



Whatcom County Subacute Detox Report

2014

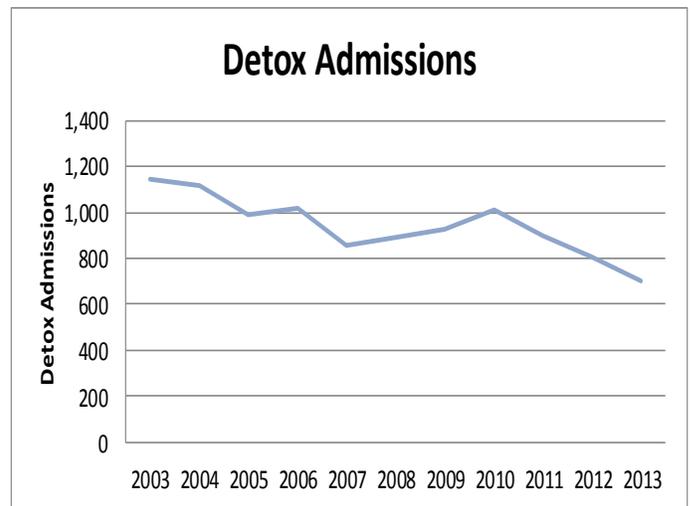
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Major changes have affected the number of beds and admissions provided by our local detox over the years.

- Prior to 2004, St. Joseph had 8 or 10 beds.
- Pioneer Human Services became the new owner in 2004 and moved to Girard St. The County purchased 7 beds.
- In 2007, detox moved to Division Street as part of a plan to merge crisis respite and detox into a Triage Facility. The move resulted in a drop in services.
- In 2011, the new Program Manager shifted from "volume to value" by making more efforts to ensure that people

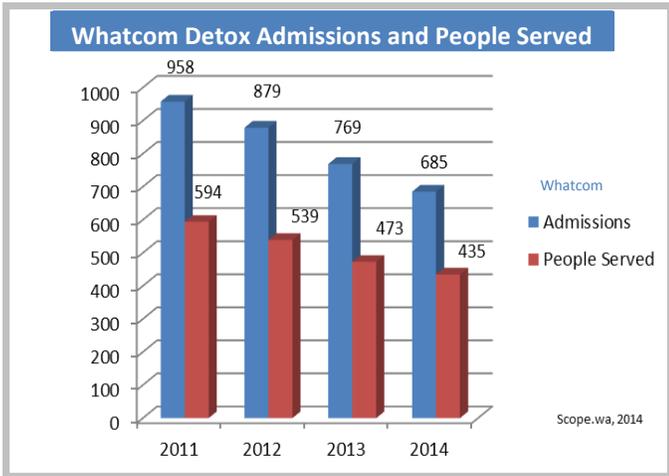
discharge to treatment. The county began purchasing 8 beds.

- Admissions decreased in 2011. More people are staying longer than the standard 3 or 5 days stay.



WHATCOM COUNTY'S SUBACUTE "SOCIAL" DETOX TIMELINE



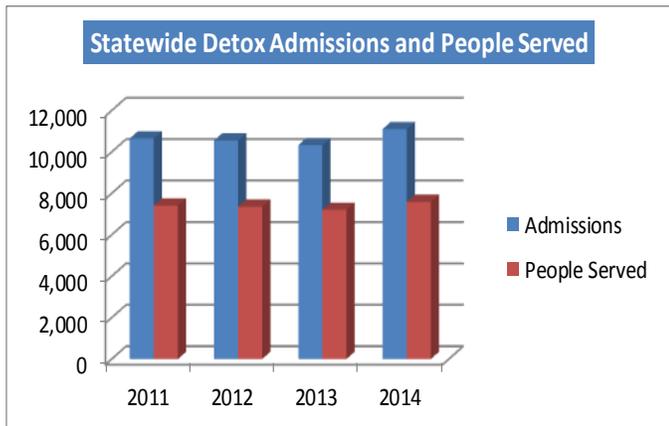


Admissions (duplicated people) and numbers of people served have decreased over the last four (4) fiscal years. This drop in services is unrelated to funding since detox is fully reimbursed. Two key factors are that Whatcom Community Detox (WCD) holds people longer than a standard detox stay when:

- The person is waiting for inpatient treatment
- The person enters the opiate tapering program (8 days)

A one month survey (August) showed that extensions of detox stays could take 70 bed days or more per month. (That equals 23 alcohol clients or 14 drug clients.)

