

2008

Oregon
Addictions and Mental Health Division
Co-occurring Disorders Survey of
Treatment Services Report

Report on Oregon's Statewide Services for
People with Co-occurring Mental Health and
Substance Use Disorders Surveyed Spring 2007

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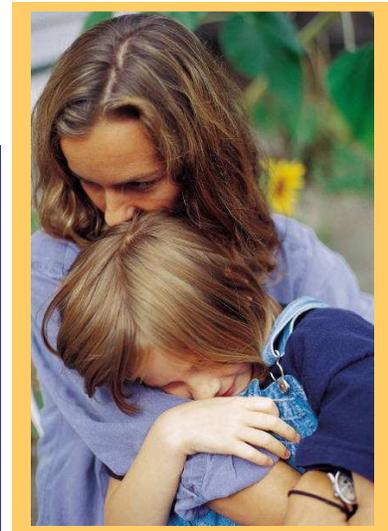
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**Department of Human Services
Addictions and Mental Health Division
Co-occurring Disorder Services Statewide Survey**

Introduction

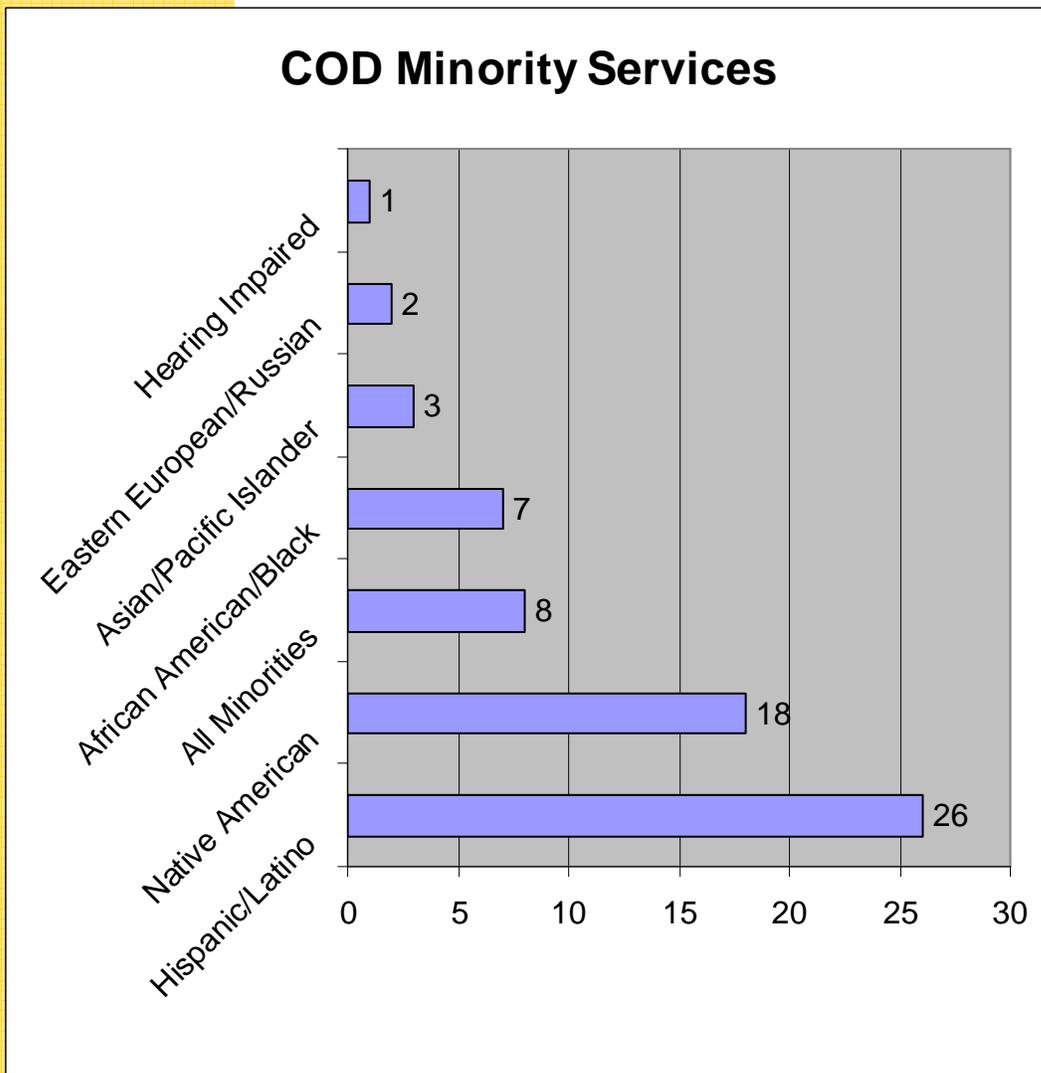
The purpose of this report is to summarize results from the Oregon Co-occurring Disorders (COD) Program Survey. The survey was sent to all mental health and chemical dependency providers in Spring 2007. Participation in the survey was voluntary and program specifics will be included in the Co-occurring Disorders Services Resource Directory. One hundred and twenty-one mental health and chemical dependency providers responded to the co-occurring disorders program survey.

- Thirty-three of the 36 counties report having providers that serve adolescent and adult clients with COD.
- 106 treatment providers serve adult populations.
- Sixty-nine treatment providers serve adolescents.
- Providers identified evidence-based practices implemented for the COD population (see attachment C).



Specialty Minority Populations:

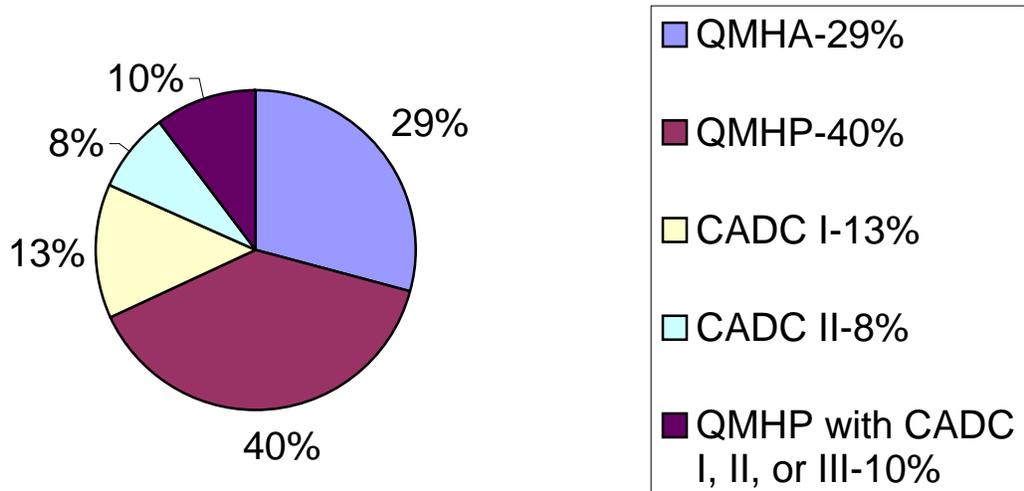
Sixty-five adult and adolescent providers report serving specialty minority populations. Twenty-six report serving Hispanic/Latino populations, the highest number of minority specialty services. One provider reports serving the hearing impaired.



