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Oregon Substance Use Disorder Services Inventory and Gap Analysis

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

Supported by the
**Oregon Health Authority
& Oregon Alcohol and Drug
Policy Commission**

Produced by the
**OHSU-PSU School of
Public Health**

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Contents

- Acknowledgements..... i
- Executive Summary.....viii
 - Key Findings.....viii
 - Recommendationsviii
- About the Inventory and Gap Analysis Process..... 1
 - What Is It? 1
 - Why Was It Done?..... 2
 - Understanding Gaps in Oregon’s Prevention, Treatment, and Recovery Services..... 3
 - How Was It Done?..... 3
 - Needs Assessment..... 4
 - Substance Use Disorder Services Directory..... 7
 - Calculating for an Adequate System Tool 7
 - Substance Use Disorder Services Survey..... 11
- Findings 13
 - Needs Assessment..... 13
 - National Survey on Drug Use and Health (NSDUH): Substance Use, Substance Use Disorders, and Unmet Need for Treatment Services in Oregon 13
 - Oregon Health Plan Data on Substance Use and Use Disorders, 2020..... 17
 - Access and Equity: Oregon Substance Use Disorder Workforce..... 18
 - Substance Use Disorder Services Directory 19
 - Calculating for an Adequate System Tool (CAST) 19
 - Substance Use Disorder Services Survey 24
 - Participating Organizations 25
 - Staffing and Finance 28
 - Specialty Services..... 29
 - Equity and Access 32
 - What Are the Limitations? 36
- Summary of Findings..... 38
 - Needs Assessment..... 38
 - Calculating for an Adequate System Tool (CAST) 39

Substance Use Disorder Services Survey	39
Recommendations	41
References	43
Appendices.....	A-1
Appendix A – County Needs Assessment.....	A-1
Appendix B – Statewide and County Profiles.....	A-20
State of Oregon.....	A-21
Baker County	A-23
Benton County.....	A-25
Clackamas County.....	A-27
Clatsop County.....	A-29
Columbia County	A-31
Coos County.....	A-33
Crook County	A-35
Curry County.....	A-37
Deschutes County.....	A-39
Douglas County.....	A-41
Gilliam County	A-43
Grant County	A-45
Harney County.....	A-47
Hood River County.....	A-49
Jackson County	A-51
Jefferson County.....	A-53
Josephine County.....	A-55
Klamath County	A-57
Lake County	A-59
Lane County.....	A-61
Lincoln County	A-63
Linn County.....	A-65
Malheur County.....	A-67
Marion County.....	A-69

Morrow County	A-71
Multnomah County	A-73
Polk County.....	A-75
Sherman County	A-77
Tillamook County.....	A-79
Umatilla County	A-81
Union County.....	A-83
Wallowa County.....	A-85
Wasco County.....	A-87
Washington County	A-89
Wheeler County.....	A-91
Yamhill County.....	A-93
Appendix C – 2022 Substance Use Disorder Services Survey	A-95

List of Figures and Tables

Figure 1. National Survey on Drug Use and Health (NSDUH) 2016-18 Oregon regions.....	5
Figure 2. Statewide demographics compared to demographics of prescribing and non-prescribing substance use disorder workforce.....	19
Figure 3. CAST risk of hospitalization for alcohol or drug use by county	22
Figure 4. Percent of organizations reporting inadequate capacity for services	28
Figure 5. Organizations that reported transportation or travel time as a barrier to their clients	36
Table 1. Summary of NSDUH data inputs used for needs assessment and CAST	6
Table 2. Description and sources for data inputs used for CAST Risk Score	9
Table 3: Oregon data sources used to assess current service capacity	10
Table 4. Percent reporting substance use nationwide, statewide, and by region, NSDUH 2020	14
Table 5. Percent estimated to have a substance use disorder, and needing but not receiving treatment, NSDUH 2020	15
Table 6. Percent estimated to have an alcohol use disorder, and needing but not receiving treatment, NSDUH 2020	16
Table 7. Percent of population estimated to have an illicit drug use disorder, and needing but not receiving treatment, NSDUH 2020	17
Table 8. Number and percent of Oregon Health Plan members with documented use disorder diagnosis, 2020	18
Table 9. CAST community characteristics contributing to CAST risk score, statewide	20
Table 10. CAST community characteristics contributing to CAST risk score, by region.....	21
Table 11. CAST overall service gap, statewide and by region	23
Table 12. Summary of CAST service gaps by service type.....	24
Table 13. Behavioral health screening, prevention, treatment, and recovery, by county and region	25
Table 14. Substance use disorder services specific to Native American Tribes.....	27
Table 15. ASAM levels of care provided by treatment organizations.....	27
Table 16. Capacity to meet current demand for services, by service type	28
Table 17. Sources of funding among parent organizations, by service type	29
Table 18. Changes in funding during COVID-19 and related to Measure 110 among parent organizations, by service type	29
Table 19. Specialty services, by service type.....	30
Table 20. Peer support specialists, by service type.....	30
Table 21. Types of harm reduction services, by service type.....	31
Table 22. Medications prescribed and dispensed among treatment organizations who reported offering medications for opioid use disorder (MOUD).....	31
Table 23. Supportive resources, by service type.....	32

Table 24. Services that are specific for people of a protected class, by service type 33
Table 25. Specialty programming for pregnant or parenting people with young children, by service type 33
Table 26. Language interpretation services, by service type 34
Table 27. Languages interpreted, by service type..... 34
Table 28. Translated materials available for clients, by service type..... 35
Table 29. Availability of virtual/teleservices and transportation barriers, by service type 35

Executive Summary

The OHSU-PSU School of Public Health, in collaboration with the Oregon Alcohol and Drug Policy Commission and the Oregon Health Authority, conducted a rapid assessment of the state's substance use disorder services between September 2021 and September 2022.*

Key Findings

- All 36 Oregon counties showed violent crime, high alcohol outlet density, and low social association rates as Oregon's most substantial contributors to risk of hospitalization for a substance use disorder.
- There was an estimated 49% gap in substance use disorder services needed by Oregonians.
- Over half of substance use disorder service providers reported a lack of capacity to meet demand for services.
- Statewide gaps in equity and access included insufficient provision of culturally relevant services to protected classes, language interpretation and translation services, and a workforce that does not represent the demographics of the state.
- Barriers to substance use disorder services persisted in both transportation and technology.
- Among Oregon Health Plan members, rates of substance use disorder diagnoses suggested that less than half of those with a use disorder have been diagnosed or treated.
- There was an estimated 51% gap in healthcare providers authorized to prescribe buprenorphine. Among surveyed facilities who reported offering medications for opioid use disorder, less than one in five reported were certified Opioid Treatment Programs licensed to dispense methadone.
- Around one in five surveyed providers offering harm reduction reported that they provided drug checking, and less than one in four reported offering syringe services.

Recommendations

- Treat encounters in the emergency department, hospital, shelters and justice systems as opportunities for connection to community treatment and naloxone distribution.
- Incentivize equitable distribution of linguistically and culturally relevant services.
- Address gaps in substance use disorder workforce, including both prescribers and credentialed staff providing essential prevention services and recovery supports.
- Increase support for service organizations to employ and bill for certified peer support specialists across the continuum of substance use disorder care.
- Invest in syringe service and other harm reduction programs, including drug checking.
- Expand access to medications for opioid use disorder through provider training, telemedicine, mobile services, and reduced wait times and insurance pre-authorization.
- Prioritize strategies that target affordable housing, education, and employment to reduce risk of substance use disorders and their consequences and to support long term recovery.

* Please note this project was developed prior to passage of the Drug Addiction Treatment and Recovery Act (Measure 110). Data collection were underway during the selection of behavioral health resource network (BHRN) grantees in all 36 counties.

About the Inventory and Gap Analysis Process

What Is It?

In collaboration with the Oregon Health Authority and Oregon Alcohol and Drug Policy Commission (ADPC), researchers from the Oregon Health & Science University – Portland State University School of Public Health (OHSU-PSU SPH) conducted an inventory and gap analysis of service delivery resources available in Oregon to address substance use disorder prevention, harm reduction, treatment, and recovery.

Substance is defined as alcohol and other drugs, including cannabis but excluding tobacco/nicotine. Other key definitions of terminology used throughout this report are provided below.

In support of the ADPC’s 2020-2025 Oregon Statewide Strategic Plan,¹ the Oregon Substance Use Disorder Services Inventory and Gap Analysis project focused on select services for substance use disorder prevention, harm reduction, treatment, and recovery, bringing health equity issues to the forefront. Key objectives included estimating by county, region, and statewide:

- County level risk of hospitalization due to a substance use disorder;
- Number of Oregonians experiencing a substance use disorder;
- Number of Oregonians in need of but not receiving treatment at a specialty facility for a substance use disorder;
- Gaps in select substance use disorder prevention, harm reduction, treatment, and recovery services; and
- Gaps in access, health equity, and other barriers to substance use disorder care.

Throughout the report, references to the substance use disorder continuum of care incorporate the following definitions of prevention, harm reduction, treatment, and recovery services:

- **Prevention:** Prevention services target factors most closely associated with increased risk for substance use across the life span. Prevention strategies include family- and school-based intervention programs; decreasing the availability and marketing of harmful products; reducing access to substances for underage persons; increasing the perception of harm; decreasing over-service of alcohol in restaurants, bars, and retail locations; increasing the use of health-promoting laws and policies; strengthening the use of effective early intervention and harm reduction strategies; increasing access to alternative pain and stress management therapies; and strengthening and expanding the prevention workforce.¹
- **Harm Reduction:** Individuals deserve services that promote health, regardless of whether they use drugs. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.² Harm reduction strategies are supported by evidence and compassion, such as distributing naloxone to rapidly reverse an opioid overdose or providing fentanyl test strips to check for contaminated

substances, and minimize the negative consequences of drug use.³ This report tabulates the following harm reduction services: syringe service programs, fentanyl test strip distribution, non-abstinence-based services, overdose prevention and reversal services, and providing information on safer drug use.

- **Treatment:** Treatment helps people disrupt addiction's powerful effects on the brain and behavior and regain control of their lives.⁴ Evidence-based treatments for substance use disorder can reduce substance use, related health harms (for example, infectious disease transmission), and overdose deaths. There are many kinds of treatment such as inpatient, live-in care in residential or hospital settings, treatment in an outpatient setting, and medications for the treatment of opioid use disorders. Effective treatment strategies focus on reducing barriers to accessing the most effective treatments, using motivational and cultural enhancements to encourage those who might be reluctant, advancing strategies to improve engagement and retention, and continuing to develop new therapeutic approaches.
- **Recovery:** Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.⁵ Recovery does not follow a linear process - it is ongoing and not time-limited. There are multiple access points and routes to recovery. Common dimensions that support a life in recovery include *health*, such as management of one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being; *home*, having a stable and safe place to live; *purpose*, obtaining independence, income, and resources to participate in society, such as a job, school, volunteerism, or other creative endeavors; and *community*, relationships and social networks that provide support, friendship, love, and hope.⁶

Why Was It Done?

[†]In Oregon, excessive alcohol use is the third leading cause of preventable death and is responsible for over 2,000 deaths annually.⁷ Between 2010 and 2020, the annual rate of alcohol related deaths in Oregon rose from 38.6/100,000 to 43.7/100,000.⁸ Diseases related to excessive alcohol use and misuse include cancer, liver disease, diabetes, and alcohol dependence, and related injuries include those from motor vehicle crashes and violence. In 2020, Oregon ranked 5th in the US for the percentage of alcohol-impaired traffic fatalities; alcohol impairment was associated with 38% of all traffic fatalities.⁹

[†]As of 2021, overdoses involving multiple substances accounted for over half of Oregon's fatal overdoses.¹⁰ From 2000 to 2018, Oregon's death rate from drug overdose increased from 9.13/100,000 annually (313 deaths) to 13.63/100,000 (571 deaths).¹¹ Post pandemic, the Oregon

[†]**CORRECTION:** The previous version of this report cited incorrect statistics that Oregon ranks 6th in the nation for deaths due to alcohol and 2nd in the nation for deaths due to drug use (Source: Global Life Partners. World Life Expectancy. Published 2021. Accessed September 26, 2022). Detailed cause of death data by state are posted by the Centers for Disease Control and Prevention (<https://wonder.cdc.gov/>).

Health Authority reported a nearly 70% increase in overdose deaths between April/May 2019 and April/May 2020.¹² In May of 2020, opioid-involved deaths accounted for 73% of drug overdose deaths, with fentanyl contributing to about 40% of those.¹²

‡An estimated 22% of Oregonians aged 12 or older reported binge alcohol use in the past month, and an estimated 4.3% of Oregonians aged 12 or older used an illicit drug other than marijuana in the past month.¹³ Substance use disorder treatment needs among Oregon’s justice-involved populations are significantly higher. Among the 12,020 adults in custody in Oregon’s prisons in December 2021,¹⁴ over half have a documented substance use dependence or addiction. An additional 14% have a known history of some substance use.¹⁵

Understanding Gaps in Oregon’s Prevention, Treatment, and Recovery Services

Responding to the urgent call for population-level estimates of need and service capacity as described in the 2020-2025 Oregon Statewide Strategic Plan¹ and the Oregon Tribal Behavioral Health Strategic Plan – 2019 to 2024,¹⁶ this report can be used to inform strategies and prioritize resource allocation more effectively by identifying counties and regions in Oregon where significant service gaps exist. The Oregon Substance Use Disorder Services Inventory and Gap Analysis project is a critical first step towards documenting currently available services; identifying the need for substance use disorder prevention, harm reduction, treatment, and recovery services across the state; and assessing gaps in services at the state, regional, and county-levels. In addition, this work supports the establishment of baseline service capacity data to enable measurement of progress toward the goal of building and implementing a comprehensive and sustainable statewide system.¹

How Was It Done?

A rapid assessment was conducted from September 2021 through September 2022, employing a four-pronged approach:

- Conducted a **needs assessment** using data from the National Survey on Drug Use and Health and Oregon Health Plan billing data to estimate the need for substance use disorder services in each county or region in Oregon.

‡**UPDATE:** The previous version of this report included state rankings for percent of population needing but not receiving treatment for substance use disorders; percent of population (ages 12 and older) with illicit drug use disorder in the past year; population (ages 12 and older) experiencing a substance use disorder in the past year; and alcohol use disorder in the past year (12%) (Source: Mental Health and Addiction Certification Board of Oregon, *Oregon Data Extracted from the National Survey on Drug Use and Health* [Released December 2021]). To assess geographic differences in NSDUH survey measures, SAMSHA currently presents state data rankings collapsed into five categories (or quintiles). Consistent with earlier reporting, Oregon ranks in the top 20% of population needing but not receiving treatment, and for the use disorders described above (see <https://www.samhsa.gov/data/nsduh/state-reports>).

- Developed a **substance use disorder services directory** of prevention, treatment, and recovery organizations in each Oregon county to inform the needs assessment and gap analysis process. Collected organization-level information to establish a baseline to measure current system capacity and contacted organizations through the substance use disorder services survey.
- Applied the **Calculating for an Adequate System Tool (CAST)** to generate estimates of risk and service capacity need that can help inform statewide planning efforts to improve the system of substance use care.^{17,18} The CAST utilizes information from the needs assessment as well as from literature reviews and Oregon specific utilization of services to calculate an estimated number of services needed. The estimated services needed are compared to workforce data and information collected through the substance use disorder service survey to identify gaps in substance use disorder services.
- Conducted a **substance use disorder services survey** to obtain additional context and information in support of the CAST findings as well as other important gaps in access and health equity. Throughout the report this is referred to as the “survey.”

A brief summary of the approach follows.

Needs Assessment

National Survey on Drug Use and Health

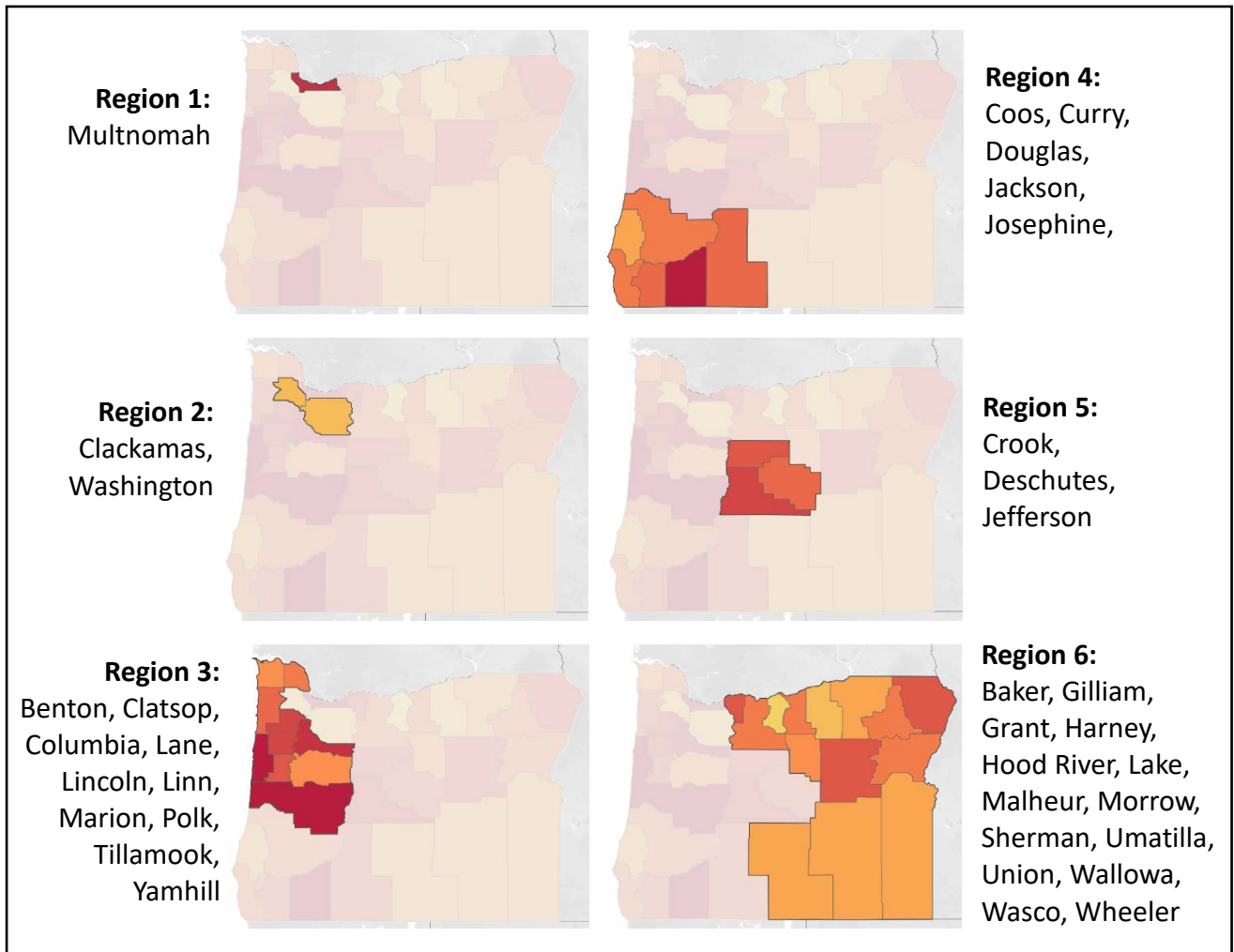
The National Survey on Drug Use and Health (NSDUH) is a nationwide household survey that provides up-to-date information on self-reported alcohol and drug use.¹⁹ Data are provided at the state and regional levels, and for the United States as a whole. Each year, NSDUH interviews approximately 70,000 people ages 12 and older. Study results are released each fall and are used to inform public health programs and policies. In most cases, the survey is completed by the participant using a computer, tablet, or mobile device.¹⁹ As a result of the household-based sampling methodology, unhoused populations, incarcerated populations, and those in hospitals, nursing homes, or other congregate facilities are not represented in the data. As such, the reported prevalence estimates may be underestimated.

Despite its limitations, NSDUH provides the most comprehensive self-reported data available about substance use and substance use disorders available in the United States, offering a baseline estimate of the number of people who use or misuse specific substances, number of people with use disorders, as well as the number of people needing but not receiving treatment at a specialty facility for use disorders. NSDUH’s classification of use disorders is based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). NSDUH classifies individuals as needing treatment if the individual meets the DSM-5 criteria for a drug use disorder and did not receive treatment, received treatment for a use disorder at a specialty facility but reported they needed additional treatment, or used substances without a DSM-5 classified diagnosis but reported a need for treatment.^{20,21}

NSDUH data are reported at the national, statewide, and substate levels. We utilized the 2016-2018 regions defined by NSDUH as shown in **Figure 1**.²² To create county and region estimates

of use and use disorders, NSDUH state or region estimates were applied to 2020 US Census population data for the associated age groups. Regions were used to estimate region use estimates for most substances. In some cases, statewide or national data were used if region estimates were too small or not reported. In 2020, NSDUH began using the DSM-5 use disorder criteria in its estimates,²³ but these updated criteria have not yet been applied to regions. Therefore, we used NSDUH 2020 state level prevalence estimates for all estimates about use disorders and those needing but not receiving treatment at a specialty facility for a use disorder. The needs assessment data by county are available in Appendix A.

Figure 1. National Survey on Drug Use and Health (NSDUH) 2016-18 Oregon regions^a



^aOregon regions as defined by NSDUH 2016-18.²²

NSDUH published new definitions of regions in April of 2022 with partial data available for substance use within these new regions.^{24,25} Based on the limited amount of data available with new regions, this report utilizes the 2016-2018 regions when applicable.

Table 1 summarizes the sources of NSDUH substance use disorder data used in this report.

Table 1. Summary of NSDUH data inputs used for needs assessment and CAST

Substance use and use disorder categories	Data source
Binge alcohol use, past month	2016-18 NSUDH substate estimates ²⁶ 2020 NSDUH, Oregon statewide estimates ¹³
Marijuana use, past month [§]	
Cocaine use, past year	
Heroin use, past year	
Prescription pain reliever misuse, past year	
Illicit drug use other than marijuana, past month <i>NSDUH Definition: "Illicit drug use includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs."</i> ²⁹	
Methamphetamine use, past year	
Alcohol use disorder	
Illicit drug use disorder	
Pain reliever use disorder	
Opioid misuse, past year <i>Includes heroin and opioid pain relievers</i>	2020 NSDUH national estimate ²³
Opioid use disorder	
Substance use disorder	2020 NSDUH, Oregon statewide estimates ¹³
Needing but not receiving treatment at a specialty facility for an illicit drug use disorder	
Needing but not receiving treatment at a specialty facility for alcohol use disorder	
Needing but not receiving treatment at a specialty facility for substance use disorder	

Oregon Health Plan Data

The Oregon Health Authority estimates that that there were nearly 73,000 emergency department visits and 17,000 hospital admissions for overdose in 2021.¹⁰ As reported in the Oregon Criminal Justice Commission's 2019 Analysis of Oregon's Publicly Funded Substance Abuse Treatment System, Oregon was estimated to spend \$472M (\$236M/year) on substance use prevention and treatment-related services.²⁷ Medicaid spending accounted for 63% of those dollars, with a 59% increase in per capita expenditures from 2010 to 2017.²⁷ To inform the current inventory and gap analysis with regard to current demand for services, Oregon

[§] **CORRECTION:** The previous version of this report listed marijuana use, past year as a data input for the CAST.

Health & Science University's Center for Health System's Effectiveness (CHSE) updated their analysis using 2020 Medicaid claims data to estimate substance use disorder diagnoses and treatment among Oregon Health Plan members, by age group. If the total number of Oregon Health Plan members in any given category is less than 11 people, a range of 1 – 10 is shown in place of the actual number to protect individuals. This data is available by region because the findings were too small to report at the county level.

Access and Equity: Oregon Substance Use Disorder Workforce

Health of a community is improved when the health care workforce is representative of the population it serves.²⁸ As part of the needs assessment, we analyzed workforce data previously collected by the Mental Health & Addiction Certification Board of Oregon (MHACBO) and the Oregon Health Authority to compare Oregon's 2020 US Census demographics to the substance use disorder workforce. The workforce demographic data are comprised of demographic information about the county, prescribers (including physicians, nurse practitioners, and physician assistants), and non-prescribers (including Qualified Mental Health Associates, Qualified Mental Health Professionals, Certified Alcohol and Drug Counselors, and Certified Prevention Specialists). Information about demographics of the prescribing workforce was only available at the state level.

Substance Use Disorder Services Directory

An inventory of known services available across Oregon was compiled prior to conducting outreach to collect details about organization-level services in all Oregon counties. An initial list was compiled with support from the Oregon Council for Behavioral Health and Lines for Life, both with recently maintained lists of accredited substance use disorder organizations across the state. This list was cross referenced with Oregon Health Authority's monthly release of the Oregon Substance Use Disorders Services Directory.²⁹ Additionally, OHSU-PSU SPH staff presented at various stakeholder meetings about this project, sharing the service list directly with others to help identify organizations that may have been missing from the initial list. Participating organizations were asked to identify additional substance use disorder services in their county to include in the process.

Calculating for an Adequate System Tool

The Calculating for an Adequate System Tool (CAST) is a method for evaluating the capacity of the substance use disorder care system within a defined geographic area and provides users with both a risk assessment of county-level social and community determinants of substance use disorders, and an assessment of local service need across the continuum of care. Most often, the CAST has been used to estimate need for a county as the geographic unit,³⁰⁻³² but it can be used for smaller or larger areas so long as data at those geographic levels is available or could be produced at scale. The CAST methodology was developed by an interdisciplinary group of researchers at the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ).¹⁷ Subsequent development and applications of the CAST were undertaken by JG Research & Evaluation.¹⁸

In close collaboration with JG Research, we applied the CAST to assess the capacity of Oregon's substance use disorder service system by county, region, and statewide. The CAST includes service categories along the substance use disorder continuum of care including universal prevention, harm reduction, recovery support services, inpatient and outpatient treatment services, and treatment workforce, and produces community specific assessments of the capacity of the components of a community substance use disorder care system. Further, the CAST estimates recommended volume of services based on demographic characteristics correlated with adverse substance use outcomes within communities.¹⁸

Included in this report are three core elements of the CAST:

1. The **risk score** is a calculation of a county/region's risk contribution of social determinants of health and health disparities to the likelihood that a county/region's hospitalization rate for substance use disorders will be above the national median hospitalization rate for alcohol or other substance use diagnoses. This score is calculated by assessing community characteristics that contribute to the population's risk of a substance use disorder related injury.
2. The **risk level** provides a color-coded, visual benchmark about a county/region's general risk level, which is associated with the Risk Score.
3. The CAST estimates **needed number of services** using local inputs, including county demographic information and NSDUH estimates of substance use and use disorders and the number of individuals needing but not receiving treatment in the past year for the most commonly misused substances. Data inputs and sources are detailed below.

The following information provides guidance on how to interpret the CAST risk scores. Counties with a **moderate risk** score (a score of 10 to 20), have a 35-67 % likelihood of having a hospitalization rate above the national median hospitalization rate for drug/alcohol diagnosis. Counties with a **high risk** score (a score of 21 to 33), have a 69-92 % likelihood of having a hospitalization rate above the national median hospitalization rate for a drug/alcohol diagnosis. The CAST identified the national median hospitalization rate for a drug/alcohol diagnosis as 115 per 100,000 people in the population.¹⁸ **Table 2** outlines the data sources used to calculate the CAST Risk Score in Oregon.

Table 2. Description and sources for data inputs used for CAST Risk Score

Characteristic	Data source
% of adult population that is male	2020 US Census ³³
% of population without high school diploma	
% of households with income below \$35,000	
% of population with a college degree	
% of population that lives in a rural area	2010 US Census ³³
% of population with access to physical activity	University of Wisconsin Population Health Institute, 2010 & 2019 County Health Rankings ³⁴
Social Association rate per 100,000 people Social Association measures the number of membership associations per 10,000 people in the population. This number was adjusted to the rate per 100,000 people for use in the CAST. University of Wisconsin Population Health Institute calculates the social association by dividing the total number of membership associations in a county (which include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations) by the total resident population of a county.	University of Wisconsin Population Health Institute. 2018 County Health Rankings ³⁴
Violent crime rate per 100,000 people	University of Wisconsin Population Health Institute, 2014 & 2016 County Health Rankings ³⁴
Alcohol outlet density (rate per 100 non-alcohol businesses) Alcohol outlet density, for purposes of the CAST methodology, is calculated by dividing the number of businesses with alcohol licenses (as reported by the OLCC), by the total number of non-alcohol business licenses, times 100. The total number of non-alcohol business licenses is calculated by taking the total number of businesses (as reported by the Oregon Business Registry), and subtracting the number of alcohol licenses.	Oregon Liquor and Cannabis Commission ³⁵ and Oregon Business Registry ³⁶

The **service gap** is estimated by comparing the CAST estimate for services needed by the number of services actually present in a community. In order to calculate the number of services needed, the CAST utilizes data about the community, as well as a variety of factors such as frequency of service, typical capacity of services, service usage rates, and NSDUH estimates of use or use disorders. New CAST service categories utilized in this Oregon specific report include Certified Prevention Specialists, Certified Alcohol and Drug Counselors, Qualified Mental Health Associates and Professionals, as well as inpatient and outpatient treatment categories, which collapse the American Society of Addiction Medicine (ASAM) classifications.

We estimated number of existing services through either our survey or through previously collected data sources. For example, data regarding distribution of naloxone were collected through the survey as there were no county level pre-identified sources of this information; data regarding number of Certified Prevention Specialists were provided by the Mental Health

& Addiction Certification Board of Oregon (MHACBO). A full list of data components and sources are provided in **Table 3**, which outlines all the capacity components measured with the CAST tool for this project, definitions for the component and their units of measurement, and the data used to calculate the current capacity across each component in Oregon. CAST estimations about number of needed services and county risk scores are intended to guide and inform decision-making, not to assess or critique a county’s success.

Table 3: Oregon data sources used to assess current service capacity

Component	Population definitions and units of measurement	Data source for Oregon’s current capacity
Workforce		
Certified Prevention Specialists	Number of people certified in each specialty through the Metal Health & Addiction Certification Board of Oregon, within a region or county. If a person has more than one certification, they are included in the counts for each one.	Mental Health & Addiction certification Board of Oregon ³⁷
Certified Alcohol and Drug Counselors		
Certified Recovery Mentors		
Qualified Mental Health Associates		
Qualified Mental Health Professionals		
Prescribers with a buprenorphine waiver	Number of prescribers with an active waiver	Comagine Health and Oregon Health Authority ³⁸
Substance use disorder specific facilities**		
Prevention/early intervention	Number of organizations offering American Society of Addiction Medicine (ASAM) Third Edition Level of Care 0.5 ³⁹	Substance use Disorder Services Survey
Outpatient	Number of organizations offering ASAM Third Edition Level of Care 1 ³⁹	
Intensive outpatient/partial hospitalization	Number of organizations offering ASAM Third Edition Levels of Care 2.1 and 2.5 ³⁹	
Residential/inpatient	Number of organizations offering ASAM Third Edition Levels of Care 3.1 to 3.7 ³⁹	
Medically managed intensive inpatient	Number of organizations offering ASAM Third Edition Level of Care 4 ³⁹	
Residential detox	Number of Residential Detox facilities	
Recovery community centers	Number of peer-led recovery care organizations that provide a range of services including drop in services	
Recovery residences	Number of beds available in recovery residences	Mental Health & Addiction certification Board of Oregon

** **UPDATE:** Additional detail regarding ASAM Third Edition Levels of Care has been added to reflect all categories used in the Substance Use Disorder Services Survey data analysis.

Component	Population definitions and units of measurement	Data source for Oregon's current capacity
		and Substance Use Disorder Services Survey
Other programming – statewide		
Facilities with fentanyl test strip distribution	Number of substance use disorder organizations providing fentanyl test strips	Substance use disorder services survey
Facilities with naloxone distribution	Number of substance use disorder organizations providing naloxone	
Syringe service programs	Number of programs	Comagine Health and Oregon Health Authority ³⁸
Prescription drug drop-off locations	Number of drug disposal events held per year, combined with all drug disposal locations	Med-Project and Drug Take Back Solutions ⁴⁰
Mutual aid meetings	Number of meetings, including 12 Step, Wellbriety, SMART, Dharma	Online directories
School based prevention assemblies	Number of assemblies for substance use prevention	Estimates created based on data provided by the Oregon Department of Education
School based prevention classroom activities	Number of classroom activities for substance use prevention	

Substance Use Disorder Services Survey

A web-based survey tool was developed and implemented to collect detailed information on service capacity across prevention, treatment, and recovery providers in Oregon (referred to here as the “survey”). The survey was designed around the goals and objectives of the Oregon Alcohol and Drug Policy Committee’s Strategic Plan, which includes information about health equity and barriers in access to care, as well as the information needed for the CAST capacity analysis, as described above.

The full survey instrument is included in Appendix C. Survey items included:

- Types of services provided across the continuum of care;
- Services specific to a population, including services created specifically for people of a particular race/ethnicity, religion, gender, sexual orientation, disability, or veteran status;
- Service accessibility, such as service provision in multiple languages and barriers to transportation;
- Primary mechanisms of funding and whether funding amounts are currently adequate to carry out the organization’s mission;
- Service capacity; and
- Items to assess issues of access and equity in substance use disorder services.

During the development stage, OHSU-PSU SPH researchers met with key stakeholders and community members who work in different sectors of the substance use disorder continuum of care to gain feedback and further refine the survey tool.

OHSU-PSU SPH staff conducted outreach and individual queries of all substance use disorder organizations identified through the substance use disorder service directory. Data collection began on February 16, 2022 and concluded on June 30, 2022. Outreach was initiated through phone calls or emails to collect or confirm contact information at each organization. Organizations had two options to complete the survey: 1) the organization's identified representative could schedule a phone interview with an OHSU-PSU SPH research staff member; or 2) organizations could complete an online, self-directed version of the survey on their own time. Phone interviews were conducted whenever possible.

When available, stakeholders provided introductions and connections to contacts at other organizations across the state, helping to increase responsiveness. The first wave of data collection began with outreach to organizations who primarily provide treatment services. The second and third waves of data collection focused on connecting with recovery organizations, followed by prevention organizations or initiatives with a survey tailored to measure prevention-based resources. Staff maintained a detailed communication log, noting outreach attempts and details about any challenges connecting with a specific organization or location.

Findings

Findings from the needs assessment, application of the CAST methodology, and a comprehensive substance use disorder services survey indicated gaps in services across the substance use disorder continuum of care in all Oregon counties. The needs assessment and the CAST quantified regional service needs and estimated gaps in services to meet that need. The survey findings contextualized the CAST risk scores and revealed further gaps in workforce, funding, and health equity across the state.

Key findings for the needs assessment, CAST, and survey are presented here. Information by county is included in the county profiles in Appendix C. Detailed needs assessment findings by region and county are included in Appendix A.

Needs Assessment

National Survey on Drug Use and Health (NSDUH): Substance Use, Substance Use Disorders, and Unmet Need for Treatment Services in Oregon

In most cases, the NSDUH survey data are robust for Oregon at the county or regional level and may be used to estimate prevalence of substance use and use disorders, as well as an estimated need for services. Please note the findings from the NSDUH survey are not generalizable to unhoused and incarcerated populations, or those housed in hospitals, nursing homes, or other communal dwellings, who were excluded from the national sample.

The following tables highlight statewide data by age groups 12 to 17, 18 to 25, 26 and up, and 12 and up. NSDUH estimates are not available for people under the age of 12. See Appendix A for all county and region-specific data.

