

# Oregon Substance Use Disorder (SUD) Services Inventory & Gap Analysis

Estimating the need & capacity for services in Oregon across the continuum of care

Oregon Alcohol and Drug Policy Commission  
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# Acknowledgements

- 4D Recovery
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- Oregon Alcohol Drug and Policy Commission
- Oregon Council for Behavioral Health
- Oregon Department of Education
- Oregon Health Authority
- Painted Horse Recovery
- OHSU-PSU SPH Student Workers
- The many, many survey participants that talked with us and provided input and feedback



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# Project Objectives

1. Estimate number of Oregonians in need of substance use disorder services across the continuum of care;
2. Estimate gaps in critical substance use disorder services across the continuum of care; and
3. Estimate gaps in access, equity, and other barriers to substance use disorder care.



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# Methods

- **Created an inventory of substance use disorder services by county**
- **Implemented the Calculating for an Adequate System Tool (CAST, developed by SAMHSA)**
  - Calculates region-based need for specific prevention, treatment, and recovery services
  - Estimates gaps in specific prevention, treatment, and recovery services



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# CAST Gaps in Services

Recommended number of services compared to actual number of services, statewide

Service type	Estimated number of services			Percent gap
	Need (n)	Actual (n)	Gap in services (n)	
<b>Facilities - statewide (average gap)</b>				<b>54%</b>
Outpatient	586	383	203	35%
Inpatient	470	187	283	60%
Residential detox	103	75	28	27%
Recovery residences (beds)	7,078	3,219	3,859	55%
Recovery community centers	145	8	137	94%

# CAST Gaps in Services

Recommended number of services compared to actual number of services, statewide

Service type	Estimated number of services			Percent gap
	Need (n)	Actual (n)	Gap in services (n)	
<b>Workforce - statewide (average gap)</b>				<b>66%</b>
Certified Prevention Specialists	968	62	906	94%
Certified Alcohol and Drug Counselors	4,902	2,884	2,018	41%
Certified Recovery Mentors	2,177	1,565	612	28%
Qualified Mental Health Associates	20,493	2,776	17,717	86%
Qualified Mental Health Professionals	12,619	879	11,740	93%
Prescribers with a buprenorphine waiver	3,857	1,902	1,955	51%

# CAST Gaps in Services

Recommended number of services compared to actual number of services, statewide

Service type	Estimated number of services			Percent gap
	Need (n)	Actual (n)	Gap in services (n)	
<b>Other programming - statewide</b> (average gap)				<b>30%</b>
Organizations with fentanyl test strip distribution	127	83	44	35%
Organizations with naloxone distribution	334	240	94	28%
Syringe exchange programs	106	45	61	58%
Prescription drug drop-off locations	545	502	43	8%
Mutual support groups (e.g., 12-Step, SMART Recovery)	4,464	3,351	1,113	25%
School based prevention assemblies	2,223	1,572	651	29%
School based prevention classroom activities	17,466	12,150	5,315	30%



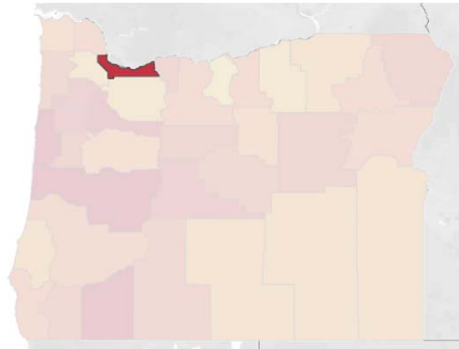
# Substance Use Disorder Services Survey

- Research staff identified and verified 756 service locations across the state
- Of those, 254 parent organizations identified and verified
- Of those, 164 unique organizations participated in survey (65% response rate)
- Each parent organization completed one survey for each county in which they operated a service location
  - 289 county surveys completed or partially completed

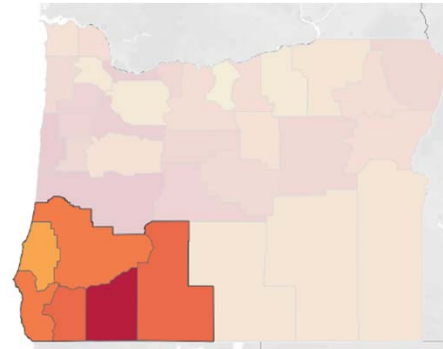


# National Survey on Drug Use and Health Regions (NSDUH)

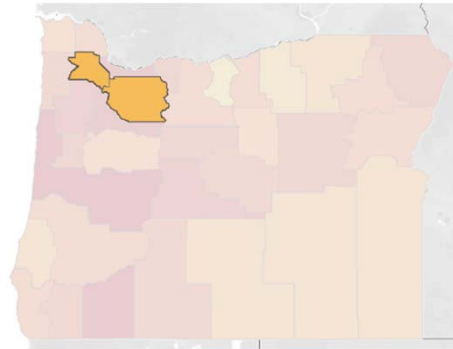
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Multnomah



