2014

Tobacco Freedom Policy Survey Report

How addictions and mental health residential treatment facilities are maintaining tobacco-free properties and supporting consumers and staff in quitting tobacco

Oregon Health Authority
PUBLIC HEALTH DIVISION

Acknowledgments

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Executive summary

Tobacco addiction is the leading cause of preventable death in Oregon, and it disproportionately affects people living with mental illness and addictions disorders. However, Oregonians with mental illness and addictions are highly motivated to quit. They can do so successfully if they receive effective support in treatment environments that make it easy to stay tobacco-free.

The Oregon Health Authority (OHA) Health Systems Division* created the Tobacco Freedom Policy † to help consumers with mental health and substance use conditions live tobacco-free. The policy responded to demand from consumer advocates, government leaders, health care providers and community partners.

Launched in 2013, the policy:

- Requires all licensed residential providers to maintain tobacco-free properties;
- Includes guidelines to help residents and staff quit;
- Has strategies to make stopping tobacco use part of mental health and addictions treatment planning; and
- Promotes insurance-based benefits to help employees stop using tobacco.

This report summarizes successes and lessons learned from residential treatment facilities implementing the Tobacco Freedom Policy.

* Formerly the Addictions and Mental Health Division.

† Go to www.oregon.gov/oha/amh/docs/tobacco-freedom-policy-eff2013-01.pdf for the complete Tobacco Freedom Policy.

The survey findings include:

Successes

- **The majority of facilities are tobacco-free campuses.** Seventy percent had a tobacco-free property policy in 2014. This is a major increase from 15 percent that had such policies in 2010.
- **Almost all facilities (92 percent) ask consumers about their tobacco use.** This is an increase from 83 percent in 2010.
- **More than half of facilities refer consumers who use tobacco to the Oregon Tobacco Quit Line.** This is an increase from 2010 when one-third of facilities made referrals to this resource.*
- **Oregonians who receive residential treatment services are quitting tobacco at the same rate as the general population.** This shows the importance and role these facilities have in promoting tobacco-free properties.
- **Providers believe the Tobacco Freedom Policy helps create an environment that supports wellness.** They also recognize the policy reduces secondhand smoke exposure and increases awareness that tobacco is a harmful and addictive substance.

Lessons learned

- **Clinicians have a powerful role in motivating tobacco users to quit.** The survey found clinicians advised 68 percent of smokers in residential treatment facilities to quit. This highlights an opportunity to increase assessment of consumer tobacco use.
- **Discharge plans offer an opportunity for continuity of care in treating tobacco dependency.** Less than half of facilities incorporate referrals and medications to quit tobacco use in the plans, which is a missed opportunity in connecting consumers to external cessation supports.
- **Culturally relevant materials ensure all consumers can access tobacco cessation resources.** Twenty-eight percent of facilities reported providing Quit Line materials developed for consumers who are racial and ethnic minorities, speak languages other than English, have disabilities, and/or have low literacy. This shows an area for future quality improvement.
- **Nicotine replacement therapies (NRT) are critical in supporting tobacco users to quit.** Providers were asked what would help ensure the Tobacco Freedom Policy's success. Forty-one percent suggested in-house NRT be more available for residents. This was also voiced during four statewide trainings offered to providers in 2015.

* The Oregon Tobacco Quit Line is a free telephone and Web-based counseling service available 24 hours a day, seven days a week. It provides cessation medications to eligible participants. The Quit Line can be helpful for anyone thinking about or in the process of quitting. It can also help those who have successfully quit tobacco. For more information: call 1-800-QUIT-NOW or go to www.quitnow.net/oregon/.

- **Maintaining positive relationships with the neighboring community helps support residents.** The survey results showed the policy brought about complaints from surrounding neighbors related to secondhand smoke and littered cigarette butts. These complaints often seemed related to the stigma residents found when they went into the surrounding community. Tobacco-free trainings offered in 2015 provided tools for facilities to build positive relationships with neighbors.

