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**PUBLIC HEALTH**

# **Oregon inventory of services for co-occurring substance use and mental health disorders, 2022**

**Submitted December 23, 2023**

## Acknowledgements

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This report was commissioned by the Oregon Health Authority and supported with funding from the Substance Use Prevention, Treatment, and Recovery Services Block Grant.

Special thanks to Rose Goren and Alicia Feryn for providing data analysis support.

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### Citation:

Sara Rainer, Elizabeth Needham Waddell. Oregon Health & Science University-Portland State University School of Public Health (Prepared for the Oregon Health Authority). *Oregon inventory of services for co-occurring substance use and mental health disorders, 2022*. 12/23/2023.

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## Executive Summary

### Background

In Oregon and nationally, a substantial proportion of clients in treatment for substance use disorders also have a mental health disorder. According to the 2022 National Substance Use and Mental Health Services Survey (N-SUMHSS), 59% of substance use (SU) treatment clients in the United States (US) have a co-occurring mental health disorder (COD), compared to 69% of SU treatment clients in Oregon. Among mental health (MH) clients in the US, 27% have a diagnosed SU disorder, compared to 37% of MH treatment clients in Oregon.<sup>1</sup>

A detailed inventory of services offered by both SU and MH treatment programs improves understanding of the state's capacity to provide (COD) treatment. This report describes the current availability of programs that provide both SU and MH treatment. Data sources include self-reported service information from Oregon programs that responded to the 2022 N-SUMHSS and the 2022 OHSU-PSU School of Public Health Substance Use Disorder Services Survey (SUDSS). Topics include: 1) overview of MH and SU treatment services, 2) detoxification, 3) medications, 4) smoking, 5) gambling, 6) emergency mental health services, 7) physical health screening, ancillary services and recovery support, 8) harm reduction, and 9) health equity.

### Key findings

***Overall, Oregon's behavioral health system has limited capacity to treat patients with both SU and MH disorders concurrently.***

- 42% of outpatient SU programs indicated they treat COD, compared to 33% of residential SU programs.
- 81% of MH programs indicated they treat COD, with no difference between residential and outpatient programs.
- While 81% of SU programs offered screening for mental disorders, 49% provided comprehensive mental health assessments.
- MH programs frequently reported providing individual and group counseling (63% and 52%, respectively) and case management (47%) for clients with COD, but most did not offer medications for alcohol use disorder (21%) or opioid use disorder (28%).

## Key findings

### *Among programs reporting that they treat COD:*

- 51% of SU COD programs offered treatment for gambling disorder.
- SU COD programs offered a wide range of ancillary services and recovery support, but only 59% reported offering naloxone and overdose education.
- 39% of SU COD programs administered/prescribed medications for alcohol use disorder (67% of residential and 36% of outpatient,).
- 35% of SU COD programs prescribed buprenorphine for opioid use disorder (42% of residential and 36% of outpatient).
- Programming for specific populations including LGBTQ and youth clients was rarely offered. Just over one third of COD programs offer services in Spanish, and half offered services in sign language.
- Among residential SU COD programs, 58% accepted Medicaid, and 25% accepted Medicare. Among residential MH programs that treat COD, 97% accepted Medicaid, and 55% accepted Medicare.

## Recommendations

The recommendations below respond directly to self-reported survey data from Oregon behavioral health programs. They are intended to inform ongoing state efforts to improve access to and quality of services delivered to clients with COD.

- SU programs reported lower rates of COD treatment (33% in residential and 42% in outpatient programs), compared to MH programs (81%). This disparity suggests a need to **prioritize support for SU treatment programs** that serve clients with COD.
- 83% of SU programs conducted mental health screenings, but only 49% provided comprehensive mental health assessments. Efforts to **increase the dually-credentialed workforce in SU settings are essential to enable timely assessment and referral to specialty mental health care** as needed.



## Recommendations

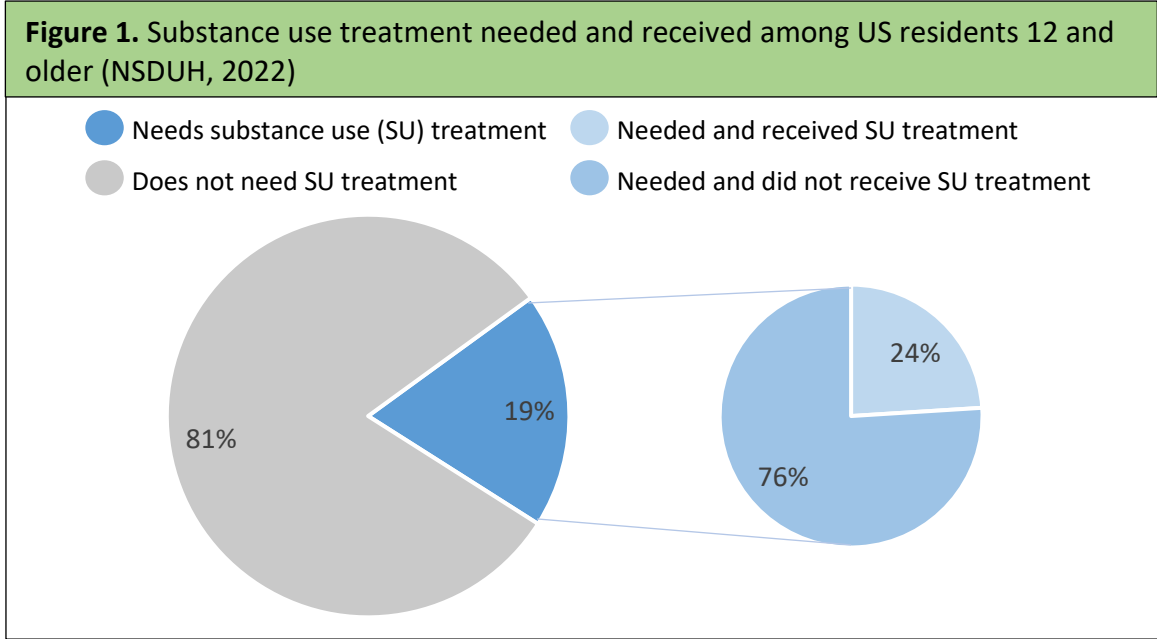
- Within MH service settings, just 21% of programs reported offering medications for AUD, and 28% offered medications for OUD to their clients with COD. In support of a no wrong door approach to treatment, **evidence-based medications for both AUD and OUD should be available to all clients with COD through on-site prescribing or partnerships with prescribers, including OTPs.**
- While SU COD programs offered comprehensive transitional and ancillary services to support long term recovery of clients, only 59% reported offering naloxone and overdose education. **Continued efforts to expand access to overdose reversal drugs along with workforce education regarding the importance of harm reduction** are needed. Current OHA initiatives include statewide efforts to expand harm reduction and syringe service interventions. Save Lives Oregon launched in 2020 as a resource hub to distribute harm reduction supplies and educational materials.<sup>2</sup>
- More qualitative research is need to understand barriers to and facilitators of access to SU and MH treatment experienced by Oregonians at highest risk for untreated SU and MH conditions. This **research needs to include voices of both current behavioral health clients, as well as those who are not in treatment.** These include individuals experiencing homelessness, individuals involved in the criminal legal system, and those cycling through Oregon’s emergency departments and the State Hospital.
- New analysis of insurance claims data could identify more specific gaps in concurrent services for those diagnosed with COD and document length of time between billed encounters for MH and SU treatment. Subgroup analyses could **identify disparities in concurrent treatment for COD by race, ethnicity, gender, and geography.**

# Background

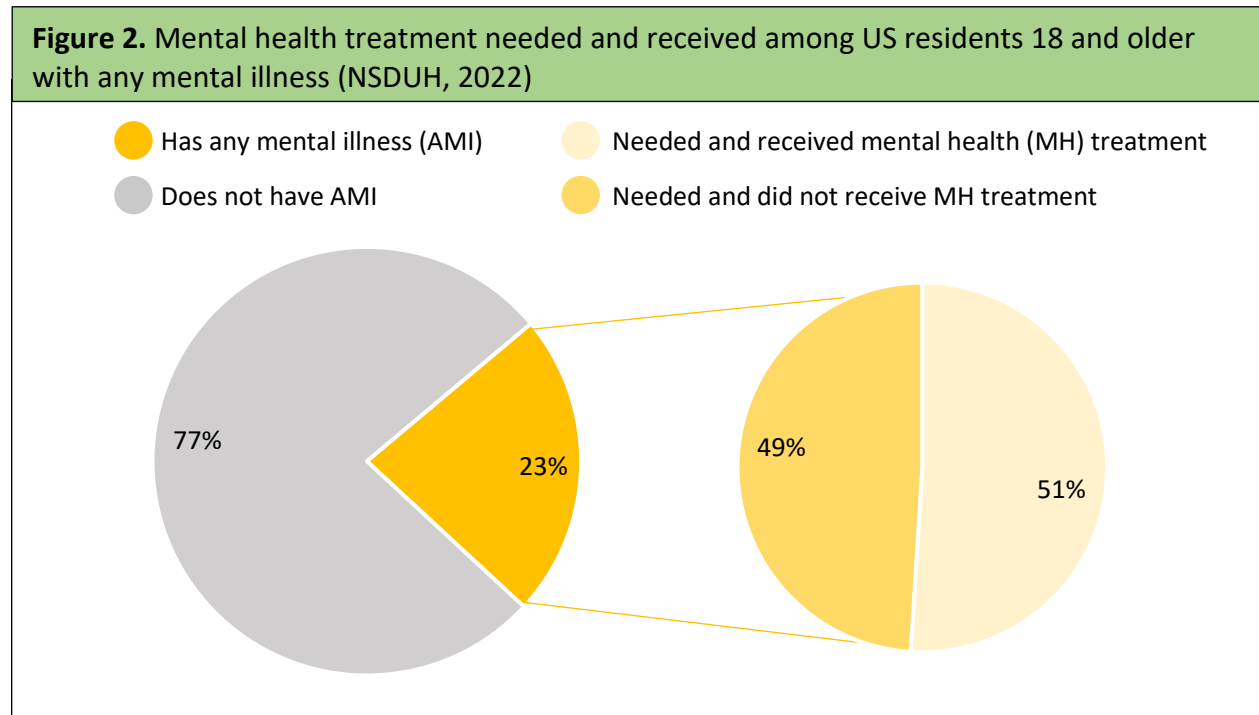
In Oregon and nationally, a substantial proportion of clients in treatment for substance use disorders also have a mental health disorder. According to the 2022 *National Substance Use and Mental Health Services Survey* (N-SUMHSS),<sup>3</sup> 59% of substance use (SU) treatment clients in the United States (US) have a co-occurring mental health disorder, compared to 69% of SU treatment clients in Oregon.<sup>1</sup> Among mental health (MH) clients in the US, 27% have a diagnosed SU disorder, compared to 37% of MH treatment clients in Oregon.<sup>1</sup> This report describes Oregon’s treatment landscape for co-occurring SU and MH disorders based primarily on 2022 N-SUMHSS survey data collected from 173 SU and 108 MH treatment programs across the state.

## 1) Prevalence and treatment of mental health and substance use disorders

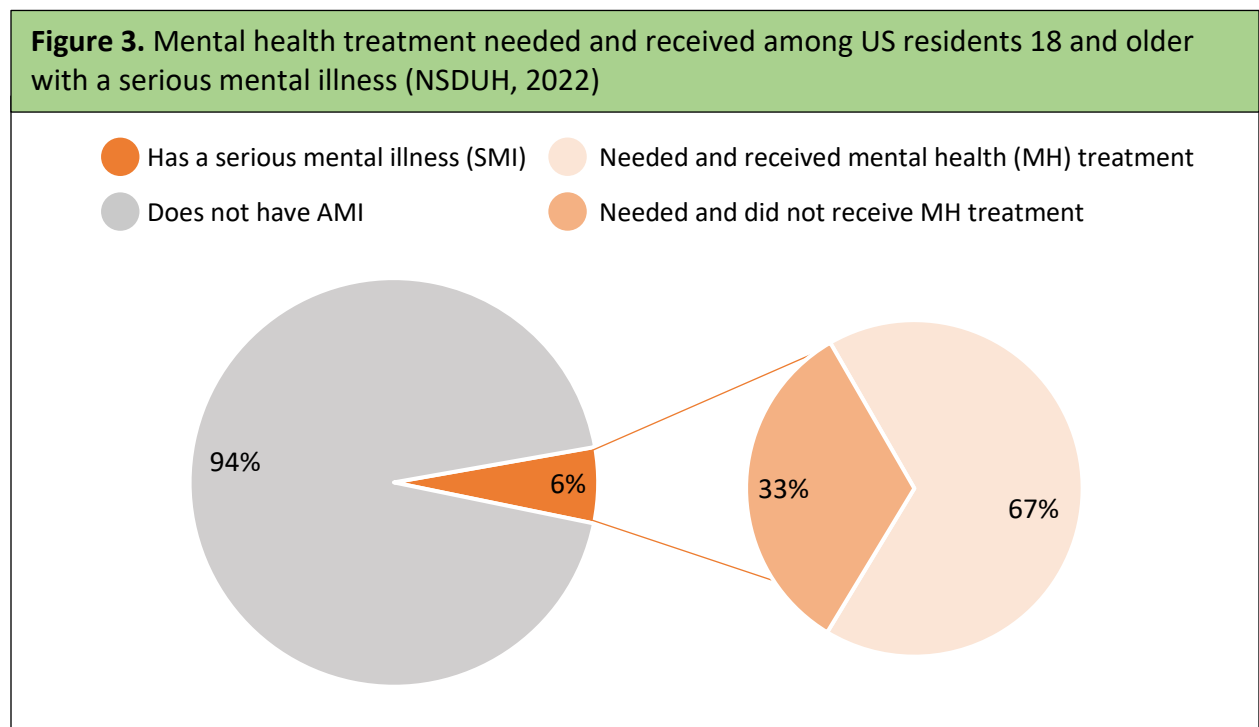
Those in treatment for MH or SU disorders represent only a fraction of individuals who have a MH or SU disorder. Data from the 2022 *National Survey on Drug Use and Health* (NSDUH)<sup>4</sup> suggest a treatment gap between those who have a MH or SU disorder and those who receive treatment for their MH or SU disorder. Among those with SU disorders; almost 1 in 5 (19%) of people 12 and older in the US were classified as needing SU treatment, but only 24% of those needing treatment received SU treatment or other services in 2022 (Figure 1).<sup>5</sup> Most (95%) of those who did not receive treatment did not seek it because they did not think they should get it. Top barriers to SU treatment among the remaining 5% who sought treatment or thought they needed it included: thought they should be able to handle alcohol or drug use on their own (75%), not ready to start treatment (52%), thought it would cost too much (46%), did not know how or where to go (48%), and were worried what people would say (42%).<sup>5</sup>



MH prevalence and treatment rates for US adults in 2022 are somewhat higher. In total, 23% of adults were classified as having any mental illness (AMI); 51% got treatment (Figure 2).<sup>5</sup>



6% of adults were classified as having a serious mental illness (SMI) that substantially limits one or more major life activities. 67% got treatment (Figure 3).<sup>5</sup>



94% of all adults 18 and older (including but limited to SMI) who did not receive MH treatment did not seek treatment and did not think they should get it. Top barriers to MH treatment among the remaining 6% who sought treatment or thought they should get treatment included: thought they should be able to handle their mental health, emotions, or behavior on their own (70%), not ready to start treatment (49%), thought it would cost too much (52%), did not know where to go (51%), and did not have enough time (44%).<sup>5</sup>

## **2) Prevalence and treatment of co-occurring serious mental illness and substance use disorders**

Treatment of clients with severe SU and MH diagnoses includes intensive case management and ancillary services, as well as long term recovery support. Nearly 3% of US adults have a co-occurring SUD and serious mental illness (SMI), defined as people with AMI that resulted in serious functional impairment. Adults with co-occurring substance use and **any** mental health disorder (AMI) represent a small population<sup>5</sup> but their service needs are urgent and client outreach is crucial to increase engagement in care.

People with co-occurring SU and MH disorders (COD) are at a higher risk for morbidity and mortality than those with SU or MH disorders alone, and experience a higher risk of homelessness, incarceration, self-harm, and suicide.<sup>6</sup> Further, the presence of an untreated substance use disorder (SUD) may contribute to or worsen a mental condition, and vice versa.<sup>7,8</sup> People with COD have a higher level of involvement with the criminal justice system. A recent Pew Research Center report analyzing NSDUH data show that nearly 10% of adults with COD were arrested annually, which is twelve times more than adults with neither a MH or SUD, and six times more likely than those with a mental illness alone.<sup>9</sup>

Current SAMHSA guidelines for COD recommend concurrent treatment for SU and MH disorders,<sup>6,10-12</sup> but 2022 national data suggest a treatment gap for this population – particularly for needed SU treatment. 71% of US adults who had a co-occurring SUD and SMI in the past year received any SU or MH treatment; 23% received both SU and MH treatment. 45% of adults with co-occurring SUD and SMI received MH treatment only, and 2% received SU treatment only.<sup>5</sup> Note that adults with COD are a subset of those with any SUD or MH treatment need. While reasons for not seeking treatment were not published for this subpopulation, we can assume that they are similar to those described above.

## **3) Oregon inventory of services for co-occurring substance use and mental health disorders**

In Oregon, the overall service gap (the number of services needed in Oregon compared to the actual number of services available) is at least 49% for SUD prevention, treatment, harm reduction, and recovery services, and likely higher for those with complex mental health and substance use treatment needs.<sup>13</sup> In an effort to better understand the extent to which services for COD clients have capacity to meet their complex medical and social needs, the OHSU-PSU School of Public Health conducted an inventory of current services offered to adults with SU, MH and COD. The US Department of Health and Human Services (HHS) recommends that conducting an inventory of existing services is necessary as a foundation for estimating specific

gaps in services in any locality, but this process is highly complex in practice. Treatment system boundaries are difficult to define, and multiple data sources are required to establish an accurate baseline (e.g., analysis of SAMHSA’s annual N-SUMHSS; local surveys). A direct inquiry of all service locations, the majority of which are reporting service information to SAMHSA and other entities, allows localities to leverage existing sources of service information and increases local knowledge to inform assessment of capacity.<sup>14</sup> Data for this descriptive report are from the 2022 N-SUMHSS<sup>15-17</sup> and the 2022 *Oregon Substance Use Disorder Services Survey* (SUDSS).<sup>13,18</sup>

Findings are reported for outpatient programs, residential treatment facilities, and medical detoxification programs. Topics include:

- 1) Overview of co-occurring substance use and mental health treatment programs;
- 2) Detoxification (medical withdrawal);
- 3) Medications used in treatment;
- 4) Smoking policies and treatment;
- 5) Gambling disorder treatment;
- 6) Emergency mental health services;
- 7) Health screening, ancillary services, and recovery support;
- 8) Harm reduction; and
- 9) Health equity.

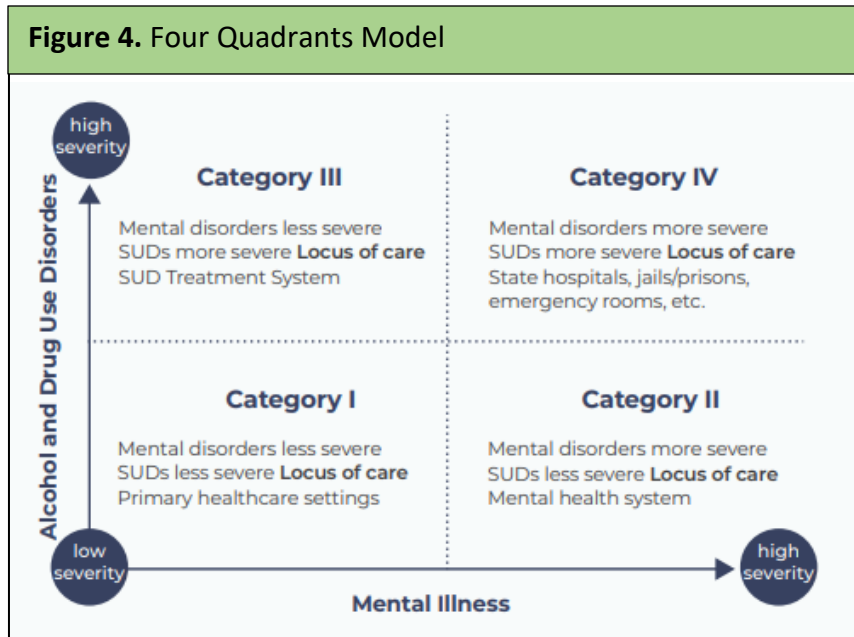
#### **4) Treatment strategies for co-occurring substance use and mental health disorders**

SAMHSA identifies six guiding principles for treating clients with COD:<sup>6</sup>

- 1) Use a recovery perspective, recognizing that changes proceed through various stages.
- 2) Adopt a multi-problem viewpoint that includes both immediate and long-term needs for housing, work, health care, and a supportive network.
- 3) Develop a phased approach to treatment, including engagement, stabilization/persuasion, active treatment, and continuing care.
- 4) Address specific real-life problems early in treatment. Approaches might include case management, vocational services, legal support, and housing services.
- 5) Plan for the client’s cognitive and functional impairments, with services tailored to clients’ individual needs and functioning.
- 6) Use support systems to maintain and extend treatment effectiveness. These might include family, peer providers, faith community, and other community resources.

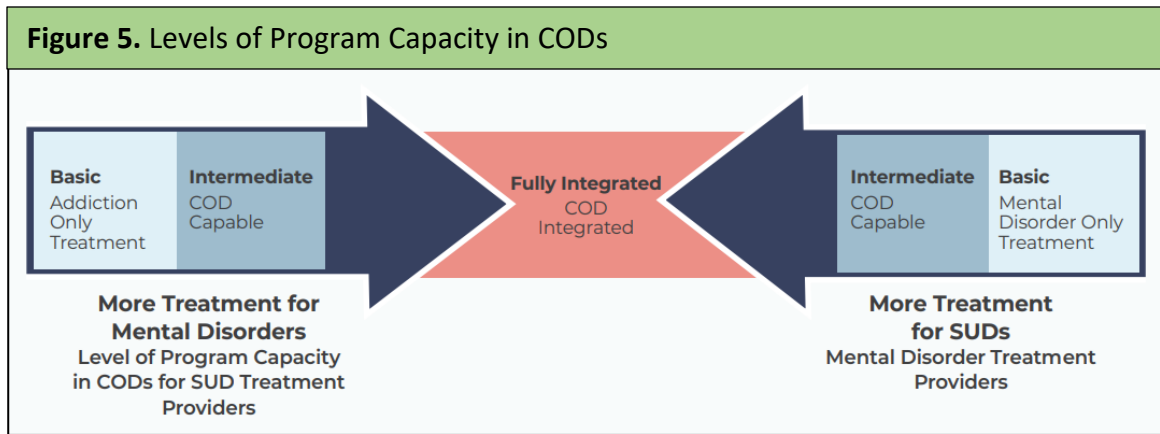
The National Institute on Drug Abuse, the National Institute of Mental Health, and the National Alliance on Mental Illness, have common recommendations and best practices for treating clients with COD, which are consistent with these six principles.<sup>6,19,20</sup> Service models for treatment of COD range from basic screening and brief intervention for SU or MH disorders and referrals to external services, to warm hand-offs to co-located providers, to fully integrated care teams where SU, MH, and primary care sit under one roof.

Treatment and referral strategies implemented by providers are directly related to both the clients served and the level of program capacity. The **Four Quadrants Model** is a conceptual framework that helps providers group clients



based on severity of symptoms to inform appropriate levels of care (Figure 4).<sup>6</sup> Based on this model, clients with lower severity of MH and SU illness may be adequately served in a primary care setting. Clients with less severe SU illness but higher severity MH illness are more likely to be served in mental health settings, while clients with more acute or severe SU illness are more likely to be seen in the SUD treatment system. When severity of SU and MH illness are both high, clients' needs are least likely met in primary care, MH, or SU treatment settings. These clients, who may benefit most from fully integrated treatment settings, are at highest risk for untreated illness resulting in emergency room, state hospital, or carceral stays.<sup>6</sup>

The **Levels of Program Capacity in CODs** provides a classification system for COD programs and their capacity to provide treatment for one or both disorders (Figure 5).<sup>6</sup> Basic programs have the capacity to treat MH or SUDs and may screen or assess for other disorders, but do not have on-site capacity to treat. Intermediate programs focus primarily on one disorder and have the capacity to address specific needs related to the other disorder. Advanced programs provide services for both MH and SUDs, often collaborating closely with other agencies to offer comprehensive services. Fully integrated programs "actively combine SUD and mental illness interventions to treat disorders, related problems, and the whole person more effectively."<sup>6</sup>



Regardless of the treatment setting, SAMHSA endorses a “no wrong door” policy ensuring that those who need treatment are identified and assessed, whether this is done directly in a fully integrated setting or via referral in basic settings. The “no wrong door” approach has implications for service planning within the health care delivery system. Briefly, these include: 1) assessment, referral and treatment planning, 2) outreach, 3) flexibility in expectations and program requirements to improve engagement, 4) individualized treatment plans, and 5) interagency cooperation.<sup>6</sup>

**5) Oregon efforts to expand capacity for integrated COD care**

Prior research used the validated Dual Diagnosis Capability Index (DDCAT) and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index to assess capacity to address co-occurring disorders in MH and SU treatment settings in the US, and found that health care settings remain at a low level of capability to provide comprehensive COD care.<sup>21,22</sup> These tools are used to score health care settings using a mixed methods approach to assess the dual diagnosis capability in community addiction treatment programs. Domains include program structure, program setting, assessment, treatment, continuity of care, staffing and training. In 2020, the Northwest Addiction Technology Transfer Center Network and the Oregon Council of Behavioral Health implemented the DDCAT in collaboration with 10 Oregon SU treatment facilities as part of a larger process improvement project. At baseline, only 3/10 participating facilities were scored as capable to treat COD clients, but after implementation of the process improvement intervention, 7/10 facilities met criteria for the capable level.<sup>23</sup> While this level of intensive technical assistance requires substantial investment, findings from the Oregon pilot suggest that intensive training and technical assistance at the site level are likely to increase service capacity for clients with COD.<sup>23</sup>

In collaboration with Medicaid payers and community partners, Oregon continues to prioritize expansion of integrated SU and MH services, with emphasis on building system-wide capacity to provide integrated services for clients with complex health and social needs. Each of the programs described below is an example of efforts to develop innovative models, standards of care, and technical assistance that supports health care providers striving to achieve integrated care.

### **Oregon Health Authority Integrated Co-occurring Disorders Program<sup>24</sup>**

The Oregon Integrated Co-occurring Disorders Program (ICD) program incentivizes health care programs and facilities to provide an integrated approach to COD treatment for Oregon Health Plan (Medicaid) members.<sup>24</sup> ICD supports providers through use of a single payment model for integrated treatment services, a specialty clinical endorsement/credential for Integrated COD treatment and support providers, and advances higher quality care to meet the needs of all Oregonians dealing with COD. As of October 16, 2023, the Oregon Health Authority (OHA) approved 55 programs to provide ICD services.<sup>24</sup>

The ICD initiative has developed clinical training and supports for service providers, focused on knowledge and skill enhancement for integrated psychotherapy and peer services, including clinical adaptations for clients with intellectual and developmental disabilities, eating disorders, and problem gambling. ICD training also provides knowledge and skill enhancement for social determinants of health-driven case management and harm reduction strategies. Structured technical assistance is provided to start up grant awardees (and other interested organizations) through use of the internationally recognized DDCAT and DDCMHT, which are central tools used in the implementation of the SAMHSA endorsed Integrated Dual Disorder Treatment (IDDT) model.<sup>25</sup> IDDT underpins the Oregon Administrative Rules for Integrated COD (309-019-0145 and 309-018-0160).<sup>26,27</sup>

### **Certified Community Behavioral Health Clinics<sup>28</sup>**

Certified Community Behavioral Health Clinics (CCBHCs) offer whole person care to those living with behavioral health conditions. CCBHC is regarded as one of the best models for delivering high quality, community-based behavioral health care. Oregon is one of eight original CCBHC demonstration states and currently operates 12 clinics across 14 counties. Clinics must provide 9 core services, either directly or through formal relationships with other providers: targeted case management, crisis services; outpatient primary care screening and monitoring; peer support, counseling and family support; psychiatric rehabilitation services; screening, assessment and diagnosis; intensive mental health care for veterans; patient-centered treatment planning; and outpatient mental health and SUD services. CCBHCs operating in Oregon must also provide 20 hours of primary care services per week on-site and are required to make connections with other providers and systems, such as criminal justice, foster care, child welfare, education, primary care, and hospitals. A key feature of the CCBHC model is the use of a Prospective Payment System, which takes the full cost of providing care into account, including services that may not be typically reimbursed under other payment models, such as costs associated with care coordination and providing services in non-clinic settings.<sup>28</sup>

CCBHCs are improving access to care and outcomes in Oregon. A recent state evaluation showed that CCBHCs increased access to behavioral health treatment by 4.3% between 2017-2019, with even greater gains in rural and remote areas (23.4% and 18.3%). The evaluation also showed that emergency department use and inpatient utilization for mental health conditions decreased for CCBHC service users.<sup>29</sup>



### **Assertive Community Treatment<sup>30</sup>**

The Oregon Center of Excellence for Assertive Community Treatment was created to promote and implement Assertive Community Treatment (ACT) as an evidence-based practice throughout Oregon. ACT programs are designed to provide comprehensive treatment and support services to individuals who are diagnosed with SMI. ACT teams are comprised of multidisciplinary staff, including but not limited to MH and SU treatment providers, case management, and counseling providers. The model aims to integrate people with SMI into their communities. ACT team members share their case load, meaning all team members can work with all individuals served by the team. The staffing structure of ACT makes the program particularly unique, as it includes a team lead, therapist, case management, nurse, and employment specialists. If the staff/client ratio allows for it, programs may also have a peer on staff.<sup>30</sup>

These three programs are large, well-funded initiatives supported by state legislature and codified in Oregon Administrative Rules. They have each shown potential to improve statewide access to COD treatment services. Survey findings presented below identify opportunities for future state policy development and structural support for programs and facilities with a broad range of capacity to provide COD services. To explore potential disparities in access to care, we include information about programs that provide population specific programs/groups, language services, access to transportation and telemedicine, and client payment options. Note that assessments of payment structures in place for Oregon COD providers and shortages in the behavioral health workforce were previously published.<sup>31,32</sup> This report focuses on current services provided to screen, diagnose and treat COD in Oregon.

## Methods

### *Data Sources*

A detailed methodology is provided in Appendix B. Methodology tables are included in Appendix C. This report draws on the following data sources:

1. **The National Substance Use and Mental Health Services Survey (N-SUMHSS), 2022**, is an annual program survey administered by SAMHSA and includes in-depth information on location, characteristics, and utilization of SU and MH services in all states and US territories. The field period for the 2022 N-SUMHSS, ran from March 31, 2022, through December 4, 2022.<sup>33</sup>
2. **Oregon Substance Use Disorder Services Survey (SUDSS), 2022**, conducted as part of the Oregon Substance Use Disorder Services Inventory and Gap Analysis, by the Oregon Health & Science University (OHSU)-Portland State University (PSU) School of Public Health, collected detailed information on services provided across SU prevention, treatment, and recovery providers in all 36 Oregon counties.<sup>13</sup> Data collection began on February 16, 2022, and concluded on June 30, 2022; 756 service locations were identified, including 254 parent organizations who provide SU prevention, harm reduction, treatment, or recovery services. Of those 254 parent organizations, 164 (65%) participated in the survey. Detailed findings were published previously.<sup>13</sup> This report presents data for treatment facilities (N=134) reporting provision of services for COD.<sup>18</sup>

### *Definitions of COD diagnosis and services*

Precise definitions of COD vary across agencies, localities, and professions, and occasionally other terminology is used, such as dual diagnosis. OHA defines COD broadly as having more than one behavioral health disorder, which could be substance use, gambling, mental health disorders, and intellectual and developmental disabilities.<sup>24</sup> SAMHSA's NSDUH includes separate COD measures of: 1) AMI or SUD in the past year, and 2) SMI or SUD in the past year.<sup>34</sup> SAMHSA's N-SUMHSS, the primary data source for this report, specifies COD as SUD and SMI in adults and/or serious emotional disturbance in children.<sup>35</sup>

Key definitions from the N-SUMHSS questionnaire are provided in Table 1. The primary definition of COD treatment used in this report is noted as "Treats COD" in, which includes treatment for co-occurring SU and SMI in adults, or SU and serious emotional disturbance in children.

**Table 1.** Definitions of services representing treatment for co-occurring disorders, 2022 N-SUMHSS

Service provided	Questionnaire definitions <sup>36,37</sup>
<b>Substance use programs (SU)</b>	
<b>Treats COD</b>	Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children. Refers to treatment services intended to help their clients' ability to function as a result of either or both disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term "Serious Emotional Disturbance" refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
Special groups for COD	Facility has a program or group specifically tailored for persons with co-occurring mental and substance abuse disorders.
Screening for mental disorders	Test to determine whether a person is experiencing symptoms of mental health conditions and needs treatment.
Comprehensive mental health assessments	An examination used to determine if a patient is functioning on a healthy psychological, social, or developmental level. It can also be used to aid diagnosis of some neurological disorders, specific diseases, or possible drug abuse.
Mental health services	Assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders.
Integrated primary care	These services address the general health care needs of persons with mental and substance use disorders. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, care coordination with staff, and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.
<b>Mental health programs (MH)</b>	
<b>Treats COD</b>	Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children. Refers to treatment services intended to help their clients' ability to function as a result of substance use and/or mental disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term "Serious Emotional Disturbance" refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
Special groups for COD	Facility has a program or group specifically tailored for persons with co-occurring mental and substance abuse disorders.

Service provided	Questionnaire definitions <sup>36,37</sup>
Integrated MH/SU	Provides combined treatment for mental illness and substance abuse from the same clinician or treatment team. Effective integrated treatment programs view recovery as a long-term, community-based process. The approach employs counseling designed especially for those with co-occurring disorders.
Integrated primary care	These services address the general health care needs of persons with mental and substance use disorders. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, care coordination with staff, and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.
Substance use treatment	Refers to a broad range of activities or services including behavioral counseling; medication; medical devices and applications used to treat withdrawal symptoms or deliver skills training; evaluation and treatment for co-occurring mental health issues such as depression and anxiety; and long-term follow-up to prevent relapse. Treatment should include both medical and mental health services as needed. Follow-up care may include community- or family-based recovery support systems.

## Findings

### 1) Overview of co-occurring substance use and mental health disorder services treatment services

A total of 173 surveys were completed by SU programs, and 108 surveys were completed by MH programs in Oregon. 40% of SU programs offered treatment for COD, compared to 81% of MH programs (Figure 6).

