



OREGON STATE

OPIOID RESPONSE 3

EVALUATION REPORT

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Prepared by
Paul Smokowski
Alethea Chiappone
RMC Research Corporation
Portland, OR 97201-5106

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In 2022 the Oregon Health Authority (OHA) received State Opioid Response-3 (SOR-3) grant funding from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

Key aspects of the SOR-3 grant include increasing access to medication-assisted treatment; reducing unmet treatment need; and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities related to opioid use disorder (OUD). Across Oregon, nine SOR-3 subgrantees are currently providing treatment or recovery services to people with opioid use disorder. These subgrantees administer the funder required Government Performance Results Act (GPRA) client interview at program intake, 6-month follow up, and discharge. An additional set of subgrantees implement naloxone distribution and overdose prevention education to reduce the overall number of opioid overdoses and decrease opioid overdose mortality rates.

This report describes the evaluation activities, reports preliminary findings regarding client functioning at intake to SOR-3 funded services, summarizes changes in indicators from intake to 6-month follow-up, identifies any problems encountered and plans for resolution, and presents evaluation conclusions.

EVALUATION ACTIVITIES

This section details the evaluation activities related to project coordination, assistance to subgrantees around data collection, data management, and reporting from **October 1, 2023, through September 30, 2024.**



Project Coordination

- Communicated regularly by email and phone with OHA to coordinate GPRA trainings with newly contracted subgrantees, shared updates on naloxone data collection and reporting, and discussed other evaluation activities.
- Participated in monthly meetings with the SOR project director.
- Participated in regular SAMHSA project officer meetings with OHA.



Assistance Around Data Collection

- Provided SOR and GPRA materials to subgrantees via Dropbox.
- Scheduled and conducted training webinars on the new GPRA for subgrantees.
- Provided ongoing technical assistance through emails and calls with subgrantees.
- Shipped 6-month GPRA interview gift cards incentives to subgrantees.
- Collected quarterly data for progress reporting to OHA and quarterly data related to federally required data collection (SAMHSA's program instrument).



Data Management

- Entered GPRAs into SAMHSA's Performance Accountability and Reporting System (SPARS).
- Established batch upload code for subgrantees submitting GPRAs electronically.



Reporting

- Conducted analyses of GPRA interview data for the current report.
- Provided weekly dashboards to OHA reflecting number of intake and 6-month GPRA interviews for each subgrantee.
- Provided subgrantees with weekly "6-month GPRA window is open" reminders.
- Submitted quarterly data dashboards and graphical data summaries for the SOR Program Instrument to OHA.

EVALUATION METHODS

Overview

This outcome evaluation presents findings from Government Performance and Results Act (GPRA) interview data collected by SOR-3 subgrantees. Client findings are aggregated across 9 subgrantees that conducted GPRA interviews. Clients are asked to take part in the GPRA interview at intake into the SOR-funded program and 6 months after intake.

This report describes GPRA findings for clients enrolled in the SOR-3 grant: October 1, 2023, through September 30, 2024.

Participants and Data Collection

During the SOR-3 grant, 2,435 clients completed GPRA intake interviews. Of those clients, 53% (1,299 of 2,435) completed a 6-month GPRA interview during the SAMHSA specific follow-up window. For 8% (91 of the 1,136) of clients who did not complete a 6-month GPRA interview, the follow-up window was still open at the end of the reporting period.

Analysis

This report describes client characteristics at intake ($n = 2,435$) and changes in indicators from intake to 6-month follow-up ($n = 1,299$). Analysis of changes in indicators from intake to 6-month follow-up is restricted to clients who completed the intake interview and the 6-month GPRA interview within the SAMHSA specific follow-up window. Clients can refuse to answer questions in the GPRA interview or indicate that they do not know the answer. For each indicator, refused and "don't know" were recoded as missing and not included in analyses, thus sample sizes vary.

CLIENT CHARACTERISTICS AT INTAKE

► INDICATORS

The following section describes client characteristics at intake. The full SOR sample at intake ($n = 2,435$) was included in the analysis



Demographics

Race/ethnicity, gender, gender identity, relationship status, education level, languages spoken, pregnancy status, children, and children living with someone else



Treatment Profile

Time to travel to service provider, number of times receiving services, last time receiving services



Mental Health Diagnoses

10 most prevalent mental health diagnoses

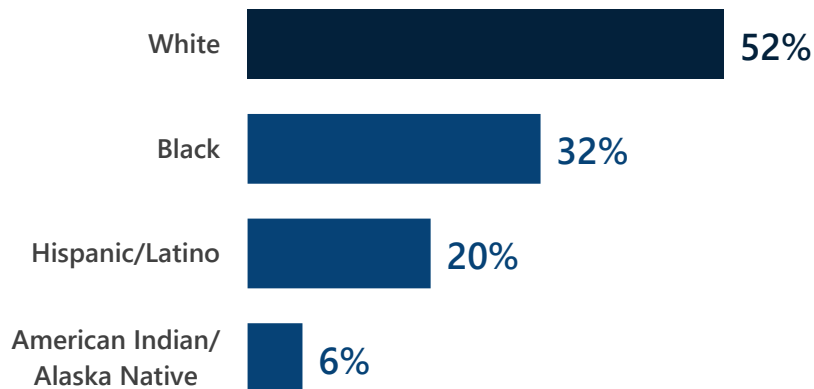


DEMOGRAPHICS

Most clients served by programs identified as White (52%), followed by Black (32%), and Hispanic/Latino (20%). Most clients were male (59%), straight or heterosexual (85%), and single (69%). About one quarter (29%) did not have formal education and less than half (46%) had a high school diploma or GED. Over one quarter (28%) spoke a language other than English.

RACE AND ETHNICITY

Over 50% of clients receiving SOR-funded services identified as Black or Hispanic/Latino.

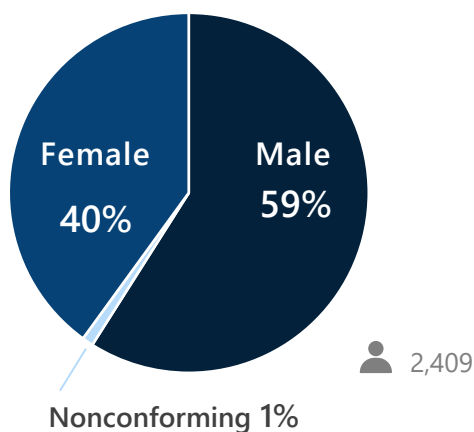


 2,299–2,412

Respondents could choose more than one response.

GENDER

Most clients identified as male and straight or heterosexual.