Table 4 includes the statewide and regional estimates of the percent of Oregonians who reported specific substance use, including binge alcohol use in the past month, marijuana use in the past month, heroin use in the past year, and methamphetamine use in the past year. Across the state, estimated prevalence of binge alcohol use was highest across these substances (22% of Oregonians age 12 and up). This accounts for over 800,000 people in the state. Binge alcohol use and marijuana use in the past month were highest among those ages 18 to 25, while heroin use and methamphetamine use in the past year were highest among those ages 26 and older.¹³

Table 4. Percent reporting substance use nationwide, statewide, and by region, NSDUH 2020

Population ³³	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 ¹³	23.1%	22.6-23.6%	11.7%	11.3-12.0%	0.3% ^a	-- 0.3-0.4% ^a	0.8%	0.7-0.9%
Statewide³³								
age 12 and up n = 3,675,924	22.0%	19.5-24.7%	19.3%	16.7-22.1%	0.6% ^a	0.3-1.3% ^a	1.9%	1.3-2.9%
age 12 to 17 n = 305,645	4.8%	3.5-6.5%	11.8%	9.1-15.1%	-- ^a	-- ^a	0.2%	0.1-0.4%
age 18 to 25 n = 419,575	31.4%	26.8-36.5%	32.7%	27.4-38.4%	0.1%	0.0-0.2%	0.5%	0.3-0.9%
age 26 and up n = 2,950,704	22.4%	19.5-25.6%	18.1%	15.3-21.3%	0.6%	0.3-1.4%	2.3%	1.5-3.5%
Regions (age 12 and up)^{b, 26}								
Region 1 (Multnomah) n = 717,176	27.6%	24.1-31.3%	27.2%	23.4-31.2%	0.4%	0.2-0.9%	1.0%	0.5-1.8%
Region 2 n = 878,744	23.1%	20.1-26.5%	15.8%	13.2-18.8%	0.3%	0.1-0.6%	0.9%	0.5-1.5%
Region 3 n = 1,144,168	24.1%	21.3-27.3%	19.4%	16.7-22.4%	0.4%	0.2-0.8%	1.1%	0.7-1.9%
Region 4 n = 505,178	22.2%	18.6-26.2%	18.8%	15.1-23.1%	0.4%	0.2-0.8%	1.7%	1.0-2.9%
Region 5 n = 216,388	25.9%	21.2-31.2%	17.2%	12.9-22.7%	0.3%	0.1-0.6%	1.1%	0.5-2.1%
Region 6 n = 214,268	26.6%	22.3-31.4%	14.3%	11.0-18.4%	0.4%	0.2-0.9%	1.2%	0.6-2.2%

^aTotal US and Oregon estimates for heroin use, past year is for the age group 18 and up, as there was no use reported in the age group 12 – 17¹³

^bRegion data available from 2016-18 NSDUH release.²⁶

Table 5 details the estimated prevalence of substance use disorders among Oregonians across age groupings, as well as estimated prevalence of people who need but are not receiving treatment at a specialty facility for a substance use disorder in the past year. NSDUH’s definition of substance use disorder includes illicit drugs, alcohol, and marijuana.²¹ Again, the highest rates of substance use disorder were among Oregonians ages 18 to 25, at 28.83%.¹³ The 18 to 25 age group also accounted for the largest number estimated to need but not receive treatment at a specialty facility for a substance use disorder in the past year.

Table 5. Percent estimated to have a substance use disorder, and needing but not receiving treatment, NSDUH 2020

Population ³³	Substance use disorder (SUD) ¹³		Needing but not receiving treatment at a specialty facility for a SUD in the past year ¹³	
	% with a SUD	95% CI	% needing but not receiving treatment	95% CI
Total US age 12 and up ¹³	14.5%	13.9-15.2%	13.9%	13.3-14.5%
Statewide				
age 12 and up n = 3,675,924	18.2%	15.1-21.8%	18.1%	15.2-21.3%
age 12 to 17 n = 305,645	8.0%	5.4-11.6%	8.2%	5.5-11.8%
age 18 to 25 n = 419,575	28.8%	22.7-35.9%	29.6%	23.3-36.8%
age 26 and up n = 2,950,704	17.7%	14.2-21.9%	17.4%	14.2-21.3%

Observing sub-types of substance use disorders (**Table 6** and **Table 7**), those ages 18 to 25 had highest estimated prevalence of specific use disorders.

Table 6 shows alcohol use disorder prevalence in Oregon by four age groupings, as well as those needing but not receiving treatment at a specialty facility for an alcohol use disorder in the past year. Alcohol use disorders were estimated to affect over 450,000 people in Oregon, with approximately 354,380 people needing but not receiving services in a specialty facility. Similar to the substance use disorder findings shown in Table 2, alcohol use disorder prevalence was highest among people ages 18 to 25, with 14.81% estimated to have an alcohol use disorder.

Table 6. Percent estimated to have an alcohol use disorder, and needing but not receiving treatment, NSDUH 2020

Population ³³	Alcohol use disorder (AUD) ¹³		Needing but not receiving treatment at a specialty facility for an AUD in the past year ¹³	
	% with an AUD	95% CI	% needing but not receiving treatment	95% CI
Total US age 12 and up	10.2%	9.7-10.8%	10.0%	9.4-10.5%
Statewide				
age 12 and up n = 3,675,924	12.3%	9.9-15.3%	11.7%	9.4-14.4%
age 12 to 17 n = 305,645	3.3%	2.0-5.3%	3.0%	1.9-4.7%
age 18 to 25 n = 419,575	14.8%	10.8-20.0%	15.3%	11.2-20.5%
age 26 and up n = 2,950,704	12.9%	9.9-16.6%	12.0%	9.3-15.4%

Table 7 shows the estimated prevalence of Oregonians with an illicit drug use disorder, and estimated prevalence of those needing but not receiving treatment at a specialty facility for an illicit drug use disorder in the past year. Again, the estimated prevalence was highest among Oregonians ages 18 to 25 (20.45%).

Table 7. Percent of population estimated to have an illicit drug use disorder, and needing but not receiving treatment, NSDUH 2020

Population ³³	Illicit drug use disorder (IDUD) ¹³		Needing but not receiving treatment at a specialty facility for an IDUD in the past year ¹³	
	% with an IDUD	95 % CI	% needing IDUD treatment	95% CI
Total US age 12 and up	6.6%	6.2-7.1%	6.3%	5.9-6.7%
Statewide¹³				
age 12 and up n = 3,675,924	9.0%	7.0-11.6%	8.9%	6.8-11.5%
age 12 to 17 n = 305,645	7.6%	5.1-11.1%	9.4%	6.0-14.5%
age 18 to 25 n = 419,575	20.5%	14.8-27.6%	20.0%	14.4-27.1%
age 26 and up n = 2,950,704	7.6%	5.4-10.5%	7.2%	5.0-10.3%

Oregon Health Plan Data on Substance Use and Use Disorders, 2020

Table 8 includes the percent of the population enrolled in the Oregon Health Plan (Medicaid), as well as the prevalence of Oregon Health Plan members with a documented alcohol use disorder, opioid use disorder, “other” stimulant use disorder, and substance use disorder, by age group. See Appendix A for Oregon Health Plan data by region.

Percent of the Oregon population with Oregon Health Plan (Medicaid) was highest among people age 12 to 17, accounting for 53.8% of the population in that age group. Among Oregon Health Plan members ages 26 to 64, 5% received billable services associated with an alcohol use disorder diagnosis, 1.4% received services for an “other” stimulant use disorder, and 11% received services associated with a diagnosed substance use disorder.

Table 8. Number and percent of Oregon Health Plan members with documented use disorder diagnosis, 2020

Age	Percent of population with Oregon Health Plan (OHP)	OHP members with documented alcohol use disorder		OHP members with documented opioid use disorder ^a		OHP members with documented other stimulant use disorder ^b		OHP members with documented substance use disorder ^c	
		n AUD	% AUD	n OUD	% OUD	n other use disorder	% other use disorder	n SUD	% SUD
Statewide									
age 12 to 17	53.8%	923	0.6%	133	0.1%	247	0.3%	2,637	1.7%
age 18 to 25	36.6%	3,710	2.4%	2,244	1.5%	2,808	0.9%	8,770	5.7%
age 26 to 64	25.8%	28,354	5.0%	22,221	4.0%	22,332	1.4%	61,646	11.0%
age 12 to 64	30.3%	32,987	3.8%	24,598	2.8%	25,387	1.1%	73,053	8.3%

Based on administrative claims data, substance use disorder categories are not mutually exclusive.

^aA range appears in place of data suppression due to small cell size, <11 cases.

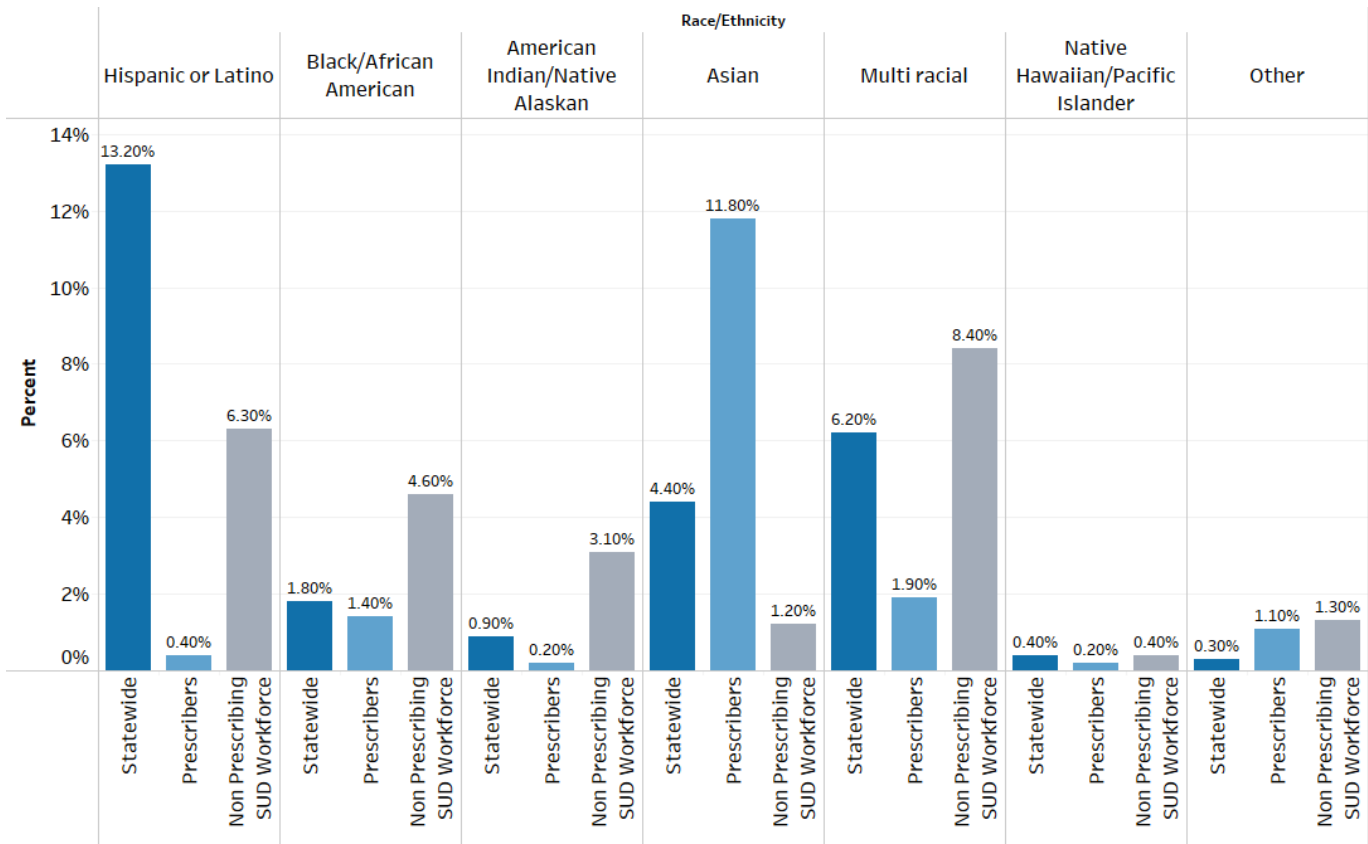
^bOther stimulant use disorders include use disorders associate with use of sedatives, hypnotics, anxiolytics, hallucinogens, inhalants, and other psychoactive substances.

^cSubstance use disorders include all individuals who have one or more use disorders.

Access and Equity: Oregon Substance Use Disorder Workforce

Health of a community is improved when the health care workforce is representative of the population it serves.²⁸ **Figure 2** demonstrates gaps in the healthcare workforce in comparison to the demographics of the state. The largest disparities in Oregon’s substance use disorder workforce were evident among people who are Hispanic or Latino. While 13.2% of Oregonians are Hispanic or Latino, only 6.3% of non-prescribers and 0.4% of prescribers in the substance use disorder workforce are part of this demographic. Gaps in prescribers persisted across Black/African American, American Indian/Native Alaskan, Native Hawaiian/Pacific Islanders, and multi-racial populations.

Figure 2. Statewide demographics compared to demographics of prescribing and non-prescribing substance use disorder workforce^a



^aPercent white (non-Hispanic/Latino) was excluded for better visual representation. Percent white by category are: statewide, 74.9%; prescribers, 79.7%; non-prescribing workforce, 71.9%.

Substance Use Disorder Services Directory

After compiling a list of substance use disorder service organizations and their locations, a total of 1,637 service locations were identified across the continuum of substance use disorder care. Research staff reviewed the list to remove redundancies and verify that each service location was still open and offered substance use disorder prevention, treatment, or recovery services. The final inventory includes contact information for 756 service locations statewide.

Calculating for an Adequate System Tool (CAST)

Table 9 outlines the characteristics that contributed to Oregon’s CAST Risk Score, with the characteristics that contributed the most risk at the top, and the least amount of risk at the bottom. In Oregon, the characteristics that contributed the most to the CAST risk score included

percent of population with access to physical activity, percent of population with college degrees, alcohol outlet^{††} density, and the social association rate per 100,000 people.

Table 9. CAST community characteristics contributing to CAST risk score, statewide

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	88%
	% of population with college degree	34%
	Alcohol outlet density (rate per 100 non-alcohol businesses)	4
	Social association rate per 100,000 people	106
MODERATE	Violent crime rate per 100,000 people	241
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	18%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	18%

^{††} Alcohol outlet density, for purposes of the CAST methodology, is calculated by dividing the number of businesses with alcohol licenses (as reported by the OLCC), by the total number of non-alcohol business licenses, times 100. The total number of non-alcohol business licenses is calculated by taking the total number of businesses (as reported by the Oregon Business Registry), and subtracting the number of alcohol licenses.

Table 10 highlights the level of risk attributed to each CAST characteristic by region. Regionally, alcohol outlet density, percent of population with access to physical activity, percent of the population with a college degree, and social association rate per 100,000 people contributed the most to risk scores across the state.

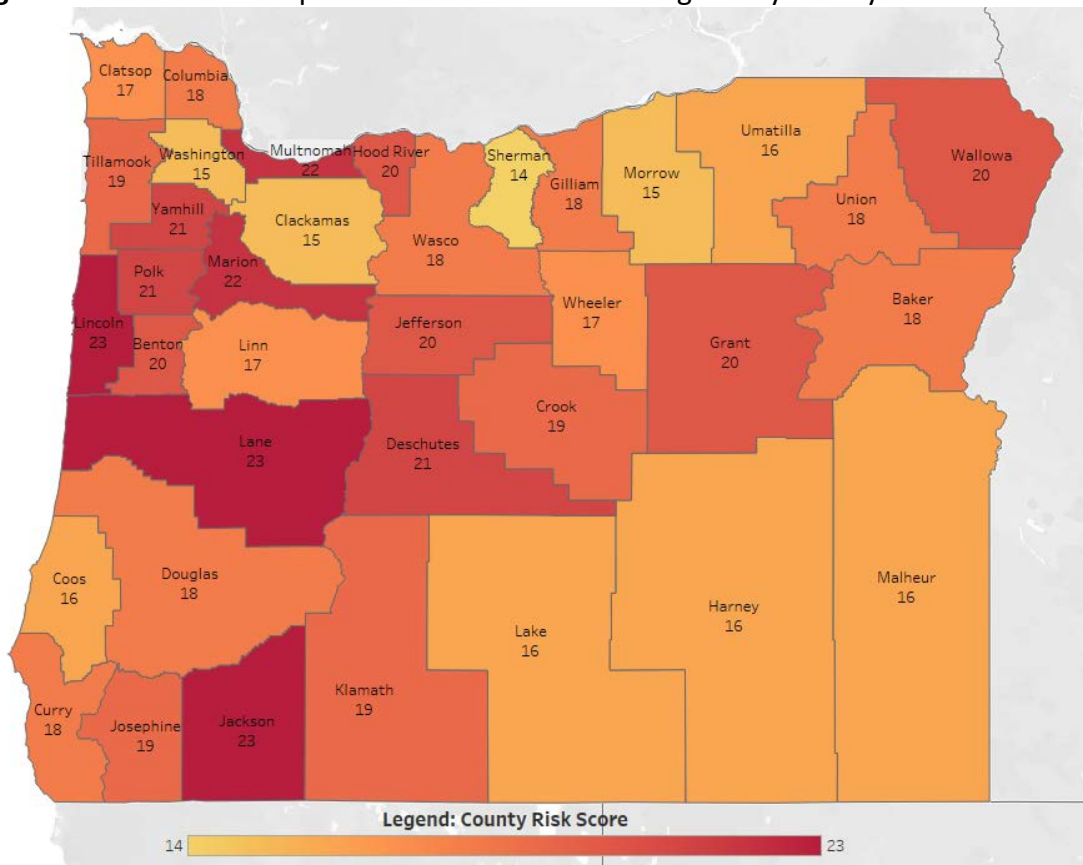
Table 10. CAST community characteristics contributing to CAST risk score, by region

Characteristic	Risk Contribution					
	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

Counties within NSDUH Regions: **Region 1:** Multnomah; **Region 2:** Clackamas, Washington; **Region 3:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill; **Region 4:** Coos, Curry, Douglas, Jackson, Josephine, Klamath; **Region 5:** Crook, Deschutes, Jefferson; **Region 6:** Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

Figure 3 provides a visualization of the CAST Risk scores across all counties in Oregon, with lighter yellow colors indicating a lower risk score, and darker red colors indicated a higher risk score. Risk scores in Oregon ranged between 14 to 23 on a scale of 0 to 33. In Oregon, 28 counties had a risk score designation of “moderate” (a score of 10 to 20) and eight counties had a risk scored designation of “high” (a score of 21 to 33), suggesting that all counties in Oregon had higher risk of hospitalization rates for a drug/alcohol diagnosis than the national median.

Figure 3. CAST risk of hospitalization for alcohol or drug use by county



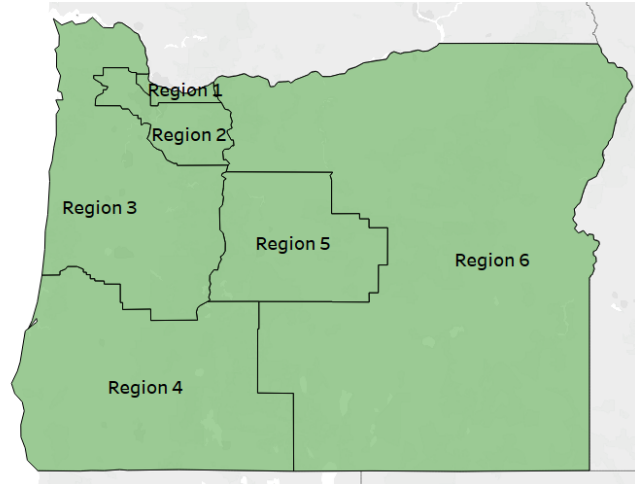
Risk scores can range between 0 to 33. In Oregon, risk score calculations fell between 14 to 23. CAST risk score analysis developed by JG Research.

Table 11 shows the overall service gaps statewide and by region in Oregon. CAST estimations about number of needed services and county risk scores are intended to guide and inform decision-making, not to assess or critique a county’s success. Based on the CAST model, overall, Oregon had a 49% gap in substance use disorder services statewide. This number is based on the CAST recommended number of services compared to the actual number of services. A 49% gap in services means that given the total number of recommended services in Oregon, an estimated 49% of them were missing. The gaps persisted across all parts of the substance use disorder continuum of care. Overall, substance use disorder service gaps regionally ranged from 39% in Region 6 (Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler Counties) to 72% in Region 2 (Clackamas and

Washington Counties). The overall service gap, by county and service categories, is included in the state and county profile section of the report.

Table 11. CAST overall service gap, statewide and by region

	Overall service gap
Statewide	49%
Region 1	42%
Region 2	72%
Region 3	47%
Region 4	42%
Region 5	52%
Region 6	39%



Counties within NSDUH Regions: **Region 1:** Multnomah; **Region 2:** Clackamas, Washington; **Region 3:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill; **Region 4:** Coos, Curry, Douglas, Jackson, Josephine, Klamath; **Region 5:** Crook, Deschutes, Jefferson; **Region 6:** Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

Table 12 highlights the CAST recommended number of services for the state. The recommended number of services is compared to the estimated number of existing services in Oregon, and allows us to generate an estimate of the number of services missing. These select substance use disorder services are organized by substance use disorder workforce, substance use disorder specific facilities, and resources or programming. Across Oregon, gaps were observed in each of these categories. Among the substance use disorder workforce, the largest gaps were among Certified Prevention Specialists, with an estimated 906 more positions needed (94% gap), and Qualified Mental Health Professionals, with an estimated 11,740 more people needed (93% gap). Across substance use disorder facilities, the largest gap estimated by the CAST was Recovery Community Centers, with an estimated 137 more centers needed statewide (94% gap). Among substance use disorder programs and resources, the largest gap was syringe service programs, where an estimated 61 more programs are needed to meet Oregon’s need (58% gap). County-level data are available in the county profiles in Appendix C.

Table 12. Summary of CAST service gaps by service type^a

Service type	Estimated number of services			
	Need	Actual	Gap in services	Percent gap
Workforce – statewide				66%
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%
Facilities – statewide				54%
Outpatient (number of facilities)	586	383	203	35%
Inpatient (number of facilities)	470	187	283	60%
Residential detox (number of facilities)	103	75	28	27%
Recovery residences (number of beds)	7,078	3,219	3,859	55%
Recovery community centers (number of facilities)	145	8	137	94%
Other programming – statewide				30%
Facilities with fentanyl test strip distribution	127	83	44	35%
Facilities with naloxone distribution	334	240	94	28%
Syringe exchange programs	106	45	61	58%
Prescription drug drop-off locations	545	502	43	8%
Mutual aid meetings	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%

^aEstimates of need and service gaps produced using the Calculating an Adequate System Tool (CAST).¹⁸

Substance Use Disorder Services Survey

Survey findings are presented below at the state level. Either county or regional level data from the survey are found in the county profiles in Appendix C. Note that the survey does not include a complete representation of all substance use disorder services statewide and is not necessarily generalizable to all prevention, treatment, and recovery services offered within Oregon. In addition, due to already compiled databases and CAST definitions, treatment services are better represented in the current survey compared to prevention and recovery. Additional efforts will be required to better reflect the scope of prevention and recovery services available in Oregon, and the diverse workforce required to fully meet the need of Oregonians.

Participating Organizations

Research staff identified and verified 756 service locations across the state. These sites were comprised of service locations for a total of 254 unique parent organizations in the state of Oregon currently providing one or more of the following services: substance use disorder prevention, treatment, and/or recovery services, with services delivered in one or more Oregon counties. Of those 254 parent organizations, 164 (65%) participated in the survey and rapid assessment process.

Each parent organization (n=164) was invited to complete one survey for each county in which they provided services. A total of 289 county-level surveys were completed or partially completed by the 164 parent organizations. Out of the 164 parent organizations, 139 completed surveys for multiple counties. Note that statewide counts include three additional organizations whose services were either statewide or virtual only. These organizations are included in statewide totals, but not county or region-specific totals.

Organizations self-reported up to four categories of service (“service types”) across the continuum care, which was tabulated by county. Service types to choose from included substance use prevention, treatment, and/or recovery services, as well as behavioral health screenings (specifically the Patient Health Questionnaire (PHQ), Alcohol Use Disorder Identification Test (AUDIT), and General Anxiety Disorder (GAD)). **Table 13** below summarizes the total number of county-level surveys completed (n=289), by region and county, and the percent who reported offering each service type. Most county-level providers reported that they offer more than one service type. For example, a provider may state they offer prevention and treatment services, and, therefore, were included in the count for both of these categories. Statewide, 138 (48.1%) reported providing behavioral health screening, 140 (48.8%) offered prevention services, 184 (64.1%) offered treatment, and 143 (49.8%) offered recovery services.

Table 13. Behavioral health screening, prevention, treatment, and recovery, by county and region

	Total county surveys	Percent of total county surveys reporting behavioral health screening, prevention, treatment, or recovery services, by county and region (n=287) ^a			
		Behavioral health screening (n=138)	Prevention (n=140)	Treatment (n=184)	Recovery (n=143)
Statewide	289	48.1%	48.8%	64.1%	49.8%
Region 1	52	48.1%	40.4%	71.2%	57.7%
Multnomah	52	48.1%	40.4%	71.2%	57.7%
Region 2	52	48.1%	42.3%	67.3%	61.5%
Clackamas	28	39.3%	46.4%	64.3%	60.7%
Washington	24	58.3%	37.5%	70.8%	62.5%
Region 3	76	48.7%	38.2%	72.4%	51.3%
Benton	4	50.0%	25.0%	100.0%	50.0%

Clatsop	5	40.0%	40.0%	80.0%	60.0%
Columbia	5	40.0%	40.0%	60.0%	40.0%
Lane	20	45.0%	20.0%	90.0%	60.0%
Lincoln	9	11.1%	55.6%	55.6%	44.4%
Linn	7	71.4%	42.9%	85.7%	71.4%
Marion	15	66.7%	46.7%	66.7%	46.7%
Polk	2	50.0%	50.0%	0.0%	0.0%
Tillamook	5	60.0%	40.0%	60.0%	40.0%
Yamhill	4	50.0%	50.0%	50.0%	50.0%
Region 4	41	39.0%	51.2%	48.8%	39.0%
Coos	4	50.0%	75.0%	50.0%	25.0%
Curry	1	0.0%	100.0%	0.0%	0.0%
Douglas	6	16.7%	83.3%	16.7%	0.0%
Jackson	15	40.0%	40.0%	53.3%	46.7%
Josephine	9	33.3%	33.3%	44.4%	44.4%
Klamath	6	66.7%	50.0%	83.3%	66.7%
Region 5	17	62.5%	62.5%	68.8%	56.3%
Crook	4	50.0%	75.0%	50.0%	25.0%
Deschutes	10	70.0%	50.0%	80.0%	70.0%
Jefferson	3	50.0%	100.0%	50.0%	50.0%
Region 6	48	47.9%	77.1%	50.0%	33.3%
Baker	3	66.7%	66.7%	66.7%	33.3%
Gilliam	2	50.0%	50.0%	50.0%	0.0%
Grant	2	50.0%	100.0%	50.0%	0.0%
Harney	4	50.0%	75.0%	50.0%	50.0%
Hood River	4	75.0%	100.0%	75.0%	50.0%
Lake	3	0.0%	100.0%	0.0%	0.0%
Malheur	5	40.0%	100.0%	40.0%	40.0%
Morrow	2	50.0%	50.0%	50.0%	50.0%
Sherman	2	50.0%	100.0%	50.0%	50.0%
Umatilla	7	57.1%	57.1%	71.4%	28.6%
Union	3	33.3%	66.7%	33.3%	33.3%
Wallowa	2	50.0%	50.0%	50.0%	50.0%
Wasco	7	42.9%	85.7%	42.9%	42.9%
Wheeler	2	50.0%	50.0%	50.0%	0.0%
No region specified	3	100.0%	0.0%	100.0%	50.0%

^aAmong the 289 organizations presented, 2 did not specify types of services provided.

The survey also asked participants to self-report on services for Oregon Federally Recognized Tribes: “Which (if any) Oregon Tribes does your organization provide services to? Only select tribes if it is a tribally specific resources like Indian Health Service or a tribally run organization.”

Table 14 summarizes which organizations self-reported providing specific services for Native American Tribes. Out of the 164 parent organizations, 32 reported providing services to one or more tribes across one or more counties (19.5%). An organization may provide services to more than one tribe. As such, the sum of the number of organizations by tribe will be greater than the total.

Table 14. Substance use disorder services specific to Native American Tribes

Tribe	Number of parent organizations who reported providing services
Burns Paiute Tribe	7
Confederated Tribes of Coos	4
Confederated Tribes of Grand Ronde	10
Confederated Tribes of Siletz	8
Confederated Tribes of the Umatilla	10
Confederated Tribes of Warm Springs	10
Coquille Indian Tribe	5
Cow Creek Band of Umpqua Tribe of Indians	8
Lower Umpqua and Siuslaw Indians	4
The Klamath Tribes	8
Total	32

The American Society of Addiction Medicine (ASAM) outlines levels of care based on acuity and individual assets and challenges.³⁹ The levels of care start with early intervention and then progressively increase in intensity and medical management through outpatient, intensive outpatient/partial hospitalization, residential/inpatient, and medically managed intensive inpatient. The ASAM levels of care highlight the need for a system that has the capacity and the ability to increase and decrease care intensity based on individual needs.³⁹ Among the 184 county-level providers that indicated providing treatment services, 179 indicated services at specific levels of care. These are summarized in **Table 15**. The majority (91.1%) offered outpatient services. About half offered intensive outpatient/partial hospitalization (53.6%). Fewer offered early intervention (34.6%), residential/inpatient (26.3%), residential detoxification (4.5%), or medically managed intensive inpatient services (1.1%).

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%
Total	179	

Staffing and Finance

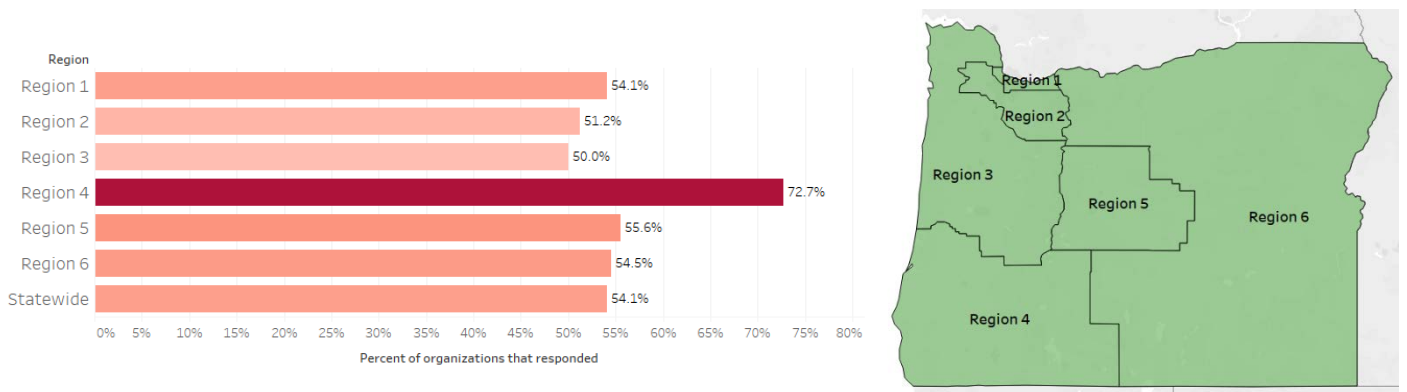
As shown in **Table 16**, over half of the 194 county-level providers who responded reported capacity did not meet current demand for services (54.1%). In addition to capacity challenges, the majority of parent organizations reported that funding was inadequate to support their prevention, treatment, and recovery missions (62.6%). These findings are bolstered by organizations’ self-reports about staffing levels and challenges filling vacant positions, with 63.7% of parent organizations stating levels of staffing were inadequate to support their missions, and 76.2% of parent organizations indicating difficulty filling vacant positions for staff.

Table 16. Capacity to meet current demand for services, by service type

Service type	Capacity for services		Funding		Staffing levels		Filling vacant positions	
	Total county surveys	% Does not meet current demand	Total parent organization surveys	% Inadequate to support org mission	Total parent organization surveys	% Inadequate to support org mission	Total parent organization surveys	% With difficulty
Prevention	68	55.9%	54	51.9%	48	64.6%	48	77.1%
Treatment	158	50.0%	121	60.3%	98	70.4%	97	84.5%
Recovery	123	46.3%	88	63.6%	71	60.6%	71	73.2%
Total	194	54.1%	123	62.6%	102	63.7%	101	76.2%

Figure 4 shows data about capacity for services by region, which shows across all service types, 50.0 – 72.7% of regions reported that their capacity for services does not meet their demand for services. Region 4 (Coos, Curry, Douglas, Jackson, Josephine, Klamath) had the largest percent of organizations reporting inadequacies in their organization’s capacity to serve clients.

Figure 4. Percent of organizations reporting inadequate capacity for services



Counties within NSDUH Regions: **Region 1:** Multnomah; **Region 2:** Clackamas, Washington; **Region 3:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill; **Region 4:** Coos, Curry, Douglas, Jackson, Josephine, Klamath; **Region 5:** Crook, Deschutes, Jefferson; **Region 6:** Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

As shown in **Table 17**, parent organizations reported a range of funding streams used to support their organizations. The majority indicated private insurance (74.0%) and Medicaid/Medicare (78.0%), followed by state/county funding (64.2%), federal grants (36.6%), private grants (31.7%), and Indian Health Service (11.4%). Note that responses do not indicate the proportion of organization operating budgets funded through each source.

Table 17. Sources of funding among parent organizations, by service type

Service type	Total parent organization surveys ^a	Federal grants	Indian Health Service	Medicaid/Medicare	Private insurance	State/county	Foundation/private grants
		% Yes	% Yes	% Yes	% Yes	% Yes	% Yes
Prevention	52	46.2%	13.5%	84.6%	73.1%	69.2%	32.7%
Treatment	117	39.3%	12.0%	85.5%	73.5%	62.4%	25.6%
Recovery	88	44.3%	10.2%	76.1%	72.7%	69.3%	36.4%
Total	123	36.6%	11.4%	78.0%	74.0%	64.2%	31.7%

^aTotal includes only parent organizations that reported at least one specific source of funding.

As shown in **Table 18**, more than half of parent organizations reported a reduction in billable visits due to the COVID-19 pandemic (61.8%). At the time of survey administration, the application process to receive additional funds for substance use disorder services through Measure 110 had opened. About one in five parent organizations reported increased funding through Measure 110 (21.1%).

Table 18. Changes in funding during COVID-19 and related to Measure 110 among parent organizations, by service type

Service type	Reduction in billable visits due to COVID-19 pandemic				Changes in funding associated with Measure 110				
	Total parent organization surveys	% Yes	% No	% Unsure	Total parent organization surveys	% Increase	% No	% Decrease	% Unsure
Prevention	54	63.0%	35.2%	1.9%	54	20.4%	63.0%	0.0%	16.7%
Treatment	122	64.8%	32.0%	3.3%	119	21.0%	58.8%	1.7%	18.5%
Recovery	88	59.1%	36.4%	4.5%	89	22.5%	57.3%	2.2%	18.0%
Total	123	61.8%	33.3%	4.9%	123	21.1%	61.8%	1.6%	15.4%

Specialty Services

Table 19 summarizes selected specialty services reported in county-level surveys. Each row indicates the number of county-level responses and the percent of organizations among them that reported offering each service, by service type. Over half reported offering services specifically for justice-involved adults (60.1%) and outreach services to individuals who are

houseless (58.4%). Among organizations who reported offering treatment services, 76.1% offered services for co-occurring disorder

Table 19. Specialty services, by service type

Service type	Co-occurring substance use and mental health disorders ^a		Targeted services for justice-involved adults		Outreach services to individuals who are houseless	
	Total county surveys	% Yes	Total county surveys	%Yes	Total county surveys	%Yes
Prevention	69	81.2%	103	62.1%	106	59.4%
Treatment	176	76.1%	170	60.6%	171	52.6%
Recovery	112	80.4%	135	71.1%	137	70.1%
Total	176	76.1%	238	60.1%	238	58.4%

^aAmong responding organizations that reported offering treatment services (n=184).

