

Program # 25039 - A&D Synthetic Opiate Medication

Version 6/10/2005 s

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|----------------------------|---|-------------------------|--------------|
| Priority: | Safety Net Services | Lead Agency: | County Human |
| Program Offer Type: | Existing Operating | Program Contact: | Ray Hudson |
| Related Programs: | 25028, 25029, 25037, 25087 | | |
| Frameworks: | Poverty Framework, 10-year Plan to End Homelessness | | |

Executive Summary

Individuals in treatment for heroin addiction who are stabilized on medication (like methadone) can hold jobs, reduce their exposure to HIV and avoid the violence of life on the streets. Individuals on medication can participate more fully in addiction treatment as well as leading more stable lives during their recovery. (This offer amended by the board, see significant program changes for more information).

Program Description

Methadone has been used as a treatment for heroin and other opioid dependencies for about 40 years. It is the most widely used (and studied) treatment specifically for heroin addiction in use today. In practice, clients typically attend a treatment program each day, to receive a daily dose of methadone, along with counseling, employment skills enhancement, and referrals for physical and mental health issues. This provides access to care that addresses the behavioral health needs of the whole person. Methadone effectively blocks the effects of heroin (and other opioids) so the client loses the incentive to use street drugs. The proper dose of methadone allows a client to socialize, work, go to school, attend job training, and otherwise carry on a normal life. Successful methadone (or other opiate substitute) treatment will allow vulnerable and chronic clients to move toward self-sufficiency. Multnomah County provides this service to clients by contracting with and providing oversight and direction to two State licensed programs, delivering more than 3,500 treatment episodes per year.

Program Justification

This program links directly to the Basic Living Needs Priority by ensuring a client's ability to meet his/her basic behavioral health needs, i.e., effective treatment for their opiate addiction. In addition, it links to the Poverty Framework and the 10-year Plan to End Homelessness by influencing employment and earnings in a positive direction and increasing economic independence. A report from the National Institute on Drug Abuse reported that clients in outpatient methadone treatment increased full-time employment by 24%. It also links to the Safety Priority, as methadone treatment has been shown repeatedly to reduce criminal behavior. The National Institute of Health stated in 1997 that methadone treatment was, '...effective in reducing illicit drugs, in reducing crime, and reducing the spread of AIDS and hepatitis'.

Performance Measures

Access: This program will provide 3500 treatment episodes to clients.

Effectiveness: Treatment engagement and stability are keys to successful treatment for opiate addiction. Therefore, 60% or more of clients will remain in treatment for at least one year.

Summary of last year's program results and this year's expected results

Delivered over 3500 treatment episodes in FY05. It is expected that a similar number will be delivered in FY06.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

ORS 430.240 - 430.590; ORS 430.850 - 430.955; OAR 415-051-0000 - 415-051-0155; OAR 415-020-0000 - OAR 415-020-0090; OAR 415-012-0000 - 415-012-0090; Federal Methadone Regulations (21 CFR); and CFAC Service Description A&D 66.

Revenue/Expense Detail

| | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|-------------------------------|-----------------------|----------------------|-----------------------|----------------------|
| | 2005 | 2005 | 2006 | 2006 |
| Program Expenses | | | | |
| Contracts | \$0 | \$321,013 | \$230,588 | \$321,013 |
| Subtotal: Direct Exps: | \$0 | \$321,013 | \$230,588 | \$321,013 |
| Administration | \$0 | \$0 | \$5,029 | \$19,001 |
| Program Support | \$0 | \$0 | \$14,383 | \$22,049 |
| Subtotal: Other Exps: | \$0 | \$0 | \$19,412 | \$41,050 |
| Total GF/non-GF: | \$0 | \$321,013 | \$250,000 | \$362,063 |
| Program Total: | \$321,013 | | \$612,063 | |
| Program FTE | 0.00 | 0.00 | 0.00 | 0.00 |
| Program Revenues | | | | |
| Intergovernmental | \$0 | \$321,013 | \$0 | \$321,013 |
| Program Revenue for Admin | \$0 | \$0 | \$0 | \$41,050 |
| Total Revenue: | \$0 | \$321,013 | \$0 | \$362,063 |

Explanation of Revenues

This program is funded with State Mental Health Grant of \$321,013 and \$508,103 in ITax funds.

Significant Program Changes

An RFP or RFPQ for Methadone is planned for late 2005 and may lead to an expansion of the current provider network from two to perhaps three or four providers.

Budget Note:

It is the Board's intent that this program be phased out over the course of FY 2006. Per the Board Note, a Board amendment for this offer scales the ITAX funding down to \$400,000 which includes holding \$150,000 in contingency. Program management is to provide the Board with a proposed plan for synthetic opiate program sunset. The \$150,000 in contingency will be held until the Board has an opportunity to review the plan. County General Funds for Administration & Support have been prorated to reflect the scaling down (from \$25,817 to \$19,412).