 2,409

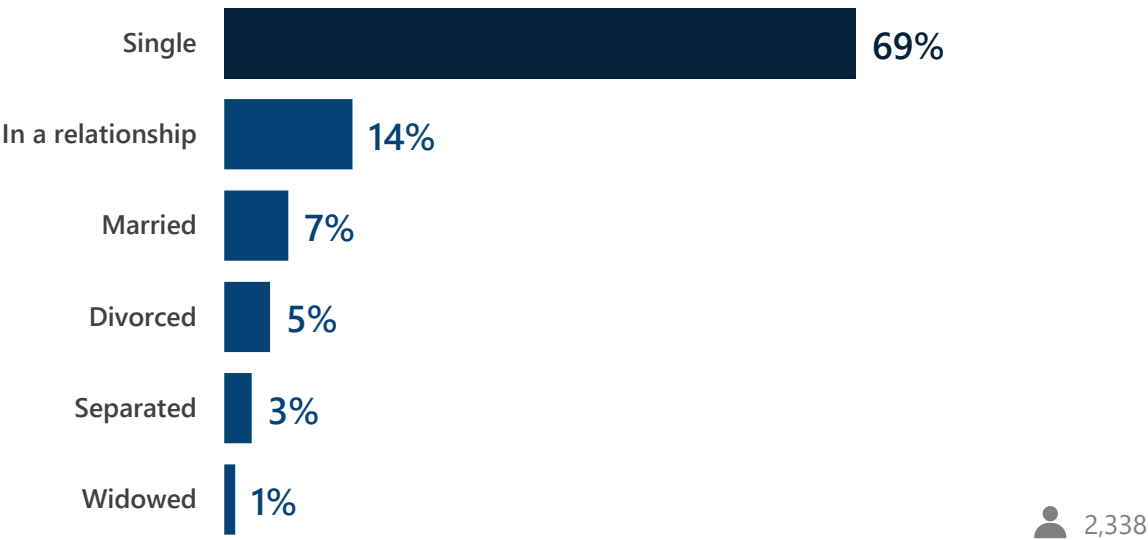
GENDER IDENTITY

Heterosexual	85%
Bisexual	8%
Homosexual	3%
Queer/Pansexual/Questioning	3%

 2,341

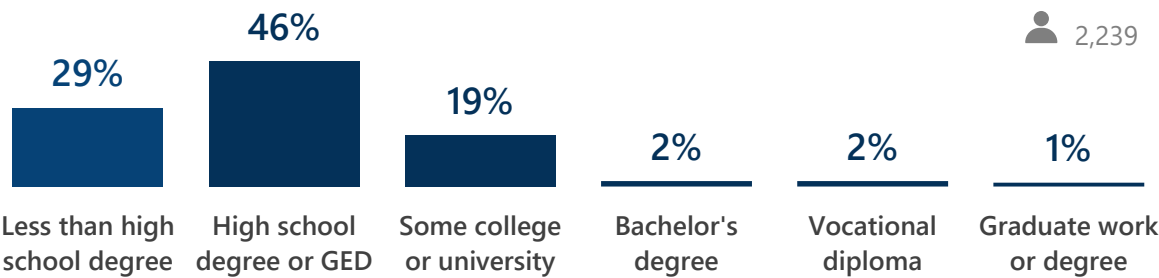
RELATIONSHIP STATUS

The majority of clients were single.



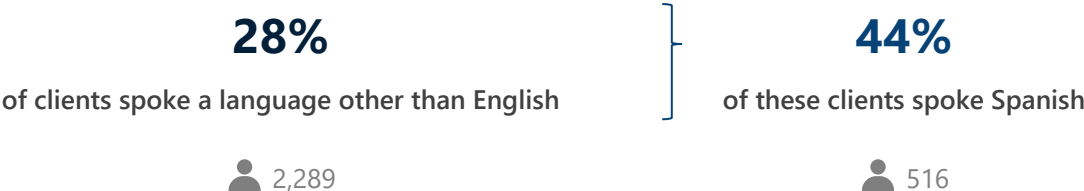
EDUCATION LEVEL

About two thirds of clients had a high school degree or a higher degree.



LANGUAGES SPOKEN

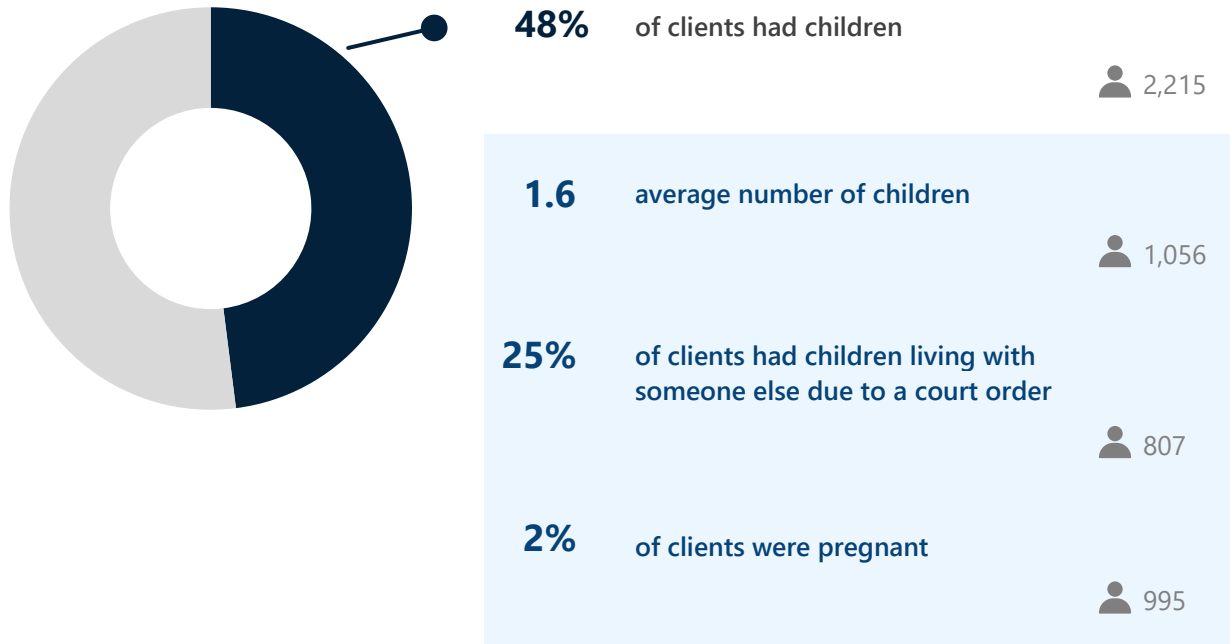
Spanish was the most common language spoken other than English.



CHILDREN AND PREGNANCY STATUS

About one third of clients had children.

About one third of clients (48%) had children, with an average of 1.6 children. Of those clients, 25% had children living with someone else due to a court order. A very small minority (2%) of female or transgender clients were pregnant.



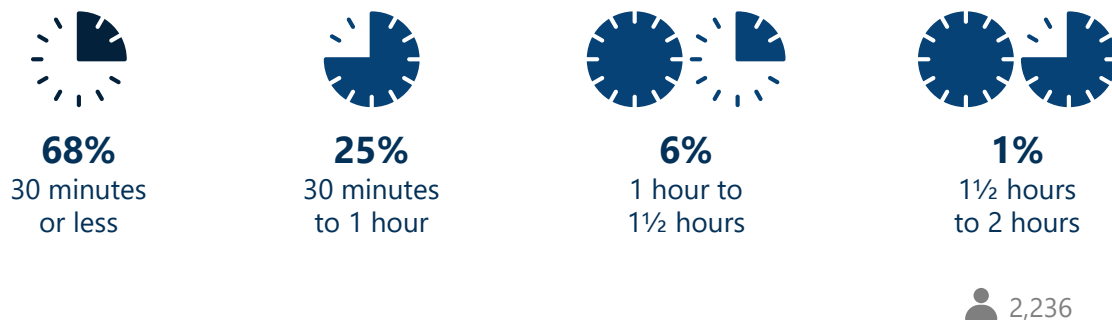


TREATMENT PROFILE

The majority of clients (68%) seeking services traveled half an hour or less, with an additional 25% traveling between half an hour and one hour. Regarding services for substance use disorder, nearly one third (30%) had never received treatment, and about a quarter received treatment only once (22%). The data also shows that 46% of clients received their most recent treatment less than 6 months ago, indicating a relatively recent pattern of seeking treatment clients.

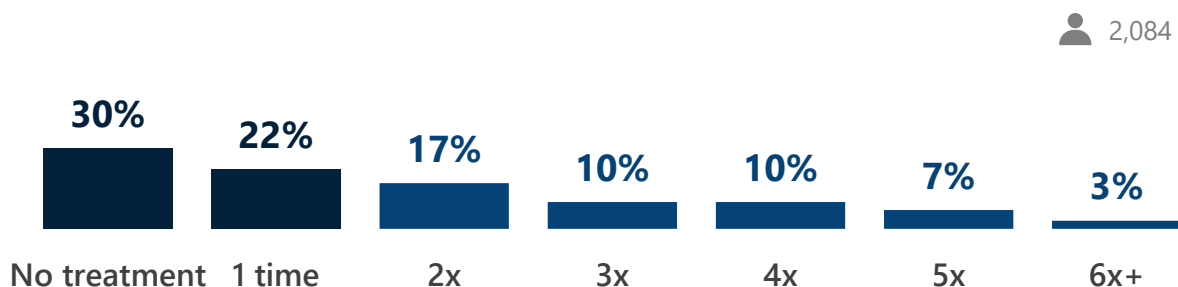
TRAVEL TIME TO SERVICE PROVIDER

Most clients traveled less than half an hour to their service provider.

