

# 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 Meeting  
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# Main Objectives

Estimate, by county, region and statewide:

1. Number of Oregonians in need of substance use disorder services across the continuum of care;
2. Gaps in critical substance use disorder prevention, harm reduction, treatment and recovery services and;
3. Gaps in access, health equity, and other barriers to substance use disorder care



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# Why

- » In 2020, Oregon ranked<sup>1</sup>:
  - First for percent of population with illicit drug use disorder
  - Second for percent of population experiencing a substance use disorder in the past year
  - Fifth for alcohol use disorder
  - Last for capacity to meet treatment needs



1. Mental Health & Addiction Certification Board of Oregon. (2021). *2021 NSDUH Report Highlights*.  
[https://mhacbo.org/media/2021\\_epidemiology.pdf](https://mhacbo.org/media/2021_epidemiology.pdf)



# Why (cont.)

- » The ADPC's 2020-2025 Oregon Statewide Strategic Plan<sup>2</sup> called for systematic documentation of gaps in service capacity and access across the continuum of care in Oregon's 36 counties

# Project Outline

-  » **Needs Assessment**
  - Estimation of the need for substance use disorder services in each county or region in Oregon
  - National Survey on Drug Use and Health (NSDUH) and Oregon Health Plan Billing data
  - Workforce demographic data, gaps in health equity
  
-  » **Substance Use Disorder Service Directory**
  - Organization-level information to establish a baseline to measure current system capacity



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# Project Outline (cont.)



## » Calculating for an Adequate System Tool (CAST)<sup>3</sup>

- Estimation of county risk of hospitalization due to alcohol or substance use
- Estimation of need of select services across continuum of care



## » Substance Use Disorder Services Survey

- Collect information from organizations providing SUD services to better understand capacity, service gaps, and barriers



# Needs Assessment

Percent of Population Reporting Substance Use, NSDUH 2020

	Binge Alcohol Use, Past Month		Marijuana Use, Past Month		Heroin Use, Past Year		Methamphetamine Use, Past Year	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total US age 12 and up	23.08	22.6 – 23.6	11.66	11.3 – 12.0	0.33	0.3 – 0.4	0.82	0.72 – 0.94
<b>Statewide</b>								
age 12 and up 3,675,924	22.0	19.5 – 24.7	19.26	17.2 – 22.3			1.93	1.29 – 2.88
age 12 to 17 n = 305,645	4.8	3.5-6.5	11.75	9.1 – 15.1			0.18	0.08 – 0.4
age 18 to 25 n = 419,575	31.4	26.8 – 36.5	32.66	27.4 – 38.4	0.10	0.04 - 0.23	0.51	0.28 – 0.90
age 26 and up n = 2,950,704	22.4	19.5 – 25.6	18.12	15.3 – 21.3	0.62	0.27 – 1.42	2.31	1.51 – 3.52



# Needs Assessment

Percent of population estimated to have a substance use disorder (SUD) in past year, and percent of population needing but not receiving treatment at a specialty facility in past year, NSDUH 2020

	Substance use disorder (SUD)		Needing but not receiving treatment at a specialty facility for a SUD in the past year	
	% with a SUD	95% CI	% needing but not receiving treatment	95% CI
Total US age 12 and up	14.54	13.9 – 15.2	13.89	13.28 – 14.52
<b>Statewide</b>				
age 12 and up 3,675,924	18.22	15.1 – 21.8	18.08	15.2 – 21.3
age 12 to 17 n = 305,645	7.97	5.4 – 11.6	8.15	5.5 – 11.8
age 18 to 25 n = 419,575	28.83	22.7 – 35.9	29.62	23.3 – 36.8
age 26 and up n = 2,950,704	17.74	14.2 – 21.9	17.44	14.2 – 21.3





