

SUMMARY REPORT SUBSTANCE USE DISORDER

EXECUTIVE SUMMARY

1. Oregon lacks proper investment in substance use disorder (SUD) treatment. ^[1]
2. Staff recruitment is challenging, as there are not enough professionals working in the SUD field. ^[2]
3. CCO rates do not allow organizations to pay staff a professional wage, nor are viable for residential care. ^[3]
4. Patients are increasingly traveling across the state for help, due to a lack of local residential beds and long waitlists. ^[4]
5. Community and political voices push back against serving people from outside the community. ^[5]
6. Administrative burden for data reporting is prohibitively high. ^[6]

OFFICE HOURS

OPAL hosted a virtual Office Hours session on August 25th, 2023. Seventeen grantees from around Oregon, who discussed substance use disorder treatment in RFGP 5250 reports, were invited to attend (see accompanying Summary Report for full list of invitees). The session lasted one hour, two organizations attended, and another submitted feedback by email. The report summarizes the findings from grantee partners during that session. Please note that Portland-Metro area grantees were not included in this report, and will be part of a separate, upcoming findings.

ATTENDEES

[Bridgeway Recovery Services](#) (Salem, OR)

[New Directions NW](#) (Baker City, OR)

Contributions also provided by [Wasco County Sheriff's Office](#) (The Dalles, OR)

BARRIERS AND CHALLENGES

1. [Oregon lacks proper investment in substance use disorder \(SUD\) treatment](#). Oregon's need for more resources for substance use disorder (SUD) treatment is not new, though there is growing recognition from the State regarding its lack of investment over the years. Funding alone may not be the biggest concern right now, but it's essential to provide organizations with resources to address the weaknesses in Oregon's SUD treatment infrastructure.
 - 1.1. First and foremost, providers are unable to keep their facilities adequately staffed. Organizations struggle to recruit, hire, and adequately pay staff (administrative and professional), as well as find staff time to comply with grant rules and data reporting requests. Grant funding for new beds is important to meet the growing demand for SUD treatment in the state. However, all funding must come with appropriate provisions for the required staffing.
 - 1.2. Many state funding opportunities lack the foresight to build in yearly rate increases that the organizations must pay, including rent, insurance, and payroll costs.

- 1.3. Additionally, the decriminalization of substances in Oregon has decreased referrals for treatment centers. Prior to decriminalizing drugs, corrections could give addicts a choice to go to treatment or go to jail. That is not something they are able to do anymore.
2. [Substance use treatment centers lack ability to hire and retain professional and administrative staff.](#)

Lack of staffing is a huge barrier to providing adequate SUD treatment across the state. Oregon's behavioral health workforce was gutted by the impacts of the pandemic, demanding work schedules due to shortages, and low wages that do not compensate for the emotional and mental toll from the work.

 - 2.1. The providers noted they are unable to find therapists and counselors to fill their empty positions. Treatment centers are understaffed constantly, which further strains their already overextended employees to work longer hours and cover for the missing staff. Burnout is a major factor in staff retainment. Providers reported a constant revolving door of staff, as they are not able to offer competitive wages to compensate for the long hours or emotionally taxing nature of the work. Often, qualified therapists leave for the private sector for better wages and benefits. Grantees also reported losing their staff to Walmart, Amazon, and Starbucks to work for a higher income.
 - 2.2. In addition to the loss of workforce, providers have experienced a lack of new individuals joining the behavioral health field. Funds that may be set aside by the providers for a hiring bonus remain unused. Providers attribute this in part to a lack of inspiration and an educational pathway to work in SUD treatment.
 - 2.3. Another barrier to staff recruitment is that many individuals who have struggled with SUD have had issues with corrections in the past. There are the current rules at OHA that prohibit individuals with felony convictions from being hired or from performing certain tasks. These rules eliminate many potential workers, counselors, and peer mentors from possible employment, when these individuals often have the most personal connections to the work.

“You can build all the beds you want, but if you don't have counselors, you have a problem.”

–Bridgeway Recovery Services (Salem, OR)

3. [CCO rates are not sustainable for serving clients and retaining staff.](#) In Oregon, Coordinated Care Organizations (CCOs) set the rates for reimbursement of care. Organizations must interact with CCOs and, at times, negotiate rates themselves. CCO rates often present a challenge for providers to cover operating costs and pay professional wages to employees.
 - 3.1. One provider struggled when their CCO set their reimbursement rate at \$125 per day for each patient in residential treatment, which was far from sufficient to cover their costs. The provider ended up subsidizing their residential facility with income from other services until closing temporarily due to COVID. Eventually, the CCO agreed to provide a more viable rate, though each delay comes with a cost.