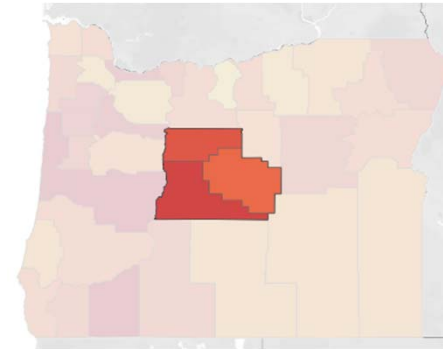
**Region 4:** Coos, Curry, Douglas, Jackson, Josephine, Klamath



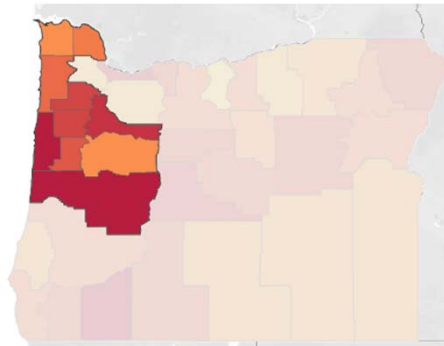
**Region 2:**  
Clackamas, Washington



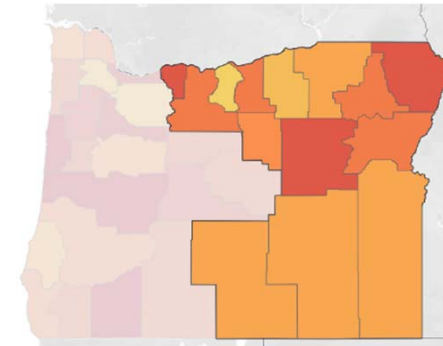
**Region 5:**  
Crook, Deschutes, Jefferson



**Region 3:**  
Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill



**Region 6:**  
Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler



**Substance Use  
Disorder Services  
Survey**

**Percent of total county surveys reporting behavioral health screening, prevention, treatment, or recovery services, by county and region (n=287<sup>a</sup>)**

	<b>Total surveys</b>	<b>Behavioral health screening (N=138)</b>	<b>Prevention (N=140)</b>	<b>Treatment (N=184)</b>	<b>Recovery (N=143)</b>
<b>Statewide</b>	<b>289</b>	<b>48.1%</b>	<b>48.8%</b>	<b>64.1%</b>	<b>49.8%</b>
Region 1	52	48.1%	40.4%	71.2%	57.7%
Region 2	52	48.1%	42.3%	67.3%	61.5%
Region 3	76	48.7%	38.2%	72.4%	51.3%
Region 4	41	39.0%	51.2%	48.8%	39.0%
Region 5	17	62.5%	62.5%	68.8%	56.3%
Region 6	48	47.9%	77.1%	50.0%	33.3%
No region specified	3				

<sup>a</sup>Among the 289 organizations presented, 2 did not specify types of services provided.



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# Substance Use Disorder Services Survey

ASAM levels of care provided by treatment organizations (n=184)

**Table 15.** ASAM levels of care provided by treatment organizations

Level of care	Number and percent of treatment organizations who reported offering levels of care	
	Total county surveys	Percent offering level of care
Early intervention	62	34.6%
Outpatient services	163	91.1%
Intensive outpatient/partial hospitalization	96	53.6%
Residential/inpatient	47	26.3%
Med managed intensive inpatient	2	1.1%
Residential detox ( <i>not included as ASAM level, but asked on survey</i> )	8	4.5%
<b>Total number of organizations reporting levels of care</b>	179	



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# Substance Use Disorder Services Survey

**Table 22.** Medications prescribed and dispensed among treatment organizations who reported offering medications for opioid use disorder (MOUD)

	Number and percent of MOUD treatment providers who reported offering medications (n=102 <sup>b</sup> )	
	Sublingual buprenorphine or buprenorphine/naloxone	Naltrexone (oral or injectable)
	% Yes	% Yes
Prescribed & dispensed	36.0%	34.3%
Prescribed only	26.8%	40.2%
Dispensed only	12.2%	8.8%
Not reported	25.0%	16.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