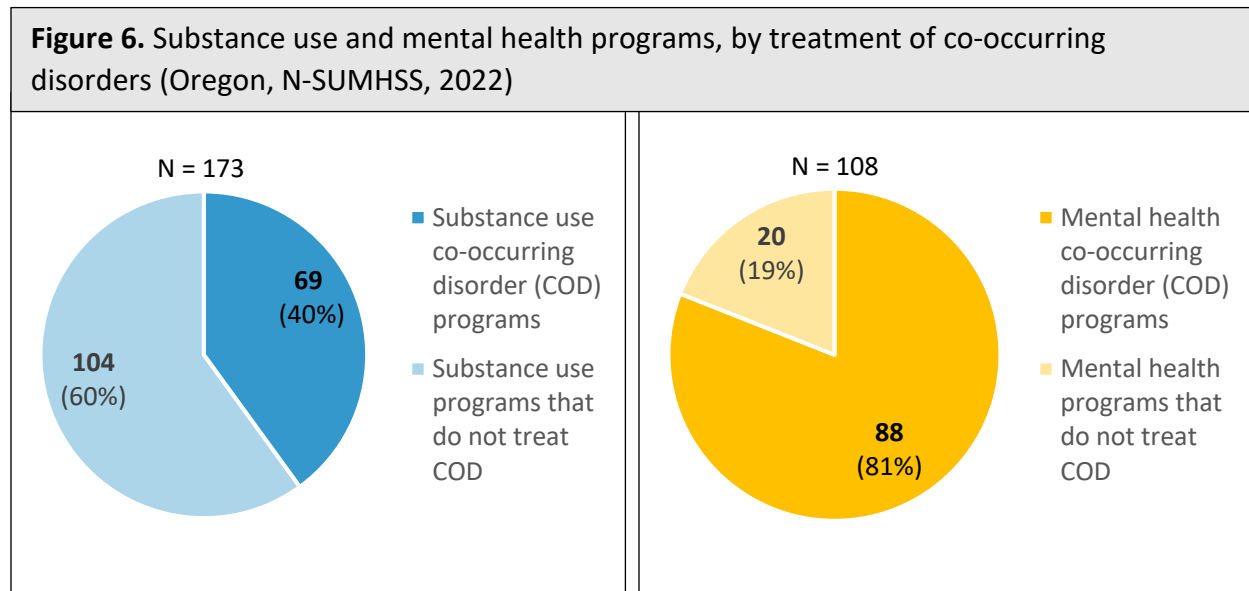


Table 2 summarizes COD services reported by Oregon MH and SU programs. Provision of integrated services varied by setting.

**Table 2.** Co-occurring disorder services reported by substance use and mental health programs, by service setting (Oregon N-SUMHSS, 2022)

Service provided	Outpatient programs		Residential/24-hour residential programs		All programs*	
	n	%	n	%	n	%
<b>Substance use programs (SU)</b>	<b>145</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>173</b>	<b>100</b>
Treats COD	61	42%	12	33%	69	40%
Special groups for COD	91	63%	25	69%	110	64%
Screening for mental disorders	122	84%	29	81%	143	83%
Comprehensive mental health assessments	72	50%	19	53%	84	49%
Mental health services	85	59%	28	78%	105	61%
Medications for mental disorders	52	36%	21	58%	67	39%
Integrated primary care	40	28%	16	44%	50	29%
Complete medical history/physical exam	43	30%	15	42%	53	31%

Service provided	Outpatient programs		Residential/24-hour residential programs		All programs*	
	n	%	n	%	n	%
<b>Mental health programs (MH)</b>	<b>74</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>108</b>	<b>100%</b>
Treats COD	60	81%	29	81%	88	82%
Special groups for COD	45	61%	15	42%	57	53%
Integrated MH/SU	49	66%	11	31%	57	53%
Integrated primary care	25	34%	14	39%	35	32%
<b>Mental health programs (MH)**</b>	<b>77</b>	<b>100%</b>	<b>26</b>	<b>100%</b>	<b>114</b>	<b>100%</b>
Detox (medical withdrawal) for co-occurring clients	3	4%	1	4%	3	3%
Medications for alcohol use disorder for co-occurring clients	20	26%	5	19%	24	21%
Medications for opioid use disorder for co-occurring clients	24	31%	7	27%	32	28%
Individual counseling for co-occurring serious mental illness/serious emotional disturbance and substance use disorder	63	82%	12	46%	72	63%
Group counseling for co-occurring clients	50	65%	12	46%	59	52%
12-step groups for co-occurring clients	6	8%	9	35%	15	13%
Case management for co-occurring serious mental illness/serious emotional disturbance and substance use disorder	44	57%	12	46%	53	46%

\*Includes all treatment settings.

\*\*Responses to this question block were not included in the identified dataset. Data are from the 2022 Oregon N-SUMHSS de-identified public use data, for the subset of programs that gave permission to be included in the National Directory.

### Mental health services in substance use programs

Among the 173 SU programs:

- 83% offered screening for mental disorders; 49% offered comprehensive mental health assessments.
- 64% offered special groups for clients with COD.
- 61% offered mental health services (59% of outpatient and 78% of residential).
- 39% offered medications for mental disorders (36% of outpatient and 58% of residential).

## Substance use services in mental health programs

Among the 108 MH programs:

- 53% offered integrated MH and SU treatment for COD clients (66% of outpatient and 31% of residential).
- 53% offered special groups for clients with COD.
- Availability of treatment with medications for SUD among MH COD programs was uncommon, including detoxification (medical withdrawal) (3%), medications for alcohol use disorder (AUD) (21%), and medications for opioid use disorder (OUD) (28%).

## Integrated primary care

Integrated primary care promotes better health outcomes and more accessible, equitable service provision, by combining social and health services into treatment/care models.<sup>38,39</sup>

- Among 173 SU programs, 29% offered integrated primary care (28% of outpatient and 44% of residential).
- Among 108 MH programs, 32% offered integrated primary care (34% of outpatient and 39% of residential).

## COD service models

Integration of behavioral health and primary care services is known to lower health systems' costs and improve quality of life. Findings from a recent evaluation report of the Oregon CCBHC programs, which require a minimum of 20 hours of onsite primary care provider services per week, suggest integrated health services (e.g., primary care and dentistry) play an important role in getting Oregonians into behavioral health settings. Further, integrated services support client engagement across the broader health system, likely due to the convenience of having various services available under one roof.<sup>29</sup>

MH and SU programs offer different levels of care and have different levels of capacity to treat MH, SU, or CODs. Some programs offer more MH treatment whereas others offer more SU treatment; some may screen or assess for other disorders, but do not have on-site capacity to treat; some programs may primarily focus on one disorder and have the capacity to address specific needs related to the other disorder. Fully integrated programs “actively combine SUD and mental illness interventions to treat disorders, related problems, and the whole person more effectively.”<sup>6</sup> While fully integrated programs provide an ultimate goal to provide whole-person care for complex patients, not all programs need to strive for the highest level of integration.

Table 3 shows the distribution of COD service models reported by SU and MH treatment programs.

**Table 3.** Distribution of co-occurring disorder service models reported by substance use and mental health treatment programs (Oregon, N-SUMHSS, 2022)

<b><i>Substance use programs (SU)</i></b>	<b>n</b>	<b>%</b>
SU programs offered only stand-alone SU services	81	48%
SU programs offered COD treatment, without integrated primary care	38	22%
SU programs offered both COD treatment and integrated primary care	31	18%
SU programs offered integrated primary care, but not COD treatment	19	11%
<b><i>Mental health programs (MH)</i></b>	<b>n</b>	<b>%</b>
MH programs offered only stand-alone MH services	13	12%
MH programs offered treatment for COD, without additional integrated services	27	25%
MH programs offered COD treatment and integrated MH and SU services	32	30%
MH programs offered COD treatment, integrated MH and SU services, and integrated primary care	23	21%
MH programs offered COD treatment and integrated primary care	6	6%
MH programs offered stand-alone MH services with integrated primary care	5	5%
MH program indicated integrated MH and SU services, but not treatment for COD	1	--
MH program indicated integrated treatment MH and SU substance use services and integrated primary care, but not treatment for COD	1	--

As shown in Table 3, most SU programs (48%) offered only stand-alone SU treatment services, and the largest proportion of MH programs (30%) offered both COD treatment and integrated MH and SU services.

**Type of facility and service setting**

MH and SU treatment are provided in a variety of service settings. The setting and type or level of care depend on many factors, including the nature and severity of a person’s MH, SU, or COD condition, their physical health status, and the type of treatment needed or prescribed. Some services can be provided remotely via telehealth services, which is discussed in a later section on accessible services.

The majority of SU and MH programs that treat COD were operated by private, non-profit organizations. 57% of the SU COD programs were operated by private, non-profit organizations, and 65% of the MH COD programs were operated by private, non-profit organizations.

Provision of COD treatment varied by SU vs MH program, as well as service setting. Table 4 summarizes the proportion of SU and MH programs that treat COD, by service setting.



**Table 4.** Substance use and mental health service settings, by treatment of co-occurring disorders (Oregon, N-SUMHSS, 2022)

Service setting	All programs	Programs that treat COD	
	n	n	% of all programs
<b>Substance use programs (SU)</b>	<b>173</b>	<b>69</b>	<b>40%</b>
Outpatient	145	61	42%
Outpatient detoxification	9	3	33%
Residential/24-hour residential*	36	12	33%
Residential detoxification	14	7	50%
Hospital inpatient/24-hour hospital inpatient	10	3	30%
Hospital inpatient detoxification	7	2	29%
<b>Mental health programs (MH)</b>	<b>108</b>	<b>88</b>	<b>81%</b>
Outpatient	74	60	81%
Residential/24-hour residential	36	29	81%
Hospital inpatient/24-hour hospital inpatient	9	3	33%
Partial hospitalization/day treatment	11	8	73%

\*As of August 16, 2023, Oregon Health Authority licensed 21 substance use disorder withdrawal management sites and 46 substance use disorder residential treatment facilities.

## 2) Detoxification (medical withdrawal)

Provision of medical withdrawal treatment for clients with COD is especially complex, as clients may need to stay on essential MH medications that are not specifically managed by the detox facility. A total of 24 SU programs reported offering medical detoxification services, and 10 of those programs offered treatment for COD.

Table 5 shows the number and percent of SU programs that offered detoxification from specific substances, by hospital inpatient, outpatient, and residential detoxification setting, as well as provision of COD treatment. Among programs reporting medical detox services (N=24), hospital inpatient detoxification programs offered more comprehensive services, with 100% reporting providing detoxification from each substance type as well as routine use of medications in detoxifications. However, the total number of hospital inpatient programs was small (N=7), and even smaller among those who offered treatment for COD (N=2).

The majority of residential detox programs overall offered treatment for alcohol (93%), benzodiazepines (79%), cocaine (86%), methamphetamines (79%), and opioids (93%). The pattern is similar across residential detox facilities that treat COD.

**Table 5.** Detoxification (medical withdrawal) services by substance type, service setting, and provision of COD treatment (Oregon, N-SUMHSS, 2022)

Substances treated	Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
	n	%	n	%	n	%	N	%
<b>All detox programs</b>	<b>7</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>24</b>	<b>100%</b>
Alcohol	7	100%	2	22%	13	93%	16	67%
Benzodiazepines	7	100%	1	11%	11	79%	13	54%
Cocaine	7	100%	2	22%	12	86%	15	63%
Methamphetamines	7	100%	3	33%	11	79%	16	67%
Opioids	7	100%	7	78%	13	93%	20	83%
Medication routinely used in detoxification	7	100%	8	89%	13	93%	22	92%
<b>COD detox programs</b>	<b>2</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>10</b>	<b>100%</b>
Alcohol	2	100%	1	33%	6	86%	7	70%
Benzodiazepines	2	100%	0	--	5	71%	5	50%
Cocaine	2	100%	1	33%	5	71%	6	60%
Methamphetamines	2	100%	2	67%	5	71%	8	80%
Opioids	2	100%	2	67%	6	86%	7	70%
Medication routinely used in detoxification	2	100%	3	100%	6	86%	9	90%

As reported in Table 2, only 3% of MH programs reported offering detoxification (medical withdrawal) for COD clients.

### 3) Medications used in treatment

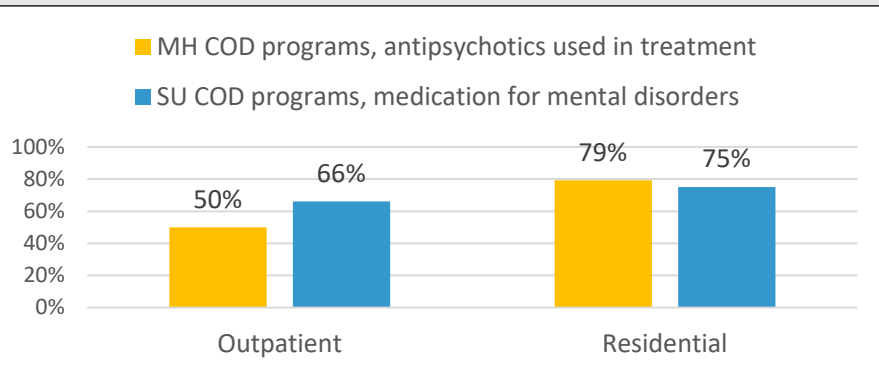
#### Medications for mental health disorders

Although medications are not prescribed to or wanted by for all individuals with COD, medications for mental health disorders can improve overall functioning when indicated. MH and SU program staff should be aware of pharmacotherapies used in treatment, including their benefits and side effects, to best monitor clients for safety and to offer appropriate medication evaluations or referrals.<sup>6</sup> Figure 7 displays the percent of MH COD and SU COD programs offering medications for mental disorders.

In outpatient settings, 50% of the 60 MH COD programs offered antipsychotics used in treatment. 66% of the 61 SU COD programs offered medication for mental disorders in outpatient settings.

Medications or antipsychotics for mental health disorders were offered more often in residential treatment settings. 79% of the 29 residential MH COD programs in residential settings, and 75% of the 12 residential SU COD programs offer medication for mental disorders.

**Figure 7.** Medications for mental health disorders at outpatient and residential mental health and substance use treatment programs that treat co-occurring disorders (Oregon, N-SUMHSS, 2022)



### Medications for alcohol and opioid use disorders

There are multiple medications approved by the Food and Drug Administration (FDA) to treat AUD and OUD. For AUD, these include acamprosate, disulfiram, and naltrexone. For OUD, these include buprenorphine (a partial opioid agonist), naltrexone (an opioid antagonist), and methadone (an opioid agonist).<sup>40</sup> In the US, methadone can only be dispensed at authorized Opioid Treatment Programs (OTPs). The other medications can be prescribed and dispensed in primary care or other health care settings. Table 6 summarizes the availability of FDA approved medications for AUD and OUD at SU COD programs, by setting.

- 39% of SU COD programs administered/prescribed medication for AUD (36% of outpatient and 67% of residential). SU COD programs They were more likely to administer/prescribe oral naltrexone (42%) than acamprosate (23%) or disulfiram (22%). Residential SU COD programs used all medications to treat AUD more often than outpatient programs.
- For OUD, 48% of SU COD programs used buprenorphine, and 51% used naltrexone in treatment. A higher proportion of residential SU COD programs (75%) used buprenorphine in treatment than outpatient SU COD programs (44%). 86% of residential SU COD programs treated OUD with buprenorphine, compared to 46% of outpatient SU COD programs.
- 65% of SU COD programs reported accepting clients using medications for OUD but prescribed elsewhere, and 48% accepted clients using medication assisted treatment for AUD but prescribed elsewhere.

**Table 6.** Medications for opioid and alcohol use disorder treatment in SU COD programs, by treatment setting (Oregon, N-SUMHSS, 2022)

	All SU COD Programs (n=69)		Outpatient SU COD programs (n=61)		Residential SU COD programs (n=12)	
	n	%	n	%	n	%
<b>Opioid use disorder treatment</b>						
Does <b>not</b> treat opioid use disorders	9	13%	9	15%	1	8%
Accepts clients using medication assisted treatment for opioid use disorder but prescribed elsewhere	45	65%	39	64%	7	58%
Buprenorphine used in treatment	33	48%	27	44%	9	75%
Prescribes buprenorphine	24	35%	22	36%	5	42%
Naltrexone used in treatment	35	51%	28	46%	10	83%
Prescribes naltrexone	25	36%	21	34%	7	58%
<b>Alcohol use disorder treatment</b>						
Does <b>not</b> use medication assisted treatment for alcohol use disorder	16	23%	16	26%	1	8%
Accepts clients using medication assisted treatment for alcohol use disorder but prescribed elsewhere	33	48%	28	46%	6	50%
Administers/prescribes medication for alcohol use disorder	27	39%	22	36%	8	67%
Administers/prescribes acamprosate	16	23%	13	21%	6	50%
Administers/prescribes disulfiram	15	22%	13	21%	5	42%
Administers/prescribes oral naltrexone	29	42%	24	39%	8	67%

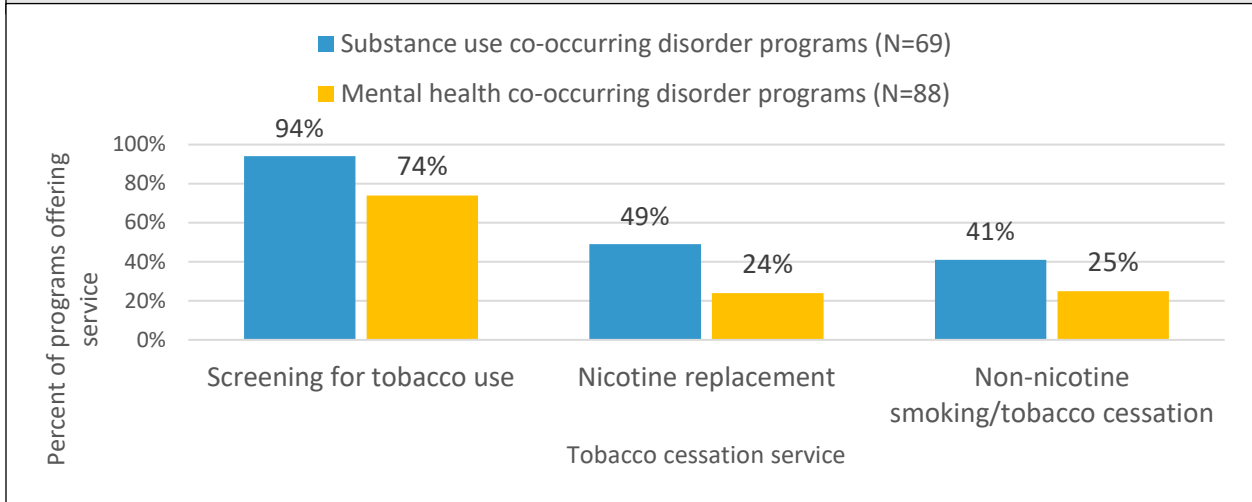
The Oregon Health Authority oversees regulation of OTPs in Oregon.<sup>26</sup> OTPs are the only locations permitted to dispense and administer methadone to treat OUD.<sup>41</sup> As of November 27, 2023, there were 27 OTPs in Oregon. 24 OTPs responded to the 2022 N-SUMHSS. Of those, only 6 programs indicated that they treat COD.

#### 4) Smoking policies and treatment

People with behavioral health disorders are more likely to smoke and have higher rates of nicotine dependence compared to the general population.<sup>42,43</sup> In 2019, smoking prevalence was nearly twice as high for adults with AMI in the past year compared to those without (28% vs 15.8%). Among people with SMI, rates of smoking are much higher. As many as 70% to 85% of adults with schizophrenia, and up to 50% to 70% of people with bipolar disorder smoke.<sup>44</sup>

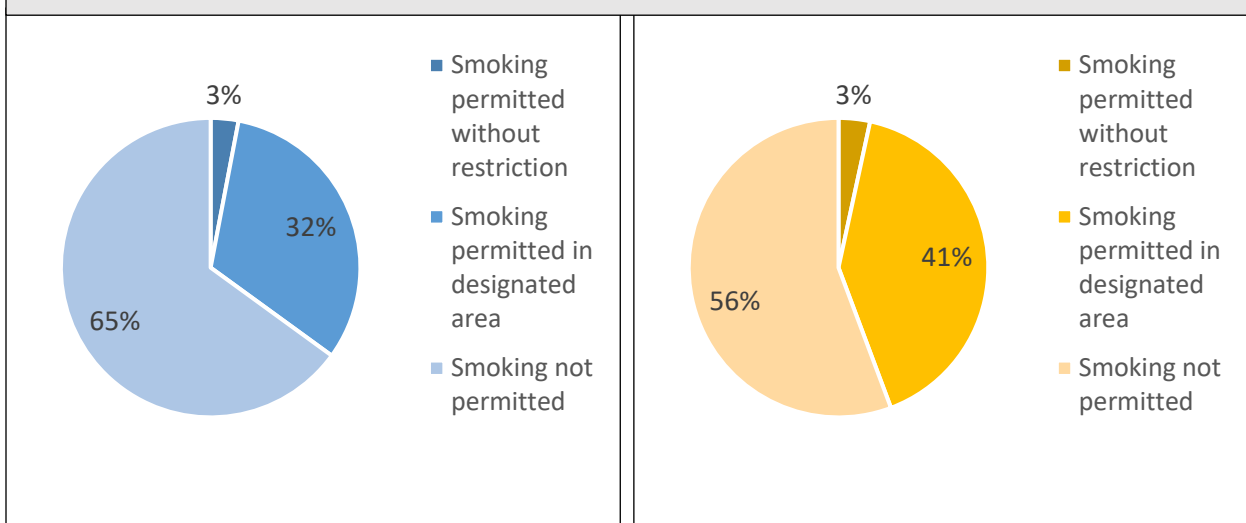
As shown in Figure 8, most SU COD programs (94%) and MH COD programs (74%) screen clients for tobacco use, but do not offer tobacco cessation services such as nicotine replacement or non-nicotine smoking/tobacco cessation.

**Figure 8. Smoking cessation services among substance use and mental health co-occurring treatment programs (Oregon, N-SUMHSS, 2022)**



About half of MH COD programs reported smoking was not permitted, and two thirds of the SU COD programs did not permit smoking (Figure 9).

**Figure 9. Smoking policy at substance use and mental health co-occurring disorder treatment programs (Oregon, N-SUMHSS, 2022)**

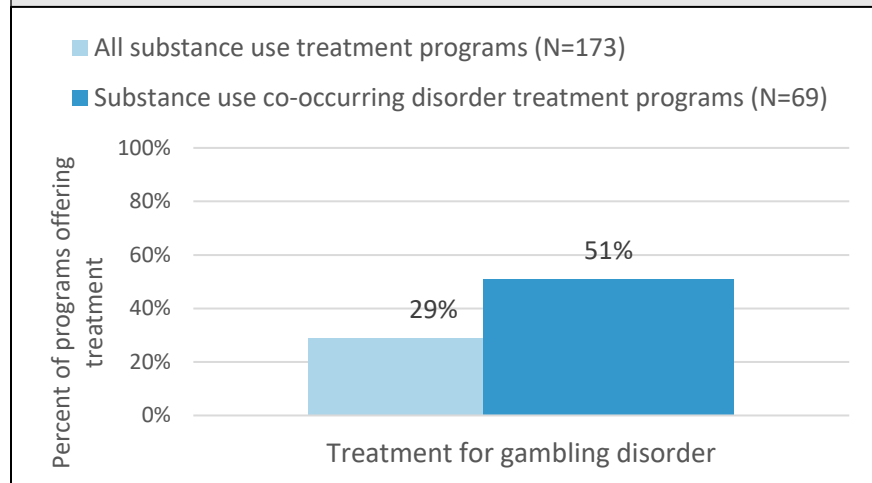


## 5) Gambling disorder treatment

There is overlap between SU and gambling disorders, as approximately half of people with gambling disorders have an SUD, typically AUD.<sup>45</sup> Those experiencing co-occurring SUD and gambling disorder face greater risk of physical health problems, financial losses, legal issues, and suicidality.<sup>45</sup> Gambling disorder is the first non-substance behavioral health addiction officially recognized and included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders.<sup>46</sup>

SU treatment programs were asked whether they provide treatment for gambling disorder. Figure 10 shows that a higher proportion of SU COD programs offered treatment for gambling disorder than among SU programs overall. 51% of SU COD programs offered treatment for gambling disorder, and 29% of all SU programs offered treatment for gambling disorder.

**Figure 10.** Treatment for gambling disorder among all substance use treatment programs and substance use co-occurring treatment programs (Oregon, N-SUMHSS, 2022)

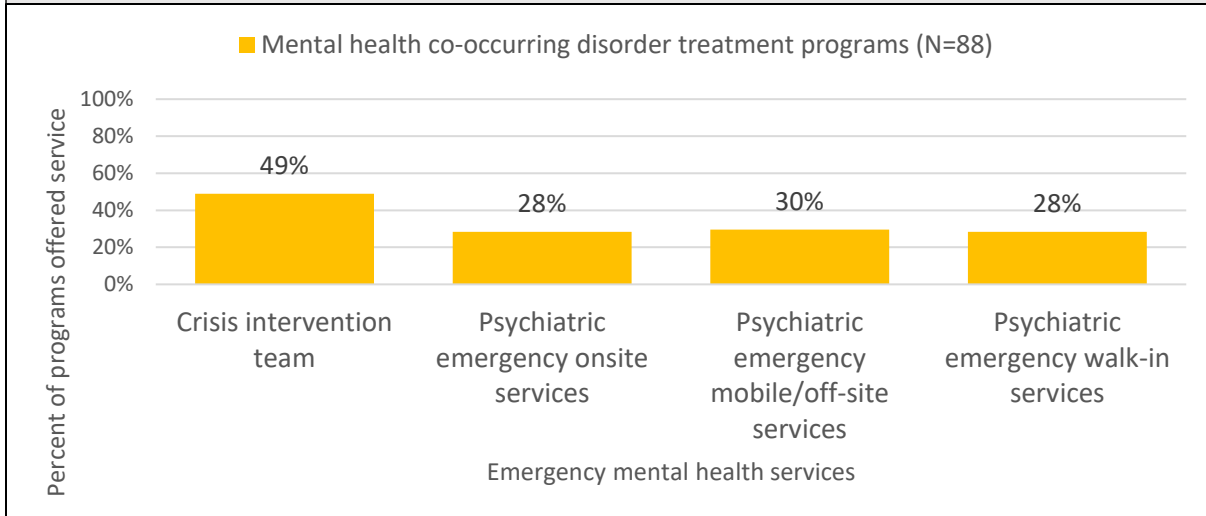


## 6) Emergency mental health services

Emergency mental health services, such as crisis intervention teams, are often deployed in response to acute mental health crises, offering mental health supports in place or alongside law enforcement or other emergency response teams. Crisis intervention teams are known to reduce the time law enforcement spend responding to mental health calls, and increase the likelihood that individuals will receive mental health services.<sup>47</sup>

Among MH COD programs, 49% had crisis intervention teams. Less common were onsite psychiatric emergency services (28%), mobile/off-site psychiatric emergency services (30%), and psychiatric emergency walk-in services (28%) (Figure 11).

**Figure 11.** Emergency mental health services among mental health co-occurring treatment programs (Oregon, N-SUMHSS, 2022)

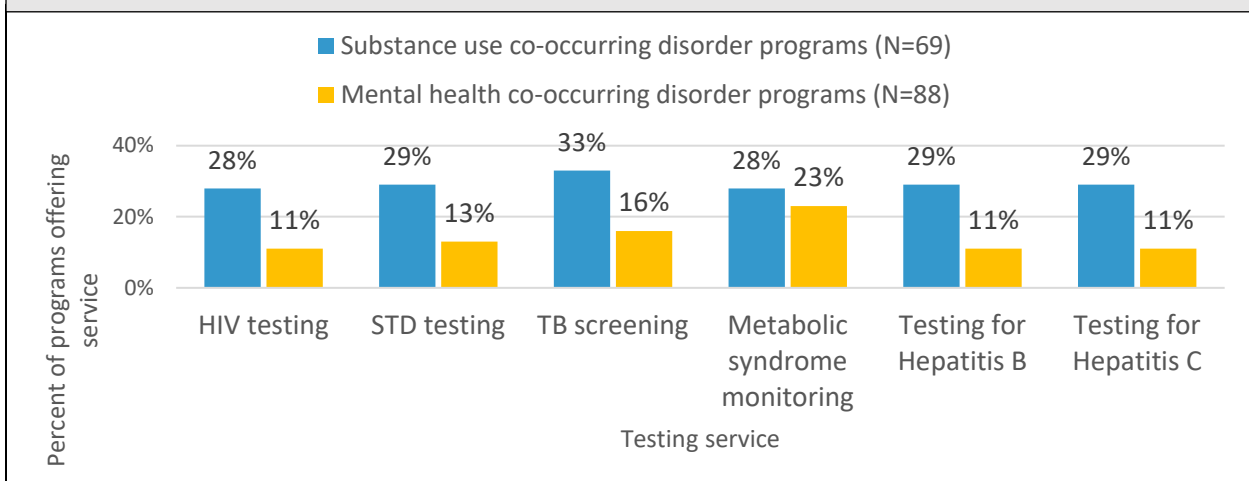


### 7) Physical health screening, ancillary services, and recovery support

The presence of physical health conditions, such as human immunodeficiency virus (HIV) or hepatitis C virus (HCV), can exacerbate other disorders such as MH or SUDs, and vice-versa. Screening and testing for physical health issues are indicated as a best practice for COD providers in both SU and MH settings.<sup>6</sup>

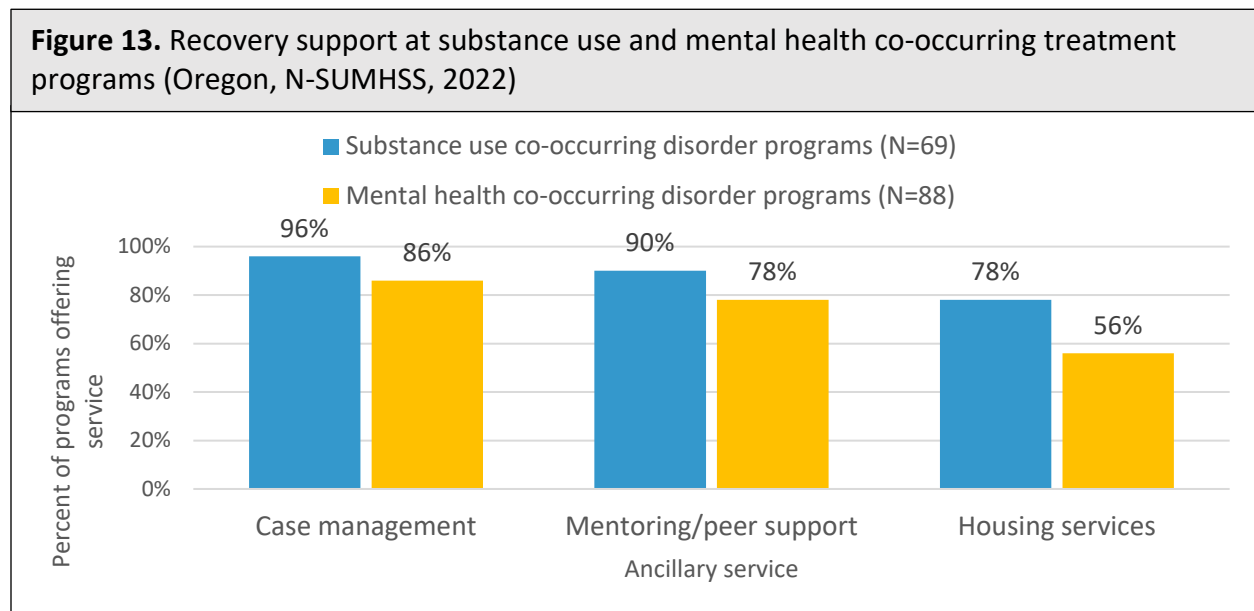
As shown in Figure 12, testing services for physical health conditions are still uncommon at both SU COD and MH COD programs. Among SU COD programs, one third or less offered health testing/screening services for HIV, sexually transmitted diseases (STDs), tuberculosis (TB), hepatitis B virus (HBV), HCV, and metabolic syndrome monitoring. A smaller proportion of MH COD programs provided these services.

**Figure 12.** Health testing services among substance use and mental health co-occurring treatment programs (Oregon, N-SUMHSS, 2022)



Case managers monitor the needs of clients and their families and coordinate medical and social services, such as mental health, health, educational, vocational, recreational, transportation, advocacy, and respite care. Peer support services are provided by certified staff with lived experience who provide navigation and support services across the continuum of SU and MH services.<sup>48</sup>

As shown in Figure 13, SU COD programs often had case management (96%) and mentoring peer/support (90%) available. MH COD programs also had case management (86%) and slightly less availability of mentoring/peer support (78%). Housing services, broadly defined as services “designed to assist individuals with finding and maintaining appropriate housing arrangements,”<sup>36</sup> were provided by 78% of SU COD and 56% of MH COD programs.

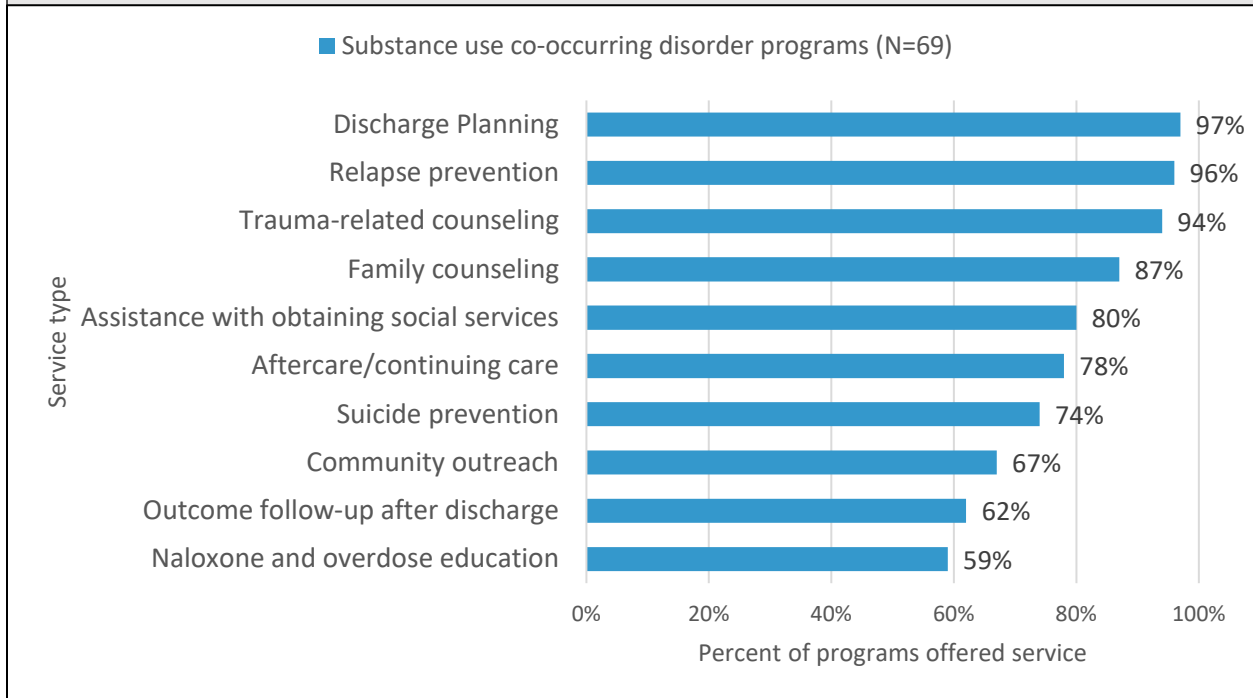


As described above, wrap-around services that support long-term engagement in treatment are critical components of care for COD clients. Wrap-around services support long-term recovery and the development of stable social support networks, as well as housing, employment, transportation.<sup>6</sup>

Figure 14 summarizes transitional and other ancillary services offered by SU COD programs. Among the 69 SU COD programs, over 90% offer discharge planning, relapse prevention, and trauma-related counseling. 74% to 80% of SU COD programs provide family counseling, help with obtaining social services, aftercare/continuing care, and suicide prevention services. More than half of SU COD programs offer community outreach, outcome follow-up after discharge, and naloxone and overdose education.