As shown in **Table 20**, 63.5% of county-level providers reported offering any peer support services. Among those (n=158), the most reported type of specialist employed was Certified Recovery Mentors.

Table 20. Peer support specialists, by service type

Service type	Any peer support services		Types of specialists employed, among providers who reported specific peer support services					
	Total county surveys	% Yes	Total county surveys ^a	Certified Recovery Mentors	Mental Health Peer	Family Support Specialist	Youth Support Specialist	Other
				% Yes	% Yes	% Yes	% Yes	% Yes
Prevention	109	58.7%	61	90.2%	47.5%	29.5%	49.2%	23.0%
Treatment	176	65.3%	111	93.7%	36.9%	15.3%	27.9%	17.1%
Recovery	143	72.7%	103	94.2%	32.0%	17.5%	24.3%	20.4%
Total	249	63.5%	153	93.5%	35.3%	15.7%	24.2%	15.7%

^aAmong responding organizations that reported offering peer support services (n=158).

Harm reduction encompasses the policies, programs, and strategies that seek to minimize the harmful consequences of drug use and drug policies; it is both a philosophy and service delivery model that addresses the needs of people who use drugs as well as the needs of their communities.^{41,42} In contrast to abstinence-based models, harm reduction embraces low-threshold access to services and does not make efforts to stop using drugs a precondition for support.⁴³

A total of 198 out of the 289 county-level surveys (68.5%) indicated that they offered harm reduction services. Of those (**Table 21**), the majority provided information on safer drug use

(79.8%), non-abstinence-based services (66.2%), and overdose prevention and reversal (68.7%). Around one in four participants offering harm reduction reported that they provided drug checking (27.3%). Fewer participants reported providing syringe service programs (16.2%) or other harm reduction services (12.6%).

Table 21. Types of harm reduction services, by service type

Total county surveys ^b	Syringe service program	Drug checking ^a	Non-abstinence-based services	Overdose prevention and reversal	Information on safer drug use	Other harm reduction	
	% Yes	% Yes	% Yes	% Yes	% Yes	% Yes	
Service Type							
Prevention	86	20.9%	27.9 %	55.8%	69.8%	73.3%	19.8%
Treatment	144	13.2%	26.4 %	70.1%	61.1%	86.8%	11.8%
Recovery	118	16.1%	29.7 %	71.2%	64.4%	85.6%	11.0%
Total	198	16.2%	27.3%	66.2%	68.7%	79.8%	12.6%

^aDrug checking refers to distribution of fentanyl test strips.

^bTotal includes only providers who reported offering at least one harm reduction service.

As shown in **Table 22**, a total of 102 out of the 184 county-level treatment providers (55.4%) indicated that they prescribe or dispense one or more medications for opioid use disorder. About half of those dispensed at least one formulation of sublingual buprenorphine (36.0% prescribed and dispensed; 12.2% dispensed only), while a majority prescribed (36.0% prescribed and dispensed; 25% prescribed only). Fewer than half of MOUD providers reported dispensing naltrexone (34.3% dispensed and prescribed; 8.8% dispensed only), while a majority prescribed (34.3% dispensed and prescribed; 40.2% prescribed only). Twenty of the 102 county-level treatment providers were certified Opioid Treatment Programs authorized to dispense methadone.

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 ^b)		
	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%
Total (n=102)	100.0%	100.0%

^bTotal includes only providers who reported offering medication for opioid use disorder.

Equity and Access

Table 23 through **Table 29** indicate provision of services to increase accessibility of prevention, treatment, and recovery among protected classes, as well as individuals with limited access to culturally relevant services, and those that experience barriers to services related to transportation, technology, and housing.

As shown in **Table 23**, the majority of county-level providers reported provision of transportation support (74.7%) and linkages to primary care for their clients (82.9%). More than half (63.8%) of county-level providers who reported offering recovery support services indicated specialty programming for adults re-entering community from incarceration. A minority of providers indicated that they offered formal services to support employment, legal service needs, evidence-based family support services, or housing services.

Table 23. Supportive resources, by service type

Service type	Total county surveys ^a	Client transport-action services	Job or trade-specific training	Job placement	Linkage to primary care	Legal services	Housing services	Evidence based family support services	Reentry services for people coming out of jail or prison
		%Yes	%Yes	%Yes	%Yes	%Yes	%Yes	%Yes	%Yes
Prevention	92	73.9%	29.3%	27.2%	85.9%	7.6%	34.8%	31.5%	41.3%
Treatment	157	69.4%	26.8%	29.3%	86.0%	9.6%	35.0%	35.7%	46.5%
Recovery	127	84.3%	42.5%	44.1%	83.5%	13.4%	48.0%	41.7%	63.8%
Total	217	74.7%	28.1%	30.0%	82.9%	11.5%	36.9%	37.3%	47.9%

^aTotal includes only providers who reported offering at least one supportive service.

Table 24 shows the percent of county-level providers indicating programming to support protected classes. Nearly half (47.8%) of county-level providers who reported offering recovery services indicated services specific to a racial or ethnic group, and 42% of county-level providers who reported offering recovery services indicated gender-specific services. Among county-level providers who reported offering prevention services, 47.0% did not indicate specific programming for protected classes; 36.2% of county-level providers who reported offering treatment and 25.7% of organizations who reported offering recovery services also did not indicate offering specific programming for protected classes.

Table 24. Services that are specific for people of a protected class, by service type

Service type	Total county surveys	Services specific to a racial or ethnic group (culturally specific)	Services specific to a certain religious group	Gender specific services	LGBTQIA2S+ specific services	Services specific for people with a mental or physical disability	Services for Veterans	None
		%Yes	%Yes	%Yes	%Yes	%Yes	%Yes	%Yes
Prevention	134	32.8%	0.75%	26.9%	14.2%	14.9%	8.2%	47.0%
Treatment	163	38.0%	2.5%	36.8%	18.4%	16.0%	13.5%	36.2%
Recovery	136	47.8%	3.7%	41.9%	22.8%	27.9%	19.9%	25.7%
Total	257	36.2%	1.9%	35.0%	16.0%	19.5%	12.8%	40.0%

^a LGBTQIA2S+ stands for lesbian, gay, bisexual, trans, queer and/or questioning, intersex, asexual, two-spirit, and the countless affirmative ways in which people choose to self-identify.

As shown in **Table 25**, the majority of county-level providers did not report specialty programming for pregnant or parenting people with young children (54.1% of county-level providers offering prevention, 60.0% of county-level providers offering treatment, and 56.0% of county-level providers offering recovery services).

Table 25. Specialty programming for pregnant or parenting people with young children, by service type

Service type	Total county surveys	Inpatient	Outpatient	Housing	None
		% Yes	% Yes	% Yes	% Yes
Prevention	74	17.6%	40.5%	9.5%	54.1%
Treatment	175	13.1%	34.9%	8.0%	60.0%
Recovery	141	10.6%	34.8%	16.3%	56.0%
Total	214	11.7%	33.6%	11.2%	58.4%

As seen in **Table 26**, the majority of county-level providers offered some type of language interpretation service, but fewer than 20% had certified interpreters on staff. About half of county-level providers providing prevention, treatment, or recovery services indicated they had certified staff who were multi-lingual (41.8%), or contracted with a service like Language Line (52.0%).

Table 26. Language interpretation services, by service type

Service type	Total county surveys	Certified interpreters on staff	Contracted service like Language Line	Certified staff who are multi-lingual	None
		% Yes	% Yes	% Yes	% Yes
Prevention	107	15.0%	57.9%	47.7%	18.7%
Treatment	174	17.2%	54.6%	47.1%	19.0%
Recovery	138	16.7%	47.1%	55.1%	23.9%
Total	244	16.8%	52.0%	41.8%	24.6%

Table 27 shows the languages interpreted among county-level providers who reported offering interpretation services. When interpretation services were available, Spanish was most widely available (94.9%), while American Sign Language, Chinese, Russian, and Vietnamese were rare.

Table 27. Languages interpreted, by service type

Service type	Total county surveys ^a	American Sign Language	Chinese	Russian	Spanish	Vietnamese	Other
		% Yes	% Yes	% Yes	% Yes	% Yes	% Yes
Prevention	59	16.9%	3.4%	5.1%	91.5%	3.4%	10.2%
Treatment	89	28.1%	11.2%	12.4%	93.3%	11.2%	15.7%
Recovery	81	27.2%	9.9%	17.3%	93.8%	9.9%	14.8%
Total	117	25.6%	11.1%	17.9%	94.9%	11.1%	15.4%

^aAmong organizations who reported offering specific language interpretation services (n=120).

A total of 132 county-level providers indicated offering translation services. As shown in **Table 28**, 130 of these reported specific languages that they translated materials into. Translations were offered in Spanish (100.0%), but not necessarily in other languages or accessible formats.

Table 28. Translated materials available for clients, by service type

Service type	Total county surveys ^a	Spanish	Russian	Chinese	Vietnamese	Accessible formats (e.g., large print, Braille)	Other
		% Yes	% Yes	% Yes	% Yes	% Yes	%Yes
		Prevention	62	100.0%	9.7%	3.8%	4.8%
Treatment	90	100.0%	16.7%	12.2%	13.3%	6.7%	11.1%
Recovery	68	100.0%	17.6%	7.4%	5.9%	1.5%	5.9%
Total	130	100.0%	18.5%	10.8%	11.5%	5.4%	10.0%

^aAmong organizations who reported offering printed or web-based information available in languages other than English (n=132).

Table 29 summarizes barriers to transportation and technology reported by county-level providers, as well as availability of virtual programming. The majority of providers indicated that transportation is a barrier to services (64.0%). While more than half indicated that they offered some combination of billable treatment or counseling, or non-billable virtual services such as recovery groups, technology remained a barrier to accessing teleservices.

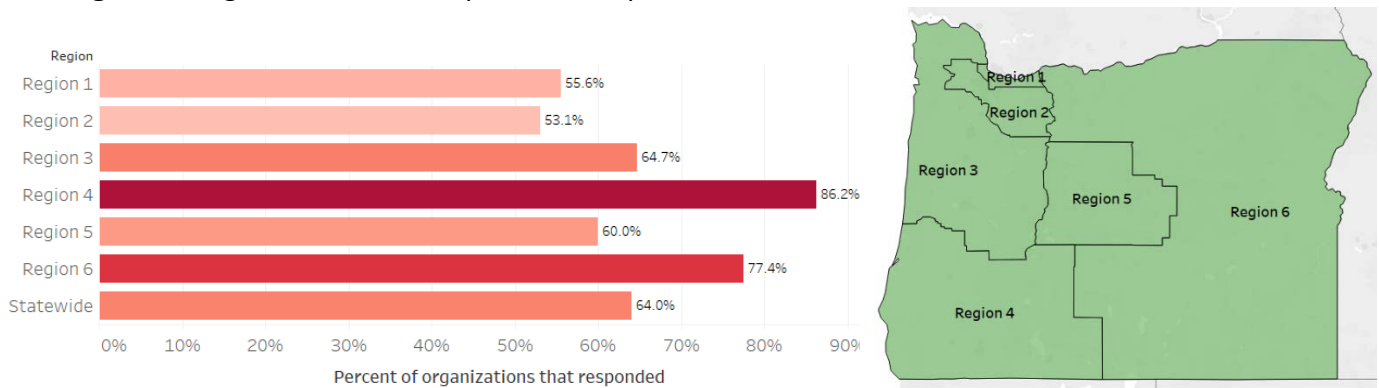
Table 29. Availability of virtual/teleservices and transportation barriers, by service type

Service type	Total county surveys	Billable treatment	Billable counseling	Non-billable virtual services	Technology is a barrier to accessing teleservices ^a		Travel time or access to transportation is a barrier for clients	
		% Yes	% Yes	% Yes	Total County Surveys	% Yes	Total County Surveys	%Yes
		Prevention	107	48.6%	58.9%	20.6%	88	73.9%
Treatment	174	79.9%	80.5%	28.7%	150	69.3%	172	68.6%
Recovery	137	64.2%	76.6%	40.1%	122	68.0%	138	71.7%
Total	242	59.1%	61.6%	28.9%	200	68.0%	239	64.0%

^aAmong organizations who reported offering teleservices.

Regionally, there were reported barriers in transportation which were more pronounced in rural regions. **Figure 5** shows the percent of organizations by region who reported that travel time or access to transportation is a barrier for their clients. In Region 4 (Coos, Curry, Douglas, Jackson, Josephine, Klamath) 86.2% of organizations reported transportation as a barrier, and in Region 6 (Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler) 77.4% of organizations reported transportation as a barrier.

Figure 5. Organizations that reported transportation or travel time as a barrier to their clients



Counties within NSDUH Regions: **Region 1:** Multnomah; **Region 2:** Clackamas, Washington; **Region 3:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill; **Region 4:** Coos, Curry, Douglas, Jackson, Josephine, Klamath; **Region 5:** Crook, Deschutes, Jefferson; **Region 6:** Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

What Are the Limitations?

The needs assessment, substance use disorder services directory, CAST, and survey together provide an overview of the substance use disorder landscape across Oregon. Collectively, they provide a point in time snapshot of substance use prevalence and care systems gaps statewide, regionally, and at the county level. Each strategy employed has its own strengths and limitations; on their own, they may not paint a full picture of what is truly happening within a county or region. The following limitations should be considered when reviewing and interpreting data collected through this rapid assessment:

- The CAST is a powerful tool to quantify regional gaps in services that account for differences in both geography and population demographics. The methodology generates a risk score that can be used to address specific components that impact risk of hospitalization associated with substance use. However, it requires that users adopt pre-defined service categories across prevention, harm reduction, treatment, and recovery. Rigid categorization of “prevention”, “harm reduction”, “treatment”, or “recovery” can be limiting. We employed operational definitions for each of these services for purposes of implementing the CAST tool. In practice, the continuum of care is not linear, and individual service needs and service providers do not operate within the boundaries of prevention, treatment, and recovery.
- The categories outlined for services using the CAST are limited and do not adequately represent all services that truly provide substance use disorder services in Oregon.
- The CAST does not account for the presence or absence of culturally responsive services. This may lead to underestimates in gaps, and particularly for Black, American-Indian Alaskan Native (AIAN), and Latinx individuals, who are less likely to experience culturally appropriate treatment compared to non-Latinx white Americans.^{44,45}

- Treatment services were overrepresented in the inventory of services, compared to prevention and harm reduction. This is due to the fact that, historically, more resources have been put into place to catalog and maintain a record of substance use disorder treatment facilities. No such comprehensive list existed for prevention, harm reduction, or recovery services in Oregon. Moreover, the full scope and scale of prevention, harm reduction, and recovery supports (including both service delivery and service gaps) can be difficult to quantify, particularly because funding streams and workforce credentialing systems are still developing to acknowledge and support the broad scope of this work.
- While the substance use disorder services survey provides a rich source of contextual information, we achieved only a 65% response rate over the brief implementation cycle. Additional resources are required to carry out additional outreach to organizations who have not yet participated. Prevention and recovery organizations are most likely underrepresented in the CAST analysis and the survey findings. Small numbers may reduce the reliability of counties and regions within the state's rural and frontier areas.

Summary of Findings

The Oregon Substance Use Disorder Services Inventory and Gap Analysis conducted from September 2021 through September 2022 revealed high rates of unmet treatment need and statewide gaps in critical substance use disorder prevention, harm reduction, treatment and recovery services.^{**}

Survey data suggested deficits in capacity of existing services to meet the needs of their clients. Even with the expansion of telemedicine and other virtual service delivery and supports since March of 2020, providers reported access to transportation and technology as persistent barriers to substance use disorder services across the continuum of care. Survey data further suggested statewide race and ethnic disparities in both workforce and access to culturally relevant services.

Needs Assessment

- Data from the National Survey on Drug Use and Health show that nearly 1 in 3 Oregonians ages 18 to 25, and 1 in 5 Oregonians ages 26 and up engaged in binge drinking in the last month. Fifteen percent of adults ages 18 to 25 and 13% of adults 26 and older have an alcohol use disorder. Twenty percent of Oregonians ages 18 to 25 have an “illicit drug use disorder.”
- Oregon’s rates of marijuana use and methamphetamine use are above the national average. Moreover, unmet need for any substance use disorder treatment in a specialty facility is higher in Oregon than for the nation overall.
- Among Oregon Health Plan members, who represent about 30% of the state’s population ages 12 to 64, rates of substance use disorder diagnoses (6% of adults ages 18 to 25 and 11% of adults ages 26 to 64) suggest that less than half of those with a use disorder have been diagnosed.
- Oregon’s healthcare workforce does not represent demographics of the state. In particular, Hispanic/Latinx, Black/African American, and Native American people in Oregon are underrepresented among prescribing physicians. Additional disparities exist among the non-prescribing workforce, with Hispanic/Latinx underrepresented among Oregon’s Qualified Mental Health Associates, Qualified Mental Health Professionals, Certified Alcohol and Drug Counselors, and Certified Peer Specialists. These disparities exacerbate and sustain gaps in linguistically appropriate and culturally relevant care.

^{**} Please note that the current project was developed prior to passage of the Drug Addiction Treatment and Recovery Act (Measure 110), and data collection and analysis were underway during the selection of behavioral health resource network (BHRN) grantees in all 36 counties.

Calculating for an Adequate System Tool (CAST)

- Rapid assessment of substance use disorder services using the Calculating for an Adequate System Tool (CAST) demonstrated large gaps in number of recommended services statewide and by county across the continuum of care. All 36 counties in Oregon demonstrated moderate to high risk for a hospitalization rate above the national median for substance use disorder-related illness or injury.
- All 36 Oregon counties showed violent crime, high alcohol outlet density, and low social association rates as Oregon's most substantial contributors to risk of hospitalization for a substance use disorder compared to the nation as a whole.
- Statewide, the CAST estimated a 49% gap in services needed to address substance misuse and substance use disorder across the continuum of care in Oregon.
- Workforce gaps identified through the CAST included Certified Prevention Specialists (94%), Qualified Mental Health Professionals (93%) and Associates (86%), and prescribers with waivers to prescribe buprenorphine (51%).
- Substantial gaps in statewide treatment and recovery facilities identified by the CAST included: recovery community centers (94%), inpatient treatment facilities (60%), and recovery residences (55%). The CAST estimated a 58% gap in syringe service programs.

Substance Use Disorder Services Survey

- Survey findings suggest that more than half of SUD service providers lack capacity to meet current demand for services and have inadequate funding and staffing levels to support their organizational mission. Over 60% reported that transportation remains a barrier to accessing services.
- Less than half of surveyed organizations reported provision of services specific to the following protected classes: specific racial or ethnic groups (36.2%); specific genders (35.0%); LGBTQIA2S+ (16.0%), clients with mental or physical disabilities (19.5%), Veterans (12.8%), or religious groups (1.9%).
- Only 32.8% of surveyed organizations indicated they provide any kind of culturally specific prevention services, 38.0% provide culturally specific treatment services, and 47.8% provide culturally specific recovery services. Interpretation and translation services were rarely reported available in languages other than Spanish.
- The majority of surveyed organizations across the continuum of care indicated that they employ peer support specialists. Certified Recovery Mentors were most frequently employed. Among organizations who reported providing prevention services, less than half reported employing mental health peers, family support specialists, or youth support specialists.

- Among the survey respondents that reported their organization provides prevention services, 55.9% indicated that their capacity does not meet the current demand for prevention services in their communities. These respondents also reported several workforce concerns that affect their organization's ability to meet community needs. Around two-thirds indicated they do not have adequate staffing to meet their organizational mission, and 77.1% of prevention participants reported that they have difficulty filling vacant positions.
- A total of 198 out of the 289 survey participants indicated that they offered harm reduction services. Around one in four participants who reported offering harm reduction reported that they provided drug checking (fentanyl test strips). Less than one in five participants who reported offering harm reduction indicated that they provided syringe services.
- Among surveyed organizations who reported offering treatment at specific levels of care (n=179), only 1.1% reported offering medically managed intensive inpatient, and 4.5% offered residential detox. The majority (91.1%) reported offering outpatient services.
- 102 out of the 184 county-level treatment providers (55.4%) indicated that they prescribe or dispense one or more medications for opioid use disorder. Twenty of the 102 county-level treatment providers were certified Opioid Treatment Programs authorized to dispense methadone.

Recommendations

The Substance Use Disorder Service Inventory and Gap Analysis revealed alarming service delivery system gaps across categories of prevention, treatment, and recovery throughout the state. Moreover, existing services described critical gaps in capacity to deliver services to meet demand – including funding and identifying staff to fill vacant positions. Allocating resources to address substance misuse and substance use disorder in Oregon will require **investment in evidence-based and culturally relevant prevention, treatment, harm reduction, and recovery services that meet the needs of local communities**. Given the inequitable consequences of the War on Drugs and the misdistribution of resources for substance use disorder, work in this space must adopt an equity lens and work towards repairing the harm of failed drug policies and the underinvestment of resources in marginalized communities.

The following recommendations to expand and improve Oregon’s capacity to meet the urgent need for substance use disorder prevention, harm reduction, treatment and recovery emerged from the inventory and gap analysis project.^{§§}

1. Recognizing substantial gaps in the present substance use disorder systems of care and limited options for medically managed treatment, foster a “no wrong door” approach to treatment by allowing increased flexibility in payment structures, care settings, and credentialing.
2. Given the increasing rates of overdose from opioids and stimulants, treat encounters in the emergency department, hospital, shelters and justice systems as opportunities for connection to community treatment and naloxone distribution.
3. Increase access to substance use disorder services through expanded transportation and technology.
4. Incentivize and monitor equitable distribution of linguistically and culturally relevant services, and services designed to meet the needs of protected classes.
5. Expand LGBTQIA2S+ specific services, particularly recovery services for youth who are at high risk for substance misuse and substance use disorder as compared to their cisgender, heterosexual peers and may benefit from targeted services.
6. Address gaps in the substance use disorder workforce, including both prescribers and credentialed staff providing essential prevention services and recovery supports.

^{§§} Please note that this work was developed prior to passage of the Drug Addiction Treatment and Recovery Act (Measure 110), and data collection and analysis were underway during the selection of behavioral health resource network grantees in all 36 counties.

7. Significant investments in prevention are needed to support youth and families. Additional work focused on the prevention services landscape in Oregon is needed to better understand the broad scope of prevention services offered across the lifespan, how they are implemented across Oregon, and how to improve both quality and number of prevention services available to Oregonians.
8. Address known risk factors for hospitalization due to a drug or alcohol diagnosis (e.g., lowering alcohol outlet density and increasing opportunities for positive social connection).
9. Expand publicly funded recovery support services in a variety of settings, delivered by credentialed professionals including health care providers, counselors and peers.
10. Expand access to all medications for opioid use disorder, including sublingual/oral and injectable formulations of buprenorphine and naltrexone and methadone. Telemedicine and mobile medication units can increase access to patients in rural areas and patients who are houseless or unstably housed.
11. Invest in syringe service and other harm reduction programs, including drug checking.
12. Prioritize strategies that target affordable housing, education and employment to reduce risk of substance use disorders and their consequences and to support long term recovery.

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Appendices

Appendix A – County Needs Assessment

Table 1. Number and percent of Oregon Health Plan (OHP) population with documented use disorder, 2020

	Percent of population with OHP	OHP members with an alcohol use disorder		OHP members with an opioid use disorder ^a		OHP members with another use disorder ^b		OHP members with a substance use disorder ^c	
		n AUD	% AUD	n OUD	% OUD	n other use disorder	% other use disorder	n SUD	% SUD
Statewide									
age 12 to 17	53.8%	923	0.6%	133	0.1%	247	0.3%	2,637	1.7%
age 18 to 25	36.6%	3,710	2.4%	2,244	1.5%	2,808	0.9%	8,770	5.7%
age 26 to 64	25.8%	28,354	5.0%	22,221	4%	22,332	1.4%	61,646	11.0%
age 12 to 64	30.3%	32,987	3.8%	24,598	2.8%	25,387	1.1%	73,053	8.3%
Region 1									
age 12 to 17	53.3%	121	0.5%	1 - 10	0 – 0.04%	30	0.3%	375	1.5%
age 18 to 25	36.3%	618	2.2%	388	1.4%	461	1.1%	1,511	5.3%
age 26 to 64	26.0%	6,066	4.9%	6,118	4.9%	5,129	2.0%	14,507	11.7%
age 12 to 64	29.6%	6,805	3.8%	6,516	3.7%	5,620	1.6%	16,393	9.2%
Region 2									
age 12 to 17	38.4%	144	0.5%	29	0.1%	38	0.3%	410	1.4%
age 18 to 25	29.3%	550	2.0%	328	1.2%	353	0.8%	1,264	4.6%
age 26 to 64	17.3%	3,977	4.2%	3,325	3.6%	2,574	1.2%	8,537	9.1%
age 12 to 64	21.2%	4,671	3.1%	3,682	2.4%	2,965	1.0%	10,211	6.8%
Region 3									
age 12 to 17	58.6%	315	0.6%	41	0.1%	94	0.3%	952	1.7%
age 18 to 25	33.0%	1,341	2.5%	760	1.4%	991	0.9%	3,100	5.9%

age 26 to 64	27.5%	9,087	5.2%	6,587	3.8%	7,542	1.3%	19,437	11.1%
age 12 to 64	31.8%	10,743	3.8%	7,388	2.6%	8,627	1.0%	23,489	8.3%
Region 4									
age 12 to 17	68.4%	190	0.7%	27	0.1%	41	0.4%	474	1.8%
age 18 to 25	56.6%	602	2.3%	406	1.6%	487	1.1%	1,595	6.1%
age 26 to 64	37.0%	5,146	5.1%	3,810	3.8%	4,035	1.3%	11,525	11.4%
age 12 to 64	42.9%	5,938	3.9%	4,243	2.8%	4,563	1.1%	13,594	8.8%
Region 5									
age 12 to 17	52.6%	71	0.8%	1 - 10	0 - 0.1%	19	0.5%	188	2.0%
age 18 to 25	44.2%	305	3.5%	150	1.7%	220	1.0%	624	7.2%
age 26 to 64	25.8%	2,313	7.1%	1,031	3.2%	1,505	1.1%	3,917	12.0%
age 12 to 64	31.0%	2,689	5.3%	1,191	2.3%	1,744	1.0%	4,729	9.3%
Region 6									
age 12 to 17	65.5%	82	0.6%	18	0.1%	25	0.2%	238	1.8%
age 18 to 25	45.3%	294	2.6%	212	1.9%	296	0.7%	676	6.1%
age 26 to 64	29.2%	1,765	5.0%	1,350	3.8%	1,547	0.9%	3,723	10.5%
age 12 to 64	35.9%	2,141	3.6%	1,580	2.7%	1,868	0.7%	4,637	7.8%

Based on administrative claims data, substance use disorder categories are not mutually exclusive.

^aA range appears in place of data suppression due to small cell size, <11 cases.

^bOther stimulant use disorders include use disorders associate with use of sedatives, hypnotics, anxiolytics, hallucinogens, inhalants, and other psychoactive substances.

^cSubstance use disorders include all people who have one or more use disorders.

Substance Use Data

Table 2. Number and percent of population reporting binge alcohol use past month, marijuana use past month, heroin use past year, and methamphetamine use past year, by age groups, NSDUH 2020^a

County	Age	Binge alcohol use, past month		Marijuana use, past month		Heroin use, past year		Methamphetamine use, past year	
		n	% ¹³	n	% ¹³	n	% ¹³	n	% ¹³
Statewide									
	age 12 to 17	14,579	4.8%	35,913	11.8%	--	--	550	0.2%
	age 18 to 25	131,872	31.4%	137,033	32.7%	420	0.1%	2,140	0.5%
	age 26 and up	660,958	22.4%	534,668	18.1%	18,294	0.6%	68,161	2.3%
	age 12 and up	808,703	22.0%	707,983	19.3%	--	--	70,945	1.9%
Region 1 (Multnomah)									
	age 12 to 17	2,401	4.8%	5,914	11.8%	--	--	91	0.2%
	age 18 to 25	24,307	31.4%	25,258	32.7%	77	0.1%	394	0.5%
	age 26 and up	132,050	22.4%	106,819	18.1%	3,655	0.6%	13,618	2.3%
	age 12 and up ²⁶	197,726	27.6%	194,714	27.2%	3,012	0.4%	7,028	1.0%
Region 2									
	age 12 to 17	3,706	4.8%	9,130	11.8%	--	--	140	0.2%
	age 18 to 25	30,158	31.4%	31,338	32.7%	96	0.1%	489	0.5%
	age 26 and up	157,941	22.4%	127,763	18.1%	4,372	0.6%	16,288	2.3%
	age 12 and up ²⁶	203,166	23.1%	138,490	15.8%	2,548	0.3%	7,469	0.9%
Clackamas									
	age 12 and up	84,347	23.1%	57,496	15.8%	1,058	0.3%	3,101	0.9%
Washington									
	age 12 and up	118,818	23.1%	80,994	15.8%	1,490	0.3%	4,368	0.9%
Region 3									

age 12 to 17	4,834	4.8%	11,908	11.8%	--	--	182	0.2%	
age 18 to 25	48,498	31.4%	50,396	32.7%	154	0.1%	787	0.5%	
age 26 and up	199,027	22.4%	160,999	18.1%	5,509	0.6%	20,525	2.3%	
age 12 and up ²⁶	276,202	24.1%	221,740	19.4%	4,577	0.4%	13,044	1.1%	
Benton									
age 12 and up	20,643	24.1%	16,573	19.4%	342	0.4%	975	1.1%	
Clatsop									
age 12 and up	8,710	24.1%	6,992	19.4%	144	0.4%	411	1.1%	
Columbia									
age 12 and up	11,029	24.1%	8,855	19.4%	183	0.4%	521	1.1%	
Lane									
age 12 and up	81,595	24.1%	65,506	19.4%	1,352	0.4%	3,853	1.1%	
Lincoln									
age 12 and up	10,907	24.1%	8,757	19.4%	181	0.4%	515	1.1%	
Linn									
age 12 and up	26,564	24.1%	21,326	19.4%	440	0.4%	1,254	1.1%	
Marion									
age 12 and up	70,348	24.1%	56,476	19.4%	1,166	0.4%	3,322	1.1%	
Polk									
age 12 and up	18,166	24.1%	14,584	19.4%	301	0.4%	858	1.1%	
Tillamook									
age 12 and up	5,836	24.1%	4,685	19.4%	97	0.4%	276	1.1%	
Yamhill									
age 12 and up	22,403	24.1%	17,986	19.4%	371	0.4%	1,058	1.1%	
Region 4									
age 12 to 17	1,854	4.8%	4,567	11.8%	--	--	70	0.2%	

age 18 to 25	14,793	31.4%	15,372	32.7%	47	0.1%	240	0.5%	
age 26 and up	93,910	22.4%	75,967	18.1%	2,599	0.6%	9,684	2.3%	
age 12 and up ²⁶	112,099	22.2%	94,872	18.8%	2,071	0.4%	8,386	1.7%	
Coos									
age 12 and up	12,683	22.2%	10,734	18.8%	234	0.4%	949	1.7%	
Curry									
age 12 and up	4,723	22.2%	3,997	18.8%	87	0.4%	353	1.7%	
Douglas									
age 12 and up	21,546	22.2%	18,235	18.8%	398	0.4%	1,612	1.7%	
Jackson									
age 12 and up	42,883	22.2%	36,293	18.8%	792	0.4%	3,208	1.7%	
Josephine									
age 12 and up	17,100	22.2%	14,472	18.8%	316	0.4%	1,279	1.7%	
Klamath									
age 12 and up	13,165	22.2%	11,142	18.8%	243	0.4%	985	1.7%	
Region 5									
age 12 to 17	815	4.8%	2,008	11.8%	--	--	31	0.2%	
age 18 to 25	6,420	31.4%	6,672	32.7%	20	0.1%	104	0.5%	
age 26 and up	40,067	22.4%	32,411	18.1%	1,109	0.6%	4,132	2.3%	
age 12 and up ²⁶	56,023	25.9%	37,305	17.2%	649	0.3%	2,315	1.1%	
Crook									
age 12 and up	5,607	25.9%	3,734	17.2%	65	0.3%	232	1.1%	
Deschutes									
age 12 and up	45,061	25.9%	30,006	17.2%	522	0.3%	1,862	1.1%	
Jefferson									
age 12 and up	5,355	25.9%	3,566	17.2%	62	0.3%	221	1.1%	

Region 6									
	age 12 to 17	969	4.8%	2,386	11.8%	--	--	37	0.2%
	age 18 to 25	7,696	31.4%	7,997	32.7%	24	0.1%	125	0.5%
	age 26 and up	37,962	22.4%	30,709	18.1%	1,051	0.6%	3,915	2.3%
	age 12 and up ²⁶	56,974	26.6%	30,640	14.3%	921	0.4%	2,507	1.2%
Baker									
	age 12 and up	3,850	26.6%	2,070	14.3%	62	0.4%	169	1.2%
Gilliam									
	age 12 and up	465	26.6%	250	14.3%	8	0.4%	20	1.2%
Grant									
	age 12 and up	1,690	26.6%	909	14.3%	27	0.4%	74	1.2%
Harney									
	age 12 and up	1,728	26.6%	929	14.3%	28	0.4%	76	1.2%
Hood River									
	age 12 and up	5,411	26.6%	2,910	14.3%	88	0.4%	238	1.2%
Lake									
	age 12 and up	1,889	26.6%	1,016	14.3%	31	0.4%	83	1.2%
Malheur									
	age 12 and up	6,956	26.6%	3,741	14.3%	112	0.4%	306	1.2%
Morrow									
	age 12 and up	2,664	26.6%	1,433	14.3%	43	0.4%	117	1.2%
Sherman									
	age 12 and up	433	26.6%	233	14.3%	7	0.4%	19	1.2%
Umatilla									
	age 12 and up	17,809	26.6%	9,577	14.3%	288	0.4%	784	1.2%
Union									

	age 12 and up	5,969	26.6%	3,210	14.3%	97	0.4%	263	1.2%
Wallowa									
	age 12 and up	1,719	26.6%	924	14.3%	28	0.4%	76	1.2%
Wasco									
	age 12 and up	6,037	26.6%	3,247	14.3%	98	0.4%	266	1.2%
Wheeler									
	age 12 and up	353	26.6%	190	14.3%	6	0.4%	16	1.2%

^aNumber of individuals in each category is estimated using NSDUH prevalence estimates in combination with 2020 US Census data.³³ County data are based on regional estimates.²⁶

Substance Use Disorder Data

Table 3. Number and percent of population estimated to have a substance use disorder (SUD), and needing or not receiving treatment, NSDUH 2020^a

Age	Substance use disorder in the past year		Needing but not receiving treatment at a specialty facility for a substance use disorder in the past year	
	n	% ¹³	n	% ¹³
Statewide				
age 12 to 17	24,360	8.0%	24,910	8.2%
age 18 to 25	120,963	28.8%	124,278	29.6%
age 26 and up	523,455	17.7%	514,603	17.4%
age 12 and up	669,753	18.2%	664,607	18.1%
Region 1 (Multnomah)				
age 12 and up	130,670	18.2%	129,666	18.1%
Region 2				
age 12 and up	160,107	18.2%	158,877	18.1%
Clackamas				
age 12 and up	66,471	18.2%	65,960	18.1%
Washington				
age 12 and up	93,636	18.2%	92,917	18.1%
Region 3				
age 12 and up	208,468	18.2%	206,866	18.1%
Benton				
age 12 and up	15,581	18.2%	15,461	18.1%
Clatsop				
age 12 and up	6,574	18.2%	6,523	18.1%
Columbia				

age 12 and up	8,325	18.2%	8,261	18.1%
Lane				
age 12 and up	61,585	18.2%	61,112	18.1%
Lincoln				
age 12 and up	8,233	18.2%	8,169	18.1%
Linn				
age 12 and up	20,050	18.2%	19,896	18.1%
Marion				
age 12 and up	53,096	18.2%	52,688	18.1%
Polk				
age 12 and up	13,711	18.2%	13,606	18.1%
Tillamook				
age 12 and up	4,405	18.2%	4,371	18.1%
Yamhill				
age 12 and up	16,909	18.2%	16,779	18.1%
Region 4				
age 12 and up	92,043	18.2%	91,336	18.1%
Coos				
age 12 and up	10,414	18.2%	10,334	18.1%
Curry				
age 12 and up	3,878	18.2%	3,848	18.1%
Douglas				
age 12 and up	17,691	18.2%	17,555	18.1%
Jackson				
age 12 and up	35,211	18.2%	34,940	18.1%
Josephine				

age 12 and up	14,040	18.2%	13,933	18.1%
Klamath				
age 12 and up	10,810	18.2%	10,726	18.1%
Region 5				
age 12 and up	39,426	18.2%	39,123	18.1%
Crook				
age 12 and up	3,946	18.2%	3,916	18.1%
Deschutes				
age 12 and up	31,712	18.2%	31,468	18.1%
Jefferson				
age 12 and up	3,769	18.2%	3,740	18.1%
Region 6				
age 12 and up	39,040	18.2%	38,740	18.1%
Baker				
age 12 and up	2,638	18.2%	2,618	18.1%
Gilliam				
age 12 and up	319	18.2%	316	18.1%
Grant				
age 12 and up	1,158	18.2%	1,149	18.1%
Harney				
age 12 and up	1,184	18.2%	1,175	18.1%
Hood River				
age 12 and up	3,708	18.2%	3,679	18.1%
Lake				
age 12 and up	1,295	18.2%	1,285	18.1%
Malheur				

age 12 and up	4,767	18.2%	4,730	18.1%
Morrow				
age 12 and up	1,826	18.2%	1,812	18.1%
Sherman				
age 12 and up	297	18.2%	294	18.1%
Umatilla				
age 12 and up	12,203	18.2%	12,109	18.1%
Union				
age 12 and up	4,090	18.2%	4,059	18.1%
Wallowa				
age 12 and up	1,178	18.2%	1,169	18.1%
Wasco				
age 12 and up	4,137	18.2%	4,105	18.1%
Wheeler				
age 12 and up	242	18.2%	240	18.1%

^aNumber of individuals in each category is estimated using NSDUH prevalence estimates in combination with 2020 US Census data.³³ County data shown for ages 12 and up only – NSDUH data on substance use disorder utilizing DSM-5 classification of use disorders are only available at the state level, which have been applied to counties for these estimates.

