Orange County, FL Substance Use Disorder Treatment Gap Analysis

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**Recommended Citation**  
Orange County, FL Substance Use Disorder Treatment Gap Analysis

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UCF Institute for Social and Behavioral Science

September 30, 2022
The University of Central Florida's Institute for Social and Behavioral Science (ISBS) partnered with the Orange County Drug-Free Office to undertake a gap analysis focused on substance use disorder treatment. Specifically, we designed a study to determine the capacity of treatment options, identify barriers to seeking treatment, and illuminate what works particularly well. The gap analysis results can guide future decisions on allocating resources best to ensure that treatment is accessible to all in need.

Methodology

To conduct the gap analysis, we relied on three modes of data collection. These were an online survey with treatment providers, semi-structured interviews with community stakeholders, and semi-structured interviews with individuals who have navigated the substance use disorder treatment system in Orange County.

Substance Abuse Treatment Provider Survey

Survey data was collected using an original survey developed by ISBS and the Orange County Drug Free Office using the online surveying program, Qualtrics (Appendix A). Survey questions inquired about treatment offerings in the county, populations served, and the general capacity of individual substance abuse treatment facilities/organizations in Orange County.

A total of 35 providers were identified using the Substance Use Treatment Locator tool on SAMHSA's website and a google search of the term "substance use disorder treatment in Orange County, FL." A link to the survey was distributed via email. Email addresses for 17 facilities were found on the facilities' websites. Phone calls were made to the remaining 18 facilities to request an email address. Of these facilities, nine facilities shared an email address. Facilities from which email addresses were not collected included five facilities that refused to take the survey or share an email address, five that did not answer the phone after making two attempts to contact and two that had disconnected phone lines with no known alternative phone numbers. This resulted in 26 facilities to which the survey was sent.

Survey responses were collected over 12 weeks from April-July 2022. The response rate was approximately 30 percent resulting in a sample size of eight facilities. Those who did not complete the survey were contacted via email three times and by phone once during the 12-week data collection period. Finally, data were analyzed using SPSS, and frequency tables were constructed to determine populations served, services offered, treatment availability, and accepted forms of payment.

Stakeholder Interviews

To conduct the stakeholder interviews, the Orange County Drug Free Office provided a list of 39 Orange County community partners for ISBS to contact. Each stakeholder was contacted at least three times over two months. A total of 20 stakeholder interviews were conducted via Zoom. Participants came from both major hospitals within the county, four police departments that consisted of a smaller community police department, a university police department, and the two
large police departments in the county, the county jail, the county health services department, a local narcotics anonymous group, and treatment resources within the community. The interview schedule asked stakeholders to identify what they believe is working well in the county, what barriers they think people often face when seeking treatment, and what they view as priorities in making treatment more accessible (Appendix B). All interviews were audio recorded and transcribed. The transcriptions were coded and qualitatively analyzed for common themes.

Client Interviews

The final component of the study consisted of interviews with individuals who have navigated the substance use disorder treatment system in Orange County. Flyers with QR codes to allow potential participants to sign-up for interviews via Zoom were distributed via email to providers in the county. After a month of recruitment via flyers, ISBS was invited on-site at Recovery Connections of Central Florida to interview willing clients in person. In total, 17 clients participated in an interview (either in person or via Zoom). The interview schedule asked them to recount how they initially accessed substance use disorder treatment, what barriers they faced, and what they believe would benefit others seeking treatment (Appendix C.) All interviews were audio recorded and transcribed. The transcriptions were qualitatively analyzed for common themes.

Ethical Concerns

The UCF Institutional Review Board approved this study. To protect the identity of stakeholders and clients, none of the included quotes are attributed to specific individuals throughout this report.