Recommendations

The OHA Health Systems and Public Health divisions continue to partner in supporting wellness initiatives for people living with mental illness or addictions disorders. Opportunities for future collaboration include:

- **Giving facilities consistent messages about the policy.** Clinicians recommended that OHA regularly communicate the policy's importance and clarify that all facilities must participate in implementing it.
- **Exploring options for providing on-site NRT.** Many residential treatment service consumers are members of the Oregon Health Plan. There is an opportunity for coordinated care organizations (CCOs)* to fund on-site FDA-approved cessation mediations for tobacco users going through detox.
- **Convening additional tobacco-free policy implementation trainings for providers, staff and administrators.** This would support ongoing collaboration among OHA, residential treatment facilities and community partners in continuous quality improvement to successfully implement the policy.

* Coordinated care organizations are networks of all types of health care providers who have agreed to work together in local communities to serve Medicaid members. For more information, go to www.oregon.gov/oha/ohpb/pages/health-reform/ccos.aspx.

Introduction

People with chronic mental illnesses die 25 years younger than the general population. This striking disparity is due to health issues caused by tobacco addiction and poor nutrition.(1) Tobacco is the leading cause of preventable death in Oregon. Those who live with mental illness or addictions disorders smoke at much higher rates than the general population – with some diagnoses reaching upwards of 90 percent. Table 1 lists the tobacco use prevalence for various mental illness and substance use diagnoses.

High tobacco use among people with mental illness and addictions is a social justice and public health issue. The inequitable burden of disease and untimely death due to tobacco in this population is rooted in a complex blend of factors.(2) People with mental illness or addictions disorders are more likely to have limited financial resources, have barriers to receiving health care and cessation treatments, and underestimate tobacco's harm.(3)

Table 1: Tobacco use prevalence by diagnosis (6,7,8,9)

Alcohol abuse	93%
Anxiety disorders	60%
Attention deficit/hyperactivity disorder	42%
Bipolar mood disorder	70%
Major depression	80%
Other drug abuse	98%
Post-traumatic stress disorder	60%
Schizophrenia	90%

Clinicians often do not address tobacco use in mental health and addictions treatment. They are concerned that it may interfere with recovery and that consumers do not want or have the ability to quit.(2) However, studies indicate that those with mental illness or substance use disorders are just as interested in quitting as the general population. They are able to successfully quit using tobacco.(4) Research also shows that addressing tobacco addiction along with treatment for other substances is associated with a 25 percent increase in long-term abstinence with the primary substance being treated.(5) There are a variety of well-established clinical practices that increase successful quit attempts among diverse patient populations. Some of these practices include:

- Brief cessation interventions offered by all types of clinicians, including behavioral health providers; and
- Telephone, group and individual cessation counseling. In fact, counseling when combined with FDA-approved cessation medications are more effective than using the medications alone.(10)

Tobacco industry targeting to those living with mental illness or addictions is well documented. Tobacco use rates declined in the upper middle-class population after the 1964 "Surgeon General's Report on Tobacco Use." However, the tobacco industry began strategically promoting their products to those with mental illness and in lower socioeconomic groups.(11) The long reach of industry influence on this population and their health care providers includes industry-funded studies attempting to portray tobacco use as a means of managing symptoms.(12) While nicotine may provide momentary relief of symptoms for those who are addicted, tobacco is not a safe or effective long-term solution to manage symptoms of mental illness.(12) In fact, individuals with mental health conditions who use tobacco experience more psychiatric symptoms. Quitting can lead to an improvement in their mental health treatment by increasing self-esteem.(13)

Half of those diagnosed with terminal cancers related to tobacco have a mental health or substance use disorder.(15)

Oregon has made important changes. In 2009, consumer advocates, government leaders, health care providers and community partners joined together to address this considerable social justice issue. The Tobacco Control Integration Project (TCIP) led the effort. TCIP is a cross-collaboration project between Oregon's Department of Human Services and the Oregon Health Authority. The result was the Tobacco Freedom Policy.

Implemented in 2013 and based on research findings(14), the policy requires all residential treatment facilities licensed by the OHA Health Systems Division to do the following:

- Maintain tobacco-free properties;
- Prohibit staff distribution of tobacco products to consumers;
- Incorporate tobacco cessation treatment into discharge planning; and
- Make use of peer support and wellness specialists, nicotine replacement therapies (e.g., nicotine patches, nicotine gum) and therapeutic behavioral interventions.

