



Mental Health & Addiction  
Certification Board of Oregon  
(formerly ACCBO)

## Medication Assisted Treatment

### Oregon Behavioral Health Workforce Survey (n=1,302)

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## Section 1: Medication Assisted Treatment Summary by Andrew Mendenhall, M.D.

# ACCBO 2018 Behavioral Health Workforce Survey

*(1,302 respondents)*

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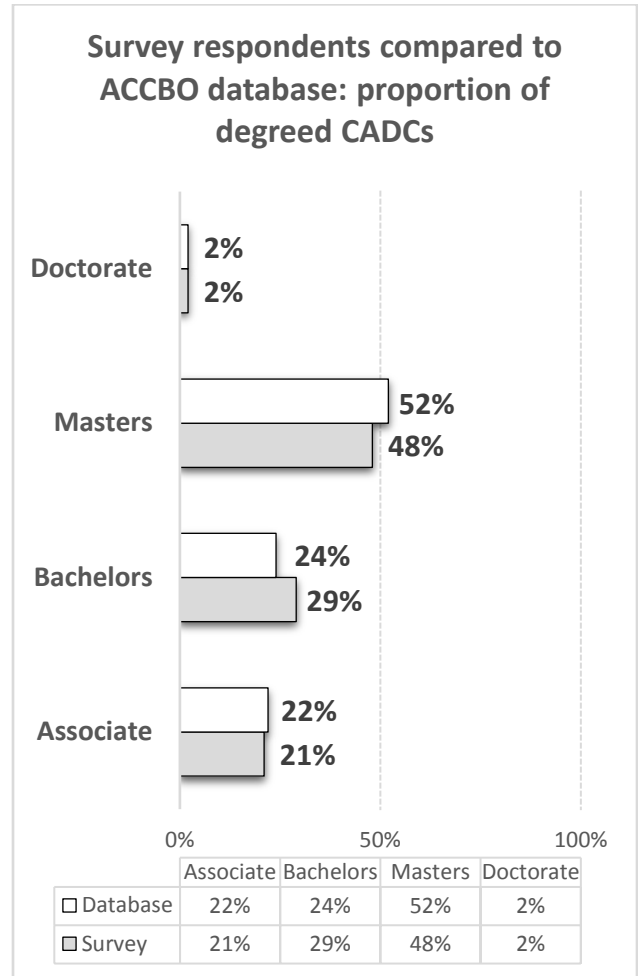
# Survey Methodology

**Collaborative Survey Development:** This 2018 survey was developed and analyzed by 98 participants, representing statewide behavioral health organizations: ACCBO, AOCMHP, OPERA Portland State University, Oregon Health Authority, the MetroPlus Association of Addiction Peer Professionals, HealthInsights, the NW Instituto Latino, the African American Behavioral Health and Addiction Treatment Coalition, and the University of Colorado Farley Health Policy Center. Participants worked in core groups and with contributors to design survey questions to elicit information regarding disparity, wages, benefits, contemporary healthcare initiatives, caseloads, etc. The draft survey was emailed to over 100 program directors for their review, generating feedback regarding clarity and readability of questions. Flesch-Kincaid analysis ranks this survey at grade aptitude level 12.9.

**Implementation:** Survey was implemented through Survey Monkey. Survey was emailed to 4,400 CADCs/applicants (QMHA's/P's), CRM's, CGAC's, CPS, state approved addiction treatment program directors, and state approved mental health program directors. The survey was also distributed through AOCMHP, the Association of Oregon Community Mental Health Programs, and OPERA the Oregon Prevention Education and Recovery Association. Announcements through Constant Contact bulk email, and SMS text messaging encouraging participation were disseminated statewide.

**Response:** Survey data was collected from 1,302 respondents. 86% completed the entire general survey (questions #1 through #105), and 82.0% completed the additional role related questions.