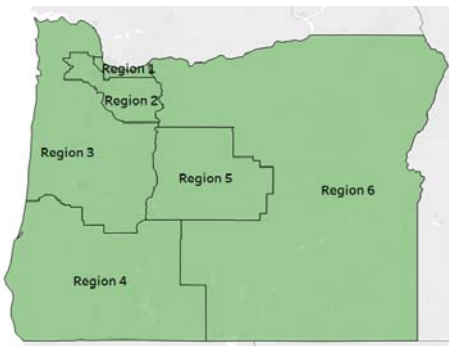
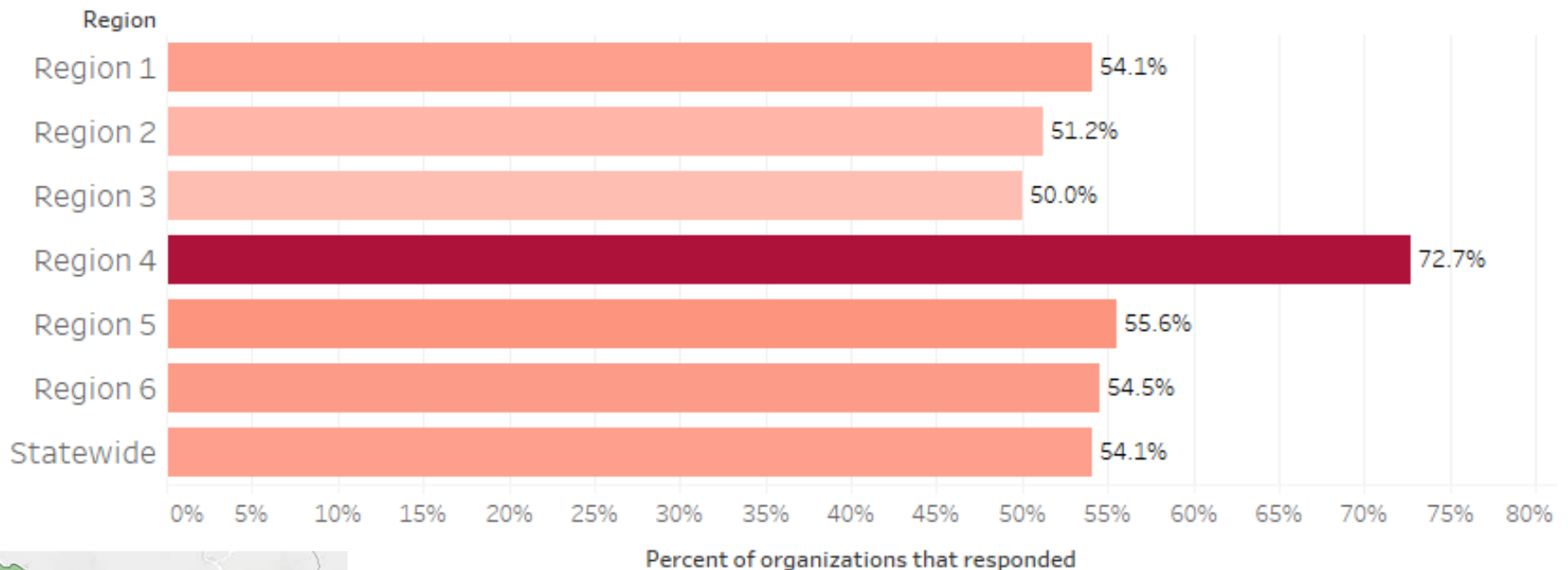
<sup>b</sup>Total includes only providers who reported offering medication for opioid use disorder.



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# Substance Use Disorder Services Survey

