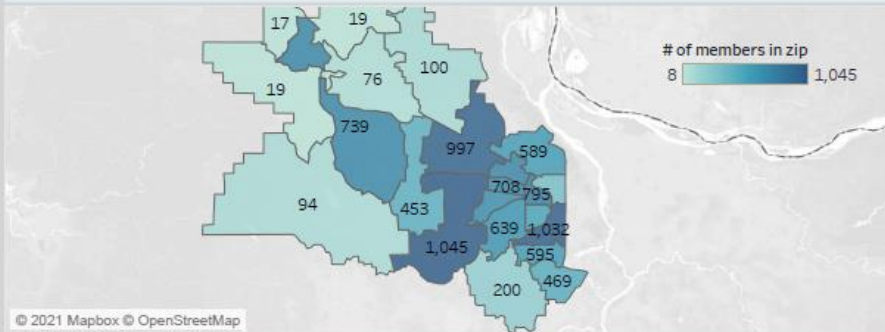
The information above demonstrates that the number of prescriptions for opioids has steadily decreased over time. However, as shown in [the lower chart \(also displayed as figure 1 in the main body of the report\)](#) this decrease has not resulted in fewer deaths as the number of residents who have died from drug overdose has trended up.

Demographics of Members with a Substance use Disorder Diagnosis Washington Co only (Two+ diagnoses in the past three years)



Data Current As Of 1/26/2021

SUD Population by Zip Code: Washington Co



SUD Total Count

SUD Total Count		10,925
Alcohol		
Yes	5,364	49.1%
No	5,561	50.9%
Opioids		
Yes	3,346	30.6%
No	7,579	69.4%
Cannabis		
Yes	4,582	41.9%
No	6,343	58.1%

SUD by Physical Plan		SUD by Dental Plan		SUD by Behavioral Health Plan	
CareOregon	6,127	56.1%	Advantage	2,668	24.4%
Kaiser	1,115	10.2%	CODental	2,578	23.6%
Providence	1,395	12.8%	KaiserDental	131	1.2%
Null	32	0.3%	ODS	3,268	29.9%
LHPS	447	4.1%	Willamette	2,263	20.7%
OHSUHealth	1,809	16.6%	Null	17	0.2%
				COBH	10,925
					100.0%

Meth		
Yes	3,083	28.2%
No	7,842	71.8%
Cocaine		
Yes	543	5.0%
No	10,382	95.0%

SUD by Race/Ethnicity		SUD by Spoken Language			
African/African American	385	3.5%	English	10,340	94.6%
AIAN	149	1.4%	Spanish	492	4.5%
Asian	170	1.6%	Other/Unknown	93	0.9%
Caucasian	6,391	58.5%			
Hispanic	1,327	12.1%			
Other Race or Ethnicity	132	1.2%			
Pac Is/ Native Hawaiian	56	0.5%			
Unknown	2,315	21.2%			

Other Substance Type		
Yes	2,574	23.6%
No	8,351	76.4%
MH Diagnosis		
Yes	4,524	41.4%
No	6,401	58.6%
SUD by Gender		
Female	5,282	48.3%
Male	5,643	51.7%

Health Share of Oregon is the largest Medicaid coordinated care organization in Oregon and the primary Oregon Health Plan provider in Washington County with approximately 100,000 residents assigned to the plan in February 2021. This data provides a snapshot of substance use disorder diagnoses of members and where these members live within our county by zip code. Important detail includes the high prevalence of alcohol and cannabis disorders as well as the common presence of a co-occurring mental health diagnosis.

Appendix B: Work Group Membership

The CATT concept development has benefitted from a wide variety of perspectives. The individuals listed below are only some of the many individuals who contributed to this project.

