

Center for Addictions Triage and Treatment (CATT)

Steering Committee

April 18, 2024

3 - 4 p.m.

Zoom Virtual Meeting

Facilitators: Kristin Burke & Nick Ocon

SUMMARY

1. Welcome & Introductions – Chief Stacy Jepson, BPD, has joined the steering committee and is representing the Law Enforcement Council. Chief Jepson replaces Tigard Chief of Police Kathy McAlpine, who retired.
2. A meeting overview for today was provided along with a summary of the committee’s January decision to continue this committee even though the main project decisions have been completed. Many members expressed appreciation in hearing the updates and being able to ask questions. Kristin thanked the group for seeing value in the meeting updates and wanting to be actively used for advocacy efforts and any future considerations. We agreed at the last meeting to move to a quarterly cadence.
3. Project Updates
 - a. Budget/funding
 - i. Capital construction costs are estimated at just under \$64 million.
 - ii. We very recently received \$8.9 million in the 2024 legislative session, a \$2.5 million federal earmark, and Forest Grove is giving some of its opioid settlement money to the CATT. We appreciate all the support. Some of the legislative money will be used for start-up and operational costs for sobering.
 - iii. We are happy to report that with this influx of money, we are fully funded! A breakdown of the funding sources was reviewed, and is available in the PowerPoint, slide #5.
 - b. Services planning
 - i. Health services
 1. Bridge Consulting was selected as a consultant to the CATT project, with the goal of bringing together health system partners including CCOs, FQHCs and CATT service providers. This group will explore how the CATT could be used to address the whole health needs of the people we will

serve. A visioning session was held with over 20 attendees, most from front line healthcare agencies, to review health data and identify our highest priority health needs. Top health needs did not come as a surprise to anyone and are listed on the PowerPoint, slide #9. Another session is being scheduled to look at clarifying the focus of intervention: do we bridge these services or become a connection/engagement point.

Question: Is persistent need for psychiatric medication simply an access issue? Do we stick with our original vision to focus on integrated health care or should we consider offering psychiatric meds?

Answer: This is exactly the type of question we will discuss in the next visioning session. Providing psychiatric prescribing as part of the health services is a departure from our original vision. If the CATT opens the door to access to psychiatric med management, we may be flooded with medication management referrals. Goal is to help address unmet health care needs. One example is using wound care as the “hook” to get people in the door which then creates an opportunity to engage the person in other health care services.

- ii. Service Provider Work Group
 - 1. As of March, the CATT providers are meeting monthly to start working together collectively and in a coordinated manner. The work group is addressing how to coordinate client care, how to support someone who may have many needs, cross-provider communication, creating a shared vision, and creating guidelines so we all can live under the same roof. The guidelines and agreements will allow us to get ahead of the housekeeping rules and work out how to deal with shared spaces like parking and conference rooms.
- iii. Homeless services
 - 1. Project Homeless Connect (PHC) is joining the project and will have staff onsite at the Community Services Building. Housing stability will always be a way to connect with people at the CATT. PHC is already providing supports to the Hawthorn Walk-In Center, and we may decide to have housing navigators meet people at the Intensive Services Building to form that early connection.
- c. Construction Updates
 - i. Both buildings are empty and ready for renovation. We are focusing on communication with the neighbors right now. The subcontractors are in place.

1. Hillsboro building is set to start demolition in two weeks. We are still negotiating the guaranteed maximum price (GMP) with a final budget due in early May. Starting May 1, we'll start a 12-month construction timeline with the goal of opening at the end of April 2025.
 2. Beaverton building demo is set to begin in June with final budget due by the end of June. This is on a 15-month timeline because it is a much bigger project. We hope to be done with construction in November 2025.
- d. Branding
- i. We are keeping the name Center for Addictions Triage and Treatment (CATT) and debuting our logo! This week the Board approved the two building names: Beaverton Recovery Center and Hillsboro Recovery Center. These names align with another county-owned building (Tigard Recovery Center). We are currently working on incorporating the new logo into signage. Will begin working on community awareness of the CATT next.
- e. Groundbreaking ceremonies
- i. Wall breaking
 1. After five years of planning and fundraising staff celebrated a milestone at the CSB by breaking a wall to celebrate the fact that we are moving into construction. The celebration included a few games, getting to know each other, taking a sledgehammer to a wall, a BBQ and cake.
 - ii. Groundbreaking
 1. On June 7 at 10 a.m. we are doing a formal groundbreaking at the ISB – now called Beaverton Recovery Center. There will be comments from legislators, members of the BCC, and partner agencies.
4. Meeting wrap-up
- a. If you have topics you'd like Kristin to cover, please let her know: Kristin_Burke@washingtoncountyor.gov or feel free to give her a call.

Next meeting: July 18, 3 – 4 p.m.
