

OUTPATIENT DETOX

Number of Licensed Slots _____ State funded Slots _____ State Rate \$ _____ per slot

How are you funded? State funded _____%
 Locally funded _____%
 Private Pay _____%
 Other _____%

Description of Services

Please comment on the following:

- ✓ Level of medical complications you can accommodate,
- ✓ Severity of clients served
- ✓ Percentage of co-occurring clients and how you accommodate them,
- ✓ Your discharge planning and follow up capability,
- ✓ Services in addition to detoxification available to the clients on-site
- ✓ Demographics of patient population
- ✓ Percentage of voluntary vs. involuntary clients.

ADDITIONAL QUESTIONS:

Does your community have a Wet (Public Inebriate) Shelter? Please describe relationship to Detox-Provider, MOU's, referral arrangements, etc. if any. Where do these referrals come from? What treatment resources do you have for this population?

No we do not have a wet shelter in our community. We had at one time, but we do not any longer.

Identify any opportunities you currently have to expand/improve acute care services:

We are currently working on our OPD program, this will include clinical and medical services provide to self pay and insurance clients.

We are also working on OPD for our state and city funded programs.

Over 4 month period

Total Detox Admissions			993		
Clients admitted to detox			839		
Number of re-admissions			154		
Total ETOH Admissions to Detox			475	Avg. LOS	
Total ETOH Admissions 4+ days			253	Avg. LOS	4.8 days
Total Benzo Admissions to Detox			34	Avg. LOS	4.6 days
Total Opiate Admissions to Detox			187		