Alcohol Use Disorder Data

Table 4. Number and percent of population estimated to have an alcohol use disorder *R* (AUD), NSDUH 2020^a

Age	Alcohol use disorder		Needing but not receiving treatment at a specialty facility for an alcohol use disorder in the past year	
	n	% ¹³	n	% ¹³
Statewide				
age 12 to 17	10,025	3.3%	9,108	3.0%
age 18 to 25	62,139	14.8%	64,027	15.3%
age 26 and up	380,346	12.9%	354,380	12.0%
age 12 and up	453,609	12.3%	428,245	11.7%
Region 1				
age 12 and up	88,500	12.3%	83,551	11.7%
Multnomah				
age 12 and up	88,500	12.3%	83,551	11.7%
Region 2				
age 12 and up	108,437	12.3%	102,374	11.7%
Clackamas				
age 12 and up	45,019	12.3%	42,502	11.7%
Washington				
age 12 and up	63,418	12.3%	59,872	11.7%
Region 3				
age 12 and up	141,190	12.3%	133,296	11.7%
Benton				
age 12 and up	10,553	12.3%	9,963	11.7%
Clatsop				

age 12 and up	4,452	12.3%	4,203	11.7%
Columbia				
age 12 and up	5,638	12.3%	5,323	11.7%
Lane				
age 12 and up	41,710	12.3%	39,378	11.7%
Lincoln				
age 12 and up	5,576	12.3%	5,264	11.7%
Linn				
age 12 and up	13,579	12.3%	12,820	11.7%
Marion				
age 12 and up	35,961	12.3%	33,950	11.7%
Polk				
age 12 and up	9,286	12.3%	8,767	11.7%
Tillamook				
age 12 and up	2,983	12.3%	2,817	11.7%
Yamhill				
age 12 and up	11,452	12.3%	10,812	11.7%
Region 4				
age 12 and up	62,339	12.3%	58,853	11.7%
Coos				
age 12 and up	7,053	12.3%	6,659	11.7%
Curry				
age 12 and up	2,626	12.3%	2,479	11.7%
Douglas				
age 12 and up	11,982	12.3%	11,312	11.7%
Jackson				

age 12 and up	23,848	12.3%	22,514	11.7%
Josephine				
age 12 and up	9,509	12.3%	8,978	11.7%
Klamath				
age 12 and up	7,321	12.3%	6,912	11.7%
Region 5				
age 12 and up	26,702	12.3%	25,209	11.7%
Crook				
age 12 and up	2,672	12.3%	2,523	11.7%
Deschutes				
age 12 and up	21,478	12.3%	20,277	11.7%
Jefferson				
age 12 and up	2,552	12.3%	2,410	11.7%
Region 6				
age 12 and up	26,441	12.3%	24,962	11.7%
Baker				
age 12 and up	1,787	12.3%	1,687	11.7%
Gilliam				
age 12 and up	216	12.3%	204	11.7%
Grant				
age 12 and up	784	12.3%	740	11.7%
Harney				
age 12 and up	802	12.3%	757	11.7%
Hood River				
age 12 and up	2,511	12.3%	2,371	11.7%
Lake				

age 12 and up	877	12.3%	828	11.7%
Malheur				
age 12 and up	3,228	12.3%	3,048	11.7%
Morrow				
age 12 and up	1,236	12.3%	1,167	11.7%
Sherman				
age 12 and up	201	12.3%	190	11.7%
Umatilla				
age 12 and up	8,265	12.3%	7,803	11.7%
Union				
age 12 and up	2,770	12.3%	2,615	11.7%
Wallowa				
age 12 and up	798	12.3%	753	11.7%
Wasco				
age 12 and up	2,802	12.3%	2,645	11.7%
Wheeler				
age 12 and up	164	12.3%	155	11.7%

^a Number of individuals in each category is estimated using NSDUH prevalence estimates in combination with 2020 US Census data.³³ County data shown for ages 12 and up only – NSDUH data on substance use disorder utilizing DSM-5 classification of use disorders are only available at the state level, which have been applied to counties for these estimates.

Illicit Drug Use Disorder Data

Table 5. Number and percent of population estimated to have an illicit drug use disorder (IDUD) and needing but not receiving treatment, NSDUH 2020^a

Age	Illicit drug use disorder in past year		Needing but not receiving treatment at a specialty facility for an illicit drug use disorder in the past year	
	n	% ¹³	n	% ¹³
Statewide				
age 12 to 17	23,137	7.6%	28,700	9.4%
age 18 to 25	85,803	20.5%	83,831	20.0%
age 26 and up	223,368	7.6%	213,336	7.2%
age 12 and up	332,304	9.0%	325,687	8.9%
Region 1 (Multnomah)				
age 12 and up	64,833	9.0%	63,542	8.9%
Region 2				
age 12 and up	79,438	9.0%	77,857	8.9%
Clackamas				
age 12 and up	32,980	9.0%	32,323	8.9%
Washington				
age 12 and up	46,458	9.0%	45,533	8.9%
Region 3				
age 12 and up	103,433	9.0%	101,373	8.9%
Benton				
age 12 and up	7,731	9.0%	7,577	8.9%
Clatsop				
age 12 and up	3,262	9.0%	3,197	8.9%
Columbia				

age 12 and up	4,130	9.0%	4,048	8.9%
Lane				
age 12 and up	30,556	9.0%	29,947	8.9%
Lincoln				
age 12 and up	4,085	9.0%	4,003	8.9%
Linn				
age 12 and up	9,948	9.0%	9,750	8.9%
Marion				
age 12 and up	26,344	9.0%	25,819	8.9%
Polk				
age 12 and up	6,803	9.0%	6,668	8.9%
Tillamook				
age 12 and up	2,186	9.0%	2,142	8.9%
Yamhill				
age 12 and up	8,390	9.0%	8,223	8.9%
Region 4				
age 12 and up	45,668	9.0%	44,759	8.9%
Coos				
age 12 and up	5,167	9.0%	5,064	8.9%
Curry				
age 12 and up	1,924	9.0%	1,886	8.9%
Douglas				
age 12 and up	8,778	9.0%	8,603	8.9%
Jackson				
age 12 and up	17,470	9.0%	17,122	8.9%
Josephine				

age 12 and up	6,966	9.0%	6,828	8.9%
Klamath				
age 12 and up	5,363	9.0%	5,256	8.9%
Region 5 (Central)				
age 12 and up	19,561	9.0%	19,172	8.9%
Crook				
age 12 and up	1,958	9.0%	1,919	8.9%
Deschutes				
age 12 and up	15,734	9.0%	15,421	8.9%
Jefferson				
age 12 and up	1,870	9.0%	1,833	8.9%
Region 6 (Eastern)				
age 12 and up	19,370	9.0%	18,984	8.9%
Baker				
age 12 and up	1,309	9.0%	1,283	8.9%
Gilliam				
age 12 and up	158	9.0%	155	8.9%
Grant				
age 12 and up	574	9.0%	563	8.9%
Harney				
age 12 and up	587	9.0%	576	8.9%
Hood River				
age 12 and up	1,840	9.0%	1,803	8.9%
Lake				
age 12 and up	642	9.0%	630	8.9%
Malheur				

age 12 and up	2,365	9.0%	2,318	8.9%
Morrow				
age 12 and up	906	9.0%	888	8.9%
Sherman				
age 12 and up	147	9.0%	144	8.9%
Umatilla				
age 12 and up	6,055	9.0%	5,934	8.9%
Union				
age 12 and up	2,029	9.0%	1,989	8.9%
Wallowa				
age 12 and up	584	9.0%	573	8.9%
Wasco				
age 12 and up	2,053	9.0%	2,012	8.9%
Wheeler				
age 12 and up	120	9.0%	118	8.9%

^a Number of individuals in each category is estimated using NSDUH prevalence estimates in combination with 2020 US Census data.³³ County data shown for ages 12 and up only – NSDUH data on substance use disorder utilizing DSM-5 classification of use disorders are only available at the state level, which have been applied to counties for these estimates.

Appendix B – Statewide and County Profiles

The following section includes select findings by county, compiled to provide key information from the needs assessment, CAST analysis, and survey.

Needs assessment data shared in the county profiles include prevalence information for the county, including the estimated number of individuals ages 12 and up with a substance use disorder and the number of individuals with a substance use disorder who need but are not receiving treatment at a specialty facility.

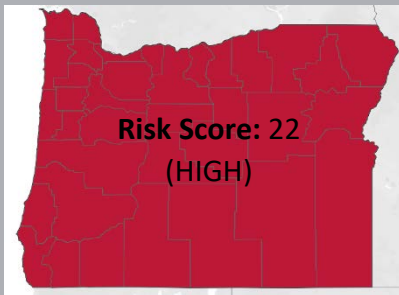
The CAST findings in the county profiles include all the components that go into the risk score for that county, as well as the risk score and risk level, using a color-coded gradient of gold to red to denote level of risk.

Additional CAST findings included in county profiles show the service gaps by selected CAST categories described above. If a county was determined to not have a gap in services for a specific category, that category is not shown in the county profile. The county profiles also include an overall CAST percent gap across all service categories.

Survey findings included in county profiles are reported at a regional level. A regional summary of responses from local agencies who participated in the inventory survey are included for the following survey questions:

- In [the county where your organization operates], does capacity for services meet the demand for services?
- In [the county where your organization operates], do you offer services in languages other than English (with certified interpreters on staff, using contracted services like language line, or certified staff who are multi-lingual)?
- In [the county where your organization operates], is travel time or access to transportation a barrier for clients?
- In [the county where your organization operates], do you offer any services that are specific for people of a protected class? A protected class refers to groups of people who are legally protected from being harmed or harassed by laws, practices, and policies that discriminate against them due to a shared characteristic. This includes race/ethnicity, religion, gender, sexual orientation, disability, or veteran status. For this survey, we are categorizing services that are specifically for members who are part of one of these protected classes - for example, substance use disorder counseling that uses Indigenous customs, or support groups built for people who are LGBTQIA2S+.
- In [the county where your organization operates], do you provide outreach services to individuals who are houseless?

State of Oregon



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 Statewide:
669,753 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need Statewide:
664,607 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Statewide, the Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score in Oregon State is **22**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

Statewide Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	88%
	% of population with college degree	34%
	Alcohol outlet density	4
	Association rate per 100,000 people	106
MODERATE	Violent crime rate per 100,000	241
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	18%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	18%

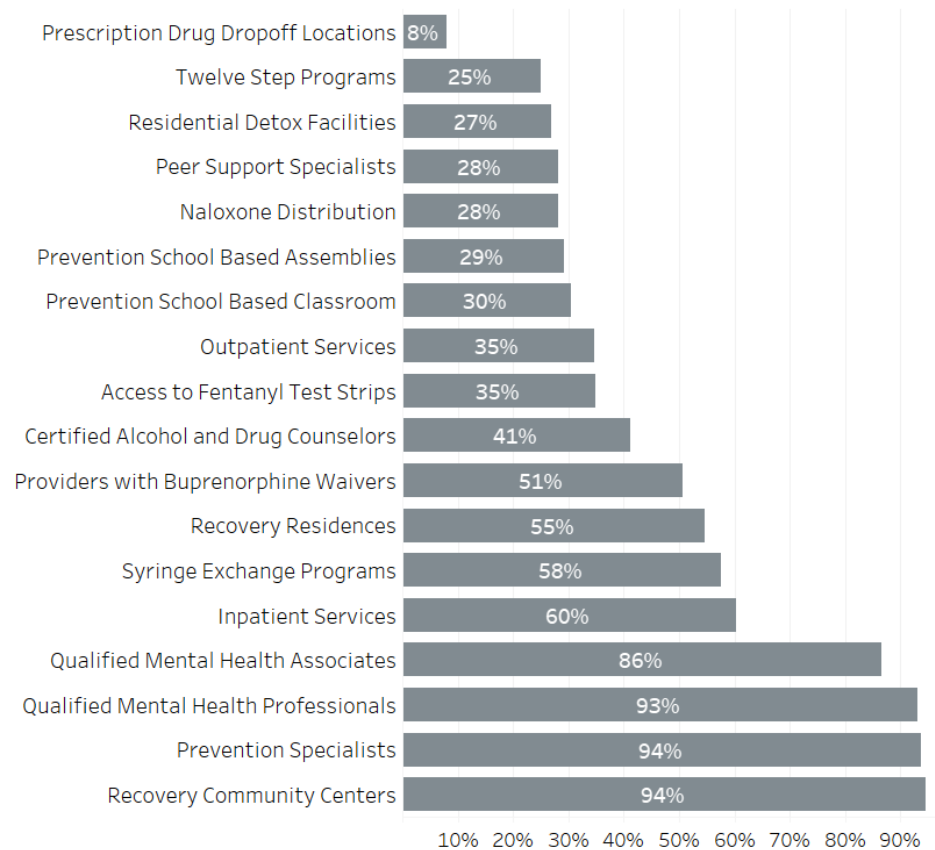
State of Oregon, continued

Across the state, organizations who participated in the inventory survey reported:

- 54.1% do not think their capacity meets the current demand for services;
- 24.6% do not offer services in languages other than English;
- 64% noted travel time or transportation as a barriers to accessing services;
- 40.1% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 37% do not provide outreach services to individuals who are houseless.

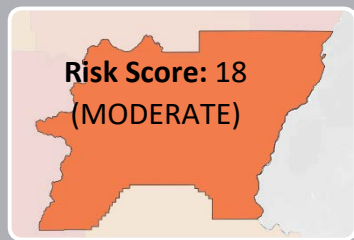
A review of the current SUD resources and service capacity across the state of Oregon provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Statewide County has an overall service gap of **49%**. This means out of the total number of recommended services in Statewide County, it is estimated that 49% are missing. The top identified service gaps are shown below.

Statewide 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 serv

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 for 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.

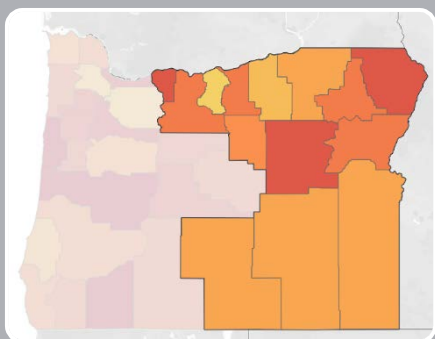
Baker County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with college degree	24%
	Alcohol outlet density	5
MODERATE	% of population with access to physical activity	72%
	Violent crime rate per 100,000	264
LOW	% 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

Baker, continued

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

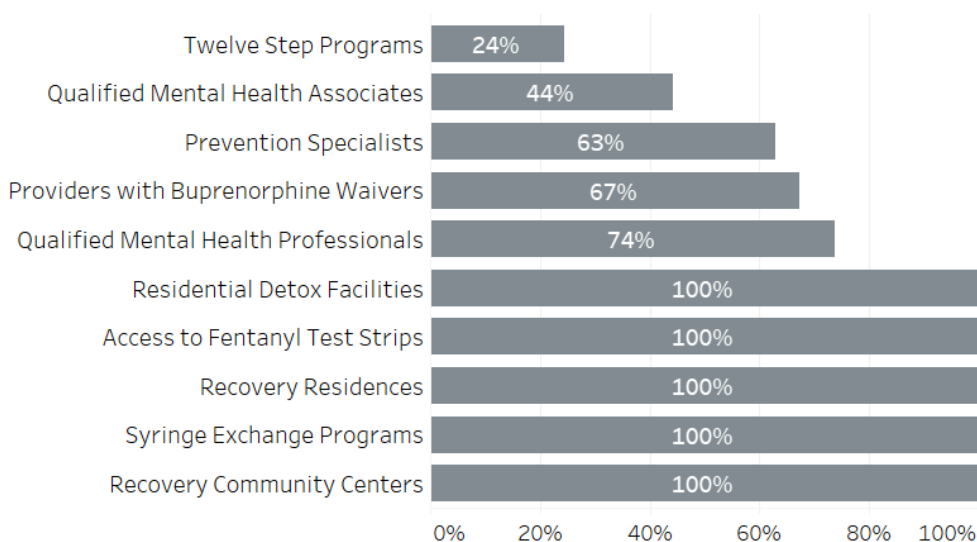
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

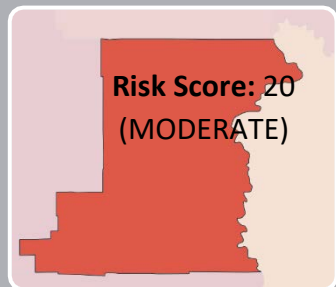
A review of **Baker County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Baker County has an overall service gap of **44%**. This means out of the total number of recommended services 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.

Benton 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 Benton County:

15,581 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Benton County:

15,461 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Benton County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **20**, 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.

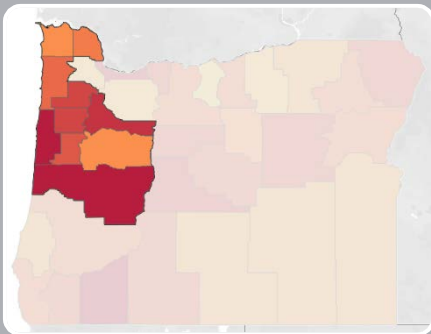
Benton County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	90%
	% of population with college degree	54%
	Alcohol outlet density	4
MODERATE	Association rate per 100,000 people	130
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	20%
	% of population without high school diploma	4%
	% of the population that lives in a rural area	18%
	Violent crime rate per 100,000	128

Benton, continued

In Region 3, organizations who participated in the inventory survey reported:

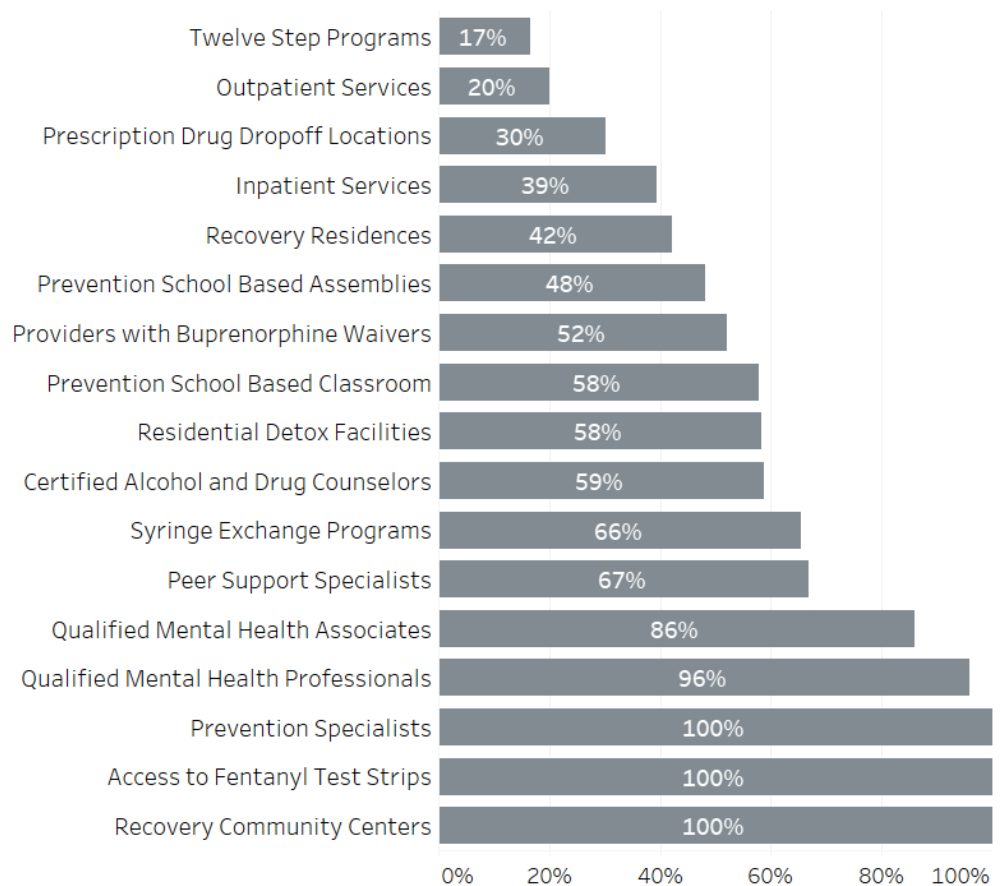
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

A review of **Benton 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. Benton County has an overall service gap of **58%**. This means out of the total number of recommended services in Benton County, it is estimated that 58% are missing. The top identified service gaps are shown below.

Benton 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.

Clackamas 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 Clackamas County:

66,471 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Clackamas County:

65,960 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Clackamas County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **15**, 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.

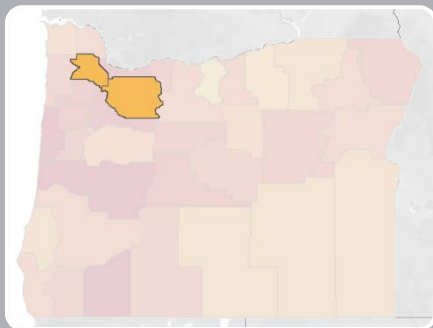
Clackamas County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	92%
	% of population with college degree	38%
	Association rate per 100,000 people	90
MODERATE	Alcohol outlet density	3
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	12%
	% of population without high school diploma	6%
	% of the population that lives in a rural area	18%
	Violent crime rate per 100,000	160

Clackamas, continued

In Region 2, organizations who participated in the inventory survey reported:

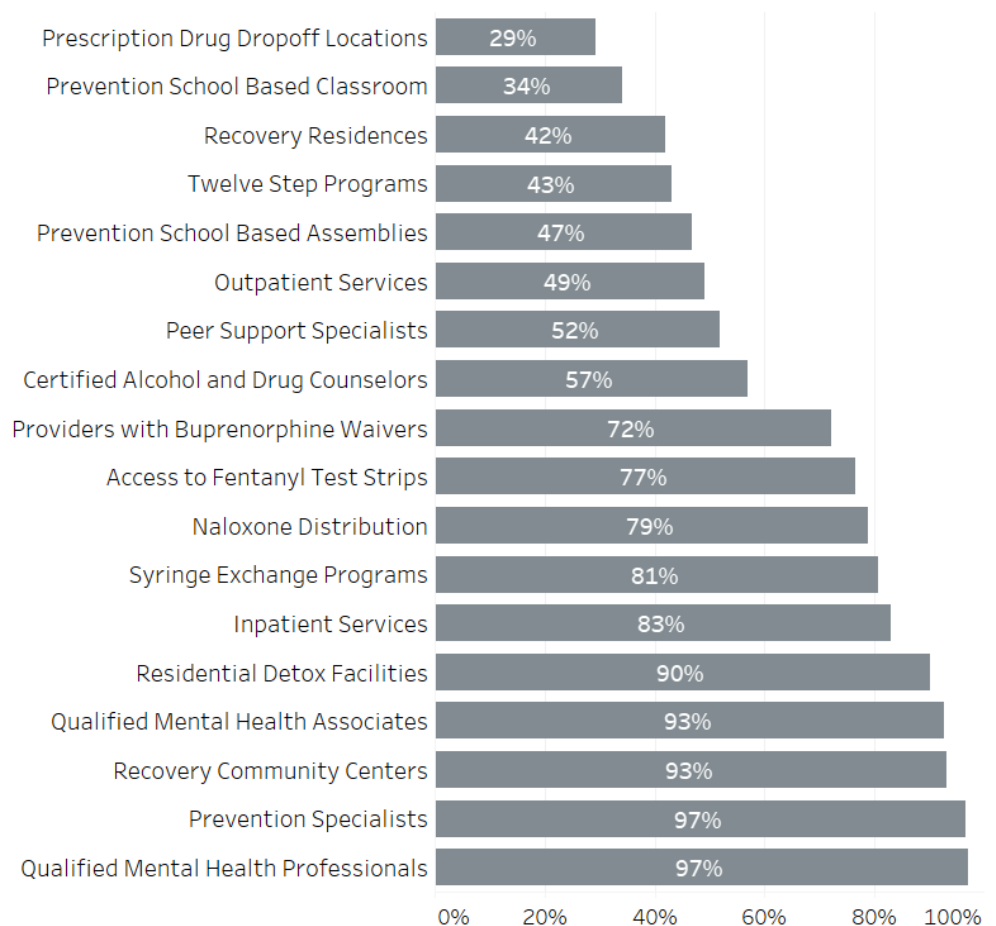
- 51.2% do not think their capacity meets the current demand for services;
- 30% do not offer services in languages other than English;
- 53.1% noted travel time or transportation as a barriers to accessing services;
- 39.1% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 39.6% do not provide outreach services to individuals who are houseless.



Region 2 is comprised of Clackamas and Washington Counties.

A review of **Clackamas 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. Clackamas County has an overall service gap of **68%**. This means out of the total number of recommended services in Clackamas County, it is estimated that 68% are missing. The top identified service gaps are shown below.

Clackamas 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.

Clatsop 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 Clatsop County:

6,574 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Clatsop County:

6,523 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Clatsop County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **17**, 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.

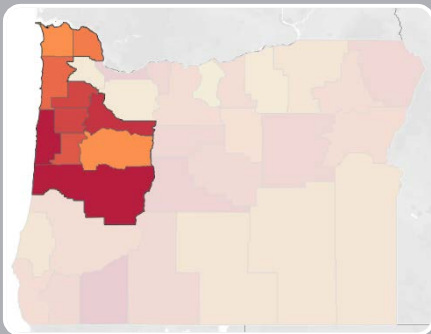
Clatsop County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	92%
	Alcohol outlet density	7
MODERATE	% of population with college degree	24%
	Association rate per 100,000 people	130
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	20%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	38%
	Violent crime rate per 100,000	163

Clatsop, continued

In Region 3, organizations who participated in the inventory survey reported:

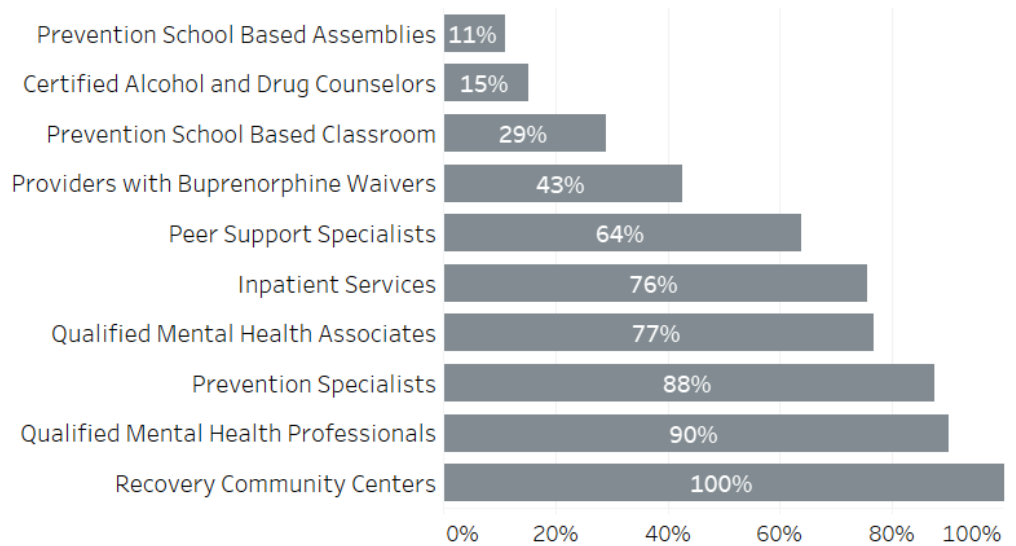
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

A review of **Clatsop 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. Clatsop County has an overall service gap of **33%**. This means out of the total number of recommended services in Clatsop County, it is estimated that 33% are missing. The top identified service gaps are shown below.

Clatsop 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.

Columbia 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 Columbia County:

8,325 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Columbia County:

8,261 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Columbia County’s Calculating for 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.

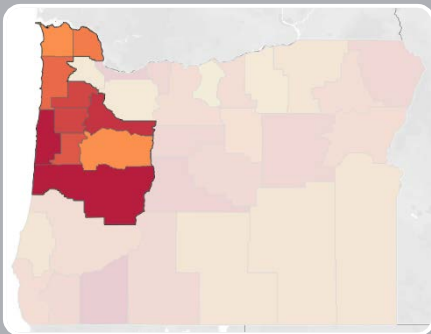
Columbia County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	78%
	Alcohol outlet density	4
	Association rate per 100,000 people	70
MODERATE	% of population with college degree	18%
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	16%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	44%
	Violent crime rate per 100,000	133

Columbia, continued

In Region 3, organizations who participated in the inventory survey reported:

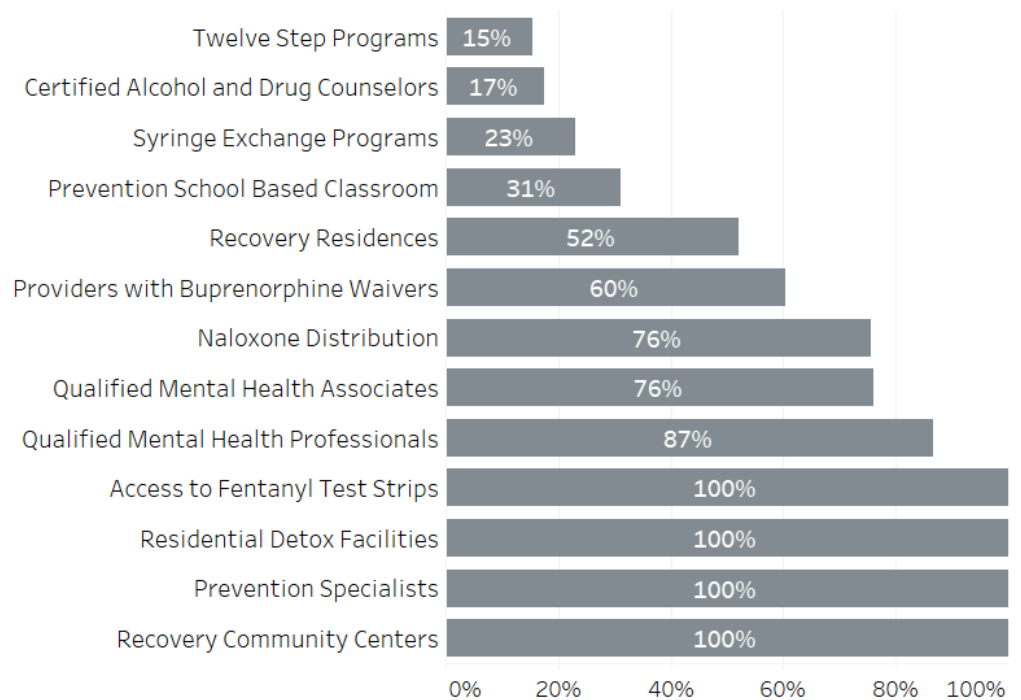
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

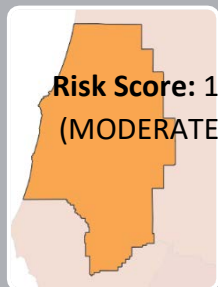
A review of **Columbia County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Columbia County has an overall service gap of **47%**. This means out of the total number of recommended services in Columbia County, it is estimated that 47% are missing. The top identified service gaps are shown below.

Columbia 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.

Coos 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 Coos County:

10,414 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Coos County:

10,334 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Coos County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **16**, 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.

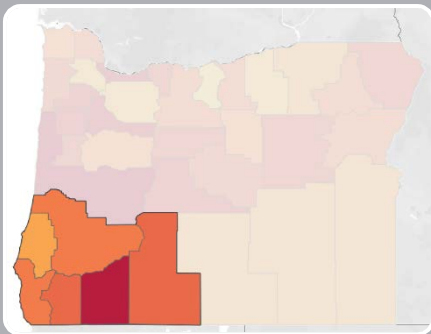
Coos County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	5
	MODERATE	
	% of population with access to physical activity	76%
	% of population with college degree	20%
	Association rate per 100,000 people	130
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	24%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	38%
	Violent crime rate per 100,000	170

Coos, continued

In Region 4, organizations who participated in the inventory survey reported:

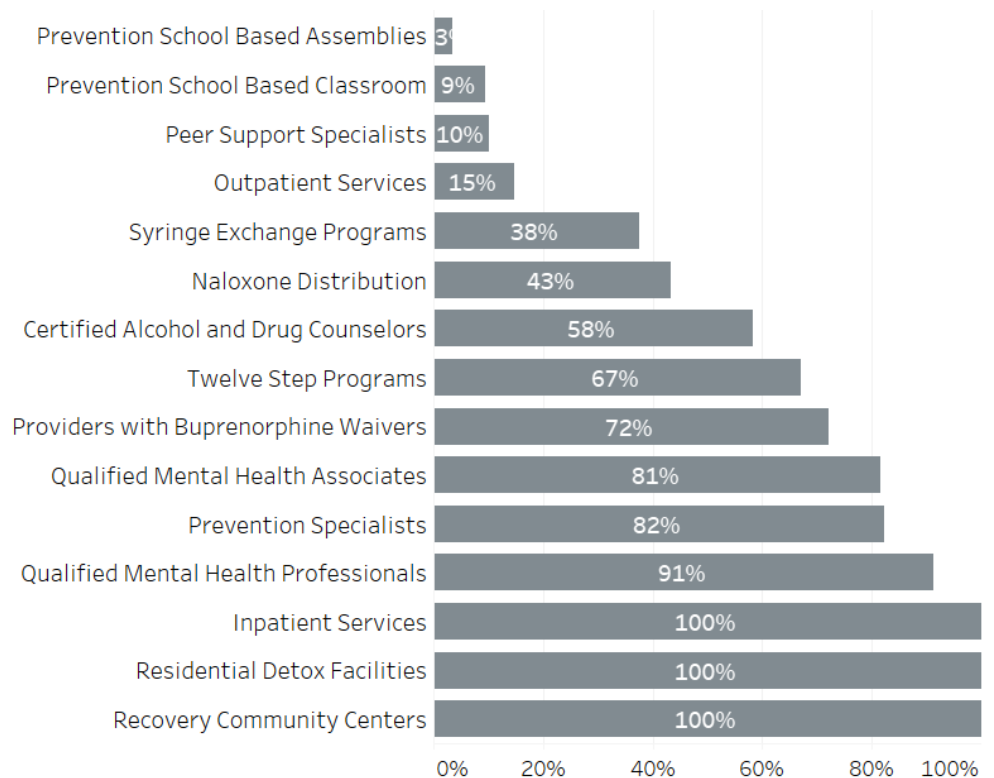
- 72.7% do not think their capacity meets the current demand for services;
- 20.7% do not offer services in languages other than English;
- 86.2% noted travel time or transportation as a barriers to accessing services;
- 56.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 30% do not provide outreach services to individuals who are houseless.