Survey

Table 1 displays the populations served by the substance use disorder treatment providers and facilities included in this sample. All eight facilities in the sample serve adult clients, while only two provide care for clients younger than 18. One organization serves only male clients, and another provides treatment for male and female clients but not transgender clients. This does not substantially reduce the treatment capacity for transgender clients, as these organizations have a combined capacity of only 50 clients. Half of the facilities included in the sample provide care for pregnant people and those with HIV/AIDS, Tuberculosis, Viral Hepatitis, physical disabilities, and chronic physical and behavioral conditions. The total capacity of these organizations is 4,338 clients, though only 3,220 clients are currently receiving care, meaning that, in total, these facilities are operating at about 73% capacity. Two organizations, each with the capacity to serve 35 clients simultaneously, are operating at total capacity.
Table 1. Populations Served by Sampled Organizations/Facilities

<table>
<thead>
<tr>
<th></th>
<th>Organizations/Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages Served</strong></td>
<td></td>
</tr>
<tr>
<td>Adults (18+)</td>
<td>8</td>
</tr>
<tr>
<td>Children/Youth (&lt;18)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Genders Served</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
</tr>
<tr>
<td>Transgender</td>
<td>6</td>
</tr>
<tr>
<td><strong>Special Populations Served</strong></td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>4</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>4</td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td>4</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>4</td>
</tr>
<tr>
<td>Chronic Physical/Behavioral Conditions</td>
<td>4</td>
</tr>
<tr>
<td>DUI Offenders</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Organizations/Facilities</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Clients Currently Served</strong></td>
<td>3,220</td>
</tr>
<tr>
<td><strong>Total Client Capacity</strong></td>
<td>4,338</td>
</tr>
</tbody>
</table>

As shown in Table 2, seven facilities provide outpatient care. Six of the sampled organizations provide outpatient treatment only, while two offer adult residential and intensive outpatient treatment. One facility offers adolescent residential treatment and inpatient detoxification in addition to the other services listed. Client capacity ranges from 35 to 2,200.

A total of four facilities have an available waitlist. One organization maintains a waitlist for intensive outpatient and adult residential care, while three only maintain a waitlist for outpatient care. Participants who offered a waitlist were asked about the average wait time. However, a response was given by only one participant, who noted that the wait time is typically 30-60 days but that the facility currently had nine open beds.

Opioid use disorder is the most common clinical service the sampled organizations provide. Of the organizations which do not provide treatment for opioid use disorder, both offer services for alcohol use disorder, and one provides services for cannabis use disorder. The most commonly used treatment modalities are Cognitive Behavioral Therapy and the Twelve-Step Approach, while the Matrix Model is applied by only one organization. Half of the organizations in the sample provide additional mental health services, and four provide social support services, most commonly case management (e.g., assistance applying for Medicaid/Medicare, financial assistance, etc.).
<table>
<thead>
<tr>
<th>Table 2. Service and Treatment Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Services Offered</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
</tr>
<tr>
<td>Inpatient Detoxification</td>
</tr>
<tr>
<td>Adult Residential</td>
</tr>
<tr>
<td>Adolescent Residential</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

| **Waitlist Available**                    |                          |                 |
|                                          |                           |                 |
| Outpatient                               | 3                          |                 |
| Intensive Outpatient                     | 1                          |                 |
| Inpatient Detoxification                 | 0                          |                 |
| Adult Residential                        | 1                          |                 |
| Adolescent Residential                   | 0                          |                 |

| **Scope of Clinical Services**            |                          |                 |
|                                          |                           |                 |
| Opioid Use Disorder                      | 6                          |                 |
| Alcohol Use Disorder                     | 5                          |                 |
| Stimulant Use Disorder                   | 3                          |                 |
| Cannabis Use Disorder                    | 4                          |                 |
| Sedative, Hypnotic or Anxiolytic Use Disorder | 2                        |                 |

| **Treatment Modalities**                  |                          |                 |
|                                          |                           |                 |
| Contingency Management                   | 2                          |                 |
| The Twelve-Step Approach                 | 6                          |                 |
| Cognitive Behavioral Therapy             | 7                          |                 |
| Motivational Enhancement Therapy         | 3                          |                 |
| Family Therapy                           | 3                          |                 |
| Trauma-Informed Therapy                  | 4                          |                 |
| Dialectical Behavioral Therapy           | 4                          |                 |
| Eye Movement Desensitization and Reprocessing | 2                        |                 |