**Figure 14.** Transitional and other ancillary services at substance use co-occurring treatment programs (Oregon, N-SUMHSS, 2022)



## 8) Harm reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. Harm reduction meets people where they are, supporting their agency in preventing overdose and adopting safer practices, on their own terms and with the respect and dignity they deserve.<sup>2</sup> Harm reduction strategies to support clients with COD include but are not limited to syringe service programs, drug checking (e.g., testing for presence of fentanyl), non-abstinence-based services, overdose prevention and reversal (e.g., nasal naloxone), and information on safer drug use.<sup>13</sup>

As shown in Figure 14 above, naloxone and overdose education were offered at 59% of SU COD programs. With limited information about harm reduction available in N-SUMHSS, selected findings from the 2022 Oregon SUDSS<sup>13,18</sup> are provided in Table 7.

Among the 134 respondents to the 2022 Oregon SUDSS who self-reported providing treatment for COD, 109 (81%) offered at least one harm reduction service. Of those, the majority provided information on safer drug use (86%). More than half of those who provided non-abstinence-based services (67%) and overdose prevention and reversal (64%). Less than one-third of participants offering harm reduction reported providing syringe service programs (15%) or drug checking (28%) (Table 7).

**Table 7.** Types of harm reduction services provided by treatment facilities who reported services for co-occurring disorders (Oregon, Substance Use Disorder Services Survey, 2022)

		Syringe service program	Drug checking <sup>a</sup>	Non-abstinence-based services	Overdose prevention and reversal	Info on safer drug use
	Total county surveys <sup>b</sup>	% Yes	% Yes	% Yes	% Yes	% Yes
<b>Percent providing service</b>	109	14.7%	27.5%	67.0%	64.2%	86.2%

<sup>a</sup>Drug checking refers to distribution of fentanyl test strips.

<sup>b</sup>Total includes only facilities who reported offering at least one harm reduction service.

## 9) Health equity

The Health Equity Committee,<sup>49</sup> a subcommittee of the Oregon Health Policy Board (OHPB), believes that a common definition of health equity helps foster dialogue and bridge divides. In October 2019, OHPB and OHA adopted the following language to describe a state of health equity within Oregon’s health system:<sup>50</sup>

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.*

*Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

It is not possible to adequately assess health equity across Oregon’s SU and MH services system using health services survey data alone. An understanding of how individuals are disadvantaged by socially determined circumstances requires direct input from health services clients, as well as those who are systematically excluded from SU and MH services.

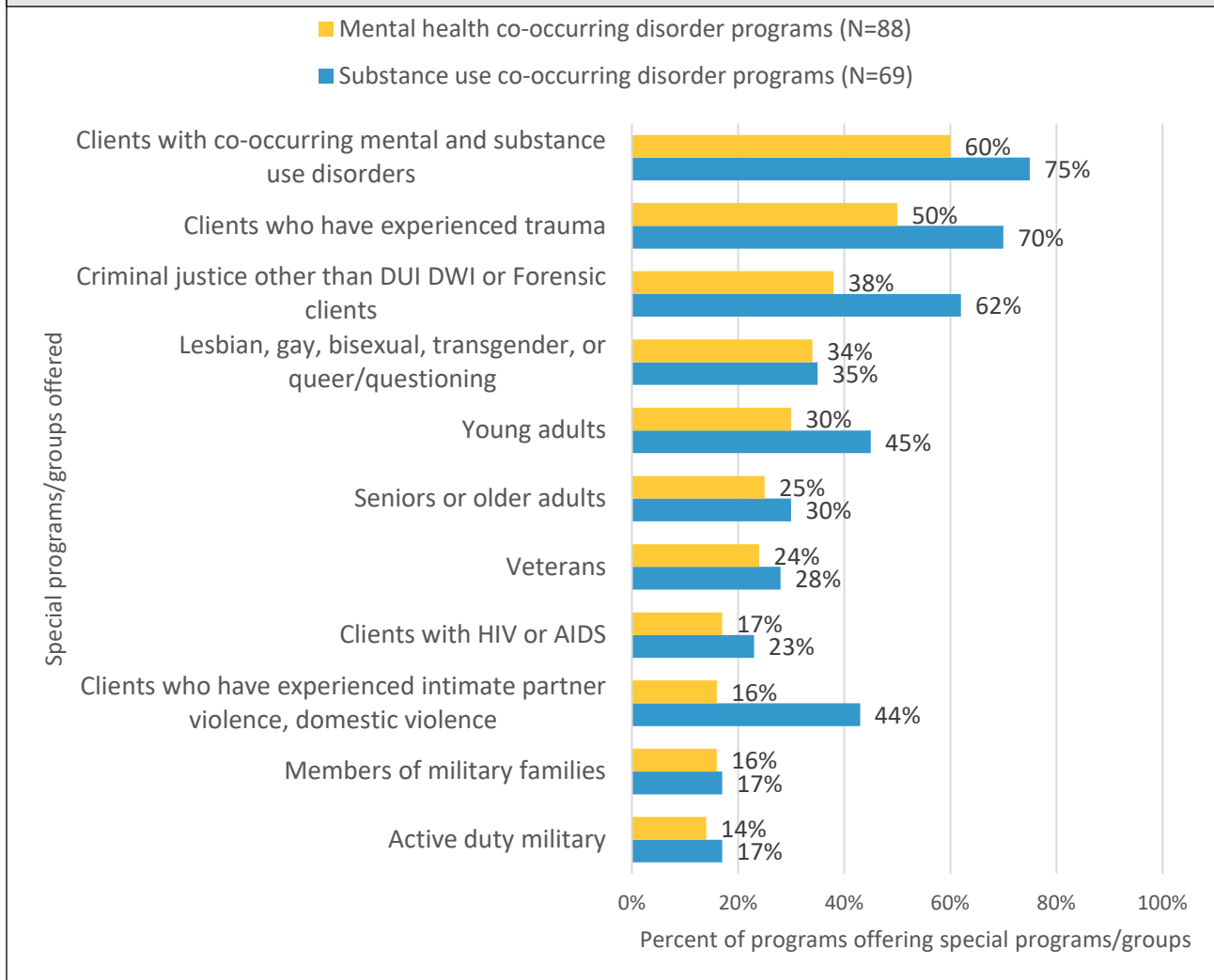
This section of the report addresses selected barriers to treatment reported by service providers on the N-SUMHSS and SUDSS. These include provision of population specific services for protected classes, language services, access to transportation and telemedicine, and client payment.

## Population-specific services

Population-specific services offer targeted, tailored treatment for specific groups, such as groups specifically for women, young adults, individuals or families experiencing homelessness, or those involved in the criminal-legal system. Prior research shows that offering individual treatment alongside group intervention may increase acceptability of and engagement in treatment.<sup>51</sup> SAMHSA encourages treatment programs to develop special services for populations that are represented in significant numbers in their programs. Treatment needs and approaches will likely vary depending on the subpopulation targeted.<sup>6</sup>

Figure 15 summarizes the breadth of special programs/groups offered for specific populations at substance use and mental health co-occurring treatment programs. As shown in Figure 15, the most common type of special programming/groups offered at MH COD (60%) and SU COD programs (75%) were specific to clients with co-occurring mental and substance use disorders. More than half of SU COD (70%) and half of MH COD programs offered special programs/groups for clients who have experienced trauma, and more than half of SU COD (62%) programs offered special programs/groups for criminal justice-involved clients. Programs specifically for young adults were offered at 45% of SU COD programs and 30% of MH COD programs. Programs specifically for lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+) clients were offered at just 35% of SU COD programs and 34% of MH COD programs.

**Figure 15.** Special programs/groups offered for specific populations at substance use and mental health co-occurring treatment programs (Oregon, N-SUMHSS, 2022)

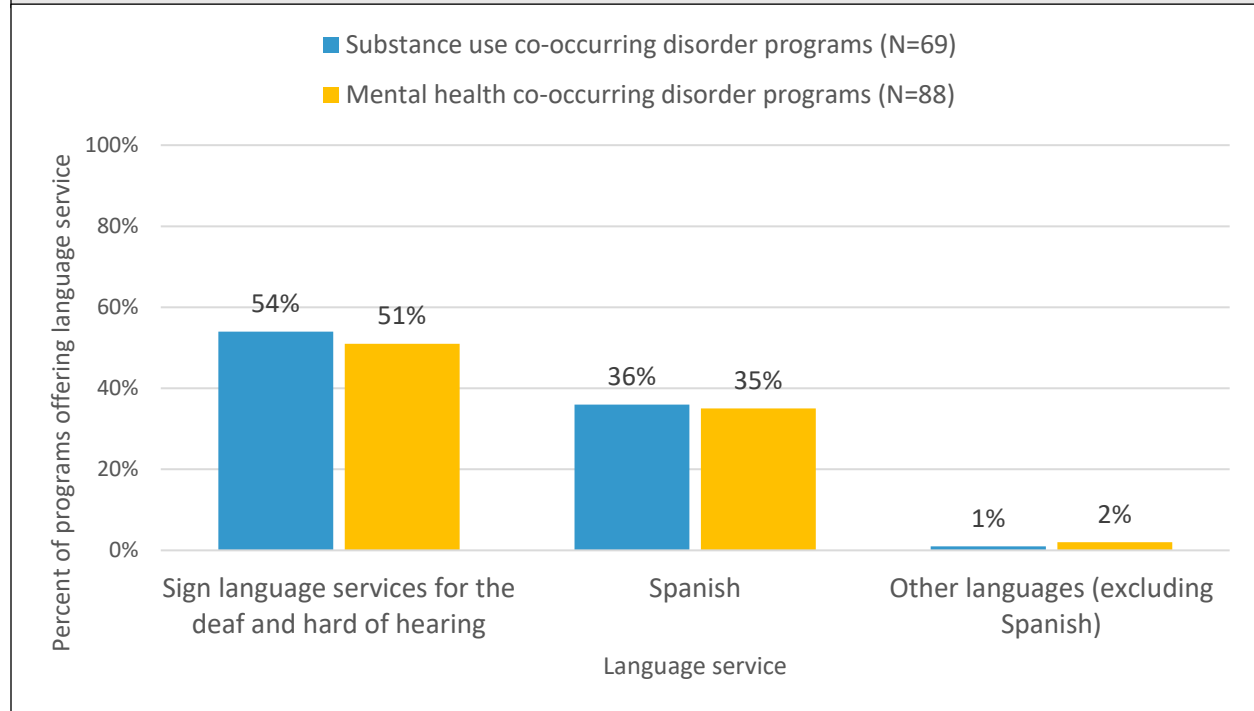


Of the 2022 SUDSS respondents who provided SU treatment and COD services, 125 offered services for people of protected classes. Around one-third (31%) provided no specific services for people of a protected class. Nearly half (46%) reported services specific to a racial or ethnic group (culturally responsive services). Few provided services specific for people with a mental or physical disability (18%), or to certain religious groups (3%).<sup>13,18</sup>

## Language services

Figure 16 summarizes availability of services in languages other than English among SU COD and MH COD programs. There was little variation between SU and MH programs, with only about half offering language services in sign language (e.g., American Sign Language [ASL]). Just over one third of programs offered language services in Spanish, and under 2% of programs offered language services in other languages.

**Figure 16.** Language services offered at substance use and mental health co-occurring treatment programs (Oregon, N-SUMHSS, 2022)



Among SU COD treatment programs responding to the 2022 SUDSS (N=130), services in languages other than English were similarly scarce. 22% of SU COD programs had certified interpreters on staff. About half of programs employed multi-lingual staff certified to interpret (55%), and 53% contracted with a service like Language Line for interpretation services. When interpretation services were available (N=75), they were most often in Spanish only (92%). ASL (29%), Chinese (10%), Russian (12%), and Vietnamese (11%) were rare.<sup>13,18</sup>

A total of 67 SUDSS SU COD programs offered printed or web-based information available in languages other than English. As shown in Table 8, translated materials were offered in Spanish (100%), but rarely in other languages. Materials in accessible formats (e.g., large print, Braille) were rarely made available (9%).<sup>13,18</sup> This is important for ICD programs who are trying to adapt their services to reach people with intellectual and developmental disabilities.

**Table 8. Translated materials available for clients by substance use treatment facilities who reported services for co-occurring disorders (Oregon, Substance Use Disorder Services Survey, 2022)**

	Percent with materials in each language <sup>a</sup> (N=67)					
	Accessible formats	Chinese	Russian	Spanish	Vietnamese	Other
<b>N=67</b>	9.0	14.9	17.9	100.0	17.9	14.9

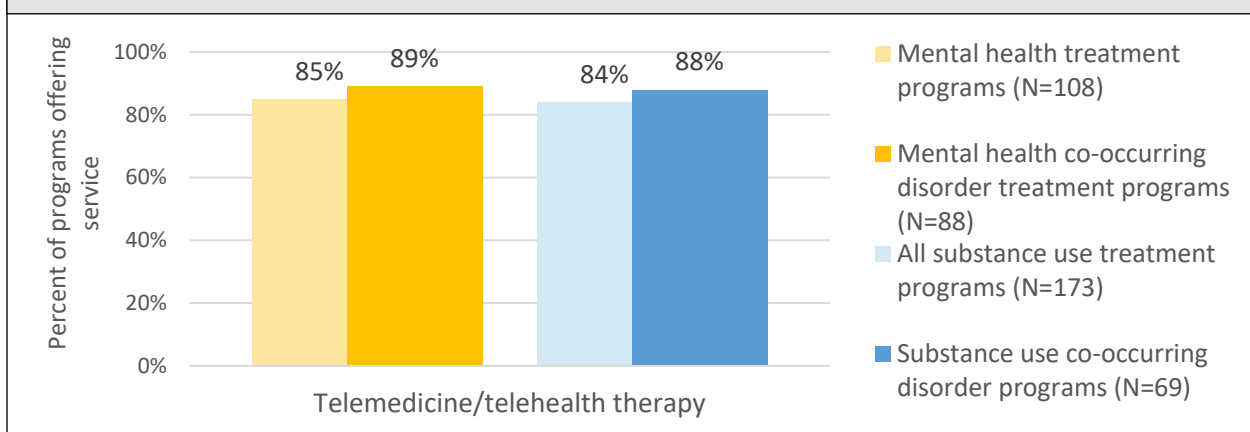
<sup>a</sup>Among programs who reported offering any printed or web-based information available in languages other than English (n=68).

### Telemedicine/telehealth and travel to services

Telemedicine/telehealth therapy allows health care providers working from a distance to communicate with patients, diagnose conditions, provide treatment, and discuss healthcare issues with other providers to ensure quality services are provided. Telemedicine has been effective at bridging the gap between patients, providers, and health systems when in-person visits are not feasible or needed. When access to care is otherwise limited due to travel barriers, telemedicine can improve access to treatment and support recovery.<sup>52</sup> While telemedicine is a powerful tool for expanding access to care, there are limitations. Clients need access to appropriate technology (e.g., laptop, smartphone), the ability to navigate required software, and a stable internet or mobile network connection. Clients with limited financial resources, unstable housing, or cognitive challenges are less likely to access telemedicine than others.

As shown in Figure 17, telemedicine/telehealth therapy was available at the majority of MH and SU programs, regardless of whether they offered treatment for COD.

**Figure 17. Telemedicine/telehealth therapy at substance use and mental health programs, by treatment of co-occurring disorders (Oregon, N-SUMHSS, 2022)**



Of the 134 SU treatment programs that reported provision COD treatment, the majority offered telemedicine for SU treatment (79%) or counseling (84%). However, both technology and travel

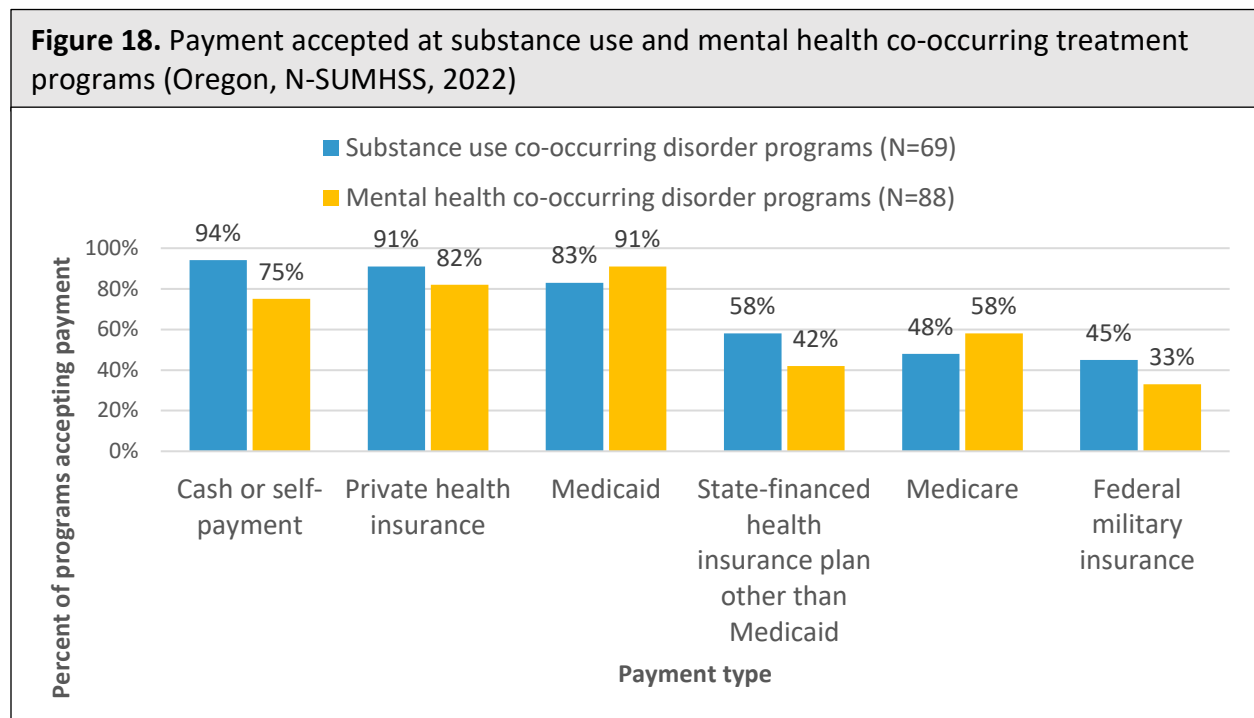
time/transportation access were still noted as barriers to treatment among about 70% of programs responding to the 2022 SUDSS.<sup>18</sup>

## Payment

As of 2019, the Oregon Health Insurance Survey found that most Oregonians (94%) were covered by health insurance. About half of Oregonians (53.3%) had private health insurance, 25.4% were covered by Medicaid through the Oregon Health Plan (OHP) 15.2% had Medicare. 6% of Oregonians were not insured.<sup>53</sup>

Availability of treatment services that accept Medicaid and Medicare is essential to meet the needs of Oregon’s high need population with COD. Nationally, rates of mental health and substance use disorders are at least 50% higher among Medicaid members compared to those with other insurance.<sup>32,54</sup> Yet, as shown in Figure 18 and Figure 19, a large proportion of SU COD and MH COD programs do not accept public insurance.

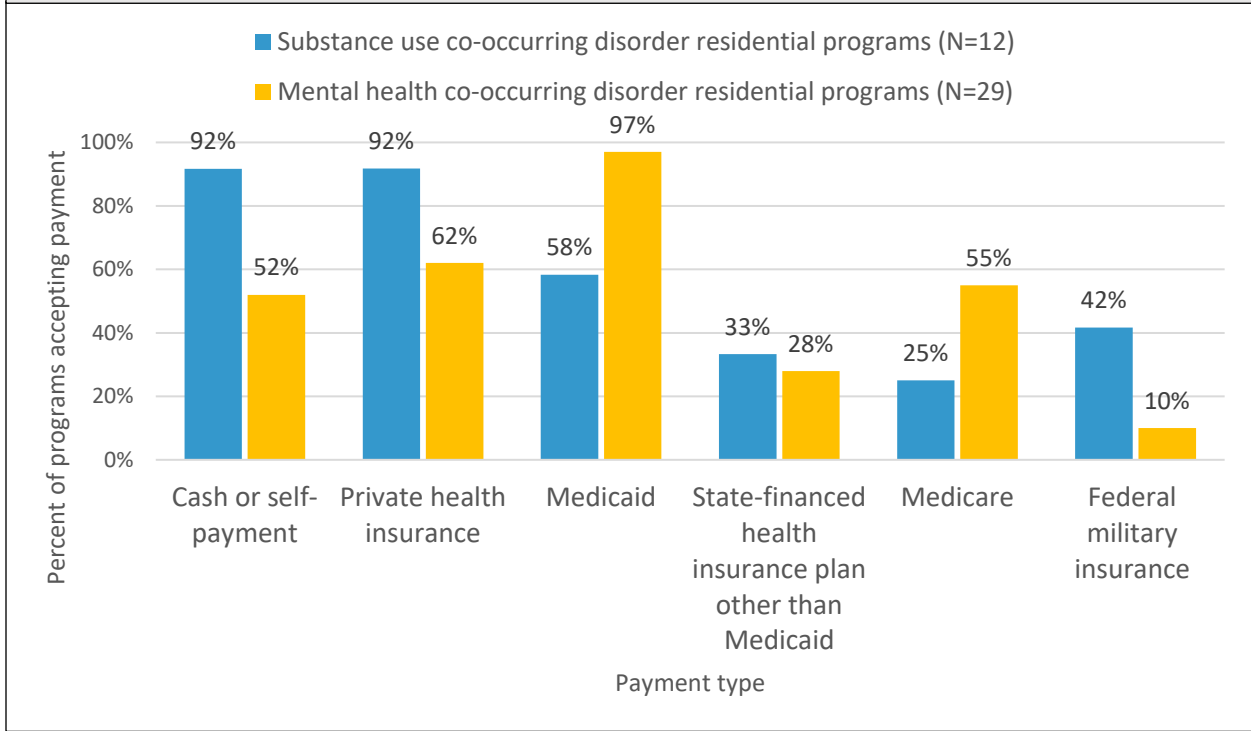
Figure 18 shows types of payment accepted among SU COD and MH COD programs. Medicaid was accepted by 83% of SU COD programs and 91% of MH COD programs, but Medicare was accepted by 48% of SU COD programs and 58% of MH COD programs.



Among outpatient COD programs, there was little variation in type of payment accepted, but there were notable differences in payment accepted by SU and MH COD programs in residential settings (Figure 19). SU COD programs in residential settings were much less likely to accept Medicaid or Medicare compared to MH COD programs.

Among the 12 SU COD residential programs, Medicaid was accepted by 58%, while Medicare was accepted by only 25%. Among the 29 MH COD residential programs, 97% accepted Medicaid, while 55% accepted Medicare (Figure 19).

**Figure 19.** Payment accepted at residential substance use and mental health co-occurring treatment programs (Oregon, N-SUMHSS, 2022)





## Summary of findings

Using data collected from services providers in 2022, this report describes the state's current availability of programs that provide both SU and MH treatment, and those who report providing SU and MH treatment services concurrently for clients with COD. Key findings are discussed below.

### 1) Overall

- 40% of SU programs indicated that they treat COD (i.e., treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children)<sup>35</sup>. However, 64% of SU programs reported offering special groups for COD clients, 83% offered screening for mental disorders, and 61% provided mental health services.
- 81% of MH programs indicated that they treat COD, but just half offered integrated MH and SU treatment (i.e., *combined* treatment for mental illness and substance abuse from the same clinician or treatment team)<sup>35</sup> and special groups for clients with COD.
- Integrated primary care was available at less than one third of SU and MH programs.
- MH programs reported providing individual and group counseling (63% and 52%, respectively), and case management (47%) specifically for clients with COD.
- Less than one third of MH programs reported offering medications for AUD (21%) and medications for OUD (28%) specially for clients with COD.
- 29% of SU programs and 51% of SU programs that treat COD reported offering treatment for gambling disorder.
- 24 of 27 OTPs authorized to dispense methadone in Oregon responded to the 2022 N-SUMHSS. Of those, 6 OTPs indicated that they treat COD.

### 2) Less than half of COD programs offer testing for infectious disease or monitor chronic conditions.

- Among SU COD programs, less than 30% of programs offered testing for HIV, STDs, HBV, or HCV. About a third of SU COD programs offered TB screening, and 28% offered metabolic monitoring.
- Among MH COD programs, 11% of offered HIV, HBV and HCV testing; 13% offered STD testing, 16% offered TB screening, and 23% offered metabolic monitoring.
- The majority of SU COD programs (94%) and MH COD programs (74%) screen for tobacco use, but less than half offer nicotine replacement treatment (49% of SU COD programs; 24% of MH COD programs).

**3) In settings that treated COD, medications for mental health conditions, AUD, and OUD (other than methadone) were most often provided in residential treatment settings.**

- Antipsychotics were offered in 79% of residential MH COD programs, compared to 50% of outpatient MH COD programs. 75% of residential SU COD programs offer medication for mental disorders, compared to 66% of outpatient SU COD programs.
- 39% of SU COD programs administered/prescribed medication for AUD, including 36% of outpatient and 67% of residential SU COD programs.
- 35% of SU COD programs prescribed buprenorphine for OUD, including 42% of residential and 36% of outpatient.
- 36% of SU COD programs prescribed naltrexone for OUD, including 58% of residential and 34% of outpatient programs.
- 65% of SU COD accepted clients using medications for OUD but prescribed elsewhere, and 48% accepted clients using medication for AUD but prescribed elsewhere.

**4) Oregon's COD programs offer a wide range of ancillary services and recovery support.**

- Most SU COD programs had case management (96%) and mentoring peer/support (90%) available. Most MH COD programs also had case management (86%), but less availability of mentoring/peer support (78%).
- Housing services were offered by 78% of SU COD and 56% of MH COD programs.
- Over 90% of SU COD programs offer discharge planning (97%), relapse prevention (96%), and trauma-related counseling (94%). 74% to 87% of SU COD programs provide family counseling services (87%), offered help with obtaining social services (80%), provided aftercare/continuing care (78%), and suicide prevention services (74%).
- More than half of SU COD programs offered community outreach (67%), outcome follow-up after discharge (62%), and naloxone and overdose education (59%).

**5) Most COD treatment programs do not offer services or groups tailored to specific populations.**

- 60% of MH COD programs offered programs/groups specifically tailored to clients with co-occurring mental and substance use disorders. Programs/groups specifically for young adults were offered at 30% of MH COD programs. Programs/groups specifically for LGBTQ+ clients were offered at 34% of MH COD programs.
- 75% of SU COD programs offered programs/groups specifically tailored to clients with co-occurring mental and substance use disorders. Programs/groups specifically for young adults were offered at 45% of SU COD programs. Programs/groups specifically for LGBTQ+ clients were offered at 35% of SU COD programs.

- 38% MH COD and 62% of SU COD programs had special programs/groups for clients with involvement in the criminal-legal system.

**6) COD programs need more language support services, especially in languages other than Spanish.**

- Among SU COD treatment programs responding to the 2022 SUDSS, services in 22% of SU COD programs had certified interpreters on staff. About half of programs employed multi-lingual staff certified to interpret (55%), and 53% contracted with a service like Language Line for interpretation services. When interpretation services were available (N=75), it was most often in Spanish (92%).<sup>18</sup>
- 52% SU COD programs responding to the 2022 SUDSS offered printed or web-based information available in languages other than English.<sup>18</sup> Translated materials were offered in Spanish (100%), but rarely in other languages. Materials in accessible formats (e.g., large print, Braille) were rarely made available (9%).<sup>18</sup>

**7) Residential SU programs are less likely than residential MH programs to accept public insurance.**

- Among the 12 SU COD residential programs responding to the 2022 N-SUMHSS, Medicaid was accepted by 58%, while Medicare was accepted by 25%.
- Among the 29 MH COD residential programs responding to the 2022 N-SUMHSS, 97% accepted Medicaid, and 55% accepted Medicare.

## Discussion

Integrated systems of care are known to reduce health disparities and support better health outcomes through care coordination.<sup>55,56</sup> Coordinated, concurrent treatment for substance use and mental health diagnoses lead to better outcomes compared to MH or SU treatment alone.<sup>6</sup> Half (49%) of Oregon SUD programs who offered treatment for COD in 2022 reported capacity did not meet current demand for services.<sup>18</sup>

### 1) Client-level barriers to and facilitators of COD treatment

Prior negative experiences in health care systems (e.g., stigma, racism, lack of culturally and linguistically appropriate services), lack of information about available services (e.g., lack of information about options, not knowing where to go), as well as cost and transportation can pose substantial barriers to individual use of available COD services.

#### *Socioeconomic factors*

Socio-economic factors are leading barriers to SU and MH treatment. These include but are not limited to poverty, unreliable transportation, and unstable housing.<sup>56,57</sup> Housing services were offered by 78% of SU COD and 56% of MH COD programs in Oregon. While telemedicine may alleviate disparities in accessing COD treatment services for those experiencing time or travel barriers, 70% of Oregon SU treatment programs noted technology, travel time, and transportation challenges posed barriers to accessing treatment.<sup>18</sup>

#### *Case management and other wrap-around services*

Wrap-around services to support long-term engagement in treatment are critical components for care for COD clients. Ancillary supports can improve both access to and long-term engagement in services.<sup>6</sup> Most SU COD (96%) and MH COD (86%) programs offered case management. Among SU COD programs in Oregon, over 90% offer discharge planning, relapse prevention, and trauma-related counseling. Most SU COD programs (90%) had mentoring peer/support available, as did MH COD programs (78%).

#### *Population-specific programming*

To meet the needs of specific populations with COD, SAMHSA recommends developing special services for specific populations. Population-specific services offer targeted, tailored treatment for specific groups that are represented in high numbers in SU or MH programs, such as groups specifically for women, for young adults, for individuals or families experiencing homelessness, or for clients involved in the criminal-legal system.<sup>6</sup> For example, people with COD have a higher level of involvement with the criminal justice system. A recent analysis of NSDUH data found that adults with COD were 12 times more likely to be arrested annually than adults with neither a MH or SUD, and 6 times more likely to be arrested annually than those with a mental illness alone. Offering individual treatment alongside group intervention for specific populations may increase acceptability of and engagement in treatment.<sup>9</sup>

In Oregon, just 38% of MH COD and 62% of SU COD programs had special programs/groups for criminal justice clients (other than DUI, DWI, or Forensic clients). The most common type of special programming/groups offered at MH COD (60%) and SU COD programs (75%) were specific to clients with co-occurring mental and substance use disorders. Disparities in COD are further noted among LGBTQ+ youth and adults.<sup>51</sup> Programs specifically for young adults were offered at 45% of SU COD programs and 30% of MH COD programs. Programs specifically for LGBTQ+ clients were offered at just 35% of SU COD programs and 34% of MH COD programs. Services and interpretation are rarely offered in languages other than English or Spanish.

## **2) Provider and health system barriers to and facilitators of COD treatment**

### *Workforce*

Previous research has described Oregon’s behavioral health workforce challenges:<sup>13,31,32</sup>

- Because of the underrepresentation of people of color in the behavioral health workforce, it is difficult for service users of color to find culturally specific care.
- Workforce turnover causes burden on care coordination efforts in Oregon, especially around billing and transferring health records, causing delays in care.
- While Oregon has many outpatient programs, BH professionals have described “log jams” in trying to refer from inpatient to outpatient services due to capacity issues, and capacity is even worse for youth.
- Low wages and work environment stressors are contributors to recruitment/retention issues.

### *Screening and referral*

Nationally, the majority of individuals that needed but did not receive SU or MH treatment did not think they needed it.<sup>5</sup> Not all programs need fully integrated MH and SU services, but to achieve a “no wrong door” approach to care, mechanisms for screening and assessment must be routinely implemented and lead to successful referrals. Failure to routinely screen clients receiving behavioral health services for mental disorders and SUDs leads to lack of comprehensive assessment, diagnosis, and treatment. Even when fully integrated treatment services are not in place, health care providers in all settings can be taught to screen, assess for, and recognize diagnostic symptoms of mental disorders and SUDs presented by their clients.<sup>6</sup>

In the absence of fully integrated services, establishing collaborative relationships across agency types helps to ensure more comprehensive service availability for clients with CODs. Staff training is needed to ensure interventions are implemented effectively, and in a way that meets the needs of clients with CODs. Access to needed medical records across care teams improves referral processes and continuity of care. Gaps in the referral process may lead to delays in care. Successful referrals are hard to come by; when providers feel systems of care do not have the capacity to support patients, provider burnout is increasingly documented.<sup>56,58,59</sup>

Opportunities for screening and referral are not limited to traditional treatment settings. Implementing a “no wrong door” approach to SU and MH service delivery includes outreach conducted in settings where emergency and other acute services are required. Less than half of Oregon’s detoxification programs (42%) treat COD. Among MH COD programs, nearly half (49%) had crisis intervention teams. Less common were onsite psychiatric emergency services (28%), mobile/off-site psychiatric emergency services (30%), and psychiatric emergency walk-in services (28%).

### *Prescribing*

Medication management and prescribing in SU and MH settings improves recovery rates and recovery time.<sup>6</sup> SU treatment for COD clients, including medical detoxification (3%), medications for AUD (21%), and medications for OUD (28%), were rarely reported by Oregon MH programs. At SU COD programs, medications for AUD were not widely available, including administration/prescribing of naltrexone (36%), acamprosate (23%) and disulfiram (22%). Medications for OUD varied in availability by treatment setting, with 75% of residential SU COD programs reporting use of buprenorphine in treatment compared to 44% of outpatient SU COD programs, and 86% of residential SU COD programs reporting use of naltrexone in treatment compared to 46% of outpatient SU COD programs.