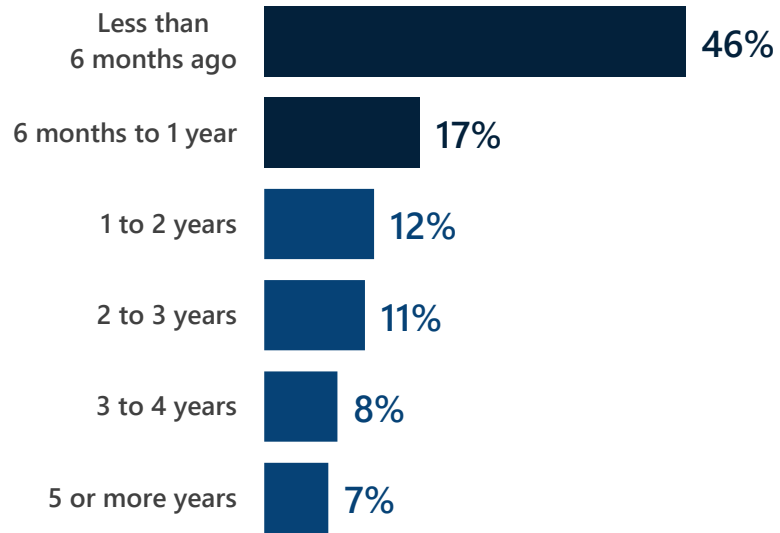


TREATMENT AT INPATIENT OR OUTPATIENT FACILITIES

About 50% of clients had never received treatment or received treatment one time.



Almost half of clients last received treatment within the past year.



 1,267





MENTAL HEALTH DIAGNOSES

A total of 45% of clients had a prior history of mental health diagnoses. The most prevalent diagnoses at intake included post-traumatic stress disorder (PTSD) at 44%, generalized anxiety disorder at 37%, and recurrent major depression at 37%.

TREATMENT AT INPATIENT OR OUTPATIENT FACILITIES

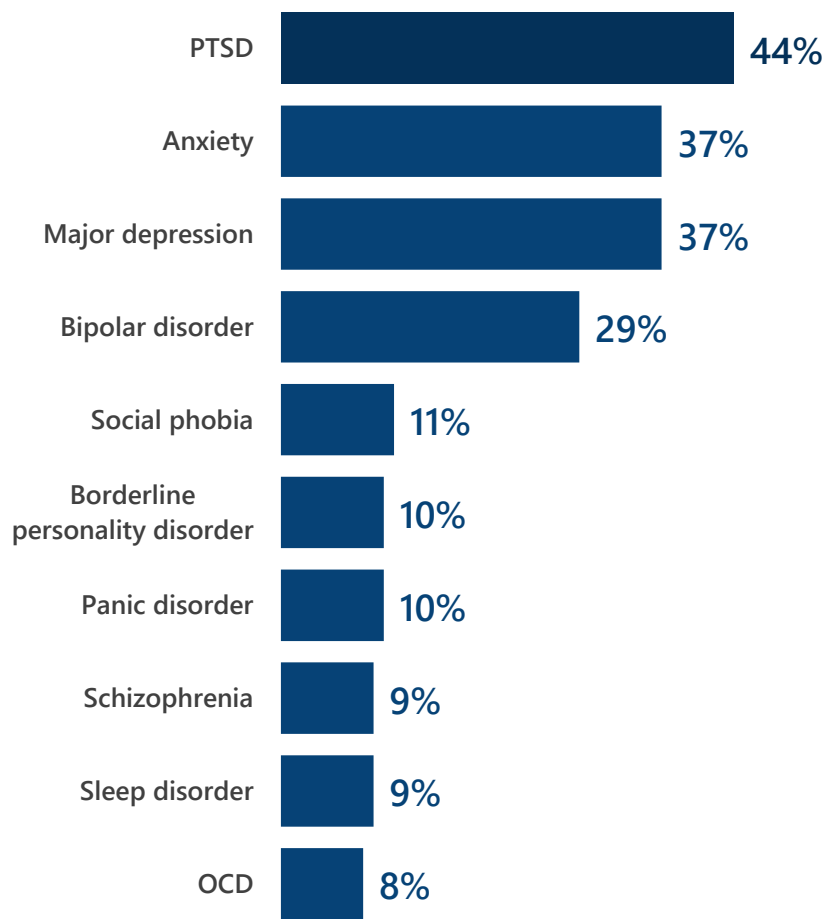
The most prevalent mental health diagnosis among clients was PTSD.

45%

of clients had ever been diagnosed with mental illness

 2,104

10 most prevalent diagnoses



 934

CLIENT CHANGES FROM INTAKE TO 6-MONTH FOLLOW-UP

► INDICATORS

This section describes changes in indicators from intake to 6 month follow up (n = 1,299). Analysis of changes in indicators from intake to 6-month is restricted to clients who completed the intake interview and the 6-month GPRA interview within the SAMHSA specific follow-up window. Paired t-tests, chi-square, and ANOVA tests were conducted to identify statistically significant differences.

Significance was set at $p \leq 0.05$ and is indicated with *



Substance Use and Overdose

Place of residence and living with a person who uses substances



Substance Use Disorder Intervention

Past 30-day medication for alcohol use disorder, opioid use disorder, stimulant use disorder, and tobacco use disorder



Living Conditions

Place of residence and living with a person who uses substances



Employment and Income

Employment status, enrollment in school or job training program, and enough money to pay for living expenses



Legal

Arrests, on probation or parole; awaiting charges, trial, or sentencing; in a drug court program



Mental Health and Adverse Effects

Quality of life, past 30-day depression, anxiety, hallucinations, trouble concentrating, trouble controlling violent behaviors, attempted suicide, and been prescribed medication



Healthcare Access and Insurance

Reception of medical care, health insurance status



Social Connectedness

Attendance voluntary mutual support group, positive interaction with family or friends, realization to change social connections, satisfaction with personal relationships



Client Retention

Client retention in treatment and recovery programs



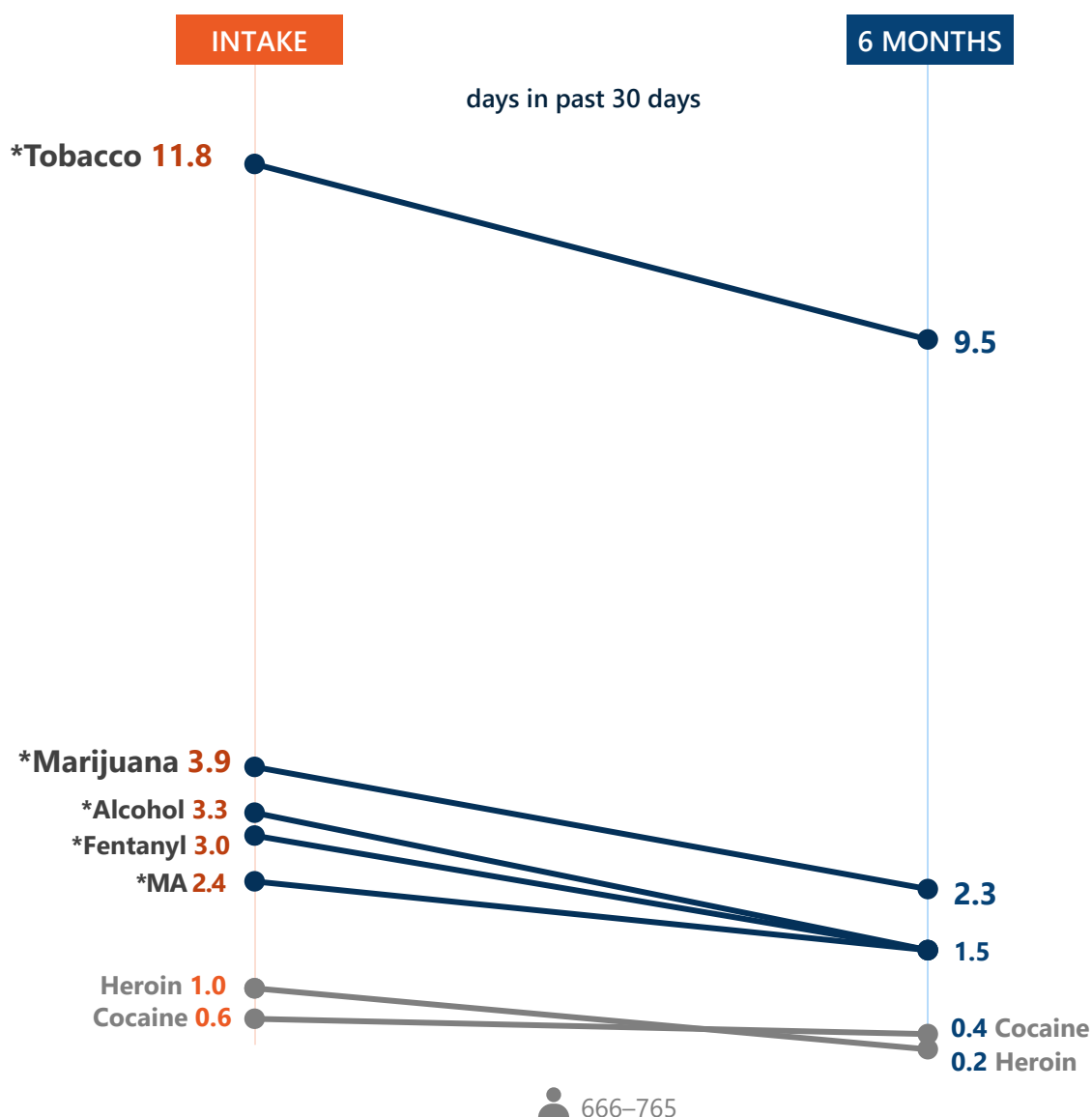


SUBSTANCE USE AND OVERDOSE

Clients reported the largest and statistically significant decreases in past 30-day tobacco, marijuana, alcohol, fentanyl, and methamphetamine use. Tobacco use demonstrated the highest change, decreasing from 11.8 to 9.5 days. Among opiates, clients used fentanyl significantly fewer dates from intake to follow-up (3.0 to 1.5 days).