Residential treatment facilities need support from CCOs in promoting the health and wellness of consumers. The majority of Oregonians receiving inpatient addictions and mental health services are Oregon Health Plan members. As a result of Oregon's health systems transformation, coordinated care organizations now cover these services in their global budgets. This opens an opportunity for increased collaboration to help people with mental health and addictions disorders live tobacco-free.

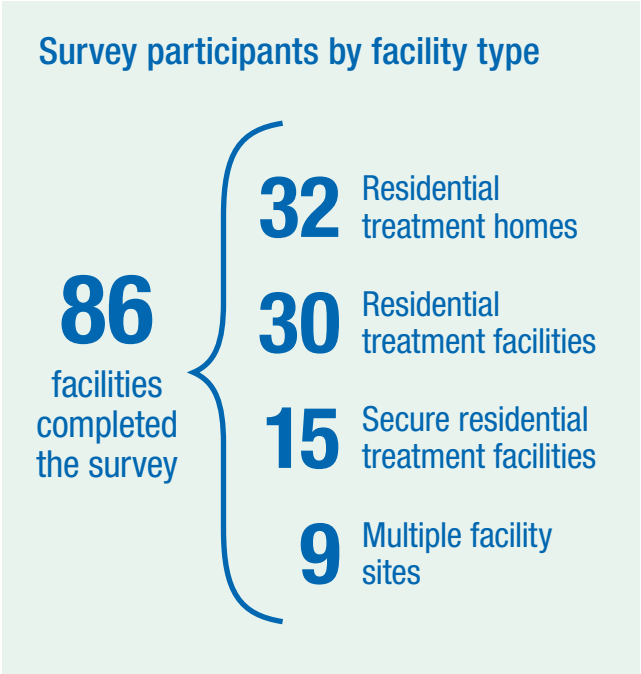
About the Tobacco Freedom Policy Implementation Survey

Baseline data: Before the launch of the Tobacco Freedom Policy, residential treatment providers participated in a 2010 telephone survey conducted by the Public Health Division. The survey assessed how ready providers were to implement the policy and collected baseline information to evaluate changes in practice after implementation. The questions focused on current tobacco cessation support practices for consumers. Facilities were notified in advance of the phone survey. Ninety-eight percent of facility administrators participated. The survey results are available online at www.cdc.gov/pcd/issues/2012/pdf/11_0080.pdf.

Survey development: In 2014, as part of the Cross Agency Health Improvement Project*, the OHA Health Systems Division partnered with the Public Health Division to develop an online survey for all administrators of addictions and mental health residential treatment facilities in the state. The survey's goal was to evaluate implementation of the policy. Barrett Crosby, quality improvement and certification manager, sent a memo about the survey in advance to the 187 affected residential treatment facilities.

Response: Eighty-six of the 187 facilities responded to the survey, a 46 percent response rate. The survey respondents represented 1,208 consumers and 1,823 staff. The respondents were composed of:

- 32 residential treatment homes (37 percent);
- 30 residential treatment facilities (35 percent);
- 15 secure residential treatment facilities (17 percent); and
- Nine agencies with multiple residential facilities (11 percent).



* The Cross Agency Health Improvement Project builds on successes from the Tobacco Control Integration Project. It is an initiative of the Oregon Health Authority and the Department of Human Services to improve the health of its clients, consumers and employees. More information can be found at healthoregon.org/cahip.

Content: The 2014 survey asked follow-up questions to the 2010 survey related to successes and challenges of policy implementation. It also included questions that were not previously asked. The information collected can be summarized into the following categories:

- **Tobacco-free properties:** The number of facilities that are 100 percent tobacco-free.
- **Tobacco dependence treatment policies and protocols:** Practices among facilities to support consumers and staff interested in quitting.
- **Consumer chart reviews:** The number of consumers asked about tobacco use and advised to quit, and how many reported using less tobacco or quitting.
- **Culturally and linguistically appropriate services:** Tobacco cessation materials and services offered by facilities that reach and relate to a variety of specific audiences.
- **Benefits and challenges of policy implementation:** Successful implementation strategies and commonly identified barriers to implementation.
- **Implementation supports:** Identified resources to help providers optimize policy implementation.