Medications for mental disorders were offered at 36% of SU COD outpatient programs and 58% of SU COD residential programs; antipsychotics were offered at 50% of MH COD outpatient program and 79% of MH COD residential programs.

Known barriers to prescribing and dispensing medications for people with CODs include a lack of training for providers specific to CODs, and workforce shortages limiting access to prescribing clinicians.<sup>59</sup> Moreover, clinicians have expressed concerns around complicated prescribing regulations and laws.<sup>56</sup>

### *Billing for COD*

The 2022 Integrated COD Co-Occurring Disorders Reimbursement Study noted that a key issue is “the division of Oregon’s service system.”<sup>31</sup> Structural divides add complication around payment methods for different disorders, with added challenges when cross-referencing reimbursement codes.<sup>31</sup> MH and SU services are typically provided in different settings, by different providers, using different billing codes, without options for billing for both MH and SU treatment at the same encounter. For example, an individual with a MH and SUD may see a provider who is dually-credentialed and able to provide support for both conditions. However, any service the provider renders and bills for can only be coded using one billing code, forcing the provider to choose whether the supports provided should be billed as SU or MH.<sup>31</sup> Another systems issue noted in the 2022 study was a lack of payer support for certain services, including care coordination, peer support, and case managers – all of which negatively impacting provider wages reimbursement rates.<sup>31</sup>

### *Medicaid and Medicare coverage*

Availability of treatment services that accept Medicaid and Medicare is essential to meet the needs of Oregonians with COD. Adults with COD are far more likely to be publicly insured than the general population,<sup>32,54</sup> yet a large proportion of SU COD and MH COD programs do not accept Medicare or Medicaid. Medicaid was accepted by 83% of SU COD programs and 91% of MH COD programs, but Medicare was accepted by 48% of SU COD programs and 58% of MH COD programs. This leaves a concerning treatment gap for older adults in Oregon. The public insurance gap is most pronounced in residential SU programs that treat COD – only 58% accepted Medicaid and 25% accepted Medicare.

## Recommendations

Oregon's behavioral health policy landscape has evolved over the past decade, as the state has prioritized increased access to quality care and effective behavioral health services and supports.<sup>60</sup> In 2023, the Oregon Legislature made \$153 million in investments to build the capacity and increase access to behavioral health services with a focus on increasing the number of treatment beds and addressing gaps in the system.<sup>61</sup> Specific strategies include more funding for mobile crisis centers, Medicaid rate increases for community behavioral health providers, more case management for those exiting the State Hospital, funds to expand and diversify the behavioral health workforce, investment in mental health and substance use disorder treatment facilities, and allocation of opioid settlement proceeds for harm reduction services.<sup>61</sup>

Oregon continues to prioritize expansion of integrated SU and MH services, in collaboration with Medicaid payers and community partners, with emphasis on building system-wide capacity to provide person-centered integrated services for clients with complex health and social needs. Current efforts supported by the state's Integrated Co-Occurring Disorders (ICD),<sup>24</sup> Certified Community Behavioral Health Clinics (CCBHC)<sup>28</sup> and Assertive Community Treatment (ACT)<sup>30</sup> programs, are in place to address barriers to appropriate COD treatment that include innovative payment mechanisms, grant funding, and technical assistance. These include strategies to ensure reimbursement for appropriate services, support training and credentialing across disciplines, and expand services for clients with problem gambling and intellectual and developmental disabilities.<sup>31</sup> Further, the ICD program incentivizes community outreach plans to better address health related social needs and social determinants of health.

The following recommendations respond directly to self-reported survey data from Oregon behavioral health programs in 2022. They are intended to inform ongoing state efforts to improve access to and quality of services delivered to clients with COD.

- 1) SU programs reported lower rates of COD treatment (33% in residential and 42% in outpatient programs), compared to MH programs (81%). This disparity suggests a need to **prioritize support for SU treatment programs** that serve clients with COD.
- 2) 83% of SU programs conducted mental health screenings, but only 49% provided comprehensive mental health assessments. Efforts to **increase the dually-credentialed workforce in SU settings are essential to enable timely assessment and referral to specialty mental health care** when needed.
- 3) Within MH service settings, just 21% of programs reported offering medications for AUD, and 28% offered medications for OUD to their clients with COD. In support of a no wrong door approach to treatment, **evidence-based medications for both AUD and OUD should be available to all clients with COD through on-site prescribing or partnerships with prescribers, including OTPs.**



- 4) While SU COD programs offered comprehensive transitional and ancillary services to support long term recovery of clients, only 59% reported offering naloxone and overdose education. **Continued efforts to expand access to overdose reversal drugs along with workforce education regarding the importance of harm reduction** are needed. Current OHA initiatives include statewide efforts to expand harm reduction and syringe service interventions. Save Lives Oregon launched in 2020 as a resource hub to distribute harm reduction supplies and educational materials.<sup>2</sup>
- 5) More qualitative research is need to understand barriers to and facilitators of access to SU and MH treatment experienced by Oregonians at highest risk for untreated SU and MH conditions. This **research needs to include voices of both current behavioral health clients, as well as those who are not in treatment**. These include individuals experiencing homelessness, individuals involved in the criminal legal system, and those cycling through Oregon’s emergency departments and the State Hospital.
- 6) New analysis of insurance claims data could identify more specific gaps in concurrent services for those diagnosed with COD, documenting length of time between billed encounters for MH and SU treatment. Subgroup analyses could **identify disparities in concurrent treatment for COD by race, ethnicity, gender, and geography**.

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# Appendices

## **Appendix A. Acronym list**

<b>ACT</b>	Assertive Community Treatment
<b>AMI</b>	Any mental illness
<b>ASL</b>	American Sign Language
<b>AUD</b>	Alcohol use disorder
<b>CCBHCs</b>	Certified Community Behavioral Health Clinics
<b>CCO</b>	Coordinated Care Organization
<b>COD</b>	Co-occurring disorder
<b>DDCAT</b>	Dual Diagnosis Capability Index
<b>DDCMHT</b>	Dual Diagnosis Capability in Mental Health Treatment
<b>DUI/DWI</b>	Driving under the influence/driving while intoxicated
<b>FDA</b>	Food and Drug Administration
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>HHS</b>	US Department of Health and Human Services
<b>HIV</b>	Human immunodeficiency virus
<b>ICD</b>	Integrated Co-Occurring Disorders program
<b>IDDT</b>	Integrated Dual Disorder Treatment
<b>LGBTQ+</b>	Lesbian, gay, bisexual, transgender, or queer/ questioning
<b>MDE</b>	Major depressive episode
<b>MH</b>	Mental health
<b>MH COD</b>	Mental health co-occurring disorder program
<b>NSDUH</b>	National Survey on Drug Use and Health
<b>N-SUMHSS</b>	National Substance Use and Mental Health Services Survey (administered by SAMHSA)
<b>OAR</b>	Oregon Administrative Rule
<b>OHA</b>	Oregon Health Authority
<b>OHPB</b>	Oregon Health Policy Board
<b>OHSU</b>	Oregon Health & Science University
<b>OTPs</b>	Opioid Treatment Programs
<b>OUD</b>	Opioid Use Disorder
<b>PSU</b>	Portland State University



<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SMI</b>	Serious mental illness
<b>STDs</b>	Sexually transmitted diseases
<b>SU</b>	Substance use
<b>SU COD</b>	Substance use co-occurring disorder program
<b>SUD</b>	Substance use disorder
<b>SUDSS</b>	Substance Use Disorder Services Survey
<b>TB</b>	Tuberculosis
<b>US</b>	United States

## Appendix B. Methodology

### *National Substance Use and Mental Health Services Survey*<sup>3</sup>

This report draws on the following N-SUMHSS data sources:

1. **N-SUMHSS, 2022** data include in-depth de-identified information on location, characteristics, and utilization of SU and MH services in all states and US territories. The field period for the 2022 N-SUMHSS, ran from March 31, 2022, through December 4, 2022. The reference date was March 31, 2022. The response rate in Oregon was 88%, as was the national response rate. Detailed data tables and reports published by SAMSHA are intended to provide behavioral health services providers, researchers, and federal, state, and local governments with information about the number and characteristics of public and private SU and MH treatment facilities. Complete public use research data sets are de-identified, so are used minimally in this report to provide supplementary information regarding topics that are excluded from the identified National Directories (i.e., client level information and service capacity).<sup>33</sup>
2. **The National Directory of Mental Health Treatment Facilities – July 2023** is a public resource for locating treatment facilities for MH disorders in the United States and its territories. It includes treatment facilities that responded to the 2022 N-SUMHSS MH questionnaire and is available online as a reference tool for providers and clients seeking MH services. Data are identified at the facility level, and exclude survey items regarding facility capacity and client populations. The July 2023 National Directory includes 108 Oregon MH treatment facilities. Public use data used for analyses presented in this report are posted by SAMSHA.<sup>15</sup>
3. **The National Directory of Drug and Alcohol Use Treatment Facilities – July 2023** is a listing of facilities that provide SU treatment. It includes treatment facilities that responded to the 2022 N-SUMHSS. Data are identified at the facility level, and exclude survey items regarding facility capacity and client populations. The July 2023 National Directory includes 174 Oregon SU treatment facilities, but one facility was excluded from our analysis due to missing data on type of care provided. Public use data for the analyses presented in this report are posted by SAMSHA.<sup>16</sup>

Unless otherwise indicated, this report presents 2022 Oregon N-SUMHSS data for facilities identified in the July 2023 N-SUMHSS National Directories of Drug and Alcohol Treatment and Mental Health Treatment Facilities. As facilities responding to the N-SUMHSS are not required to be listed in the National Directories, the number of Oregon facilities included in the National Directories (174 SU, 108 MH) is lower overall than the number included in the public use, de-identified data set (220 SU, 143 MH).<sup>17</sup> Use of data from the National Directories data allows us to focus on facilities with contact and service information available to clients and service providers.

## ***Oregon Substance Use Disorder Services Survey, 2022***<sup>13</sup>

As part of the Oregon Substance Use Disorder Services Inventory and Gap Analysis,<sup>13</sup> conducted by the Oregon Health & Science University (OHSU)-Portland State University (PSU) School of Public Health, the Oregon Substance Use Disorder Services Survey (SUDSS) collected detailed information on services provided across SU prevention, treatment, and recovery providers in all 36 Oregon counties. Data collection began on February 16, 2022, and concluded on June 30, 2022. Organizations identified through the statewide inventory of SU services had two options to complete the survey: 1) the organization’s identified representative could schedule a phone interview with a research staff member; or 2) organizations could complete an online, self-directed version of the survey on their own time. Most interviews were conducted by phone, with research staff completing the web-based survey tool.

Research staff identified and verified 756 service locations across the state. These sites included 254 service organizations in the state of Oregon offering: SUD prevention, harm reduction, treatment, or recovery services. Of those 254 parent organizations, 164 (65%) participated in the survey.

This report draws on the Oregon SUDSS to provide context for findings from the 2022 N-SUMHSS. Detailed service findings were published previously. This report presents data for treatment facilities (N=134) reporting provision of services for COD by responding **yes** to the following question:<sup>13,18</sup>

*“This question is about services for co-occurring disorders, also known as dual diagnosis. For the purposes of this survey, co-occurring disorders refers to an individual having one or more substance use disorders and one or more mental health disorders. Does your organization offer services for co-occurring disorders?”*

### ***Definitions***

Precise definitions of COD vary across agencies, localities, and professions, and occasionally other terminology is used, such as dual diagnosis. OHA defines COD broadly as having more than one behavioral health disorder, which could be substance use, gambling, mental health disorders, and intellectual and developmental disabilities. SAMHSA’s NSDUH includes separate COD measures of: 1) AMI or SUD in the past year, and 2) SMI or SUD in the past year.<sup>5</sup> SAMHSA’s N-SUMHSS, the primary data source for this report, specifies COD as SUD and SMI in adults and/or serious emotional disturbance in children.<sup>36</sup>

Note that N-SUMHSS uses the term “facility” to indicate a specific treatment facility or program. This report uses the term “program” as responses are at the program level, meaning organizations may have more than one program, and each program provided site-specific program information. “SU COD programs” is used to refer to the substance use co-occurring disorder programs (n=69), and “MH COD programs” to refer to mental health co-occurring disorder programs (n=88).

Key definitions from the N-SUMHSS questionnaire are provided in Table A1. The primary definition of COD treatment used in this report is noted as “Treats COD” in Table A1, which includes treatment for co-occurring SU and SMI in adults, or SU and serious emotional disturbance in children.

Table A1. Definitions of services representing treatment for co-occurring disorders, 2022 N-SUMHSS

Service provided	Questionnaire definitions <sup>36,37</sup>
<b>Substance use programs (SU)</b>	
<b>Treats COD</b>	Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children. Refers to treatment services intended to help their clients’ ability to function as a result of either or both disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term “Serious Emotional Disturbance” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.
Special groups for COD	Facility has a program or group specifically tailored for persons with co-occurring mental and substance abuse disorders.
Screening for mental disorders	Test to determine whether a person is experiencing symptoms of mental health conditions and needs treatment.
Comprehensive mental health assessments	An examination used to determine if a patient is functioning on a healthy psychological, social, or developmental level. It can also be used to aid diagnosis of some neurological disorders, specific diseases, or possible drug abuse.
Mental health services	Assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders.
Integrated primary care	These services address the general health care needs of persons with mental and substance use disorders. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, care coordination with staff, and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.

<b>Mental health programs (MH)</b>	
<b>Treats COD</b>	Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children. Refers to treatment services intended to help their clients' ability to function as a result of substance use and/or mental disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term "Serious Emotional Disturbance" refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
Special groups for COD	Facility has a program or group specifically tailored for persons with co-occurring mental and substance abuse disorders.
Integrated MH/SU	Provides combined treatment for mental illness and substance abuse from the same clinician or treatment team. Effective integrated treatment programs view recovery as a long-term, community-based process. The approach employs counseling designed especially for those with co-occurring disorders.
Integrated primary care	These services address the general health care needs of persons with mental and substance use disorders. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, care coordination with staff, and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.
Substance use treatment	Refers to a broad range of activities or services including behavioral counseling; medication; medical devices and applications used to treat withdrawal symptoms or deliver skills training; evaluation and treatment for co-occurring mental health issues such as depression and anxiety; and long-term follow-up to prevent relapse. Treatment should include both medical and mental health services as needed. Follow-up care may include community- or family-based recovery support systems.

### ***Data Limitations***

N-SUMHSS excludes Department of Defense military MH treatment facilities; individual private practitioners or small group practices not licensed as a SU and/or MH clinic or center; and correctional facilities. The number of Oregon facilities included in the identified National Directories (174 SU, 108 MH) is lower overall than the number included in de-identified published reports and public use datasets (220 SU, 143 MH). However, use of data from the National Directories data allows us to focus on facilities with contact and service information available to clients and service providers on SAMHSA's <https://findtreatment.gov/> site, and to inventory available services by name and address across Oregon. Definitions of COD vary, and may include clients with any mental illness or serious mental illness (SMI). The survey data analyzed for this report focus on clients with SMI. Available survey data did not permit a comprehensive assessment of services for clients with intellectual or developmental disabilities. The survey data analyzed for this report provide very limited information relevant to health equity, and no information regarding race or ethnic disparities in clients served, or in specially developed programming.

**Appendix C. Detailed Tables**

**Table of Contents:** Detailed Tables, 2022 National Survey of Substance Use and Mental Health Services Survey, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.  
 Analysis conducted by OHSU-PSU School of Public Health, 12/2023

Table Number	Category Code*	Category Name*	Service Code*	Service Name*	Service Description*
<b>ALL</b>	TC	Type of Care*	SUMH	Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Refers to treatment services intended to help their clients' ability to function as a result of substance use and/or mental disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term "Serious Emotional Disturbance" refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
<b>All</b>	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	HI	Hospital inpatient/24-hour hospital inpatient	Medical treatment that is provided in a hospital or other facility and requires at least one overnight stay.
<b>All</b>	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	OP	Outpatient	Describes patients who receive treatment services without an overnight stay at a treatment facility or hospital.
<b>All</b>	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	RES	Residential/24-hour residential	
<b>All</b>	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	HID	Hospital inpatient detoxification	
<b>All</b>	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	OD	Outpatient detoxification	
<b>All</b>	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	RD	Residential detoxification	
<b>SU1</b>	TC	Type of Care	SA	Substance use treatment	Refers to a range of services, including problem identification and diagnosis, brief interventions, assessment of substance use and related problems, treatment planning, counseling, medical services, psychiatric services, psychological services, social services, and follow-up for persons with alcohol or other drug problems (Institute of Medicine, 1990).
<b>SU1</b>	TC	Type of Care	DT	Detoxification	Treatment given to people who are addicted to drugs or alcohol in order to stop them from being addicted.
<b>SU1</b>	TC	Type of Care	HH	Transitional housing, halfway house, or sober home	Housing for individuals recovering from substance abuse that is designed to provide a drug and alcohol-free living environment and appropriate support services to facilitate movement to independent living. Such housing includes transitional living, sober houses, sober living, recovery houses, and 3/4 houses.
<b>SU1</b>	OTHR	Other Services	TGD	Treatment for gambling disorder	
<b>SU1</b>	OTHR	Other Services	TOD	Treatment for other addiction disorder	Treatment for behavioral addictions or process addictions and occur when a person is dependent upon a specific behavior (i.e. gambling addiction, compulsive shopping disorder, etc.).
<b>SU2</b>	OM	Opioid Medications used in Treatment	MU	Methadone used in Treatment	
<b>SU2</b>	OM	Opioid Medications used in Treatment	BU	Buprenorphine used in Treatment	Buprenorphine is used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates.
<b>SU2</b>	OM	Opioid Medications used in Treatment	NU	Naltrexone used in Treatment	
<b>SU3</b>	AUT	Type of Alcohol Use Disorder Treatment	NAUT	Does not treat alcohol use disorder	
<b>SU3</b>	AUT	Type of Alcohol Use Disorder Treatment	NMAUT	Does not use medication assisted treatment for alcohol use disorder	
<b>SU3</b>	AUT	Type of Alcohol Use Disorder Treatment	ACMA	Accepts clients using medication assisted treatment for alcohol use disorder but prescribed elsewhere	
<b>SU3</b>	AUT	Type of Alcohol Use Disorder Treatment	PMAT	This facility administers/prescribes medication for alcohol use disorder	
<b>SU4</b>	OT	Type of Opioid Treatment	DB	Buprenorphine detoxification	
<b>SU4</b>	OT	Type of Opioid Treatment	BUM	Buprenorphine maintenance	
<b>SU4</b>	OT	Type of Opioid Treatment	OTP	Federally-certified Opioid Treatment Program	The process by which the SAMHSA Center for Substance Abuse Treatment, Division of Pharmacologic Therapies determines that an OTP is qualified to provide opioid treatment under 42 CFR Part 8. For additional information on the OTP certification process, see <a href="http://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/">http://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/</a> .
<b>SU4</b>	OT	Type of Opioid Treatment	DM	Methadone detoxification	
<b>SU4</b>	OT	Type of Opioid Treatment	MM	Methadone maintenance	Comprehensive treatment program that involves the long-term prescribing of methadone as an alternative to the opioid on which the client was dependent.
<b>SU4</b>	OT	Type of Opioid Treatment	UB	Prescribes buprenorphine	



SU4	OT	Type of Opioid Treatment	UN	Prescribes naltrexone	
SU4	OT	Type of Opioid Treatment	RPN	Relapse prevention with naltrexone	Program or group specifically tailored for relapse prevention from Naltrexone which helps people retrain their minds and behaviors to avoid alcohol as a solution to emotional or psychological triggers.
SU4	OT	Type of Opioid Treatment	PAIN	Use methadone/buprenorphine for pain management or emergency dosing	
SU4	OT	Type of Opioid Treatment	MOA	Accepts clients using MAT but prescribed elsewhere	
SU4	OT	Type of Opioid Treatment	NMOA	Does not use MAT for opioid use disorders	
SU4	OT	Type of Opioid Treatment	DLC	Lofexidine or Clonidine detoxification	
SU4	OT	Type of Opioid Treatment	MWS	Maintenance service with medically supervised withdrawal after stabilization	
SU4	OT	Type of Opioid Treatment	NOOP	Does not treat opioid use disorders	
SU5	PHR	Pharmacotherapies	ACM	Acamprosate (Campral®)	
SU5	PHR	Pharmacotherapies	DSF	Disulfiram	
SU5	PHR	Pharmacotherapies	METH	Methadone	
SU5	PHR	Pharmacotherapies	BWN	Buprenorphine with naloxone	A prescription medication that combines buprenorphine (which helps relieve symptoms of opiate withdrawal) and naloxone (reverse the effects of narcotics) used to treat opioid addiction.
SU5	PHR	Pharmacotherapies	BWON	Buprenorphine without naloxone	An opioid used to treat opioid addiction by relieving the symptoms of withdrawal. It can be used under the tongue, by injection, as a skin patch, or as an implant.
SU5	PHR	Pharmacotherapies	BERI	Buprenorphine (extended-release, injectable)	An injection used to treat moderate to severe opioid use disorder. This is for adults who received a prescribed or illegal oral transmucosal (used under the tongue or inside the cheek) buprenorphine-containing medicine at a dose that controls withdrawal symptoms for a minimum of 7 days.
SU5	PHR	Pharmacotherapies	NXN	Naltrexone (oral)	
SU5	PHR	Pharmacotherapies	VTRL	Naltrexone (extended-release, injectable)	
SU5	PHR	Pharmacotherapies	MHIV	Medications for HIV treatment	
SU5	PHR	Pharmacotherapies	MHCV	Medications for Hepatitis C treatment	
SU5	PHR	Pharmacotherapies	LFXD	Lofexidine	
SU5	PHR	Pharmacotherapies	CLND	Clonidine	
SU5	PHR	Pharmacotherapies	MPEP	Medications for pre-exposure to prophylaxis	
SU5	PHR	Pharmacotherapies	MMD	Medication for mental disorders	
SU5	PHR	Pharmacotherapies	NRT	Nicotine replacement	Administers nicotine to the body by means other than tobacco, without other harmful chemicals found in tobacco. Common forms of nicotine replacement therapy are nicotine patches, nicotine gum or lozenges, nasal spray and inhaler. The goal of nicotine replacement is to prevent cravings in a tobacco user, allowing the person to abstain from tobacco.
SU5	PHR	Pharmacotherapies	NSC	Non-nicotine smoking/tobacco cessation	Medications that do not contain nicotine but are designed to reduce a person's craving for tobacco. Some common examples are Bupropion (Zyban, Wellbutrin) and Nortriptyline (Pamelor). Medications are often prescribed in conjunction with counseling or support groups to provide the best chance for achieving long-term smoking abstinence. ( <a href="http://www.mayoclinic.com">http://www.mayoclinic.com</a> )
SU6	TAP	Treatment Approaches	ANG	Anger management	Uses strategies to address the anger cycle, conflict resolution, assertiveness skills, and anger-control plans. The goal of anger management is to reduce both emotional feelings and the physiological arousal that anger causes.
SU6	TAP	Treatment Approaches	BIA	Brief intervention	A short-term intervention, usually one to five sessions, for substance abusers who are not yet dependent.
SU6	TAP	Treatment Approaches	CBT	Cognitive behavioral therapy	Involves recognizing unhelpful patterns of thinking and reacting, and then modifying or replacing these with more realistic or helpful ones. The therapy can be conducted with individuals, families, or groups, and clients are generally expected to be active participants in their own therapy.
SU6	TAP	Treatment Approaches	CMI	Contingency management/motivational incentives	A treatment approach for drug and alcohol use. This approach uses a positive-reinforcement treatment method in which patients are given rewards for constructive actions taken toward their recovery.
SU6	TAP	Treatment Approaches	CRV	Community reinforcement plus vouchers	An intensive outpatient therapy in which individuals focus on improving family relations, receive vocational training, and learn a variety of skills to minimize drug dependency. Vouchers are part of an incentive program which enables individuals to earn points in exchangeable for retail items. This program is used to encourage individuals to remain abstinent and in treatment.
SU6	TAP	Treatment Approaches	MOTI	Motivational interviewing	A counseling approach which acknowledges that many people experience ambivalence when deciding to make changes. The aim is not to focus immediately on the action of changing, but to work to enhance motivation to change.

<b>SU6</b>	TAP	Treatment Approaches	MXM	Matrix Model	Provides a framework for substance abuse users to obtain the ability to cease drug use, stay in treatment, and participate in an educational program on addiction and relapse. Users are provided with direction and support from a trained therapist and are introduced to self-help programs.
<b>SU6</b>	TAP	Treatment Approaches	RELP	Relapse prevention	A cognitive behavioral therapy developed for the treatment of problem drinking and adapted later for treatment of cocaine addiction. Individuals learn to identify and correct problematic behaviors. Relapse prevention encompasses several cognitive behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.
<b>SU6</b>	TAP	Treatment Approaches	SACA	Substance use disorder counseling	A short-term treatment that has been generalized for a variety of disorders including opiate drug dependence and cocaine abuse. The therapy includes supportive techniques which encourage the patient to discuss personal experiences, and expressive techniques, which enable the patient to work through interpersonal relationship issues and gain greater self-understanding.
<b>SU6</b>	TAP	Treatment Approaches	TRC	Trauma-related counseling	Multiple types of therapy designed to treat clients suffering from a traumatic event(s).
<b>SU6</b>	TAP	Treatment Approaches	TELE	Telemedicine/telehealth therapy	The ability for healthcare providers, working remotely and using telecommunications technology, to communicate with patients, diagnose conditions, provide treatment, and discuss healthcare issues with other providers to ensure quality healthcare services are provided.
<b>SU6</b>	TAP	Treatment Approaches	TWFA	12-step facilitation	A 12-step program is a support group made up of people who share the same addiction. The "12 steps" refer to the steps recovering addicts must take to overcome their addiction as part of this program. Attendees at group meetings share their experiences, challenges, successes and failures, and provide peer support for each other.
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	LCCG	Local, county, or community government	
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	DDF	Department of Defense	Responsible for providing the military forces needed to deter war and protect the security of our country.
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	IH	Indian Health Services	
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	PVTP	Private for-profit organization	A business or other organization whose primary goal is making money (a profit).
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	PVTN	Private non-profit organization	A charitable organization that does not qualify as a public charity.
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	STG	State government	Government of a state or country subdivision in a federal form of government, which shares political power with the federal government and must meet certain standards set by the federal government but are free to expand beyond what exists at the federal level and improve services, access, and protections for consumers, such as mental health and substance use services, in that state.
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	TBG	Tribal government	A governing body of a group of Native American Indians or Alaska Natives that qualifies as an Indian tribal government determined by the Internal Revenue Services.
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	FED	Federal Government	
<b>SU7</b>	FOP	Facility Operation (e.g., Private, Public)	VAMC	U.S. Department of Veterans Affairs	Facility operated by the U.S. Department of Veterans Affairs, including general hospitals, and/or residential treatment programs, and/or psychiatric out-patient clinics.
<b>SU8</b>	LCA	License/Certification/Accreditation	STAG	State substance use treatment agency	Government organization responsible for planning, organizing, delivering, and monitoring substance use disorder services in their respective state.
<b>SU8</b>	LCA	License/Certification/Accreditation	STMH	State mental health department	Government organization responsible for planning, organizing, delivering, and monitoring critical mental health services in their respective state.
<b>SU8</b>	LCA	License/Certification/Accreditation	STDH	State department of health	
<b>SU8</b>	LCA	License/Certification/Accreditation	CARF	Commission on Accreditation of Rehabilitation Facilities (CARF)	An independent non-profit accreditor of health and human services.
<b>SU8</b>	LCA	License/Certification/Accreditation	COA	Council on Accreditation (COA)	Partners with human service organizations worldwide to improve service delivery outcomes by developing, applying and promoting accreditation standards.
<b>SU8</b>	LCA	License/Certification/Accreditation	HFAP	Healthcare Facilities Accreditation Program (HFAP)	
<b>SU8</b>	LCA	License/Certification/Accreditation	HLA	Hospital licensing authority	
<b>SU8</b>	LCA	License/Certification/Accreditation	JC	The Joint Commission	An independent, not-for-profit group in the United States that administers voluntary accreditation programs for hospitals and other healthcare organizations.
<b>SU8</b>	LCA	License/Certification/Accreditation	NCQA	National Committee for Quality Assurance (NCQA)	Independent 501(c)(3) nonprofit organization in the United States that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.

<b>SU8</b>	LCA	License/Certification/Accreditation	FQHC	Federally Qualified Health Center	An entity may qualify as a FQHC if it meets one of these requirements (CMS, 2017): Is receiving a grant under Section 330 of the Public Health Service (PHS) Act or is receiving funding from such a grant and meets other requirements; Is not receiving a grant under Section 330 of the PHS Act, but is determined by the Secretary of the Department of Health and Human Services (HHS) to meet the requirements for receiving such a grant (i.e., qualifies as a FQHC "look-alike") based on the recommendation of the Health Resources and Services Administration (HRSA); Was treated by the Secretary of the Department of HHS for purposes of Medicare Part B as a comprehensive Federally-funded health center as of January 1, 1990; Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self-Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.
<b>SU8</b>	LCA	License/Certification/Accreditation	SOTP	SAMHSA certification for opioid treatment program (OTP)	
<b>SU8</b>	LCA	License/Certification/Accreditation	DEA	Drug Enforcement Agency (DEA)	
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	FSA	Federal, or any government funding for substance use treatment programs	Financial assistance provided by the federal, state, or local government for substance use treatment.
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	ITU	IHS/Tribal/Urban (ITU) funds	Direct funds from the Indian Health Service. They consist of tribal funds through "638 contracts" (named after the public law under which they were authorized) and/or urban funds through federal Title 5 grants. These funds are considered part of the Indian healthcare system and can be used for programs that provide behavioral health services as well as for programs that provide other health-related services.
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	MC	Medicare	The federal health insurance program for people age 65 and older and people with disabilities.
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	MD	Medicaid	A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state.
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	MI	Federal military insurance (e.g., TRICARE)	
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	NP	No payment accepted	
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	PI	Private health insurance	
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	SF	Cash or self-payment	Payment for treatment is made by the person directly, through cash or other means, rather than using health insurance.
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	SI	State-financed health insurance plan other than Medicaid	
<b>SU9</b>	PAY	Payment/Insurance/Funding Accepted	SAMF	SAMHSA funding/block grants	
<b>SU9</b>	PYAS	Payment Assistance Available	PA	Payment assistance (check with facility for details)	A program which helps low-income, uninsured, or underinsured patients who need help paying for all or part of their medical bills.
<b>SU9</b>	PYAS	Payment Assistance Available	SS	Sliding fee scale (fee is based on income and other factors)	Variable prices for services based on a person's ability to pay.
<b>SU10</b>	SG	Special Programs/Groups Offered	AD	Adolescents	Facility has a program or group specifically tailored for Adolescents.
<b>SU10</b>	SG	Special Programs/Groups Offered	TAY	Young adults	Facility has a program or group specifically tailored for Transitional age young adults.
<b>SU10</b>	SG	Special Programs/Groups Offered	WN	Adult women	Facility has a program or group specifically tailored for adult women.
<b>SU10</b>	SG	Special Programs/Groups Offered	PW	Pregnant/postpartum women	Facility has a program or group specifically tailored for Pregnant/postpartum women.
<b>SU10</b>	SG	Special Programs/Groups Offered	MN	Adult men	Facility has a program or group specifically tailored for adult men.
<b>SU10</b>	SG	Special Programs/Groups Offered	SE	Seniors or older adults	Facility has a program or group specifically tailored for Seniors or older adults.
<b>SU10</b>	SG	Special Programs/Groups Offered	GL	Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	Facility has a program or group specifically tailored for LGBT clients.
<b>SU10</b>	SG	Special Programs/Groups Offered	VET	Veterans	Facility has a program or group specifically tailored for Veterans.
<b>SU10</b>	SG	Special Programs/Groups Offered	ADM	Active duty military	Facility has a program or group specifically tailored for active duty military persons.
<b>SU10</b>	SG	Special Programs/Groups Offered	MF	Members of military families	Facility has a program or group specifically tailored for Military families.
<b>SU10</b>	SG	Special Programs/Groups Offered	CJ	Criminal justice (other than DUI/DWI)/Forensic clients	Facility has a program or group specifically tailored for clients referred from the court/judicial system.
<b>SU10</b>	SG	Special Programs/Groups Offered	CO	Clients with co-occurring mental and substance use disorders	Facility has a program or group specifically tailored for persons with co-occurring mental and substance abuse disorders.
<b>SU10</b>	SG	Special Programs/Groups Offered	COPSU	Clients with co-occurring pain and substance use disorders	
<b>SU10</b>	SG	Special Programs/Groups Offered	HV	Clients with HIV or AIDS	Facility has a program or group specifically tailored for persons with HIV or AIDS.
<b>SU10</b>	SG	Special Programs/Groups Offered	XA	Clients who have experienced sexual abuse	Facility has a program or group specifically tailored for persons who have experienced sexual abuse.
<b>SU10</b>	SG	Special Programs/Groups Offered	DV	Clients who have experienced intimate partner violence, domestic violence	Facility has a program or group specifically tailored for persons who have experienced domestic violence or sexual abuse.
<b>SU10</b>	SG	Special Programs/Groups Offered	TRMA	Clients who have experienced trauma	Facility has a program or group specifically tailored for persons who have experienced trauma.