# Needs Assessment

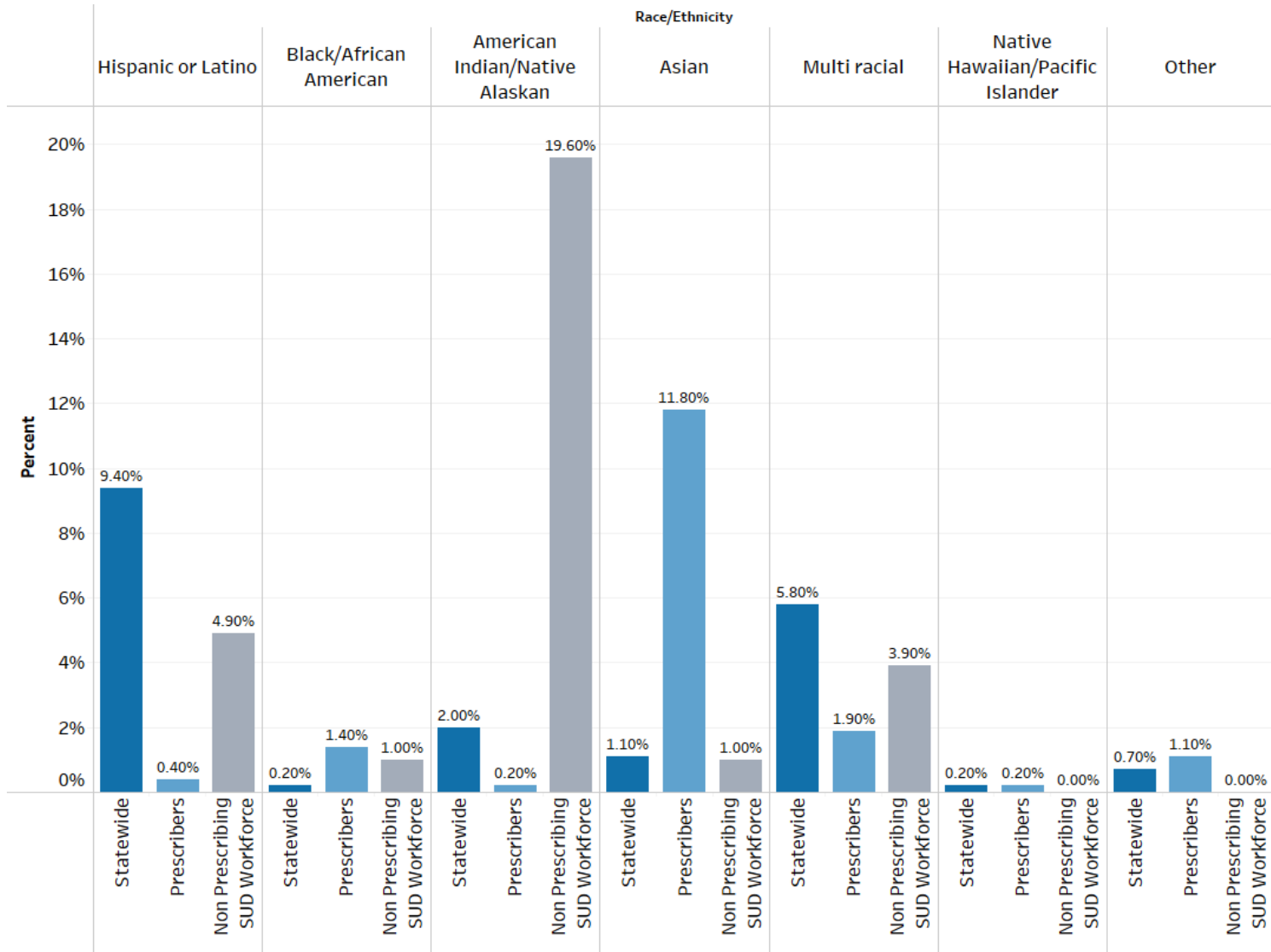
Number and Percent of Oregon Health Plan Members with Documented Use Disorder Diagnosis, 2020

Age	Percent of population with OHP	OHP members with documented Substance Use Disorder	
		n SUD	% SUD
age 12 to 17	53.8%	2,637	1.7%
age 18 to 25	36.6%	8,770	5.7%
age 26 to 64	25.8%	61,646	11.0%
age 12 to 64	30.3%	73,053	8.3%



# Needs Assessment

Statewide demographics compared to demographics of prescribing and non-prescribing substance use disorder workforce



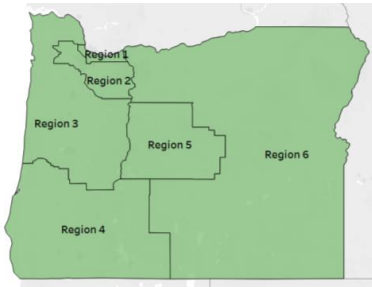


# Calculating for Adequate Systems Tool (**CAST**) Overview

- **Risk Score:** calculation of a county/region's risk of hospitalization due to alcohol or other substance use
  - This score is calculated by assessing community characteristics that contribute to the population's risk of an SUD related injury
- **Service Gaps:** estimates number of SUD services needed to meet community's need across select prevention, harm reduction, treatment, and recovery categories