**Cross-Database Validation:** Of 1,302 respondents, there were 776 degreed CADCs. These 776 CADCs were assessed proportionally by level of education and compared to proportions of nearly 3,000 degreed CADCs from ACCBO's database.



This cross-database comparison suggests baccalaureate CADCs are slightly over-represented in the survey. Overall, the proportion of CADC respondents closely approximates that of Oregon's entire CADC pool. It is important to note that ACCBO updates educational attainment of CADCs every two years upon recertification, and it is possible some individuals have completed a bachelor's degree since their last renewal of certification.

## Survey Development Question Writing & Contribution:

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- MetroPlus Association of Addiction Peer Professionals, *review of survey questions and question writing at membership meeting of 58 peer participants*

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- John Fitzgerald, PhD, LPC, CAS Oregon  
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## Section I: MAT – Medication Assisted Treatment

“MAT,” medication assisted treatment, includes methadone, buprenorphine (Sublocade, Probuphine, Suboxone, Subutex), naloxone, naltrexone, and naltrexone injectable (Vivitrol).

**Overall, 61.76% of all behavioral health workers report they work with clients participating in MAT.**

The combined addiction specialty workforce (addiction counselors, peers and addiction supervisors) were more likely to report that they work with clients participating in MAT (*fig.1*).

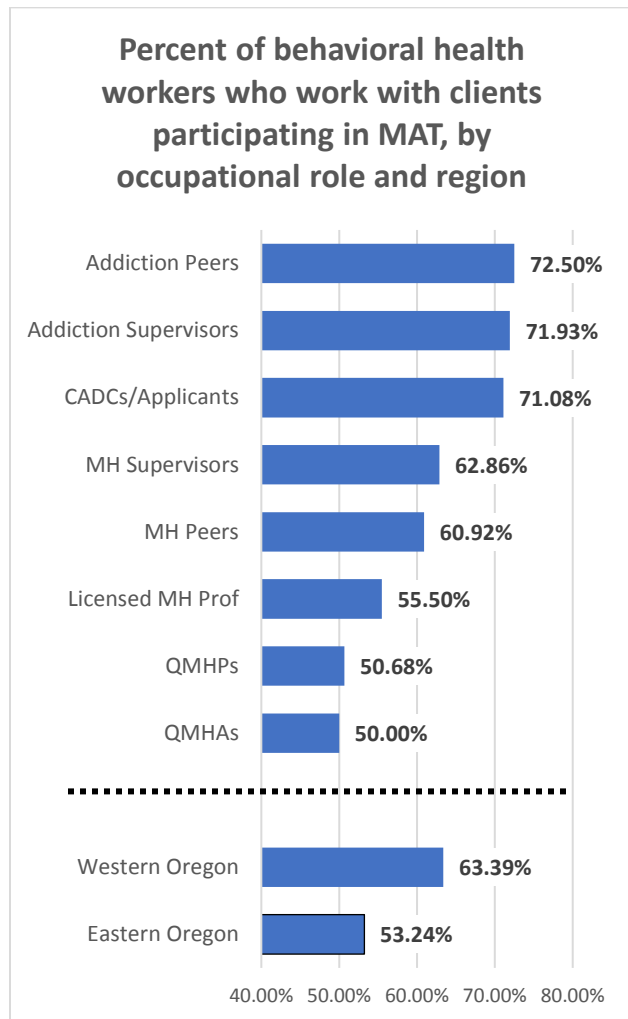


Figure 1: Percent of workforce working with MAT clients

**Overall, 39.04% of behavioral health workers have had a close friend, significant other or family member who has participated in MAT.**

Peers are more likely to report, 60.98%, were more likely to report a close personal experience (*fig.2*).