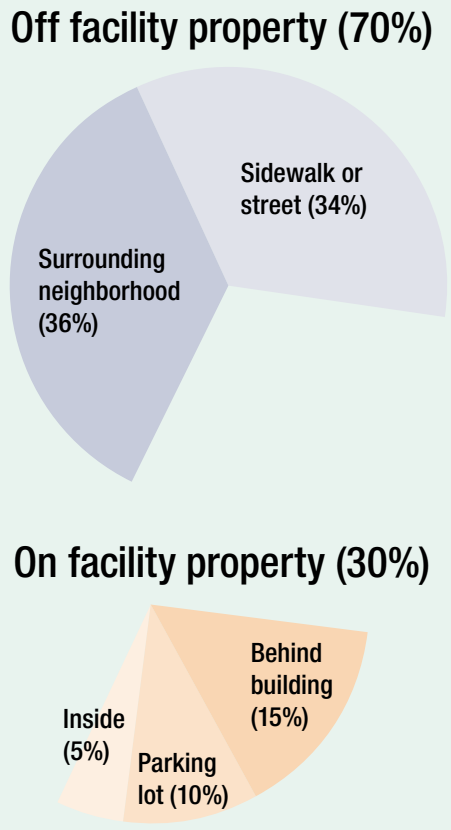
Tobacco-free properties

The 2014 survey results show that, since 2010, the number of tobacco-free properties increased and improved protocols helped residents access tobacco cessation services.

In 2014, the majority (70 percent) of the responding facilities had 100 percent tobacco-free campuses. This compares to 15 percent of facilities with such policies in 2010.(16) A small percentage (5 percent) of facilities reported tobacco use continues inside the facility or in smoking shelters that existed prior to policy implementation. Figure 1 shows where tobacco use was happening in 2014 in facilities that responded to the survey.

Survey results show that most tobacco use by residents and staff occurs off property in neighboring areas. As a result, some facilities reported relationships with neighbors have declined.

Figure 1: Tobacco use locations at residential facilities



Tobacco dependence treatment policies and protocols

Integrating tobacco dependence treatment into mental health care settings helps interested consumers stop using tobacco.(5) Studies show when these interventions are effectively used in a treatment environment, one-third of consumers can successfully quit.(7)

Survey results indicate some practices that help consumers quit tobacco increased while others decreased in 2014. Table 2 compares the use of various policies and protocols before and after policy implementation.

Table 2: Tobacco dependence treatment policies and protocols in residential treatment facilities, 2010 and 2014 surveys

Question	2010	2014
My facility's intake/assessment instrument evaluates a consumer's tobacco use.	83% (134)	92% (79)
Tobacco use is recorded on individual treatment plans or charts for all applicable consumers.	68% (110)	72% (62)
Employees at my facility are not allowed to give consumers cigarettes, e-cigarettes or other forms of tobacco.	82% (132)	88% (76)
My facility has or arranges for group or individual counseling to help tobacco users quit.	61% (99)	67% (58)
My facility has a system for referring consumers to approved outside tobacco dependence services (e.g., classes and FDA-approved medications).	75% (121)	66% (57)
All consumers who are tobacco users are routinely referred to the Oregon Tobacco Quit Line (1-800-QUIT-NOW, 1-855-DEJELO-YA).	32% (52)	51% (44)
Discharge plans include follow-up referrals and medications to quit tobacco for consumers who quit while at my facility.	47% (76)	41% (35)
My facility offers tobacco dependence services and medications to employees who would like to quit.	63% (102)	53% (45)

Improvements made between 2010 and 2014:

- *Assessment and recording of consumer tobacco use*
  In 2014, 92 percent of facilities assessed consumers for tobacco use. Eighty-three percent assessed use in 2010. In 2014, staff recorded tobacco use in consumer charts in 72 percent of facilities. Sixty-eight percent recorded use in 2010.

- *Quit Line promotion*
  In 2014, more than half (51 percent) of facilities referred residents who were tobacco users to the Quit Line. This is a major increase compared to less than one-third (32 percent) in 2010.
- *Group and individual counseling*
  The majority of facilities (67 percent in 2014 and 62 percent in 2010) continued to provide group and individual counseling to address consumers' tobacco dependence.