<b>SU11</b>	ASPT	Assessment/Pre-treatment	CMHA	Comprehensive mental health assessment	An examination used to determine if a patient is functioning on a healthy psychological, social, or developmental level. It can also be used to aid diagnosis of some neurological disorders, specific diseases, or possible drug abuse.
<b>SU11</b>	ASPT	Assessment/Pre-treatment	CSAA	Comprehensive substance use assessment	
<b>SU11</b>	ASPT	Assessment/Pre-treatment	ISC	Interim services for clients	
<b>SU11</b>	ASPT	Assessment/Pre-treatment	OPC	Outreach to persons in the community	
<b>SU11</b>	ASPT	Assessment/Pre-treatment	MHPA	Complete medical history/physical exam	
<b>SU11</b>	ASPT	Assessment/Pre-treatment	STU	Screening for tobacco use	Determines a client's use of tobacco products, such as cigarettes, cigars, pipe tobacco, or smokeless tobacco. It is generally recommended that providers screen for tobacco use on a regular basis by asking clients, as they are seen, about their current and past use of tobacco products and their exposure to secondhand smoke or tobacco.
<b>SU11</b>	ASPT	Assessment/Pre-treatment	SSA	Screening for substance use	Test to determine whether a person is experiencing symptoms of substance use and needs treatment.
<b>SU11</b>	ASPT	Assessment/Pre-treatment	SMHD	Screening for mental disorders	Test to determine whether a person is experiencing symptoms of mental health conditions and needs treatment.
<b>SU11</b>	ASPT	Assessment/Pre-treatment	PIEC	Professional interventionist/educational consultant	
<b>SU12</b>	SCR	Testing	BABA	Breathalyzer or blood alcohol testing	A device for estimating blood alcohol content (BAC) from a breath sample.
<b>SU12</b>	SCR	Testing	DAOF	Drug and alcohol oral fluid testing	
<b>SU12</b>	SCR	Testing	DAUT	Drug or alcohol urine screening	Analyzes your urine for the presence of certain illegal drugs and prescription medications.
<b>SU12</b>	SCR	Testing	HIVT	HIV testing	Determines whether you are infected with HIV, a virus that weakens the immune system and can lead to acquired immunodeficiency syndrome.
<b>SU12</b>	SCR	Testing	STDT	STD testing	Testing to determine the type of sexually transmitted disease a person may be carrying.
<b>SU12</b>	SCR	Testing	TBS	TB screening	Skin tests that are used to screen people who are at high risk for TB exposure such as people with diseases or conditions that weaken their immune system.
<b>SU12</b>	SCR	Testing	MST	Metabolic syndrome monitoring	
<b>SU12</b>	SCR	Testing	HBT	Testing for Hepatitis B (HBV)	Involves blood test that measure HBV (Hepatitis B virus) antigens and antibodies.
<b>SU12</b>	SCR	Testing	HCT	Testing for Hepatitis C (HCV)	Test for Hepatitis C, which is usually done and recommended for persons currently injecting drugs, ever injected drugs, were prior recipients of transfusions or organ transplants, or have certain medical conditions, including persons: 1. who received clotting factor concentrates produced before 1987 2. who were ever on long-term hemodialysis 3. with persistently abnormal alanine aminotransferase levels (ALT) 4. who have HIV infection
<b>SU13</b>	TRSRV	Transitional Services	ACC	Aftercare/continuing care	
<b>SU13</b>	TRSRV	Transitional Services	DP	Discharge Planning	A process that aims to improve the coordination of services after discharge from the hospital by considering the patient's needs in the community.
<b>SU13</b>	TRSRV	Transitional Services	NOE	Naloxone and overdose education	
<b>SU13</b>	TRSRV	Transitional Services	OFD	Outcome follow-up after discharge	
<b>SU14</b>	RSS	Recovery Support Services	SHG	Self-help groups	Groups in which members share the same issue, condition, or situation and thus are in a position to provide help and support to each other.
<b>SU14</b>	RSS	Recovery Support Services	HS	Housing services	Are designed to assist individuals with finding and maintaining appropriate housing arrangements.
<b>SU14</b>	RSS	Recovery Support Services	AOSS	Assistance with obtaining social services	Assistance obtaining government services provided for the benefit of the community designed to promote social well being (i.e. education, medical care, housing, etc.).
<b>SU14</b>	RSS	Recovery Support Services	RC	Recovery coach	Are provided by mental health consumers and include mental health treatment or support services, such as social clubs, peer-support groups, and other peer-organized or consumer-run activities (e.g., consumer satisfaction evaluations of mental health treatment).
<b>SU14</b>	RSS	Recovery Support Services	PEER	Mentoring/peer support	
<b>SU14</b>	RSS	Recovery Support Services	EMP	Employment counseling or training	Advises, coaches, provides information to and supports people who are planning, seeking and managing their life/work direction.
<b>SU15</b>	DETOX	Detoxification (medical withdrawal) Services	ADTX	Alcohol Detoxification	
<b>SU15</b>	DETOX	Detoxification (medical withdrawal) Services	BDTX	Benzodiazepines Detoxification	Used to help patients safely and successfully purge their bodies of Benzodiazepines, or Benzos, so that they can proceed to the next stage of addiction treatment.
<b>SU15</b>	DETOX	Detoxification (medical withdrawal) Services	CDTX	Cocaine Detoxification	
<b>SU15</b>	DETOX	Detoxification (medical withdrawal) Services	MDTX	Methamphetamines detoxification	

<b>SU15</b>	DETOX	Detoxification (medical withdrawal) Services	ODTX	Opioids detoxification	
<b>SU15</b>	DETOX	Detoxification (medical withdrawal) Services	MDET	Medication routinely used during detoxification	
<b>SU16</b>	ECS	Education and Counseling Services	HAEC	HIV or AIDS education, counseling, or support	Access to education, counseling, and support groups to 'at risk' individuals and also individuals who have been infected with the virus.
<b>SU16</b>	ECS	Education and Counseling Services	TAEC	Hepatitis education, counseling, or support	Provides education, counseling, and guidance and support for individuals who are at risk for or potentially infected with the hepatitis virus.
<b>SU16</b>	ECS	Education and Counseling Services	HEOH	Health education services other than HIV/AIDS or hepatitis	Any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.
<b>SU16</b>	ECS	Education and Counseling Services	SAE	Substance use disorder education	
<b>SU16</b>	ECS	Education and Counseling Services	TCC	Smoking/vaping/tobacco cessation counseling	Includes interventions for persons who use tobacco and want help with stopping, including behavioral support or counseling in groups or individually.
<b>SU16</b>	ECS	Education and Counseling Services	ICO	Individual counseling	Process through which clients work one-on-one with a trained mental health clinician in a safe, caring, and confidential environment.
<b>SU16</b>	ECS	Education and Counseling Services	GCO	Group counseling	Form of therapy where people with similar experiences/issues come together with a professional therapist.
<b>SU16</b>	ECS	Education and Counseling Services	FCO	Family counseling	A type of psychological counseling (psychotherapy) that can help family members improve communication and resolve conflicts.
<b>SU16</b>	ECS	Education and Counseling Services	MCO	Marital/couples counseling	
<b>SU16</b>	ECS	Education and Counseling Services	VOC	Vocational training or educational support (for example, high school coursework, GED preparation, etc.)	
<b>SU17</b>	SMP	Facility Smoking Policy	SMON	Smoking not permitted	Smoking is not allowed.
<b>SU17</b>	SMP	Facility Smoking Policy	SMOP	Smoking permitted without restriction	Smoking permitted with no restriction.
<b>SU17</b>	SMP	Facility Smoking Policy	SMPD	Smoking permitted in designated area	A designated area in which smoking is permitted.
<b>SU17</b>	FVP	Facility Vaping Policy	VAPN	Vaping not permitted	
<b>SU17</b>	FVP	Facility Vaping Policy	VAPP	Vaping permitted without restriction	
<b>SU17</b>	FVP	Facility Vaping Policy	VPPD	Vaping permitted in designated area	
<b>SU18</b>	AGE	Age Groups Accepted	CHLD	Children/Adolescents	Facility accepts children/adolescents (17 or younger) for treatment.
<b>SU18</b>	AGE	Age Groups Accepted	YAD	Young Adults	Facility accepts young adults (18-25) for treatment.
<b>SU18</b>	GN	Gender Accepted	FEM	Female	Female
<b>SU18</b>	GN	Gender Accepted	MALE	Male	Male
<b>SU19</b>	SL	Language Services	SP	Spanish	Staff counselors provide treatment in Spanish.
<b>SU19</b>	SL	Language Services	AH	Sign language services for the deaf and hard of hearing	Service provided for persons who are deaf and hard of hearing.
<b>SU19</b>	SL	Language Services	FX	Other languages (excluding Spanish)	
<b>SU20</b>	AS	Ancillary Services	ACU	Acupuncture	An alternative medicine treatment option that relies on stimulating various points on the body, most often with needles, to relieve pain or treat other physical, mental and emotional conditions.
<b>SU20</b>	AS	Ancillary Services	BC	Residential beds for clients' children	A residential treatment program that offers beds for children while their parents are in treatment.
<b>SU20</b>	AS	Ancillary Services	CM	Case management service	Helps people arrange for appropriate services and supports through a case manager who monitors the needs of clients/patients and their families and coordinates services, such as mental health, social work, health, educational, vocational, recreational, transportation, advocacy, and respite care, as needed.
<b>SU20</b>	AS	Ancillary Services	CCC	Child care for clients' children	A treatment program that offers child care for children while their parents are in treatment.
<b>SU20</b>	AS	Ancillary Services	DVFP	Domestic violence services, including family or partner	Provide safety assistance to victims of domestic violence.
<b>SU20</b>	AS	Ancillary Services	EIH	Early intervention for HIV	Early detection and treatment of HIV, which can help prevent the onset of AIDS and other opportunistic infections.
<b>SU20</b>	AS	Ancillary Services	MHS	Mental health services	Assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders.
<b>SU20</b>	AS	Ancillary Services	SSD	Social skills development	
<b>SU20</b>	AS	Ancillary Services	TA	Transportation assistance	
<b>SU20</b>	AS	Ancillary Services	IPC	Integrated primary care services	These services address the general health care needs of persons with mental and substance use disorders. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, care coordination with staff, and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.

SU20	AS	Ancillary Services	SPS	Suicide prevention services	Services include identifying risk factors; educating staff on the signs of suicidal behavior and using methods to detect risk; and the assessment, intervention, and management of suicidal patients including treatment of an underlying mental or substance use disorder, and use of psychotropic medication, supportive services, and education. Hotlines help individuals to contact the nearest suicide prevention mental health provider.
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\*Source: Substance Abuse and Mental Health Services Administration (SAMHSA). 2023 National Directory Of Drug And Alcohol Use Treatment Facilities. Accessed 12/20/2023, <https://www.samhsa.gov/data/report/2023-national-directory-of-drug-and-alcohol-use-treatment-facilities>



**Table SU2. Opioid medications used in treatment, by substance use treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Substance Use Treatment Setting													
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Methadone used in Treatment	No	7	100.0%	65	77.4%	24	100.0%	5	100.0%	3	50.0%	7	100.0%	85	81.7%
			Yes	0	0.0%	19	22.6%	0	0.0%	0	0.0%	3	50.0%	0	0.0%	19	18.3%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Buprenorphine used in Treatment	No	1	14.3%	41	48.8%	8	33.3%	0	0.0%	0	0.0%	1	14.3%	48	46.2%
			Yes	6	85.7%	43	51.2%	16	66.7%	5	100.0%	6	100.0%	6	85.7%	56	53.8%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Naltrexone used in Treatment	No	3	42.9%	55	65.5%	10	41.7%	1	20.0%	1	16.7%	1	14.3%	63	60.6%
			Yes	4	57.1%	29	34.5%	14	58.3%	4	80.0%	5	83.3%	6	85.7%	41	39.4%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
	Provided co-occurring disorder treatment	Methadone used in Treatment	No	3	100.0%	59	96.7%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	67	97.1%
			Yes	0	0.0%	2	3.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	2.9%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Buprenorphine used in Treatment	No	0	0.0%	34	55.7%	3	25.0%	0	0.0%	0	0.0%	1	14.3%	36	52.2%
			Yes	3	100.0%	27	44.3%	9	75.0%	2	100.0%	3	100.0%	6	85.7%	33	47.8%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Naltrexone used in Treatment	No	0	0.0%	33	54.1%	2	16.7%	0	0.0%	0	0.0%	1	14.3%	34	49.3%
			Yes	3	100.0%	28	45.9%	10	83.3%	2	100.0%	3	100.0%	6	85.7%	35	50.7%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Total	Methadone used in Treatment	No	10	100.0%	124	85.5%	36	100.0%	7	100.0%	6	66.7%	14	100.0%	152	87.9%
			Yes	0	0.0%	21	14.5%	0	0.0%	0	0.0%	3	33.3%	0	0.0%	21	12.1%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Buprenorphine used in Treatment		No	1	10.0%	75	51.7%	11	30.6%	0	0.0%	0	0.0%	2	14.3%	84	48.6%	
		Yes	9	90.0%	70	48.3%	25	69.4%	7	100.0%	9	100.0%	12	85.7%	89	51.4%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
Naltrexone used in Treatment		No	3	30.0%	88	60.7%	12	33.3%	1	14.3%	1	11.1%	2	14.3%	97	56.1%	
		Yes	7	70.0%	57	39.3%	24	66.7%	6	85.7%	8	88.9%	12	85.7%	76	43.9%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	



**Table SU3. Type of Alcohol Use Disorder Treatment, by substance use treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Substance Use Treatment Setting													
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Does not treat alcohol use disorder	No	7	100.0%	72	85.7%	24	100.0%	5	100.0%	4	66.7%	7	100.0%	92	88.5%
			Yes	0	0.0%	12	14.3%	0	0.0%	0	0.0%	2	33.3%	0	0.0%	12	11.5%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Does not use medication assisted treatment for alcohol use disorder	No	7	100.0%	82	97.6%	23	95.8%	5	100.0%	5	83.3%	6	85.7%	101	97.1%
			Yes	0	0.0%	2	2.4%	1	4.2%	0	0.0%	1	16.7%	1	14.3%	3	2.9%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Accepts clients using medication assisted treatment for alcohol use disorder but prescribed elsewhere	No	2	28.6%	24	28.6%	6	25.0%	2	40.0%	4	66.7%	5	71.4%	28	26.9%
			Yes	5	71.4%	60	71.4%	18	75.0%	3	60.0%	2	33.3%	2	28.6%	76	73.1%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		This facility administers/prescribes medication for alcohol use disorder	No	3	42.9%	63	75.0%	13	54.2%	1	20.0%	4	66.7%	2	28.6%	74	71.2%
			Yes	4	57.1%	21	25.0%	11	45.8%	4	80.0%	2	33.3%	5	71.4%	30	28.8%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
	Provided co-occurring disorder treatment	Does not treat alcohol use disorder	No	2	66.7%	58	95.1%	11	91.7%	2	100.0%	3	100.0%	7	100.0%	65	94.2%
			Yes	1	33.3%	3	4.9%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	4	5.8%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Does not use medication assisted treatment for alcohol use disorder	No	3	100.0%	45	73.8%	11	91.7%	2	100.0%	2	66.7%	7	100.0%	53	76.8%
			Yes	0	0.0%	16	26.2%	1	8.3%	0	0.0%	1	33.3%	0	0.0%	16	23.2%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Accepts clients using medication assisted treatment for alcohol use disorder but prescribed elsewhere	No	1	33.3%	33	54.1%	6	50.0%	0	0.0%	2	66.7%	3	42.9%	36	52.2%
			Yes	2	66.7%	28	45.9%	6	50.0%	2	100.0%	1	33.3%	4	57.1%	33	47.8%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		This facility administers/prescribes medication for alcohol use disorder	No	1	33.3%	39	63.9%	4	33.3%	0	0.0%	1	33.3%	0	0.0%	42	60.9%
			Yes	2	66.7%	22	36.1%	8	66.7%	2	100.0%	2	66.7%	7	100.0%	27	39.1%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
Total	Does not treat alcohol use disorder	No	9	90.0%	130	89.7%	35	97.2%	7	100.0%	7	77.8%	14	100.0%	157	90.8%	
		Yes	1	10.0%	15	10.3%	1	2.8%	0	0.0%	2	22.2%	0	0.0%	16	9.2%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Does not use medication assisted treatment for alcohol use disorder	No	10	100.0%	127	87.6%	34	94.4%	7	100.0%	7	77.8%	13	92.9%	154	89.0%	
		Yes	0	0.0%	18	12.4%	2	5.6%	0	0.0%	2	22.2%	1	7.1%	19	11.0%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Accepts clients using medication assisted treatment for alcohol use disorder but prescribed elsewhere	No	3	30.0%	57	39.3%	12	33.3%	2	28.6%	6	66.7%	8	57.1%	64	37.0%	
		Yes	7	70.0%	88	60.7%	24	66.7%	5	71.4%	3	33.3%	6	42.9%	109	63.0%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	This facility administers/prescribes medication for alcohol use disorder	No	4	40.0%	102	70.3%	17	47.2%	1	14.3%	5	55.6%	2	14.3%	116	67.1%	
		Yes	6	60.0%	43	29.7%	19	52.8%	6	85.7%	4	44.4%	12	85.7%	57	32.9%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	











		Trauma-related counseling	No	0	0.0%	4	6.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	5.8%
			Yes	3	100.0%	57	93.4%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	65	94.2%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Telemedicine/telehealth therapy	No	0	0.0%	6	9.8%	3	25.0%	0	0.0%	0	0.0%	3	42.9%	8	11.6%
			Yes	3	100.0%	55	90.2%	9	75.0%	2	100.0%	3	100.0%	4	57.1%	61	88.4%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		12-step facilitation	No	0	0.0%	42	68.9%	3	25.0%	0	0.0%	2	66.7%	1	14.3%	44	63.8%
			Yes	3	100.0%	19	31.1%	9	75.0%	2	100.0%	1	33.3%	6	85.7%	25	36.2%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Total	Anger management	No	1	10.0%	58	40.0%	5	13.9%	1	14.3%	3	33.3%	3	21.4%	62	35.8%
			Yes	9	90.0%	87	60.0%	31	86.1%	6	85.7%	6	66.7%	11	78.6%	111	64.2%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Brief intervention	No	1	10.0%	45	31.0%	9	25.0%	0	0.0%	1	11.1%	1	7.1%	53	30.6%
			Yes	9	90.0%	100	69.0%	27	75.0%	7	100.0%	8	88.9%	13	92.9%	120	69.4%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Cognitive behavioral therapy	No	1	10.0%	11	7.6%	4	11.1%	1	14.3%	0	0.0%	2	14.3%	16	9.2%
			Yes	9	90.0%	134	92.4%	32	88.9%	6	85.7%	9	100.0%	12	85.7%	157	90.8%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Contingency management/motivational incentives		No	3	30.0%	82	56.6%	18	50.0%	3	42.9%	4	44.4%	9	64.3%	95	54.9%	
		Yes	7	70.0%	63	43.4%	18	50.0%	4	57.1%	5	55.6%	5	35.7%	78	45.1%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
Community reinforcement plus vouchers		No	8	80.0%	123	84.8%	34	94.4%	5	71.4%	8	88.9%	12	85.7%	148	85.5%	
		Yes	2	20.0%	22	15.2%	2	5.6%	2	28.6%	1	11.1%	2	14.3%	25	14.5%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
Motivational interviewing		No	0	0.0%	4	2.8%	1	2.8%	0	0.0%	1	11.1%	1	7.1%	5	2.9%	
		Yes	10	100.0%	141	97.2%	35	97.2%	7	100.0%	8	88.9%	13	92.9%	168	97.1%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
Matrix Model	No	5	50.0%	58	40.0%	19	52.8%	3	42.9%	4	44.4%	9	64.3%	73	42.2%		
	Yes	5	50.0%	87	60.0%	17	47.2%	4	57.1%	5	55.6%	5	35.7%	100	57.8%		
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
Relapse prevention	No	0	0.0%	4	2.8%	1	2.8%	0	0.0%	0	0.0%	1	7.1%	5	2.9%		
	Yes	10	100.0%	141	97.2%	35	97.2%	7	100.0%	9	100.0%	13	92.9%	168	97.1%		
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
Substance use disorder counseling	No	0	0.0%	3	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.7%		
	Yes	10	100.0%	142	97.9%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	170	98.3%		
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
Trauma-related counseling	No	0	0.0%	17	11.7%	2	5.6%	0	0.0%	0	0.0%	2	14.3%	19	11.0%		
	Yes	10	100.0%	128	88.3%	34	94.4%	7	100.0%	9	100.0%	12	85.7%	154	89.0%		
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
Telemedicine/telehealth therapy	No	2	20.0%	16	11.0%	12	33.3%	2	28.6%	0	0.0%	7	50.0%	27	15.6%		
	Yes	8	80.0%	129	89.0%	24	66.7%	5	71.4%	9	100.0%	7	50.0%	146	84.4%		
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
12-step facilitation	No	1	10.0%	83	57.2%	5	13.9%	1	14.3%	5	55.6%	1	7.1%	88	50.9%		
	Yes	9	90.0%	62	42.8%	31	86.1%	6	85.7%	4	44.4%	13	92.9%	85	49.1%		
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		

**Table SU7. Facility Operation (e.g., Private, Public), by substance use treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Substance Use Treatment Setting													
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Local, county, or community government	No	7	100.0%	82	97.6%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	102	98.1%
			Yes	0	0.0%	2	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.9%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Private non-profit organization	No	0	0.0%	35	41.7%	3	12.5%	0	0.0%	1	16.7%	1	14.3%	36	34.6%
			Yes	7	100.0%	49	58.3%	21	87.5%	5	100.0%	5	83.3%	6	85.7%	68	65.4%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		State government	No	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Tribal government	No	7	100.0%	83	98.8%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	103	99.0%
			Yes	0	0.0%	1	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Federal Government	No	7	100.0%	83	98.8%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	103	99.0%
			Yes	0	0.0%	1	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		U.S. Department of Veterans Affairs	No	7	100.0%	83	98.8%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	103	99.0%
			Yes	0	0.0%	1	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Provided co-occurring disorder treatment	Local, county, or community government	No	3	100.0%	52	85.2%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	60
	Yes			0	0.0%	9	14.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	13.0%
	Total			3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Private non-profit organization		No	2	66.7%	28	45.9%	4	33.3%	2	100.0%	2	66.7%	4	57.1%	30	43.5%
			Yes	1	33.3%	33	54.1%	8	66.7%	0	0.0%	1	33.3%	3	42.9%	39	56.5%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	State government		No	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Tribal government		No	3	100.0%	58	95.1%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	66	95.7%
			Yes	0	0.0%	3	4.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	4.3%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Federal Government		No	3	100.0%	59	96.7%	11	91.7%	2	100.0%	2	66.7%	6	85.7%	67	97.1%
			Yes	0	0.0%	2	3.3%	1	8.3%	0	0.0%	1	33.3%	1	14.3%	2	2.9%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	U.S. Department of Veterans Affairs		No	3	100.0%	59	96.7%	11	91.7%	2	100.0%	2	66.7%	6	85.7%	67	97.1%
			Yes	0	0.0%	2	3.3%	1	8.3%	0	0.0%	1	33.3%	1	14.3%	2	2.9%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Total		Local, county, or community government	No	10	100.0%	134	92.4%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	162
		Yes		0	0.0%	11	7.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	6.4%
		Total		10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Private non-profit organization	No	2	20.0%	63	43.4%	7	19.4%	2	28.6%	3	33.3%	5	35.7%	66	38.2%
			Yes	8	80.0%	82	56.6%	29	80.6%	5	71.4%	6	66.7%	9	64.3%	107	61.8%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		State government	No	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Tribal government	No	10	100.0%	141	97.2%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	169	97.7%
			Yes	0	0.0%	4	2.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	2.3%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Federal Government		No	10	100.0%	142	97.9%	35	97.2%	7	100.0%	8	88.9%	13	92.9%	170	98.3%	
		Yes	0	0.0%	3	2.1%	1	2.8%	0	0.0%	1	11.1%	1	7.1%	3	1.7%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
U.S. Department of Veterans Affairs		No	10	100.0%	142	97.9%	35	97.2%	7	100.0%	8	88.9%	13	92.9%	170	98.3%	
		Yes	0	0.0%	3	2.1%	1	2.8%	0	0.0%	1	11.1%	1	7.1%	3	1.7%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	





Total	Total	Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%		
		State substance use treatment agency	No	0	0.0%	15	10.3%	7	19.4%	0	0.0%	1	11.1%	2	14.3%	20	11.6%	
			Yes	10	100.0%	130	89.7%	29	80.6%	7	100.0%	8	88.9%	12	85.7%	153	88.4%	
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
			State mental health department	No	7	70.0%	70	48.3%	22	61.1%	5	71.4%	6	66.7%	10	71.4%	88	50.9%
				Yes	3	30.0%	75	51.7%	14	38.9%	2	28.6%	3	33.3%	4	28.6%	85	49.1%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			State department of health	No	2	20.0%	89	61.4%	15	41.7%	2	28.6%	7	77.8%	5	35.7%	101	58.4%
				Yes	8	80.0%	56	38.6%	21	58.3%	5	71.4%	2	22.2%	9	64.3%	72	41.6%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			Commission on Accreditation of Rehabilitation Facilities (CARF)	No	6	60.0%	119	82.1%	27	75.0%	4	57.1%	3	33.3%	8	57.1%	141	81.5%
				Yes	4	40.0%	26	17.9%	9	25.0%	3	42.9%	6	66.7%	6	42.9%	32	18.5%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			Council on Accreditation (COA)	No	8	80.0%	134	92.4%	32	88.9%	6	85.7%	9	100.0%	13	92.9%	159	91.9%
				Yes	2	20.0%	11	7.6%	4	11.1%	1	14.3%	0	0.0%	1	7.1%	14	8.1%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			Hospital licensing authority	No	9	90.0%	142	97.9%	35	97.2%	6	85.7%	8	88.9%	13	92.9%	170	98.3%
				Yes	1	10.0%	3	2.1%	1	2.8%	1	14.3%	1	11.1%	1	7.1%	3	1.7%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			The Joint Commission	No	9	90.0%	126	86.9%	31	86.1%	6	85.7%	6	66.7%	10	71.4%	153	88.4%
				Yes	1	10.0%	19	13.1%	5	13.9%	1	14.3%	3	33.3%	4	28.6%	20	11.6%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			National Committee for Quality Assurance (NCQA)	No	10	100.0%	144	99.3%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	172	99.4%
				Yes	0	0.0%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
				Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
			Federally Qualified Health Center	No	8	80.0%	132	91.0%	32	88.9%	6	85.7%	8	88.9%	13	92.9%	157	90.8%
				Yes	2	20.0%	13	9.0%	4	11.1%	1	14.3%	1	11.1%	1	7.1%	16	9.2%
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
	SAMHSA certification for opioid treatment program (OTP)	No	10	100.0%	121	83.4%	36	100.0%	7	100.0%	5	55.6%	14	100.0%	149	86.1%		
		Yes	0	0.0%	24	16.6%	0	0.0%	0	0.0%	4	44.4%	0	0.0%	24	13.9%		
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		
	Drug Enforcement Agency (DEA)	No	8	80.0%	119	82.1%	33	91.7%	6	85.7%	4	44.4%	12	85.7%	145	83.8%		
		Yes	2	20.0%	26	17.9%	3	8.3%	1	14.3%	5	55.6%	2	14.3%	28	16.2%		
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%		



Medicare	No	9	90.0%	86	59.3%	30	83.3%	7	100.0%	3	33.3%	14	100.0%	108	62.4%
	Yes	1	10.0%	59	40.7%	6	16.7%	0	0.0%	6	66.7%	0	0.0%	65	37.6%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Medicaid	No	2	20.0%	24	16.6%	7	19.4%	1	14.3%	3	33.3%	5	35.7%	28	16.2%
	Yes	8	80.0%	121	83.4%	29	80.6%	6	85.7%	6	66.7%	9	64.3%	145	83.8%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Federal military insurance (e.g., TRICARE)	No	8	80.0%	93	64.1%	28	77.8%	5	71.4%	4	44.4%	9	64.3%	117	67.6%
	Yes	2	20.0%	52	35.9%	8	22.2%	2	28.6%	5	55.6%	5	35.7%	56	32.4%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
No payment accepted	No	10	100.0%	142	97.9%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	170	98.3%
	Yes	0	0.0%	3	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.7%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Private health insurance	No	0	0.0%	15	10.3%	5	13.9%	0	0.0%	1	11.1%	1	7.1%	20	11.6%
	Yes	10	100.0%	130	89.7%	31	86.1%	7	100.0%	8	88.9%	13	92.9%	153	88.4%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Cash or self-payment	No	1	10.0%	8	5.5%	4	11.1%	0	0.0%	0	0.0%	1	7.1%	11	6.4%
	Yes	9	90.0%	137	94.5%	32	88.9%	7	100.0%	9	100.0%	13	92.9%	162	93.6%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
State-financed health insurance plan other than Medicaid	No	7	70.0%	60	41.4%	19	52.8%	5	71.4%	3	33.3%	10	71.4%	73	42.2%
	Yes	3	30.0%	85	58.6%	17	47.2%	2	28.6%	6	66.7%	4	28.6%	100	57.8%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
SAMHSA funding/block grants	No	9	90.0%	120	82.8%	29	80.6%	7	100.0%	8	88.9%	12	85.7%	145	83.8%
	Yes	1	10.0%	25	17.2%	7	19.4%	0	0.0%	1	11.1%	2	14.3%	28	16.2%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Payment assistance (check with facility for details)	No	10	100.0%	112	77.2%	31	86.1%	7	100.0%	8	88.9%	13	92.9%	135	78.0%
	Yes	0	0.0%	33	22.8%	5	13.9%	0	0.0%	1	11.1%	1	7.1%	38	22.0%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Sliding fee scale (fee is based on income and other factors)	No	6	60.0%	74	51.0%	26	72.2%	4	57.1%	5	55.6%	10	71.4%	91	52.6%
	Yes	4	40.0%	71	49.0%	10	27.8%	3	42.9%	4	44.4%	4	28.6%	82	47.4%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%





Clients with co-occurring pain and substance use disorders	No	5	50.0%	90	62.1%	24	66.7%	3	42.9%	3	33.3%	6	42.9%	111	64.2%
	Yes	5	50.0%	55	37.9%	12	33.3%	4	57.1%	6	66.7%	8	57.1%	62	35.8%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Clients with HIV or AIDS	No	7	70.0%	115	79.3%	27	75.0%	5	71.4%	8	88.9%	12	85.7%	137	79.2%
	Yes	3	30.0%	30	20.7%	9	25.0%	2	28.6%	1	11.1%	2	14.3%	36	20.8%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Clients who have experienced sexual abuse	No	6	60.0%	94	64.8%	25	69.4%	5	71.4%	5	55.6%	11	78.6%	115	66.5%
	Yes	4	40.0%	51	35.2%	11	30.6%	2	28.6%	4	44.4%	3	21.4%	58	33.5%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Clients who have experienced intimate partner violence, domestic violence	No	5	50.0%	88	60.7%	22	61.1%	4	57.1%	3	33.3%	9	64.3%	108	62.4%
	Yes	5	50.0%	57	39.3%	14	38.9%	3	42.9%	6	66.7%	5	35.7%	65	37.6%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Clients who have experienced trauma	No	3	30.0%	46	31.7%	10	27.8%	2	28.6%	0	0.0%	5	35.7%	56	32.4%
	Yes	7	70.0%	99	68.3%	26	72.2%	5	71.4%	9	100.0%	9	64.3%	117	67.6%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%





		Outreach to persons in the community	No	4	40.0%	43	29.7%	15	41.7%	3	42.9%	1	11.1%	6	42.9%	55	31.8%
			Yes	6	60.0%	102	70.3%	21	58.3%	4	57.1%	8	88.9%	8	57.1%	118	68.2%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Complete medical history/physical exam	No	4	40.0%	102	70.3%	21	58.3%	1	14.3%	4	44.4%	4	28.6%	120	69.4%
			Yes	6	60.0%	43	29.7%	15	41.7%	6	85.7%	5	55.6%	10	71.4%	53	30.6%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Screening for tobacco use	No	0	0.0%	9	6.2%	4	11.1%	0	0.0%	0	0.0%	1	7.1%	12	6.9%
			Yes	10	100.0%	136	93.8%	32	88.9%	7	100.0%	9	100.0%	13	92.9%	161	93.1%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Screening for substance use	No	1	10.0%	5	3.4%	6	16.7%	1	14.3%	0	0.0%	2	14.3%	11	6.4%
			Yes	9	90.0%	140	96.6%	30	83.3%	6	85.7%	9	100.0%	12	85.7%	162	93.6%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Screening for mental disorders	No	1	10.0%	23	15.9%	7	19.4%	1	14.3%	2	22.2%	4	28.6%	30	17.3%
			Yes	9	90.0%	122	84.1%	29	80.6%	6	85.7%	7	77.8%	10	71.4%	143	82.7%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Professional interventionist/educational consultant	No	4	40.0%	117	80.7%	27	75.0%	3	42.9%	6	66.7%	10	71.4%	142	82.1%
			Yes	6	60.0%	28	19.3%	9	25.0%	4	57.1%	3	33.3%	4	28.6%	31	17.9%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%



		HIV testing	No	3	30.0%	114	78.6%	24	66.7%	1	14.3%	4	44.4%	6	42.9%	134	77.5%
			Yes	7	70.0%	31	21.4%	12	33.3%	6	85.7%	5	55.6%	8	57.1%	39	22.5%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		STD testing	No	4	40.0%	110	75.9%	24	66.7%	2	28.6%	3	33.3%	6	42.9%	131	75.7%
			Yes	6	60.0%	35	24.1%	12	33.3%	5	71.4%	6	66.7%	8	57.1%	42	24.3%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		TB screening	No	2	20.0%	99	68.3%	15	41.7%	1	14.3%	0	0.0%	1	7.1%	110	63.6%
			Yes	8	80.0%	46	31.7%	21	58.3%	6	85.7%	9	100.0%	13	92.9%	63	36.4%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Metabolic syndrome monitoring	No	5	50.0%	124	85.5%	28	77.8%	3	42.9%	7	77.8%	8	57.1%	147	85.0%
			Yes	5	50.0%	21	14.5%	8	22.2%	4	57.1%	2	22.2%	6	42.9%	26	15.0%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Testing for Hepatitis B (HBV)	No	3	30.0%	114	78.6%	23	63.9%	1	14.3%	3	33.3%	5	35.7%	133	76.9%
			Yes	7	70.0%	31	21.4%	13	36.1%	6	85.7%	6	66.7%	9	64.3%	40	23.1%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
		Testing for Hepatitis C (HCV)	No	3	30.0%	113	77.9%	24	66.7%	1	14.3%	3	33.3%	6	42.9%	133	76.9%
			Yes	7	70.0%	32	22.1%	12	33.3%	6	85.7%	6	66.7%	8	57.1%	40	23.1%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%