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# CAST Risk Score

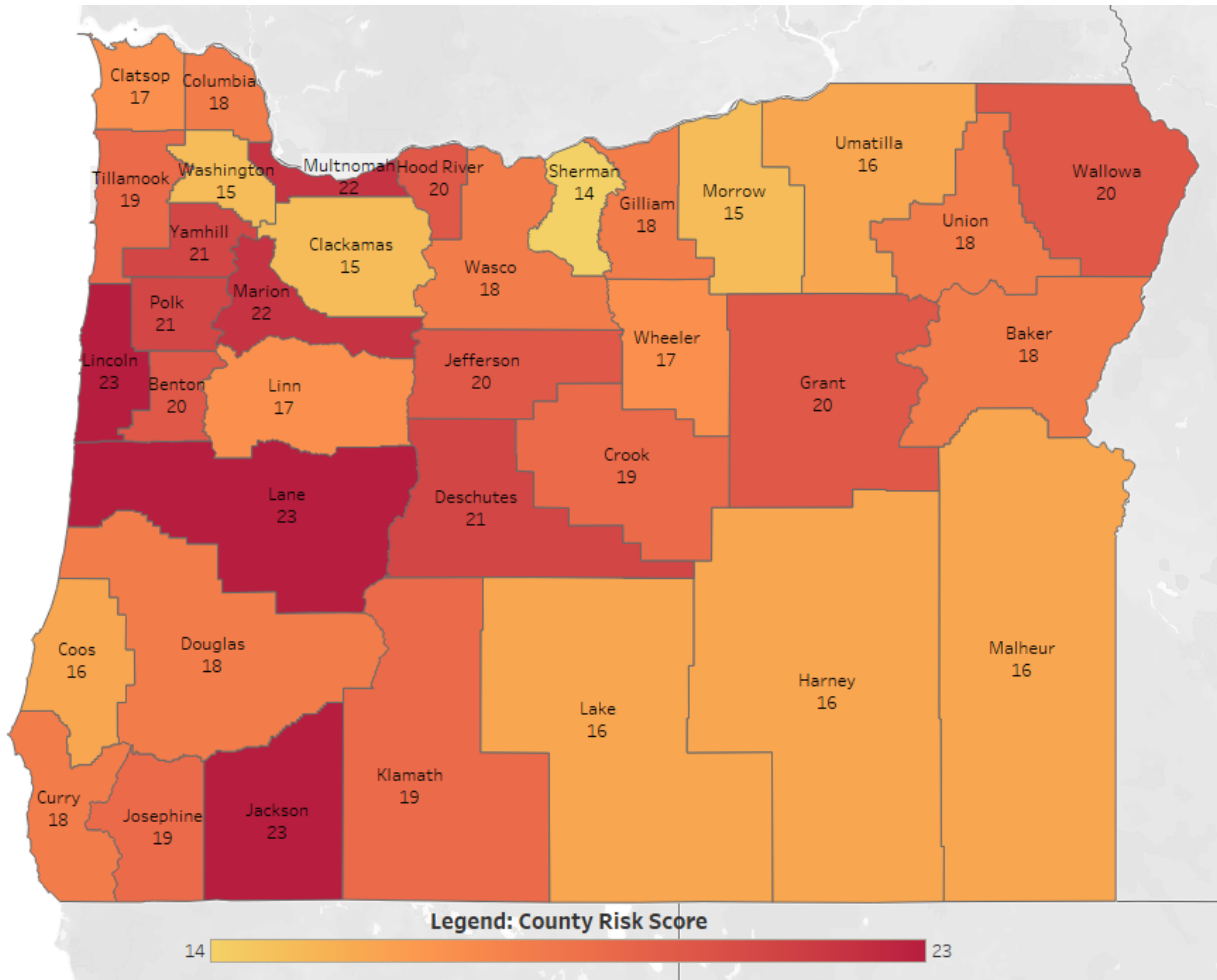
Community Characteristics Contributing to CAST Risk Score

## Risk Contribution

Characteristic	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Alcohol outlet density (rate per 100 non-alcohol businesses)*	HIGH	MODERATE	HIGH	HIGH	HIGH	HIGH
% of population with access to physical activity	HIGH	HIGH	HIGH	HIGH	HIGH	MODERATE
% of population with college degree	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE
Social Association rate per 100,000 people**	MODERATE	HIGH	HIGH	HIGH	HIGH	MODERATE
Violent crime rate per 100,000	HIGH	LOW	LOW	MODERATE	MODERATE	LOW
% of households with income below \$35,000	LOW	LOW	LOW	LOW	LOW	LOW
% of population without high school diploma	LOW	LOW	LOW	LOW	LOW	LOW
% of the population that lives in a rural area	LOW	LOW	LOW	LOW	LOW	LOW
% of population that is male	LOW	LOW	LOW	LOW	LOW	LOW



# CAST Risk Level



## Risk score interpretation:

- **Moderate risk** score: 35-67% likelihood of hospitalization rate above the national median hospitalization rate for drug/alcohol diagnosis.
- **High risk** score: 69-92% likelihood of hospitalization rate above the national median hospitalization rate for drug/alcohol diagnosis.