PAST 30-DAY DRUG AND ALCOHOL USE AND OVERDOSE

Clients showed statistically significant decrease in past 30-day use of tobacco, marijuana, alcohol, fentanyl, and methamphetamine (MA) from intake to 6-month follow-up.



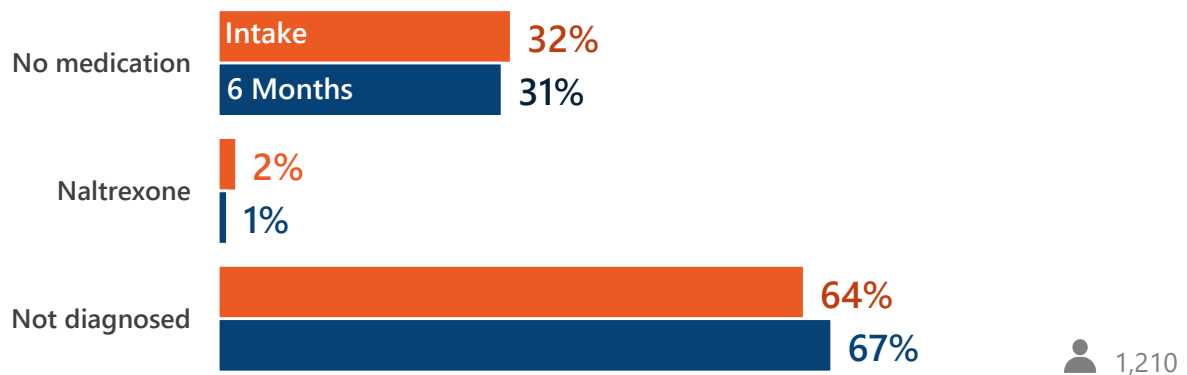


SUBSTANCE USE DISORDER INTERVENTION

The percentage of clients diagnosed with Stimulant Use Disorder who received Cognitive Behavioral Therapy significantly increased from intake to 6-month follow-up (49% to 71%). Significantly fewer clients received no treatment for Stimulant Use Disorder (20% to 12%) and were not diagnosed (30% to 16%) at 6-month follow-up compared to intake. These changes were statistically significant.

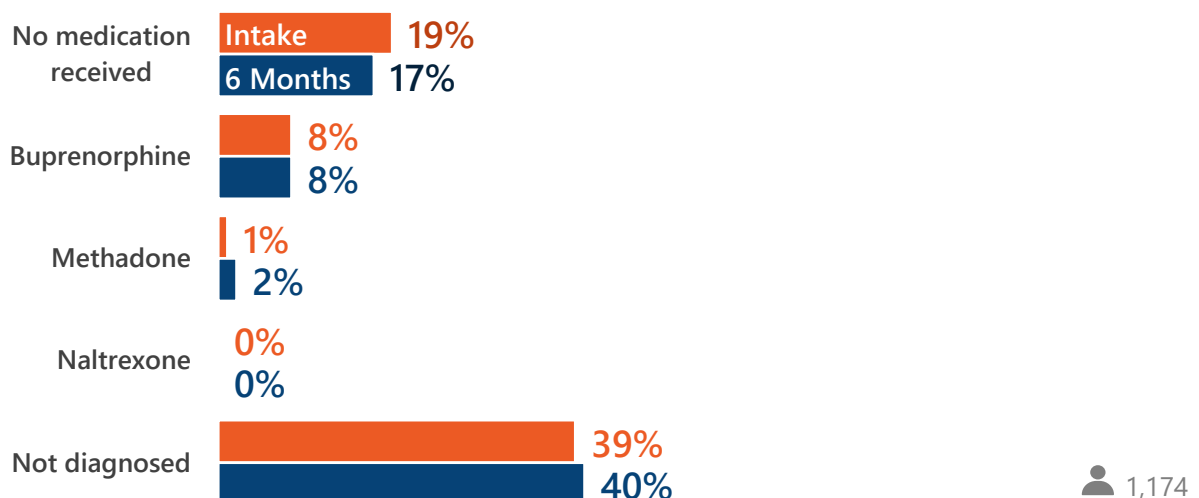
MEDICATION RECEIVED FOR ALCOHOL USE DISORDER

The percentage of clients diagnosed with Alcohol Use Disorder marginally increased from intake to 6-month follow-up.



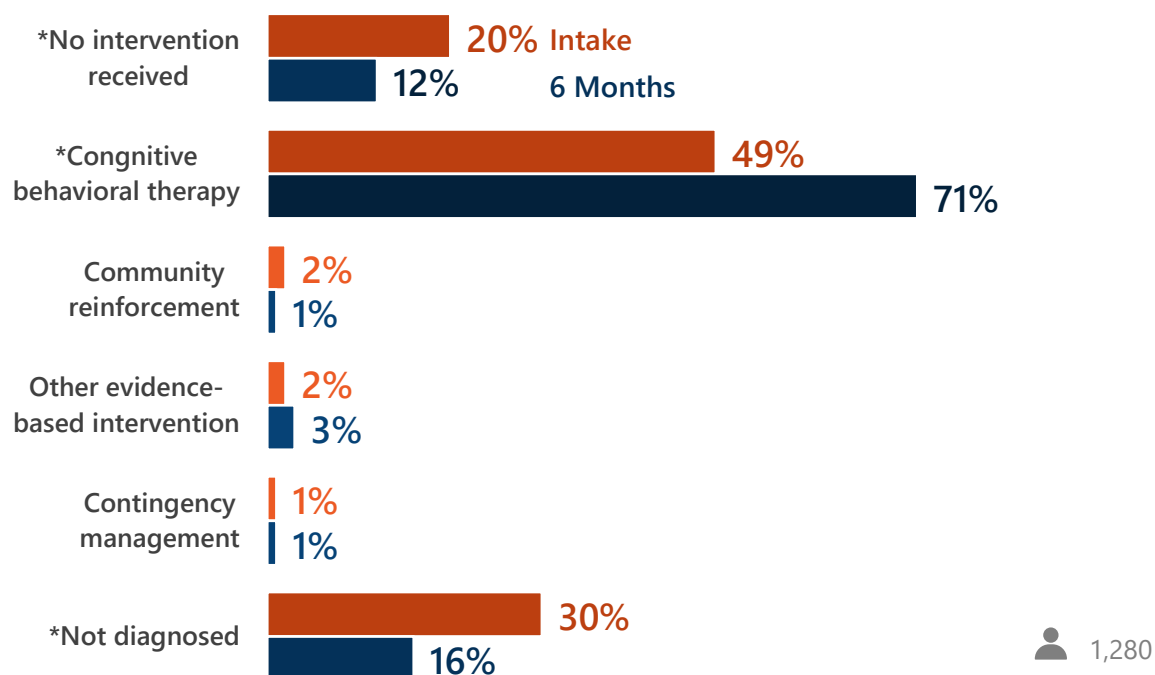
MEDICATION RECEIVED FOR OPIOID USE DISORDER

The percentage of clients diagnosed with opioid use disorder receiving buprenorphine and methadone did not significantly change from intake to 6-month follow-up.