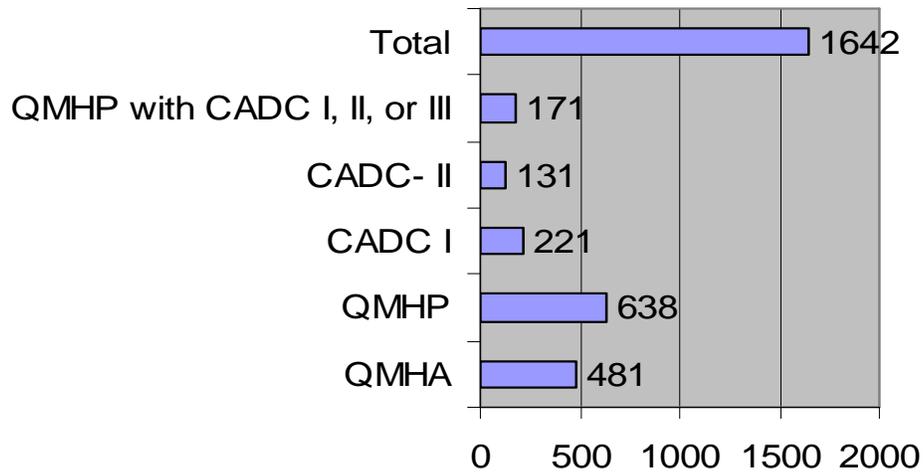
Clinical Credentials:

Providers listed clinical credentials for staff who treat the COD population throughout Oregon. There are 1,642 total credentialed staff working in both mental health and chemical dependency treatment programs for people with COD. Forty percent have a qualified mental health professional credential (QMHP). Ten percent of clinical staff are dually credentialed with both a QMHP and alcohol and drug counselor (CADC) certification. Of those certified as CADC, most are CADC I (13% versus 8%).

Clinical Credentials by Percent

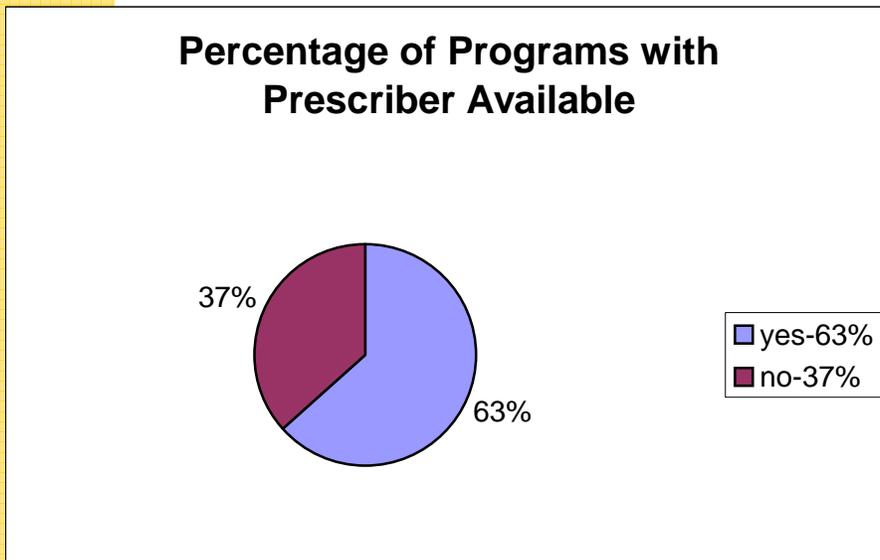
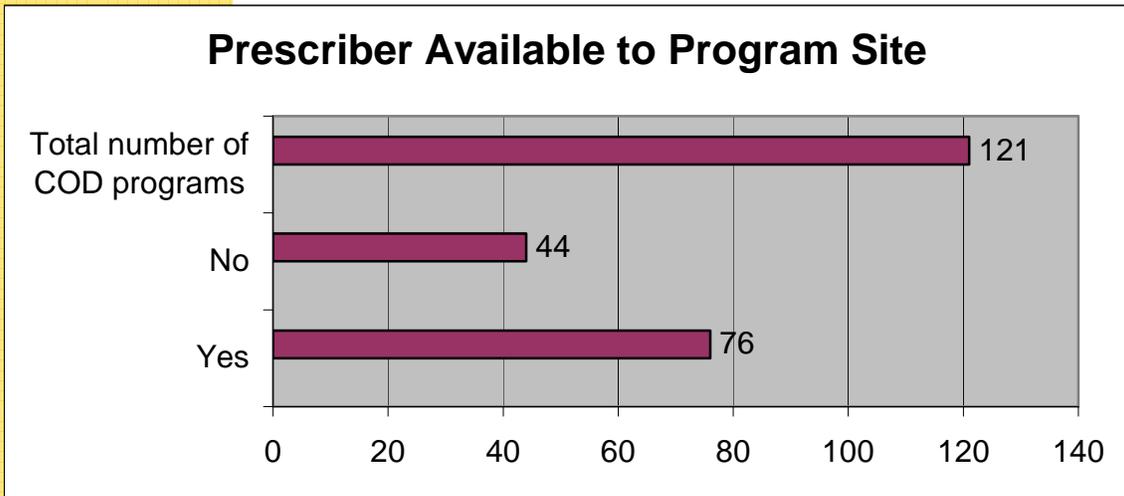


Number of Credentialed Clinical Staff Working with COD Populations



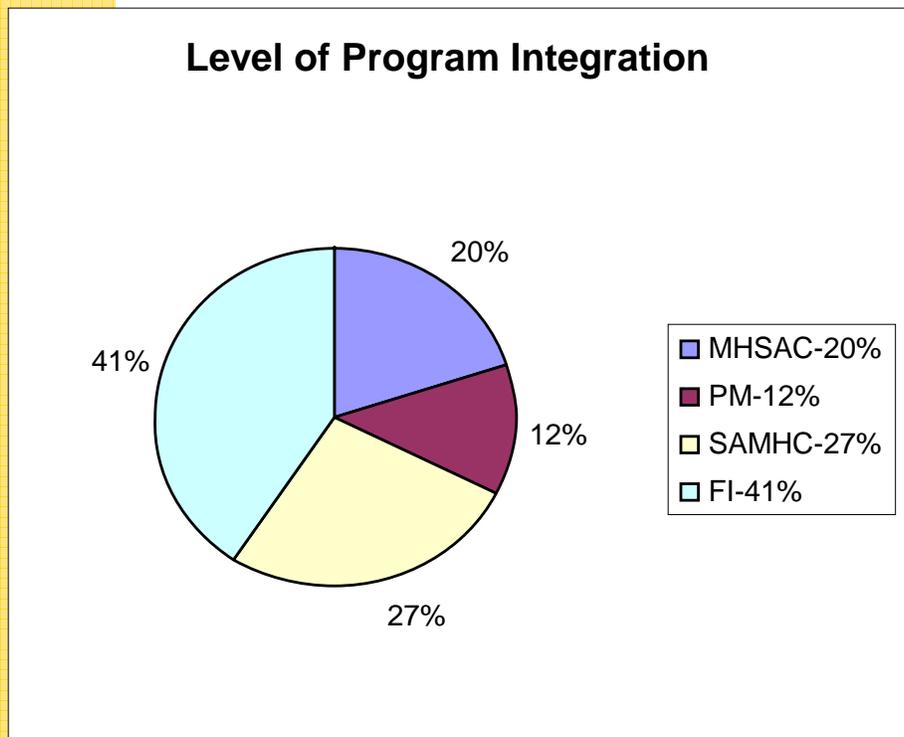
Medication Prescriber:

Seventy-six providers responding to the survey report having a prescriber available to the treatment program. The range of hours a prescriber is available each week varies from one hour to 24 hours, seven days a week. The average each week is 26 hours. Half of the programs have medication prescribers more than nine hours a week.



Level of Treatment Service Integration:

Providers responding to the survey reported level of service integration as described in the Treatment Improvement Protocol (TIP 42): Substance Abuse Treatment for Persons with Co-occurring Disorders¹. Forty-one percent of providers report using a fully integrated treatment model. The survey indicates that there is nearly an even number of providers, both mental health and chemical dependency, treating both disorders. Thirteen percent of respondents reported using a parallel service delivery model for COD that involves concurrent collaborative intervention between mental health and chemical dependency providers.

