

**Department:** Health Department      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Detoxification and Supportive Housing are two vital steps to working towards long-term recovery and stability. Detoxification, a medically managed inpatient service that served 2,375 in FY15, is the primary entrance point into addiction services for many low income people who face a severe addiction. Supportive Housing targets individuals who are homeless addicts who have completed any needed detoxification and are continuing treatment. In benefiting from both clinical and housing supports, clients are more likely to move from active addiction through treatment and into recovery.

**Program Summary**

The detoxification and stabilization program supports capacity for withdrawal management services to be provided 24 hours/day, 7 days/week under medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. Detoxification is provided in a culturally competent manner -- with new specialized services for African American individuals -- in an integrated medical clinic with primary care and dual-diagnosis capability. Stabilization services include counseling; case management; referrals related to housing, food and transportation, and such economic independence resources as job training, employment referrals, benefits eligibility screening; and discharge linkage to continuing care treatment.

Supportive Housing greatly increases post-detoxification treatment engagement rates. For people who are homeless, addicted, and newly sober, it can be a vital resource in the work towards long-term recovery. Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without attached supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

Homeless clients transitioning to outpatient treatment may be referred to Supportive Housing services. Supportive Housing (\$29 per unit per day) is an evidence-based, lower-cost resource when compared to either inpatient hospitalization (up to \$2,724 per day) or residential treatment (\$124 per day), and we can provide less restrictive/expensive outpatient treatment while the individual is in Supportive Housing. Findings from a 2006 study of homeless adults in Portland, showed a 36% reduction in public costs when supportive housing was provided. The 58 supportive housing units can each house two to three clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of admissions annually to detoxification <sup>1</sup>	2,375	2,400	2,375	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	94%	90%	94%	90%
Output	Number of supportive housing units	133	168	168	168

**Performance Measures Descriptions**

<sup>1</sup> An admission is a person completing the admission process. There can be multiple admissions.

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Our outcome measures the annual utilization rate. Performance Measure 3 now reflects an increase in total number of supportive housing units.

## Legal / Contractual Obligation

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 AMH 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. Also, Local 2145 Beer & Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol & drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$1,751,881	\$528,380	\$1,747,560	\$1,296,616
<b>Total GF/non-GF</b>	<b>\$1,751,881</b>	<b>\$528,380</b>	<b>\$1,747,560</b>	<b>\$1,296,616</b>
<b>Program Total:</b>	<b>\$2,280,261</b>		<b>\$3,044,176</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$528,380	\$0	\$1,296,616
<b>Total Revenue</b>	<b>\$0</b>	<b>\$528,380</b>	<b>\$0</b>	<b>\$1,296,616</b>

## Explanation of Revenues

\$ 1,187,152 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon  
\$ 109,464 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40089-16 Addictions Detoxification & Post Detoxification Housing