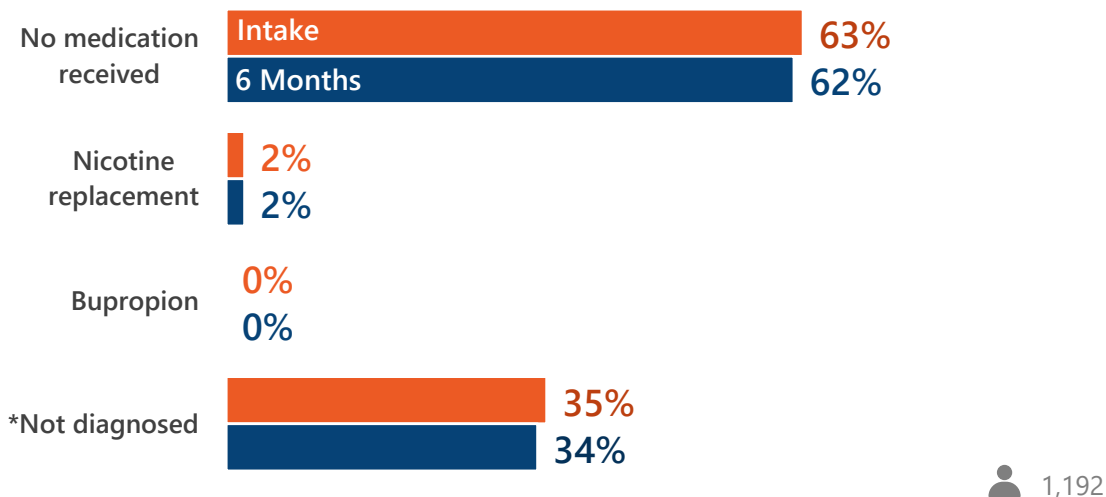
MEDICATION RECEIVED FOR STIMULANT USE DISORDER

The percentage of clients diagnosed with stimulant use disorder receiving cognitive behavioral therapy statistically significantly increased from intake to 6-month follow-up.



MEDICATION RECEIVED FOR TOBACCO USE DISORDER

The percentage of clients diagnosed with tobacco use disorder who received nicotine replacement or bupropion did not change from intake to 6-month follow-up.

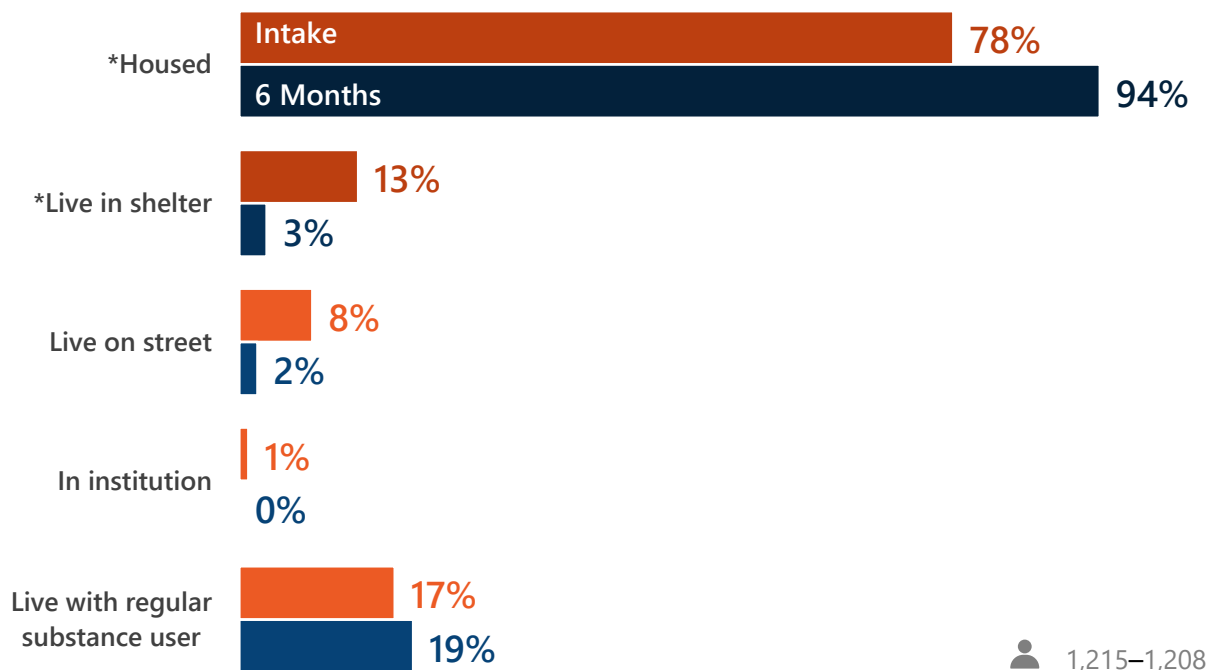


LIVING CONDITIONS

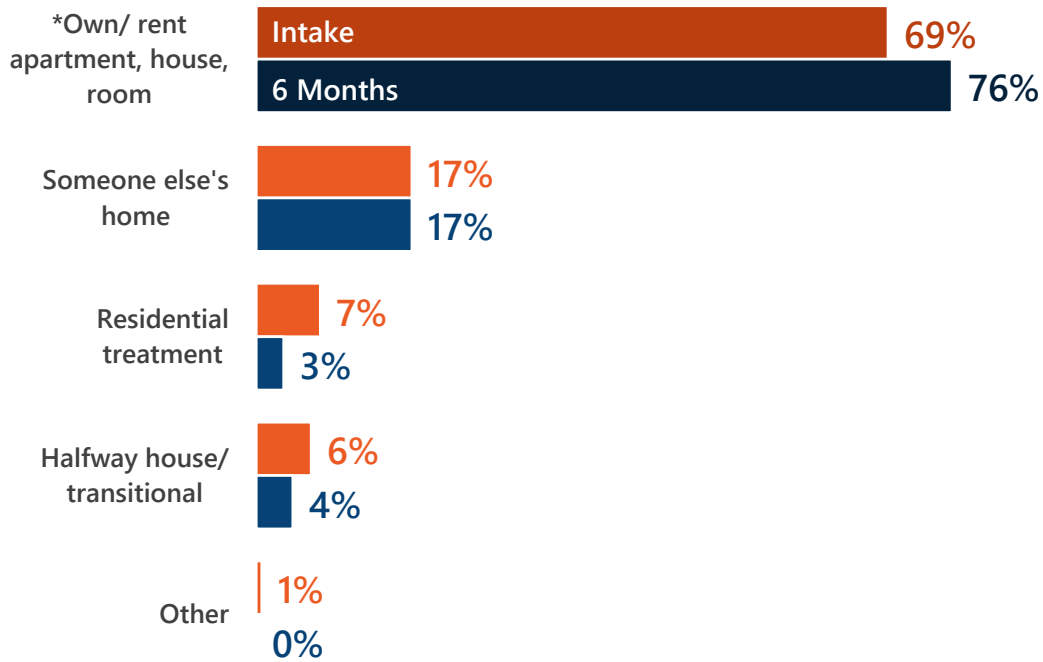
The percentage of clients reporting being housed significantly increased from 78% at intake to 94% at the follow-up. Among clients who reported being housed, there was a statistically significant rise in those who owned or rented an apartment, increasing from 69% at intake to 76% at 6 months.

HOUSING STATUS

The percentage of clients who report being housed significantly increased from intake to 6-month follow-up.



Among housed clients, the percentage renting a house, apartment, or other space showed statistically significant increase from intake to 6-month follow-up.