Region 4 is comprised of Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

A review of **Coos 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. Coos County has an overall service gap of **49%**. This means out of the total number of recommended services in Coos County, it is estimated that 49% are missing. The top identified service gaps are shown below.

Coos 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.

Crook 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 Crook County:

3,946 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Crook County:

3,916 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Crook County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **19**, 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.

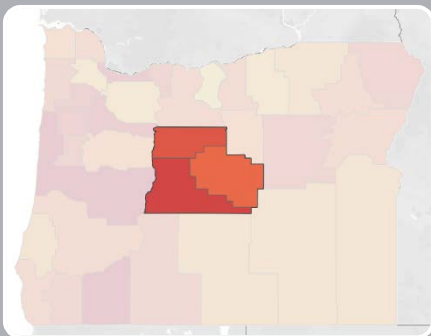
Crook County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	3
	Association rate per 100,000 people	110
	Violent crime rate per 100,000	346
MODERATE	% of population with access to physical activity	76%
	% of population with college degree	18%
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	20%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	48%

● Crook, continued

In Region 5, organizations who participated in the inventory survey reported:

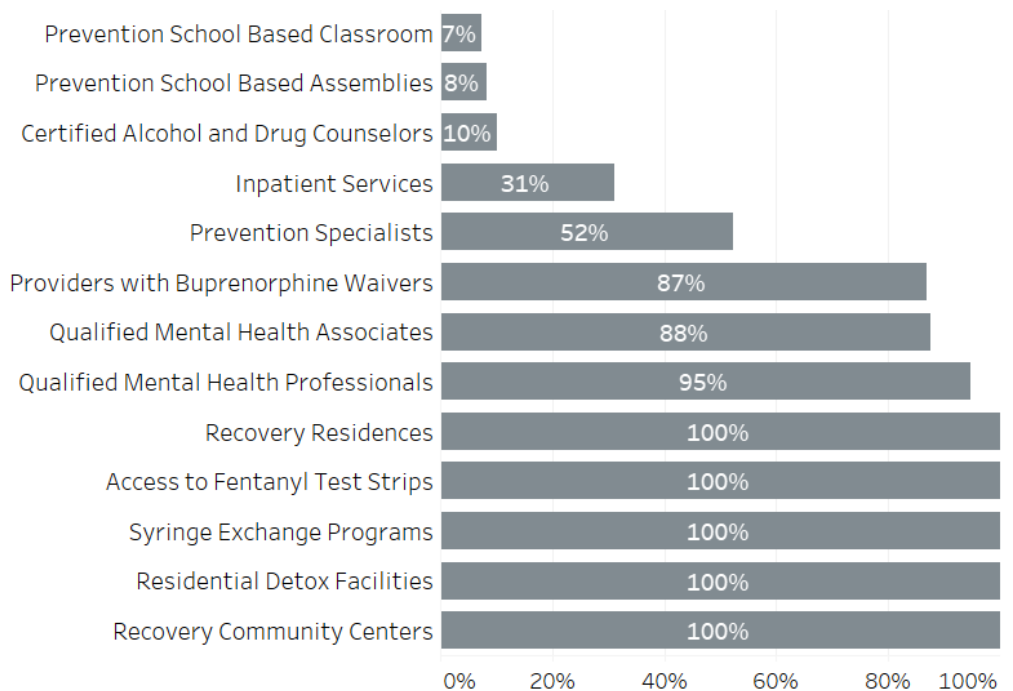
- 55.6% do not think their capacity meets the current demand for services;
- 33.3% do not offer services in languages other than English;
- 60% noted travel time or transportation as a barriers to accessing services;
- 42.9% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40% do not provide outreach services to individuals who are houseless.



Region 5 is comprised of Crook, Deschutes, and Jefferson Counties.

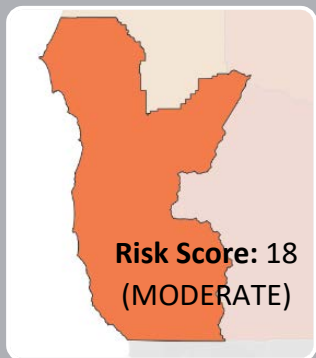
A review of **Crook County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Crook County has an overall service gap of **50%**. This means out of the total number of recommended services in Crook County, it is estimated that 50% are missing. The top identified service gaps are shown below.

Crook 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.

Curry 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 Curry County:

3,878 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Curry County:

3,848 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Curry County’s Calculating for 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.

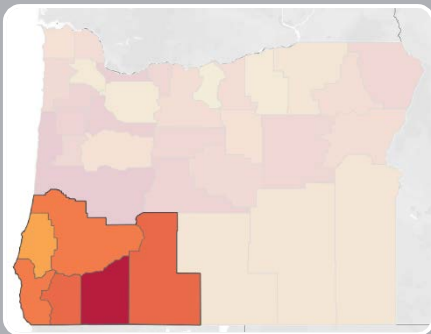
Curry County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	92%
	Alcohol outlet density	5
	Association rate per 100,000 people	90
MODERATE	% of population with college degree	24%
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	24%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	38%
	Violent crime rate per 100,000	108

Curry, continued

In Region 4, organizations who participated in the inventory survey reported:

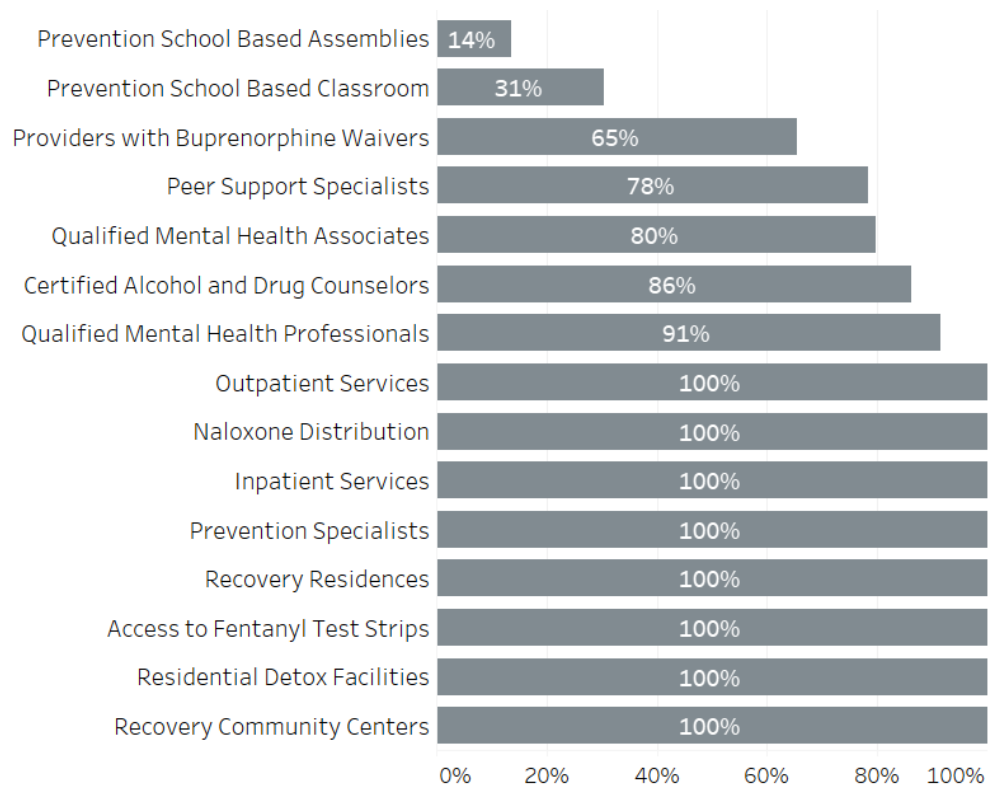
- 72.7% do not think their capacity meets the current demand for services;
- 20.7% do not offer services in languages other than English;
- 86.2% noted travel time or transportation as a barriers to accessing services;
- 56.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 30% do not provide outreach services to individuals who are houseless.



Region 4 is comprised of Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

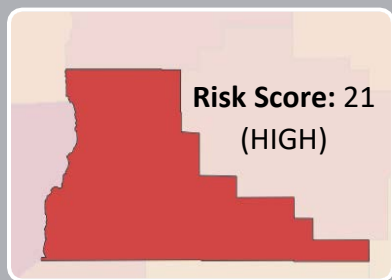
A review of **Curry County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Curry County has an overall service gap of **69%**. This means out of the total number of recommended services in Curry County, it is estimated that 69% are missing. The top identified service gaps are shown below.

Curry 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.

● Deschutes 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 Deschutes County:

31,712 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Deschutes County:

31,468 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Deschutes County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **21**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

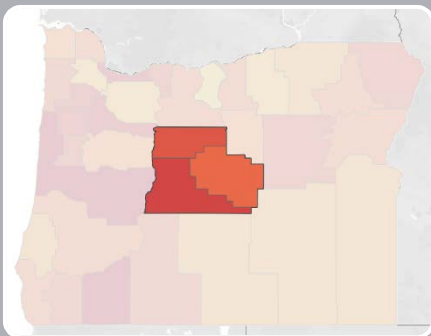
Deschutes County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	90%
	% of population with college degree	38%
	Alcohol outlet density	3
	Association rate per 100,000 people	100
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	16%
	% of population without high school diploma	6%
	% of the population that lives in a rural area	28%
	Violent crime rate per 100,000	169

● Deschutes, continued

In Region 5, organizations who participated in the inventory survey reported:

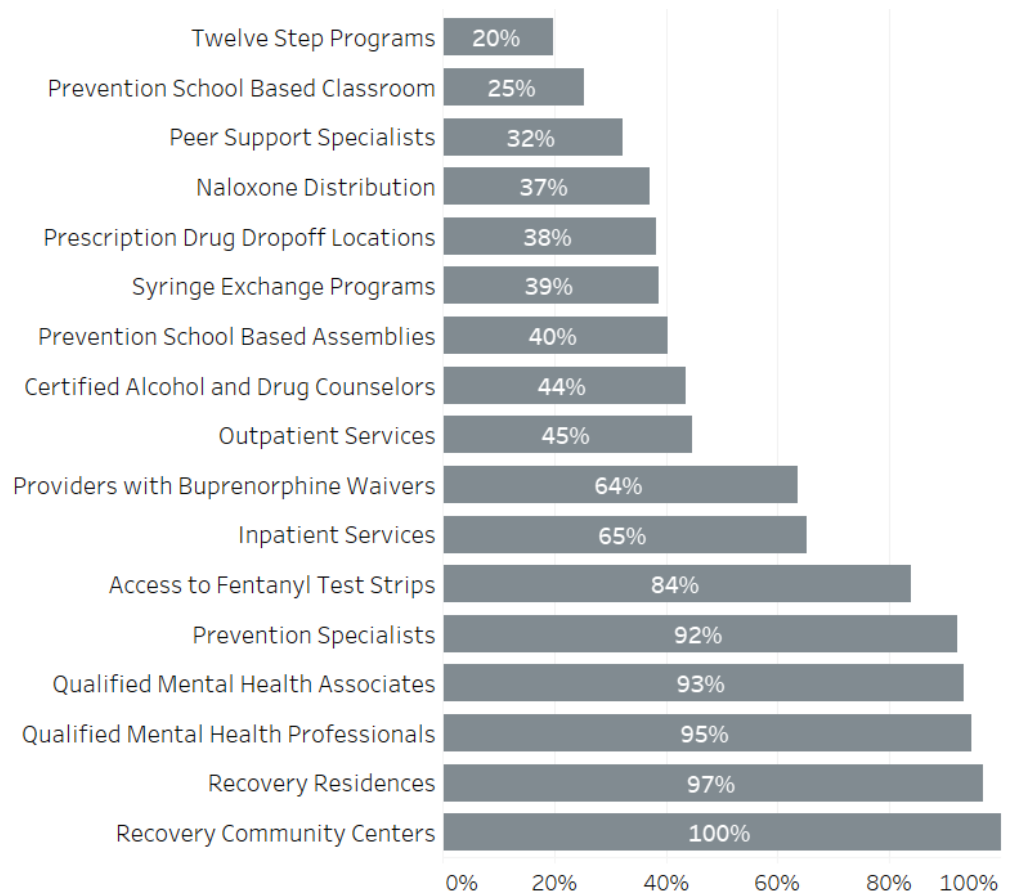
- 55.6% do not think their capacity meets the current demand for services;
- 33.3% do not offer services in languages other than English;
- 60% noted travel time or transportation as a barriers to accessing services;
- 42.9% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40% do not provide outreach services to individuals who are houseless.



Region 5 is comprised of Crook, Deschutes, and Jefferson Counties.

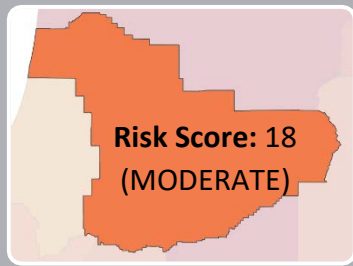
A review of **Deschutes County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Deschutes County has an overall service gap of **56%**. This means out of the total number of recommended services in Deschutes County, it is estimated that 56% are missing. The top identified service gaps are shown below.

Deschutes 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.

Douglas 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 Douglas County:

17,691 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Douglas County:

17,555 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Douglas County's Calculating for 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.

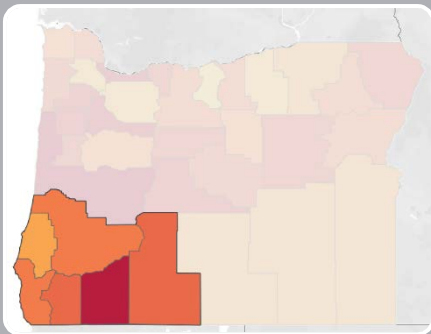
Douglas County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	5
	Association rate per 100,000 people	110
MODERATE	% of population with access to physical activity	64%
	% of population with college degree	18%
	Violent crime rate per 100,000	219
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	20%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	42%

Douglas, continued

In Region 4, organizations who participated in the inventory survey reported:

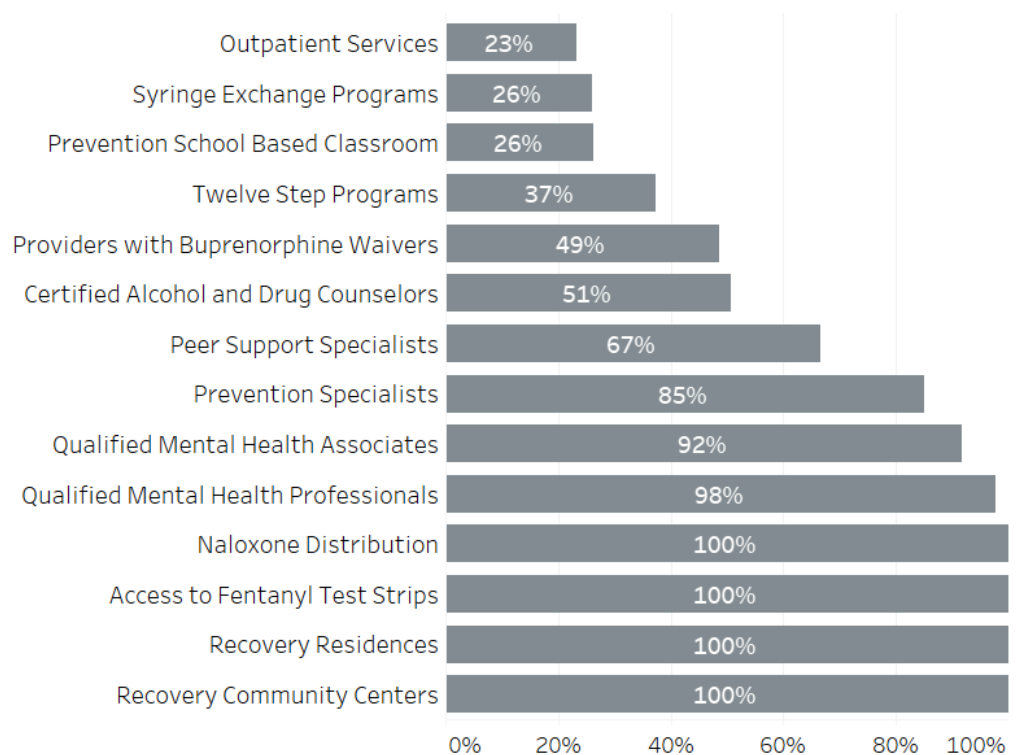
- 72.7% do not think their capacity meets the current demand for services;
- 20.7% do not offer services in languages other than English;
- 86.2% noted travel time or transportation as a barriers to accessing services;
- 56.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 30% do not provide outreach services to individuals who are houseless.



Region 4 is comprised of Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

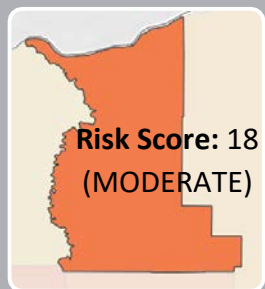
A review of **Douglas County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Douglas County has an overall service gap of **53%**. This means out of the total number of recommended services in Douglas County, it is estimated that 53% are missing. The top identified service gaps are shown below.

Douglas 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.

Gilliam 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 Gilliam County:

319 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Gilliam County:

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

Gilliam County’s Calculating for 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.

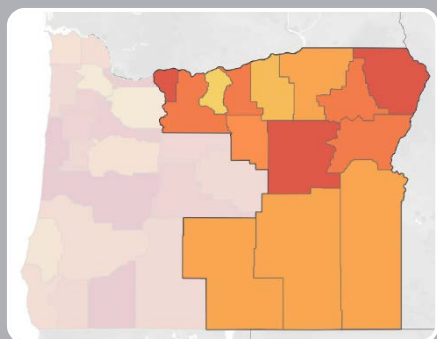
Gilliam County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	82%
	% of the population that lives in a rural area	100%
	Alcohol outlet density	4
MODERATE	% of population with college degree	22%
LOW	% of adult population that is male	48%
	% of households with income below \$35,000	32%
	% of population without high school diploma	6%
	Association rate per 100,000 people	160
	Violent crime rate per 100,000	0

Gilliam, continued

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

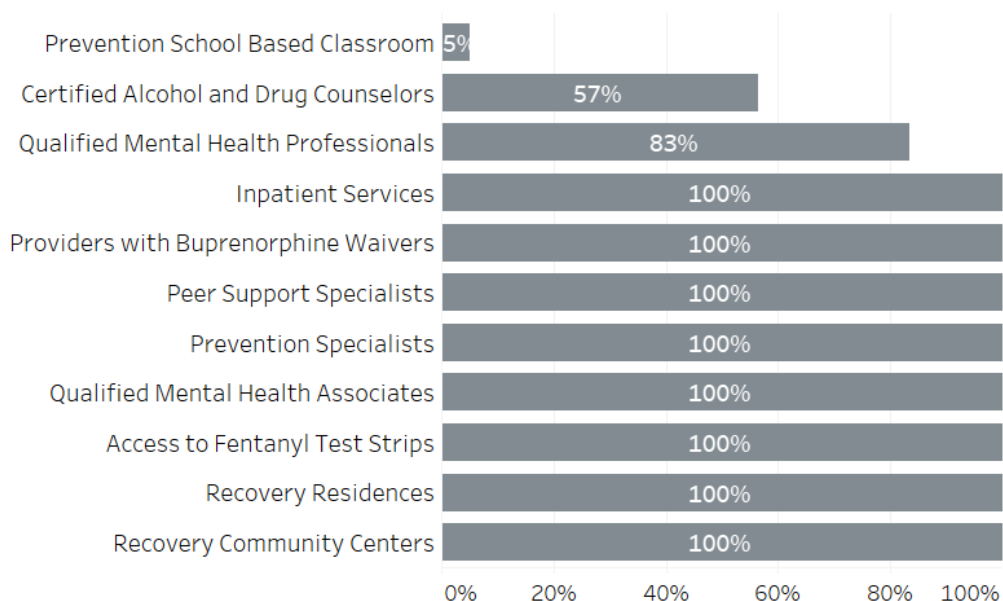
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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 **Gilliam 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. Gilliam County has an overall service gap of **59%**. This means out of the total number of recommended services in Gilliam County, it is estimated that 59% are missing. The top identified service gaps are shown below.

Gilliam 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.

Grant 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 Grant County:

1,158 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Grant County:

1,149 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Grant County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **20**, 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.

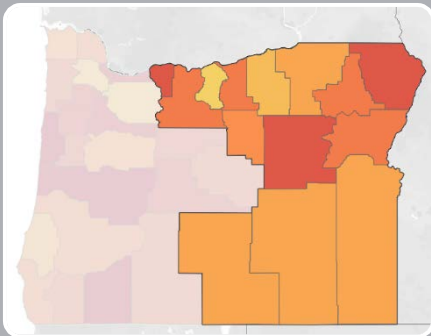
Grant County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of the population that lives in a rural area	100%
	Alcohol outlet density	5
	Association rate per 100,000 people	110
MODERATE	% of population with access to physical activity	62%
	% of population with college degree	20%
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	26%
	% of population without high school diploma	10%
	Violent crime rate per 100,000	69

● Grant, continued

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

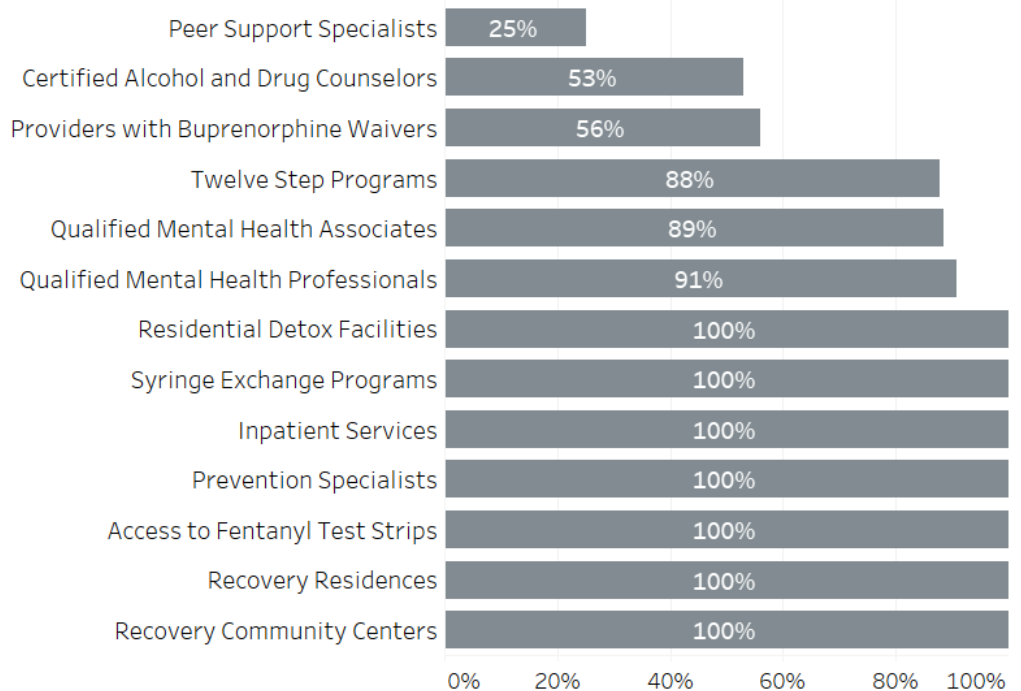
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

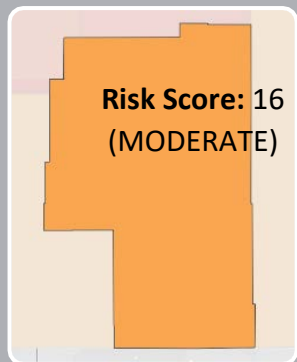
A review of **Grant County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Grant County has an overall service gap of **61%**. This means out of the total number of recommended services in Grant County, it is estimated that 61% are missing. The top identified service gaps are shown below.

Grant 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.

Harney 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 Harney County:

1,184 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Harney County:

1,175 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Harney County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **16**, 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.

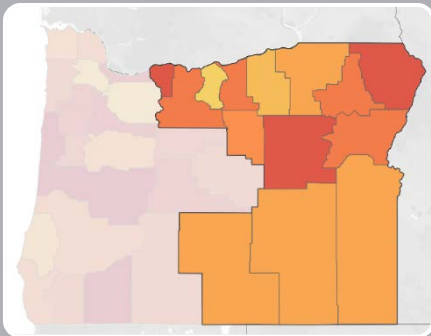
Harney County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	6
	Association rate per 100,000 people	100
MODERATE	% of population with access to physical activity	72%
	Violent crime rate per 100,000	230
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	26%
	% of population with college degree	16%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	44%

● Harney, continued

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

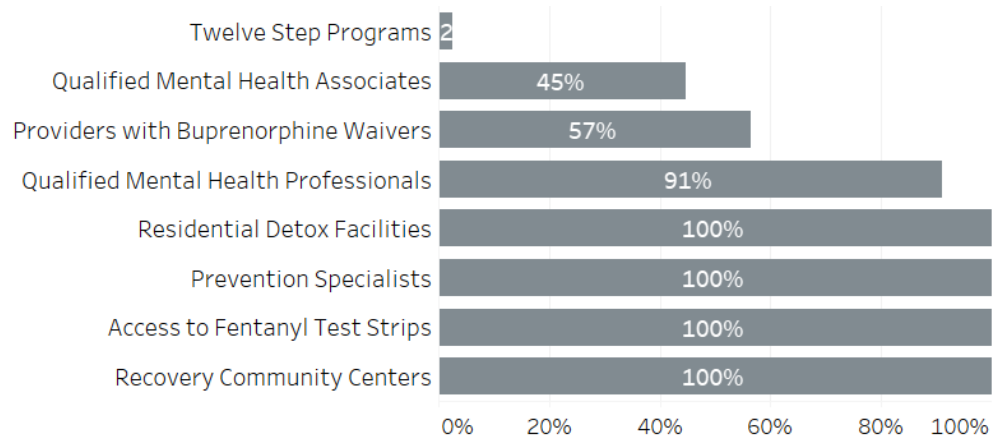
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

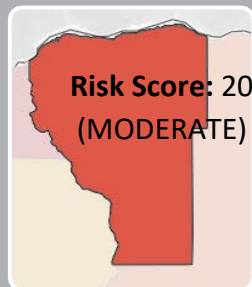
A review of **Harney County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Harney County has an overall service gap of **33%**. This means out of the total number of recommended services in Harney County, it is estimated that 33% are missing. The top identified service gaps are shown below.

Harney 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.

Hood River 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 Hood River County:

3,708 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Hood River County:

3,679 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Hood River County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **20**, 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.

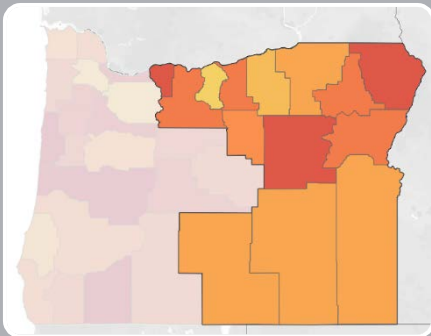
Hood River County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	80%
	% of population with college degree	34%
	Alcohol outlet density	6
MODERATE	Association rate per 100,000 people	140
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	12%
	% of population without high school diploma	18%
	% of the population that lives in a rural area	52%
	Violent crime rate per 100,000	147

● Hood River, continued

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

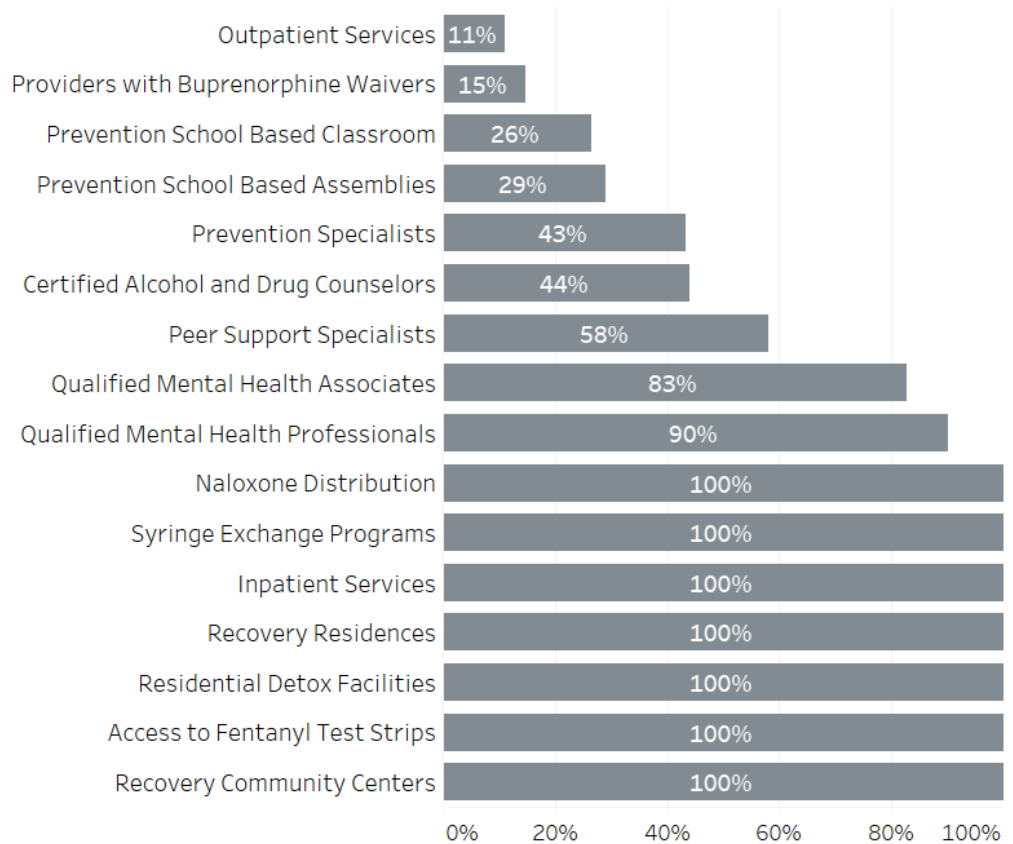
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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 **Hood River 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. Hood River County has an overall service gap of **62%**. This means out of the total number of recommended services in Hood River County, it is estimated that 62% are missing. The top identified service gaps are shown below.

Hood River 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.

Jackson 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 Jackson County:

35,211 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Jackson County:

34,940 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Jackson County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **23**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

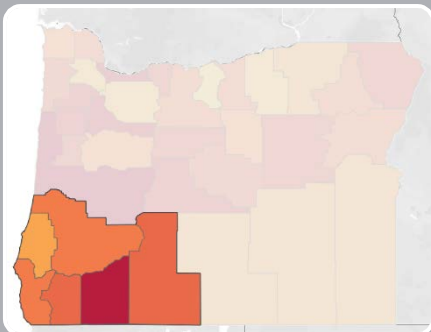
Jackson County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	84%
	% of population with college degree	28%
	Alcohol outlet density	4
	Association rate per 100,000 people	100
	Violent crime rate per 100,000	335
LOW	% of adult population that is male	48%
	% of households with income below \$35,000	20%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	20%

Jackson, continued

In Region 4, organizations who participated in the inventory survey reported:

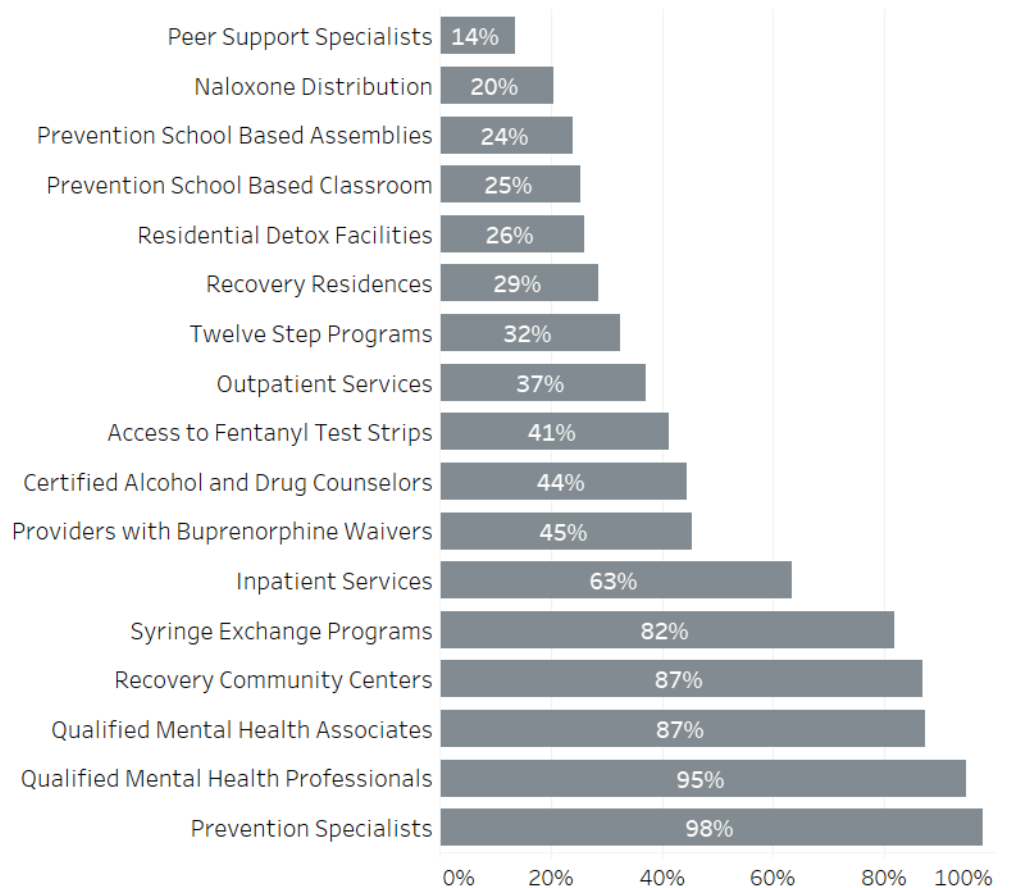
- 72.7% do not think their capacity meets the current demand for services;
- 20.7% do not offer services in languages other than English;
- 86.2% noted travel time or transportation as a barriers to accessing services;
- 56.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 30% do not provide outreach services to individuals who are houseless.



Region 4 is comprised of Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

A review of **Jackson 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. Jackson County has an overall service gap of **47%**. This means out of the total number of recommended services in Jackson County, it is estimated that 47% are missing. The top identified service gaps are shown below.

Jackson 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.

Jefferson 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 Jefferson County:

3,769 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Jefferson County:

3,740 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Jefferson County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **20**, 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.