| **Mental Health Services Offered**        |                          |                 |
|                                          |                           |                 |
| Yes                                      | 4                          |                 |
| No                                       | 4                          |                 |

| **Social Support Services**               |                          |                 |
|                                          |                           |                 |
| Case Management                          | 3                          |                 |
| Housing                                  | 1                          |                 |
| Transportation Assistance                | 1                          |                 |
| Employment Services                      | 0                          |                 |
| Social Support Services Referred Out     | 1                          |                 |
Half of the participating organizations reported providing medically assisted treatment (MAT) (Table 3). Suboxone is the most widely offered medication, followed by Methadone and Buprenorphine. A waitlist for MAT is available at two facilities, though one facility noted that the waitlist had not been used but was available if needed.

Table 3. Organizations/Facilities Offering Medically Assisted Treatment

<table>
<thead>
<tr>
<th></th>
<th>Organizations/Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Offers MAT</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td><strong>Type of MAT</strong></td>
<td></td>
</tr>
<tr>
<td>Suboxone</td>
<td>4</td>
</tr>
<tr>
<td>Methadone</td>
<td>3</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>3</td>
</tr>
<tr>
<td>Vivitrol</td>
<td>1</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>1</td>
</tr>
<tr>
<td><strong>Waitlist for MAT</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 4 shows the forms of payment accepted by participating organizations. Only one provider does not offer a self-pay option, and one is self-pay only. Four providers accept Medicaid, Medicare, and private insurance. Half of all participating providers accept three or more forms of payment. Half of the organizations offer treatment on a sliding scale.

Table 4. Forms of Payment Accepted for Treatment

<table>
<thead>
<tr>
<th>Accepted Forms of Payment</th>
<th>Organizations/Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare/Medicaid</td>
<td>4</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>4</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>7</td>
</tr>
<tr>
<td>State Funded</td>
<td>1</td>
</tr>
<tr>
<td>Grant Funded</td>
<td>4</td>
</tr>
<tr>
<td>Sliding Scale Fee</td>
<td>4</td>
</tr>
</tbody>
</table>

The survey results indicate that overall, there is enough capacity to provide substance use disorder treatment. However, when looking at specific needs, there is much less availability. This is particularly true when looking at capacity for adolescents, providers offering MAT, and accessibility for those who cannot self-pay or have some form of insurance.
Stakeholder Interviews

Major Challenges

Aside from the participants' title and roles, the first question stakeholders were asked in the interviews was:

*What do you think are the major challenges that people you come in contact with face in finding and using the services they need?*

Overall, most participants answered this question in one of two ways, either by describing the largest challenge that people who struggle with substance use disorder face or the largest challenge that local agencies face.

First, one of the common responses from stakeholders when discussing the most significant challenge for people who struggle with substance use disorder was finding affordable help/access to services. 'Finding affordable help' was described in many different ways. For example, one participant stated, "the biggest challenge for an addict is to actually find free or affordable help." Others described limited access with long waitlists for those underinsured or uninsured, difficulty navigating the system, and lack of community providers willing to work with people leaving jail, which contributes to limited access to MAT after leaving jail.

The other most common responses centered on a lack of resources and the stigma associated with addiction and mental health issues. When participants described a lack of resources, they referred to several different things, including access to services, stable housing, jobs, food, basic necessities, transportation, a phone, and financial stability/insurance.