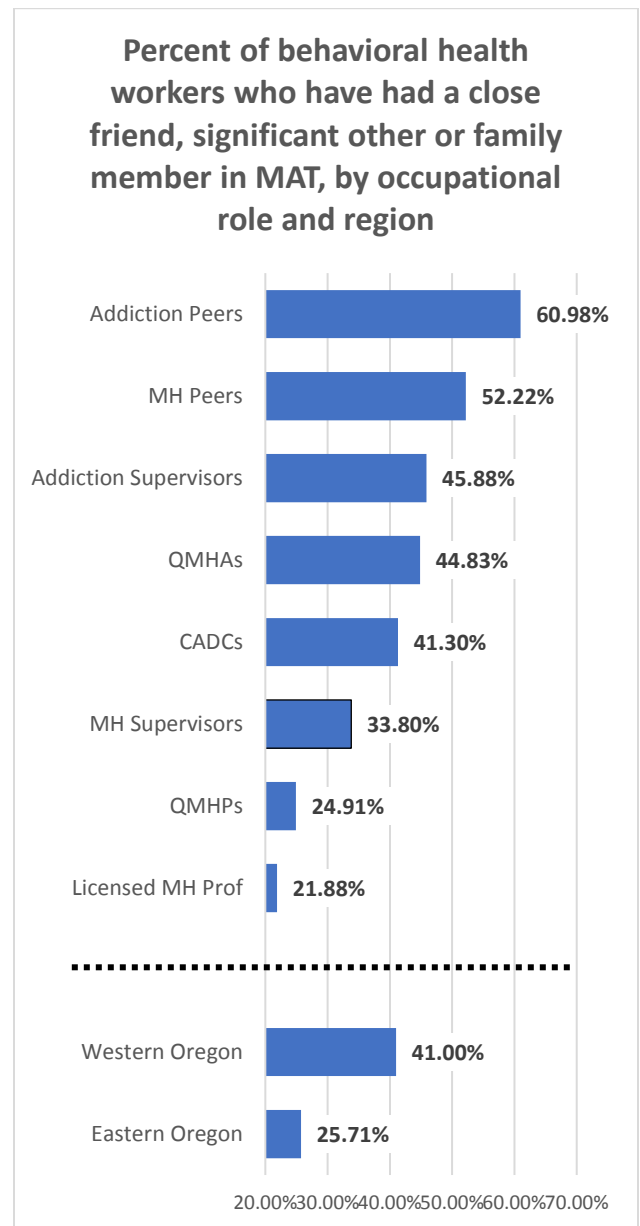


Figure 2: Percent of workforce with a close personal experience involving a friend, s.o. or family participating in MAT

**Overall, 90.22% of all behavioral health workers report that they “agree” or “strongly agree” that MAT reduces opioid deaths.**

CADC’s & their supervisors, 47.40%, are most likely to “strongly agree” that MAT reduces opioid deaths, while only 1/3<sup>rd</sup> of addiction and mental health peers “strongly” endorsed this belief that MAT reduces opioid deaths (fig.3).