**Table SU13. Transitional Services, by substance use treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Substance Use Treatment Setting													
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Aftercare/continuing care	No	2	28.6%	4	4.8%	7	29.2%	2	40.0%	0	0.0%	2	28.6%	13	12.5%
			Yes	5	71.4%	80	95.2%	17	70.8%	3	60.0%	6	100.0%	5	71.4%	91	87.5%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Discharge Planning	No	0	0.0%	1	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%
			Yes	7	100.0%	83	98.8%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	103	99.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Naloxone and overdose education	No	1	14.3%	22	26.2%	5	20.8%	0	0.0%	0	0.0%	1	14.3%	27	26.0%
			Yes	6	85.7%	62	73.8%	19	79.2%	5	100.0%	6	100.0%	6	85.7%	77	74.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Outcome follow-up after discharge	No	1	14.3%	21	25.0%	5	20.8%	1	20.0%	0	0.0%	0	0.0%	27	26.0%
			Yes	6	85.7%	63	75.0%	19	79.2%	4	80.0%	6	100.0%	7	100.0%	77	74.0%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
	Provided co-occurring disorder treatment	Aftercare/continuing care	No	0	0.0%	12	19.7%	4	33.3%	0	0.0%	0	0.0%	2	28.6%	15	21.7%
			Yes	3	100.0%	49	80.3%	8	66.7%	2	100.0%	3	100.0%	5	71.4%	54	78.3%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Discharge Planning	No	0	0.0%	2	3.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	2.9%
			Yes	3	100.0%	59	96.7%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	67	97.1%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Naloxone and overdose education	No	0	0.0%	25	41.0%	4	33.3%	0	0.0%	1	33.3%	1	14.3%	28	40.6%
			Yes	3	100.0%	36	59.0%	8	66.7%	2	100.0%	2	66.7%	6	85.7%	41	59.4%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Outcome follow-up after discharge	No	1	33.3%	23	37.7%	5	41.7%	0	0.0%	1	33.3%	3	42.9%	26	37.7%
			Yes	2	66.7%	38	62.3%	7	58.3%	2	100.0%	2	66.7%	4	57.1%	43	62.3%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
Total	Aftercare/continuing care	No	2	20.0%	16	11.0%	11	30.6%	2	28.6%	0	0.0%	4	28.6%	28	16.2%	
		Yes	8	80.0%	129	89.0%	25	69.4%	5	71.4%	9	100.0%	10	71.4%	145	83.8%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Discharge Planning	No	0	0.0%	3	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.7%	
		Yes	10	100.0%	142	97.9%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	170	98.3%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Naloxone and overdose education	No	1	10.0%	47	32.4%	9	25.0%	0	0.0%	1	11.1%	2	14.3%	55	31.8%	
		Yes	9	90.0%	98	67.6%	27	75.0%	7	100.0%	8	88.9%	12	85.7%	118	68.2%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Outcome follow-up after discharge	No	2	20.0%	44	30.3%	10	27.8%	1	14.3%	1	11.1%	3	21.4%	53	30.6%	
		Yes	8	80.0%	101	69.7%	26	72.2%	6	85.7%	8	88.9%	11	78.6%	120	69.4%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	







	Yes	6	60.0%	88	60.7%	30	83.3%	4	57.1%	9	100.0%	13	92.9%	110	63.6%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Substance use disorder education	No	0	0.0%	8	5.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	4.6%
	Yes	10	100.0%	137	94.5%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	165	95.4%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Smoking/vaping/tobacco cessation counseling	No	0	0.0%	34	23.4%	2	5.6%	0	0.0%	1	11.1%	1	7.1%	36	20.8%
	Yes	10	100.0%	111	76.6%	34	94.4%	7	100.0%	8	88.9%	13	92.9%	137	79.2%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Individual counseling	No	0	0.0%	2	1.4%	1	2.8%	0	0.0%	0	0.0%	1	7.1%	3	1.7%
	Yes	10	100.0%	143	98.6%	35	97.2%	7	100.0%	9	100.0%	13	92.9%	170	98.3%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Group counseling	No	0	0.0%	4	2.8%	1	2.8%	0	0.0%	0	0.0%	1	7.1%	5	2.9%
	Yes	10	100.0%	141	97.2%	35	97.2%	7	100.0%	9	100.0%	13	92.9%	168	97.1%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Family counseling	No	2	20.0%	32	22.1%	9	25.0%	2	28.6%	2	22.2%	6	42.9%	39	22.5%
	Yes	8	80.0%	113	77.9%	27	75.0%	5	71.4%	7	77.8%	8	57.1%	134	77.5%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Marital/couples counseling	No	10	100.0%	76	52.4%	23	63.9%	7	100.0%	3	33.3%	11	78.6%	95	54.9%
	Yes	0	0.0%	69	47.6%	13	36.1%	0	0.0%	6	66.7%	3	21.4%	78	45.1%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Vocational training or educational support (for example, high school coursework, GED preparation, etc.)	No	6	60.0%	119	82.1%	25	69.4%	5	71.4%	7	77.8%	11	78.6%	140	80.9%
	Yes	4	40.0%	26	17.9%	11	30.6%	2	28.6%	2	22.2%	3	21.4%	33	19.1%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%





**Table SU18. Age Groups and Genders Accepted, by substance use treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Substance Use Treatment Setting													
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Children/Adolescents	No	6	85.7%	65	77.4%	22	91.7%	5	100.0%	5	83.3%	7	100.0%	84	80.8%
			Yes	1	14.3%	19	22.6%	2	8.3%	0	0.0%	1	16.7%	0	0.0%	20	19.2%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Young Adults	No	1	14.3%	23	27.4%	1	4.2%	0	0.0%	0	0.0%	0	0.0%	23	22.1%
			Yes	6	85.7%	61	72.6%	23	95.8%	5	100.0%	6	100.0%	7	100.0%	81	77.9%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Female	No	1	14.3%	2	2.4%	4	16.7%	0	0.0%	0	0.0%	0	0.0%	6	5.8%
			Yes	6	85.7%	82	97.6%	20	83.3%	5	100.0%	6	100.0%	7	100.0%	98	94.2%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Male	No	0	0.0%	2	2.4%	4	16.7%	0	0.0%	0	0.0%	0	0.0%	4	3.8%
			Yes	7	100.0%	82	97.6%	20	83.3%	5	100.0%	6	100.0%	7	100.0%	100	96.2%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
	Provided co-occurring disorder treatment	Children/Adolescents	No	1	33.3%	43	70.5%	9	75.0%	1	50.0%	2	66.7%	6	85.7%	49	71.0%
			Yes	2	66.7%	18	29.5%	3	25.0%	1	50.0%	1	33.3%	1	14.3%	20	29.0%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Young Adults	No	1	33.3%	39	63.9%	3	25.0%	1	50.0%	0	0.0%	1	14.3%	40	58.0%
			Yes	2	66.7%	22	36.1%	9	75.0%	1	50.0%	3	100.0%	6	85.7%	29	42.0%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Female	No	1	33.3%	1	1.6%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	2	2.9%
			Yes	2	66.7%	60	98.4%	11	91.7%	2	100.0%	3	100.0%	7	100.0%	67	97.1%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Male	No	1	33.3%	1	1.6%	1	8.3%	1	50.0%	0	0.0%	1	14.3%	2	2.9%
			Yes	2	66.7%	60	98.4%	11	91.7%	1	50.0%	3	100.0%	6	85.7%	67	97.1%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
Total	Children/Adolescents	No	7	70.0%	108	74.5%	31	86.1%	6	85.7%	7	77.8%	13	92.9%	133	76.9%	
		Yes	3	30.0%	37	25.5%	5	13.9%	1	14.3%	2	22.2%	1	7.1%	40	23.1%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Young Adults	No	2	20.0%	62	42.8%	4	11.1%	1	14.3%	0	0.0%	1	7.1%	63	36.4%	
		Yes	8	80.0%	83	57.2%	32	88.9%	6	85.7%	9	100.0%	13	92.9%	110	63.6%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Female	No	2	20.0%	3	2.1%	5	13.9%	0	0.0%	0	0.0%	0	0.0%	8	4.6%	
		Yes	8	80.0%	142	97.9%	31	86.1%	7	100.0%	9	100.0%	14	100.0%	165	95.4%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
	Male	No	1	10.0%	3	2.1%	5	13.9%	1	14.3%	0	0.0%	1	7.1%	6	3.5%	
		Yes	9	90.0%	142	97.9%	31	86.1%	6	85.7%	9	100.0%	13	92.9%	167	96.5%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	

**Table SU19. Language Services, by substance use treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Substance Use Treatment Setting													
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Hospital inpatient detoxification		Outpatient detoxification		Residential detoxification		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Spanish	No	6	85.7%	67	79.8%	21	87.5%	5	100.0%	6	100.0%	7	100.0%	86	82.7%
			Yes	1	14.3%	17	20.2%	3	12.5%	0	0.0%	0	0.0%	0	0.0%	18	17.3%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Sign language services for the deaf and hard of hearing	No	1	14.3%	48	57.1%	14	58.3%	0	0.0%	3	50.0%	2	28.6%	60	57.7%
			Yes	6	85.7%	36	42.9%	10	41.7%	5	100.0%	3	50.0%	5	71.4%	44	42.3%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
		Other languages (excluding Spanish)	No	7	100.0%	80	95.2%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	100	96.2%
			Yes	0	0.0%	4	4.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	3.8%
			Total	7	100.0%	84	100.0%	24	100.0%	5	100.0%	6	100.0%	7	100.0%	104	100.0%
	Provided co-occurring disorder treatment	Spanish	No	2	66.7%	37	60.7%	9	75.0%	1	50.0%	3	100.0%	6	85.7%	44	63.8%
			Yes	1	33.3%	24	39.3%	3	25.0%	1	50.0%	0	0.0%	1	14.3%	25	36.2%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Sign language services for the deaf and hard of hearing	No	1	33.3%	27	44.3%	7	58.3%	1	50.0%	2	66.7%	4	57.1%	32	46.4%
			Yes	2	66.7%	34	55.7%	5	41.7%	1	50.0%	1	33.3%	3	42.9%	37	53.6%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
		Other languages (excluding Spanish)	No	3	100.0%	60	98.4%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	68	98.6%
			Yes	0	0.0%	1	1.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.4%
			Total	3	100.0%	61	100.0%	12	100.0%	2	100.0%	3	100.0%	7	100.0%	69	100.0%
	Total	Spanish	No	8	80.0%	104	71.7%	30	83.3%	6	85.7%	9	100.0%	13	92.9%	130	75.1%
			Yes	2	20.0%	41	28.3%	6	16.7%	1	14.3%	0	0.0%	1	7.1%	43	24.9%
			Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Sign language services for the deaf and hard of hearing		No	2	20.0%	75	51.7%	21	58.3%	1	14.3%	5	55.6%	6	42.9%	92	53.2%	
		Yes	8	80.0%	70	48.3%	15	41.7%	6	85.7%	4	44.4%	8	57.1%	81	46.8%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	
Other languages (excluding Spanish)		No	10	100.0%	140	96.6%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	168	97.1%	
		Yes	0	0.0%	5	3.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	2.9%	
		Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%	



	Yes	1	10.0%	2	1.4%	8	22.2%	1	14.3%	0	0.0%	1	7.1%	8	4.6%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Case management service	No	1	10.0%	9	6.2%	3	8.3%	1	14.3%	0	0.0%	2	14.3%	12	6.9%
	Yes	9	90.0%	136	93.8%	33	91.7%	6	85.7%	9	100.0%	12	85.7%	161	93.1%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Child care for clients' children	No	9	90.0%	138	95.2%	28	77.8%	6	85.7%	8	88.9%	13	92.9%	160	92.5%
	Yes	1	10.0%	7	4.8%	8	22.2%	1	14.3%	1	11.1%	1	7.1%	13	7.5%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Early intervention for HIV	No	4	40.0%	119	82.1%	25	69.4%	3	42.9%	4	44.4%	9	64.3%	140	80.9%
	Yes	6	60.0%	26	17.9%	11	30.6%	4	57.1%	5	55.6%	5	35.7%	33	19.1%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Mental health services	No	2	20.0%	60	41.4%	8	22.2%	2	28.6%	4	44.4%	3	21.4%	68	39.3%
	Yes	8	80.0%	85	58.6%	28	77.8%	5	71.4%	5	55.6%	11	78.6%	105	60.7%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Social skills development	No	3	30.0%	32	22.1%	6	16.7%	3	42.9%	0	0.0%	4	28.6%	40	23.1%
	Yes	7	70.0%	113	77.9%	30	83.3%	4	57.1%	9	100.0%	10	71.4%	133	76.9%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Transportation assistance	No	4	40.0%	58	40.0%	12	33.3%	3	42.9%	2	22.2%	6	42.9%	67	38.7%
	Yes	6	60.0%	87	60.0%	24	66.7%	4	57.1%	7	77.8%	8	57.1%	106	61.3%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Integrated primary care services	No	4	40.0%	105	72.4%	20	55.6%	3	42.9%	6	66.7%	7	50.0%	123	71.1%
	Yes	6	60.0%	40	27.6%	16	44.4%	4	57.1%	3	33.3%	7	50.0%	50	28.9%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%
Suicide prevention services	No	5	50.0%	57	39.3%	17	47.2%	3	42.9%	3	33.3%	5	35.7%	74	42.8%
	Yes	5	50.0%	88	60.7%	19	52.8%	4	57.1%	6	66.7%	9	64.3%	99	57.2%
	Total	10	100.0%	145	100.0%	36	100.0%	7	100.0%	9	100.0%	14	100.0%	173	100.0%

Table	Category Code*	Category Name*	Service Code*	Service Name*	Service Description (SAMHSA)*
ALL	TC	Type of Care	SUMH	Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Refers to treatment services intended to help their clients' ability to function as a result of substance use and/or mental disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term "Serious Emotional Disturbance" refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
ALL	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	HI	Hospital inpatient/24-hour hospital inpatient	Medical treatment that is provided in a hospital or other facility and requires at least one overnight stay.
ALL	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	OP	Outpatient	Describes patients who receive treatment services without an overnight stay at a treatment facility or hospital.
ALL	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	PHDT	Partial hospitalization/day treatment	Facility offers outpatient treatment services that may include group counseling, individual therapy, and access to medical care. These services are ideal for people who do not require 24-hour supervision, but who would still benefit from a high level of support.
ALL	SET	Service Setting (e.g., Outpatient, Residential, Inpatient, etc.)	RES	Residential/24-hour residential	
MH1	TC	Type of Care	MH	Mental health treatment	Facility which provides services including therapy or psychotropic medication to treat a person's mental health issue, reduce symptoms, and improve behavioral functioning and outcomes.
MH1	TC	Type of Care	SA	Substance use treatment	Refers to a range of services, including problem identification and diagnosis, brief interventions, assessment of substance use and related problems, treatment planning, counseling, medical services, psychiatric services, psychological services, social services, and follow-up for persons with alcohol or other drug problems (Institute of Medicine, 1990).
MH2	FT	Facility Type	CMHC	Community mental health center	Facility that (1) provides outpatient services, including specialized services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) provides 24-hour emergency care services; (3) provides day treatment, other partial hospitalization services, or psychosocial rehabilitation services; (4) provides screening for patients being considered for admission to state mental health facilities to determine the appropriateness of the admission; and (5) meets applicable licensing or certification requirements for Community Mental Health Centers (CMHCs) in the state in which it is located. ( <a href="https://www.cms.gov/">https://www.cms.gov/</a> )
MH2	FT	Facility Type	CBHC	Certified Community Behavioral Health Clinic	Responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24 hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care. ( <a href="https://www.thenationalcouncil.org">https://www.thenationalcouncil.org</a> )
MH2	FT	Facility Type	MSMH	Multi-setting mental health facility (e.g., non-hospital residential plus either outpatient and/or partial hospitalization/day treatment)	Facility that provides mental health services in two service settings (residential and outpatient setting) and is not classified as a psychiatric hospital, general hospital, medical center, CMHC, or as a residential treatment center.
MH2	FT	Facility Type	OMH	Outpatient mental health facility	Facility that primarily provides clients/patients who are able to receive less than 24-hour outpatient mental health services for generally less than 3 hours at a single visit. Services are provided on an individual, group, or family basis and usually in a clinic or similar facility. A psychiatrist generally assumes the medical responsibility for all clients/patients or direction of the mental health treatment.
MH2	FT	Facility Type	ORES	Other residential treatment facility	Facility is not licensed as a psychiatric hospital. The primary purpose of this facility is to provide individually planned programs of mental health treatment services in a residential care setting and is not specifically for children only or adults only.
MH2	FT	Facility Type	PH	Partial hospitalization/day treatment	A medically-supervised facility that offers comprehensive, coordinated, and structured clinical services in a time-limited series of structured, face-to-face therapeutic sessions organized at various levels of intensity/frequency. Services are provided for diagnostic evaluation, active treatment of a condition, or to prevent relapse, hospitalization, or incarceration. The PH facility may be freestanding or part of a broader system that is distinct or a separately-organized unit that is neither residential nor inpatient. PH is an alternative to inpatient care; is transitional care following an inpatient stay in lieu of continued hospitalization; and is a step-down from inpatient care. PH is less than 24-hour care available at least 5 days per week and may be offered on a half-day, weekend, or evening hours basis.

<b>MH2</b>	FT	Facility Type	PSY	Psychiatric hospital	Facility is a licensed general hospital (public or private) that provides inpatient mental health services in at least one separate psychiatric living unit. This unit must have specifically allocated staff and space (beds) for treating people with mental illness. The unit may be located in the hospital itself or in a separate building, either adjacent or more remote, and is owned by the hospital.
<b>MH2</b>	FT	Facility Type	RTCA	Residential treatment center (RTC) for adults	Facility is not licensed as a psychiatric hospital. The primary purpose of this facility is to provide adults with individually planned programs of mental health treatment services in a 24-hour care setting away from the stress of their home environment.
<b>MH2</b>	FT	Facility Type	RTCC	Residential treatment center (RTC) for children	Facility is not licensed as a psychiatric hospital. The primary purpose of this facility is to provide children and youth younger than 18 with individually planned programs of mental health treatment services in a 24-hour care setting away from the stress of their home environment. Some RTCs for children may accept persons through age 21. This type of facility must have a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's or a doctoral degree.
<b>MH2</b>	FT	Facility Type	IPSY	Separate inpatient psychiatric unit of a general hospital	
<b>MH2</b>	FT	Facility Type	SHP	State hospital	
<b>MH2</b>	FT	Facility Type	VAHC	Veterans Affairs Medical Center or other VA healthcare facility	
<b>MH3</b>	PHR	Pharmacotherapies	NRT	Nicotine replacement	Administers nicotine to the body by means other than tobacco, without other harmful chemicals found in tobacco. Common forms of nicotine replacement therapy are nicotine patches, nicotine gum or lozenges, nasal spray and inhaler. The goal of nicotine replacement is to prevent cravings in a tobacco user, allowing the person to abstain from tobacco.
<b>MH3</b>	PHR	Pharmacotherapies	NSC	Non-nicotine smoking/tobacco cessation	Medications that do not contain nicotine but are designed to reduce a person's craving for tobacco. Some common examples are Bupropion (Zyban, Wellbutrin) and Nortriptyline (Pamelor). Medications are often prescribed in conjunction with counseling or support groups to provide the best chance for achieving long-term smoking abstinence. ( <a href="http://www.mayoclinic.com">http://www.mayoclinic.com</a> )
<b>MH3</b>	PHR	Pharmacotherapies	ANTPYCH	Antipsychotics used in treatment of SMI	Refers to medication intended to help clients' ability to function as a result of serious mental illness (SMI). A mental illness that interferes with a person's life and ability to function is called a serious mental illness (SMI) for ages 18 and over.
<b>MH4</b>	TAP	Treatment Approaches	IDD	Integrated Mental and Substance Use Disorder treatment	Provides combined treatment for mental illness and substance abuse from the same clinician or treatment team. Effective integrated treatment programs view recovery as a long-term, community-based process. The approach employs counseling designed especially for those with co-occurring disorders.
<b>MH4</b>	TAP	Treatment Approaches	TELE	Telemedicine/telehealth therapy	The ability for healthcare providers, working remotely and using telecommunications technology, to communicate with patients, diagnose conditions, provide treatment, and discuss healthcare issues with other providers to ensure quality healthcare services are provided.
<b>MH5</b>	EMS	Emergency Mental Health Services	CIT	Crisis intervention team	A self-initiated community partnership between local law enforcement, county health services, mental health advocates, and mental health consumers. It is designed to address the needs of mental health consumers who enter the judicial system during a crisis state.
<b>MH5</b>	EMS	Emergency Mental Health Services	PEON	Psychiatric emergency onsite services	A self-initiated community partnership between local law enforcement, county health services, mental health advocates, and mental health consumers. It is designed to address the needs of mental health consumers who enter the judicial system during a crisis state.
<b>MH5</b>	EMS	Emergency Mental Health Services	PEOFF	Psychiatric emergency mobile/off-site services	A self-initiated community partnership between local law enforcement, county health services, mental health advocates, and mental health consumers. It is designed to address the needs of mental health consumers who enter the judicial system during a crisis state.
<b>MH5</b>	EMS	Emergency Mental Health Services	WI	Psychiatric emergency walk-in services	Designed to provide accessible, professional, cost-effective services to individuals in psychiatric crisis, and strive to stabilize consumers on site and avoid psychiatric hospitalization whenever possible.
<b>MH6</b>	FOP	Facility Operation (e.g., Private, Public)	LCCG	Local, county, or community government	
<b>MH6</b>	FOP	Facility Operation (e.g., Private, Public)	PVTP	Private for-profit organization	A business or other organization whose primary goal is making money (a profit).
<b>MH6</b>	FOP	Facility Operation (e.g., Private, Public)	PVTN	Private non-profit organization	A charitable organization that does not qualify as a public charity.

MH6	FOP	Facility Operation (e.g., Private, Public)	STG	State government	Government of a state or country subdivision in a federal form of government, which shares political power with the federal government and must meet certain standards set by the federal government but are free to expand beyond what exists at the federal level and improve services, access, and protections for consumers, such as mental health and substance use services, in that state.
MH6	FOP	Facility Operation (e.g., Private, Public)	TBG	Tribal government	A governing body of a group of Native American Indians or Alaska Natives that qualifies as an Indian tribal government determined by the Internal Revenue Services.
MH6	FOP	Facility Operation (e.g., Private, Public)	FED	Federal Government	
MH6	FOP	Facility Operation (e.g., Private, Public)	VAMC	U.S. Department of Veterans Affairs	Facility operated by the U.S. Department of Veterans Affairs, including general hospitals, and/or residential treatment programs, and/or psychiatric out-patient clinics.
MH7	LCA	License/Certification/Accreditation	FQHC	Federally Qualified Health Center	An entity may qualify as a FQHC if it meets one of these requirements (CMS, 2017): Is receiving a grant under Section 330 of the Public Health Service (PHS) Act or is receiving funding from such a grant and meets other requirements; Is not receiving a grant under Section 330 of the PHS Act, but is determined by the Secretary of the Department of Health and Human Services (HHS) to meet the requirements for receiving such a grant (i.e., qualifies as a FQHC "look-alike") based on the recommendation of the Health Resources and Services Administration (HRSA); Was treated by the Secretary of the Department of HHS for purposes of Medicare Part B as a comprehensive Federally-funded health center as of January 1, 1990; Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self-Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.
MH7	LCA	License/Certification/Accreditation	MHC	Mental health clinic or mental health center	
MH8	PAY	Payment/Insurance/Funding Accepted	CLF	County or local government funds	
MH8	PAY	Payment/Insurance/Funding Accepted	CMHG	Community Mental Health Block Grants	Through individual block grant contracts with community mental health services programs, these resources are focused on development and maintenance of community based services.
MH8	PAY	Payment/Insurance/Funding Accepted	CSBG	Community Service Block Grants	Provides funds to alleviate the causes and conditions of poverty in communities.
MH8	PAY	Payment/Insurance/Funding Accepted	FG	Federal Grants	
MH8	PAY	Payment/Insurance/Funding Accepted	ITU	IHS/Tribal/Urban (ITU) funds	Direct funds from the Indian Health Service. They consist of tribal funds through "638 contracts" (named after the public law under which they were authorized) and/or urban funds through federal Title 5 grants. These funds are considered part of the Indian healthcare system and can be used for programs that provide behavioral health services as well as for programs that provide other health-related services.
MH8	PAY	Payment/Insurance/Funding Accepted	MC	Medicare	The federal health insurance program for people age 65 and older and people with disabilities.
MH8	PAY	Payment/Insurance/Funding Accepted	MD	Medicaid	A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state.
MH8	PAY	Payment/Insurance/Funding Accepted	MI	Federal military insurance (e.g., TRICARE)	
MH8	PAY	Payment/Insurance/Funding Accepted	OSF	Other State funds	
MH8	PAY	Payment/Insurance/Funding Accepted	PI	Private health insurance	
MH8	PAY	Payment/Insurance/Funding Accepted	PCF	Private or Community foundation	
MH8	PAY	Payment/Insurance/Funding Accepted	SCJJ	State corrections or juvenile justice funds	
MH8	PAY	Payment/Insurance/Funding Accepted	SEF	State education agency funds	
MH8	PAY	Payment/Insurance/Funding Accepted	SF	Cash or self-payment	Payment for treatment is made by the person directly, through cash or other means, rather than using health insurance.
MH8	PAY	Payment/Insurance/Funding Accepted	SI	State-financed health insurance plan other than Medicaid	
MH8	PAY	Payment/Insurance/Funding Accepted	SMHA	State mental health agency (or equivalent) funds	Funds designed to finance the cost of treatment for mental health conditions.
MH8	PAY	Payment/Insurance/Funding Accepted	SWFS	State welfare or child and family services funds	
MH8	PAY	Payment/Insurance/Funding Accepted	VAF	U.S. Department of VA funds	
MH9	SG	Special Programs/Groups Offered	TAY	Young adults	Facility has a program or group specifically tailored for Transitional age young adults.
MH9	SG	Special Programs/Groups Offered	SE	Seniors or older adults	Facility has a program or group specifically tailored for Seniors or older adults.
MH9	SG	Special Programs/Groups Offered	GL	Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	Facility has a program or group specifically tailored for LGBT clients.
MH9	SG	Special Programs/Groups Offered	VET	Veterans	Facility has a program or group specifically tailored for Veterans.
MH9	SG	Special Programs/Groups Offered	ADM	Active duty military	Facility has a program or group specifically tailored for active duty military persons.
MH9	SG	Special Programs/Groups Offered	MF	Members of military families	Facility has a program or group specifically tailored for Military families.
MH9	SG	Special Programs/Groups Offered	CJ	Criminal justice (other than DUI/DWI)/Forensic clients	Facility has a program or group specifically tailored for clients referred from the court/judicial system.
MH9	SG	Special Programs/Groups Offered	CO	Clients with co-occurring mental and substance use disorders	Facility has a program or group specifically tailored for persons with co-occurring mental and substance abuse disorders.
MH9	SG	Special Programs/Groups Offered	HV	Clients with HIV or AIDS	Facility has a program or group specifically tailored for persons with HIV or AIDS.



MH9	SG	Special Programs/Groups Offered	DV	Clients who have experienced intimate partner violence, domestic violence	Facility has a program or group specifically tailored for persons who have experienced domestic violence or sexual abuse.
MH9	SG	Special Programs/Groups Offered	TRMA	Clients who have experienced trauma	Facility has a program or group specifically tailored for persons who have experienced trauma.
MH9	SG	Special Programs/Groups Offered	TBI	Persons with traumatic brain injury (TBI)	Facility has a program or group specifically tailored for persons with traumatic brain injury.
MH9	SG	Special Programs/Groups Offered	ALZ	Persons with Alzheimer's or dementia	Facility has a program or group specifically tailored for persons with Alzheimer's or dementia.
MH9	SG	Special Programs/Groups Offered	PED	Persons with eating disorders	Facility has a program or group specifically tailored for persons with eating disorders.
MH9	SG	Special Programs/Groups Offered	PEFP	Persons experiencing first-episode psychosis	Facility has a program or group specifically tailored for persons with eating disorders.
MH9	SG	Special Programs/Groups Offered	PTSD	Persons with post-traumatic stress disorder (PTSD)	Facility has a program or group specifically tailored for persons with post-traumatic stress disorder.
MH9	SG	Special Programs/Groups Offered	SED	Children/adolescents with serious emotional disturbance (SED)	Facility has a program or group specifically tailored for children/adolescents with serious emotional disturbance.
MH9	SG	Special Programs/Groups Offered	SMI	Persons 18 and older with serious mental illness (SMI)	Facility has a program or group specifically tailored for persons with serious mental illness.
MH10	ASPT	Assessment/Pre-treatment	STU	Screening for tobacco use	Determines a client's use of tobacco products, such as cigarettes, cigars, pipe tobacco, or smokeless tobacco. It is generally recommended that providers screen for tobacco use on a regular basis by asking clients, as they are seen, about their current and past use of tobacco products and their exposure to secondhand smoke or tobacco.
MH11	SCR	Testing	HIVT	HIV testing	Determines whether you are infected with HIV, a virus that weakens the immune system and can lead to acquired immunodeficiency syndrome.
MH11	SCR	Testing	STDT	STD testing	Testing to determine the type of sexually transmitted disease a person may be carrying.
MH11	SCR	Testing	TBS	TB screening	Skin tests that are used to screen people who are at high risk for TB exposure such as people with diseases or conditions that weaken their immune system.
MH11	SCR	Testing	MST	Metabolic syndrome monitoring	
MH11	SCR	Testing	HBT	Testing for Hepatitis B (HBV)	Involves blood test that measure HBV (Hepatitis B virus) antigens and antibodies.
MH11	SCR	Testing	HCT	Testing for Hepatitis C (HCV)	Test for Hepatitis C, which is usually done and recommended for persons currently injecting drugs, ever injected drugs, were prior recipients of transfusions or organ transplants, or have certain medical conditions, including persons: 1. who received clotting factor concentrates produced before 1987 2. who were ever on long-term hemodialysis 3. with persistently abnormal alanine aminotransferase levels (ALT) 4. who have HIV infection
MH11	SCR	Testing	LABT	Laboratory testing	
MH12	RSS	Recovery Support Services	HS	Housing services	Are designed to assist individuals with finding and maintaining appropriate housing arrangements.
MH12	RSS	Recovery Support Services	PEER	Mentoring/peer support	
MH13	ECS	Education and Counseling Services	TCC	Smoking/vaping/tobacco cessation counseling	Includes interventions for persons who use tobacco and want help with stopping, including behavioral support or counseling in groups or individually.
MH14	SMP	Facility Smoking Policy	SMON	Smoking not permitted	Smoking is not allowed.
MH14	SMP	Facility Smoking Policy	SMOP	Smoking permitted without restriction	Smoking permitted with no restriction.
MH14	SMP	Facility Smoking Policy	SMPD	Smoking permitted in designated area	A designated area in which smoking is permitted.
MH14	FVP	Facility Vaping Policy	VAPN	Vaping not permitted	
MH14	FVP	Facility Vaping Policy	VAPP	Vaping permitted without restriction	
MH14	FVP	Facility Vaping Policy	VPPD	Vaping permitted in designated area	
MH15	AGE	Age Groups Accepted	CHLD	Children/Adolescents	Facility accepts children/adolescents (17 or younger) for treatment.
MH15	AGE	Age Groups Accepted	YAD	Young Adults	Facility accepts young adults (18-25) for treatment.
MH16	SL	Language Services	AH	Sign language services for the deaf and hard of hearing	Service provided for persons who are deaf and hard of hearing.
MH16	SL	Language Services	SP	Spanish	Staff counselors provide treatment in Spanish.
MH16	SL	Language Services	FX	Other languages (excluding Spanish)	
MH17	AS	Ancillary Services	ACT	Assertive community treatment	A multi-disciplinary clinical team approach, helps those with serious mental illness live in the community by providing 24-hour intensive community services in the individual's natural setting.
MH17	AS	Ancillary Services	AOT	Assisted Outpatient Treatment	The practice of delivering outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as a prior history of repeated hospitalizations or arrest. It is a tool for assisting those individuals most at risk for the negative consequences of not receiving treatment. ( <a href="https://www.treatmentadvocacycenter.org/">https://www.treatmentadvocacycenter.org/</a> )

MH17	AS	Ancillary Services	CDM	Chronic disease/illness management	A systematic approach to improving health care for people with chronic disease. Central to most CDM approaches are patient self-management, physician education, and organizational support. Among the variety of strategies employed are case management, continuous quality improvement, disease management (DM) and the chronic care model (CCM).
MH17	AS	Ancillary Services	COOT	Court-ordered outpatient treatment	Known by different terms in different states, such as, "assisted outpatient treatment (AOT)," "involuntary outpatient treatment," or "mandatory outpatient treatment." Forty-four states permit the use of court-ordered outpatient treatment as a condition for persons with severe mental illness, who are too ill to seek care voluntarily, to remain in their community. Each state has its own civil commitment laws that establish criteria for determining when court-ordered treatment is appropriate for these individuals. ( <a href="https://www.crimesolutions.gov/ProgramDetails.aspx?ID=228">https://www.crimesolutions.gov/ProgramDetails.aspx?ID=228</a> )
MH17	AS	Ancillary Services	DEC	Diet and exercise counseling	Diet and exercise counseling helps a person learn to make decisions about: (1) good nutrition, healthy eating practices, and food choices for health improvement and/or weight management; and (2) choosing physical activities to increase overall health and fitness, with a focus on helping persons reduce their risk for chronic disease and support their recovery.
MH17	AS	Ancillary Services	FPSY	Family psychoeducation	Helps consumers and their families and supporters, through relationship building, education, collaboration, and problem solving to: 1) learn about mental illness; 2) master new ways of managing their mental illness; 3) reduce tension and stress within the family; 4) provide social support and encouragement to each other; 5) focus on the future; and 6) find ways for families and supporters to help consumers in their recovery.
MH17	AS	Ancillary Services	ICM	Intensive case management	A service that is a key part of the continuum of mental health care and support for persons with serious mental illness. ICM is more than a brokerage function. It involves building a caring, trusting relationship with the consumer, promoting consumer independence through the coordination of appropriate services, and providing on-going, long-term support as needed by the consumer to function in the least restrictive, most natural environment and achieve an improved quality of life. Intensive case managers fulfill a vital function for consumers by working with them to realize personal recovery goals and providing the support and resources that the consumer needs to achieve goals, stabilize his/her life and improve his/her quality of life.
MH17	AS	Ancillary Services	IMR	Illness management and recovery	Uses a standardized individual or group format based on five evidence-based practices: 1) Psychoeducation, 2) Behavioral tailoring, 3) Relapse prevention training, 4) Coping skills training, and 5) Social skills training.
MH17	AS	Ancillary Services	LAD	Legal advocacy	Refers to legal services provided to help protect and maintain a client/patient's legal rights.
MH17	AS	Ancillary Services	PRS	Psychosocial rehabilitation services	This service is offered individually or in groups. It provides therapeutic or intervention services such as daily and community-living skills, self-care, and skills training (grooming, bodily care, feeding, social skills training, and basic language skills).
MH17	AS	Ancillary Services	SEMP	Supported employment	Services include assisting individuals with finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities.
MH17	AS	Ancillary Services	SH	Supported housing	Independent, normal housing with flexible, individualized supportive services that allow individuals to maintain as much independence as possible.
MH17	AS	Ancillary Services	TPC	Therapeutic foster care	Provides treatment for children within the private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in a nurturing family home.
MH17	AS	Ancillary Services	VRS	Vocational rehabilitation services	Services include job finding/development; assessment and enhancement of work-related skills (such as writing a resume or taking part in an interview), attitudes, and behaviors. Transitional employment is also included.
MH17	AS	Ancillary Services	CM	Case management service	Helps people arrange for appropriate services and supports through a case manager who monitors the needs of clients/patients and their families and coordinates services, such as mental health, social work, health, educational, vocational, recreational, transportation, advocacy, and respite care, as needed.
MH17	AS	Ancillary Services	IPC	Integrated primary care services	These services address the general health care needs of persons with mental and substance use disorders. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, care coordination with staff, and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.