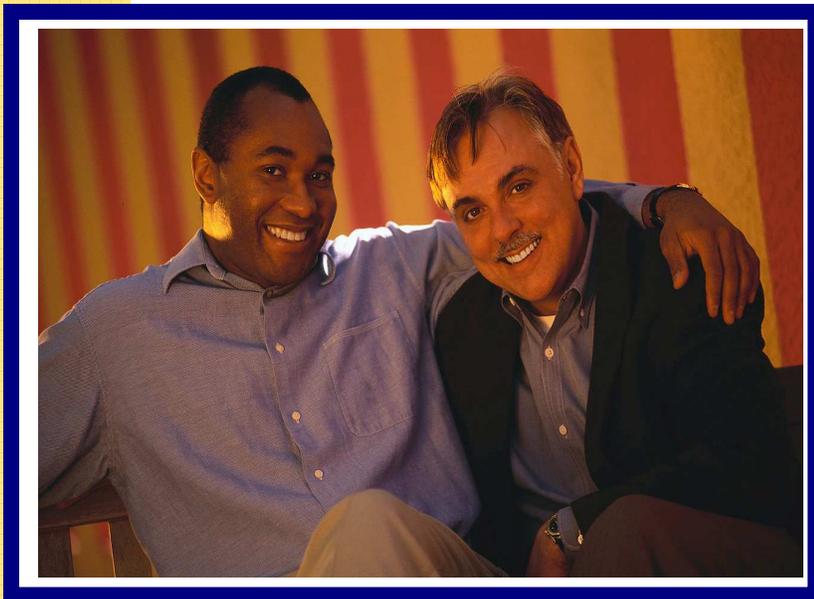


KEY:
MHSAC=Mental health program with substance abuse capability
PM=Parallel model
SAMHC=Substance abuse program with mental health capability
FI=Fully integrated substance abuse and mental health

¹ U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). Figure 3-2

Dual Diagnosis Recovery Support:

Dual diagnosis recovery support such as Dual Diagnosis Anonymous or Dual Recovery Anonymous is currently available in 62 local communities. Eighteen communities are developing these supports.



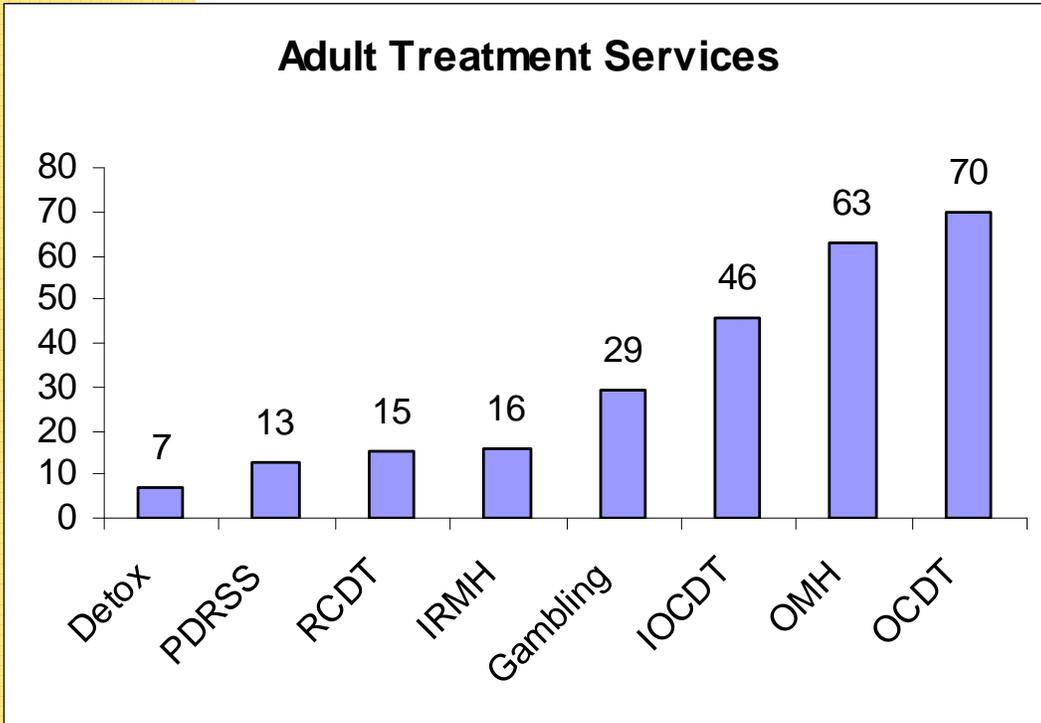
Adult Specific Information



Adult Treatment Services:

Adult providers were asked to specify their service licensing/approval status. Treatment programs receive licensing/approval from the DHS Addictions and Mental Health Division (AMH). They may provide more than one service per site. The following illustrates the response:

Detoxification/sobering services	7
Outpatient chemical dependency (CD) services	70
Intensive outpatient CD services	46
Outpatient mental health services	63
Residential chemical dependency	15
Inpatient/residential mental health	16
Gambling services	29
Peer-Delivered Recovery Support Services	13

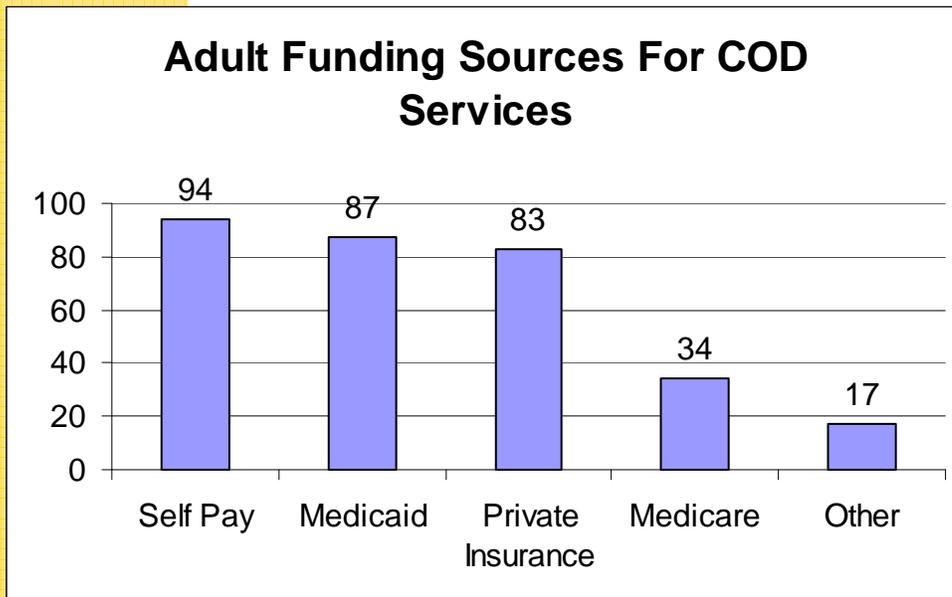


KEY:

Detox=Detoxification/Sobering
RCDDT=Residential Chemical Dependency Treatment
IOCDT=Intensive Outpatient Chemical Dependency Treatment
OCDT=Outpatient Chemical Dependency Treatment
OMH=Outpatient Mental Health
IRMH=Inpatient/Residential Mental Health
Gambling=Gambling Treatment
PDRSS=Peer-Delivered Recovery Support Services

Adult Funding Sources:

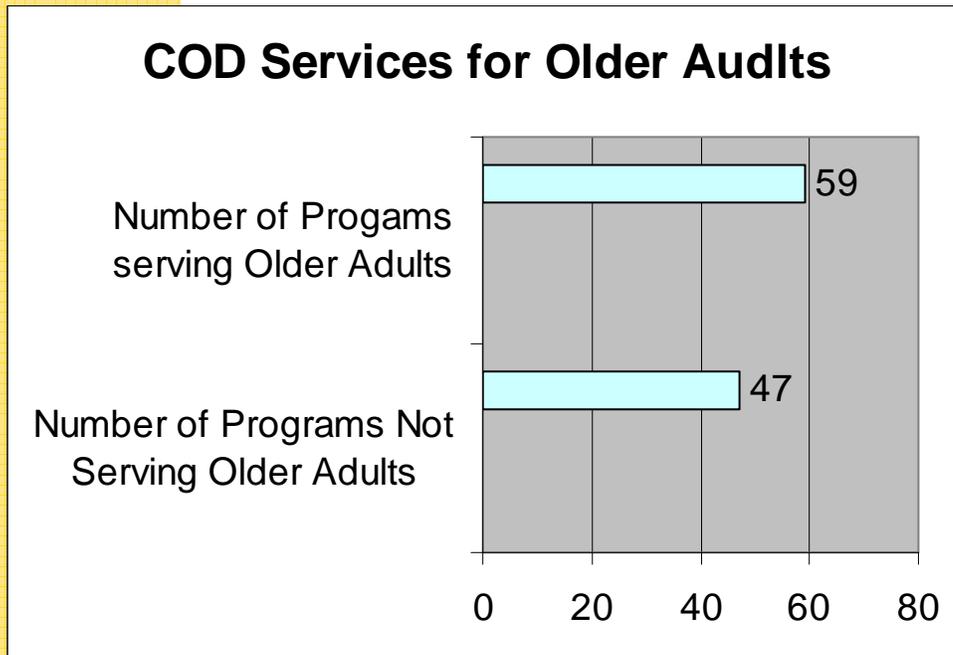
Providers were asked to report funding sources accepted for treatment services. The top three funding sources identified by adult program respondents are Medicaid (OHP), private insurance and self-pay. Medicare is accepted for those who qualify in 34 of the programs reporting.



Other includes:
State General Funds, Vocational Rehabilitation,
Department of Criminal Justice, Crime Victims Assistance,
Federal Grants, and Private Donations

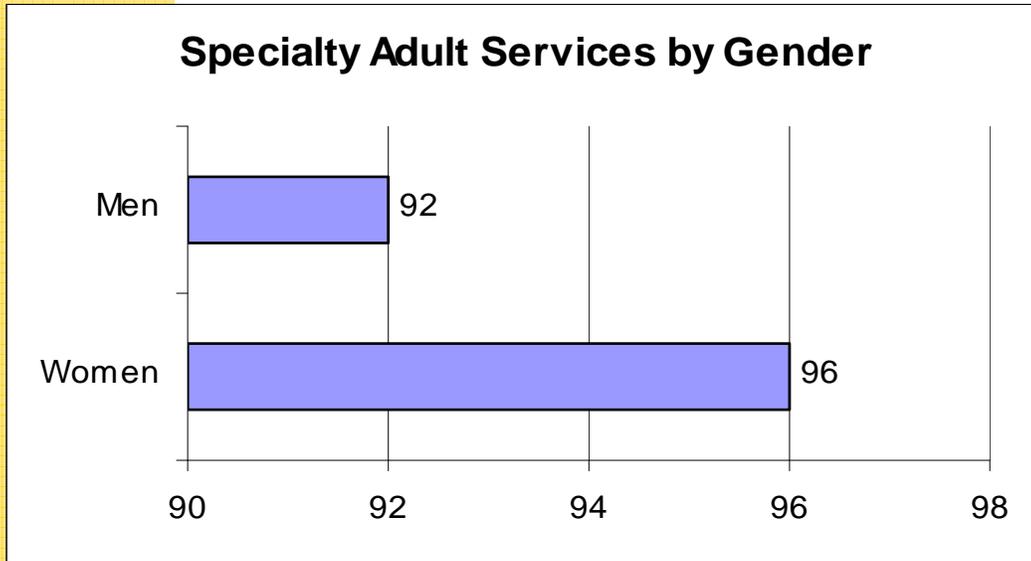
Older Adults:

Fifty-nine of the 106 adult providers report having specialty services for older adults with COD. For this purpose, older adults are defined as over 55 years old.



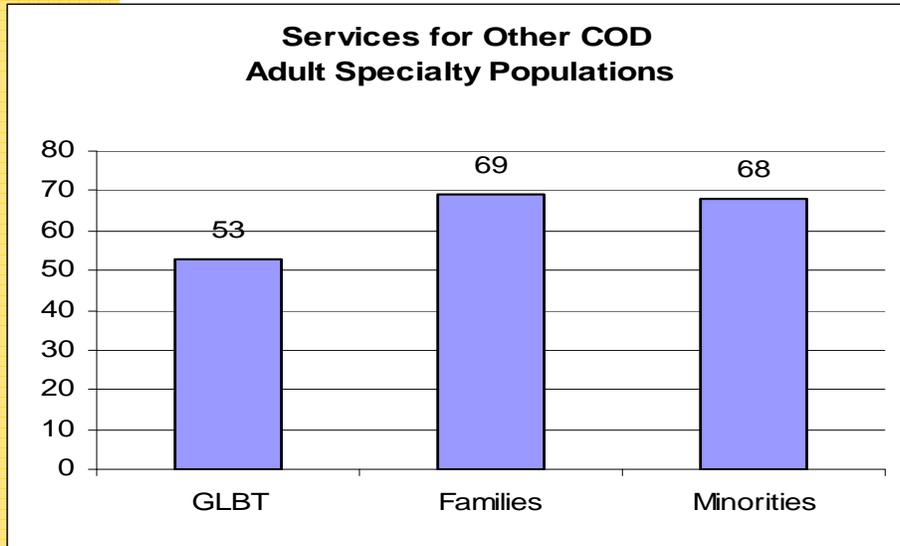
Adult Gender Specific Services:

Providers were asked if they identify specialty services based on gender. Ninety-six adult treatment programs offer specialized services for women and 92 offer specialized services for men.



Other Specialty Populations:

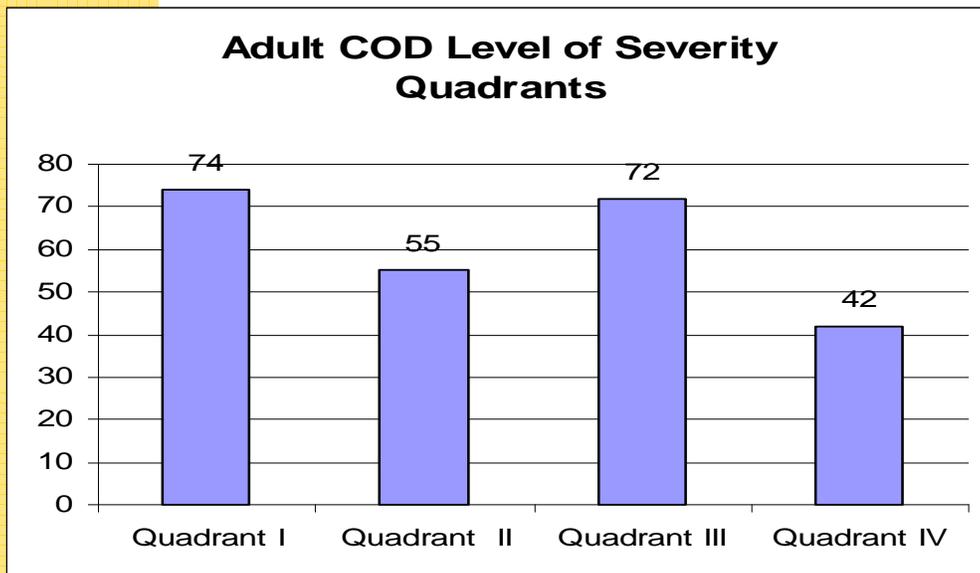
Adult treatment programs were asked to list other specialty services available in addition to gender specific. Sixty-nine programs provide family treatment and 68 offer minority specific services. Fifty-three adult treatment programs offer services for the gay/lesbian/bisexual/transgender (GLBT) population.



