



Treatment Access

A System of Care that works

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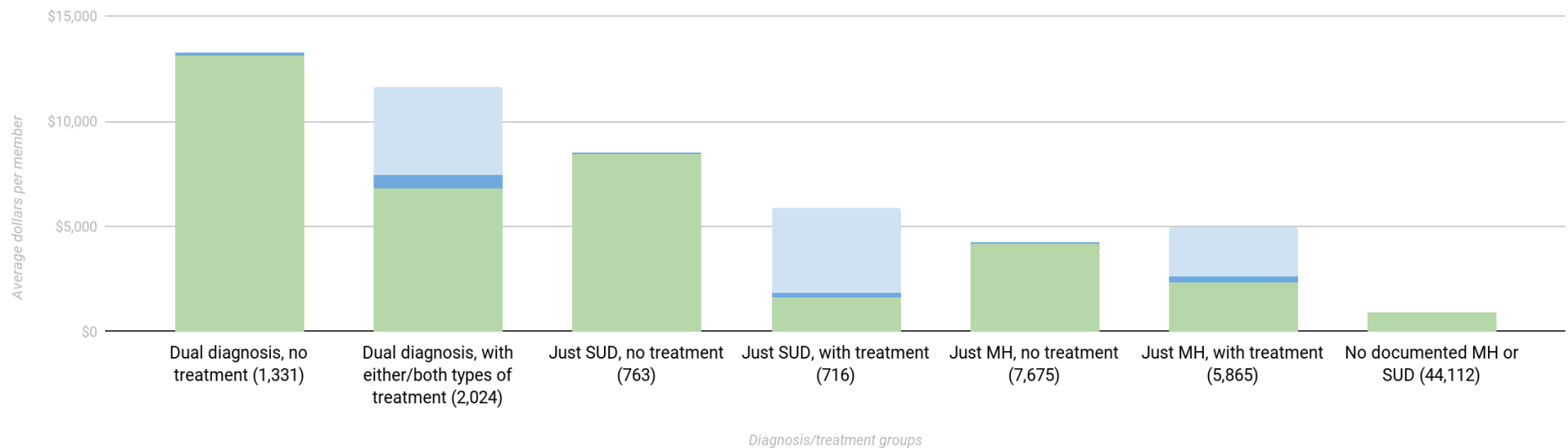
Mental Health and Addiction
Services Division

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Treatment Works

Average per-member costs, by diagnosis and treatment groups (count of members)

