

Lead Agency: County Human Services

Program Contact: Neal Rotman

Program Offer Type: Existing Operating

Related Programs: 25090B

Program Characteristics: In Target

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 people who are severely addicted and people who are low income. There are approximately 2,400 admissions to detoxification annually with an average successful completion rate of 75%. Supportive Housing is available for people who are 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, clients who are homeless who are entering outpatient treatment are referred to supportive housing services. Supportive Housing (\$21 per unit per day) is an evidence-based, low cost resource when compared to inpatient hospitalization (\$2,348 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. Findings from a 2006 study of adults who are homeless in Portland showed a 36% reduction in community cost when supportive housing is provided. Each of the 50 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 (FY10-11) | Current Year Purchased (FY11-12) | Current Year Estimate (FY11-12) | Next Year Offer (FY12-13) |
|--------------|--|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output | Number of admissions annually to detoxification ¹ | 2,539 | 2,600 | 2,368 | 2,400 |
| Outcome | Percentage of supportive housing unit utilization ² | 90.0% | 91.0% | 90.0% | 90.0% |

Performance Measure - Description

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

² 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, 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 |
|-------------------------|-----------------------|----------------------|-----------------------|----------------------|
| Program Expenses | 2012 | 2012 | 2013 | 2013 |
| Contracts | \$1,237,166 | \$1,878,359 | \$1,174,308 | \$1,878,359 |
| Total GF/non-GF: | \$1,237,166 | \$1,878,359 | \$1,174,308 | \$1,878,359 |
| Program Total: | \$3,115,525 | | \$3,052,667 | |
| Program FTE | 0.00 | 0.00 | 0.00 | 0.00 |
| Program Revenues | | | | |
| Intergovernmental | \$0 | \$1,878,359 | \$0 | \$1,878,359 |
| Total Revenue: | \$0 | \$1,878,359 | \$0 | \$1,878,359 |

Explanation of Revenues

\$1,459,442 - State Mental Health Grant A&D Continuum of Care: Based on FY12 award.

\$418,917 - Local 2145 Beer & Wine Tax Revenues: Based on FY12 award.

\$1,174,308 - County General Fund

Significant Program Changes

Last year this program was: #25090, Addictions Detoxification and Post-Detoxification Housing