

**Lead Agency:** County Human Services

**Program Contact:** Ray Hudson

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

### Executive Summary

Detoxification and Supportive Housing are two vital steps to working towards long-term recovery and stability. Detoxification, a medically monitored inpatient service, is the primary entrance point into addiction services for many severely addicted and low-income persons. There are approximately 2,500 admissions to detoxification annually with an average successful completion rate of 75%. Supportive Housing is available for homeless addicts who have completed detoxification and are continuing treatment. Benefiting from both clinical and housing support, clients move from active addiction, through treatment and into the recovery community; and from homelessness through supportive housing and into permanent housing.

### Program Description

Alcohol and drug detoxification medically stabilizes a highly vulnerable and diverse client population. It prepares them for further alcohol/drug treatment and connects them to other services needed to resolve homelessness, health issues, etc. Supportive Housing greatly increases post-detoxification treatment retention rates and promotes recovery. After detoxification, Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

Detoxification beds provide services 24 hours-a-day, 7 days-a-week. Clients receive prescribed medication to ease withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. The program includes an integrated medical clinic with primary care and dual-diagnoses services. Detoxification is provided in a culturally competent manner that includes a variety of services: counseling and case management, physical and mental health care, housing resources (permanent housing, rent assistance, eviction prevention), food and transportation, and economic independence (job training, employment referrals, benefits eligibility screening).

After detoxification, homeless clients who are entering outpatient treatment are referred to supportive housing services. Supportive Housing (\$18 per unit per day) is an evidence-based, low cost resource when compared to inpatient hospitalization (\$700+ per day) or adult residential treatment (\$106 per day) and we can provide less restrictive/expensive outpatient treatment while the individual is in Supportive Housing. Each of the 60 supportive housing units can house 2 to 3 clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of admissions annually to detoxification <sup>1</sup>	2,364	2,201	2,560	2,600
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	94.0%	91.0%	95.0%	91.0%

### Performance Measure - Description

<sup>1</sup> A person who completes the enrollment process and enters detoxification is an admission. There can be multiple admissions for a person annually.

<sup>2</sup> Average length-of-stay in supportive housing is 14-15 weeks. Supportive housing increases post-detoxification treatment retention rates, so it is important that the supportive housing units are utilized to their fullest extent. Our outcome measures the annual utilization rate.

## Legal/Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements (i.e. Service Element A-D 66 is Continuum of Care Services). Also, State/Local 2145 Beer and Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2011	2011	2012	2012
Contracts	\$1,037,166	\$1,878,359	\$1,237,166	\$1,878,359
Total GF/non-GF:	<b>\$1,037,166</b>	<b>\$1,878,359</b>	<b>\$1,237,166</b>	<b>\$1,878,359</b>
Program Total:	<b>\$2,915,525</b>		<b>\$3,115,525</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,878,359	\$0	\$1,878,359
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$1,878,359</b>	<b>\$0</b>	<b>\$1,878,359</b>

## Explanation of Revenues

\$1,459,442 State Mental Health Grant Continuum of Care Services: Based on FY11 revised budget  
\$418,917 Local 2145 Beer & Wine Tax Revenues: Based on FY11 revised budget  
\$200,000 - OTO County General Fund  
\$1,037,166 - County General Fund

## Significant Program Changes

### Last year this program was:

\$200,000 contracted dollars from Program Offer # 25080 - Adult Addictions Treatment Continuum were re-programmed to Program Offer # 25090 - Addictions Detoxification and Post-Detoxification Housing.