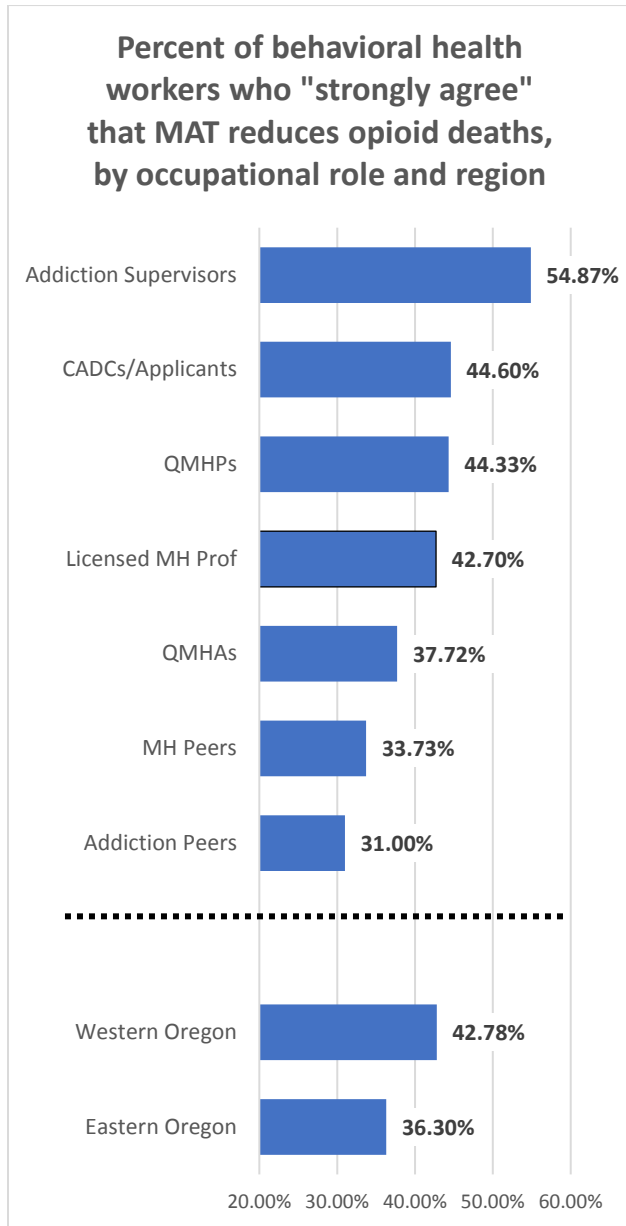


Figure 3: Percent of workforce who strongly agree that MAT reduces opioid deaths

**Overall, 39.91% of all behavioral health workers report their misunderstood belief that MAT should only be used for withdrawal management.**

Research reveals that the short-term use of MAT, often leads to relapse rates comparable to “no treatment at all.” Mental Health Supervisors, 24.10%, were the least likely to endorse this misunderstood belief, while peers were more likely to endorse this misunderstood belief (fig.4).

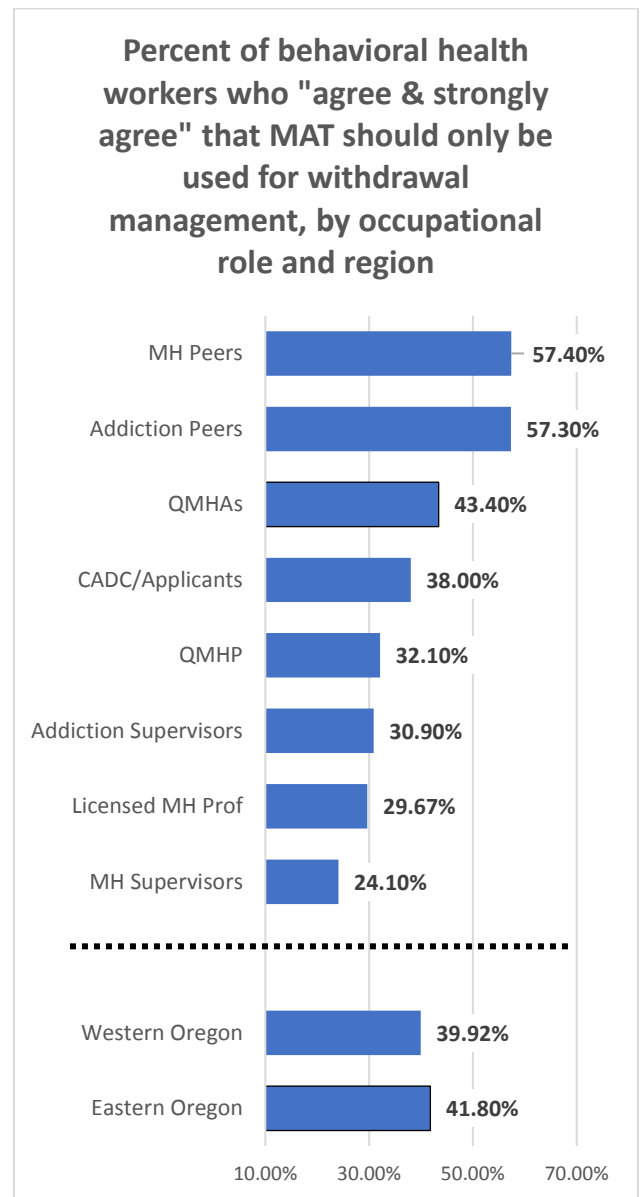


Figure 4: Percent of workforce that reporting that MAT should only be used for withdrawal management