<b>MH17</b>	AS	Ancillary Services	SPS	Suicide prevention services	Services include identifying risk factors; educating staff on the signs of suicidal behavior and using methods to detect risk; and the assessment, intervention, and management of suicidal patients including treatment of an underlying mental or substance use disorder, and use of psychotropic medication, supportive services, and education. Hotlines help individuals to contact the nearest suicide prevention mental health provider.
<b>MH17</b>	AS	Ancillary Services	ES	Education services	Locate or provide educational services from basic literacy through a general equivalency diploma and college courses including special education at the pre-primary, primary, secondary, and adult levels.
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Detoxification (medical withdrawal)	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Medication-assisted treatment (MAT) for Alcohol Use Disorder (AUD) for co-occurring clients	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Service provided medication-assisted treatment (MAT) for Opioid Use Disorder (OUD)	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Individual counseling for co-occurring clients	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Group counseling for co-occurring clients	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	12-step groups for co-occurring clients	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Case management	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	Other	
<b>MH18</b>	COD	Service provided for co-occurring clients	QB9	None of these	

\*Source: Substance Abuse and Mental Health Services Administration (SAMHSA). 2023 National Directory Of Mental Health Treatment Facilities. Accessed 12/20/2023, <https://www.samhsa.gov/data/report/2023-national-directory-of-mental-health-treatment-facilities>

**Table MH1. Type of care, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Substance use treatment	No	6	100.0%	12	85.7%	6	85.7%	3	100.0%	18	90.0%
			Yes	0	0.0%	2	14.3%	1	14.3%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Mental health treatment	Yes	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20
	Provided co-occurring disorder treatment	Substance use treatment	No	0	0.0%	8	13.3%	20	69.0%	4	50.0%	30	34.1%
			Yes	3	100.0%	52	86.7%	9	31.0%	4	50.0%	58	65.9%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Mental health treatment	Yes	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
			Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance	Yes	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88
	Total	Substance use treatment	No	6	66.7%	20	27.0%	26	72.2%	7	63.6%	48	44.4%
			Yes	3	33.3%	54	73.0%	10	27.8%	4	36.4%	60	55.6%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
		Mental health treatment	Yes	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
			Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	No	6	66.7%	14	18.9%	7	19.4%	3	27.3%	20
			Yes	3	33.3%	60	81.1%	29	80.6%	8	72.7%	88	81.5%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH2. Facility Type, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Certified Community Behavioral Health Clinic	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Community mental health center	No	6	100.0%	11	78.6%	7	100.0%	3	100.0%	17	85.0%
			Yes	0	0.0%	3	21.4%	0	0.0%	0	0.0%	3	15.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Separate inpatient psychiatric unit of a general hospital	No	2	33.3%	14	100.0%	7	100.0%	3	100.0%	16	80.0%
			Yes	4	66.7%	0	0.0%	0	0.0%	0	0.0%	4	20.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Outpatient mental health facility	No	6	100.0%	7	50.0%	6	85.7%	3	100.0%	13	65.0%
			Yes	0	0.0%	7	50.0%	1	14.3%	0	0.0%	7	35.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Other residential treatment facility	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Partial hospitalization/day treatment	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Total		6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Psychiatric hospital	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Residential treatment center (RTC) for adults	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Residential treatment center (RTC) for children	No	6	100.0%	13	92.9%	5	71.4%	2	66.7%	18	90.0%	
		Yes	0	0.0%	1	7.1%	2	28.6%	1	33.3%	2	10.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	State hospital	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Veterans Affairs Medical Center or other VA healthcare facility	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Multi-setting mental health facility (e.g., non-hospital residential plus either outpatient and/or partial hospitalization/day treatment)	No	4	66.7%	10	71.4%	3	42.9%	0	0.0%	16	80.0%	
		Yes	2	33.3%	4	28.6%	4	57.1%	3	100.0%	4	20.0%	
Total		6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Provided co-occurring disorder treatment	Certified Community Behavioral Health Clinic	No	3	100.0%	46	76.7%	29	100.0%	7	87.5%	74	84.1%	
		Yes	0	0.0%	14	23.3%	0	0.0%	1	12.5%	14	15.9%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
	Community mental health center	No	3	100.0%	49	81.7%	28	96.6%	7	87.5%	77	87.5%	
		Yes	0	0.0%	11	18.3%	1	3.4%	1	12.5%	11	12.5%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
	Separate inpatient psychiatric unit of a general hospital	No	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
	Outpatient mental health facility	No	3	100.0%	32	53.3%	29	100.0%	7	87.5%	60	68.2%	
		Yes	0	0.0%	28	46.7%	0	0.0%	1	12.5%	28	31.8%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
	Other residential treatment facility	No	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
	Partial hospitalization/day treatment	No	3	100.0%	59	98.3%	29	100.0%	5	62.5%	85	96.6%	
Yes		0	0.0%	1	1.7%	0	0.0%	3	37.5%	3	3.4%		
Total		3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Psychiatric hospital	No	2	66.7%	59	98.3%	29	100.0%	7	87.5%	87	98.9%		
	Yes	1	33.3%	1	1.7%	0	0.0%	1	12.5%	1	1.1%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Residential treatment center (RTC) for adults	No	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Residential treatment center (RTC) for children	No	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		

		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	State hospital	No	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Veterans Affairs Medical Center or other VA healthcare facility	No	1	33.3%	57	95.0%	28	96.6%	8	100.0%	85	96.6%
		Yes	2	66.7%	3	5.0%	1	3.4%	0	0.0%	3	3.4%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Multi-setting mental health facility (e.g., non-hospital residential plus either outpatient and/or partial hospitalization/day treatment)	No	3	100.0%	58	96.7%	27	93.1%	6	75.0%	86	97.7%
		Yes	0	0.0%	2	3.3%	2	6.9%	2	25.0%	2	2.3%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
Total	Certified Community Behavioral Health Clinic	No	9	100.0%	60	81.1%	36	100.0%	10	90.9%	94	87.0%
		Yes	0	0.0%	14	18.9%	0	0.0%	1	9.1%	14	13.0%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Community mental health center	No	9	100.0%	60	81.1%	35	97.2%	10	90.9%	94	87.0%
		Yes	0	0.0%	14	18.9%	1	2.8%	1	9.1%	14	13.0%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Separate inpatient psychiatric unit of a general hospital	No	5	55.6%	74	100.0%	36	100.0%	11	100.0%	104	96.3%
		Yes	4	44.4%	0	0.0%	0	0.0%	0	0.0%	4	3.7%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Outpatient mental health facility	No	9	100.0%	39	52.7%	35	97.2%	10	90.9%	73	67.6%
		Yes	0	0.0%	35	47.3%	1	2.8%	1	9.1%	35	32.4%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Other residential treatment facility	No	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Partial hospitalization/day treatment	No	9	100.0%	73	98.6%	36	100.0%	8	72.7%	105	97.2%
		Yes	0	0.0%	1	1.4%	0	0.0%	3	27.3%	3	2.8%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Psychiatric hospital	No	8	88.9%	73	98.6%	36	100.0%	10	90.9%	107	99.1%
		Yes	1	11.1%	1	1.4%	0	0.0%	1	9.1%	1	0.9%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Residential treatment center (RTC) for adults	No	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Residential treatment center (RTC) for children	No	9	100.0%	73	98.6%	34	94.4%	10	90.9%	106	98.1%
		Yes	0	0.0%	1	1.4%	2	5.6%	1	9.1%	2	1.9%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	State hospital	No	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Veterans Affairs Medical Center or other VA healthcare facility	No	7	77.8%	71	95.9%	35	97.2%	11	100.0%	105	97.2%
		Yes	2	22.2%	3	4.1%	1	2.8%	0	0.0%	3	2.8%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Multi-setting mental health facility (e.g., non-hospital residential plus either outpatient and/or partial hospitalization/day treatment)	No	7	77.8%	68	91.9%	30	83.3%	6	54.5%	102	94.4%
		Yes	2	22.2%	6	8.1%	6	16.7%	5	45.5%	6	5.6%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH3. Pharmacotherapies, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Antipsychotics used in treatment of SMI	No	0	0.0%	7	50.0%	3	42.9%	0	0.0%	8	40.0%
			Yes	6	100.0%	7	50.0%	4	57.1%	3	100.0%	12	60.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Nicotine replacement	No	2	33.3%	12	85.7%	5	71.4%	3	100.0%	13	65.0%
			Yes	4	66.7%	2	14.3%	2	28.6%	0	0.0%	7	35.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Non-nicotine smoking/tobacco cessation	No	3	50.0%	11	78.6%	6	85.7%	3	100.0%	14	70.0%
			Yes	3	50.0%	3	21.4%	1	14.3%	0	0.0%	6	30.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Antipsychotics used in treatment of SMI	No	0	0.0%	30	50.0%	6	20.7%	4	50.0%	38	43.2%
			Yes	3	100.0%	30	50.0%	23	79.3%	4	50.0%	50	56.8%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Nicotine replacement	No	0	0.0%	43	71.7%	23	79.3%	5	62.5%	67	76.1%
			Yes	3	100.0%	17	28.3%	6	20.7%	3	37.5%	21	23.9%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Non-nicotine smoking/tobacco cessation	No	0	0.0%	42	70.0%	23	79.3%	5	62.5%	66	75.0%
			Yes	3	100.0%	18	30.0%	6	20.7%	3	37.5%	22	25.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Antipsychotics used in treatment of SMI	No	0	0.0%	37	50.0%	9	25.0%	4	36.4%	46	42.6%
			Yes	9	100.0%	37	50.0%	27	75.0%	7	63.6%	62	57.4%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
		Nicotine replacement	No	2	22.2%	55	74.3%	28	77.8%	8	72.7%	80	74.1%
			Yes	7	77.8%	19	25.7%	8	22.2%	3	27.3%	28	25.9%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Non-nicotine smoking/tobacco cessation		No	3	33.3%	53	71.6%	29	80.6%	8	72.7%	80	74.1%	
		Yes	6	66.7%	21	28.4%	7	19.4%	3	27.3%	28	25.9%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

**Table MH4. Treatment Approaches, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Telemedicine/telehealth therapy	No	2	33.3%	3	21.4%	3	42.9%	1	33.3%	6	30.0%
			Yes	4	66.7%	11	78.6%	4	57.1%	2	66.7%	14	70.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Integrated Mental and Substance Use Disorder treatment	No	5	83.3%	13	92.9%	6	85.7%	3	100.0%	18	90.0%
			Yes	1	16.7%	1	7.1%	1	14.3%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Telemedicine/telehealth therapy	No	0	0.0%	3	5.0%	7	24.1%	1	12.5%	10	11.4%
			Yes	3	100.0%	57	95.0%	22	75.9%	7	87.5%	78	88.6%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Integrated Mental and Substance Use Disorder treatment	No	0	0.0%	12	20.0%	19	65.5%	3	37.5%	33	37.5%
			Yes	3	100.0%	48	80.0%	10	34.5%	5	62.5%	55	62.5%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Telemedicine/telehealth therapy	No	2	22.2%	6	8.1%	10	27.8%	2	18.2%	16	14.8%
			Yes	7	77.8%	68	91.9%	26	72.2%	9	81.8%	92	85.2%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Integrated Mental and Substance Use Disorder treatment		No	5	55.6%	25	33.8%	25	69.4%	6	54.5%	51	47.2%	
		Yes	4	44.4%	49	66.2%	11	30.6%	5	45.5%	57	52.8%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	



**Table MH5. Emergency Mental Health Services, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Crisis intervention team	No	3	50.0%	5	35.7%	2	28.6%	0	0.0%	10	50.0%
			Yes	3	50.0%	9	64.3%	5	71.4%	3	100.0%	10	50.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Psychiatric emergency mobile/off-site services	No	6	100.0%	12	85.7%	6	85.7%	2	66.7%	18	90.0%
			Yes	0	0.0%	2	14.3%	1	14.3%	1	33.3%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Psychiatric emergency onsite services	No	3	50.0%	14	100.0%	7	100.0%	3	100.0%	17	85.0%
			Yes	3	50.0%	0	0.0%	0	0.0%	0	0.0%	3	15.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Psychiatric emergency walk-in services	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%
			Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Crisis intervention team	No	0	0.0%	22	36.7%	23	79.3%	4	50.0%	45	51.1%
			Yes	3	100.0%	38	63.3%	6	20.7%	4	50.0%	43	48.9%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Psychiatric emergency mobile/off-site services	No	3	100.0%	37	61.7%	25	86.2%	6	75.0%	62	70.5%
			Yes	0	0.0%	23	38.3%	4	13.8%	2	25.0%	26	29.5%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Psychiatric emergency onsite services	No	0	0.0%	38	63.3%	25	86.2%	5	62.5%	63	71.6%
			Yes	3	100.0%	22	36.7%	4	13.8%	3	37.5%	25	28.4%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Psychiatric emergency walk-in services	No	0	0.0%	36	60.0%	27	93.1%	5	62.5%	63	71.6%
			Yes	3	100.0%	24	40.0%	2	6.9%	3	37.5%	25	28.4%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
Total	Crisis intervention team	No	3	33.3%	27	36.5%	25	69.4%	4	36.4%	55	50.9%	
		Yes	6	66.7%	47	63.5%	11	30.6%	7	63.6%	53	49.1%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Psychiatric emergency mobile/off-site services	No	9	100.0%	49	66.2%	31	86.1%	8	72.7%	80	74.1%	
		Yes	0	0.0%	25	33.8%	5	13.9%	3	27.3%	28	25.9%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Psychiatric emergency onsite services	No	3	33.3%	52	70.3%	32	88.9%	8	72.7%	80	74.1%	
		Yes	6	66.7%	22	29.7%	4	11.1%	3	27.3%	28	25.9%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Psychiatric emergency walk-in services	No	6	66.7%	49	66.2%	34	94.4%	8	72.7%	82	75.9%	
		Yes	3	33.3%	25	33.8%	2	5.6%	3	27.3%	26	24.1%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

**Table MH6. Facility Operation (e.g., Private, Public), by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Local, county, or community government	No	6	100.0%	11	78.6%	7	100.0%	3	100.0%	17	85.0%
			Yes	0	0.0%	3	21.4%	0	0.0%	0	0.0%	3	15.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Private for-profit organization	No	5	83.3%	13	92.9%	7	100.0%	3	100.0%	18	90.0%
			Yes	1	16.7%	1	7.1%	0	0.0%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Private non-profit organization	No	1	16.7%	4	28.6%	0	0.0%	0	0.0%	5	25.0%
			Yes	5	83.3%	10	71.4%	7	100.0%	3	100.0%	15	75.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		State government	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Tribal government	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Total		6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Federal Government	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	U.S. Department of Veterans Affairs	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Provided co-occurring disorder treatment	Local, county, or community government	No	3	100.0%	45	75.0%	29	100.0%	7	87.5%	73	83.0%
			Yes	0	0.0%	15	25.0%	0	0.0%	1	12.5%	15	17.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Private for-profit organization	No	2	66.7%	49	81.7%	28	96.6%	5	62.5%	77	87.5%
			Yes	1	33.3%	11	18.3%	1	3.4%	3	37.5%	11	12.5%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Private non-profit organization	No	3	100.0%	31	51.7%	2	6.9%	4	50.0%	31	35.2%
Yes			0	0.0%	29	48.3%	27	93.1%	4	50.0%	57	64.8%	
Total			3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
State government		No	3	100.0%	59	98.3%	29	100.0%	8	100.0%	87	98.9%	
		Yes	0	0.0%	1	1.7%	0	0.0%	0	0.0%	1	1.1%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Tribal government	No	3	100.0%	59	98.3%	29	100.0%	8	100.0%	87	98.9%		
	Yes	0	0.0%	1	1.7%	0	0.0%	0	0.0%	1	1.1%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Federal Government	No	1	33.3%	57	95.0%	28	96.6%	8	100.0%	85	96.6%		
	Yes	2	66.7%	3	5.0%	1	3.4%	0	0.0%	3	3.4%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
U.S. Department of Veterans Affairs	No	1	33.3%	57	95.0%	28	96.6%	8	100.0%	85	96.6%		
	Yes	2	66.7%	3	5.0%	1	3.4%	0	0.0%	3	3.4%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Total	Local, county, or community government	No	9	100.0%	56	75.7%	36	100.0%	10	90.9%	90	83.3%	
		Yes	0	0.0%	18	24.3%	0	0.0%	1	9.1%	18	16.7%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Private for-profit organization	No	7	77.8%	62	83.8%	35	97.2%	8	72.7%	95	88.0%	
		Yes	2	22.2%	12	16.2%	1	2.8%	3	27.3%	13	12.0%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Private non-profit organization	No	4	44.4%	35	47.3%	2	5.6%	4	36.4%	36	33.3%	
		Yes	5	55.6%	39	52.7%	34	94.4%	7	63.6%	72	66.7%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	State government	No	9	100.0%	73	98.6%	36	100.0%	11	100.0%	107	99.1%	
		Yes	0	0.0%	1	1.4%	0	0.0%	0	0.0%	1	0.9%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

	Tribal government	No	9	100.0%	73	98.6%	36	100.0%	11	100.0%	107	99.1%
		Yes	0	0.0%	1	1.4%	0	0.0%	0	0.0%	1	0.9%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Federal Government	No	7	77.8%	71	95.9%	35	97.2%	11	100.0%	105	97.2%
		Yes	2	22.2%	3	4.1%	1	2.8%	0	0.0%	3	2.8%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	U.S. Department of Veterans Affairs	No	7	77.8%	71	95.9%	35	97.2%	11	100.0%	105	97.2%
		Yes	2	22.2%	3	4.1%	1	2.8%	0	0.0%	3	2.8%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH7. License/Certification/Accreditation, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Federally Qualified Health Center	No	6	100.0%	12	85.7%	5	71.4%	3	100.0%	17	85.0%
			Yes	0	0.0%	2	14.3%	2	28.6%	0	0.0%	3	15.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Mental health clinic or mental health center	No	6	100.0%	12	85.7%	7	100.0%	3	100.0%	18	90.0%
			Yes	0	0.0%	2	14.3%	0	0.0%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Federally Qualified Health Center	No	3	100.0%	53	88.3%	29	100.0%	8	100.0%	81	92.0%
			Yes	0	0.0%	7	11.7%	0	0.0%	0	0.0%	7	8.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Mental health clinic or mental health center	No	3	100.0%	56	93.3%	28	96.6%	7	87.5%	84	95.5%
			Yes	0	0.0%	4	6.7%	1	3.4%	1	12.5%	4	4.5%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Federally Qualified Health Center	No	9	100.0%	65	87.8%	34	94.4%	11	100.0%	98	90.7%
			Yes	0	0.0%	9	12.2%	2	5.6%	0	0.0%	10	9.3%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Mental health clinic or mental health center		No	9	100.0%	68	91.9%	35	97.2%	10	90.9%	102	94.4%	
		Yes	0	0.0%	6	8.1%	1	2.8%	1	9.1%	6	5.6%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

**Table MH8. Payment/Insurance/Funding Accepted, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

		Mental Health Service Setting											
		Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total			
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %		
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	County or local government funds	No	2	33.3%	7	50.0%	4	57.1%	2	66.7%	8	40.0%
			Yes	4	66.7%	7	50.0%	3	42.9%	1	33.3%	12	60.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Community Mental Health Block Grants	No	6	100.0%	10	71.4%	7	100.0%	3	100.0%	16	80.0%
			Yes	0	0.0%	4	28.6%	0	0.0%	0	0.0%	4	20.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Community Service Block Grants	No	6	100.0%	11	78.6%	7	100.0%	3	100.0%	17	85.0%
			Yes	0	0.0%	3	21.4%	0	0.0%	0	0.0%	3	15.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Federal Grants	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%
			Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		IHS/Tribal/Urban (ITU) funds	No	4	66.7%	12	85.7%	5	71.4%	3	100.0%	15	75.0%
			Yes	2	33.3%	2	14.3%	2	28.6%	0	0.0%	5	25.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Medicare	No	2	33.3%	10	71.4%	7	100.0%	3	100.0%	12	60.0%
			Yes	4	66.7%	4	28.6%	0	0.0%	0	0.0%	8	40.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Medicaid	Yes	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Federal military insurance (e.g., TRICARE)	No	2	33.3%	10	71.4%	5	71.4%	2	66.7%	12	60.0%
			Yes	4	66.7%	4	28.6%	2	28.6%	1	33.3%	8	40.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Other State funds	No	4	66.7%	6	42.9%	4	57.1%	2	66.7%	9	45.0%
			Yes	2	33.3%	8	57.1%	3	42.9%	1	33.3%	11	55.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Private or Community foundation	No	6	100.0%	12	85.7%	7	100.0%	3	100.0%	18	90.0%
			Yes	0	0.0%	2	14.3%	0	0.0%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Private health insurance	No	0	0.0%	4	28.6%	0	0.0%	0	0.0%	4	20.0%
			Yes	6	100.0%	10	71.4%	7	100.0%	3	100.0%	16	80.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		State corrections or juvenile justice funds	No	4	66.7%	9	64.3%	6	85.7%	2	66.7%	14	70.0%
			Yes	2	33.3%	5	35.7%	1	14.3%	1	33.3%	6	30.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		State education agency funds	No	6	100.0%	10	71.4%	5	71.4%	2	66.7%	16	80.0%
			Yes	0	0.0%	4	28.6%	2	28.6%	1	33.3%	4	20.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Cash or self-payment	No	0	0.0%	3	21.4%	1	14.3%	0	0.0%	4	20.0%
			Yes	6	100.0%	11	78.6%	6	85.7%	3	100.0%	16	80.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		State-financed health insurance plan other than Medicaid	No	0	0.0%	7	50.0%	2	28.6%	0	0.0%	8	40.0%
			Yes	6	100.0%	7	50.0%	5	71.4%	3	100.0%	12	60.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		State mental health agency (or equivalent) funds	No	0	0.0%	5	35.7%	2	28.6%	0	0.0%	6	30.0%
			Yes	6	100.0%	9	64.3%	5	71.4%	3	100.0%	14	70.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		State welfare or child and family services funds	No	1	16.7%	4	28.6%	2	28.6%	0	0.0%	7	35.0%
Yes	5		83.3%	10	71.4%	5	71.4%	3	100.0%	13	65.0%		
Total	6		100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		

Provided co-occurring disorder treatment	U.S. Department of VA funds	No	4	66.7%	13	92.9%	7	100.0%	3	100.0%	17	85.0%
		Yes	2	33.3%	1	7.1%	0	0.0%	0	0.0%	3	15.0%
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	County or local government funds	No	2	66.7%	33	55.0%	10	34.5%	5	62.5%	43	48.9%
		Yes	1	33.3%	27	45.0%	19	65.5%	3	37.5%	45	51.1%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Community Mental Health Block Grants	No	3	100.0%	33	55.0%	26	89.7%	6	75.0%	59	67.0%
		Yes	0	0.0%	27	45.0%	3	10.3%	2	25.0%	29	33.0%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Community Service Block Grants	No	3	100.0%	40	66.7%	29	100.0%	7	87.5%	68	77.3%
		Yes	0	0.0%	20	33.3%	0	0.0%	1	12.5%	20	22.7%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Federal Grants	No	3	100.0%	58	96.7%	28	96.6%	8	100.0%	85	96.6%
		Yes	0	0.0%	2	3.3%	1	3.4%	0	0.0%	3	3.4%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	IHS/Tribal/Urban (ITU) funds	No	2	66.7%	46	76.7%	29	100.0%	7	87.5%	74	84.1%
		Yes	1	33.3%	14	23.3%	0	0.0%	1	12.5%	14	15.9%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Medicare	No	2	66.7%	26	43.3%	13	44.8%	3	37.5%	37	42.0%
		Yes	1	33.3%	34	56.7%	16	55.2%	5	62.5%	51	58.0%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Medicaid	No	2	66.7%	8	13.3%	1	3.4%	1	12.5%	8	9.1%
		Yes	1	33.3%	52	86.7%	28	96.6%	7	87.5%	80	90.9%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Federal military insurance (e.g., TRICARE)	No	2	66.7%	33	55.0%	26	89.7%	5	62.5%	59	67.0%
		Yes	1	33.3%	27	45.0%	3	10.3%	3	37.5%	29	33.0%
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Other State funds	No	3	100.0%	33	55.0%	18	62.1%	5	62.5%	52	59.1%	
	Yes	0	0.0%	27	45.0%	11	37.9%	3	37.5%	36	40.9%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Private or Community foundation	No	3	100.0%	56	93.3%	28	96.6%	7	87.5%	84	95.5%	
	Yes	0	0.0%	4	6.7%	1	3.4%	1	12.5%	4	4.5%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Private health insurance	No	0	0.0%	6	10.0%	11	37.9%	0	0.0%	16	18.2%	
	Yes	3	100.0%	54	90.0%	18	62.1%	8	100.0%	72	81.8%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
State corrections or juvenile justice funds	No	3	100.0%	40	66.7%	26	89.7%	7	87.5%	66	75.0%	
	Yes	0	0.0%	20	33.3%	3	10.3%	1	12.5%	22	25.0%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
State education agency funds	No	3	100.0%	49	81.7%	29	100.0%	7	87.5%	77	87.5%	
	Yes	0	0.0%	11	18.3%	0	0.0%	1	12.5%	11	12.5%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Cash or self-payment	No	0	0.0%	7	11.7%	14	48.3%	2	25.0%	22	25.0%	
	Yes	3	100.0%	53	88.3%	15	51.7%	6	75.0%	66	75.0%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
State-financed health insurance plan other than Medicaid	No	3	100.0%	29	48.3%	21	72.4%	5	62.5%	51	58.0%	
	Yes	0	0.0%	31	51.7%	8	27.6%	3	37.5%	37	42.0%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
State mental health agency (or equivalent) funds	No	2	66.7%	31	51.7%	12	41.4%	5	62.5%	43	48.9%	
	Yes	1	33.3%	29	48.3%	17	58.6%	3	37.5%	45	51.1%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
State welfare or child and family services funds	No	3	100.0%	42	70.0%	26	89.7%	6	75.0%	69	78.4%	
	Yes	0	0.0%	18	30.0%	3	10.3%	2	25.0%	19	21.6%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
U.S. Department of VA funds	No	0	0.0%	45	75.0%	26	89.7%	6	75.0%	72	81.8%	
	Yes	3	100.0%	15	25.0%	3	10.3%	2	25.0%	16	18.2%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Total	County or local government funds	No	4	44.4%	40	54.1%	14	38.9%	7	63.6%	51	47.2%
		Yes	5	55.6%	34	45.9%	22	61.1%	4	36.4%	57	52.8%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

Community Mental Health Block Grants	No	9	100.0%	43	58.1%	33	91.7%	9	81.8%	75	69.4%
	Yes	0	0.0%	31	41.9%	3	8.3%	2	18.2%	33	30.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Community Service Block Grants	No	9	100.0%	51	68.9%	36	100.0%	10	90.9%	85	78.7%
	Yes	0	0.0%	23	31.1%	0	0.0%	1	9.1%	23	21.3%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Federal Grants	No	9	100.0%	71	95.9%	35	97.2%	11	100.0%	104	96.3%
	Yes	0	0.0%	3	4.1%	1	2.8%	0	0.0%	4	3.7%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
IHS/Tribal/Urban (ITU) funds	No	6	66.7%	58	78.4%	34	94.4%	10	90.9%	89	82.4%
	Yes	3	33.3%	16	21.6%	2	5.6%	1	9.1%	19	17.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Medicare	No	4	44.4%	36	48.6%	20	55.6%	6	54.5%	49	45.4%
	Yes	5	55.6%	38	51.4%	16	44.4%	5	45.5%	59	54.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Medicaid	No	2	22.2%	8	10.8%	1	2.8%	1	9.1%	8	7.4%
	Yes	7	77.8%	66	89.2%	35	97.2%	10	90.9%	100	92.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Federal military insurance (e.g., TRICARE)	No	4	44.4%	43	58.1%	31	86.1%	7	63.6%	71	65.7%
	Yes	5	55.6%	31	41.9%	5	13.9%	4	36.4%	37	34.3%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Other State funds	No	7	77.8%	39	52.7%	22	61.1%	7	63.6%	61	56.5%
	Yes	2	22.2%	35	47.3%	14	38.9%	4	36.4%	47	43.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Private or Community foundation	No	9	100.0%	68	91.9%	35	97.2%	10	90.9%	102	94.4%
	Yes	0	0.0%	6	8.1%	1	2.8%	1	9.1%	6	5.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Private health insurance	No	0	0.0%	10	13.5%	11	30.6%	0	0.0%	20	18.5%
	Yes	9	100.0%	64	86.5%	25	69.4%	11	100.0%	88	81.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
State corrections or juvenile justice funds	No	7	77.8%	49	66.2%	32	88.9%	9	81.8%	80	74.1%
	Yes	2	22.2%	25	33.8%	4	11.1%	2	18.2%	28	25.9%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
State education agency funds	No	9	100.0%	59	79.7%	34	94.4%	9	81.8%	93	86.1%
	Yes	0	0.0%	15	20.3%	2	5.6%	2	18.2%	15	13.9%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Cash or self-payment	No	0	0.0%	10	13.5%	15	41.7%	2	18.2%	26	24.1%
	Yes	9	100.0%	64	86.5%	21	58.3%	9	81.8%	82	75.9%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
State-financed health insurance plan other than Medicaid	No	3	33.3%	36	48.6%	23	63.9%	5	45.5%	59	54.6%
	Yes	6	66.7%	38	51.4%	13	36.1%	6	54.5%	49	45.4%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
State mental health agency (or equivalent) funds	No	2	22.2%	36	48.6%	14	38.9%	5	45.5%	49	45.4%
	Yes	7	77.8%	38	51.4%	22	61.1%	6	54.5%	59	54.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
State welfare or child and family services funds	No	4	44.4%	46	62.2%	28	77.8%	6	54.5%	76	70.4%
	Yes	5	55.6%	28	37.8%	8	22.2%	5	45.5%	32	29.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
U.S. Department of VA funds	No	4	44.4%	58	78.4%	33	91.7%	9	81.8%	89	82.4%
	Yes	5	55.6%	16	21.6%	3	8.3%	2	18.2%	19	17.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH9. Special Programs/Groups Offered, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Persons with Alzheimers or dementia	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Criminal justice other than DUI DWI or Forensic clients	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%
			Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Persons with eating disorders	No	6	100.0%	13	92.9%	6	85.7%	3	100.0%	19	95.0%
			Yes	0	0.0%	1	7.1%	1	14.3%	0	0.0%	1	5.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Persons experiencing first-episode psychosis	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Persons with post-traumatic stress disorder (PTSD)	No	1	16.7%	5	35.7%	2	28.6%	0	0.0%	8	40.0%
			Yes	5	83.3%	9	64.3%	5	71.4%	3	100.0%	12	60.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Children adolescents with serious emotional disturbance (SED)	No	4	66.7%	7	50.0%	3	42.9%	0	0.0%	13	65.0%
			Yes	2	33.3%	7	50.0%	4	57.1%	3	100.0%	7	35.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Persons 18 and older with serious mental illness (SMI)	No	3	50.0%	12	85.7%	6	85.7%	3	100.0%	14	70.0%
			Yes	3	50.0%	2	14.3%	1	14.3%	0	0.0%	6	30.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Persons with traumatic brain injury (TBI)	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Young adults	No	5	83.3%	9	64.3%	6	85.7%	2	66.7%	15	75.0%
			Yes	1	16.7%	5	35.7%	1	14.3%	1	33.3%	5	25.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Seniors or older adults	No	5	83.3%	14	100.0%	6	85.7%	3	100.0%	18	90.0%
			Yes	1	16.7%	0	0.0%	1	14.3%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	No	5	83.3%	7	50.0%	4	57.1%	1	33.3%	13	65.0%
			Yes	1	16.7%	7	50.0%	3	42.9%	2	66.7%	7	35.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Veterans	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Active duty military	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Members of military families	No	6	100.0%	13	92.9%	6	85.7%	3	100.0%	19	95.0%
			Yes	0	0.0%	1	7.1%	1	14.3%	0	0.0%	1	5.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Clients with co-occurring mental and substance use disorders	No	5	83.3%	11	78.6%	6	85.7%	3	100.0%	16	80.0%
			Yes	1	16.7%	3	21.4%	1	14.3%	0	0.0%	4	20.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Clients with HIV or AIDS	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Clients who have experienced intimate partner violence, domestic violence	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Clients who have experienced trauma	No	2	33.3%	5	35.7%	2	28.6%	0	0.0%	9	45.0%
			Yes	4	66.7%	9	64.3%	5	71.4%	3	100.0%	11	55.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Provided co-occurring disorder	Persons with Alzheimers or dementia	No	2	66.7%	58	96.7%	29	100.0%	8	100.0%	86
Yes	1			33.3%	2	3.3%	0	0.0%	0	0.0%	2	2.3%	
Total	3			100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	



treatment	Criminal justice other than DUI DWI or Forensic clients	No	3	100.0%	34	56.7%	20	69.0%	5	62.5%	55	62.5%
		Yes	0	0.0%	26	43.3%	9	31.0%	3	37.5%	33	37.5%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Persons with eating disorders	No	3	100.0%	48	80.0%	27	93.1%	5	62.5%	75	85.2%
		Yes	0	0.0%	12	20.0%	2	6.9%	3	37.5%	13	14.8%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Persons experiencing first-episode psychosis	No	3	100.0%	43	71.7%	25	86.2%	7	87.5%	68	77.3%
		Yes	0	0.0%	17	28.3%	4	13.8%	1	12.5%	20	22.7%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Persons with post-traumatic stress disorder (PTSD)	No	0	0.0%	24	40.0%	22	75.9%	3	37.5%	48	54.5%
		Yes	3	100.0%	36	60.0%	7	24.1%	5	62.5%	40	45.5%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Children adolescents with serious emotional disturbance (SED)	No	3	100.0%	39	65.0%	27	93.1%	2	25.0%	65	73.9%
		Yes	0	0.0%	21	35.0%	2	6.9%	6	75.0%	23	26.1%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Persons 18 and older with serious mental illness (SMI)	No	0	0.0%	25	41.7%	10	34.5%	5	62.5%	36	40.9%
		Yes	3	100.0%	35	58.3%	19	65.5%	3	37.5%	52	59.1%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Persons with traumatic brain injury (TBI)	No	3	100.0%	51	85.0%	26	89.7%	7	87.5%	76	86.4%
		Yes	0	0.0%	9	15.0%	3	10.3%	1	12.5%	12	13.6%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Young adults	No	3	100.0%	38	63.3%	24	82.8%	5	62.5%	62	70.5%
		Yes	0	0.0%	22	36.7%	5	17.2%	3	37.5%	26	29.5%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Seniors or older adults	No	0	0.0%	42	70.0%	25	86.2%	6	75.0%	66	75.0%
		Yes	3	100.0%	18	30.0%	4	13.8%	2	25.0%	22	25.0%
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	No	0	0.0%	33	55.0%	24	82.8%	4	50.0%	58	65.9%	
	Yes	3	100.0%	27	45.0%	5	17.2%	4	50.0%	30	34.1%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Veterans	No	0	0.0%	40	66.7%	27	93.1%	6	75.0%	67	76.1%	
	Yes	3	100.0%	20	33.3%	2	6.9%	2	25.0%	21	23.9%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Active duty military	No	0	0.0%	48	80.0%	29	100.0%	6	75.0%	76	86.4%	
	Yes	3	100.0%	12	20.0%	0	0.0%	2	25.0%	12	13.6%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Members of military families	No	2	66.7%	47	78.3%	28	96.6%	6	75.0%	74	84.1%	
	Yes	1	33.3%	13	21.7%	1	3.4%	2	25.0%	14	15.9%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Clients with co-occurring mental and substance use disorders	No	0	0.0%	18	30.0%	15	51.7%	4	50.0%	35	39.8%	
	Yes	3	100.0%	42	70.0%	14	48.3%	4	50.0%	53	60.2%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Clients with HIV or AIDS	No	2	66.7%	48	80.0%	25	86.2%	5	62.5%	73	83.0%	
	Yes	1	33.3%	12	20.0%	4	13.8%	3	37.5%	15	17.0%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Clients who have experienced intimate partner violence, domestic violence	No	1	33.3%	48	80.0%	27	93.1%	8	100.0%	74	84.1%	
	Yes	2	66.7%	12	20.0%	2	6.9%	0	0.0%	14	15.9%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Clients who have experienced trauma	No	0	0.0%	20	33.3%	22	75.9%	2	25.0%	44	50.0%	
	Yes	3	100.0%	40	66.7%	7	24.1%	6	75.0%	44	50.0%	
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Total	Persons with Alzheimers or dementia	No	8	88.9%	72	97.3%	36	100.0%	11	100.0%	106	98.1%
		Yes	1	11.1%	2	2.7%	0	0.0%	0	0.0%	2	1.9%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Criminal justice other than DUI DWI or Forensic clients	No	9	100.0%	47	63.5%	27	75.0%	8	72.7%	74	68.5%	
	Yes	0	0.0%	27	36.5%	9	25.0%	3	27.3%	34	31.5%	
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
Persons with eating disorders	No	9	100.0%	61	82.4%	33	91.7%	8	72.7%	94	87.0%	
	Yes	0	0.0%	13	17.6%	3	8.3%	3	27.3%	14	13.0%	
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

