

**Department:** Health Department

**Program Contact:** Anthony Jordan

**Program Offer Type:**
**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 houselessness 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 individuals receiving supportive housing	382	168	790	400
Outcome	Percentage of supportive housing unit utilization	94%	95%	82%	95%

### Performance Measures Descriptions

These are the same performance measures as 40089 as the measures are not able to be segregated based on this small amount funding restored as it's FTE positions rather than supported housing beds that have been restored.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$218,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$218,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$218,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The following planned budget reductions were restored: from ADFC Supported Housing: (1) COLA. (2) Programming: 3 FTE reduction from the ADFC Housing: Mentor program (Details: CVC Liaison, Lead Employment Specialist, Case Manager). Also the cuts from Hooper Detox Care Coordinators were restored: (1) COLA. (2) Programming reduction of 2FTE to approximately 1.5FTE Care Coordinators. Individuals served in these supported housing facilities and Detox facility will not endure a cut in FTE.