Opportunities for quality improvement:

- *Referrals to outside evidence-based cessation services*
  Between 2010 and 2014, fewer facilities reported making referrals to community-based cessation services other than the Quit Line. Examples include the American Lung Association's Freedom from Smoking Program or hospital or community clinics' evidence-based group cessation classes (75 percent in 2010 to 66 percent in 2014).
- *Discharge plan referrals to cessation resources and medications*
  Discharge plans offer an opportunity for continuity of care in treating tobacco dependency. Less than half of facilities incorporate referrals and medications to quit tobacco use in these plans, and there was a slight decrease from 2010 (47 percent) to 2014 (41 percent).
- *Nicotine replacement therapies (NRT)*
  Fewer facilities promoted NRT benefits to staff in 2014 (53 percent) than in 2010 (63 percent). This portion of the 2014 and 2010 surveys focused on promoting insurance-based NRT benefits for staff. However, the 2014 survey results also indicated consumers' high need for in-house NRT. See the "Implementation supports" section of this report for more information.

Consumer chart reviews

The "5 A's" (ask, advise, assess, assist and arrange) is an evidence-based intervention. Providers use it to help patients or clients who are motivated to quit tobacco. It is used in a range of clinical settings. The method takes little time and effectively engages residents to begin thinking about cessation.(17)

5 major steps to intervention (the "5 A's")*

Ask: Identify and document tobacco use status for every consumer.

Advise: Urge every tobacco user to quit.

Assess: Is the tobacco user willing to make a quit attempt at this time?

Assist: For those willing to make a quit attempt, connect them with in-house cessation counseling, nicotine replacement therapy and/or a referral to the Oregon Tobacco Quit Line.

Arrange: Schedule follow up contact to check on progress.

* For more information on the "5 A's": www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html.

The survey asked administrators to review the past six months of consumer charts on their tobacco use status. Review of 1,071 charts showed providers asked and advised consumers to quit using tobacco more regularly in 2014 than before policy implementation.

Chart review findings:

- Providers asked most (86 percent) consumers about their tobacco use.
- Of these, providers advised 68 percent to quit.
- Fifteen percent of consumers reported using less tobacco.
- Five percent reported quitting. This quit rate is comparable to the three to five percent quit rate in the general U.S. adult population.(18)

Providers who responded to the survey routinely asked consumers about tobacco use, but less frequently advised them to quit. However, asking and advising consumers to stop using tobacco is one of the most important acts a clinician can take to help them quit.

Culturally and linguistically appropriate services

Quitting tobacco is not a one-size-fits-all process. It is important to use materials and resources that can reach and relate to a variety of audiences.

Twenty-eight percent of facilities reported providing tobacco cessation materials designed for:

- Consumers who speak languages other than English;
- People with disabilities; and
- Those with a low literacy level.

Among facilities that offered specific materials, the most common were:

- Spanish language (61 percent)
- Low literacy (35 percent)
- For people with disabilities (30 percent)

To download culturally and linguistically appropriate materials for tobacco cessation, please visit http://smokefreeoregon.com/resources/quit/quit-resources/.

Tailored print and Web-based tobacco cessation materials appear to help people quit. National clinical guidelines recommend that providers incorporate these materials into the "5 A's" (ask, advise, assess, assist and arrange) intervention to treat tobacco dependence. This applies to a variety of populations, including people with mental health and addictions disorders.(10)

Benefits and challenges of policy implementation

Mental health and addictions services providers value promoting a culture of health for residents. The Tobacco Freedom Policy has helped create a supportive atmosphere for wellness in many residential treatment facilities for consumers and staff. Secondhand smoke kills an estimated 650 people per year in Oregon;(19) the majority of responding facilities said consumers and staff are not exposed to secondhand smoke because of the policy. The policy also has made providers more aware that tobacco is a harmful and addictive substance.

Administrators, therapists and other treatment staff work hard to ensure that residents are safe from harm on and off the property. The survey identified a major concern about consumer safety when they leave the premises to smoke. Survey responses also mentioned concerns about outdoor fires, pedestrian injuries and other injuries due to inclement weather. OHA is committed to ensuring safe facilities in all circumstances. For example, when wintry weather conditions make entryways slippery, facilities take measures to prevent falls. This applies whether someone is leaving the building to smoke or to attend a medical appointment.