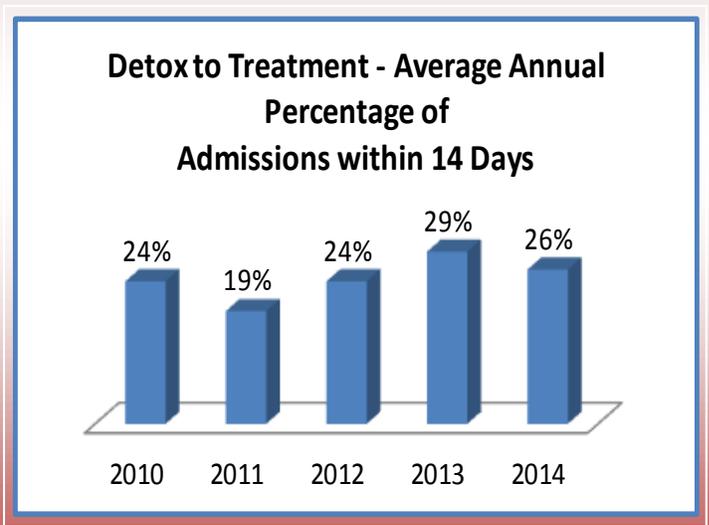
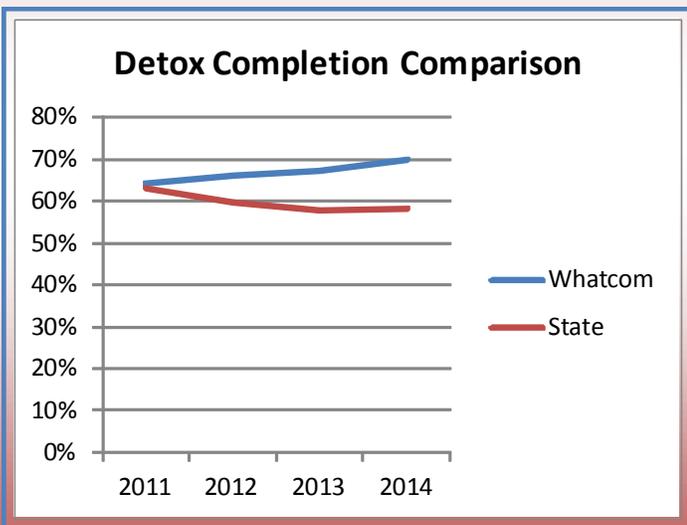
Other detox facilities in the state hold people waiting for inpatient beds, yet overall state detox admissions (duplicated people) and number of people served have remained fairly constant.



WHATCOM COMMUNITY DETOX (WCD) OUTCOME DATA

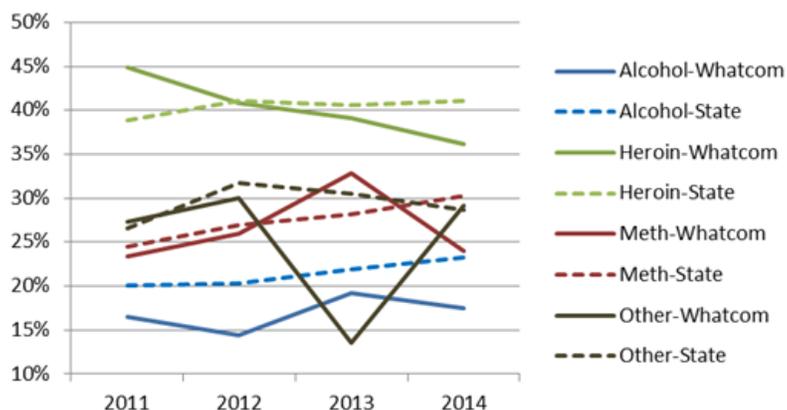
Detox Completion— People complete our local detox at a higher rate than the rest of the state.