Adult Treatment Services by Level of Severity:

Referring to the Substance Abuse and Mental Health Administration (SAMHSA) Quadrant Model², providers were asked what level of mental health and substance use symptom severity is treated at each program site. Providers may report serving multiple levels of severity at each specific program site. The explanation of the quadrants is in the key below.

Seventy-four adult programs report treating least severe symptoms or Quadrant I. Forty-two adult programs treat severe symptoms, or Quadrant IV. The survey indicates that more adult programs are serving Quadrant III level symptoms than Quadrant II level symptoms, 72 programs and 55 programs respectively.



KEY:

Quadrant I-Mild mental illness and mild alcohol and other drug and/or gambling

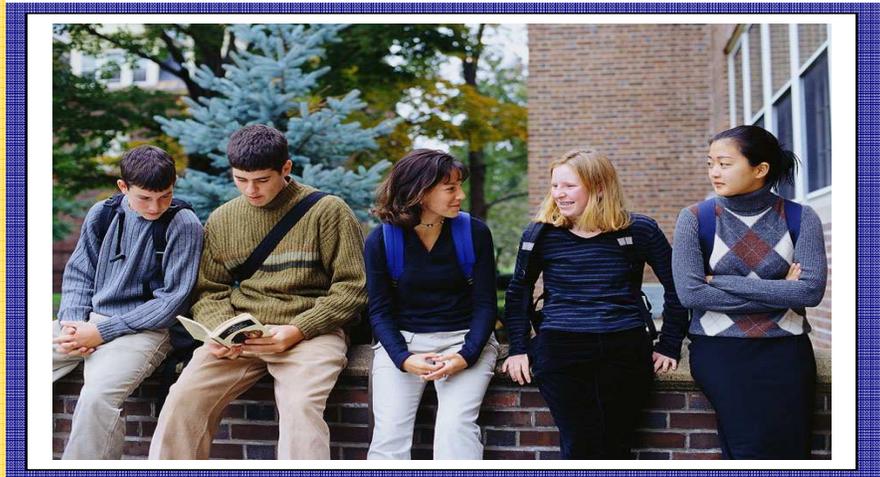
Quadrant II-Severe mental illness and mild alcohol and other drug and/or gambling

Quadrant III-Severe alcohol and other drug and/or gambling with mild mental illness

Quadrant IV-Severe alcohol and other drug and/or gambling with severe mental illness

² <http://www.samhsa.gov/reports/congress2002/chap1nasmhpd.htm#fig1.1>

Adolescent Specific Information

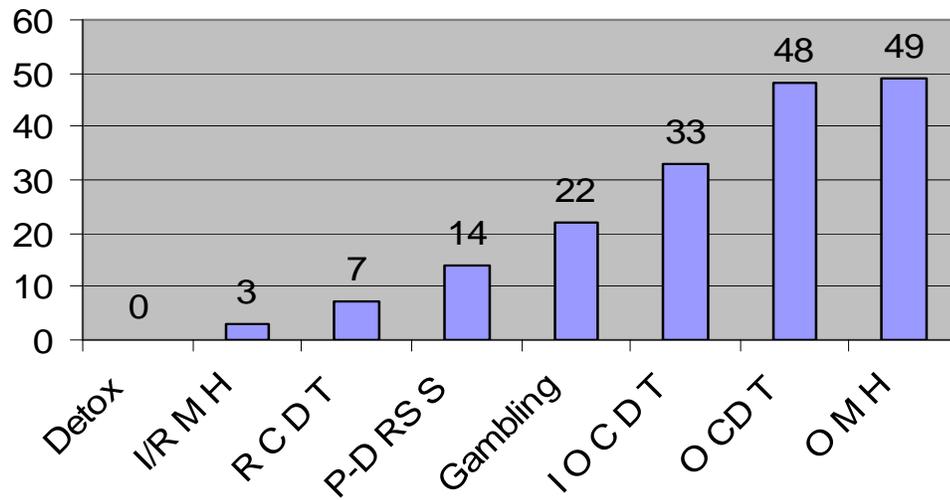


Adolescent Treatment Services:

Adolescent providers were asked to specify their service licensing/approval status. Treatment programs receive licensing/approval from the Addictions and Mental Health Division (AMH). Programs may have more than one service per site. The following illustrates the response:

Detoxification/sobering services	0
Outpatient chemical dependency (CD) services	48
Intensive outpatient CD services	33
Outpatient mental health services	49
Residential chemical dependency	7
Inpatient/residential mental health	3
Gambling services	22
Peer-delivered recovery support services	14

Adolescent Treatment Services



KEY:

Detox=Detoxification/Sobering

RCDT=Residential Chemical Dependency Treatment

IOCDT=Intensive Outpatient Chemical Dependency Treatment

OCDT=Outpatient Chemical Dependency Treatment

OMH=Outpatient Mental Health

IRMH=Inpatient/Residential Mental Health

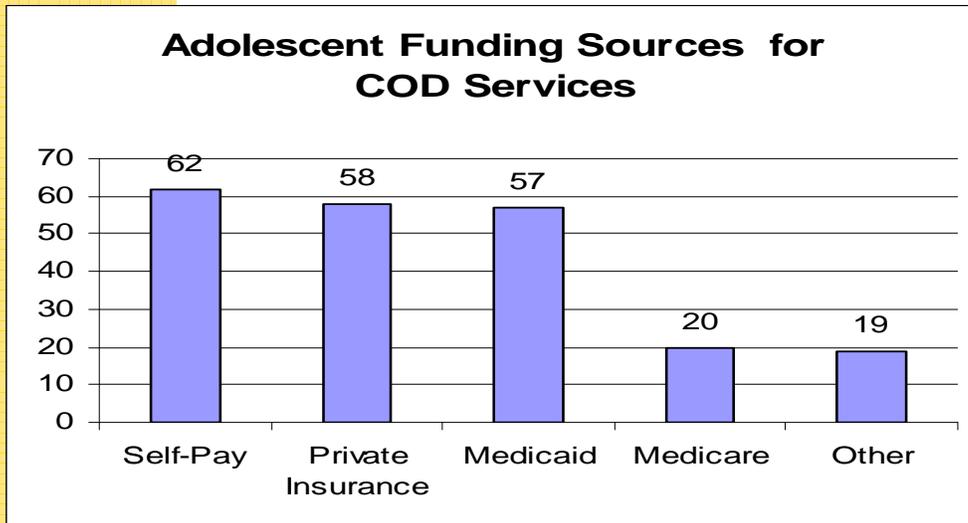
Gambling=Gambling Treatment

PDRSS=Peer-Delivered Recovery Support Services



Adolescent Funding Sources:

Providers were asked to report funding sources accepted for treatment services. The top three funding sources identified by adolescent program respondents are self-pay, Medicaid (OHP) and private insurance.



