

Program #40085 - Adult Addictions Treatment Continuum

3/7/2022

Department: Health Department **Program Contact:** Jesse Benet
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

The Adult Addiction Treatment Continuum serves over 3,000 individuals per year and includes adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents living at or below 200% poverty who are uninsured or underinsured (high copays or deductibles that create a fiscal burden to access) for the services. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc).

Program Summary

The overarching goal of Substance Use Disorder treatment and recovery support services is to establish a path to recovery and well-being for those experiencing SUD. SUD treatment and recovery supports also have broader impact across County systems and services, including in criminal justice, child welfare, and healthcare. Positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced jail recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of problematic alcohol and other drug use; target specific barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group), skill building, and peer-delivered services. Treatment and recovery service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout the County by a network of state-licensed community providers and peer-run agencies. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, LGBTQIA2S+ individuals, women, and parents whose children live with them while they are in residential treatment. As part of the Behavioral Health Department's commitment to equity, the Addiction Unit strives to identify, develop, and increase funding to providers who work to provide culturally responsive or culturally specific treatment and recovery services facilitated by individuals with lived experience, who speak the same language, and reflect the diverse populations being served. In the last year Addictions has prioritized establishing new contracts to expand funding for peer run organizations and culturally specific service providers.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number served in treatment and recovery support services (1)	3,133	3,800	2,967	3,500
Outcome	Percentage of clients who successfully complete outpatient treatment (2)	46	42	48	42%

Performance Measures Descriptions

- 1) Data reflects the continuation towards more intensive services for a smaller number of individuals with higher-level needs and an increase in the necessity of recovery support services in addition to treatment. Due to COVID, currently not all data has been reported that is used to compile the Output measure (see, note under Significant program changes).
- 2) "Successful completion of treatment" is defined as the successful completion of at least two thirds of an individual's treatment plan goals and demonstrating 30 days of abstinence.

Legal / Contractual Obligation

Funding is a combination of Federal substance abuse prevention/treatment, Ryan White federal grant funds, state general funds and state-federal pass through funds through the State Oregon Health Authority, and Local 2145 Beer and Wine tax and Marijuana tax revenue. Program planning is based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant and spends these funds in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a formula basis and are restricted to alcohol and drug treatment/ recovery support services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$677,711	\$382,847	\$543,646	\$326,464
Contractual Services	\$1,593,150	\$8,783,158	\$1,579,331	\$9,811,845
Materials & Supplies	\$20,295	\$2,715	\$23,279	\$2,685
Internal Services	\$87,042	\$278,272	\$133,122	\$36,442
Total GF/non-GF	\$2,378,198	\$9,446,992	\$2,279,378	\$10,177,436
Program Total:	\$11,825,190		\$12,456,814	
Program FTE	4.55	2.62	3.35	2.20

Program Revenues				
Intergovernmental	\$0	\$10,153,808	\$0	\$10,177,436
Total Revenue	\$0	\$10,153,808	\$0	\$10,177,436

Explanation of Revenues

This program generates \$1,476 in indirect revenues.

- \$ 602,272 - Local 2145 Beer and Wine Tax; \$ 3,828,258 - SAPT Block Grant; \$305,813 - TANF A&D 67 Award
- \$ 249,999 - OHA Peer Delivered Services
- \$ 4,947,676 - State Mental Health Grant based on 2021 IGA with State of Oregon
- \$ 178,100 - OHA Ryan White Mental Health;
- \$ 65,318 - Peer-driven Approach to Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2022: 40085A Adult Addictions Treatment Continuum

Pandemic impacts across SUD providers: staff shortages (especially compounding the historic need for BIPOC staff with BH certification); quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc. 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 and encountering in the MOTS system. MOTS provides the outcomes data for this offer. Due to these factors, the output measures for FY21/FY22 may represent an undercount and are not likely true indicators of those served.