CAST Methodology developed by JG Research

National median for hospitalization for drug/alcohol diagnosis is 115 per 100,000 (Green et al, 2018)



# CAST Gaps in Services

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

Estimated Number of Services				
Service Type	Need (n)	Actual (n)	Gap in services (n)	Percent Gap
<b>Workforce - Statewide (average gap)</b>				<b>66%</b>
Certified Prevention Specialist	968	62	906	94%
Certified Alcohol and Drug Counselors	4,902	2,884	2,018	41%
Certified Behavioral Health Peer Support Specialist	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

Estimated Number of Services				
Service Type	Need (n)	Actual (n)	Gap in services (n)	Percent Gap
<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	7,078	3,219	3,859	55%
Recovery Community Centers	145	8	137	94%



# CAST Gaps in Services

Service Type	Estimated Number of Services			Percent Gap
	Need (n)	Actual (n)	Gap in services (n)	
<b>Other Programming - Statewide (average gap)</b>				<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 Dropoff Locations	545	502	43	8%
Twelve Step Groups	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

- 254 unique organizations identified
- 164 unique organizations participated in survey (65%)
- Each participating organization completed one survey for each county in which they operated a service location
  - 289 surveys completed or partially completed
    - 139 organizations completed surveys for multiple counties

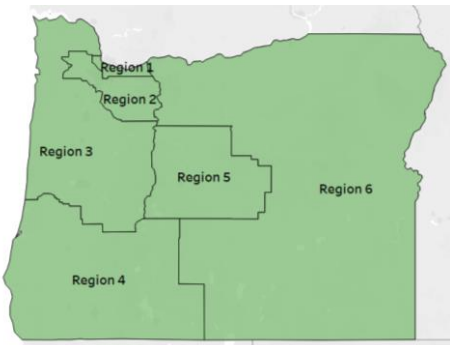
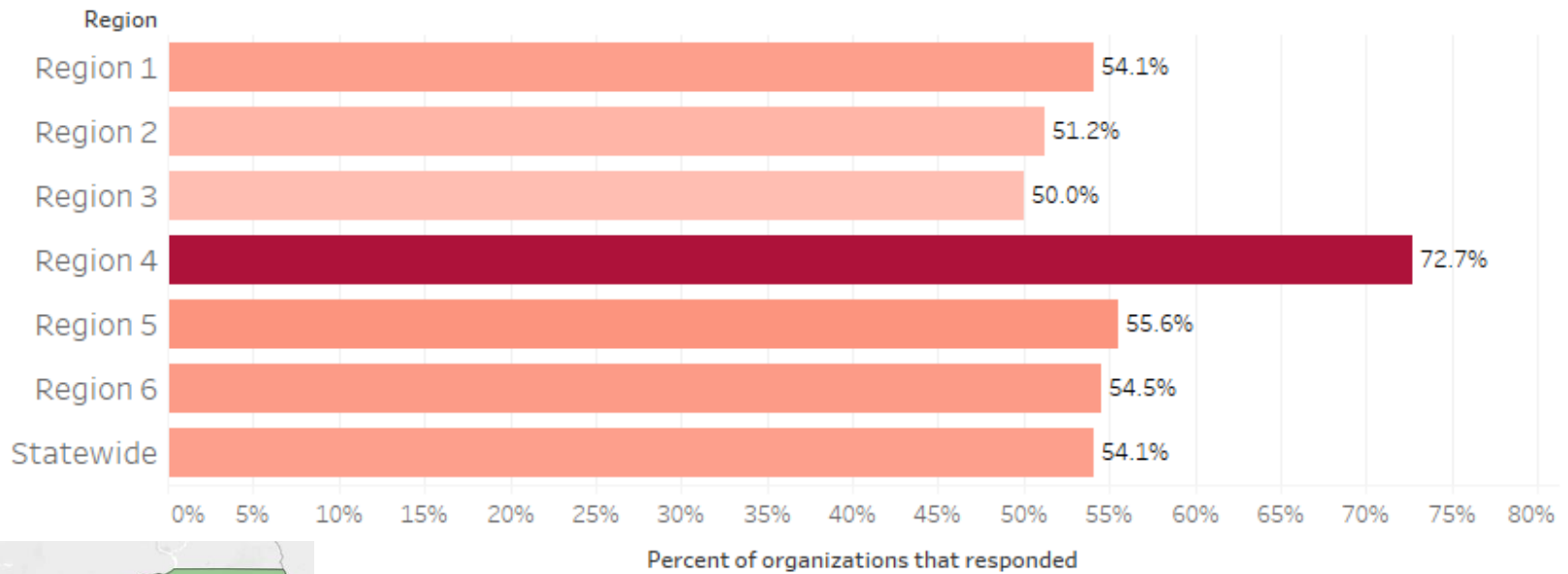


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# Substance Use Disorder Services Survey