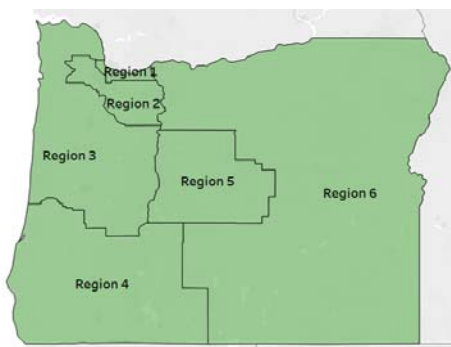
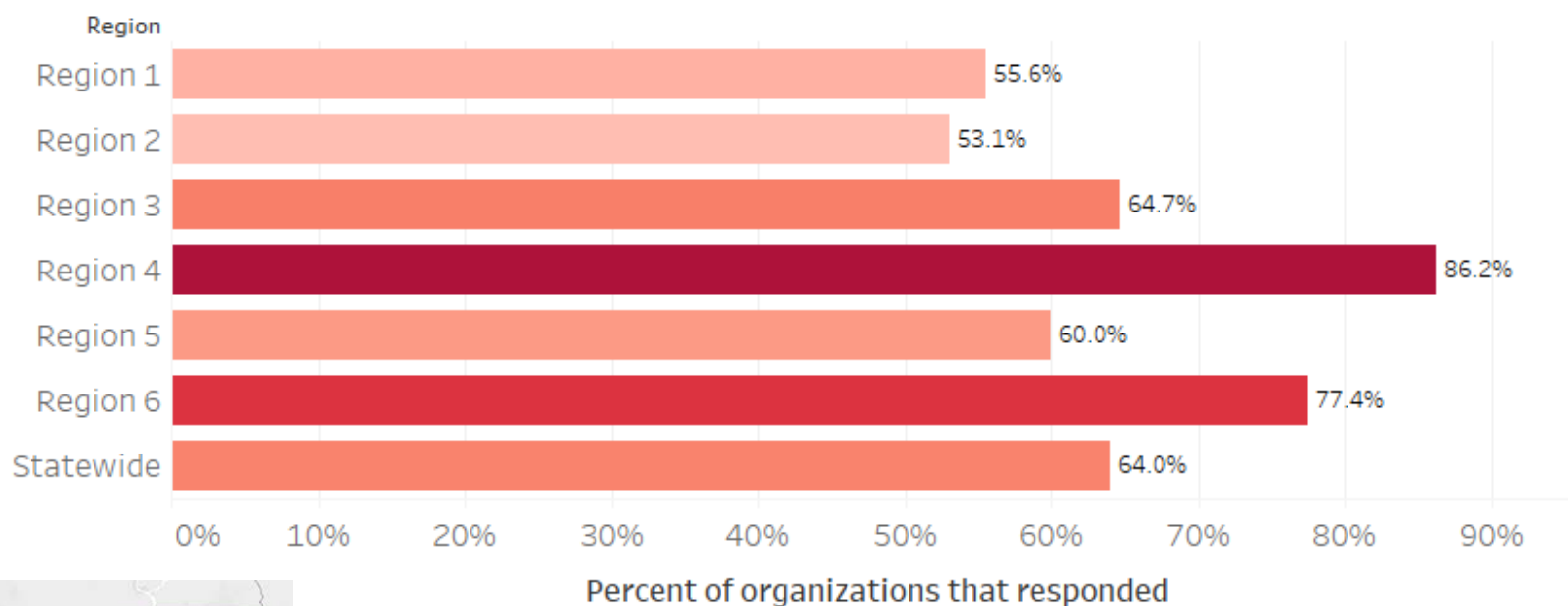
Percent of county-level surveys indicating capacity does not meet demand for services, by region (n=194)



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# Substance Use Disorder Services Survey