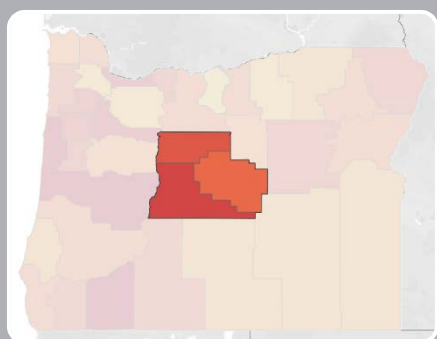
Jefferson County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	6
	Association rate per 100,000 people	80
MODERATE	% of population with access to physical activity	76%
	% of population with college degree	22%
	% of the population that lives in a rural area	64%
	Violent crime rate per 100,000	222
LOW	% of adult population that is male	52%
	% of households with income below \$35,000	24%
	% of population without high school diploma	12%

Jefferson, continued

In Region 5, organizations who participated in the inventory survey reported:

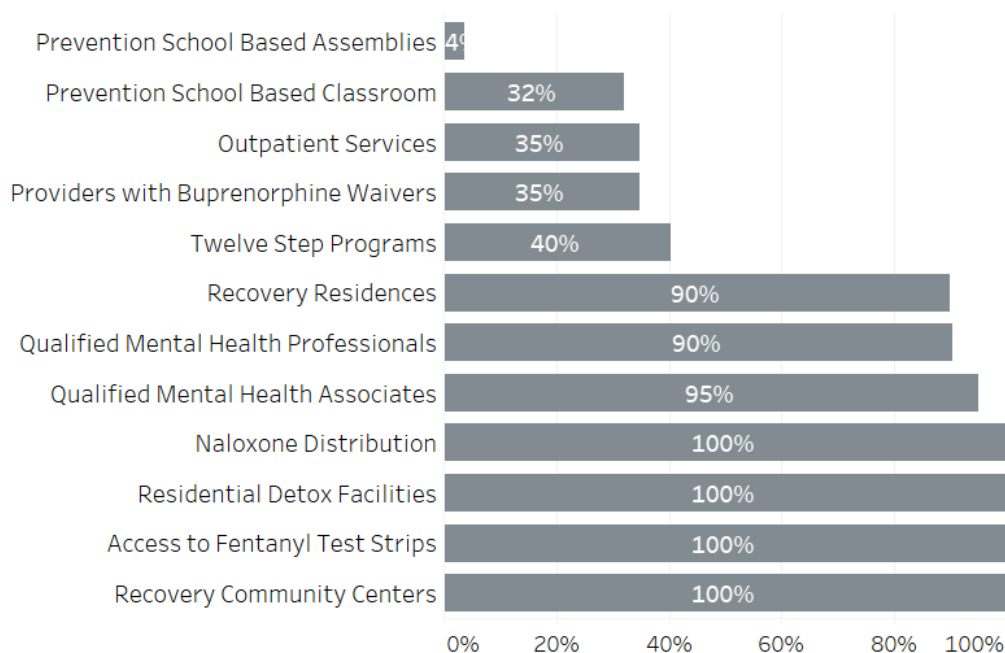
- 55.6% do not think their capacity meets the current demand for services;
- 33.3% do not offer services in languages other than English;
- 60% noted travel time or transportation as a barriers to accessing services;
- 42.9% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40% do not provide outreach services to individuals who are houseless.



Region 5 is comprised of Crook, Deschutes, and Jefferson Counties.

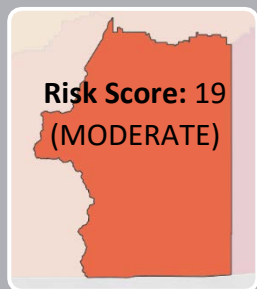
A review of **Jefferson County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Jefferson County has an overall service gap of **48%**. This means out of the total number of recommended services in Jefferson County, it is estimated that 48% are missing. The top identified service gaps are shown below.

Jefferson 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.

Josephine 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 Josephine County:

14,040 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Josephine County:

13,933 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Josephine County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **19**, 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.

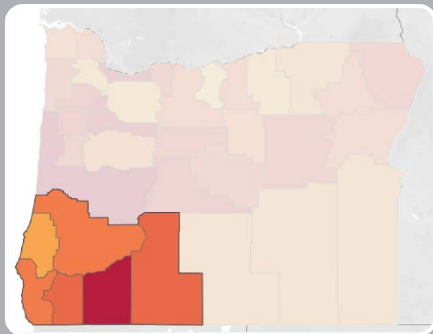
Josephine County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	82%
	Alcohol outlet density	4
	Association rate per 100,000 people	80
MODERATE	% of population with college degree	18%
	Violent crime rate per 100,000	223
LOW	% of adult population that is male	48%
	% of households with income below \$35,000	24%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	44%

● Josephine, continued

In Region 4, organizations who participated in the inventory survey reported:

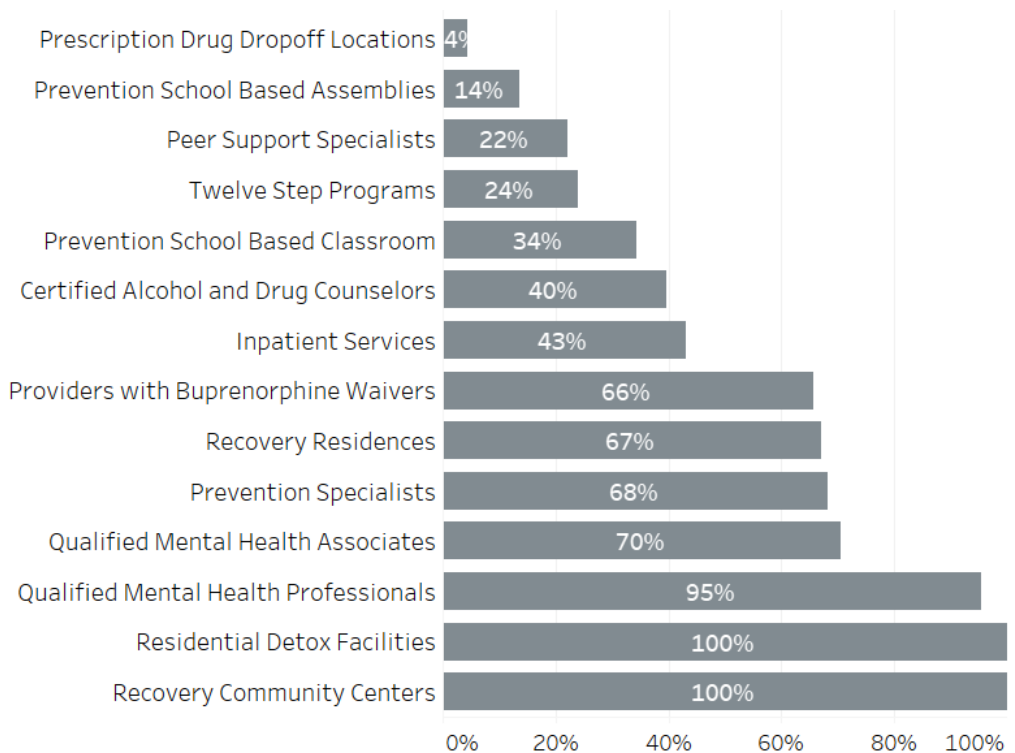
- 72.7% do not think their capacity meets the current demand for services;
- 20.7% do not offer services in languages other than English;
- 86.2% noted travel time or transportation as a barriers to accessing services;
- 56.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 30% do not provide outreach services to individuals who are houseless.



Region 4 is comprised of Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

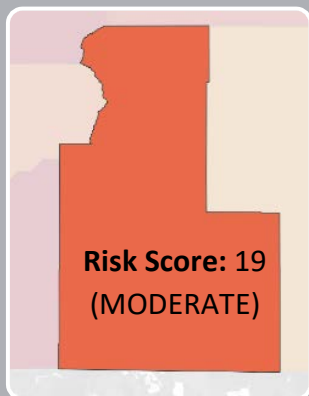
A review of **Josephine County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Josephine County has an overall service gap of **42%**. This means out of the total number of recommended services in Josephine County, it is estimated that 42% are missing. The top identified service gaps are shown below.

Josephine 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.

Klamath 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 Klamath County:

10,810 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Klamath County:

10,726 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Klamath County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **19**, 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.

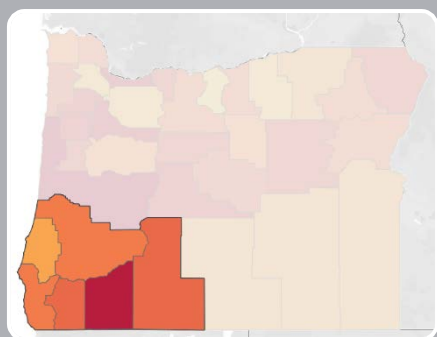
Klamath County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	80%
	Alcohol outlet density	5
	Association rate per 100,000 people	110
MODERATE	% of population with college degree	22%
	Violent crime rate per 100,000	218
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	26%
	% of population without high school diploma	12%
	% of the population that lives in a rural area	38%

Klamath, continued

In Region 4, organizations who participated in the inventory survey reported:

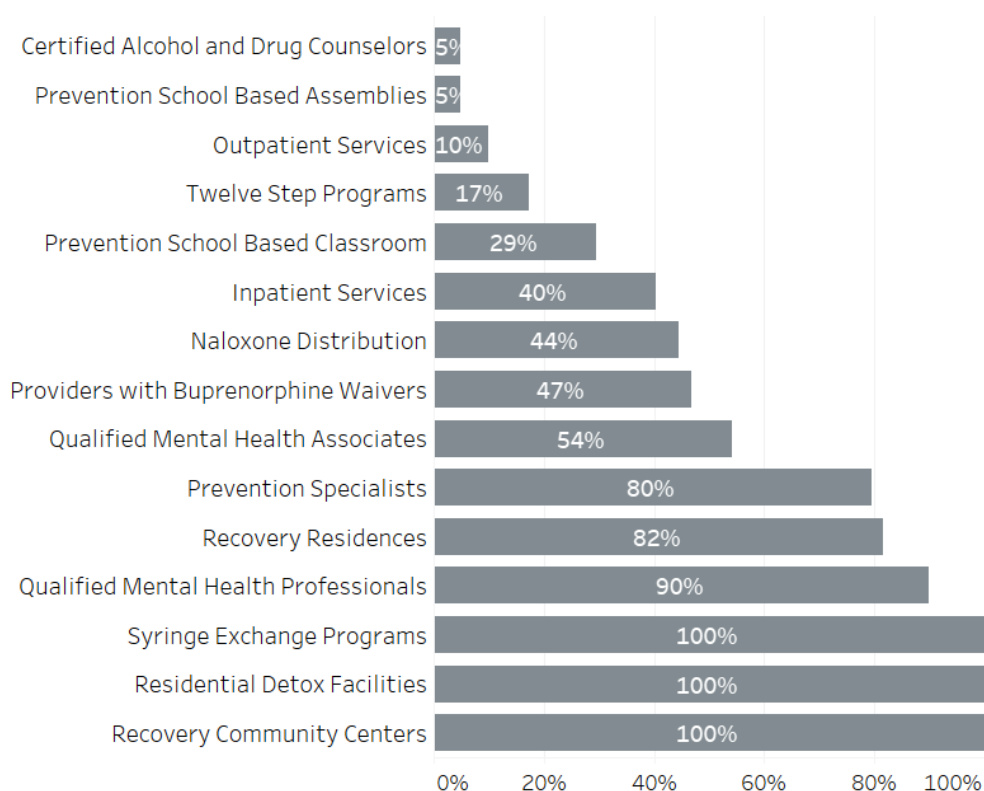
- 72.7% do not think their capacity meets the current demand for services;
- 20.7% do not offer services in languages other than English;
- 86.2% noted travel time or transportation as a barriers to accessing services;
- 56.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 30% do not provide outreach services to individuals who are houseless.



Region 4 is comprised of Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

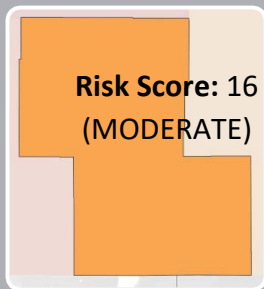
A review of **Klamath County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Klamath County has an overall service gap of **45%**. This means out of the total number of recommended services in Klamath County, it is estimated that 45% are missing. The top identified service gaps are shown below.

Klamath 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.

Lake 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 Lake County:

1,295 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Lake County:

1,285 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Lake County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **16**, 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.

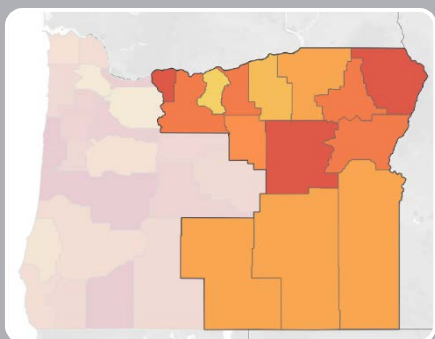
Lake County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate	
HIGH	Alcohol outlet density	4	
	MODERATE	% of population with access to physical activity	76%
		% of population with college degree	20%
LOW	% of the population that lives in a rural area	64%	
	% of adult population that is male	54%	
	% of households with income below \$35,000	28%	
	% of population without high school diploma	12%	
	Association rate per 100,000 people	180	
Null	Violent crime rate per 100,000	Null	

● Lake, continued

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

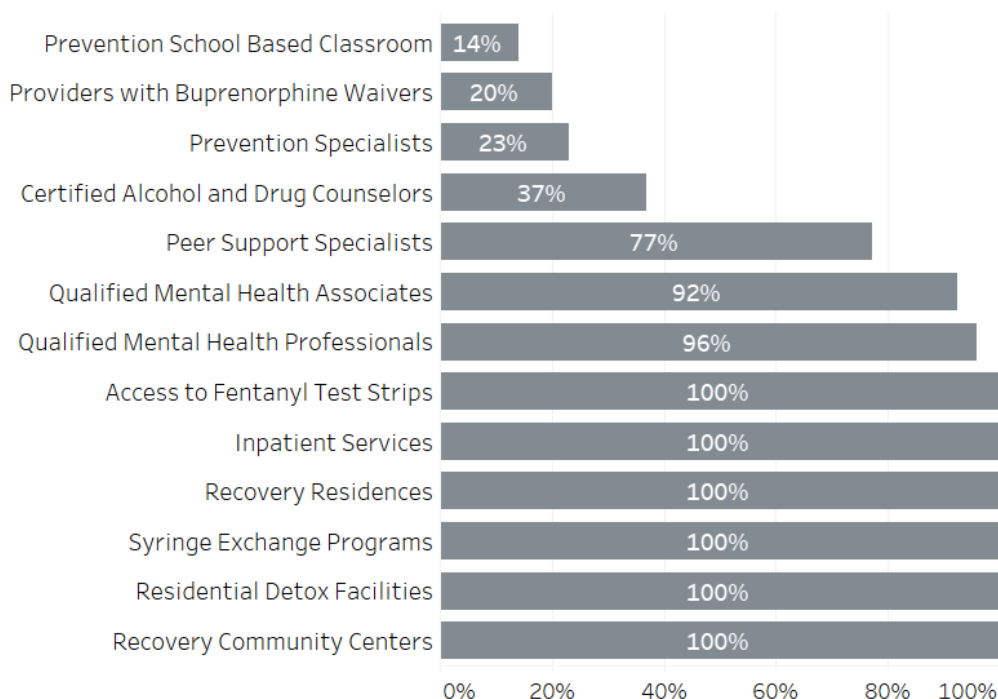
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

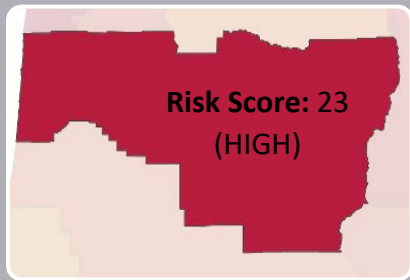
A review of **Lake County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Lake County has an overall service gap of **56%**. This means out of the total number of recommended services in Lake County, it is estimated that 56% are missing. The top identified service gaps are shown below.

Lake 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.

Lane 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 Lane County:

61,585 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Lane County:

61,112 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Lane County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **23**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

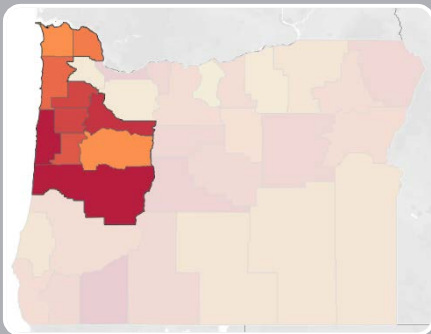
Lane County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	88%
	% of population with college degree	32%
	Alcohol outlet density	3
	Association rate per 100,000 people	100
	Violent crime rate per 100,000	330
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	22%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	18%

● Lane, continued

In Region 3, organizations who participated in the inventory survey reported:

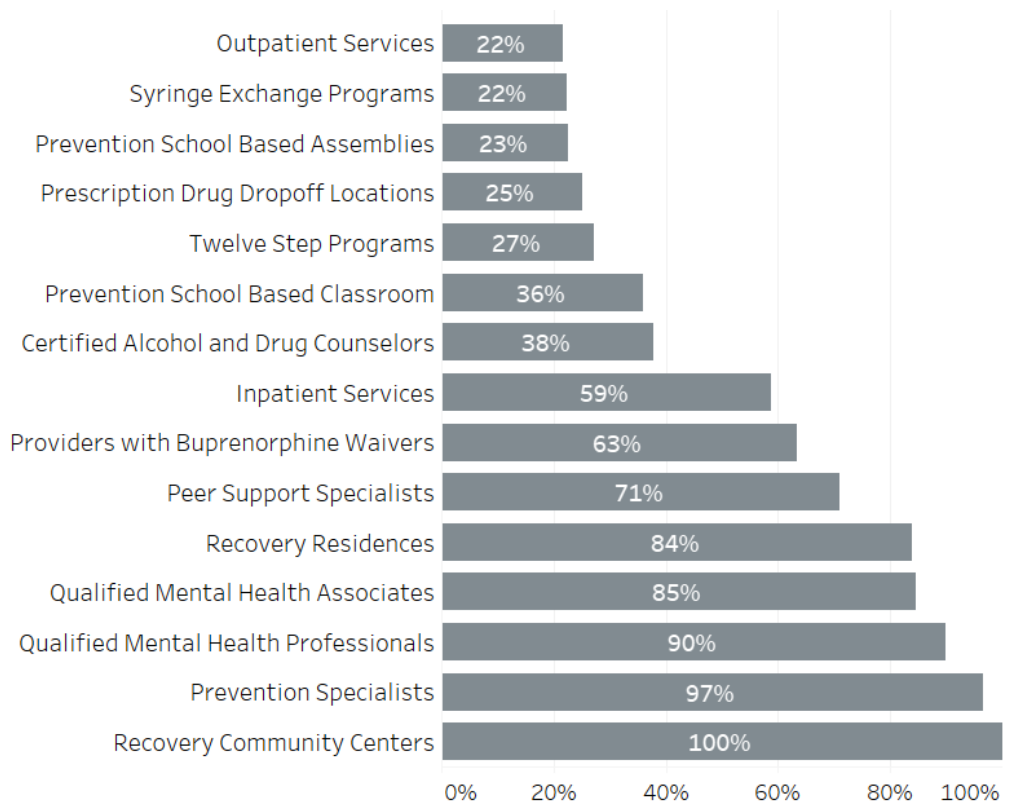
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

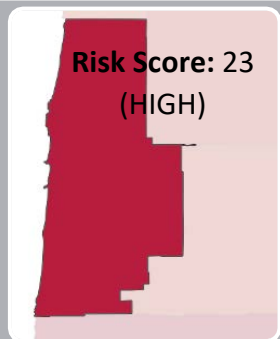
A review of **Lane County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Lane County has an overall service gap of **47%**. This means out of the total number of recommended services in Lane County, it is estimated that 47% are missing. The top identified service gaps are shown below.

Lane 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.

Lincoln 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 Lincoln County:

8,233 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Lincoln County:

8,169 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Lincoln County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **23**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

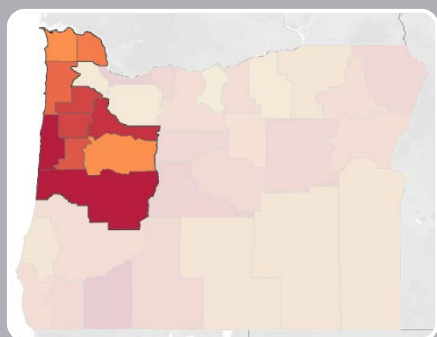
Lincoln County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	92%
	% of population with college degree	28%
	Alcohol outlet density	6
	Association rate per 100,000 people	100
	Violent crime rate per 100,000	347
LOW	% of adult population that is male	48%
	% of households with income below \$35,000	24%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	38%

Lincoln, continued

In Region 3, organizations who participated in the inventory survey reported:

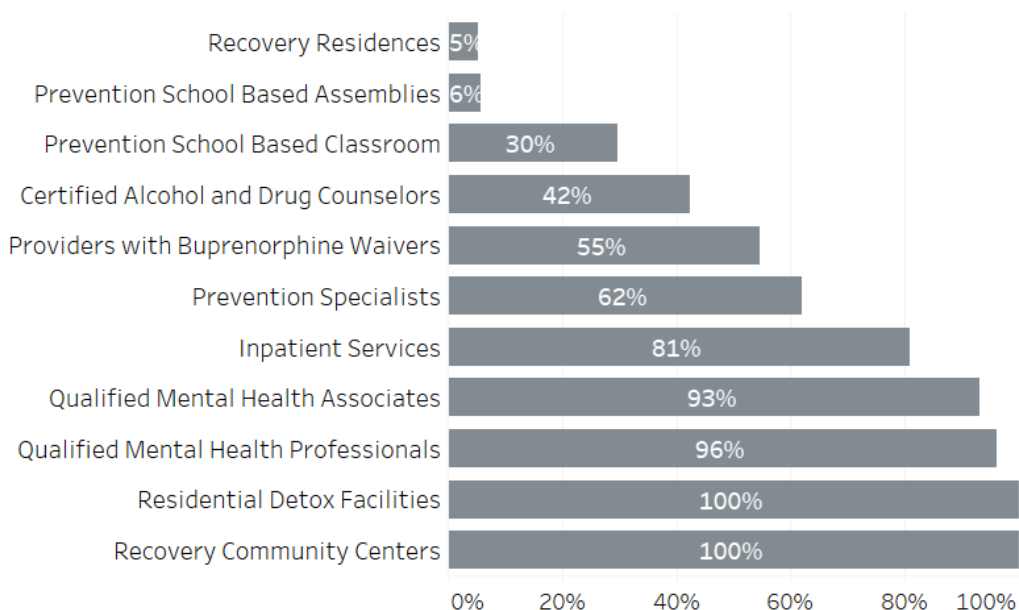
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

A review of **Lincoln 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. Lincoln County has an overall service gap of **38%**. This means out of the total number of recommended services in Lincoln County, it is estimated that 38% are missing. The top identified service gaps are shown below.

Lincoln 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.

Linn 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 Linn County:
20,050 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Linn County:
19,896 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Linn County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **17**, 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.

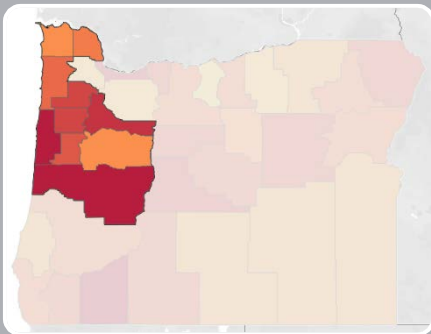
Linn County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	3
	Association rate per 100,000 people	110
MODERATE	% of population with access to physical activity	76%
	% of population with college degree	20%
	% of adult population that is male	50%
LOW	% of households with income below \$35,000	18%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	32%
	Violent crime rate per 100,000	112

● Linn, continued

In Region 3, organizations who participated in the inventory survey reported:

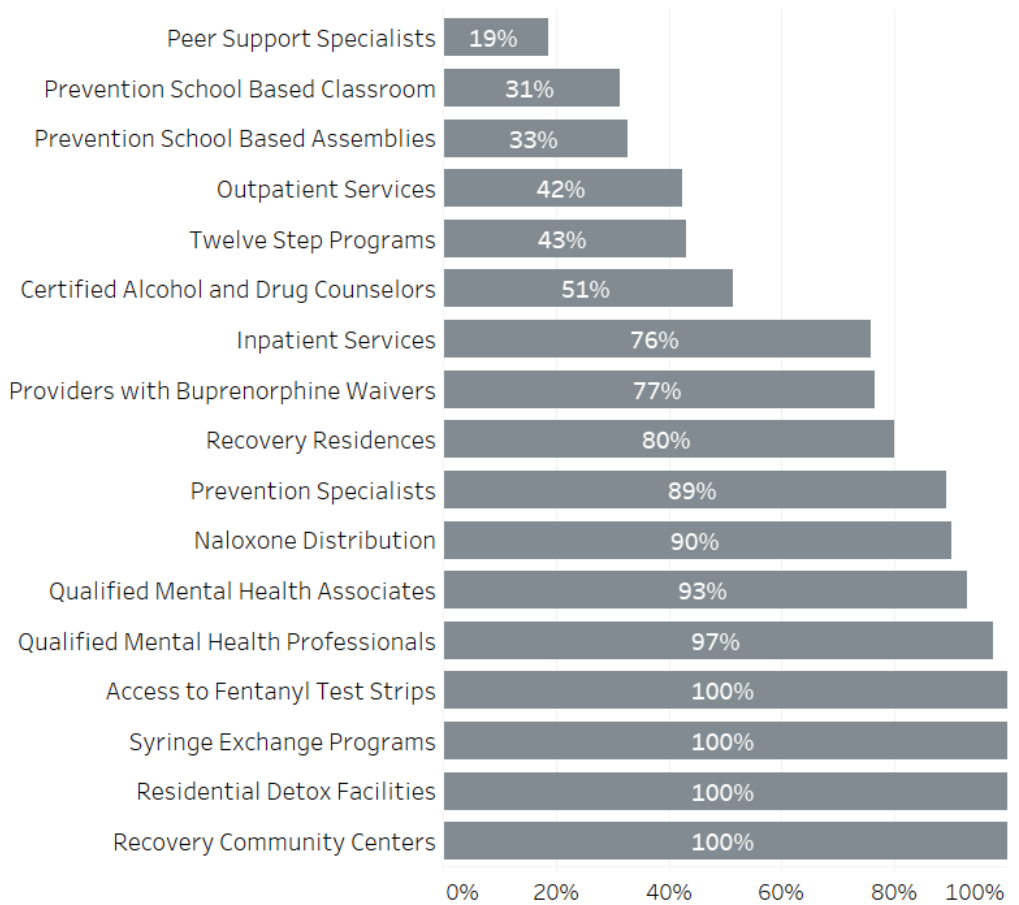
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

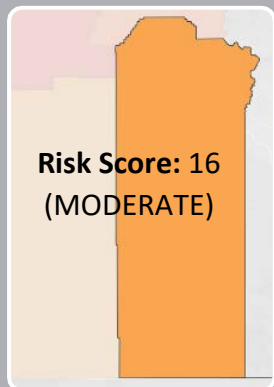
A review of **Linn County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Linn County has an overall service gap of **68%**. This means out of the total number of recommended services in Linn County, it is estimated that 68% are missing. The top identified service gaps are shown below.

Linn 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.

Malheur 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 Malheur County:

4,767 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Malheur County:

4,730 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Malheur County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **16**, 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.

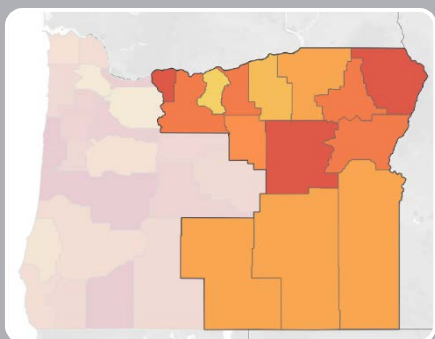
Malheur County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	5
	Association rate per 100,000 people	100
MODERATE	% of population with access to physical activity	68%
	Violent crime rate per 100,000	226
LOW	% of adult population that is male	54%
	% of households with income below \$35,000	28%
	% of population with college degree	14%
	% of population without high school diploma	18%
	% of the population that lives in a rural area	48%

Malheur, continued

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

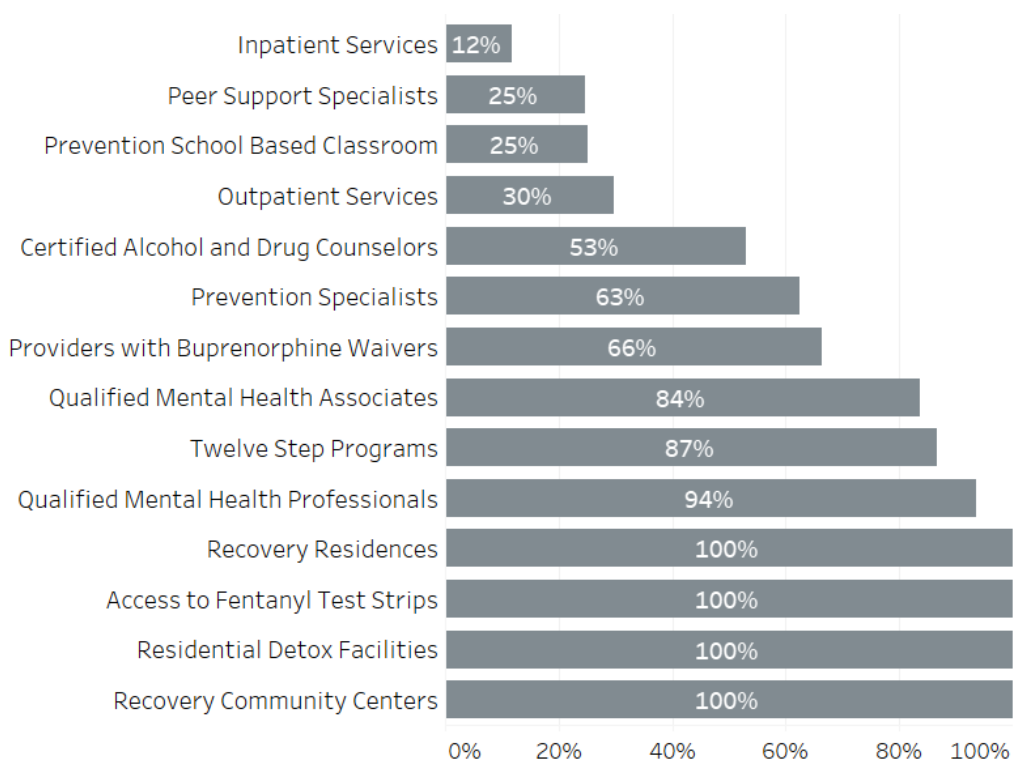
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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 **Malheur 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. Malheur County has an overall service gap of **53%**. This means out of the total number of recommended services in Malheur County, it is estimated that 53% are missing. The top identified service gaps are shown below.

Malheur 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.

● Marion 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 Marion County:

53,096 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Marion County:

52,688 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Marion County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **22**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

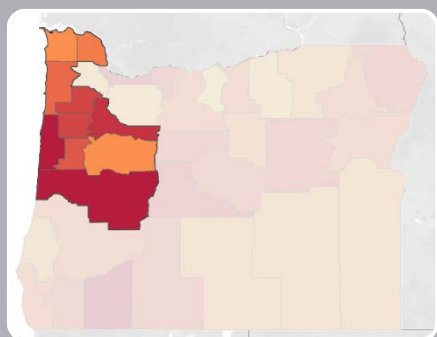
Marion County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	80%
	% of population with college degree	24%
	Alcohol outlet density	3
	Association rate per 100,000 people	100
MODERATE	Violent crime rate per 100,000	233
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	18%
	% of population without high school diploma	14%
	% of the population that lives in a rural area	14%

● Marion, continued

In Region 3, organizations who participated in the inventory survey reported:

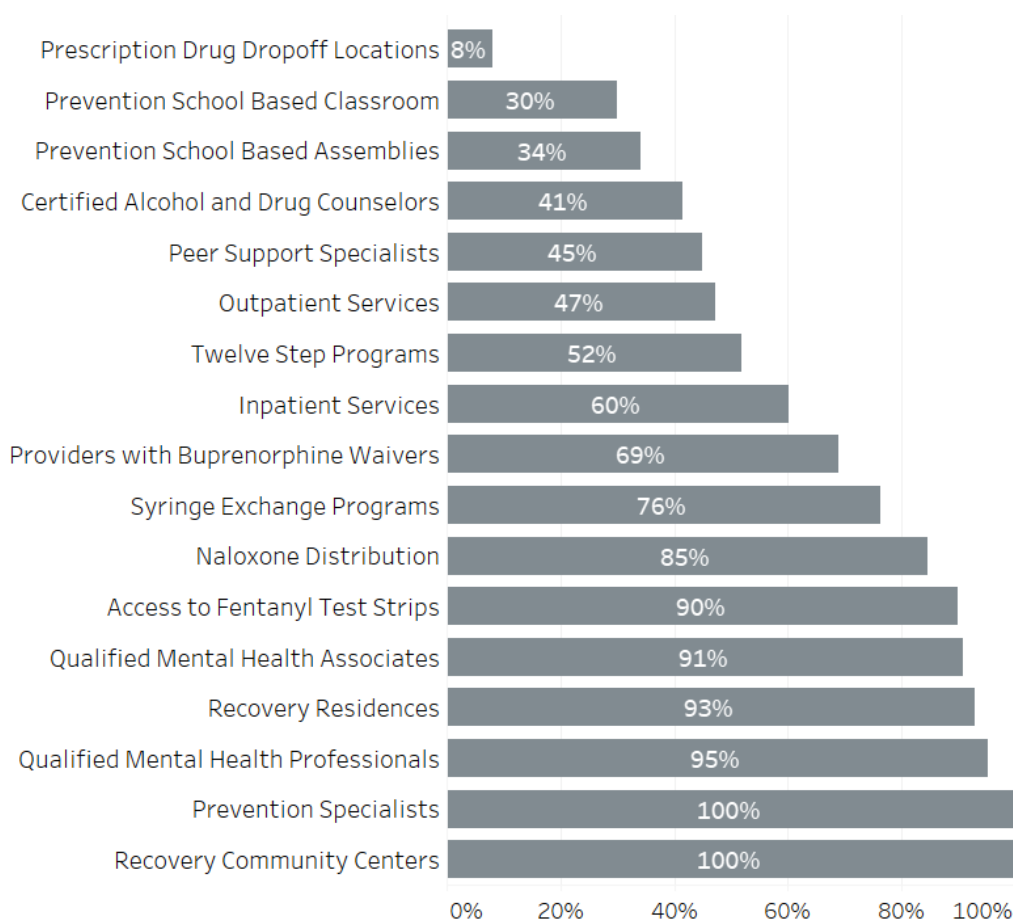
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

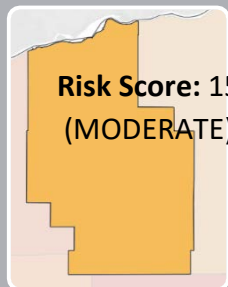
A review of **Marion County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Marion County has an overall service gap of **62%**. This means out of the total number of recommended services in Marion County, it is estimated that 62% are missing. The top identified service gaps are shown below.

Marion 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.

Morrow 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 Morrow County:

1,826 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Morrow County:

1,812 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Morrow County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **15**, 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.