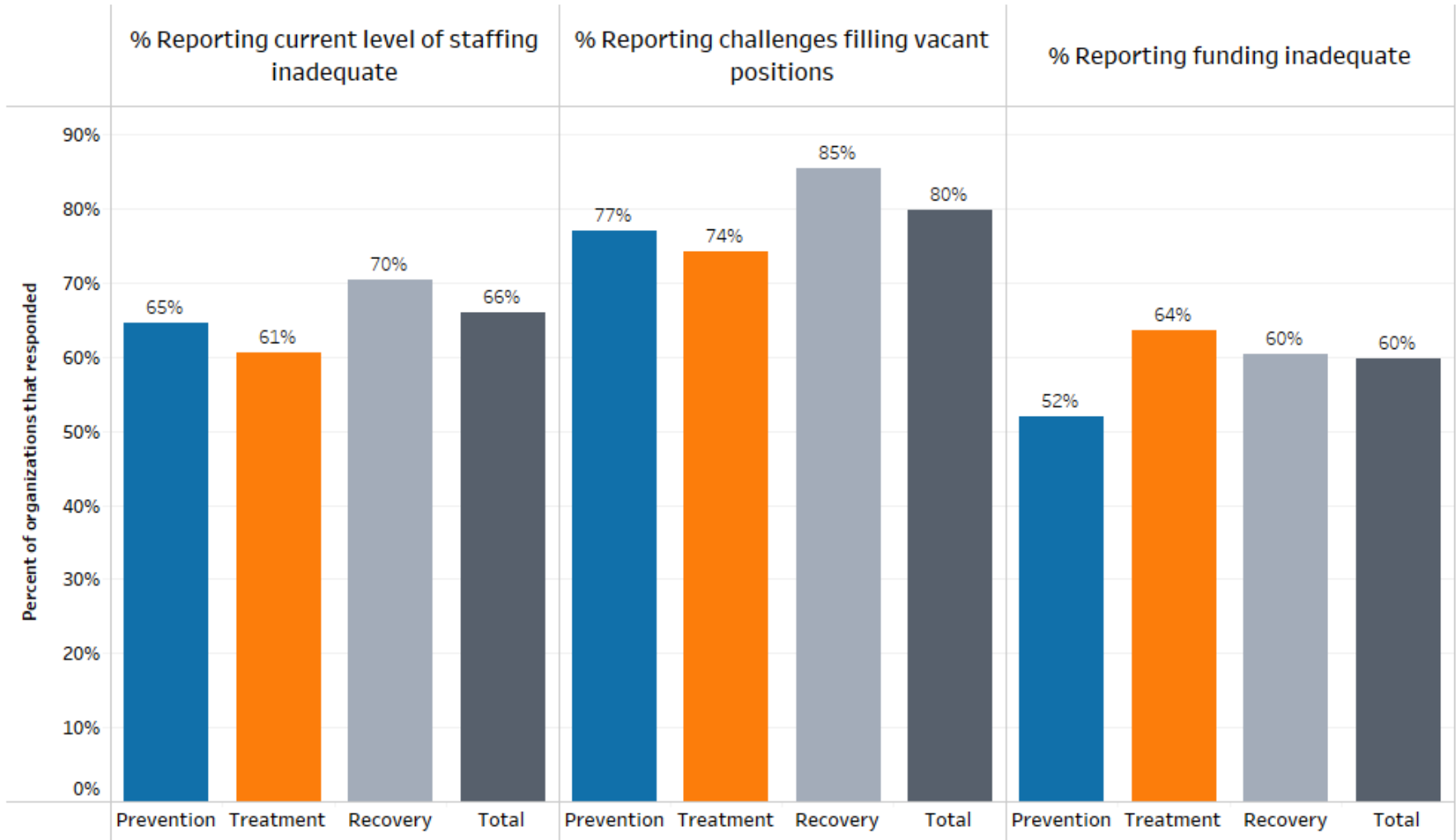
Percent of organizations stating capacity for services does not meet demand for services