** denotes individuals who have left either the work group or the listed organization*

STEERING COMMITTEE:

Name	Organization	Role
Kathryn Harrington	Washington County	Chair, Board of Commissioners
Ruth Osuna	Washington County	Deputy County Administrator
Pat Garrett	Washington County Sheriff's Office	Sheriff
Kathy McAlpine	Tigard Police Department	Chief, Law Enforcement Council
Alison Noice	CODA	Executive Director
Kevin Mahon	DePaul	Clinical Director
Tami Cockeram*	City of Hillsboro	Community Services Manager
Kevin Barton	Washington County	District Attorney
Deric Weiss	Tualatin Valley Fire and Rescue	Chief
Gil Munoz	Virginia Garcia Memorial Health Center	Executive Director
Pierre Morin	Lutheran Family Services	Executive Director
Maggie Bennington-Davis	Chief Medical Officer	Health Share of Oregon
Carol Greenough	Citizen Advocate	BHC Council Member
Steve Berger	Washington County	Community Corrections Director
Christina Baumann	Washington County	Medical Officer
Reginald Richardson	Alcohol and Drug Policy Commission	Director
Monta Knudsen	Bridges to Change	Executive Director
Tony Vezina	4 th Dimension	Executive Director
Kristin Powers	Providence Health Systems	Regional Director of Integrated and Acute Behavioral Health

PROGRAM DEVELOPMENT WORK GROUP:

Name	Organization	Role
Kristin Burke	Washington County	Special Projects Supervisor
Kathy Prenevost	Washington County	Addictions Supervisor
J. Sean Fields	Citizen Advocate	BHC Council Member
Ann Martin	Lifeworks NW Crisis Program	Crisis Supervisor
Tristan Sundsted	Washington County Sheriff's Office	Jail Lieutenant
Ryan McClain*	NaphCare	Supervisor
Katrina McPherson	Oregon Health and Sciences University	Medical Doctor
Matt Conrad	Lifeworks NW	Clinical supervisor
Dave Mowry	National Alliance for Mental Health	Executive Director
Dustin Sluman	Washington County Sheriff's Office	Sergeant
Jeremy Kohler	Health Share of Oregon	Behavioral Health Director

Aja Stoner*	CareOregon	BH Transition Leader
Chris Farentinos*	CODA	Assistant Executive Director
Hannah Studer	Bridges to Change	Deputy Director
Greg Bledsoe	Oregon Health Authority	Women's Services Coordinator
Sheila Clark	Community Corrections	Supervisor
Joe Hromco*	Western Psychological and Counseling	Vice President
DeAnn Carr*	Trillium Community Health Plan	Director of Behavioral Health
Tony Vezina	(4th Dimension)	Executive Director
Fidel Escalante	Latino Network	
Lydia Cortez-Hickox	Citizen Advocate	
Stacie Andoniadis	Care Oregon	Program Manager
Steven Youngs	Bridges to Change	Certified Peer Mentor
Nick Ocon	Washington County	Behavioral Health Division Manager
John Koch	Washington County Sheriff's Office	Undersheriff

LEADERSHIP TEAM:

Name	Organization	Role
Kristin Burke	Washington County Behavioral Health	Special Projects Supervisor
Nick Ocon	Washington County Behavioral Health	Division Manager
Kathy Prenevost	Washington County Behavioral Health	Addictions Supervisor
Naomi Hunsaker	Washington County Behavioral Health	Program Coordinator
Walt Peck	Walter Peck, LLC	Consultant
John Koch	Washington County Sheriff's Office	Undersheriff
Kelly Cheney	Washington County Behavioral Health	Project Coordinator
Aika Fallstrom	Washington County Behavioral Health	Program Specialist
Karlynn Degman	Washington County Sheriff's Office	Chief Deputy
Stuart Spafford	Washington County Facilities	Project Manager

DATA WORK GROUP:

Name	Organization	Role
Eva Hawes	Washington County	Epidemiologist
Jack Nuttall	Washington County	Washington County EMS
Jim Nevala	Multnomah County Crisis Line	Crisis Line Supervisor
D Bentley	Lifeworks NW Crisis Program	Crisis Team Supervisor
Grant Struck	Washington County Behavioral Health	Data Analyst
Kevin Kane	Washington County Sheriff's Office	LET Manager
Christy McCammond	Washington County	NaphCare contract administrator
Kenny Fentress	Tualatin Valley Fire and Rescue	
Jake Grant	MetroWest	
Kristen Lacijan-Drew	Health Share of Oregon	
Roneil Raman	Providence Health Systems	
Frank Mondeaux	Washington County Behavioral Health	Program Coordinator
Ryan McClain*	NaphCare	Health Services Administrator
Corey Depuy	Tualatin Valley Fire and Rescue	
Kristin Burke	Washington County Behavioral Health	Special Projects Supervisor

Appendix C: Focus Group Feedback

During the initial development of the concept and feasibility study, the Leadership Team held several focus groups with individuals who had lived experiences of being served in the substance use system of care. This information was invaluable in informing the project, both in creation of the building blocks but also in considering how to support program participants in a way that is meaningful, respectful and trauma informed. A summary of the feedback is provided below, organized by the building block areas.

Building Block	Recommendations
<p>Services: <i>We believe that people can recover. Through partnerships and community connections, our services are comprehensive, coordinated and founded on evidence-based practices.</i></p>	<p>Key recommendations:</p> <ul style="list-style-type: none"> • Choices for treatment should be driven by the client • Services should be culturally responsive and there needs to be staff from the BIPOC community • Include opportunities for family involvement • Strong connections need to be made with after-treatment resources such as housing and employment • Clear expectations/transparency • Recovery meetings • Positive options for activities such as cooking classes, exercise, employment support, financial classes • Dual diagnosis services • Immediate access to medications <p>Other recommendations:</p> <ul style="list-style-type: none"> • Stabilization • Crisis support • Detox • Residential • MAT (Subutex, Suboxone, and Vivitrol) • Peer mentors • Case management • Pharmacy services • Develop specific support for BIPOC staff • Male and female • 2-year program • No mandated treatment • Optional assessments/no pressure • No cost if not eligible for OHP • Nicotine replacements/Not discharging for nicotine use • Positive activities • Housing • Parenting/childcare/vouchers/family activities, reunification • Domestic violence/sex offender • Recovery meetings • Computer skills • Veteran assistance • Anger management

	<ul style="list-style-type: none"> • Food stamps • Bus passes, transportation assistance, gas vouchers • Driver’s licenses • Help finding pet care • Rental assistance/utility assistance/household items/emergency assistance funds
<p><i>Accessibility: Any Washington County resident, including those in custody, can begin or continue their recovery journey when they are ready, for as long as they want.</i></p>	<p>Key recommendations:</p> <ul style="list-style-type: none"> • There needs to be a warm handoff to and from services and supports, and strong partnerships with community organizations • Treatment must be available on-demand and offer rapid access to MAT • There must be in-reach to the jail and hospitals • There should be outreach to rural areas, culturally specific communities, and faith groups • Access to services after discharge • Collaborative decision-making • Multiple pathways to recovery need to be supported <p>Other recommendations:</p> <ul style="list-style-type: none"> • 24/7 services • Unlimited length of stay • Near public transportation • Home visits
<p><i>Safety: Safety of staff, clients, friends and families is paramount.</i></p>	<p>Key recommendations:</p> <ul style="list-style-type: none"> • Services need to be trauma informed • Security and police cannot be visible • Staff needs to represent our BIPOC community <p>Other recommendations:</p> <ul style="list-style-type: none"> • Incentivize low turnover of staff to decrease impact of relationship loss for (especially for culturally specific clients) • No power differential
<p><i>Client Experience: Treatment will be driven by the individual and is rooted in dignity, respect and client-choice.</i></p>	<p>Key recommendations:</p> <ul style="list-style-type: none"> • The client’s first encounter should be with someone with lived experience • Provide welcoming waiting areas • Have staff dress casually <p>Other recommendations:</p> <ul style="list-style-type: none"> • Staff with lived experience • Art • Music • Healthy meals • Fidgets • Coffee/tea • Plug ins in waiting areas/community areas • Dream boards • Culturally/linguistically/ASL responsive