**Overall, 87.59% of all behavioral health workers “agree” or “strongly agree” that MAT is effective and helps people achieve long term stabilization and abstinence.**

Addiction and mental health supervisors were more likely to “strongly agree,” while peers were the least likely to “strongly agree.” (fig.5).

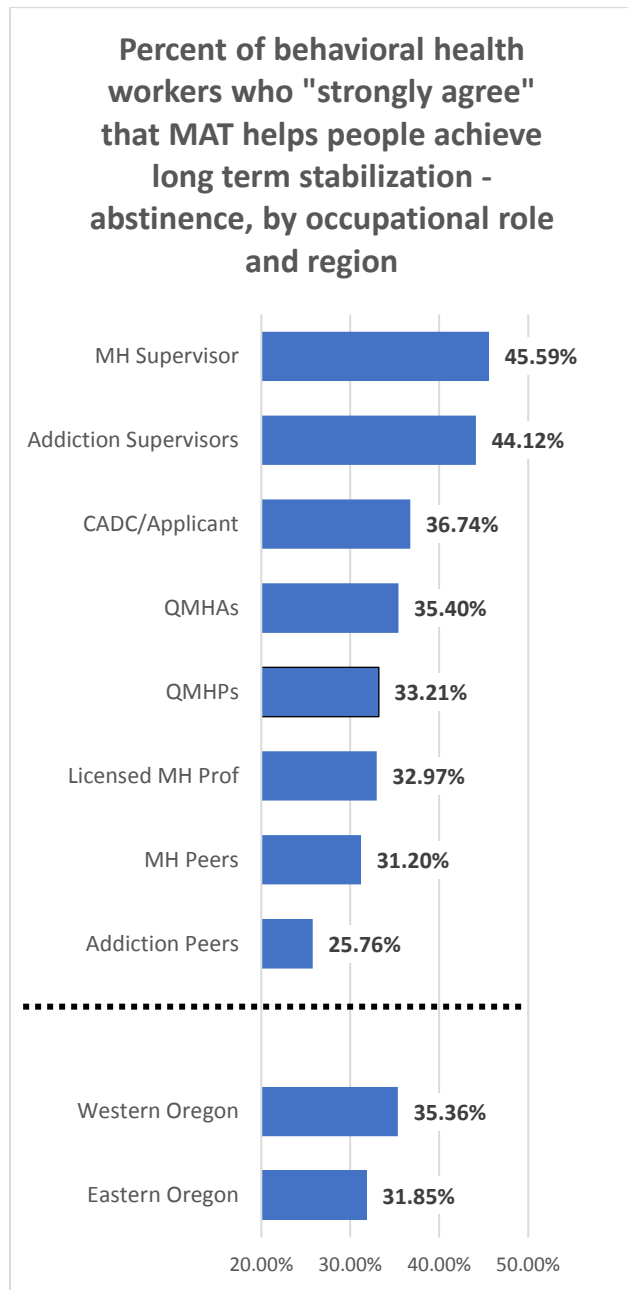


Figure 5: Percent of workforce who strongly agree that MAT is effective for long term stabilization and abstinence

**Overall, 69.16% of all behavioral health workers report their behavioral health environment has become more accepting of MAT, 28.54% report there has been no change, and 2.30% report it has become less accepting and supportive of MAT.**

The addiction specialty workforce, 75.79%, were more likely to report that their work environment has become more accepting and supportive of MAT (fig.6).

