

**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Withdrawal management is a critical level of 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 to withdrawal management services annually. Supportive Housing and Care Coordination services target homeless individuals and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery supports.

**Program Summary**

Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are also provided by medical professionals that addresses: SUD, physical health, and co-occurring disorders. Additionally, withdrawal management and supportive services include: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment referrals, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

In addition to treatment services, two recovery support services have been invested in to better serve this population: Supportive Housing services and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are homeless, addicted, 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 homelessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to the next 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	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions annually to detoxification <sup>1</sup>	2,546	2,444	682	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	95%	95%	82%	95%
Output	Number of individuals receiving supportive housing <sup>2</sup>	382	168	792	400

**Performance Measures Descriptions**

<sup>1</sup> An admission is a person completing the admission process. There can be multiple admissions per individual in a single fiscal year.

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Outcome measures reflect the annual utilization rate and the metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds. \*See note in Significant Program Changes regarding the impact of COVID on these performance measures and services.

## 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 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

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Contractual Services	\$1,344,448	\$696,259	\$1,316,668	\$522,463
<b>Total GF/non-GF</b>	<b>\$1,344,448</b>	<b>\$696,259</b>	<b>\$1,316,668</b>	<b>\$522,463</b>
<b>Program Total:</b>	<b>\$2,040,707</b>		<b>\$1,839,131</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$522,461	\$0	\$522,463
Beginning Working Capital	\$0	\$173,798	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$696,259</b>	<b>\$0</b>	<b>\$522,463</b>

## Explanation of Revenues

- \$ 366,193 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
- \$ 156,270 - State Mental Health Grant: A&D Detoxification Treatment based on IGA with State of Oregon.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40089 Addictions Detoxification & Post Detoxification Housing

\*These services and performance measures were impacted by COVID because they require in-person work and are critical essential services. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.