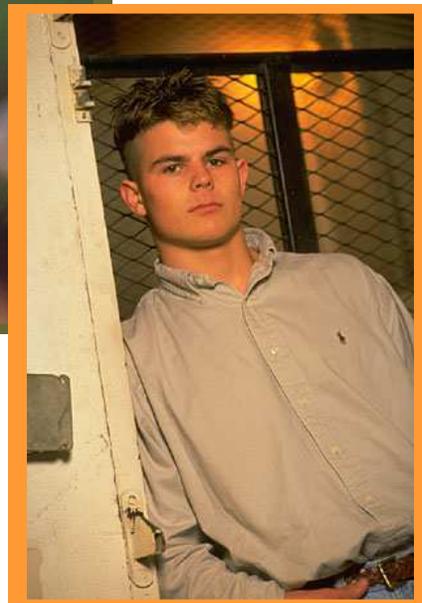
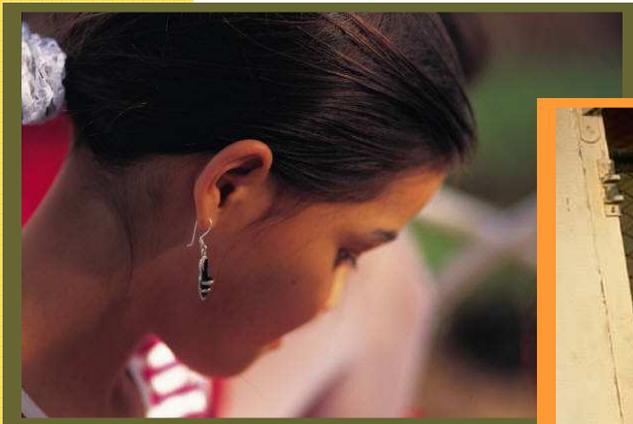
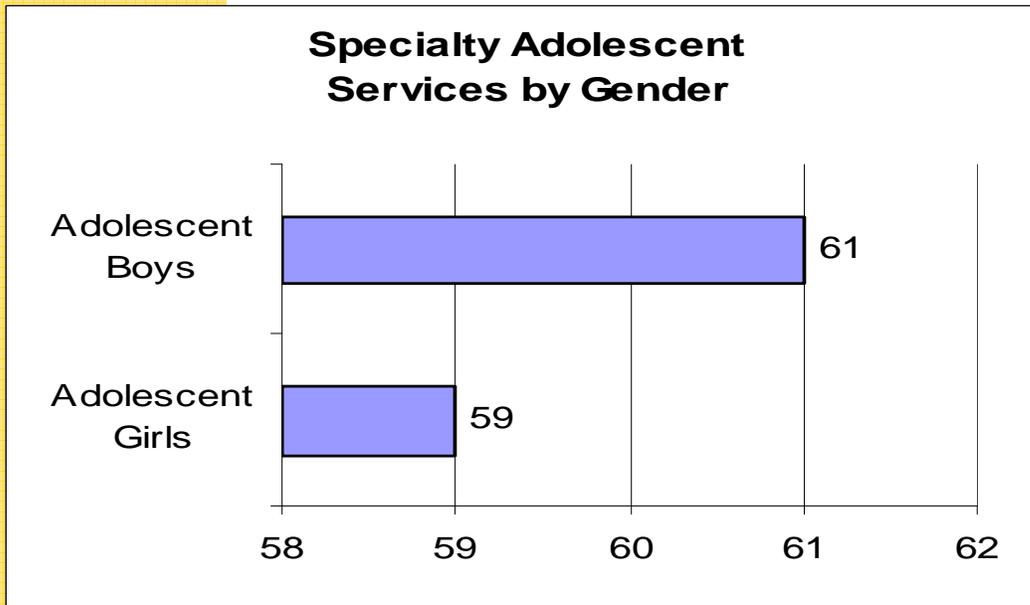
Other includes:

Vocational Rehabilitation, Crime Victims Assistance, Fee-for-service paid by School District, Federal Grants, Private Donations and Indian Health Services



Adolescent Gender Specific Services:

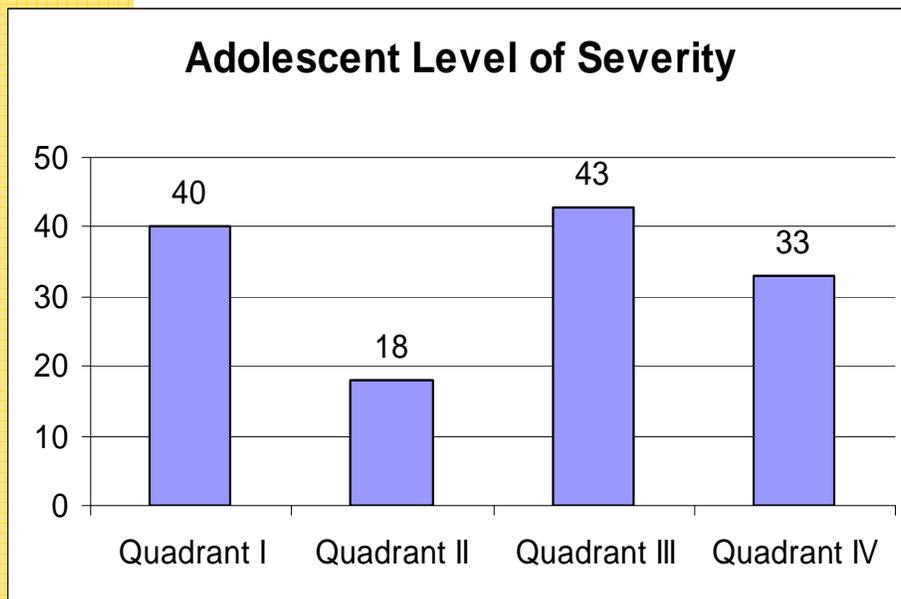
Providers were asked if they provide specialty services based on gender. Fifty-nine adolescent treatment programs offer specialized services for adolescent girls and 61 offer specialized services for adolescent boys.



Adolescent Treatment Services by Level of Severity:

Referring to the Substance Abuse and Mental Health Administration (SAMHSA) Quadrant Model³, providers were asked what level of mental health and substance use symptom severity is treated at each program site. Providers may report serving multiple levels of severity at each specific program site. The explanation of the quadrants is in the key below.

Forty adolescent programs report treating least severe symptoms or Quadrant I. Thirty-three adolescent programs treat most severe symptoms, or Quadrant IV. The survey reports that 18 and 33 adolescent programs provide services for Quadrant II and Quadrant III symptom severity respectively.



KEY:

Quadrant I-Mild mental illness and mild alcohol and other drug and/or gambling

Quadrant II-Severe mental illness and mild alcohol and other drug and/or gambling