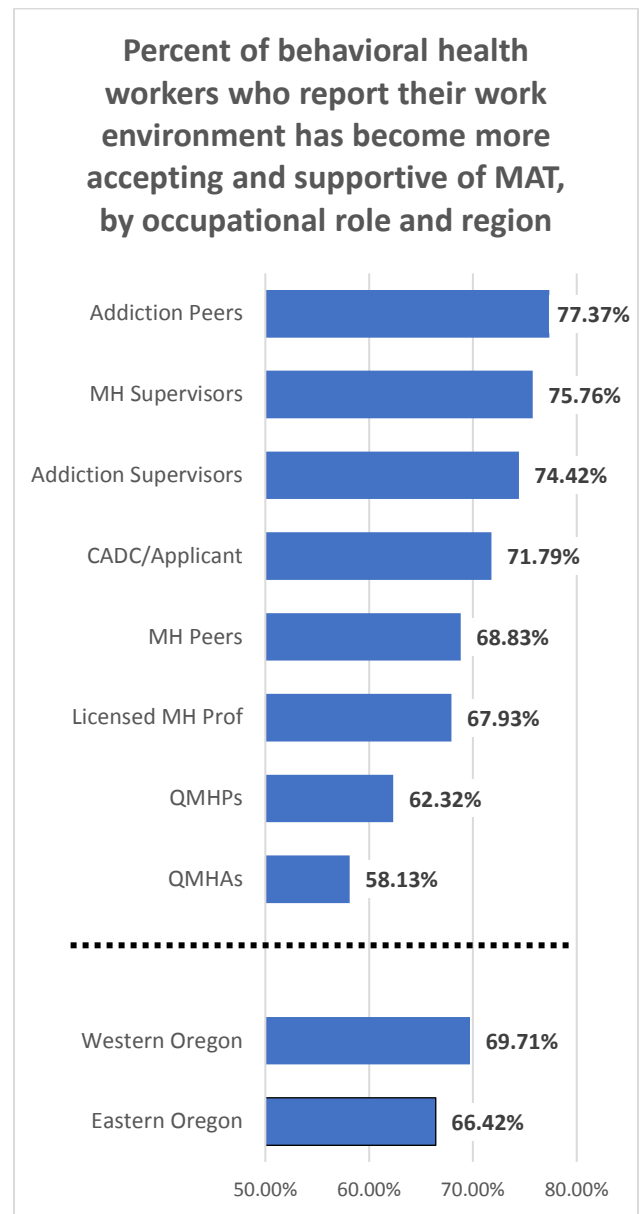


Figure 6: Percent of workforce reporting that their work environment has become more accepting of MAT



**Overall, 59.74% of all behavioral health workers report they have received training on the different types of medications for opioid use disorder [methadone, buprenorphine (Sublocade, Probuphine, Suboxone, Subutex) naloxone, naltrexone, naltrexone injectable (Vivitrol)].**

Overall, the combined mental health workforce, 48.78%, were least likely to report having received education on MAT (fig.7).