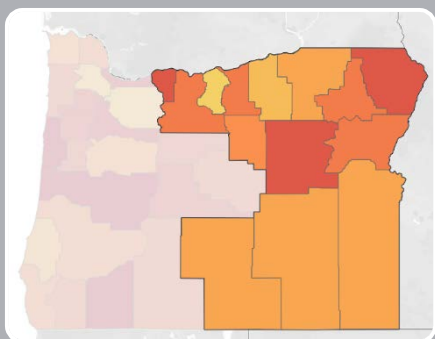
Morrow County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population without high school diploma	22%
	Alcohol outlet density	5
	Association rate per 100,000 people	90
	Violent crime rate per 100,000	331
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	20%
	% of population with access to physical activity	56%
	% of population with college degree	10%
	% of the population that lives in a rural area	46%

Morrow, continued

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

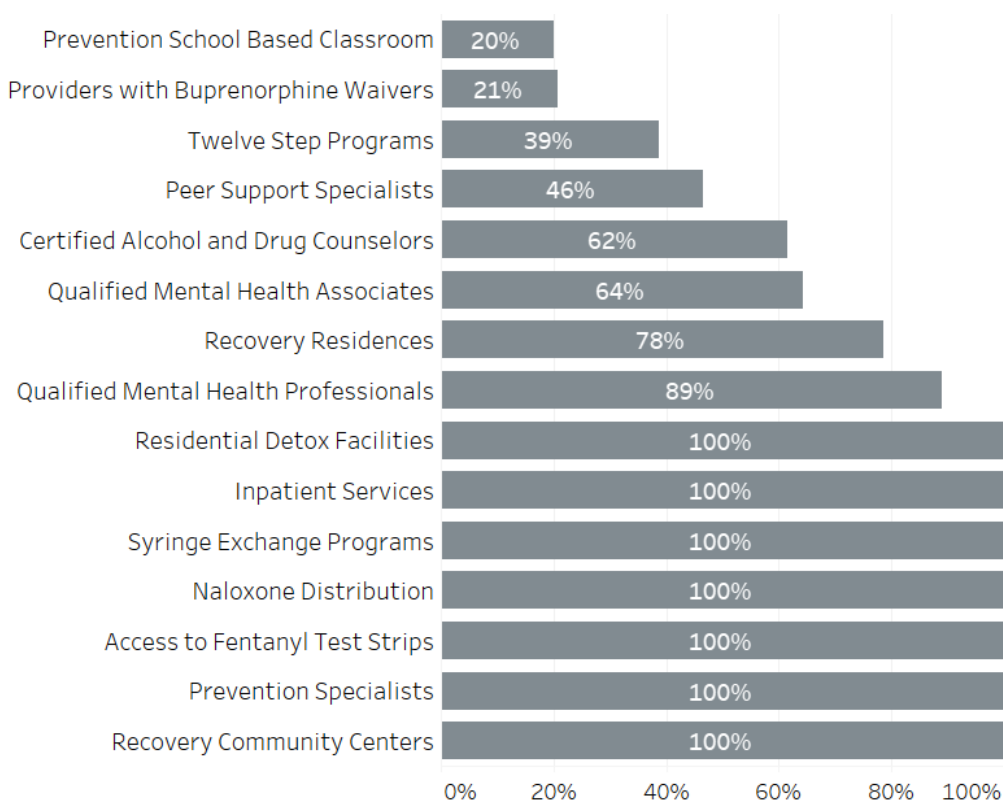
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

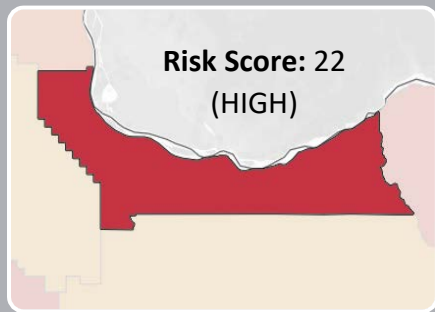
A review of **Morrow County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Morrow County has an overall service gap of **62%**. This means out of the total number of recommended services in Morrow County, it is estimated that 62% are missing. The top identified service gaps are shown below.

Morrow 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.

Multnomah 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 Multnomah County:

130,670 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Multnomah County:

129,666 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Multnomah County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **22**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

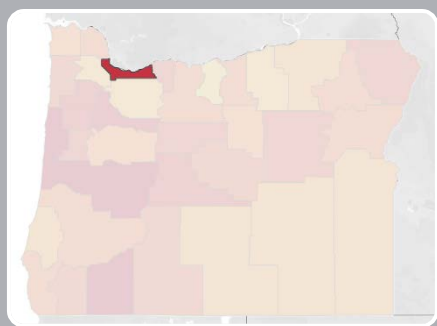
Multnomah County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	96%
	% of population with college degree	46%
	Alcohol outlet density	4
	Violent crime rate per 100,000	474
MODERATE	Association rate per 100,000 people	120
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	18%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	2%

Multnomah, continued

In Region 1, organizations who participated in the inventory survey reported:

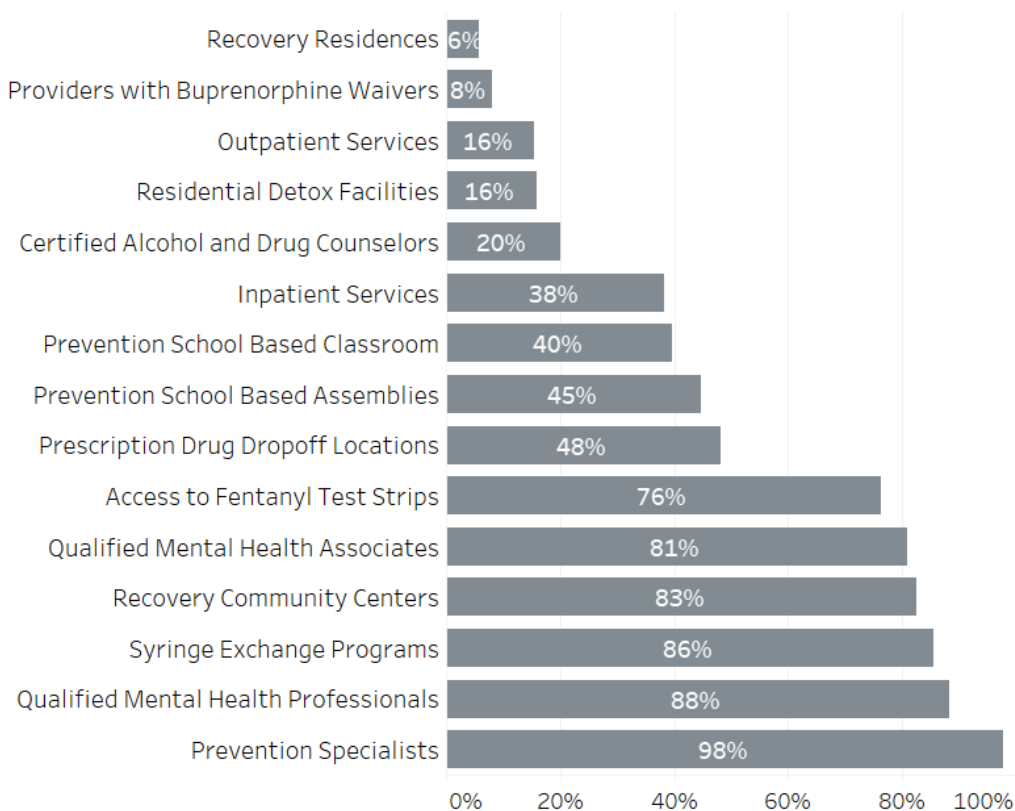
- 54.1% do not think their capacity meets the current demand for services;
- 28.3% do not offer services in languages other than English;
- 55.6% noted travel time or transportation as a barriers to accessing services;
- 25% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 33.3% do not provide outreach services to individuals who are houseless.



Region 1 is comprised of Multnomah County.

A review of **Multnomah 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. Multnomah County has an overall service gap of **42%**. This means out of the total number of recommended services in Multnomah County, it is estimated that 42% are missing. The top identified service gaps are shown below.

Multnomah 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.

Polk 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 Polk County:
13,711 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Polk County:
13,606 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Polk County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **21**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

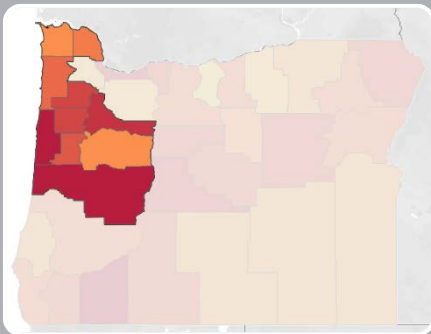
Polk County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with college degree	30%
	Alcohol outlet density	3
	Association rate per 100,000 people	80
MODERATE	% of population with access to physical activity	76%
	Violent crime rate per 100,000	230
LOW	% of adult population that is male	48%
	% of households with income below \$35,000	20%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	20%

● Polk, continued

In Region 3, organizations who participated in the inventory survey reported:

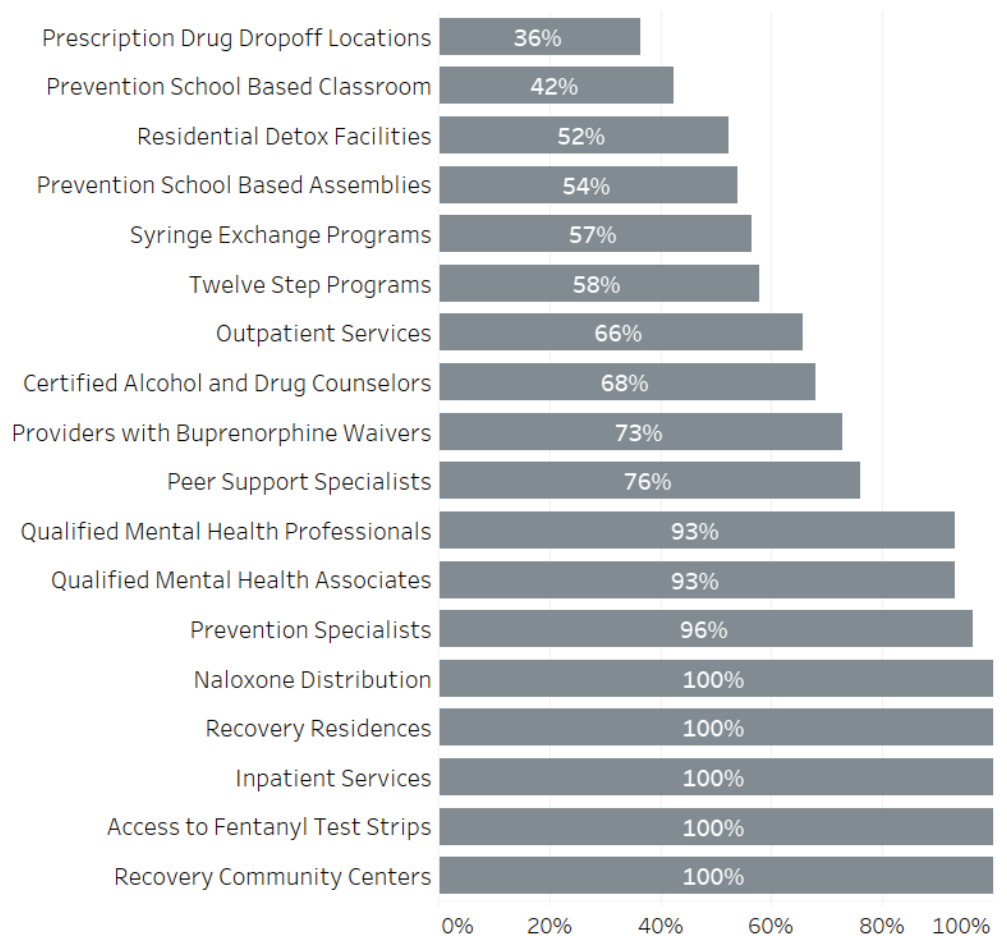
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

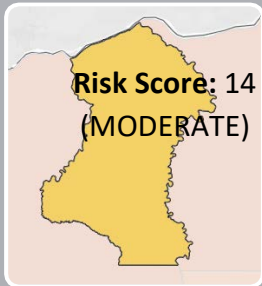
A review of **Polk County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Polk County has an overall service gap of **76%**. This means out of the total number of recommended services in Polk County, it is estimated that 76% are missing. The top identified service gaps are shown below.

Polk 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.

Sherman 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 Sherman County:

297 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Sherman County:

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

Sherman County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **14**, 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.

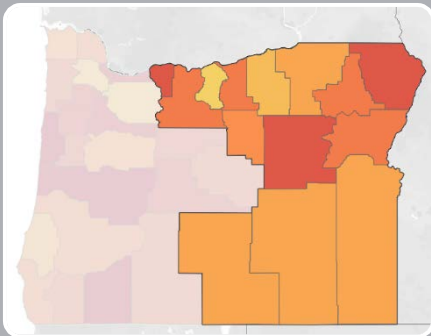
Sherman County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of the population that lives in a rural area	100%
	Alcohol outlet density	6
MODERATE	% of population with college degree	20%
LOW	% of adult population that is male	54%
	% of households with income below \$35,000	18%
	% of population with access to physical activity	56%
	% of population without high school diploma	10%
	Association rate per 100,000 people	290
	Violent crime rate per 100,000	58

● Sherman, continued

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

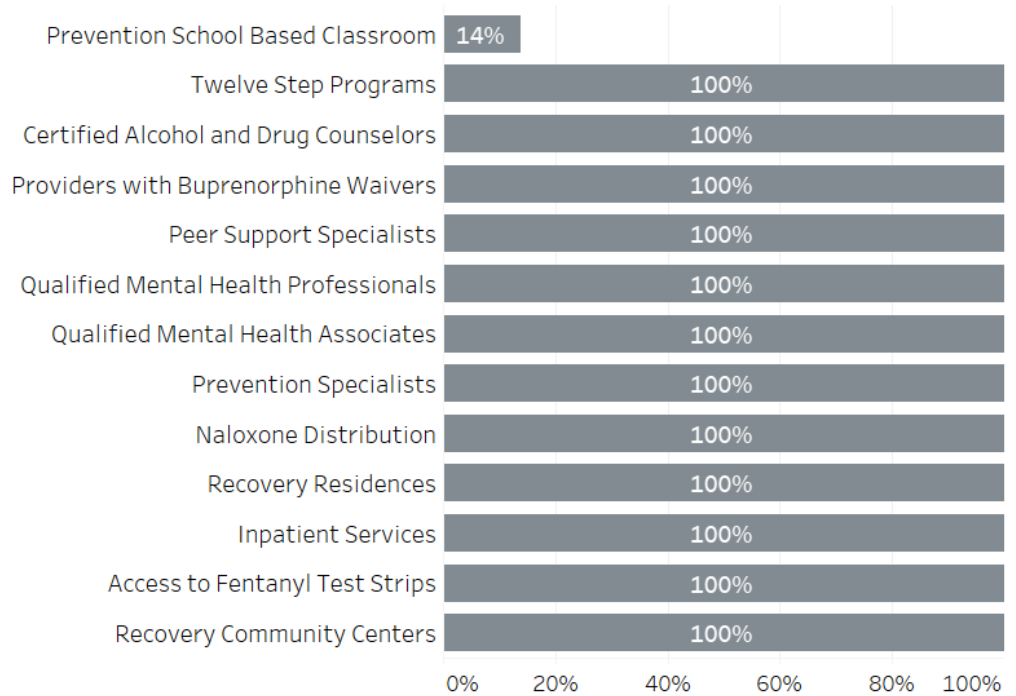
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

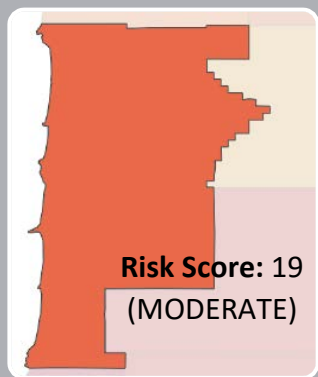
A review of **Sherman County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Sherman County has an overall service gap of **76%**. This means out of the total number of recommended services in Sherman County, it is estimated that 76% are missing. The top identified service gaps are shown below.

Sherman 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.

Tillamook 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 Tillamook County:

4,405 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Tillamook County:

4,371 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Tillamook County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **19**, 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.

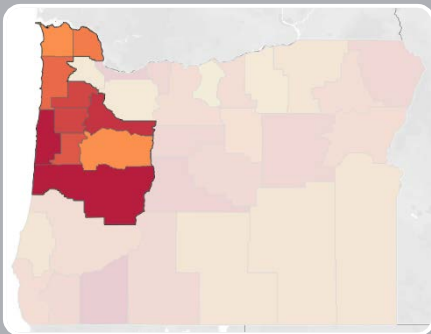
Tillamook County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	88%
	Alcohol outlet density	6
MODERATE	% of population with college degree	22%
	% of the population that lives in a rural area	70%
	Association rate per 100,000 people	120
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	20%
	% of population without high school diploma	10%
	Violent crime rate per 100,000	97

Tillamook, continued

In Region 3, organizations who participated in the inventory survey reported:

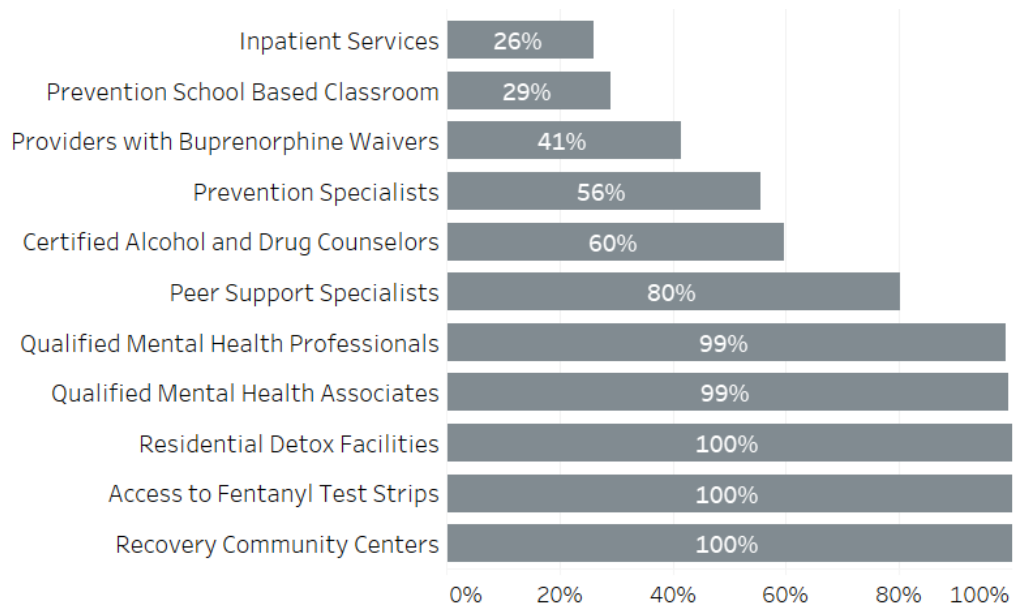
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

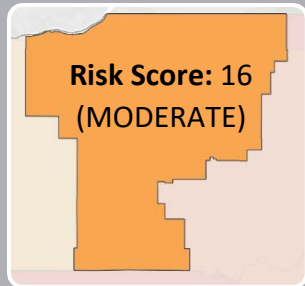
A review of **Tillamook County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Tillamook County has an overall service gap of **45%**. This means out of the total number of recommended services in Tillamook County, it is estimated that 45% are missing. The top identified service gaps are shown below.

Tillamook 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.

Umatilla 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 Umatilla County:

12,203 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Umatilla County:

12,109 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Umatilla County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **16**, 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.

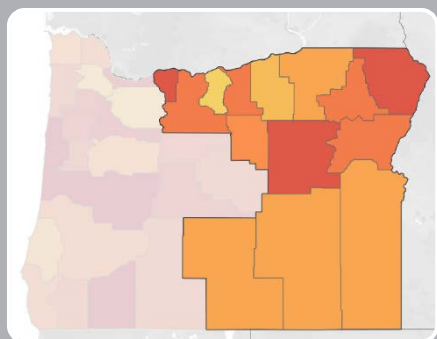
Umatilla County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	Alcohol outlet density	6
	Association rate per 100,000 people	100
MODERATE	% of population with access to physical activity	76%
	Violent crime rate per 100,000	223
LOW	% of adult population that is male	52%
	% of households with income below \$35,000	20%
	% of population with college degree	18%
	% of population without high school diploma	18%
	% of the population that lives in a rural area	30%

Umatilla, continued

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

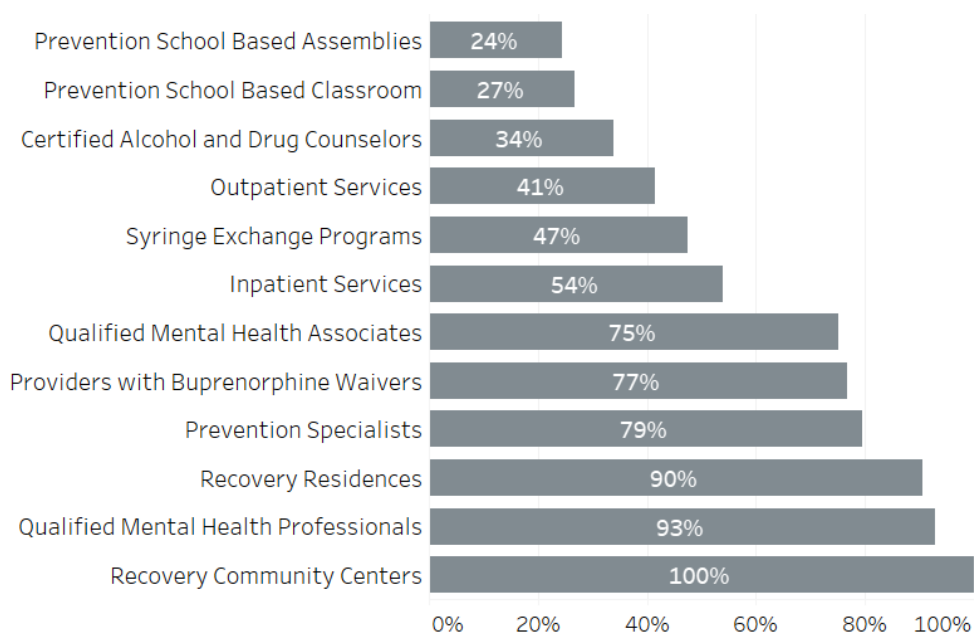
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

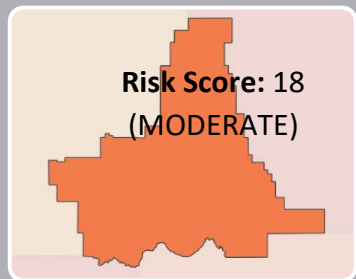
A review of **Umatilla County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Umatilla County has an overall service gap of **42%**. This means out of the total number of recommended services in Umatilla County, it is estimated that 42% are missing. The top identified service gaps are shown below.

Umatilla 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.

Union 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 Union County:

4,090 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Union County:

4,059 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Union County's Calculating for 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.

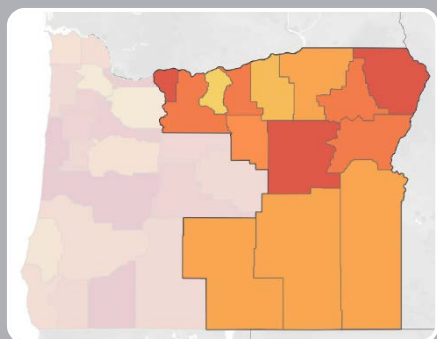
Union County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	84%
	% of population with college degree	24%
	Alcohol outlet density	4
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	22%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	42%
	Association rate per 100,000 people	160
	Violent crime rate per 100,000	137

● Union, continued

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

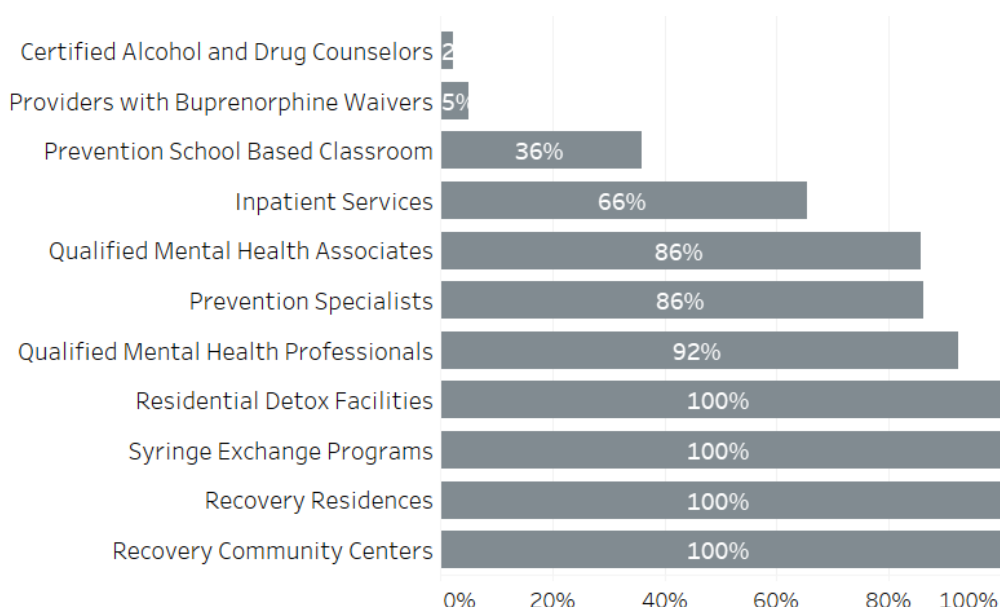
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

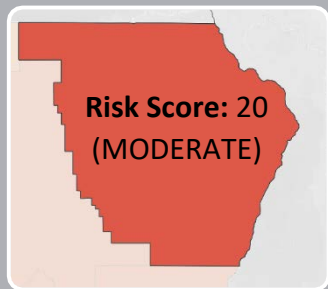
A review of **Union County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Union County has an overall service gap of **43%**. This means out of the total number of recommended services in Union County, it is estimated that 43% are missing. The top identified service gaps are shown below.

Union 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.

● Wallowa 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 Wallowa County:

1,178 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Wallowa County:

1,169 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Wallowa County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **20**, 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.

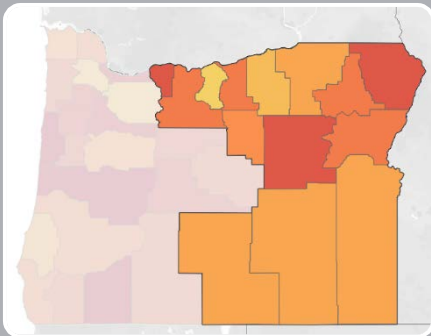
Wallowa County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with college degree	26%
	% of the population that lives in a rural area	100%
	Alcohol outlet density	4
	Association rate per 100,000 people	110
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	22%
	% of population with access to physical activity	56%
	% of population without high school diploma	6%
	Violent crime rate per 100,000	0

● Wallowa, continued

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

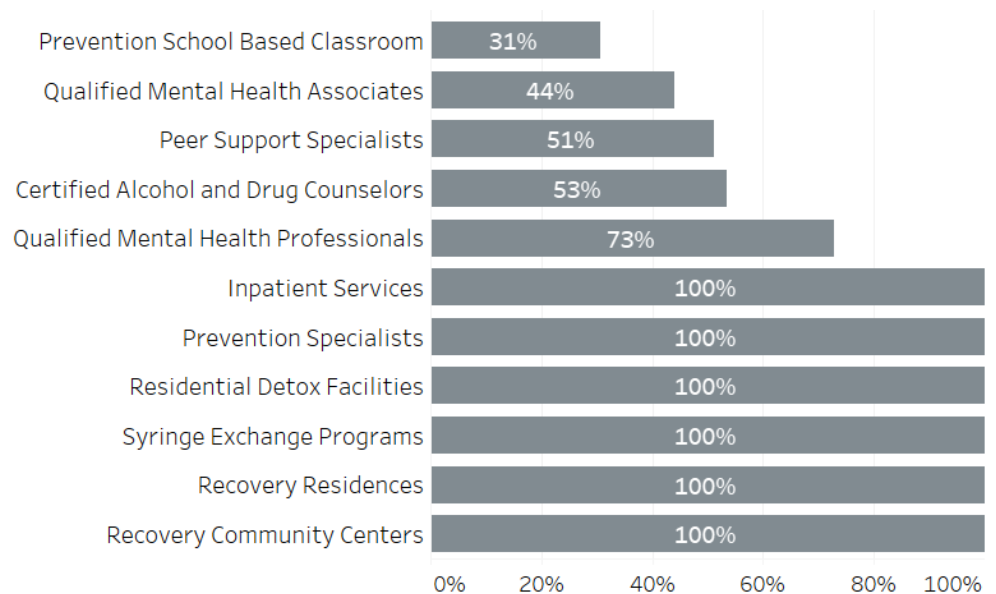
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

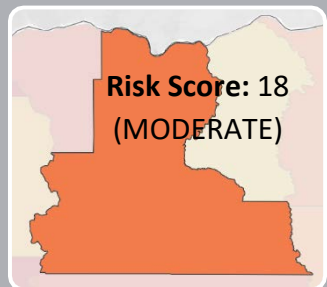
A review of **Wallowa County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Wallowa County has an overall service gap of **47%**. This means out of the total number of recommended services in Wallowa County, it is estimated that 47% are missing. The top identified service gaps are shown below.

Wallowa 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.

Wasco 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 Wasco County:

4,137 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Wasco County:

4,105 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Wasco County's Calculating for 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.

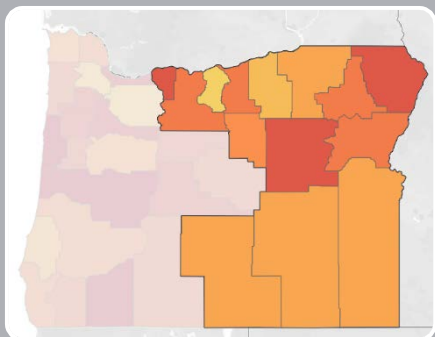
Wasco County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	88%
	Alcohol outlet density	5
	Association rate per 100,000 people	110
MODERATE	% of population with college degree	20%
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	18%
	% of population without high school diploma	12%
	% of the population that lives in a rural area	34%
	Violent crime rate per 100,000	159

Wasco, continued

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

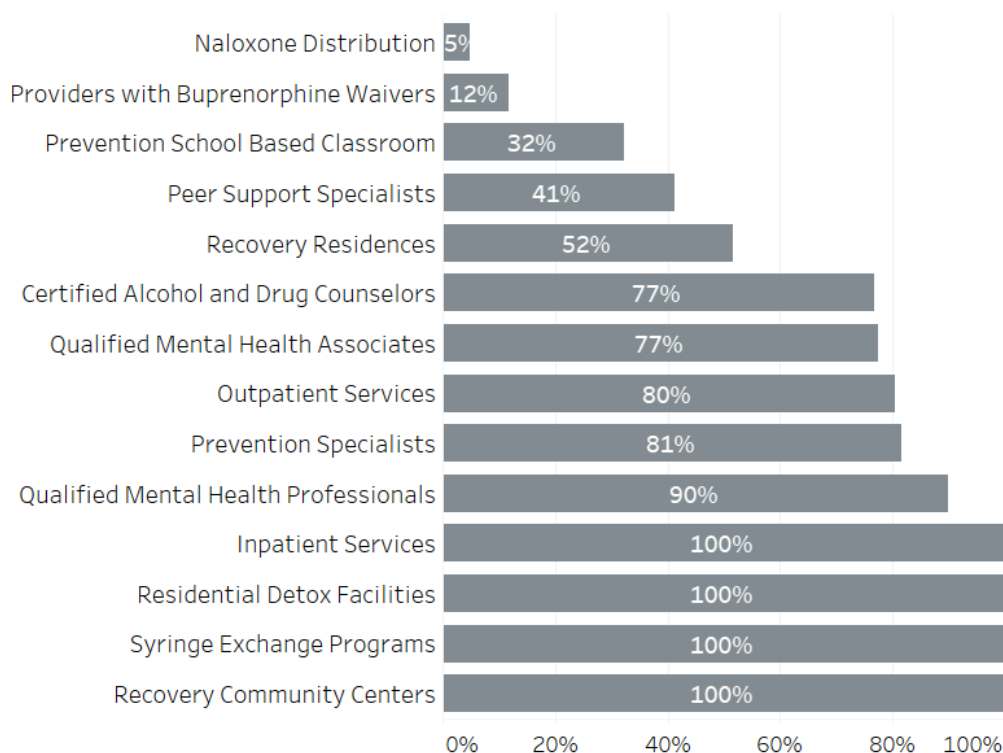
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

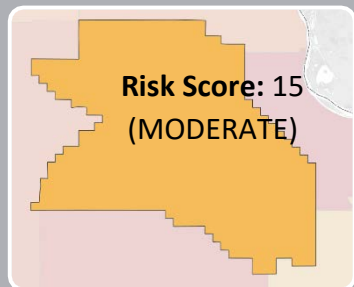
A review of **Wasco County's** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Wasco County has an overall service gap of **53%**. This means out of the total number of recommended services in Wasco County, it is estimated that 53% are missing. The top identified service gaps are shown below.

Wasco 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.

Washington 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 Washington County:

93,636 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Washington County:

92,917 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Washington County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **15**, 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.

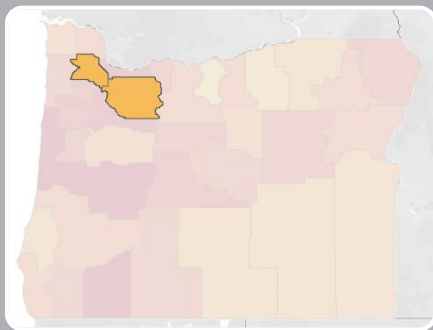
Washington County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	98%
	% of population with college degree	44%
	Association rate per 100,000 people	70
MODERATE	Alcohol outlet density	3
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	12%
	% of population without high school diploma	8%
	% of the population that lives in a rural area	6%
	Violent crime rate per 100,000	169

Washington, continued

In Region 2, organizations who participated in the inventory survey reported:

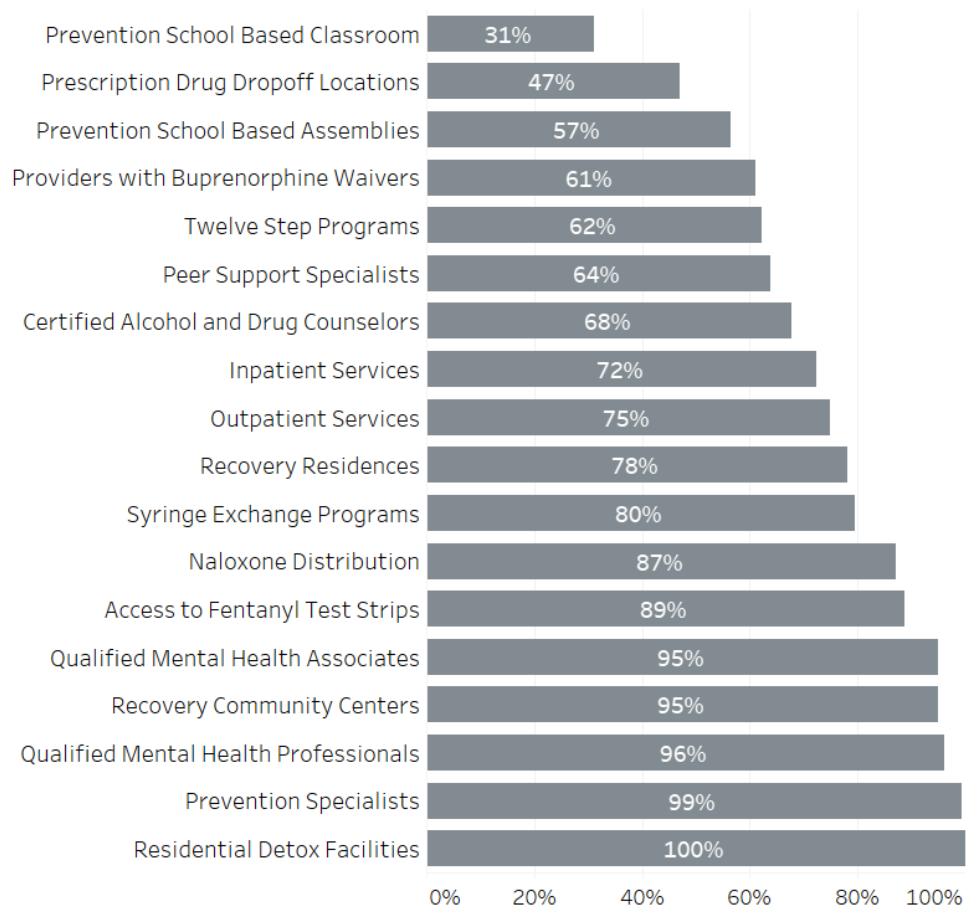
- 51.2% do not think their capacity meets the current demand for services;
- 30% do not offer services in languages other than English;
- 53.1% noted travel time or transportation as a barriers to accessing services;
- 39.1% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 39.6% do not provide outreach services to individuals who are houseless.