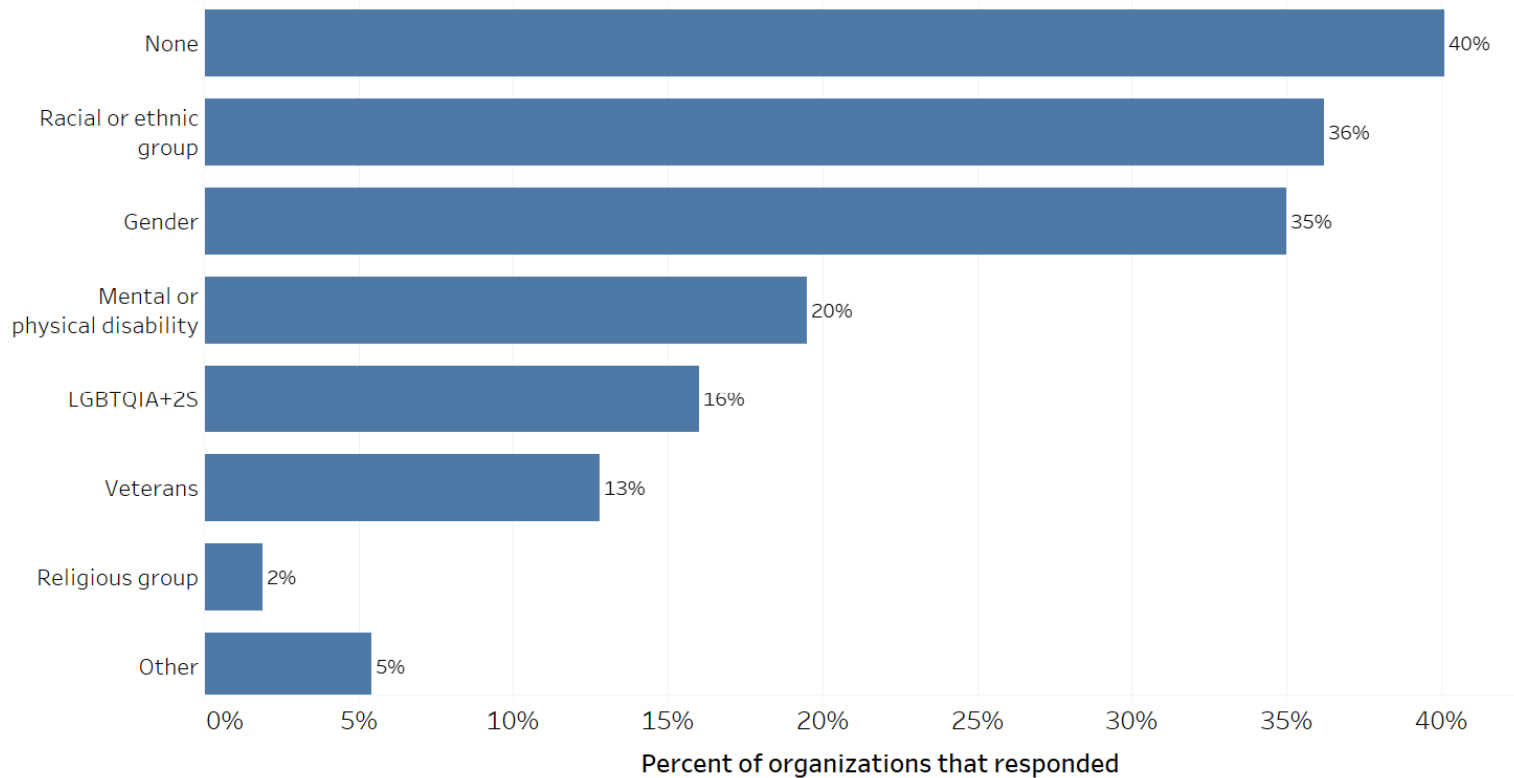
Percent of county-level surveys reporting travel time or access to transportation as a barrier to clients, by region (n=239)



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# Substance Use Disorder Services Survey

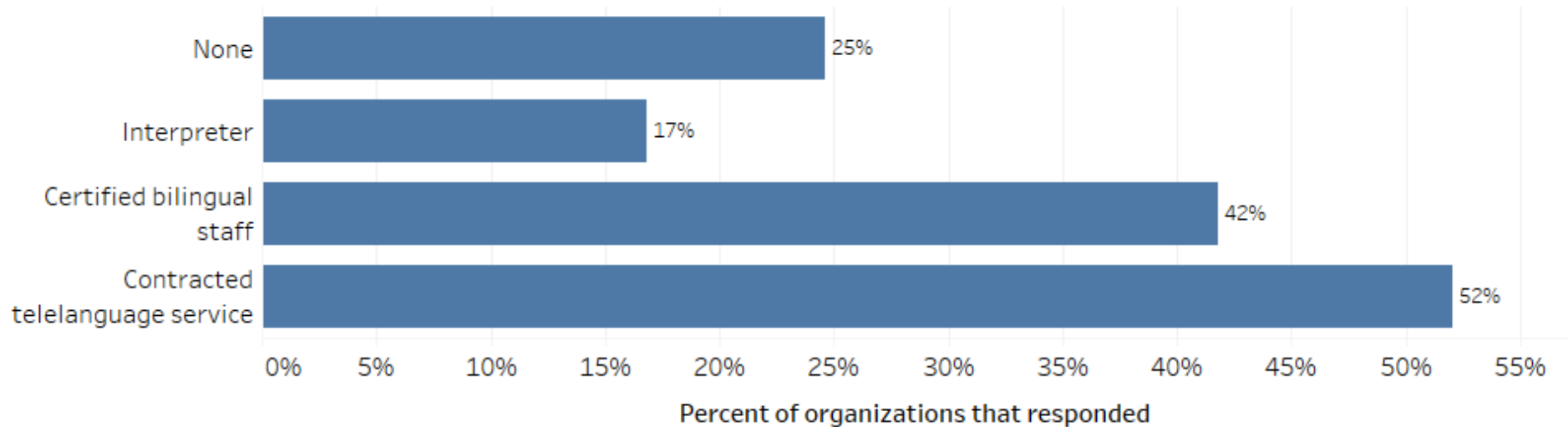
Percent of county-level surveys indicating services specific to a protected class, by type (n=257)



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# Substance Use Disorder Services Survey