Persons experiencing first-episode psychosis	No	9	100.0%	57	77.0%	32	88.9%	10	90.9%	88	81.5%
	Yes	0	0.0%	17	23.0%	4	11.1%	1	9.1%	20	18.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Persons with post-traumatic stress disorder (PTSD)	No	1	11.1%	29	39.2%	24	66.7%	3	27.3%	56	51.9%
	Yes	8	88.9%	45	60.8%	12	33.3%	8	72.7%	52	48.1%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Children adolescents with serious emotional disturbance (SED)	No	7	77.8%	46	62.2%	30	83.3%	2	18.2%	78	72.2%
	Yes	2	22.2%	28	37.8%	6	16.7%	9	81.8%	30	27.8%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Persons 18 and older with serious mental illness (SMI)	No	3	33.3%	37	50.0%	16	44.4%	8	72.7%	50	46.3%
	Yes	6	66.7%	37	50.0%	20	55.6%	3	27.3%	58	53.7%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Persons with traumatic brain injury (TBI)	No	9	100.0%	65	87.8%	33	91.7%	10	90.9%	96	88.9%
	Yes	0	0.0%	9	12.2%	3	8.3%	1	9.1%	12	11.1%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Young adults	No	8	88.9%	47	63.5%	30	83.3%	7	63.6%	77	71.3%
	Yes	1	11.1%	27	36.5%	6	16.7%	4	36.4%	31	28.7%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Seniors or older adults	No	5	55.6%	56	75.7%	31	86.1%	9	81.8%	84	77.8%
	Yes	4	44.4%	18	24.3%	5	13.9%	2	18.2%	24	22.2%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	No	5	55.6%	40	54.1%	28	77.8%	5	45.5%	71	65.7%
	Yes	4	44.4%	34	45.9%	8	22.2%	6	54.5%	37	34.3%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Veterans	No	6	66.7%	54	73.0%	34	94.4%	9	81.8%	87	80.6%
	Yes	3	33.3%	20	27.0%	2	5.6%	2	18.2%	21	19.4%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Active duty military	No	6	66.7%	62	83.8%	36	100.0%	9	81.8%	96	88.9%
	Yes	3	33.3%	12	16.2%	0	0.0%	2	18.2%	12	11.1%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Members of military families	No	8	88.9%	60	81.1%	34	94.4%	9	81.8%	93	86.1%
	Yes	1	11.1%	14	18.9%	2	5.6%	2	18.2%	15	13.9%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Clients with co-occurring mental and substance use disorders	No	5	55.6%	29	39.2%	21	58.3%	7	63.6%	51	47.2%
	Yes	4	44.4%	45	60.8%	15	41.7%	4	36.4%	57	52.8%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Clients with HIV or AIDS	No	8	88.9%	62	83.8%	32	88.9%	8	72.7%	93	86.1%
	Yes	1	11.1%	12	16.2%	4	11.1%	3	27.3%	15	13.9%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Clients who have experienced intimate partner violence, domestic violence	No	7	77.8%	62	83.8%	34	94.4%	11	100.0%	94	87.0%
	Yes	2	22.2%	12	16.2%	2	5.6%	0	0.0%	14	13.0%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Clients who have experienced trauma	No	2	22.2%	25	33.8%	24	66.7%	2	18.2%	53	49.1%
	Yes	7	77.8%	49	66.2%	12	33.3%	9	81.8%	55	50.9%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH10. Assessment/Pre-treatment, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Screening for tobacco use	No	0	0.0%	7	50.0%	3	42.9%	1	33.3%	8	40.0%
			Yes	6	100.0%	7	50.0%	4	57.1%	2	66.7%	12	60.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Screening for tobacco use	No	0	0.0%	12	20.0%	11	37.9%	2	25.0%	23	26.1%
			Yes	3	100.0%	48	80.0%	18	62.1%	6	75.0%	65	73.9%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Screening for tobacco use	No	0	0.0%	19	25.7%	14	38.9%	3	27.3%	31	28.7%
			Yes	9	100.0%	55	74.3%	22	61.1%	8	72.7%	77	71.3%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH11. Testing, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting										
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total		
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	HIV testing	No	4	66.7%	14	100.0%	7	100.0%	3	100.0%	18	90.0%	
			Yes	2	33.3%	0	0.0%	0	0.0%	0	0.0%	2	10.0%	
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		STD testing	No	4	66.7%	14	100.0%	7	100.0%	3	100.0%	18	90.0%	
			Yes	2	33.3%	0	0.0%	0	0.0%	0	0.0%	2	10.0%	
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		TB screening	No	4	66.7%	13	92.9%	6	85.7%	3	100.0%	17	85.0%	
			Yes	2	33.3%	1	7.1%	1	14.3%	0	0.0%	3	15.0%	
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Testing for Hepatitis B (HBV)	No	4	66.7%	14	100.0%	7	100.0%	3	100.0%	18	90.0%	
			Yes	2	33.3%	0	0.0%	0	0.0%	0	0.0%	2	10.0%	
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Testing for Hepatitis C (HCV)	No	4	66.7%	14	100.0%	7	100.0%	3	100.0%	18	90.0%		
		Yes	2	33.3%	0	0.0%	0	0.0%	0	0.0%	2	10.0%		
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
	Laboratory testing	No	1	16.7%	10	71.4%	5	71.4%	1	33.3%	13	65.0%		
		Yes	5	83.3%	4	28.6%	2	28.6%	2	66.7%	7	35.0%		
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
	Metabolic syndrome monitoring	No	1	16.7%	9	64.3%	5	71.4%	1	33.3%	12	60.0%		
		Yes	5	83.3%	5	35.7%	2	28.6%	2	66.7%	8	40.0%		
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
	Provided co-occurring disorder treatment	Provided co-occurring disorder treatment	HIV testing	No	1	33.3%	51	85.0%	25	86.2%	6	75.0%	78	88.6%
				Yes	2	66.7%	9	15.0%	4	13.8%	2	25.0%	10	11.4%
				Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
STD testing			No	1	33.3%	50	83.3%	25	86.2%	6	75.0%	77	87.5%	
			Yes	2	66.7%	10	16.7%	4	13.8%	2	25.0%	11	12.5%	
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
TB screening			No	1	33.3%	50	83.3%	22	75.9%	6	75.0%	74	84.1%	
			Yes	2	66.7%	10	16.7%	7	24.1%	2	25.0%	14	15.9%	
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Testing for Hepatitis B (HBV)			No	1	33.3%	51	85.0%	25	86.2%	6	75.0%	78	88.6%	
			Yes	2	66.7%	9	15.0%	4	13.8%	2	25.0%	10	11.4%	
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Testing for Hepatitis C (HCV)		No	1	33.3%	51	85.0%	25	86.2%	6	75.0%	78	88.6%		
		Yes	2	66.7%	9	15.0%	4	13.8%	2	25.0%	10	11.4%		
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Laboratory testing		No	0	0.0%	43	71.7%	25	86.2%	6	75.0%	69	78.4%		
		Yes	3	100.0%	17	28.3%	4	13.8%	2	25.0%	19	21.6%		
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Metabolic syndrome monitoring		No	1	33.3%	42	70.0%	25	86.2%	5	62.5%	68	77.3%		
		Yes	2	66.7%	18	30.0%	4	13.8%	3	37.5%	20	22.7%		
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Total		HIV testing	No	5	55.6%	65	87.8%	32	88.9%	9	81.8%	96	88.9%	
			Yes	4	44.4%	9	12.2%	4	11.1%	2	18.2%	12	11.1%	
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	STD testing	No	5	55.6%	64	86.5%	32	88.9%	9	81.8%	95	88.0%		
		Yes	4	44.4%	10	13.5%	4	11.1%	2	18.2%	13	12.0%		
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%		
	TB screening	No	5	55.6%	63	85.1%	28	77.8%	9	81.8%	91	84.3%		
		Yes	4	44.4%	11	14.9%	8	22.2%	2	18.2%	17	15.7%		

		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Testing for Hepatitis B (HBV)	No	5	55.6%	65	87.8%	32	88.9%	9	81.8%	96	88.9%
		Yes	4	44.4%	9	12.2%	4	11.1%	2	18.2%	12	11.1%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Testing for Hepatitis C (HCV)	No	5	55.6%	65	87.8%	32	88.9%	9	81.8%	96	88.9%
		Yes	4	44.4%	9	12.2%	4	11.1%	2	18.2%	12	11.1%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Laboratory testing	No	1	11.1%	53	71.6%	30	83.3%	7	63.6%	82	75.9%
		Yes	8	88.9%	21	28.4%	6	16.7%	4	36.4%	26	24.1%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Metabolic syndrome monitoring	No	2	22.2%	51	68.9%	30	83.3%	6	54.5%	80	74.1%
		Yes	7	77.8%	23	31.1%	6	16.7%	5	45.5%	28	25.9%
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH12. Recovery Support Services, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Housing services	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%
			Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Did not provide co-occurring disorder treatment	Mentoring/peer support	No	2	33.3%	6	42.9%	4	57.1%	1	33.3%	10	50.0%
			Yes	4	66.7%	8	57.1%	3	42.9%	2	66.7%	10	50.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Housing services	No	1	33.3%	31	51.7%	6	20.7%	5	62.5%	39	44.3%
			Yes	2	66.7%	29	48.3%	23	79.3%	3	37.5%	49	55.7%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Provided co-occurring disorder treatment	Mentoring/peer support	No	1	33.3%	12	20.0%	8	27.6%	3	37.5%	19	21.6%
			Yes	2	66.7%	48	80.0%	21	72.4%	5	62.5%	69	78.4%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Housing services	No	7	77.8%	44	59.5%	13	36.1%	8	72.7%	58	53.7%
			Yes	2	22.2%	30	40.5%	23	63.9%	3	27.3%	50	46.3%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Total	Mentoring/peer support	No	3	33.3%	18	24.3%	12	33.3%	4	36.4%	29	26.9%	
		Yes	6	66.7%	56	75.7%	24	66.7%	7	63.6%	79	73.1%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

**Table MH13. Education and Counseling Services, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Smoking/vaping/tobacco cessation counseling	No	0	0.0%	10	71.4%	3	42.9%	1	33.3%	11	55.0%
			Yes	6	100.0%	4	28.6%	4	57.1%	2	66.7%	9	45.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Smoking/vaping/tobacco cessation counseling	No	0	0.0%	24	40.0%	14	48.3%	4	50.0%	40	45.5%
			Yes	3	100.0%	36	60.0%	15	51.7%	4	50.0%	48	54.5%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Smoking/vaping/tobacco cessation counseling	No	0	0.0%	34	45.9%	17	47.2%	5	45.5%	51	47.2%
			Yes	9	100.0%	40	54.1%	19	52.8%	6	54.5%	57	52.8%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH14. Smoking and Vaping Policy, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Smoking not permitted	No	1	16.7%	5	35.7%	2	28.6%	2	66.7%	5	25.0%
			Yes	5	83.3%	9	64.3%	5	71.4%	1	33.3%	15	75.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Smoking permitted without restriction	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Yes	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Smoking permitted in designated area	No	5	83.3%	9	64.3%	5	71.4%	1	33.3%	15	75.0%
			Yes	1	16.7%	5	35.7%	2	28.6%	2	66.7%	5	25.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Vaping not permitted	No	1	16.7%	5	35.7%	2	28.6%	2	66.7%	5	25.0%
			Yes	5	83.3%	9	64.3%	5	71.4%	1	33.3%	15	75.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Vaping permitted without restriction	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
		Yes	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Vaping permitted in designated area	No	5	83.3%	9	64.3%	5	71.4%	1	33.3%	15	75.0%	
		Yes	1	16.7%	5	35.7%	2	28.6%	2	66.7%	5	25.0%	
		Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%	
	Provided co-occurring disorder treatment	Smoking not permitted	No	0	0.0%	16	26.7%	21	72.4%	4	50.0%	39	44.3%
			Yes	3	100.0%	44	73.3%	8	27.6%	4	50.0%	49	55.7%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Smoking permitted without restriction	No	3	100.0%	57	95.0%	29	100.0%	8	100.0%	85	96.6%
			Yes	0	0.0%	3	5.0%	0	0.0%	0	0.0%	3	3.4%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
Smoking permitted in designated area		No	3	100.0%	47	78.3%	8	27.6%	4	50.0%	52	59.1%	
		Yes	0	0.0%	13	21.7%	21	72.4%	4	50.0%	36	40.9%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Vaping not permitted		No	0	0.0%	17	28.3%	21	72.4%	4	50.0%	40	45.5%	
		Yes	3	100.0%	43	71.7%	8	27.6%	4	50.0%	48	54.5%	
		Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%	
Vaping permitted without restriction	No	3	100.0%	58	96.7%	29	100.0%	8	100.0%	86	97.7%		
	Yes	0	0.0%	2	3.3%	0	0.0%	0	0.0%	2	2.3%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Vaping permitted in designated area	No	3	100.0%	45	75.0%	8	27.6%	4	50.0%	50	56.8%		
	Yes	0	0.0%	15	25.0%	21	72.4%	4	50.0%	38	43.2%		
	Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%		
Total	Smoking not permitted	No	1	11.1%	21	28.4%	23	63.9%	6	54.5%	44	40.7%	
		Yes	8	88.9%	53	71.6%	13	36.1%	5	45.5%	64	59.3%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Smoking permitted without restriction	No	9	100.0%	71	95.9%	36	100.0%	11	100.0%	105	97.2%	
		Yes	0	0.0%	3	4.1%	0	0.0%	0	0.0%	3	2.8%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Smoking permitted in designated area	No	8	88.9%	56	75.7%	13	36.1%	5	45.5%	67	62.0%	
		Yes	1	11.1%	18	24.3%	23	63.9%	6	54.5%	41	38.0%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Vaping not permitted	No	1	11.1%	22	29.7%	23	63.9%	6	54.5%	45	41.7%	
		Yes	8	88.9%	52	70.3%	13	36.1%	5	45.5%	63	58.3%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
Vaping permitted without restriction	No	9	100.0%	72	97.3%	36	100.0%	11	100.0%	106	98.1%		
	Yes	0	0.0%	2	2.7%	0	0.0%	0	0.0%	2	1.9%		
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%		
Vaping permitted in designated area	No	8	88.9%	54	73.0%	13	36.1%	5	45.5%	65	60.2%		
	Yes	1	11.1%	20	27.0%	23	63.9%	6	54.5%	41	38.0%		



			Yes	1	11.1%	20	27.0%	23	63.9%	6	54.5%	43	39.8%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH15. Age Groups Accepted, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Children/Adolescents	No	4	66.7%	1	7.1%	1	14.3%	0	0.0%	6	30.0%
			Yes	2	33.3%	13	92.9%	6	85.7%	3	100.0%	14	70.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Young Adults	No	2	33.3%	3	21.4%	4	57.1%	2	66.7%	5	25.0%
			Yes	4	66.7%	11	78.6%	3	42.9%	1	33.3%	15	75.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Children/Adolescents	No	3	100.0%	14	23.3%	24	82.8%	1	12.5%	37	42.0%
			Yes	0	0.0%	46	76.7%	5	17.2%	7	87.5%	51	58.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Young Adults	No	0	0.0%	3	5.0%	3	10.3%	3	37.5%	7	8.0%
			Yes	3	100.0%	57	95.0%	26	89.7%	5	62.5%	81	92.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Total	Children/Adolescents	No	7	77.8%	15	20.3%	25	69.4%	1	9.1%	43	39.8%
			Yes	2	22.2%	59	79.7%	11	30.6%	10	90.9%	65	60.2%
Total			9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
Young Adults		No	2	22.2%	6	8.1%	7	19.4%	5	45.5%	12	11.1%	
		Yes	7	77.8%	68	91.9%	29	80.6%	6	54.5%	96	88.9%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

**Table MH16. Language Services, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Spanish	No	4	66.7%	6	42.9%	4	57.1%	1	33.3%	10	50.0%
			Yes	2	33.3%	8	57.1%	3	42.9%	2	66.7%	10	50.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Sign language services for the deaf and hard of hearing	No	0	0.0%	7	50.0%	4	57.1%	1	33.3%	8	40.0%
			Yes	6	100.0%	7	50.0%	3	42.9%	2	66.7%	12	60.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Other languages (excluding Spanish)	No	6	100.0%	12	85.7%	7	100.0%	3	100.0%	18	90.0%
			Yes	0	0.0%	2	14.3%	0	0.0%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
	Provided co-occurring disorder treatment	Spanish	No	3	100.0%	30	50.0%	26	89.7%	4	50.0%	57	64.8%
			Yes	0	0.0%	30	50.0%	3	10.3%	4	50.0%	31	35.2%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Sign language services for the deaf and hard of hearing	No	2	66.7%	25	41.7%	17	58.6%	3	37.5%	43	48.9%
			Yes	1	33.3%	35	58.3%	12	41.4%	5	62.5%	45	51.1%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
		Other languages (excluding Spanish)	No	3	100.0%	58	96.7%	28	96.6%	7	87.5%	86	97.7%
			Yes	0	0.0%	2	3.3%	1	3.4%	1	12.5%	2	2.3%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
Total	Spanish	No	7	77.8%	36	48.6%	30	83.3%	5	45.5%	67	62.0%	
		Yes	2	22.2%	38	51.4%	6	16.7%	6	54.5%	41	38.0%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Sign language services for the deaf and hard of hearing	No	2	22.2%	32	43.2%	21	58.3%	4	36.4%	51	47.2%	
		Yes	7	77.8%	42	56.8%	15	41.7%	7	63.6%	57	52.8%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	
	Other languages (excluding Spanish)	No	9	100.0%	70	94.6%	35	97.2%	10	90.9%	104	96.3%	
		Yes	0	0.0%	4	5.4%	1	2.8%	1	9.1%	4	3.7%	
		Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%	

**Table MH17. Ancillary Services, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS, Oregon Programs included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

				Mental Health Service Setting									
				Hospital inpatient/24-hour hospital inpatient		Outpatient		Residential/24-hour residential		Partial hospitalization/day treatment		Total	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children	Did not provide co-occurring disorder treatment	Case management service	No	1	16.7%	3	21.4%	1	14.3%	0	0.0%	5	25.0%
			Yes	5	83.3%	11	78.6%	6	85.7%	3	100.0%	15	75.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Integrated primary care services	No	2	33.3%	10	71.4%	4	57.1%	1	33.3%	14	70.0%
			Yes	4	66.7%	4	28.6%	3	42.9%	2	66.7%	6	30.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Suicide prevention services	No	0	0.0%	4	28.6%	2	28.6%	1	33.3%	5	25.0%
			Yes	6	100.0%	10	71.4%	5	71.4%	2	66.7%	15	75.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Assertive community treatment	No	6	100.0%	12	85.7%	7	100.0%	3	100.0%	18	90.0%
			Yes	0	0.0%	2	14.3%	0	0.0%	0	0.0%	2	10.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Assisted Outpatient Treatment	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Chronic disease/illness management	No	2	33.3%	14	100.0%	7	100.0%	3	100.0%	16	80.0%
			Yes	4	66.7%	0	0.0%	0	0.0%	0	0.0%	4	20.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Court-ordered outpatient treatment	No	2	33.3%	7	50.0%	5	71.4%	2	66.7%	10	50.0%
			Yes	4	66.7%	7	50.0%	2	28.6%	1	33.3%	10	50.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Diet and exercise counseling	No	1	16.7%	9	64.3%	2	28.6%	0	0.0%	11	55.0%
			Yes	5	83.3%	5	35.7%	5	71.4%	3	100.0%	9	45.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
		Education services	No	2	33.3%	7	50.0%	2	28.6%	0	0.0%	11	55.0%
			Yes	4	66.7%	7	50.0%	5	71.4%	3	100.0%	9	45.0%
			Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%
Family psychoeducation	No	3	50.0%	2	14.3%	1	14.3%	0	0.0%	6	30.0%		
	Yes	3	50.0%	12	85.7%	6	85.7%	3	100.0%	14	70.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Intensive case management	No	5	83.3%	11	78.6%	6	85.7%	3	100.0%	16	80.0%		
	Yes	1	16.7%	3	21.4%	1	14.3%	0	0.0%	4	20.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Legal advocacy	No	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Psychosocial rehabilitation services	No	5	83.3%	10	71.4%	5	71.4%	3	100.0%	15	75.0%		
	Yes	1	16.7%	4	28.6%	2	28.6%	0	0.0%	5	25.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Supported employment	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%		
	Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Supported housing	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%		
	Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Therapeutic foster care	No	6	100.0%	12	85.7%	5	71.4%	2	66.7%	18	90.0%		
	Yes	0	0.0%	2	14.3%	2	28.6%	1	33.3%	2	10.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Vocational rehabilitation services	No	6	100.0%	13	92.9%	7	100.0%	3	100.0%	19	95.0%		
	Yes	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	5.0%		
	Total	6	100.0%	14	100.0%	7	100.0%	3	100.0%	20	100.0%		
Provided co-	Case management service	No	0	0.0%	7	11.7%	5	17.2%	0	0.0%	12	13.6%	
		Total	0	0.0%	7	11.7%	5	17.2%	0	0.0%	12	13.6%	

	occurring disorder treatment		Yes	3	100.0%	53	88.3%	24	82.8%	8	100.0%	76	86.4%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Integrated primary care services		No	1	33.3%	39	65.0%	18	62.1%	5	62.5%	59	67.0%
			Yes	2	66.7%	21	35.0%	11	37.9%	3	37.5%	29	33.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Suicide prevention services		No	0	0.0%	15	25.0%	10	34.5%	1	12.5%	25	28.4%
			Yes	3	100.0%	45	75.0%	19	65.5%	7	87.5%	63	71.6%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Assertive community treatment		No	2	66.7%	32	53.3%	24	82.8%	4	50.0%	58	65.9%
			Yes	1	33.3%	28	46.7%	5	17.2%	4	50.0%	30	34.1%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Assisted Outpatient Treatment		No	3	100.0%	55	91.7%	27	93.1%	8	100.0%	82	93.2%
			Yes	0	0.0%	5	8.3%	2	6.9%	0	0.0%	6	6.8%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Chronic disease/illness management		No	3	100.0%	46	76.7%	26	89.7%	6	75.0%	72	81.8%
			Yes	0	0.0%	14	23.3%	3	10.3%	2	25.0%	16	18.2%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Court-ordered outpatient treatment		No	3	100.0%	25	41.7%	11	37.9%	6	75.0%	37	42.0%
			Yes	0	0.0%	35	58.3%	18	62.1%	2	25.0%	51	58.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Diet and exercise counseling		No	1	33.3%	43	71.7%	14	48.3%	5	62.5%	59	67.0%
			Yes	2	66.7%	17	28.3%	15	51.7%	3	37.5%	29	33.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Education services		No	1	33.3%	39	65.0%	14	48.3%	3	37.5%	53	60.2%
			Yes	2	66.7%	21	35.0%	15	51.7%	5	62.5%	35	39.8%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Family psychoeducation		No	1	33.3%	11	18.3%	21	72.4%	1	12.5%	32	36.4%
			Yes	2	66.7%	49	81.7%	8	27.6%	7	87.5%	56	63.6%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Intensive case management		No	2	66.7%	33	55.0%	23	79.3%	4	50.0%	58	65.9%
			Yes	1	33.3%	27	45.0%	6	20.7%	4	50.0%	30	34.1%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Legal advocacy		No	1	33.3%	54	90.0%	27	93.1%	8	100.0%	81	92.0%
			Yes	2	66.7%	6	10.0%	2	6.9%	0	0.0%	7	8.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Psychosocial rehabilitation services		No	3	100.0%	30	50.0%	10	34.5%	5	62.5%	42	47.7%
			Yes	0	0.0%	30	50.0%	19	65.5%	3	37.5%	46	52.3%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Supported employment		No	1	33.3%	29	48.3%	21	72.4%	6	75.0%	51	58.0%
			Yes	2	66.7%	31	51.7%	8	27.6%	2	25.0%	37	42.0%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Supported housing		No	1	33.3%	33	55.0%	23	79.3%	6	75.0%	57	64.8%
			Yes	2	66.7%	27	45.0%	6	20.7%	2	25.0%	31	35.2%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Therapeutic foster care		No	3	100.0%	52	86.7%	29	100.0%	7	87.5%	80	90.9%
			Yes	0	0.0%	8	13.3%	0	0.0%	1	12.5%	8	9.1%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
	Vocational rehabilitation services		No	1	33.3%	45	75.0%	22	75.9%	6	75.0%	68	77.3%
			Yes	2	66.7%	15	25.0%	7	24.1%	2	25.0%	20	22.7%
			Total	3	100.0%	60	100.0%	29	100.0%	8	100.0%	88	100.0%
Total	Case management service		No	1	11.1%	10	13.5%	6	16.7%	0	0.0%	17	15.7%
			Yes	8	88.9%	64	86.5%	30	83.3%	11	100.0%	91	84.3%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Integrated primary care services		No	3	33.3%	49	66.2%	22	61.1%	6	54.5%	73	67.6%
			Yes	6	66.7%	25	33.8%	14	38.9%	5	45.5%	35	32.4%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Suicide prevention services		No	0	0.0%	19	25.7%	12	33.3%	2	18.2%	30	27.8%
			Yes	9	100.0%	55	74.3%	24	66.7%	9	81.8%	78	72.2%
			Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
	Assertive community treatment		No	8	88.9%	44	59.5%	31	86.1%	7	63.6%	76	70.4%

	Yes	1	11.1%	30	40.5%	5	13.9%	4	36.4%	32	29.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Assisted Outpatient Treatment	No	9	100.0%	69	93.2%	34	94.4%	11	100.0%	102	94.4%
	Yes	0	0.0%	5	6.8%	2	5.6%	0	0.0%	6	5.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Chronic disease/illness management	No	5	55.6%	60	81.1%	33	91.7%	9	81.8%	88	81.5%
	Yes	4	44.4%	14	18.9%	3	8.3%	2	18.2%	20	18.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Court-ordered outpatient treatment	No	5	55.6%	32	43.2%	16	44.4%	8	72.7%	47	43.5%
	Yes	4	44.4%	42	56.8%	20	55.6%	3	27.3%	61	56.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Diet and exercise counseling	No	2	22.2%	52	70.3%	16	44.4%	5	45.5%	70	64.8%
	Yes	7	77.8%	22	29.7%	20	55.6%	6	54.5%	38	35.2%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Education services	No	3	33.3%	46	62.2%	16	44.4%	3	27.3%	64	59.3%
	Yes	6	66.7%	28	37.8%	20	55.6%	8	72.7%	44	40.7%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Family psychoeducation	No	4	44.4%	13	17.6%	22	61.1%	1	9.1%	38	35.2%
	Yes	5	55.6%	61	82.4%	14	38.9%	10	90.9%	70	64.8%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Intensive case management	No	7	77.8%	44	59.5%	29	80.6%	7	63.6%	74	68.5%
	Yes	2	22.2%	30	40.5%	7	19.4%	4	36.4%	34	31.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Legal advocacy	No	7	77.8%	68	91.9%	34	94.4%	11	100.0%	101	93.5%
	Yes	2	22.2%	6	8.1%	2	5.6%	0	0.0%	7	6.5%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Psychosocial rehabilitation services	No	8	88.9%	40	54.1%	15	41.7%	8	72.7%	57	52.8%
	Yes	1	11.1%	34	45.9%	21	58.3%	3	27.3%	51	47.2%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Supported employment	No	7	77.8%	42	56.8%	28	77.8%	9	81.8%	70	64.8%
	Yes	2	22.2%	32	43.2%	8	22.2%	2	18.2%	38	35.2%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Supported housing	No	7	77.8%	46	62.2%	30	83.3%	9	81.8%	76	70.4%
	Yes	2	22.2%	28	37.8%	6	16.7%	2	18.2%	32	29.6%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Therapeutic foster care	No	9	100.0%	64	86.5%	34	94.4%	9	81.8%	98	90.7%
	Yes	0	0.0%	10	13.5%	2	5.6%	2	18.2%	10	9.3%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%
Vocational rehabilitation services	No	7	77.8%	58	78.4%	29	80.6%	9	81.8%	87	80.6%
	Yes	2	22.2%	16	21.6%	7	19.4%	2	18.2%	21	19.4%
	Total	9	100.0%	74	100.0%	36	100.0%	11	100.0%	108	100.0%

**Table MH18. Service provided for co-occurring clients, by mental health treatment setting and provision of treatment for co-occurring disorders, 2022 N-SUMHSS (de-identified data\*), Oregon Programs granting permission to be included in 2023 National Directory Of Drug And Alcohol Use Treatment Facilities.**

		Mental Health Setting									
		24-hour hospital inpatient (Q.B2)		24-hour residential (Q.B2)		Partial hospitalization/day treatment (Q.B2)		Outpatient (Q.B2)		Total	
		Count	Column Total N %	Count	Column Total N %	Count	Column Total N %	Count	Column Total N %	Count	Column Total N %
Service provided detoxification (medical withdrawal) for co-occurring clients (Q.B9)	No	6	75.0%	25	96.2%	12	85.7%	72	93.5%	96	84.2%
	Yes	1	12.5%	1	3.8%	2	14.3%	3	3.9%	3	2.6%
	Total	7	100.0%	26	100.0%	14	100.0%	75	100.0%	99	100.0%
Service provided medication-assisted treatment (MAT) for Alcohol Use Disorder (AUD) for co-occurring clients (Q.B9)	No	4	50.0%	21	80.8%	12	85.7%	56	72.7%	76	66.7%
	Yes	3	37.5%	5	19.2%	2	14.3%	20	26.0%	24	21.1%
	Total	7	100.0%	26	100.0%	14	100.0%	76	100.0%	100	100.0%
Service provided medication-assisted treatment (MAT) for Opioid Use Disorder (OUD) for co-occurring clients (Q.B9)	No	4	50.0%	19	73.1%	10	71.4%	52	67.5%	68	59.6%
	Yes	3	37.5%	7	26.9%	4	28.6%	24	31.2%	32	28.1%
	Total	7	100.0%	26	100.0%	14	100.0%	76	100.0%	100	100.0%
Service provided individual counseling for co-occurring clients (Q.B9)	No	4	50.0%	14	53.8%	8	57.1%	13	16.9%	28	24.6%
	Yes	3	37.5%	12	46.2%	6	42.9%	63	81.8%	72	63.2%
	Total	7	100.0%	26	100.0%	14	100.0%	76	100.0%	100	100.0%
Service provided group counseling for co-occurring clients (Q.B9)	No	5	62.5%	14	53.8%	10	71.4%	26	33.8%	41	36.0%
	Yes	2	25.0%	12	46.2%	4	28.6%	50	64.9%	59	51.8%
	Total	7	100.0%	26	100.0%	14	100.0%	76	100.0%	100	100.0%
Service provided 12-step groups for co-occurring clients (Q.B9)	No	6	75.0%	17	65.4%	10	71.4%	69	89.6%	84	73.7%
	Yes	1	12.5%	9	34.6%	4	28.6%	6	7.8%	15	13.2%
	Total	7	100.0%	26	100.0%	14	100.0%	75	100.0%	99	100.0%
Service provided co-occurring case management (Q.B9)	No	4	50.0%	14	53.8%	9	64.3%	32	41.6%	47	41.2%
	Yes	3	37.5%	12	46.2%	5	35.7%	44	57.1%	53	46.5%
	Total	7	100.0%	26	100.0%	14	100.0%	76	100.0%	100	100.0%
Service provided, other for co-occurring clients (Q.B9)	No	7	87.5%	26	100.0%	14	100.0%	74	96.1%	98	86.0%
	Yes	0	0.0%	0	0.0%	0	0.0%	1	1.3%	1	0.9%
	Total	7	100.0%	26	100.0%	14	100.0%	75	100.0%	99	100.0%
Facility provides none of these co-occurring services (Q.B9)	No	3	37.5%	17	65.4%	9	64.3%	65	84.4%	81	71.1%
	Yes	4	50.0%	9	34.6%	5	35.7%	10	13.0%	18	15.8%
	Total	7	100.0%	26	100.0%	14	100.0%	75	100.0%	99	100.0%

\*Substance Abuse and Mental Health Services Administration (SAMHSA). 2022 National Substance Use and Mental Health Services Survey (N-SUMHSS) Public Use Dataset. Accessed 09/28/2023, <https://www.datafiles.samhsa.gov/dataset/national-substance-use-and-mental-health-services-survey-2022-n-sumhss-2022-ds0001>