533



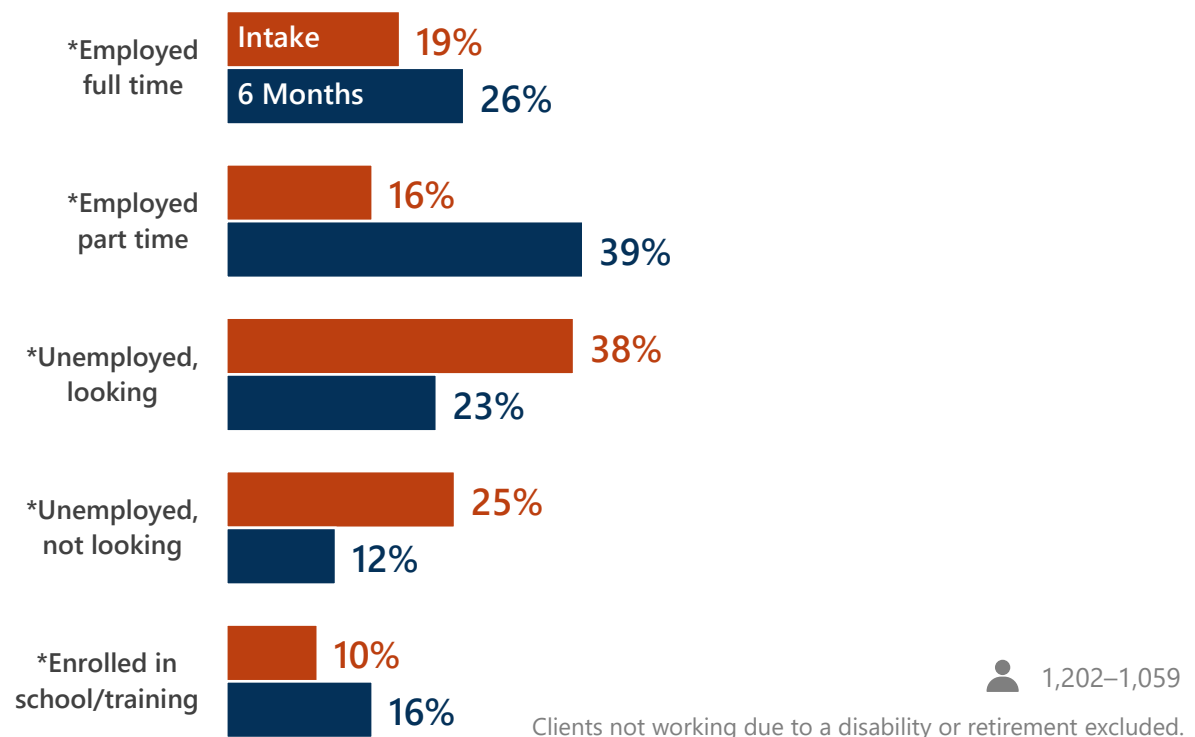


EMPLOYMENT AND INCOME

Full-time and part-time employment significantly increased from 19% to 26% and 16% to 39% from intake to 6-month follow-up, respectively. Regarding financial stability, after 6 months at least 50% of clients reported being able to pay for living expenses including food, transportation, clothing, housing, and phone. Significant increases occurred in the ability to pay for all living expenses across all categories except for food, which slightly decreased.

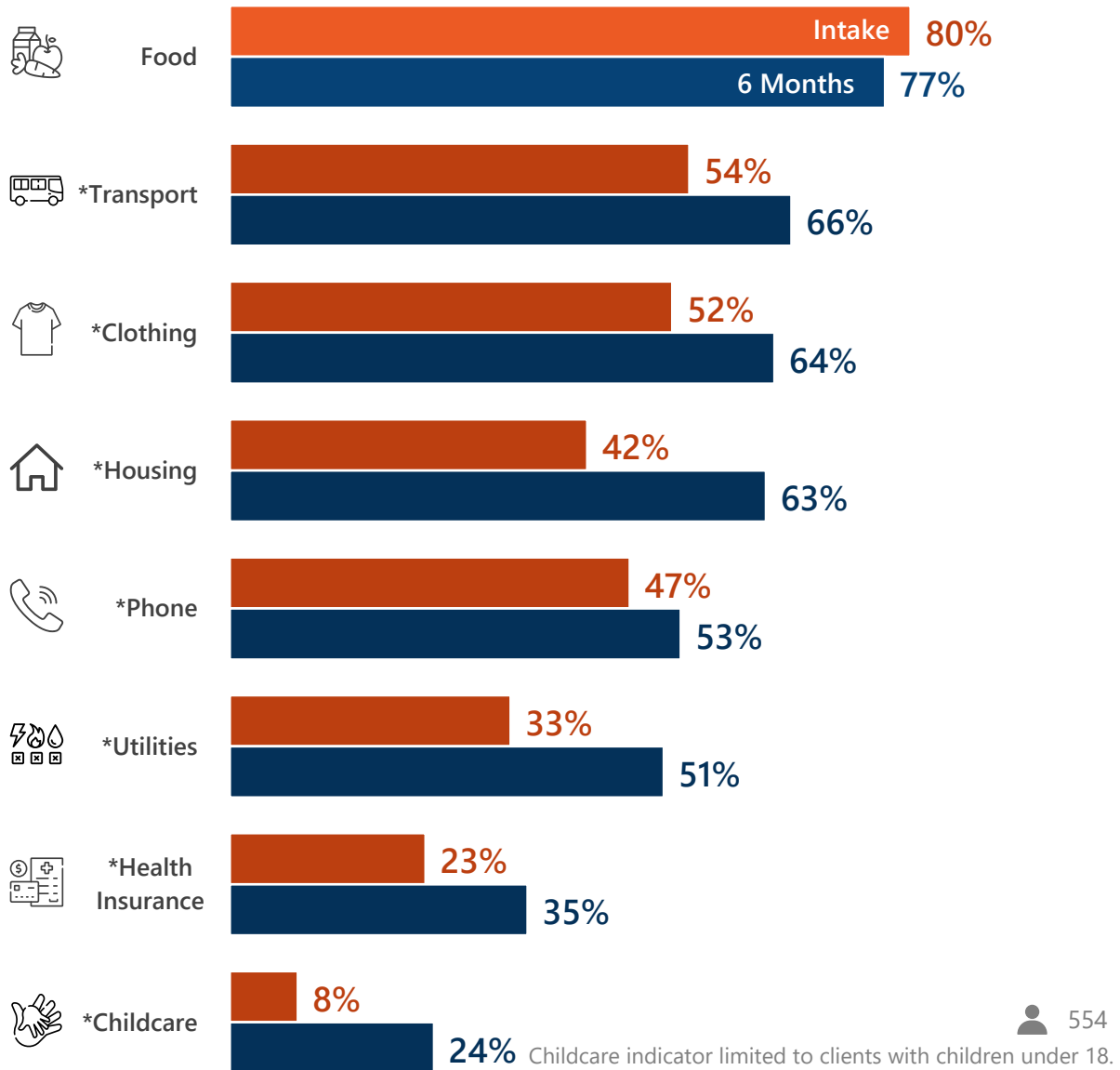
EMPLOYMENT AND JOB TRAINING

The percentage of clients employed both full time and part time showed statistically significant increase from intake to 6-month follow-up.



ABILITY TO PAY FOR LIVING EXPENSES

Clients reported statistically significant increase in ability to pay for all living expenses except food.



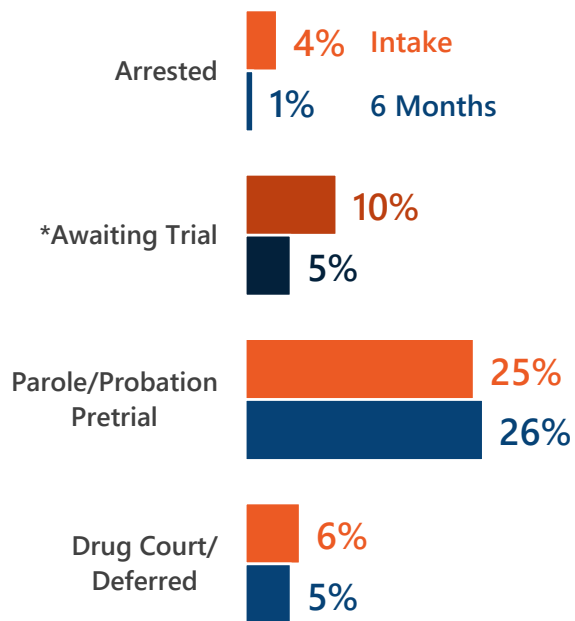


LEGAL

The incidence of clients reporting recent arrests within the past 30 days remained consistently low at both intake (4%) and 6 months (1%). Furthermore, the percentage of clients awaiting trial, charges, or sentencing, experienced a significant reduction from 10% to 5%.

INVOLVEMENT IN CRIMINAL JUSTICE

The percentage of clients awaiting trial in the past 30 days showed significantly significant decrease from intake to 6-month follow-up.



