



## 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	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$0	\$0	\$0	\$84,568
Contractual Services	\$1,534,668	\$783,692	\$1,552,807	\$695,026
Internal Services	\$0	\$0	\$0	\$4,097
<b>Total GF/non-GF</b>	<b>\$1,534,668</b>	<b>\$783,692</b>	<b>\$1,552,807</b>	<b>\$783,691</b>
<b>Program Total:</b>	<b>\$2,318,360</b>		<b>\$2,336,498</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.50

<b>Program Revenues</b>				
Intergovernmental	\$0	\$783,692	\$0	\$783,691
<b>Total Revenue</b>	<b>\$0</b>	<b>\$783,692</b>	<b>\$0</b>	<b>\$783,691</b>

## Explanation of Revenues

- \$ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
- \$ 509,399 - 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 2022: 40089 Addictions Detoxification & Post Detoxification Housing

Through the pandemic SUD providers have grappled with staff shortages; quarantines resulting in facility closures; operating at reduced capacity due to social distancing requirements; intake pauses due to COVID positive staff; etc. This impacted providers' ability to collect/report data on time. OHA paused many reporting requirements for FY22. Hence, the performance measures for FY21 & FY22 are likely not true indicators of need/ utilization. In FY21, the output related to the number of individuals served in withdrawal management services changed to only indigent client admissions, not those with Medicaid or insurance. Medicaid enrollment has increased and indigent clients served has decreased, allowing for reinvestment in Care Coordination & Supported Housing which are key to continued recovery and remain open to all persons exiting withdrawal management. .5 FTE moved to this program from PO 40085A as a result of budget balancing.