<p>Facility Design: <i>The facility will provide a safe, respectful, welcoming and comfortable environment that allows services to be provided in a safe and effective manner.</i></p>	<p>Key recommendations:</p> <ul style="list-style-type: none">• The center needs to feel home like and non-clinical• Services must be co-located• Have color, art, and windows or outdoor areas• Decorate with plants• Advised by people in recovery and houseless individuals <p>Other recommendations:</p> <ul style="list-style-type: none">• Affirmations and quotes on walls• Smoking areas• Showers and laundry
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Site Needs Statement

Revised 4/6/21

Principles

The goal of this project is to create a comprehensive center for addictions treatment access and services. This will be a unique program that will serve the entire community, adding critical infrastructure to our community. Key principles include:

- The program must be trauma-informed with a feel that is respectful, welcoming and safe. Individuals who arrive on site should experience a building that is clinically informed and exudes a sense of hope and healing.
- Connection with nature is essential.
- The program should be easy to access
- Flexibility for future service needs.

Site Requirements

The program is designed to be expandable and flexible in order to support a changing population over time. Flexibility and expandable are key considerations when evaluating various locations. Other considerations should include:

- Located within short walking distance of public transportation. Ideally, this would be the MAX line or a high frequency bus line.
- The site should either have green space or have the capacity to develop green spaces for residents of the programs.
- There will need to be enough parking to accommodate staff, clients and visitors. While many of the residential clients will not have vehicles, it is anticipated that outpatient services will serve a high volume of individuals and the site may host trainings at times. Rough estimate: 200 parking spaces.
- The site must allow for separation of services by gender.
- Ideally, the site will allow a “campus” approach rather than a single, large building. The site should allow for construction of several buildings ranging from a larger, comprehensive building to several smaller, service-specific buildings. Rough estimates are:
 - Main building (admin, outpatient, co-located services) 26-52,000 sq ft
 - Residential program #1: 8,500 sq ft
 - Residential program #2: 8,500 sq ft
 - Intensive residential (detox, sobering, flex): 16,000 sq ft
- While an empty lot would allow the greatest flexibility, a site with existing structures that can be modified to work for the program is also a possibility.

Other Considerations

The program will serve individuals with a variety of criminal backgrounds including possibly sex offences. As such, considerations should be made to not locate the program immediately adjacent to places where youth congregate such as day care centers or schools. There will likely be some community resistance regardless of location.

REVISED 4/6/21:

An initial land search revealed that there were no properties that met the initial site criteria. As such, the leadership team considered alternative models to the comprehensive campus approach within a population center. The following models are possible options:

- Consider future Trimet expansion or opportunities where a modification of a Trimet line may be possible. Trimet plans for expansion in Washington County can be found in [this document](#), however there are no timelines. Primary expansion areas include South Cooper Mountain, Durham Road, South Hillsboro (as far as the Town Center).
- Comprehensive campus outside of primary population centers but still near public transportation. The downside of this approach is that the frequency of bus service is reduced.
- Split campus model with the Community Services Building/Hawthorn Walk-In Center near population centers and on a bus line, and the intensive services and residential programs on a second site outside of primary population areas. This would reduce the size of properties needed and would allow for a phased approach to selecting properties.

Given these options, a new site search should expand the previous criteria by also exploring:

- 3-4 acre parcels that are near high-frequency transit such as frequent bus lines or a MAX station. Zoning should allow for outpatient clinical treatment services. This can either be bare land or a lot with an existing building with approximately 45,000 to 55,000 square feet. (Community Services Building).
- 3-4 acre parcels that are within walking distance (1/4 mile or less) to low-frequency transit. Zoning should allow for residential treatment services. (Intensive Services and Residential programs).
- 2.5-4 acre parcels that are not within proximity of public transportation but are within 15 minutes of the Hawthorn Walk-In Center. (Intensive Services and Residential programs).
- Land between 3-8 acres that is in the planned Trimet expansion areas.