 1,153

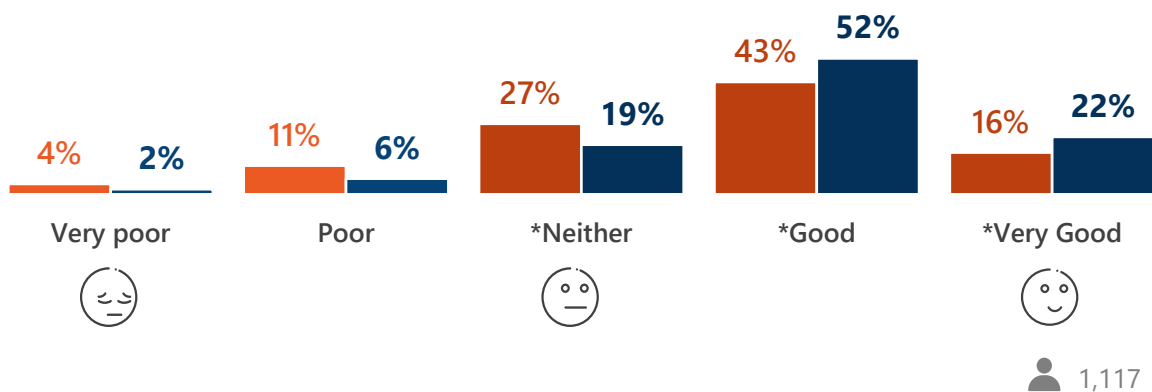


MENTAL HEALTH AND ADVERSE AFFECTS

The proportion of clients who rated their quality of life as good or very good statistically increased from intake to 6-month follow up, though not significant. There was significant decrease in the number of days clients experienced serious depression and serious anxiety or tension, which declined from 7.0 at intake to 8.9 to 6.6 at 6 months and 7.0 to 5.2, respectively.

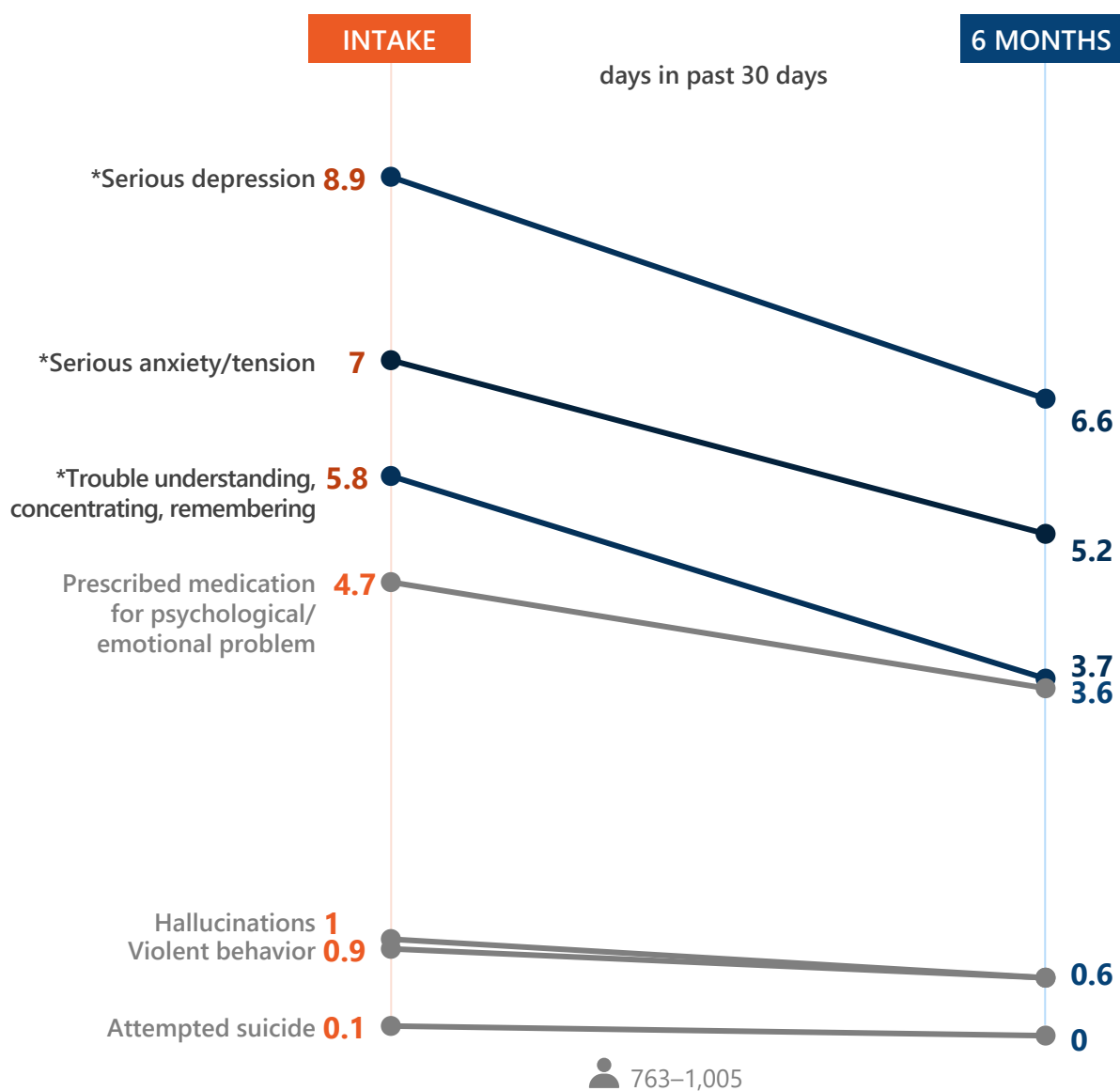
QUALITY OF LIFE

Most clients rated their quality of life as good or very good at intake and 6-month follow-up.



DAYS EXPERIENCING MENTAL HEALTH ISSUES

Clients reported statistically significantly fewer days in the past month when they experienced serious depression; serious anxiety/tension; and trouble understanding, concentrating, and remembering.



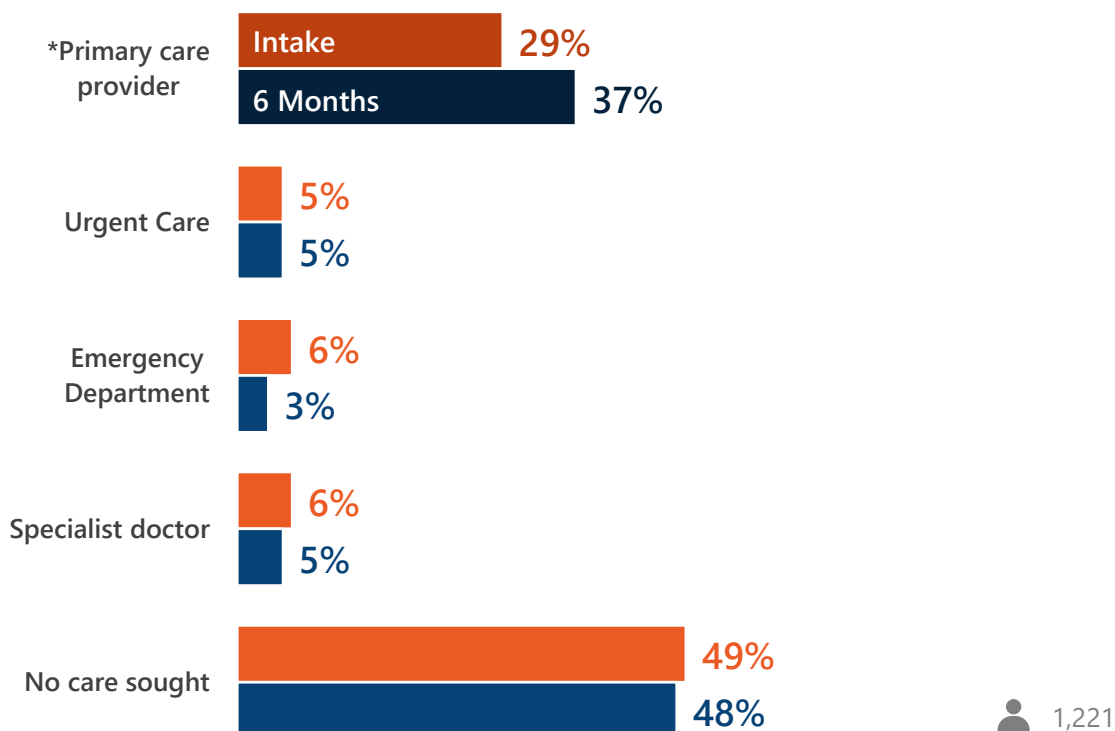


HEALTHCARE ACCESS AND INSURANCE

Though the percentage of clients who saw a primary care provider significantly increased from intake to 6-month follow-up, more clients also reported not seeking medical care during this timeframe. Regarding health insurance, 94% of clients had coverage at 6 months, a significant increase from 87% at intake. The most common types of insurance are Medicare and Medicaid. The percentage of clients with private or employer-provided insurance rose significantly from 7% to 12%.