# Substance Use Disorder Services Survey

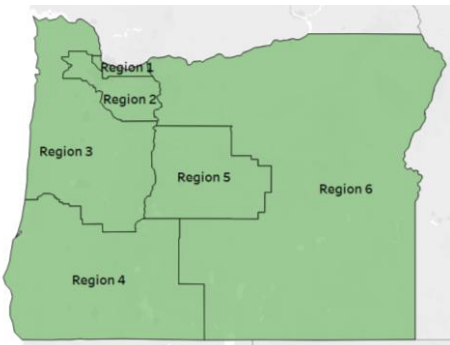
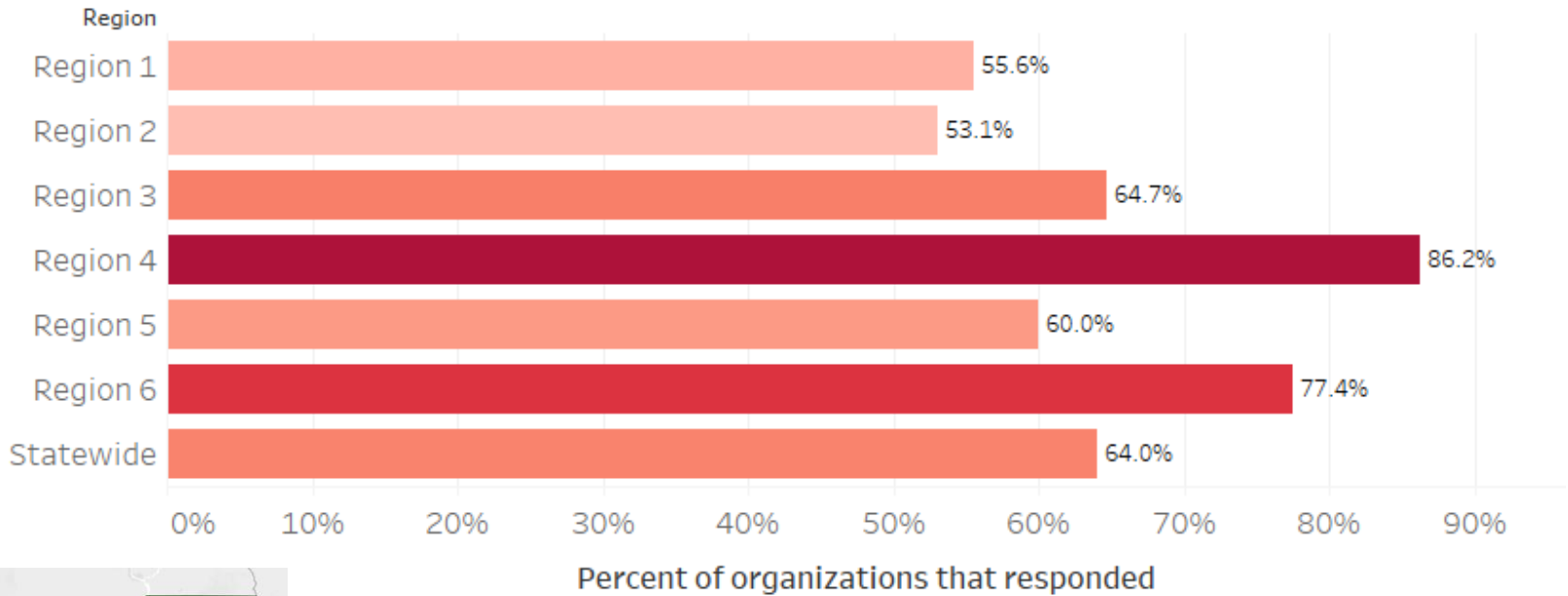
Staffing and funding challenges among participating organizations, by type





# Substance Use Disorder Services Survey

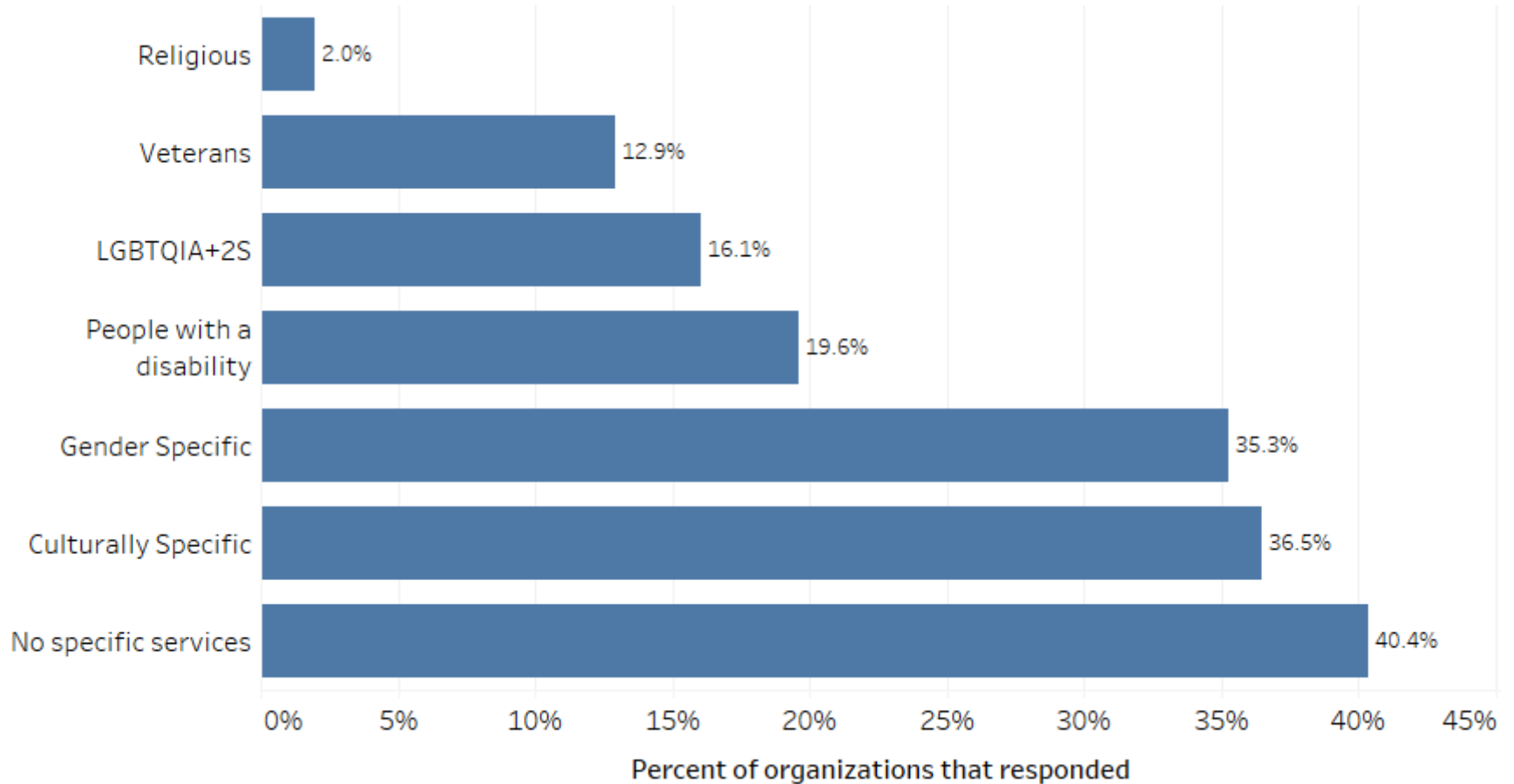
Percent of organization's reporting travel time or access to transportation as a barrier to clients