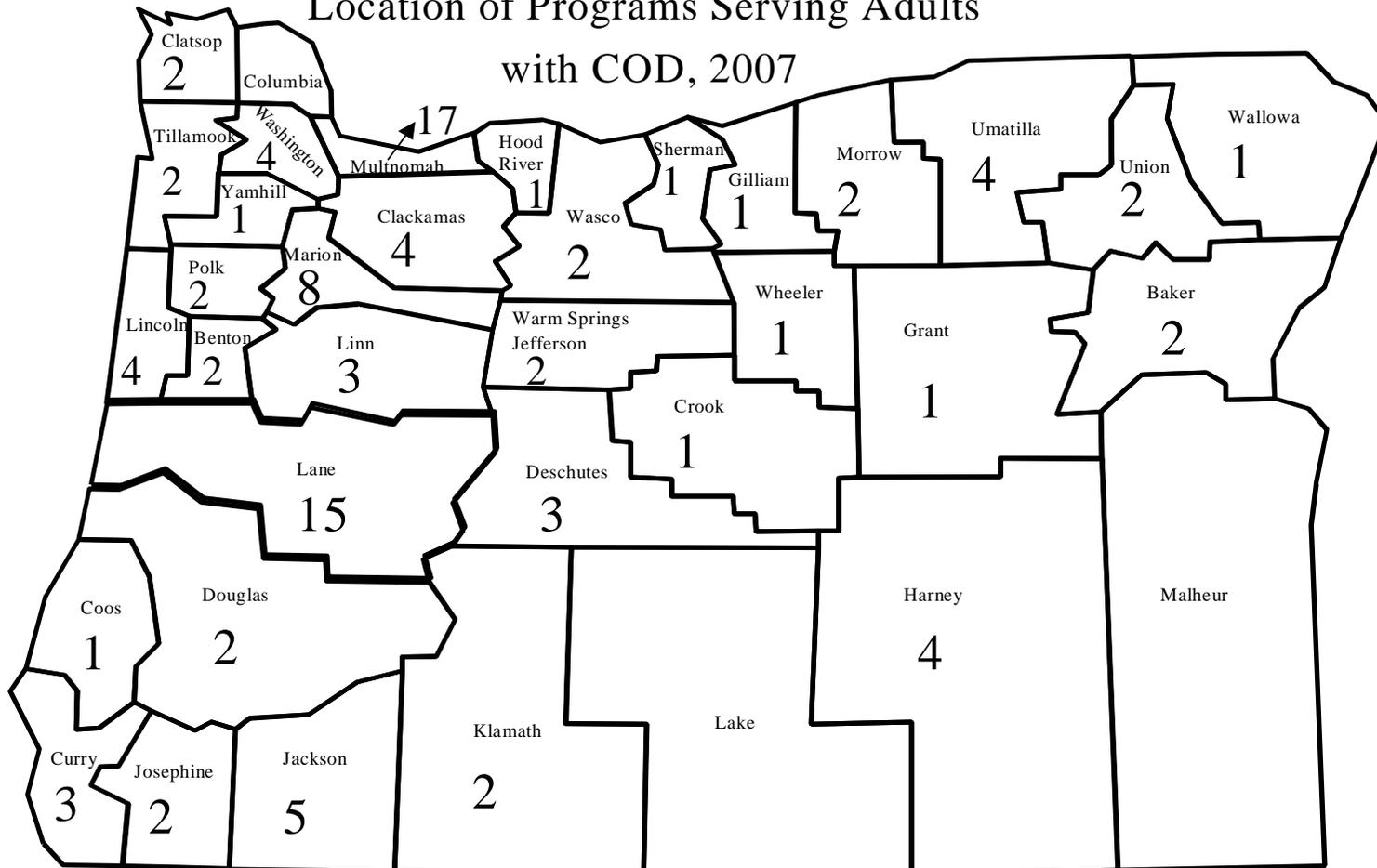
Quadrant III-Severe alcohol and other drug and/or gambling with mild mental illness

Quadrant IV-Severe alcohol and other drug and/or gambling with severe mental illness

³ <http://www.samhsa.gov/reports/congress2002/chap1nasmhpd.htm#fig1.1>

Appendix A

Location of Programs Serving Adults with COD, 2007

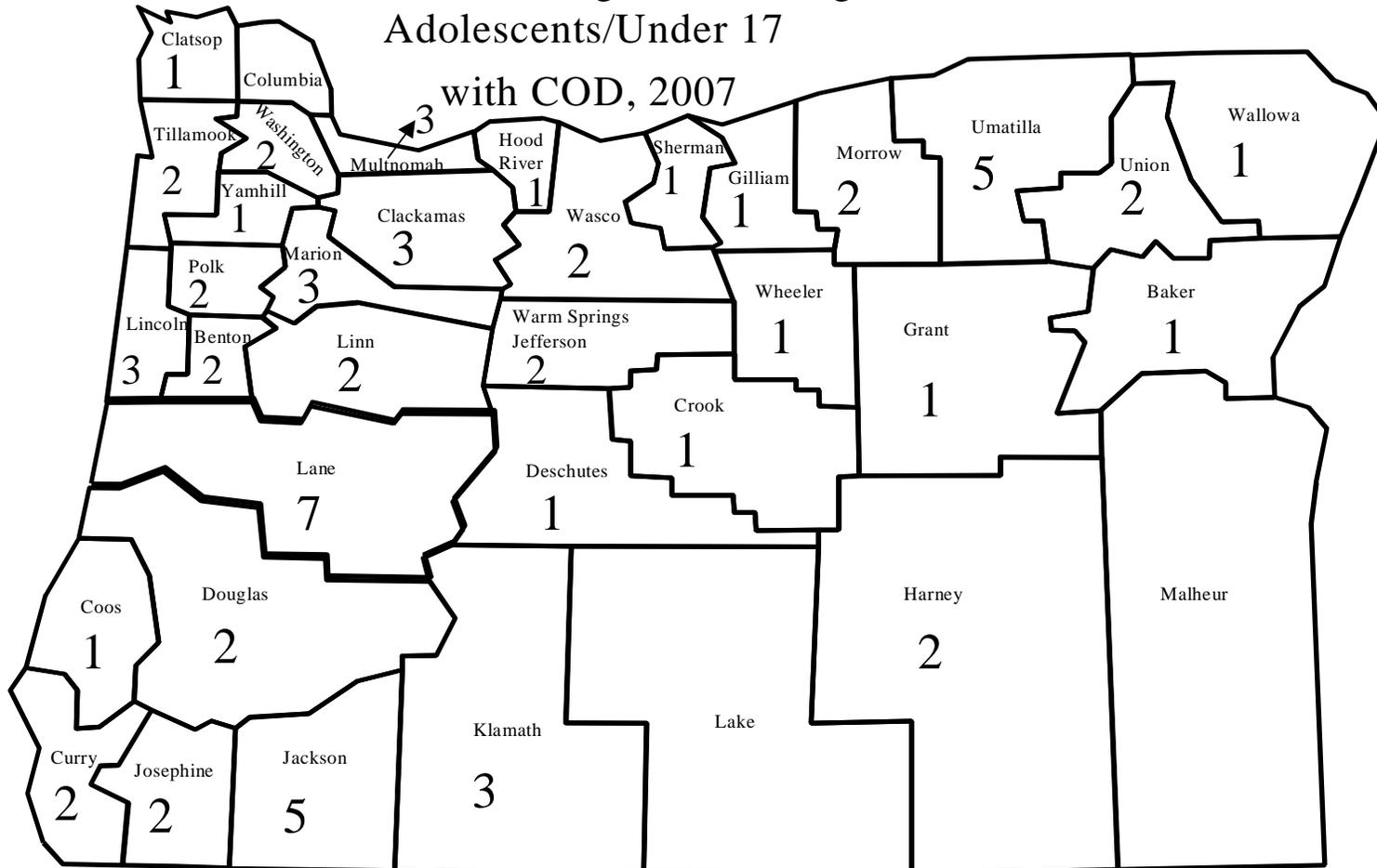


Appendix B

Location of Programs Serving

Adolescents/Under 17

with COD, 2007



Appendix C
Department of Human Services
Addiction and Mental Health Division

Evidence-based Practices for COD from the AMH List

<i>Listing by frequency reported</i>	44
Motivational Interviewing/Motivational Enhancement Therapy	44
Cognitive Behavioral Therapy	29
American Society of Addiction Medicine Assessment	26
Dialectic Behavioral Therapy	25
Seeking Safety	21
Cognitive Behavioral Therapy Trauma	12
Integrated Dual Disorder Treatment	10
Solution Focused Brief Therapy	9
12 Step Facilitation	8
Supported Employment	8
Medication Management	6
Dialectic Behavioral Therapy-Substance Abuse	5
Matrix	5
Relapse Prevention	5
Cannabis Youth Therapy	4
Cognitive Behavioral Therapy Adolescent Depression	4
Illness Management and Recovery	4
Multi Systemic Therapy	4
Cognitive Behavioral Therapy Childhood Anxiety Disorders	3
Eye Movement Desensitization and Reprocess	3
Individual Drug Counseling	3
Prolonged Exposure Therapy	3
Strengths Based Case of Management	3
Assertive Community Treatment	2
Drug /Mental Health Courts	2
Home-Based Behavioral Systems Family Therapy	2
Parent Management Training	2
Wrap around	2

