

Division: Behavioral Health

**Program Characteristics:****Program Description**

Withdrawal management is a critical level of treatment care in the Substance Use Disorder (SUD) continuum of services. It medically stabilizes a highly vulnerable and diverse client population, preparing people for residential, outpatient, and recovery support services. Services are provided 24 hours/day, 7 days/week with medical oversight. 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.

There are about 2,700 admissions into withdrawal management service annually, which includes both indigent clients and clients with OHP or other health insurance. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or under-underinsured (high deductibles or copays create a burden to accessing care).

Care Coordination serves people who are houseless or without safe housing conducive to recovery, and provides additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, and early in recovery, this 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.

**Equity Statement**

The program is delivered through an equity lens, prioritizing a highly vulnerable and diverse client population, specifically those at or below 200% of the poverty level, uninsured, under-insured, and experiencing houselessness. This focused approach directly addresses systemic health and social inequities, ensuring marginalized communities can access medically necessary withdrawal management, supportive housing, and vital recovery support services.

**Revenue/Expense Detail**

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$220,456	\$0	\$231,666
Contractual Services	\$1,515,449	\$577,559	\$1,064,546	\$877,558
Materials & Supplies	\$0	\$8	\$0	\$8
Internal Services	\$0	\$5,972	\$0	\$5,541
<b>Total GF/non-GF</b>	<b>\$1,515,449</b>	<b>\$803,995</b>	<b>\$1,064,546</b>	<b>\$1,114,773</b>
<b>Total Expenses:</b>	<b>\$2,319,444</b>		<b>\$2,179,319</b>	
<b>Program FTE</b>	0.00	1.50	0.00	1.50

**Program Revenues**

Intergovernmental	\$0	\$803,995	\$0	\$1,114,773
<b>Total Revenue</b>	<b>\$0</b>	<b>\$803,995</b>	<b>\$0</b>	<b>\$1,114,773</b>

**Performance Measures**

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unique indigent individuals receiving Withdrawal Management services annually	87	92	100
Number of individuals receiving supportive housing	453	440	450