

**Program #40089 - Addictions Detoxification & Post Detoxification Housing** 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**

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 to 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 Summary**

This program provides clinical care to assist an individual in their initial withdrawal from substance use and continuing supportive services to encourage sustained recovery. 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	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique indigent individuals receiving Withdrawal Management services annually*	80	2400	76	80
Outcome	% of individuals served in Care Coordination, exiting withdrawal management and successfully transitioning to	97%	N/A	94%	94%
Output	Number of clients served in Care Coordination transition services**	2158	N/A	2260	2000
Output	Number of individuals receiving supportive housing***	372	400	373	370

**Performance Measures Descriptions**

Measure changed in FY23 and for FY22 Estimate: We are no longer counting admissions, but unique indigent clients who may receive multiple admissions in a year. Of the 80 clients served in FY21, there were a total of 430 days of services provided. Care Coord: Includes both indigent clients and clients with OHP or other health insurance. In the past, this group of clients was reported in the Output. 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	Requested General Fund	Requested 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 cases among staff/clients; etc. This impacted some providers' ability to collect/report data in a timely manner. OHA paused many reporting requirements for FY22. Hence, the performance measures for FY21 & FY22 are likely not true indicators of need or utilization. In FY21, the output related to the number of individuals served in withdrawal management services changed to include 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 regardless of insurance status.