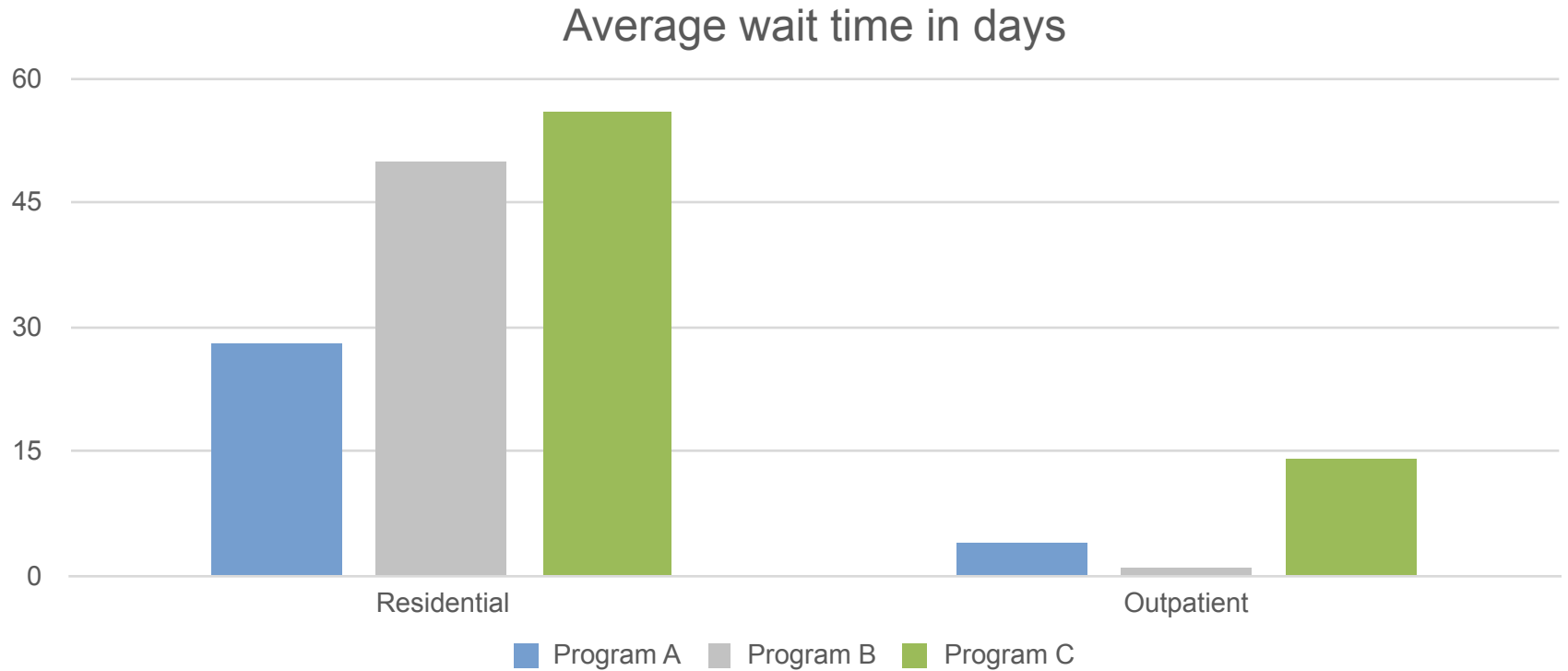
July 2016 to June 2017



■ Behavioral health--treatment (all modalities not included in the acute care category)
 ■ Behavioral health--acute care (defined as detox for SUD; hospitalization/inpatient/subacute/crisis stabilization for MH)
 ■ Physical health--all care



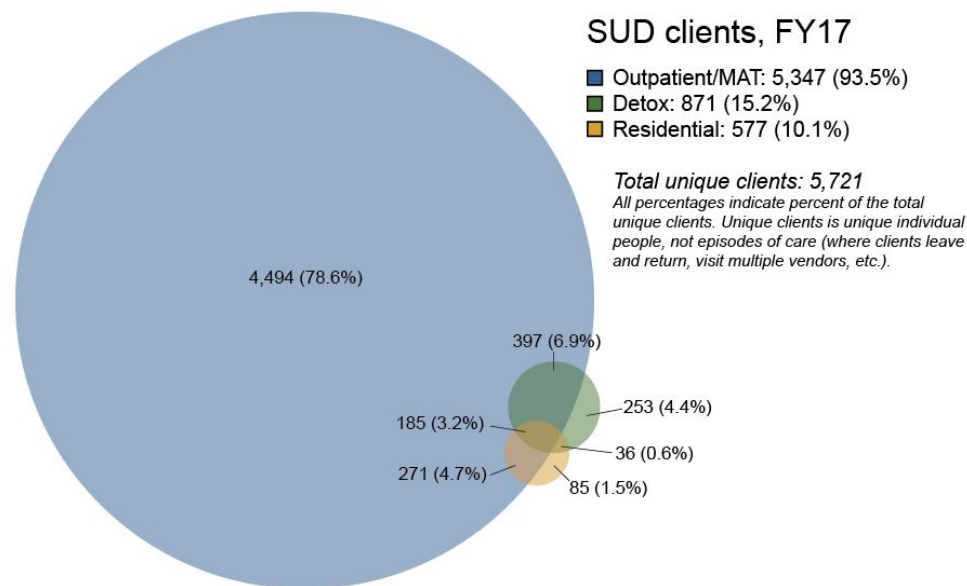
“but I can’t get people into treatment!”