Region 2 is comprised of Clackamas and Washington Counties.

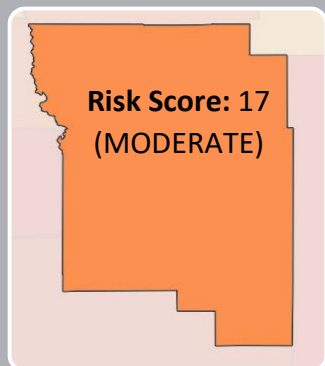
A review of **Washington County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Washington County has an overall service gap of **75%**. This means out of the total number of recommended services in Washington County, it is estimated that 75% are missing. The top identified service gaps are shown below.

Washington 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.

Wheeler 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 Wheeler County:

242 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Wheeler County:

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

Wheeler County's Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **17**, 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.

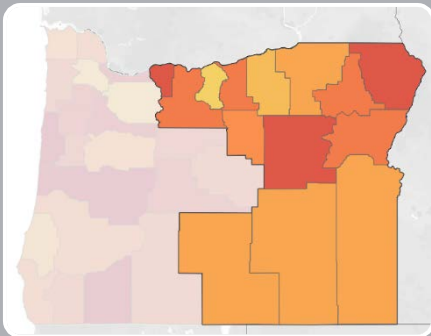
Wheeler County's Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of the population that lives in a rural area	100%
	Alcohol outlet density	4
	Association rate per 100,000 people	0
MODERATE	% of population with college degree	18%
LOW	% of adult population that is male	48%
	% of households with income below \$35,000	30%
	% of population with access to physical activity	50%
	% of population without high school diploma	6%
	Violent crime rate per 100,000	184

Wheeler, continued

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

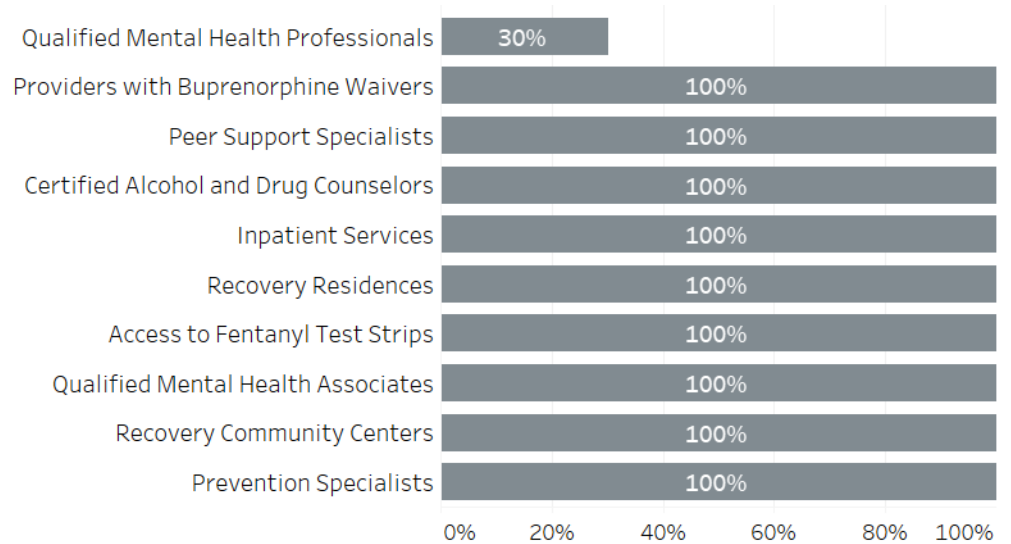
- 54.5% do not think their capacity meets the current demand for services;
- 12.9% do not offer services in languages other than English;
- 77.4% noted travel time or transportation as a barriers to accessing services;
- 60.9% do not offer any services that are specific for people of a protected class (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.

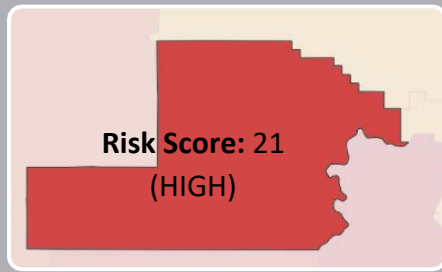
A review of **Wheeler County’s** current SUD resources and service capacity provides an overview of service gaps* for select types of prevention, harm reduction, treatment, and recovery services. Wheeler County has an overall service gap of **58%**. This means out of the total number of recommended services in Wheeler County, it is estimated that 58% are missing. The top identified service gaps are shown below.

Wheeler 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.

Yamhill 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 Yamhill County:

16,909 individuals estimated with an SUD in the past year

Unmet SUD Treatment Need in Yamhill County:

16,779 individuals estimated needing but not receiving treatment in a specialty facility for SUD in the past year

Yamhill County’s Calculating for an Adequate System Tool (CAST) risk of hospitalization for alcohol or drug diagnosis score is **21**, which is considered a **HIGH level of risk** and corresponds to a 69-92% 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.

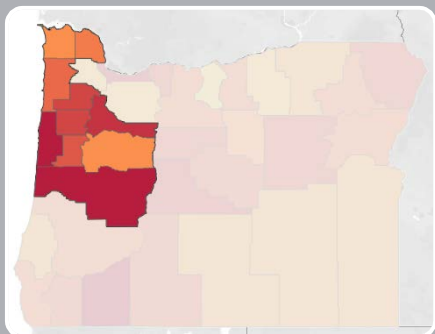
Yamhill County’s Community Characteristics Contributing to CAST Risk Score

Risk Contribution	Characteristic	Estimate
HIGH	% of population with access to physical activity	80%
	% of population with college degree	28%
	Alcohol outlet density	8
	Association rate per 100,000 people	90
LOW	% of adult population that is male	50%
	% of households with income below \$35,000	16%
	% of population without high school diploma	10%
	% of the population that lives in a rural area	22%
	Violent crime rate per 100,000	128

● Yamhill, continued

In Region 3, organizations who participated in the inventory survey reported:

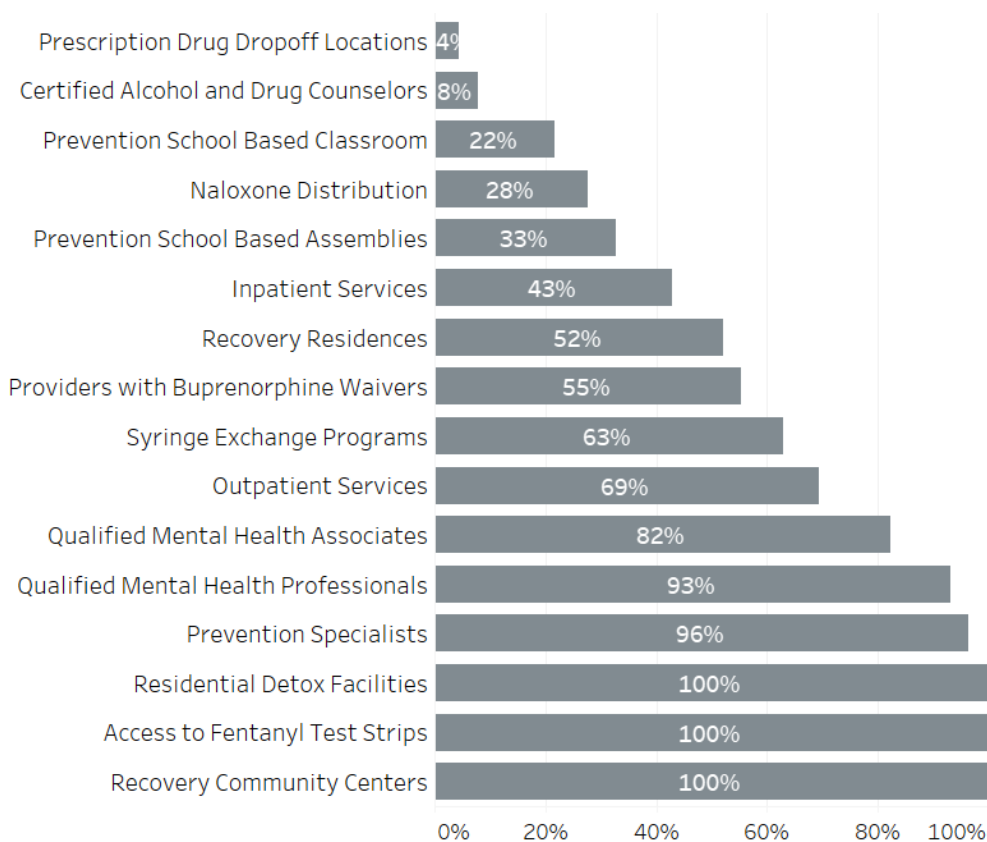
- 50% do not think their capacity meets the current demand for services;
- 23.9% do not offer services in languages other than English;
- 64.7% noted travel time or transportation as a barriers to accessing services;
- 25.4% do not offer any services that are specific for people of a protected class (e.g., race/ethnicity, disability, sexual orientation); and
- 40.3% do not provide outreach services to individuals who are houseless.



Region 3 is comprised of Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties.

A review of **Yamhill 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. Yamhill County has an overall service gap of **53%**. This means out of the total number of recommended services in Yamhill County, it is estimated that 53% are missing. The top identified service gaps are shown below.

Yamhill 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.

Appendix C – 2022 Substance Use Disorder Services Survey



Basic info

In collaboration with the Oregon Alcohol and Drug Policy Commission and Oregon Health Authority, Dr. Elizabeth Waddell and the OHSU-PSU School of Public Health are working on an initiative to inventory the available substance use disorder (SUD) prevention, treatment, and recovery services across Oregon (OR).

This survey is intended to collect information about your organization's SUD Prevention services to inform a statewide gap analysis. The inventory and gap analysis process will be used to better understand and identify where to target resources. This survey will take approximately 20-30 minutes to complete. You will be able to exit the survey and re-enter to complete it at a later time, so long as it is within one week of starting the survey.

If you (or another representative at your organization who can speak to the types of services, capacity and reach,



Basic info

In collaboration with the Oregon Alcohol and Drug Policy Commission and Oregon Health Authority, Dr. Elizabeth Waddell and the OHSU-PSU School of Public Health are working on an initiative to inventory the available substance use disorder (SUD) prevention, treatment, and recovery services across Oregon (OR).

This survey is intended to collect information about your organization's SUD Prevention services to inform a statewide gap analysis. The inventory and gap analysis process will be used to better understand and identify where to target resources. This survey will take approximately 20-30 minutes to complete. You will be able to exit the survey and re-enter to complete it at a later time, so long as it is within one week of starting the survey.

If you (or another representative at your organization who can speak to the types of services, capacity and reach,

and staff and leadership demographics) would prefer to walk through this survey over the phone with a staff member filling out responses on your behalf, please email the project director, Katie Lenahan, at Lenahank@ohsu.edu

Please feel free to reach out with any questions, and thank you for taking the time to complete this survey.

Organization's Name

Your Name and Contact Information

Name

Role

Email

Phone number

Please select the counties where your organization provides services, and/or where your organization is physically located.

- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos County
- Crook County
- Curry County
- Deschutes County
- Douglas County
- Gilliam County
- Grant County
- Harney County
- Hood River County
- Jackson County
- Jefferson County
- Josephine County
- Klamath County
- Lake County

- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Morrow County
- Multnomah County
- Polk County
- Sherman County
- Tillamook County
- Umatilla County
- Union County
- Wallowa County
- Wasco County
- Washington County
- Wheeler County
- Yamhill County
- N/A or all counties

Which (if any) Oregon Tribes does your organization provide services to?

Only select tribes if it is a tribally specific resources like a Tribally run organization or programming built by or for Native American people

- Burns Paiute Tribe

- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of the Umatilla
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- The Klamath Tribes
- n/a

All - Prevention Questions

Does your organization provide prevention services to youth or adults? Please check all that apply.

- youth
- adults

For youth based prevention services, which of the following prevention programs do you offer at your organization?

- Advocacy Event:** Media campaign with a specific, community change agenda related to behavioral health or management of substance use. Garnering local news attention to move forward the cause is a key consideration.
- Community Prevention for Youth:** Substance use prevention programs being implemented within community settings.
- Educational Support Programs for Youth:** Education programs aimed at helping recovering youth to achieve educational goals.
- Electronic Media-based Intervention for Youth:** Electronic media-based interventions that focus on promoting health and safety behavior change in youth (18 or younger).
- Intensive Family Services for Youth:** Intensive family services offer intensive, home-based crisis intervention, individual and family counseling, case management activities, and life-skills education for families with children under the age of 18 identified as being at-risk of placement outside of their home.
- Mentorship Program for Youth:** Mentorship programs improve the well-being of the child by providing a role model that can support the child academically, socially and/or personally.
- Peer Supports for Youth:** Peer supports work by providing someone who has the lived experience of behavioral health issues or substance abuse and can provide direct support through skill building and information sharing.
- School-based prevention:** School-based prevention that focus on promoting health and safety behavior change in youth (18 or younger)
- Other

For adult based prevention services, which of the following prevention programs do you offer at your

organization?

- Advocacy Events for Adults:** Media campaign with a specific, community change agenda related to behavioral health or management of substance use. Garnering local news attention to move forward the cause is a key consideration.
- Community Prevention for Adults:** Substance abuse prevention programs being implemented within community settings.
- Educational Support Programs for Adults:** Adult education programs aimed at helping recovering community members to achieve educational goals.
- Mass Media Campaigns - Cessation or use reduction for adults:** Media campaigns that disseminate cessation-related messages through television, radio, print media, billboards, and other major media outlets that intend to reach a large population of people and are not dependent on person-to-person contact. Cessation and use reduction campaigns are intended to get active users of substances to decrease or cease their consumption.
- Mass Media Campaigns - Stigma and treatment access reduction for adults:** Media campaigns that disseminate messages through television, radio, print media, billboards, and other major media outlets that intend to reach a large population of people and are not dependent on person-to-person contact. Stigma and treatment access campaigns are intended to decrease the stigma associated with behavioral health treatment programs, in an effort to increase enrollment in treatment programs.
- Mental Health crisis intervention:** Mental health crisis intervention programs offer immediate, short-term mental health aid to individuals who are experiencing a mental health crisis event.
- Other

Capacity

For youth oriented prevention services in $\{Im://Field/1\}$, please share the number of events and estimated number of people impacted per year

	Number of events per year	Number of Participants/clients reached per year
<p>» Advocacy Event: Media campaign with a specific, community change agenda related to behavioral health or management of substance use. Garnering local news attention to move forward the cause is a key consideration.</p>	<input type="text"/>	<input type="text"/>
<p>» Community Prevention for Youth: Substance use prevention programs being implemented within community settings.</p>	<input type="text"/>	<input type="text"/>
<p>» Educational Support Programs for Youth: Education programs aimed at helping recovering youth to achieve educational goals.</p>	<input type="text"/>	<input type="text"/>
<p>» Electronic Media-based Intervention for Youth: Electronic media-based interventions that focus on promoting health and safety behavior change in youth (18 or younger).</p>	<input type="text"/>	<input type="text"/>
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	Number of events per year	Number of Participants/clients reached per year
<p>» Mentorship Program for Youth: Mentorship programs improve the well-being of the child by providing a role model that can support the child academically, socially and/or personally.</p>	<input type="text"/>	<input type="text"/>
<p>» Peer Supports for Youth: Peer supports work by providing someone who has the lived experience of behavioral health issues or substance abuse and can provide direct support through skill building and information sharing.</p>	<input type="text"/>	<input type="text"/>
<p>» School-based prevention: School-based prevention that focus on promoting health and safety behavior change in youth (18 or younger)</p>	<input type="text"/>	<input type="text"/>
<p>» Other <input type="text"/></p>	<input type="text"/>	<input type="text"/>

For adult oriented prevention services in $\{Im://Field/1\}$, please share the number of events and estimated number of people impacted per year

	Number of events per year	Number of participants/clients reached per year
»	<input type="text"/>	<input type="text"/>

Number of
events per
year

Number of
participants/clients
reached per year

Advocacy Events for Adults: Media campaign with a specific, community change agenda related to behavioral health or management of substance use. Garnering local news attention to move forward the cause is a key consideration.

» **Community Prevention for Adults:** Substance abuse prevention programs being implemented within community settings.

» **Educational Support Programs for Adults:** Adult education programs aimed at helping recovering community members to achieve educational goals.

» **Mass Media Campaigns - Cessation or use reduction for adults:** Media campaigns that disseminate cessation-related messages through television, radio, print media, billboards, and other major media outlets that intend to reach a large population of people and are not dependent on person-to-person contact. Cessation and use reduction campaigns are intended to get active users of substances to decrease or cease their consumption.

» **Mass Media Campaigns - Stigma and treatment access reduction for adults:** Media campaigns that disseminate messages through television, radio, print media, billboards, and other major media outlets that intend to reach a large population of people and are not dependent on person-to-person contact. Stigma and treatment access campaigns are intended to decrease the stigma associated with behavioral health treatment programs, in an effort to increase enrollment in treatment programs.

» **Mental Health crisis intervention:** Mental health crisis intervention programs offer immediate, short-term mental health aid to individuals who are experiencing a mental health crisis event.

Number of
events per
year

Number of
participants/clients
reached per year

» Other

In $\{Im://Field/1\}$, does your capacity for services current meet your demand for services?

- yes
- no
- unsure

Do you have any other information you would like to share about prevention services in $\{Im://Field/1\}$?

Single County - additional services

The next set of questions are about services your organization might offer.

Do you offer any of the following types of harm reduction services? (Select all that apply)

- Syringe service program
- Drug checking (e.g. fentanyl test strips)
- Non-abstinence based services (e.g., not required to stop use for housing, employment, or other support)
- Overdose prevention and reversal (e.g., naloxone distribution)
- Providing information on safer drug use
- Other (clarify below)

Does your organization have Peer Support Specialists?

- yes
- no
- unsure

Which type of certified Peer Support Specialists (PSS) does your organization have? (Select all that apply)

- Recovery Peer:** A person in addiction recovery with two years abstinence who provides support services to people seeking recovery from addiction.
- Mental Health Peer:** A person with lived experience of mental health challenges who provides support services to other people with similar experiences.
- Family Support Specialist:** A person with experience parenting a child or youth with substance use or mental health challenges who supports other parents with children or youth with substance use or mental health challenges
- Youth Support Specialist:** A person with lived experience with substance use or mental health treatment who also had difficulty accessing education, health or wellness services who wants to provide support services strictly with people under the age of 30
- Other Peer** or traditional health worker/liaisons
- n/a

Are the Peer Support Specialist positions paid or volunteer?

- All paid
- Some paid
- All volunteer
- Unsure

Does your organization provide any of the following resources? (Select all that apply)

- Client transportation services (provided or voucher)
- Job or trade specific training
- Job placements
- Linkages to primary care
- Housing services (not referral)
- Legal services
- Reentry services for people coming out of jail or prison
- Evidence based family support services (e.g., CRAFT, Johnson Institute Intervention, or Al-Anon)

Do you provide any targeted services to justice involved adults?

- yes
- no
- unsure

Optional: Any additional information about types of services offered

The following questions inquire about accessibility, inclusion, and accommodations for services.

Do you offer services in languages other than English? (Select all that apply)

- Yes, with certified interpreters on staff
- Yes, with a contracted service program like Language Line
- Yes, with Staff who are multi-lingual
- No, services are only offered in English

What other languages do you provide services through interpreters or multi-lingual staff? (Select all that apply)

- Spanish
- Russian
- Chinese (including Mandarin and Cantonese)
- Vietnamese
- American Sign Language
- Other

Do you have printed or web based information available in languages other than English?

- Yes
- No
- Unsure

What other languages or formats are printed or web based information available in? (Select all that apply)

- Spanish
- Russian
- Chinese (including Mandarin and Cantonese)
- Vietnamese
- Accessible formats (e.g., large print, Braille)
- Other

Do you offer any services that are specific for people of a protected class? Please select all that apply, and only select if the services are specifically for the identified group (e.g., Prevention activities that incorporate Native traditions, or a girls mentoring group).

Protected class" refers to groups of people who are legally protected from being harmed or harassed by laws, practices, and policies that discriminate against them due to a shared characteristic. This includes race/ethnicity,

religion, gender, sexual orientation, disability, or veteran status.

- None
- Services specific to a Racial or ethnic group (culturally specific services)
- Services specific to a certain religious group
- Gender specific services
- LGBTQ+2S specific services
- Services specific for people with a mental or physical disability
- Services for Veterans
- Other

Is travel time or access to transportation a barrier for participants of your prevention programs?

- yes
- no
- unsure

Do you offer any virtual programming?

- Yes
- No
- other

Is access to technology a barrier for the people you are trying to reach?

- Yes
- No

How does your organization approach Trauma Informed Care?

Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced Adverse Childhood Experiences (ACEs) and toxic stress.

- We have formal training and implementation of trauma informed care at our organization
- Trauma informed care is implemented informally within in our organization
- Trauma informed care is not part of our care model
- other

Do you provide outreach services to individuals who are houseless?

- yes
- no
- unsure

Optional: Any additional comments you have about how clients access services or barriers they might face accessing services

Finances, all counties

The next few questions briefly address your organization's financial resources across all locations.

From the list of funding sources below, please select the sources where you receive significant funding

(select all that apply):

- Funding from state or county
- Federal Grants
- Foundation or Private Grants
- Indian Health Services
- Other sources of funding

Is your funding adequate to carry out your organization's mission?

- yes
- no
- unsure

Has your organization experienced any changes in funding due to Measure-110?

- yes, increase in funding
- yes, decrease in funding
- no
- unsure

Is your organization currently part of or applying to be a part of a Behavioral Health Resource Network (BHRN)

- Currently part of a BHRN
- Applied to be part of a BHRN
- No

Optional: Any additional information or comments about funding

Outward General and Number in Leadership

Before asking quantitative questions about number of staff and staff demographics, we will start with some general questions to help us understand any staffing needs.

Is your current level of staffing adequate to support your organization's mission?

- yes
- no
- unsure

Do you have difficulty filling vacant positions?

- yes
- no
- unsure

The following questions inquire about the number of people in different leadership and staff positions at your organization.

How many people are on your leadership team (for example, executive director or CEO)?

Optional: Any additional notes about leadership team numbers

Outward Number and Demographics of Staff

The following questions are about your SUD Prevention staff, which will be asked for the specific county where services are provided

In $\{Im://Field/1\}$, how many full time Prevention Staff are part of your organization?

Peers

Prevention Specialist

Other Prevention Staff

Volunteers

Optional: Any additional notes or comments about the Number of Care Staff

Within each gender category, please share the number of people on the Prevention Team in In $\{Im://Field/1\}$ who are:

Cisgender men

Cisgender women

Transgender men

Transgender women

Nonbinary

Gender fluid

Is there a category you use to track employees gender that we did not include here?

Within each race/ethnicity category, please share the number of people on the Prevention team in $\{Im://Field/1\}$ who are:

Black/African American

Hispanic/Latino

American Indian/Alaska Native

Asian

Native Hawaiian/Pacific Islander

White

Two or more races

Unknown

Outward demographics of leadership

The following questions inquire about demographics of your organization's leadership team.

Within each gender category, please share the number of people on the Leadership Team who are:

Cisgender men

Cisgender women

Transgender men

Transgender women

Nonbinary

Gender fluid

Is there a category you use to track employees gender that we did not include here?

Optional: Additional comments about gender of leadership team

The next set of questions are about the race and ethnicity of your organization's leadership. Please answer as best as you can with the number of people in each category

Within each race/ethnicity category, please share the number of people on the Leadership Team who are:

Black/African American

Hispanic/Latino

American Indian/Alaska Native

Asian

Native Hawaiian/Pacific Islander

White

Two or more races

Unknown

Optional: Additional Comments about Race/ethnicity of Leadership Team

Submit

Are there other organizations you recommend we connect with that provide similar services in your county / region? Any lesser known organizations or people we should connect with?

Those are all of our questions for you today. Please press submit at the bottom of the page to finalize your survey

If you need to go back to edit questions, please press the back button.

If you have any issues with the survey or need additional help, please reach out by contacting Katie Lenahan, project director, at Lenahank@ohsu.edu

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and staff and leadership demographics) would prefer to walk through this survey over the phone with a staff member filling out responses on your behalf, please email the project director, Katie Lenahan, at Lenahank@ohsu.edu

Please feel free to reach out with any questions, and thank you for taking the time to complete this survey.

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Your Name and Contact Information

Name

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- Jackson County
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- Josephine County
- Klamath County
- Lake County

- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Morrow County
- Multnomah County
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- Tillamook County
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- Union County
- Wallowa County
- Wasco County
- Washington County
- Wheeler County
- Yamhill County
- N/A or all counties

Which (if any) Oregon Tribes does your organization provide services to?

Only select tribes if it is a tribally specific resources like a Tribally run organization or programming built by or for Native American people

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- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of the Umatilla
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- The Klamath Tribes
- n/a

All - Prevention Questions

Does your organization provide prevention services to youth or adults? Please check all that apply.

- youth
- adults

For youth based prevention services, which of the following prevention programs do you offer at your organization?

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For adult based prevention services, which of the following prevention programs do you offer at your

organization?

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- Mental Health crisis intervention:** Mental health crisis intervention programs offer immediate, short-term mental health aid to individuals who are experiencing a mental health crisis event.
- Other

Capacity

For youth oriented prevention services in $\{Im://Field/1\}$, please share the number of events and estimated number of people impacted per year

	Number of events per year	Number of Participants/clients reached per year
<p>» Advocacy Event: Media campaign with a specific, community change agenda related to behavioral health or management of substance use. Garnering local news attention to move forward the cause is a key consideration.</p>	<input type="text"/>	<input type="text"/>
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<p>» Educational Support Programs for Youth: Education programs aimed at helping recovering youth to achieve educational goals.</p>	<input type="text"/>	<input type="text"/>
<p>» Electronic Media-based Intervention for Youth: Electronic media-based interventions that focus on promoting health and safety behavior change in youth (18 or younger).</p>	<input type="text"/>	<input type="text"/>
<p>» Intensive Family Services for Youth: Intensive family services offer intensive, home-based crisis intervention, individual and family counseling, case management activities, and life-skills education for families with children under the age of 18 identified as being at-risk of placement outside of their home.</p>	<input type="text"/>	<input type="text"/>

	Number of events per year	Number of Participants/clients reached per year
<p>» Mentorship Program for Youth: Mentorship programs improve the well-being of the child by providing a role model that can support the child academically, socially and/or personally.</p>	<input type="text"/>	<input type="text"/>
<p>» Peer Supports for Youth: Peer supports work by providing someone who has the lived experience of behavioral health issues or substance abuse and can provide direct support through skill building and information sharing.</p>	<input type="text"/>	<input type="text"/>
<p>» School-based prevention: School-based prevention that focus on promoting health and safety behavior change in youth (18 or younger)</p>	<input type="text"/>	<input type="text"/>
<p>» Other <input type="text"/></p>	<input type="text"/>	<input type="text"/>

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	Number of events per year	Number of participants/clients reached per year
»	<input type="text"/>	<input type="text"/>

Number of
events per
year

Number of
participants/clients
reached per year

Advocacy Events for Adults: Media campaign with a specific, community change agenda related to behavioral health or management of substance use. Garnering local news attention to move forward the cause is a key consideration.

» **Community Prevention for Adults:** Substance abuse prevention programs being implemented within community settings.

» **Educational Support Programs for Adults:** Adult education programs aimed at helping recovering community members to achieve educational goals.

» **Mass Media Campaigns - Cessation or use reduction for adults:** Media campaigns that disseminate cessation-related messages through television, radio, print media, billboards, and other major media outlets that intend to reach a large population of people and are not dependent on person-to-person contact. Cessation and use reduction campaigns are intended to get active users of substances to decrease or cease their consumption.

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» **Mental Health crisis intervention:** Mental health crisis intervention programs offer immediate, short-term mental health aid to individuals who are experiencing a mental health crisis event.

Number of
events per
year

Number of
participants/clients
reached per year

» Other

In $\{Im://Field/1\}$, does your capacity for services current meet your demand for services?

- yes
- no
- unsure

Do you have any other information you would like to share about prevention services in $\{Im://Field/1\}$?

Single County - additional services

The next set of questions are about services your organization might offer.

Do you offer any of the following types of harm reduction services? (Select all that apply)

- Syringe service program
- Drug checking (e.g. fentanyl test strips)
- Non-abstinence based services (e.g., not required to stop use for housing, employment, or other support)
- Overdose prevention and reversal (e.g., naloxone distribution)
- Providing information on safer drug use
- Other (clarify below)

Does your organization have Peer Support Specialists?

- yes
- no
- unsure

Which type of certified Peer Support Specialists (PSS) does your organization have? (Select all that apply)

- Recovery Peer:** A person in addiction recovery with two years abstinence who provides support services to people seeking recovery from addiction.
- Mental Health Peer:** A person with lived experience of mental health challenges who provides support services to other people with similar experiences.
- Family Support Specialist:** A person with experience parenting a child or youth with substance use or mental health challenges who supports other parents with children or youth with substance use or mental health challenges
- Youth Support Specialist:** A person with lived experience with substance use or mental health treatment who also had difficulty accessing education, health or wellness services who wants to provide support services strictly with people under the age of 30
- Other Peer** or traditional health worker/liaisons
- n/a

Are the Peer Support Specialist positions paid or volunteer?

- All paid
- Some paid
- All volunteer
- Unsure

Does your organization provide any of the following resources? (Select all that apply)

- Client transportation services (provided or voucher)
- Job or trade specific training
- Job placements
- Linkages to primary care
- Housing services (not referral)
- Legal services
- Reentry services for people coming out of jail or prison
- Evidence based family support services (e.g., CRAFT, Johnson Institute Intervention, or Al-Anon)

Do you provide any targeted services to justice involved adults?

- yes
- no
- unsure

Optional: Any additional information about types of services offered

The following questions inquire about accessibility, inclusion, and accommodations for services.

Do you offer services in languages other than English? (Select all that apply)

- Yes, with certified interpreters on staff
- Yes, with a contracted service program like Language Line
- Yes, with Staff who are multi-lingual
- No, services are only offered in English

What other languages do you provide services through interpreters or multi-lingual staff? (Select all that apply)

- Spanish
- Russian
- Chinese (including Mandarin and Cantonese)
- Vietnamese
- American Sign Language
- Other

Do you have printed or web based information available in languages other than English?

- Yes
- No
- Unsure

What other languages or formats are printed or web based information available in? (Select all that apply)

- Spanish
- Russian
- Chinese (including Mandarin and Cantonese)
- Vietnamese
- Accessible formats (e.g., large print, Braille)
- Other

Do you offer any services that are specific for people of a protected class? Please select all that apply, and only select if the services are specifically for the identified group (e.g., Prevention activities that incorporate Native traditions, or a girls mentoring group).

Protected class" refers to groups of people who are legally protected from being harmed or harassed by laws, practices, and policies that discriminate against them due to a shared characteristic. This includes race/ethnicity,

religion, gender, sexual orientation, disability, or veteran status.

- None
- Services specific to a Racial or ethnic group (culturally specific services)
- Services specific to a certain religious group
- Gender specific services
- LGBTQ+2S specific services
- Services specific for people with a mental or physical disability
- Services for Veterans
- Other

Is travel time or access to transportation a barrier for participants of your prevention programs?

- yes
- no
- unsure

Do you offer any virtual programming?

- Yes
- No
- other

Is access to technology a barrier for the people you are trying to reach?

- Yes
- No

How does your organization approach Trauma Informed Care?

Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced Adverse Childhood Experiences (ACEs) and toxic stress.

- We have formal training and implementation of trauma informed care at our organization
- Trauma informed care is implemented informally within in our organization
- Trauma informed care is not part of our care model
- other

Do you provide outreach services to individuals who are houseless?

- yes
- no
- unsure

Optional: Any additional comments you have about how clients access services or barriers they might face accessing services

Finances, all counties

The next few questions briefly address your organization's financial resources across all locations.

From the list of funding sources below, please select the sources where you receive significant funding

(select all that apply):

- Funding from state or county
- Federal Grants
- Foundation or Private Grants
- Indian Health Services
- Other sources of funding

Is your funding adequate to carry out your organization's mission?

- yes
- no
- unsure

Has your organization experienced any changes in funding due to Measure-110?

- yes, increase in funding
- yes, decrease in funding
- no
- unsure

Is your organization currently part of or applying to be a part of a Behavioral Health Resource Network (BHRN)

- Currently part of a BHRN
- Applied to be part of a BHRN
- No

Optional: Any additional information or comments about funding

Outward General and Number in Leadership

Before asking quantitative questions about number of staff and staff demographics, we will start with some general questions to help us understand any staffing needs.

Is your current level of staffing adequate to support your organization's mission?

- yes
- no
- unsure

Do you have difficulty filling vacant positions?

- yes
- no
- unsure

The following questions inquire about the number of people in different leadership and staff positions at your organization.

How many people are on your leadership team (for example, executive director or CEO)?

Optional: Any additional notes about leadership team numbers

Outward Number and Demographics of Staff

The following questions are about your SUD Prevention staff, which will be asked for the specific county where services are provided

In $\{Im://Field/1\}$, how many full time Prevention Staff are part of your organization?

Peers

Prevention Specialist

Other Prevention Staff

Volunteers

Optional: Any additional notes or comments about the Number of Care Staff

Within each gender category, please share the number of people on the Prevention Team in In $\{Im://Field/1\}$ who are:

Cisgender men

Cisgender women

Transgender men

Transgender women

Nonbinary

Gender fluid

Is there a category you use to track employees gender that we did not include here?

Within each race/ethnicity category, please share the number of people on the Prevention team in $\{Im://Field/1\}$ who are:

Black/African American

Hispanic/Latino

American Indian/Alaska Native

Asian

Native Hawaiian/Pacific Islander

White

Two or more races

Unknown

Outward demographics of leadership

The following questions inquire about demographics of your organization's leadership team.

Within each gender category, please share the number of people on the Leadership Team who are:

Cisgender men

Cisgender women

Transgender men

Transgender women

Nonbinary

Gender fluid

Is there a category you use to track employees gender that we did not include here?

Optional: Additional comments about gender of leadership team

The next set of questions are about the race and ethnicity of your organization's leadership. Please answer as best as you can with the number of people in each category

Within each race/ethnicity category, please share the number of people on the Leadership Team who are:

Black/African American

Hispanic/Latino

American Indian/Alaska Native

Asian

Native Hawaiian/Pacific Islander

White

Two or more races

Unknown

Optional: Additional Comments about Race/ethnicity of Leadership Team

Submit

Are there other organizations you recommend we connect with that provide similar services in your county / region? Any lesser known organizations or people we should connect with?

Those are all of our questions for you today. Please press submit at the bottom of the page to finalize your survey

If you need to go back to edit questions, please press the back button.

If you have any issues with the survey or need additional help, please reach out by contacting Katie Lenahan, project director, at Lenahank@ohsu.edu

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