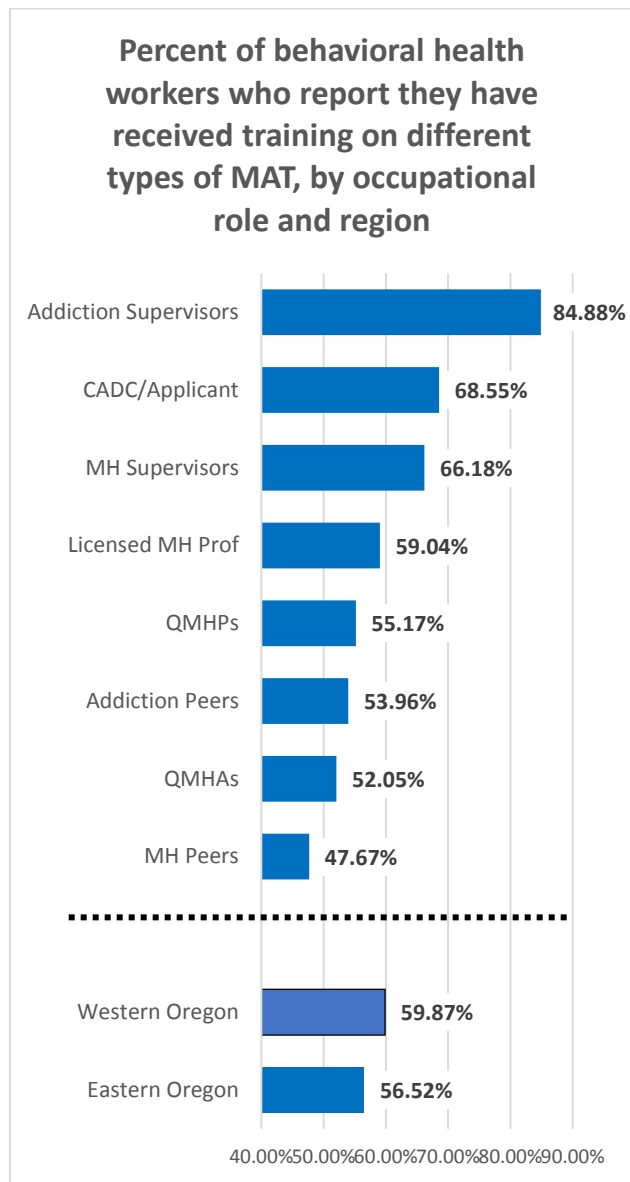


Figure 7: Percent of workforce reporting they have received education on MAT

**Overall, 74.73% of all behavioral health workers report they need more information regarding the efficacy of MAT and legal protections afforded MAT clients.**

Approximately 75% of behavioral health workers, supervisors notwithstanding, report a need for more information regarding MAT (fig.8).