Percent of county-level surveys reporting interpretation services, by type  
(n=244)



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# Limitations

- » Gaps are calculated for very specific service types and workforce categories. This provides a snapshot of service gaps, but more research is needed particularly in prevention and recovery
- » NSDUH is a household survey so estimates of SUD prevalence are probably low



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# Key Findings

- » CAST estimated a 49% gap in services needed to address substance misuse and substance use disorder across the continuum of care in Oregon



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# Key Findings

- » Survey findings suggest more than half of service organizations:
  - lack capacity to meet current demand for services
  - have inadequate funding to support their organizational mission
  - have inadequate staffing levels to support their organizational mission



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# Key Findings

- » Less than one third of organizations offered specific services to LGBTQIA+2S clients, clients with mental or physical disabilities, or Veterans
- » Interpretation and translation services were rarely available in languages other than Spanish
- » Less than 20% of organizations had certified language interpreters on staff



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# **SUD Inventory and Gap Analysis Extension (in progress)**

- » Deeper dive into Oregon services available to treat co-occurring substance use and mental health “disorders”



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# General definitions

- » **Co-occurring disorders:** Clients with CODs have one or more mental disorders **as well as** one or more SUDs.
- » **Integrated interventions:** Specific treatment strategies or therapeutic techniques in which interventions for the SUD and mental disorder are **combined** in one session or in a series of interactions or multiple sessions.

SAMSHA TIP 42:  
SUBSTANCE USE DISORDER TREATMENT FOR  
PEOPLE WITH CO-OCCURRING DISORDERS

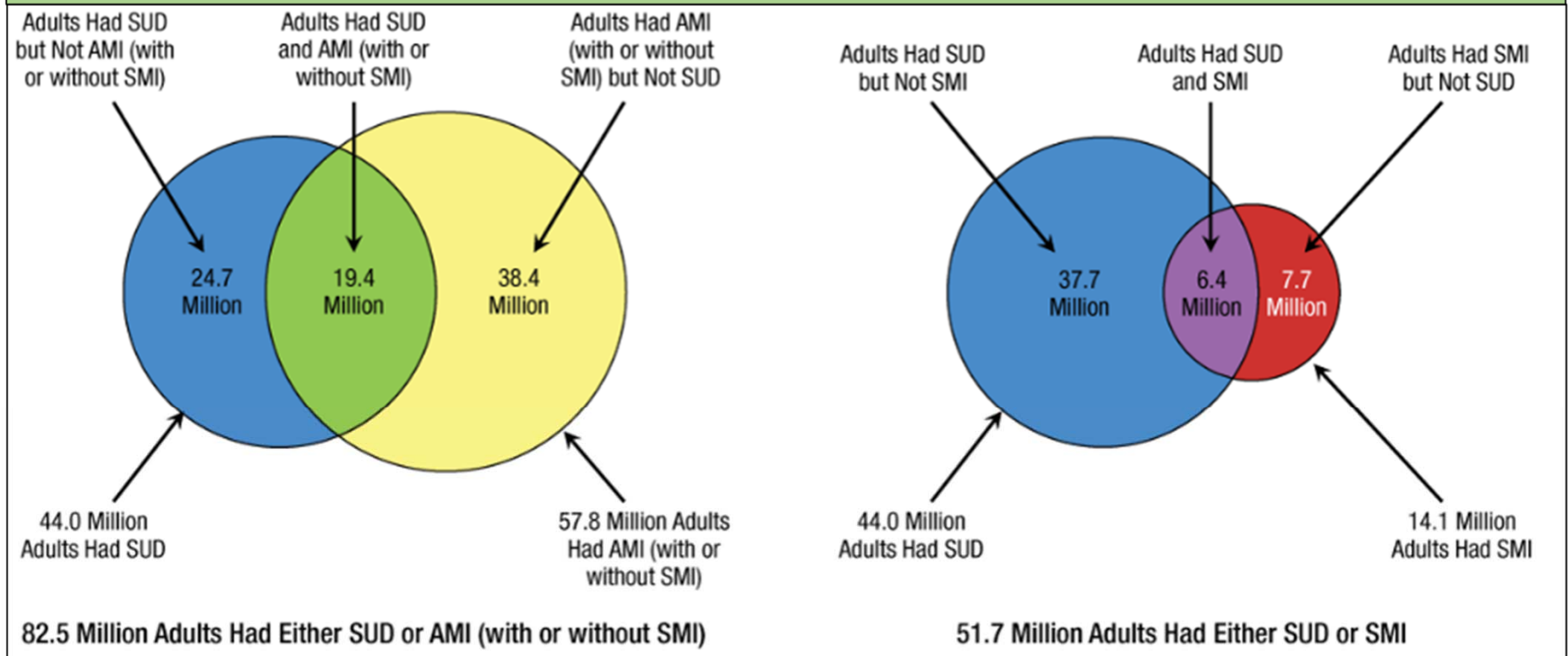


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# What's the problem?