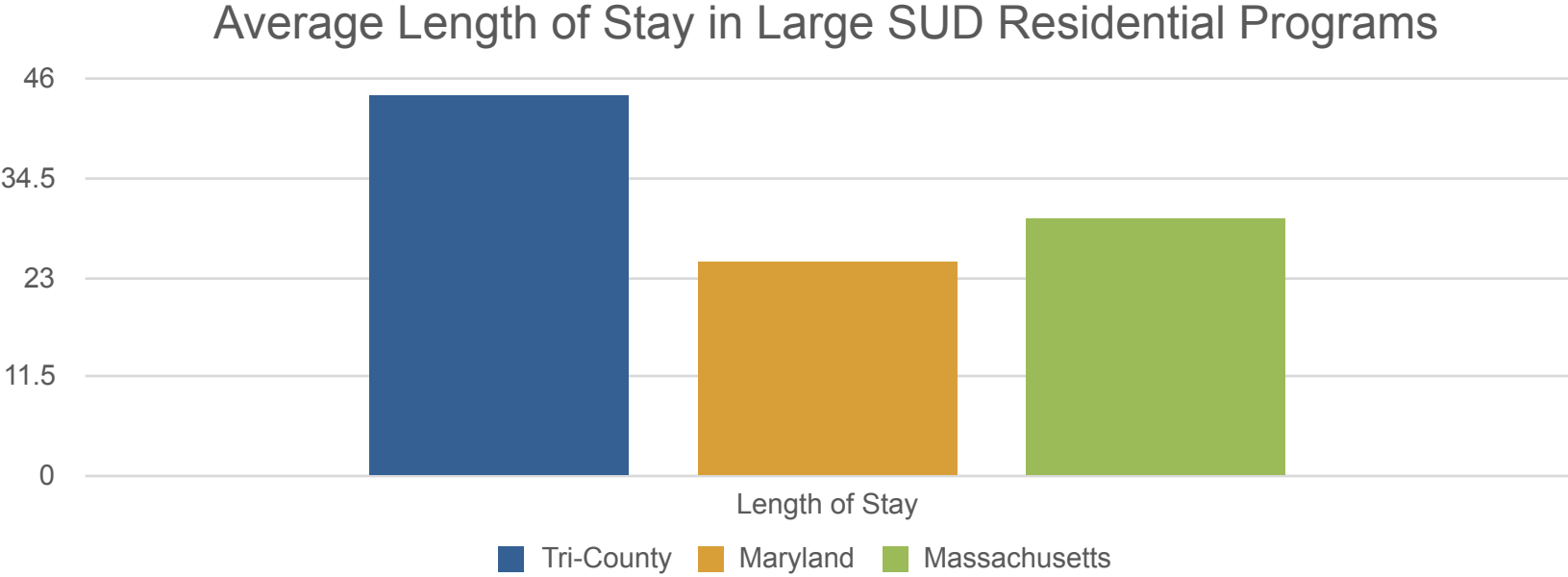
It's not a *treatment* access problem

When people think “treatment” they think detox and residential treatment, especially for people who are -

- High psychiatric/medical risk
- High acute withdrawal potential
- Homeless



Average Length of Stay – Residential Programs



Residential SUD treatment is not housing

- Residential treatment costs us \$4,500/month
- An average residential length of stay is 44.2 days, with an average cost of \$6,850
 - This is not a cost effective way to address homelessness!
- Residential treatment should be focused on stabilization of acute symptoms, but if a client is homeless at discharge, relapse is almost guaranteed



Increasing residential capacity

- Health Share Multnomah served 577 individuals in residential treatment in FY17
- At Maryland lengths of stay we could have served 1,020 individuals, increasing our capacity by 77% without any new beds
- But we can't do that without recovery housing!