Brief Strategic Family Therapy	1
Community Reinforcement Approach	1
Dialectic Behavioral Therapy-Adolescents	1
Drop In Service-consumer run	1
Early Assessment Screening and Treatment (EAST)	1
Family Psycho Education	1
Functional Family Therapy	1
Life Skills	1
Medication Algorithms	1
Methadone Maintenance Treatment	1
Multi Functional Therapy	1
Second Step	1
Supported Education	1

Evidence-based Practices for COD from the AMH List

Alphabetical listing

12 Step Facilitation	8
American Society of Addiction Medicine Assessment	26
Assertive Community Treatment	2
Brief Strategic Family Therapy	1
Cannabis Youth Therapy	4
Cognitive Behavioral Therapy	29
Cognitive Behavioral Therapy Adolescent Depression	4
Cognitive Behavioral Therapy Childhood Anxiety Disorders	3
Cognitive Behavioral Therapy Trauma	12
Community Reinforcement Approach	1
Dialectic Behavioral Therapy	25
Dialectic Behavioral Therapy-Adolescents	1
Dialectic Behavioral Therapy-Substance Abuse	5
Drop In Service-consumer run	1
Drug /Mental Health Courts	2

Early Assessment Screening and Treatment (EAST)	1
Eye Movement Desensitization and Reprocess	3
Family Psycho Education	1
Functional Family Therapy	1
Home-Based Behavioral Systems Family Therapy	2
Illness Management and Recovery	4
Individual Drug Counseling	3
Integrated Dual Disorder Treatment	10
Life Skills	1
Matrix	5
Medication Algorithms	1
Medication Management	6
Methadone Maintenance Treatment	1
Motivational Interviewing/Motivational Enhancement Therapy	44
Multi Functional Therapy	1
Multi Systemic Therapy	4
Parent Management Training	2
Prolonged Exposure Therapy	3
Relapse Prevention	5
Second Step	1
Seeking Safety	21
Solution Focused Brief Therapy	9
Strengths Based Case of Management	3
Supported Education	1
Supported Employment	8
Wrap around	2

Other practices Implemented

Listing by frequency reported

Behavior Modification-Token Economy	2
Anger Management	2
Moral Reconciliation Therapy	2
Family of Origin Work	1
Psychodynamic Therapy	1
Social Learning Theory	1
Cognitive Restructuring	1
Isometrics	1
Object Relations Psychotherapy	1
Overcoming Addictions	1
Social & Independent Living Skills (UCLA)	1
Grief & Loss	1
Circle of Security	1
Targeted Prevention Program	1
Moving On	1
Ready to Rent	1
Peer Support	1
Risk Reduction by Prevention Research Institute	1
Counter Point	1
Contingency Management	1
Breaking Barriers	1
LSI-R	1
Rational Emotive Therapy	1
Parents Anonymous	1
Mindfulness	1
Youth Development Model	1
Community Model	1

Other Practices Implemented

Alphabetical listing

Anger Management	2
Behavior Modification-Token Economy	2
Breaking Barriers	1
Circle of Security	1
Cognitive Restructuring	1
Community Model	1
Contingency Management	1
Counter Point	1
Family of Origin Work	1
Grief & Loss	1
Isometrics	1
LSI-R	1
Mindfulness	1
Moral Reconciliation Therapy	2
Moving On	1
Object Relations Psychotherapy	1
Overcoming Addictions	1
Parents Anonymous	1
Peer Support	1
Psychodynamic Therapy	1
Rational Emotive Therapy	1
Ready to Rent	1
Risk Reduction by Prevention Research Institute	1
Social & Independent Living Skills (UCLA)	1
Social Learning Theory	1
Targeted Prevention Program	1
Youth Development Model	1

Appendix D

Department of Human Services
Addiction and Mental Health Division

Oregon Co-Occurring Disorders Program Directory Survey

1. Please indicate the county in which the program site is located.

(Choose one)

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

2. Please indicate which tribes you serve. Please select all that apply.

(Choose all that apply)

- Not Applicable*
- Burns-Paiute General Council*
- Celilio-Wyam Indian Community*
- Chetco Tribe*
- Chinook Indian tribe*
- Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians*
- Confederated Tribes of the Grande Ronde Tribal Council -- Shasta, Kalapuya, Moallala, Rogue River, Umpqua*
- Confederated Tribes of Siletz Indians*
- Confederated Tribes of the Warm Springs Reservation -- Warm springs, Northern Paiute, Wasco*
- Coquille Indian Tribe*
- Cow Creek Band of Umpqua Indians*
- Klamath Reservation -- Klamath, Modoc, Yahooskin Band of snake Indians*
- N.W. Cherokee Wolf Band of S.E. Cherokee Confederacy*
- Tchinouk Indians*
- Tolowa- Tututni Tribe*
- Umatilla Board of Trustees -- Cayuse, Umatilla and Walla Walla*

3. Name of treatment program:

4. Web site address:

5. Program site address (i.e., street address, city, zipcode):

6. Telephone number:

7. Email address:

8. Payments Accepted. Please check all that apply.

(Choose all that apply)

- Medicaid*
- Medicare*
- Private Insurance*
- Self-Pay*
- Please specify any other payments accepted:*

9. Ages Served. Please check all that apply.

(Choose all that apply)

- Under 17
- 18-54
- 55-above

10. Specialty Populations Served. Please check all that apply.

(Choose all that apply)

- Women
- Men
- Adolescent Girls
- Adolescent Boys
- Older Adults
- Families
- Gay/Lesbian/Transgender/Bi-sexual
- Minorities
- Please list any minority populations you work with:

11. Type of License/Certification/Service with the State. Please check all that apply.

(Choose all that apply)

- Detoxification/Sobering
- Residential Chemical Dependency Treatment
- Intensive Outpatient Chemical Dependency Treatment
- Outpatient Chemical Dependency Treatment
- Inpatient/Residential Mental Health
- Outpatient Mental Health
- Gambling Treatment
- Peer-Delivered Recovery Support Services

12. Level of Symptom Severity Treated at Program Site [Based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Quadrant Model.]

Please check all that apply.

(Choose all that apply)

- Severe Mental Illness with Severe Alcohol and Other Drug Abuse and/or Gambling
- Mild Mental Illness with Severe Alcohol and Other Drug Abuse and/or Gambling
- Mild Alcohol and Other Drug Abuse and/or Gambling with Severe Mental Illness
- Mild Mental Illness with Mild Alcohol and Other Drug Abuse and/or Gambling

13. Level of Treatment Integration.

Please check your program site's level of mental health and substance abuse treatment integration.

(Choose one)

Fully integrated substance abuse and mental health program.

Substance abuse program with mental health capability.

Parallel model.

Mental health program with substance abuse capability.

14. Total number of clinical staff:

15. Number of staff with Qualified Mental Health Associate (QMHA) qualification:

16. Number of staff with Qualified Mental Health Professional (QMHP) qualification:

17. Number of staff with Certified Alcohol and Drug Counselor I (CADC I) qualification:

18. Number of staff with Certified Alcohol and Drug Counselor II (CADC II) qualification:

19. Number of staff with both a Qualified Mental Health Professional (QMHP) and Certified Alcohol and Drug Counselor (CADC I, II or III) qualifications:

20. Is there a medical person on staff who can prescribe medications?

(Choose one)

Yes

No

20a. Hours per week prescriber accessible to program site:

21. Is Dual Diagnosis recovery support accessible in your community?

(Choose one)

Yes

No

Developing

22. Please provide any evidence-based practices program site has implemented for the co-occurring disorders population.

**Oregon Department of Human Services
Addictions and Mental Health Division
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