- » People with mental illness are likely to have comorbid substance use disorders (SUDs) and vice versa.
- » Co-occurring disorders (CODs) have significant physical, emotional, functional, social, and economic consequences.
- » Gaps remain in ready access to services and provision of timely, appropriate, effective, evidence-based care for people with CODs.

Figure 1. Past Year Substance Use Disorder (SUD), Any Mental Illness (AMI), and Serious Mental Illness (SMI): Among Adults Aged 18 or Older in the United States; 2021, National Survey on Drug Use and Health



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# Selected practice principles of integrated treatment for CODs

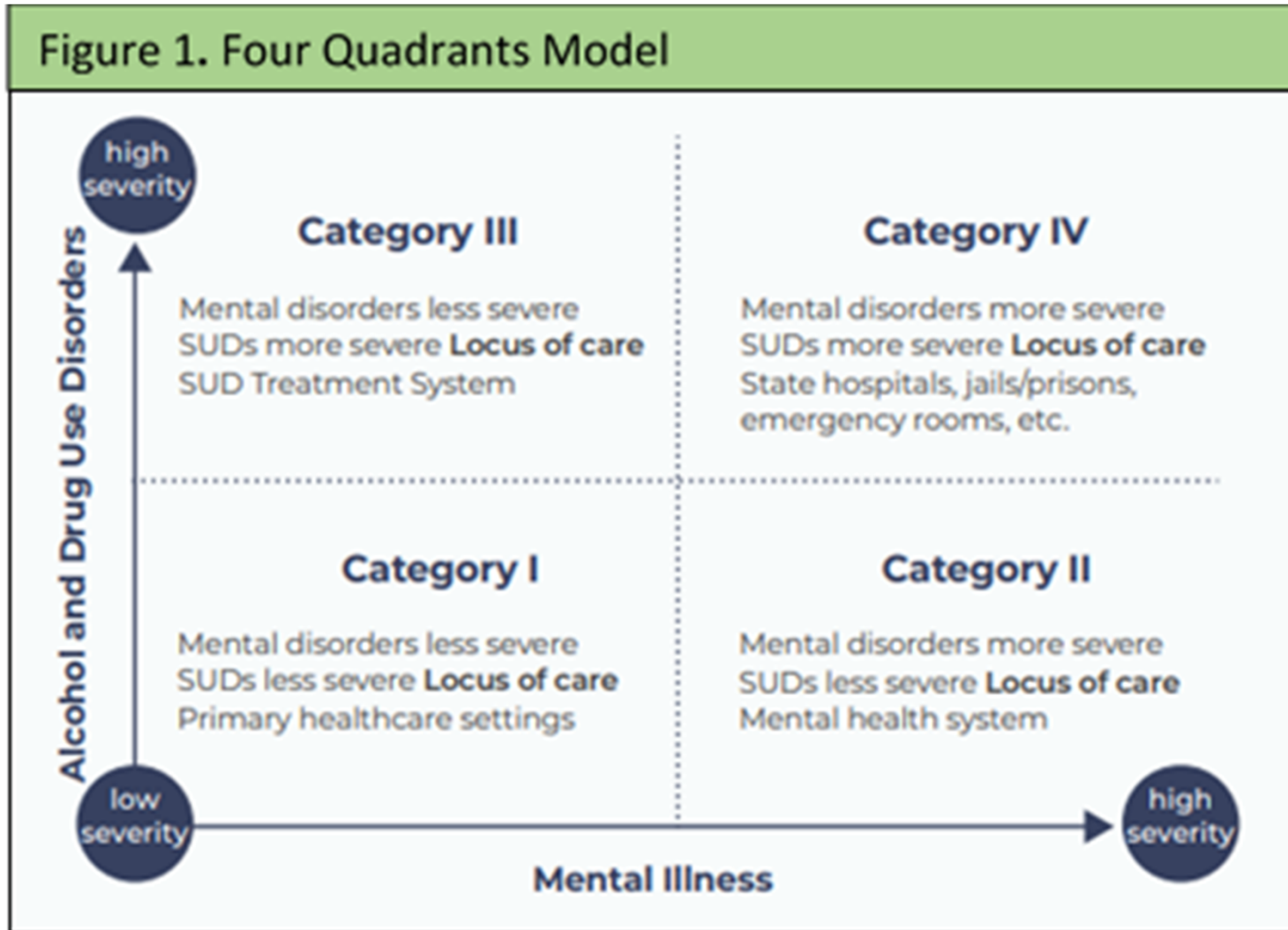
- » Mental illness and SUDs are both treated concurrently.
- » Clients are offered multiple treatment formats, including individual, group, family, and peer support.
- » Pharmacotherapy is discussed in multidisciplinary teams, offered to clients as appropriate, and monitored for safety.