# Substance Use Disorder Services Survey

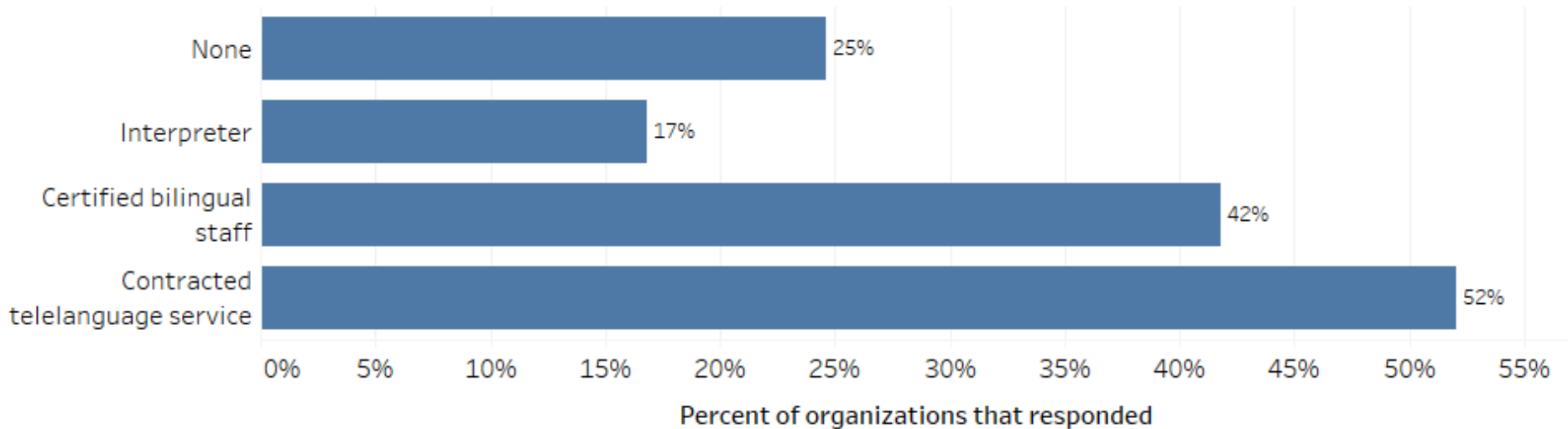
Percent of organization's providing services specific to people of a protected class, by type





# Substance Use Disorder Services Survey

Percent of organizations reporting interpretation services, Statewide



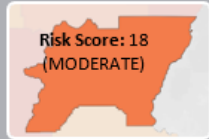
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# County Profiles

Region 6

## Baker County



### CAST Estimate of Substance Use Disorder (SUD) Prevalence & Treatment Need

Based on self-reported data from the National Survey on Drug Use and Health and CAST estimates, among those ages 12 and over

#### SUD Prevalence in Baker County:

2,638 individuals estimated with an SUD in the past year

#### Unmet SUD Treatment Need in Baker County:

2,618 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

**Baker County's** Calculating an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **18**, which is considered a **MODERATE level of risk** and corresponds to a 35-67% likelihood of having a hospitalization rate above the national median hospitalization rate for drug or alcohol diagnosis. The CAST risk score accounts for social characteristics that are related to risk, as well as social disparities that may relate to lower access or utilization of services.