Figure 2: Benefits and challenges of policy implementation

Another challenge expressed through the survey was strained relations with neighbors. The Tobacco Freedom Policy requires tobacco products to be used off-site. This often occurs in front of neighboring buildings in residential areas. Secondhand smoke and littered cigarette butts are reported to be bothersome to the neighboring community. Some administrators also said stigma against those with mental illness is an issue.

The survey also showed that staff, administrators and providers have some concerns around adding enforcement of the Tobacco Freedom Policy on top of other work duties. Nearly all of those who responded to the survey said treatment staff are responsible for tobacco policy enforcement.

Implementation supports

The survey asked providers to share what was most useful in preparing to launch the Tobacco Freedom Policy. The following is a summary of their responses:

- Advanced planning to prepare for the launch of the policy with communications to staff and consumers (67 percent);
- Framing the policy as a benefit to the health and wellness of staff (48 percent);
- Adequate signage to inform visitors, staff and consumers of the policy (33 percent);
- Training staff in tobacco cessation interventions and having effective tobacco cessation protocols in place (12 percent).

Top 3 resources

that would help facilities implement the Tobacco Freedom Policy:

1. **In-house nicotine replacement therapies for consumers** (41%)
2. **Technical assistance to implement a wellness initiative** (37%)
3. **Evidence-based tobacco cessation curriculum for consumers** (37%)

In addition, providers identified the following key supports that would help them ensure optimal implementation of the policy:

- In-house nicotine replacement therapies for consumers (41 percent);
- Technical assistance to implement a wellness initiative for consumers and staff (37 percent);
- Sample evidenced-based tobacco cessation curriculum for consumers (37 percent).

Tobacco-free trainings

The Oregon Health Authority is committed to supporting continued successful outcomes for the Tobacco Freedom Policy and helping providers navigate challenges. In May 2015, the OHA Health Systems Division and the Public Health Division sponsored a series of two-day trainings across the state. The University of Colorado Behavioral Health and Wellness Program conducted the trainings. The program is part of the National Behavioral Health Network for Tobacco and Cancer Control. The trainings included a workshop on tobacco-free policy implementation in behavioral health settings. They also featured a train-the-trainer component on evidence-based tobacco cessation curriculum. Most of the 126 attendees were mental health and addictions professionals. A small number of public health and social service professionals also attended.

The purpose of the trainings was to:

- Highlight examples in Oregon and around the country of successful implementation of tobacco-free behavioral health policies;
- Reiterate the importance of this issue; and
- Address challenges facing facilities.

The following are highlights from presentations and discussions in the trainings:

- **Cessation practices:** Locked facilities ban tobacco possession, which has amplified success in policy implementation. A challenge remains in facilities where in-house nicotine replacement therapies (NRT) are not available. OHA should consider how to best address this issue. NRT is a powerful aid in supporting successful quit attempts. For example, when consumers are detoxing from all substances (including tobacco), they urgently need evidence-based cessation medications. Providing NRT on site addresses this challenge.
- **Policy enforcement:** The trainings presented many strategies to support Tobacco Freedom Policy enforcement, including:
  - » Establishing wellness committees to promote tobacco-free living;
  - » Frequently communicating expectations for consistent policy enforcement; and
  - » Promoting the policy as part of a larger wellness campaign.

- **Consumer safety:** The trainers helped reframe the facilities' concern for residents' safety when leaving the property to smoke. Facilities were encouraged to consider how to ensure overall safety.
- **Neighbor relations:** Participants were able to troubleshoot confrontations and stigma residents encountered when they went off property into the surrounding neighborhood. Some solutions included developing good neighbor agreements and inviting community members to join a wellness committee or other group to build relationships with the facility.

The trainings provided continued support for policy implementation and wellness among all residents and staff. Evaluation results from the trainings indicated that a large majority of participants found the information to be either very useful (47 percent) or somewhat useful (44 percent).

Behavioral Health and Wellness Program

University of Colorado
Anschutz Medical Campus

Tobacco-free resources can be accessed online at www.bhwellness.org.