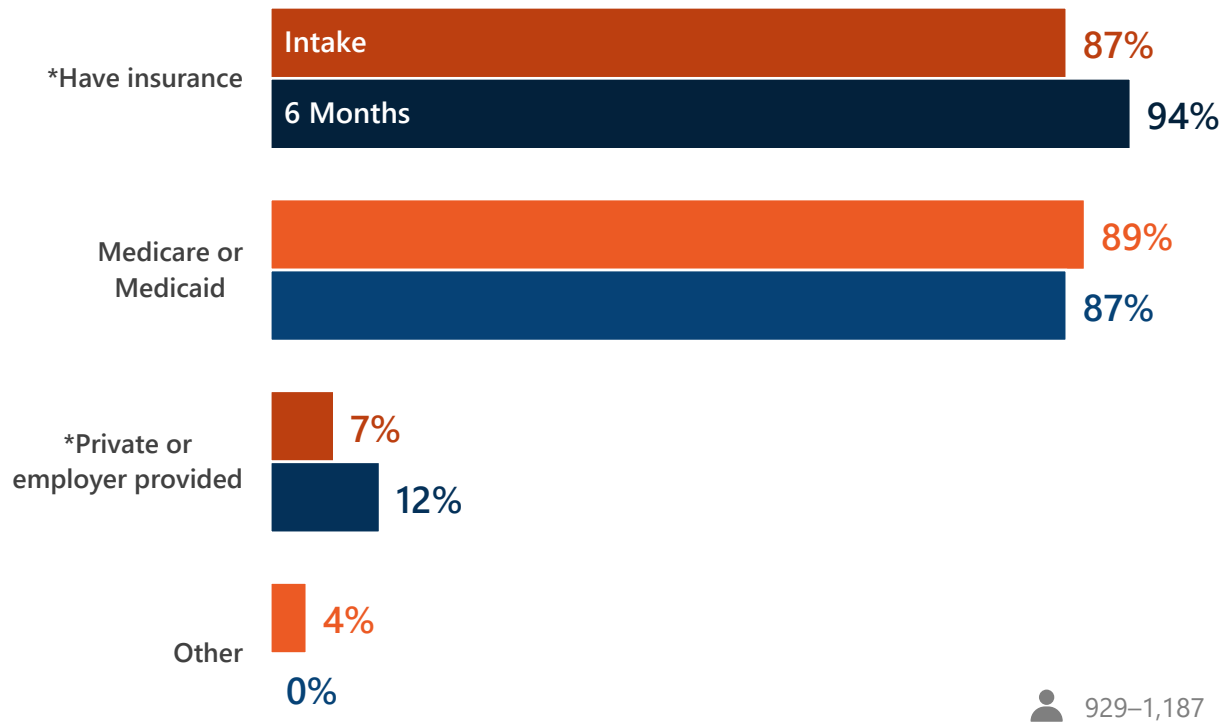
RECEPTION OF MEDICAL CARE

Statistically significantly more clients sought care from a primary care provider at 6-month follow-up as compared to intake.



HEALTH INSURANCE STATUS

The percentage of clients with health insurance showed a statistically significant increase from intake to 6-month follow-up.



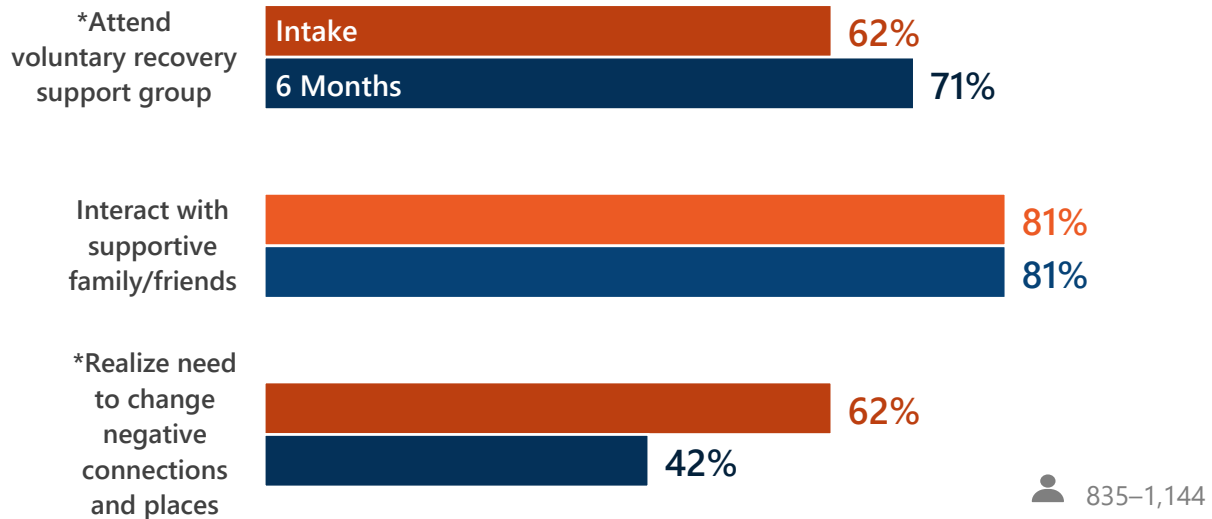


SOCIAL CONNECTEDNESS

Clients demonstrated a significant increase in participation in voluntary mutual support groups for recovery at 6-month mark follow-up compared to intake. Fewer clients thought they needed to change negative connections to places, possibly because those negative connections had already been addressed. These changes were statistically significant.

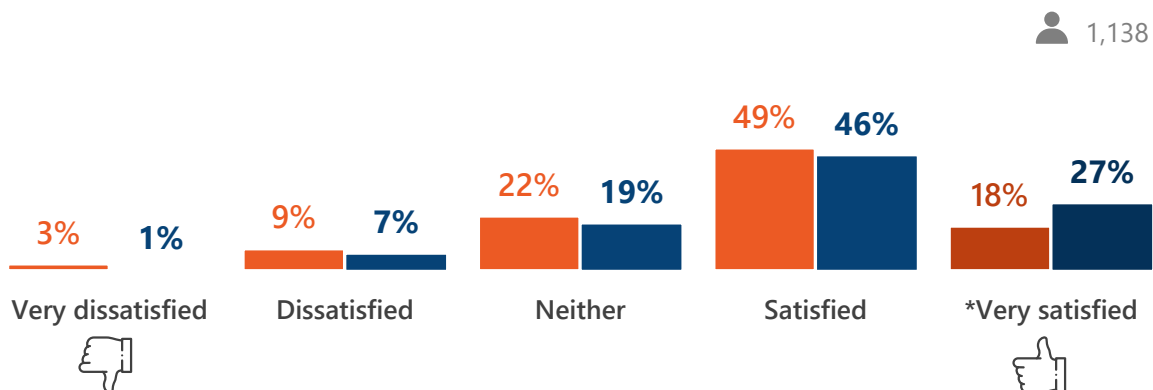
SOCIAL SUPPORT FOR CLIENTS

Significantly fewer clients reported reporting having positive social interactions.



SATISFACTION WITH PERSONAL RELATIONSHIPS

The share of clients very satisfied with personal relationships showed statistically significant increase from intake to 6-month follow-up.





CLIENT RETENTION

Retention of clients in treatment and recovery programs can be a challenge. At 6-month follow-up, staff indicate whether clients are still receiving services from their program. Among clients with an intake at least 180 days prior and available 6-month follow-up data ($n = 1,299$), 64% were still receiving program services at 180 days.





CONCLUSIONS

In the SOR-3 implementation 9 subgrantees across Oregon provided treatment and recovery services to people with opioid use disorder. A total of 1,379 clients at intake and 944 clients at 6-month follow-up provided GPRA data.

Changes From Intake to 6 Months

From Intake to 6-month follow-up, client reported:

- Decreased use of fentanyl (3.0 to 1.5 days).
- Increased rates of housing (78% to 94%).
- Higher rates of part-time employment (16% to 39%) and full-time employment (19% to 26%).
- Improved ability to pay for living expenses, with the greatest improvements with housing (42% to 63%) and utilities (33% to 51%).
- Increase in clients who rated their quality life as good or very good (59% to 74%).
- Decreased in the number of days experiencing serious depression (8.9 to 6.6 days) and anxiety (7.0 to 5.2 days).



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