SAMSHA TIP 42:  
SUBSTANCE USE DISORDER TREATMENT FOR  
PEOPLE WITH CO-OCCURRING DISORDERS



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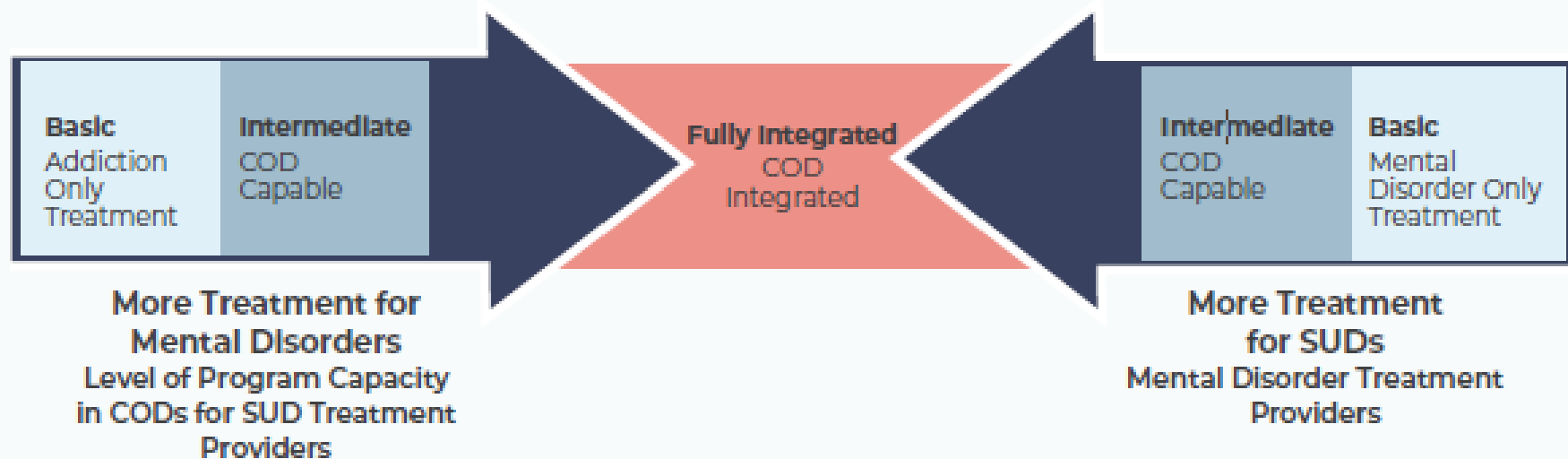
Figure 1. Four Quadrants Model



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# COD treatment continuum

## EXHIBIT 2.5. Levels of Program Capacity in CODs



SAMSHA TIP 42:  
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PEOPLE WITH CO-OCCURRING DISORDERS



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# **We have the models, so what's the problem?**

*2018 National Mental Health Services Survey:*

- » 99% of SUD treatment “facilities” reported having clients in treatment with a diagnosed COD
- » 50% indicated that they provided specifically tailored programs or group treatments for clients with CODs

SAMSHA TIP 42:  
SUBSTANCE USE DISORDER TREATMENT FOR  
PEOPLE WITH CO-OCCURRING DISORDERS



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# Oregon inventory of services for co-occurring disorders (Winter 2023)

- » Describes the current treatment landscape of Oregon's services for COD based on self-report by programs and facilities
- » Surveyed participants include outpatient and residential treatment programs and facilities for SU and MH disorders, as well as hospitals with designated SU or MH treatment programs
- » Combines two sources of self-report data collected at the program/facility level:
  - 2022 SAMSHA National Substance Use and Mental Health Services Survey
  - 2022 Oregon Substance Use Disorder Services Survey



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# Oregon inventory of services for co-occurring disorders

## Selected topics:

- » Health equity
- » Ancillary services and recovery support
- » Harm reduction
- » Gambling
- » Medical detoxification
- » Medications for mental health
- » Medications for alcohol and opioid use disorders
- » Smoking cessation
- » Integrated primary care



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Questions?



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