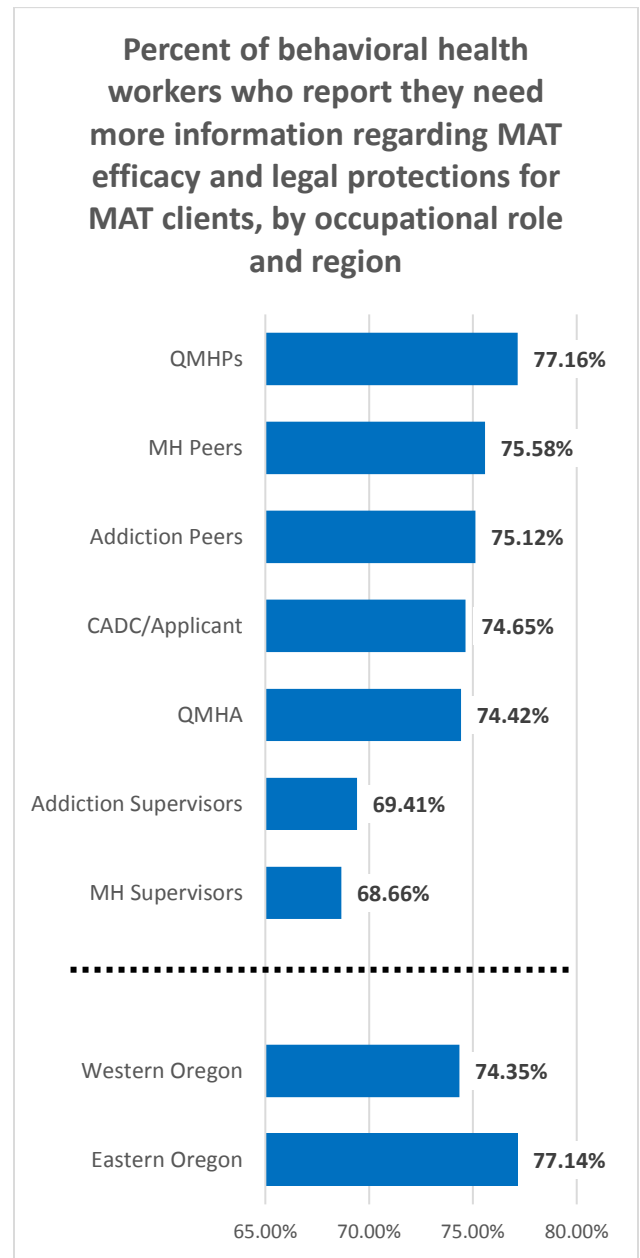


Figure 8: Percent of workforce reporting they need more education regarding MAT

## Section I: Medication Assisted Treatment - Summary

By Andrew Mendenhall, M.D.

This section of the workforce survey focused on assessment of professional beliefs, experience, training exposure and perception of recent change regarding the acceptance of Medication Assisted Treatment in varied behavioral health settings. MAT for alcohol use disorder was not assessed as part of this survey.

61% of behavioral health workers reported working with patients receiving MAT, and nearly 40% have had a family member or a close personal acquaintance who has received treatment with MAT. The vast majority, 88% agree that MAT for opioid use disorders is effective in stabilizing patients and helping them achieve abstinence and 90% believe MAT reduces overdose and saves lives.

In sharp contrast to the exposure to their direct work experience with patients receiving MAT and their strongly expressed beliefs regarding efficacy was the most concerning statistic from this survey.

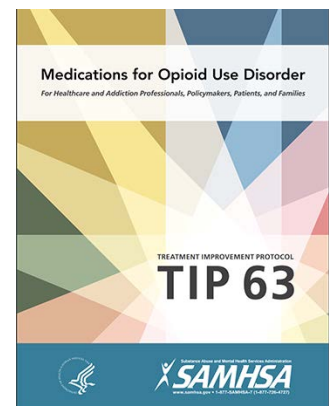
*Our data reveals that 40% of all behavioral health workers believe that MAT should only be used for withdrawal management.*

It appears that many behavioral health workers are unaware that short-term use of MAT for withdrawal management is not a best practice and is demonstrated in the literature to yield treatment results in both relapse and overdose death rates comparable to patients receiving no treatment at all. Mental health and addiction peer support mentors were more likely to espouse this mistaken belief. Peer support mentors need more information regarding the efficacy of maintenance for opioid use disorders. For example, a 2014 study reported in JAMA, reveals that just after 3 months of buprenorphine, tapering was associated with

high relapse rates over 90%. Studies have shown that the longer individuals participate in MAT more benefits occur; stabilization, health, employment, housing and reduced relapse when tapering eventually occurs.<sup>1</sup>

More education is clearly necessary to help the Oregon behavioral health workforce gain a more comprehensive understanding of the evidence surrounding best practices for the treatment of opioid use disorder. Most importantly there appears to be a strong desire among the behavioral health workforce and there appears to be a trend of greater desire for knowledge within Eastern Oregon.

The evidence and best-practice recommendations for medication support in the management of opioid use disorder continue to evolve based on data-sets comprised of millions of quality-adjusted life-years. The opportunity to provide access to this knowledge has never been easier, and the workforce appears to be receptive to learning more about this important evidence-based clinical practice.<sup>2</sup> New updated information is now available through SAMHSA's TIP 63.



Supervisors in addiction and mental health are encouraged to share this information with their staff.

1. Fiellin, D. A., Schottenfeld, R. S., Cutter, C. J., Moore, B. A., Barry, D. T., & O'Connor, P. G. (2014). Primary care-based buprenorphine taper vs maintenance therapy for prescription opioid dependence: A randomized clinical trial. *JAMA Internal Medicine*, 174(12), 1947–1954
2. Substance Abuse and Mental Health Services Administration. *Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document.* HHS Publication No. (SMA) 18-5063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.