- 3.2. The disconnect between CCO rates and the real costs of running a fully staffed and financially sustainable SUD treatment center is a huge financial barrier for organizations. Reimbursement rates should be transparent, increase annually, and be linked to market rates for professional wages and treatment costs.
4. [Lack of local residential SUD treatment beds and few openings statewide.](#) Residential SUD treatment opportunities are lacking in areas of Oregon, causing a strain on providers and clients alike. Many organizations, even in rural areas, must provide services to all of Oregon to fill this gap, making beds scarcer and wait times longer. Organizations are often forced to make the tough decision to triage clients in order to meet their own community's needs first.
 - 4.1. The lack of local SUD treatment is also challenging for clients, who face long wait times and often must travel across the state to access care. Leaving their communities and/or waiting months for a bed can discourage an individual from seeking help. For an individual with substance use disorder, any waiting time can have an impact on that individual's life.
 - 4.2. Traveling for SUD treatment can also negatively impact the patient's recovery, because this often creates challenges for establishing a follow-up treatment plan. It's also difficult to find housing assistance post-release, especially in an unknown city. A safe space to live and recover after detox or SUD treatment can increase the likelihood of recovery.
5. [Community pressure not to treat people from outside the community.](#) Another challenge posed by the lack of local residential treatment options are the pressures from the local community and political environment.
 - 5.1. Many community members around Oregon share a common expressed concern that people coming for SUD care will stay in their area after treatment ends and potentially increase the crime or homeless rate in the city.
 - 5.2. In Baker City, the fear taps into the local assumption that homeless people are not 'one of our own'. In Salem, the state prison leads the locals to fear the potential of individuals exiting the prison into their community.
6. [Bureaucracy and data reporting gets in the way of patient care.](#) Navigating the bureaucracy of state programs, including administrative demands and data reporting requirements, is a struggle for many organizations.
 - 6.1. Providers reported having to constantly go back to their IT teams to update forms to meet the most recent state data collection requirements. The updating process is even more taxing for smaller organizations who do not have a dedicated IT team on staff and therefore cut into their time for patient care.
 - 6.2. Street-level providers have even less capacity to collect additional data while providing direct services. Collecting demographics, services provided, services denied, and outreach numbers, is extremely difficult while working on the street. Funding eligibility may be linked to certain data collection demands.

RECOMMENDATIONS

1. [The State of Oregon should invest in SUD treatment services and infrastructure.](#)
 - 1.1. Ensure a professional compensation rate for staff.
 - 1.2. Expand the number of SUD residential treatment beds.
 - 1.3. Build in annual funding increases for costs, rent, insurance, and wages.
2. [Grow the professional SUD treatment workforce.](#)
 - 2.1. Pay staff a professional wage in order to retain employees.
 - 2.2. Initiate a public service campaign to inspire professionals to enter the substance use treatment field.
 - 2.3. Partner with community colleges, universities, and high schools to offer SUD-related courses to raise interest and create an educational pipeline into SUD-related human services professions.
3. [Increase transparency in CCO rates.](#)
 - 3.1. CCO rates must be linked to market rates for competitive wages and treatment cost reimbursements.
 - 3.2. CCO rates must be raised annually to keep pace with annual operating cost increases.
4. [Make it possible for individuals with SUD to be treated in the community in which they live.](#)
 - 4.1. Ensure that every county has a local SUD residential treatment center so individuals can receive treatment near their home.
 - 4.2. Assist communities in creating their own SUD services, based on their local needs.
5. [Educate the public about SUD treatment.](#)
 - 5.1. Mount an educational campaign on SUD treatment to increase public awareness about treating individuals with SUD, especially the lack of threat posed from serving clients from outside the community.
6. [Reduce the data recording and reporting requirements on organizations.](#)
 - 6.1. The State of Oregon should offer data reporting assistance to providers to alleviate the administrative burden and allow them to focus on providing services.
 - 6.2. Simplify collection and reporting standards to reduce dependence on IT departments and increase accessibility.