



Program #40089 - Addictions Detoxification & Post Detoxification Housing FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Withdrawal management is a critical level of treatment care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population preparing individuals for residential, outpatient, and recovery support services. There are about 2,400 admissions into withdrawal management services annually. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or under-insured (high deductibles or copays that create a burden to accessing care). Supportive Housing and Care Coordination services target individuals who are houseless or without safe housing conducive to recovery and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support.

Program Description

This program provides clinical and medical care to individuals in withdrawal from substance use.. Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients may receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are provided by medical professionals and clinical staff that address: SUD, physical health, and co-occurring disorders. Withdrawal management also includes: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment opportunities, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

Withdrawal Management services are enhanced by two specific types of recovery support services to better serve this population: Supportive Housing and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing, clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to houselessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to another level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unique indigent individuals receiving Withdrawal Management services annually	175	80	150	180
Outcome	% of individuals served in Care Coord., exiting withdrawal mgmt & transitioning to another level of care	77%	80%	80%	80%
Output	Number of clients served in Care Coordination transition services	2,263	2,260	2,628	2,700
Output	Number of individuals receiving supportive housing	542	370	520	600

Performance Measures Descriptions

* Withdrawal Management: Includes the number of unique indigent individuals who may receive multiple admissions in the course of the year. ** Care Coordination: Includes both indigent clients and clients with OHP or other health insurance. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds. *** Average length of stay in supportive housing is 14-15 weeks. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State service elements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$92,895	\$0	\$232,388
Contractual Services	\$1,654,024	\$732,205	\$1,539,894	\$907,535
Internal Services	\$0	\$3,979	\$0	\$4,927
Total GF/non-GF	\$1,654,024	\$829,079	\$1,539,894	\$1,144,850
Program Total:	\$2,483,103		\$2,684,744	
Program FTE	0.00	0.50	0.00	1.65

Program Revenues				
Intergovernmental	\$0	\$829,079	\$0	\$1,144,850
Total Revenue	\$0	\$829,079	\$0	\$1,144,850

Explanation of Revenues

Federal \$ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
State \$ 870,558 - State Mental Health Grant SE 66: A&D Detoxification Treatment based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2024: 40089 Addictions Detoxification & Post Detoxification Housing

The repercussions of the pandemic have affected SUD providers in various ways, including staffing gaps and disruptions in services and programs. Throughout FY23, providers have operated with reduced censuses. Hence, providers need to prioritize essential services and respond to evolving crises and challenges, impacting their ability to collect and report data in a timely manner. Data availability for this offer's performance measures was impacted by OHA's pause on many reporting requirements in FY23. As a result of these circumstances, the output measures for FY23 may potentially reflect an undercount due to the challenges and disruptions experienced across the SUD provider landscape.