Detox to Treatment— Rates of getting people into treatment from detox have varied over time. As of July 2014, our detox began providing assessments. WCD has access to a small amount of funding to ensure rapid access to inpatient beds. The rate of entry to treatment within 14 days is likely to up over the next year.



SIGNIFICANT DETOX DATA

County & State Withdrawal Against Program Advice

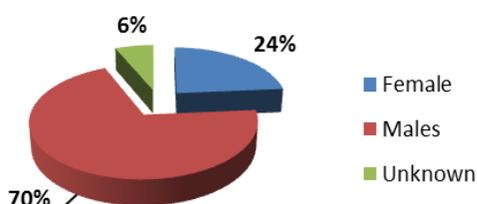


Numbers of people withdrawing from detox “Against Program Advice” (APA) are lower in Whatcom than in the state, specifically for heroin and alcohol as the primary drug.

These two drugs comprise the vast majority of our detox clients’ primary drug choice.

PROFILE OF CALLERS REQUESTING DETOX BEDS (1 MONTH RANDOM SURVEY)

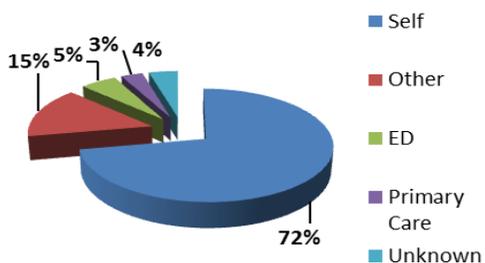
Callers by Gender



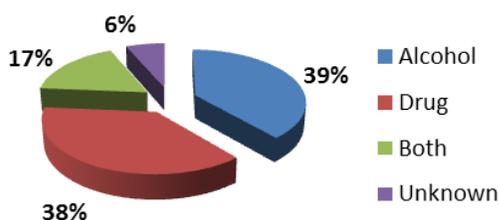
Whatcom Community Detox (WCD) completed a one month random survey. They surveyed callers who requested a detox bed, but the person was refused entry to detox due to lack of bed space.

- * Data was sorted for duplicate callers in as much as that was possible.
- * 3/4 of callers were male
- * The vast majority of callers (72%) were self-referred.
- * Callers requested alcohol detox and drug detox at about the same rate.
- * More than half of callers indicated they were homeless.

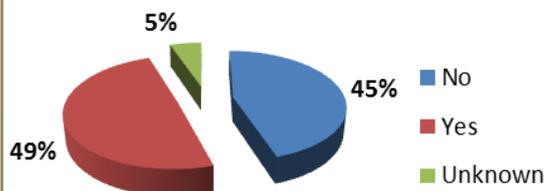
Referral Source



Type of Detox Requested



Percentage Indicated Homelessness



Key Findings:

- Since 2002, the number of detox beds has decreased marginally due to lack of space.
- The quality of services in WCD have continued to improve over the last 3 years as evidenced by:
 - ◊ WCD is shifting services to keep people longer if they have an inpatient bed waiting for them.
 - ◊ Many patients in opiate tapering require more detox bed days beyond the standard 5 days stay.
- Requests for detox beds appear to have grown for unknown reasons, particularly from 2011-2012.

Recommendations:

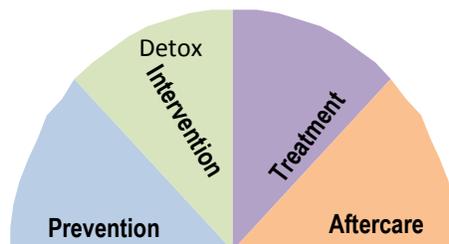
- Develop and initiate screening criteria to prioritize those who seek detox as the first step to on-going recovery.
- Improve discharges from detox and admissions to treatment.
- Review the effectiveness of the opiate tapering program.
- Develop and verify data which identifies callers requesting beds.
- Employ county definition for determining homelessness.

BUILDING A BRIDGE TO TREATMENT



PITA CONTINUUM

The Prevention, Intervention, Treatment, and
Aftercare (PITA) Model



PITA serves as the framework for creating a comprehensive foundation for service-delivery.



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