The community characteristics that are included in the CAST assessment are shown in the table below.

### Baker County's Community Characteristics Contributing to CAST Risk Score

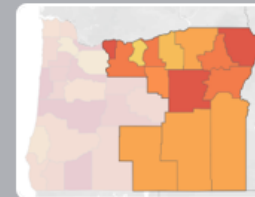
Risk Contribution	Characteristic	Estimate
<b>HIGH</b>	% of population with college degree	24%
	Alcohol outlet density	5
<b>MODERATE</b>	% of population with access to physical activity	72%
	Violent crime rate per 100,000	264
<b>LOW</b>	% of adult population that is male	52%
	% of households with income below \$35,000	26%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	42%
	Association rate per 100,000 people	190

Region 6

## Baker, continued

In Region 6, organizations who participated in the inventory survey reported:

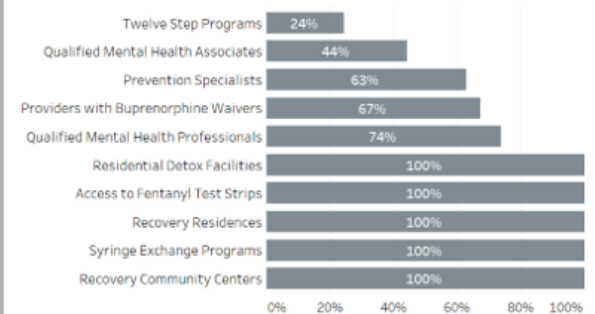
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 35.5% do not provide outreach services to individuals who are houseless.



**Region 6** is comprised of Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler Counties.

A review of **Baker County's** current SUD resources and service capacity provides an overview of service gaps\* for select types of prevention, harm reduction, treatment, and recovery services. Baker County has an overall service gap of **44%**. This means out of the total number of recommended services in Baker County, it is estimated that 44% are missing. The top identified service gaps are shown below.

### Baker County Service Gaps Identified by the CAST



\* The CAST Tool provides a recommended number of services for each of the listed categories. The existing number of services were subtracted from the CAST recommended number of services to calculate the gap in number of services. Percent gap is calculated by dividing the gap in number of services by the recommended number of services.



# Limitations

- » NSDUH is a household survey
- » CAST
  - Rigid categories
  - Does not account for quality of services or issues in access or health equity
- » Treatment overrepresented in the survey compared to prevention and recovery services



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# Key Findings

- » Oregon's rates of marijuana use and methamphetamine use are above the national average
- » Unmet need for substance use disorder treatment in a specialty facility is higher in Oregon than for the nation overall
- » Oregon Health Plan data suggest that less than half of Oregonians with a use disorder have been diagnosed
- » Oregon's healthcare workforce does not represent demographics of the state



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# Key Findings

- » High alcohol outlet density, low social association rates and violent crime are Oregon's most substantial contributors to risk of hospitalization for a substance use disorder compared to the nation as a whole
- » CAST estimates 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 or to clients with mental or physical disabilities, or services for veterans.
- » Interpretation and translation services are rarely available in languages other than Spanish
- » Less than 20% of organizations had certified language interpreters on staff



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# Recommendations

- » Essential that efforts include **strategies that move upstream to target social determinants of health**, such as ensuring access to healthy food, affordable housing, educational and employment opportunities, living wages, and healthy and safe communities



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# Recommendations

- » Significant investments in prevention are needed to support youth and families
  - Evidence-based and culturally relevant prevention strategies
  
- » Address known risk factors for hospitalization due to a drug or alcohol diagnosis, for example:
  - Lower alcohol outlet density
  - Increased opportunities for positive social connection



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# Recommendations

- » Improved systems in place to link people with substance use disorders or cooccurring use disorders and mental health diagnoses to appropriate services
- » Foster a “no wrong door” approach to treatment by allowing increased flexibility in payment structures, care settings, and credentialing



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# Recommendations

- » Incentivize and monitor equitable distribution of linguistically and culturally responsive services
- » Invest in transportation and technology resources to decrease barriers in access



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# Recommendations

- » Address workforce challenges, especially in the categories of prevention and recovery
  - Bill for certified peer support specialist
  - Incentivize public and private expansion of workforce development
  - Increase sustainable funding sources that support organizational infrastructure



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# Acknowledgements

- » 4D Recovery
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- » Community Living Above
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- » JG Research
- » Mental Health & Addiction Certification Board of Oregon
- » NW Instituto Latino
- » 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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# Questions



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