Conclusions and recommendations

People living with mental illness and addictions are unequally burdened by tobacco use and its associated health effects. Twenty-six percent of Oregonians identify as having a mental health or substance use condition.(20) However, 44 percent of all cigarettes are sold to this population. Tobacco-free treatment environments support a cultural shift on how clinicians and consumers view tobacco addiction as a component of wellness.(21)

The survey shows a large increase in tobacco-free property policies implemented in Oregon's addictions and mental health residential treatment facilities. The results also show a continued need for OHA to monitor and provide technical assistance for policy implementation.

OREGON CONSUMER/SURVIVOR COALITION POSITION STATEMENT

"We support patients who are involuntarily held within Oregon treatment facilities or residential programs to make the decision to become tobacco-free.

We encourage health care practitioners to support residents in all levels of publicly financed treatment facilities to achieve tobacco freedom …

We, who are mental health service recipients and others of us who are former patients, are determined to reverse the tide of disease and early death among our peers …

It is the potential of all persons to recover and achieve wellness."

Source: www.oregon.gov/oha/amh/docs/tobacco-freedom-pos-statement.pdf

The 2015 trainings reinforced:

- The importance of a unified message from OHA on the Tobacco Freedom Policy;
- Opportunities for shared learnings; and
- The need for collaboration from public health and health systems partners to support residential treatment facilities.

The 2016 CCO incentive measure for tobacco prevalence(22) has drawn increased attention on reducing tobacco use among Oregon Health Plan members. It addresses tobacco prevalence and ensures comprehensive tobacco cessation benefits.(23) Most consumers of mental health and addictions residential treatment services are Oregon Health Plan members.

CCOs can support them in staying quit by:

- Reinforcing tobacco-free properties in all facilities that serve CCO members;
- Ensuring consumers can get comprehensive tobacco cessation benefits; and
- Promoting tobacco cessation benefits to all CCO members so they are aware of what services are available.

The OHA Health Systems and Public Health divisions continue to partner in supporting wellness initiatives for those with mental illness or addictions disorders. Opportunities for future collaboration include:

- Disseminating consistent messages to facilities about the policy;
- Exploring options for providing on-site nicotine replacement therapies; and
- Convening additional tobacco-free policy implementation trainings for providers, staff and administrators.

The OHA Health Systems and Public Health divisions continue to partner in wellness initiatives for those with mental illness or addictions disorders. Opportunities for future collaboration include:

- Relaying consistent messages to facilities about the policy;
- Providing on-site nicotine replacement therapies; and
- Increasing tobacco-free policy implementation trainings for providers, staff and administrators.

The OHA Health Systems Division's Quality Management and Certification Team offers continued support for policy implementation.

For questions and inquires on tobacco-free resources, please contact:

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Appendix: Survey respondents

Facility location	Number of facilities	Facility type
Albany	1	Residential treatment facility
Bend	1	Residential treatment facility
Central Point	1	Residential treatment home
Coos Bay	1	Residential treatment facility
Corvallis	1	Residential treatment facility
Costa Mesa	1	Secure residential treatment facility
Enterprise	1	Residential treatment facility
Eugene	12	Six secure residential treatment facilities; five residential treatment facilities; one residential treatment home
Gresham	1	Secure residential treatment facility
Happy Valley	1	Residential treatment facility
Heppner	1	Secure residential treatment facility
La Grande	1	Residential treatment facility
Lake Oswego	1	Residential treatment home
Medford	8	Two agencies that operate multiple facilities; three residential treatment facilities; one residential treatment home; two secure residential treatment facilities
Myrtle Point	1	Residential treatment facility
Newport	1	Residential treatment facility

Ontario	1	Residential treatment home
Orting	1	Residential treatment facility
Philomath	1	Residential treatment facility
Phoenix	2	One agency that operates multiple facilities; one residential treatment home
Phoenix	1	Residential treatment home
Portland	28	Five agencies that operate multiple facilities; nine residential treatment facilities; 12 residential treatment homes; two secure residential treatment facilities
Prairie City	1	Secure residential treatment facility
Rockford	1	Agency operates multiple facilities
Rockford	1	Residential treatment home
Salem	1	Residential treatment facility
Seaside	1	Residential treatment home
Springfield	1	Residential treatment facility
Tualatin	1	Residential treatment home
Wilsonville	1	Residential treatment home
Facilities that did not provide information about their location	11	One secure residential treatment facility; 10 residential treatment homes

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