Alternatively, some participants addressed this question from the perspective of agencies' challenges. When addressing significant challenges, agencies face responses from stakeholders varied. A few common challenges agencies face that stakeholders discussed include community awareness, no central way to connect people to resources, patient willingness, disconnect between community agencies, and lack of funding. Additionally, one participant emphasized issues with data collection, noting that the data "is behind," which makes it hard to stay up to date on immediate trends, especially when the drug landscape changes so quickly. Specifically, this participant mentioned that medical examiner data is two years behind, so "how can we be making the decisions that we need to be making, and not just for right now, but how can we create a strategic plan if our data is two years behind?" Further, this participant mentions issues with the lack of toxicology labs and the political landscape across the state that further impede data collection.
**Population Differences**

After discussing significant challenges, stakeholders were asked:

*What populations do you think are particularly impacted, underserved, or challenging to help? Have you noticed any changes in this over the past ten years or so (changes in people needing help)?*

The most common response from participants when answering this question was that there were changes to drugs and the types of drugs being used over time. When discussing this, many participants discussed the rise in fentanyl usage and the increased lethality of the drugs today (mainly because fentanyl is being cut into other drugs). For example, as someone now working in recovery who is also in recovery themselves explained, "...back in the day, whether you are addict, you know addicts were addicted to heroin and pills right, those were the main things that people were addicted and overdosing on. Not just addicted, but basically, they were overdosing on pills and heroin....and they weren't anywhere near as lethal as fentanyl. So, like if you are addicted to those back in the day, you could be addicted for years and years and you can overdose here and there, but still be addicted for years and years. People were addicted for 5, 10, 15 years, but now you don't have that chance to be addicted for that long because of fentanyl; you can be [take] fentanyl one time and you're dead. So, I think that's the major change and what we've seen here is just that the emergence of fentanyl; it's so cheap for the dealers to make it and profit off of. The main thing is that people used to be able to be addicted to something and have the opportunity to get off of it, I don't think that opportunity is going to really be around with fentanyl."

In addition to changes in the types of drugs being used, participants talked about how addiction is viewed, changes in the areas of drug use across the county, changes in available resources, and increased public awareness. More specifically, other participants mentioned that the way the medical profession looks at and finds solutions for the disease of addiction have changed over time, with some discussing shifts in harm reduction strategies and increased awareness among providers on the intersection of mental health issues and substance use disorder. Additionally, another participant mentioned that high drug traffic areas have changed based on developers bringing in resources and because of the use of prescription drugs.

Alternatively, while some stakeholders talked about changes over time, some mentioned that nothing has changed given the systematic problems with access (i.e., lack of funds, insurance, access to transportation, etc.). One participant noted, "I would say that they're the same because the systemic problems with access to cure hasn't changed over the past ten years or so."

While several participants discussed changes in drug type, drug landscape, and within the medical profession, some participants did discuss populations that they thought were particularly impacted, underserved, or challenging to help and whether these populations have changed over time. For example, one participant mentioned an increase in the older population (55+), while another said a rise in adolescent usage. Alternatively, one participant mentioned that in East Orlando, they often come in contact with White males impacted by substance use disorder. Other participants noted that those experiencing homelessness or lacking financial resources are the
moving most impacted, underserved, or challenged to find help. One participant pointed out that some of this is changing with the county's public health services.

**Moving Forward**

The following questions participants were asked was:

*What are the next steps on the following fronts, that is what do you think we should be doing or expanding on in terms of: a. Prevention b. Early Intervention c. Treatment.*

To address this question participants responded in a variety of ways. First, some participants just touched on either prevention, early intervention, or treatment, while others discussed all three areas. Additionally, some participants talked about how prevention, early intervention, and treatment are interconnected, and some talked more broadly about the next steps.

While there were various ways in which participants addressed this question, most discussed the next steps in prevention and treatment, with only a few mentioning early intervention strategies. More specifically, the participants who mentioned early intervention said that the next steps are continuing to identify users and that teaching warning signs to the community can aid in early intervention. Prevention should be called early intervention because "early intervention" connotes action, while "prevention" does not.

When discussing the next steps in prevention strategies, most participants discussed education or raising community awareness. As one participant said, "education is a big component here." Others suggested using media, specifically TV and social media, to raise awareness, while others suggested using personal stories to capture attention. Additionally, a few participants mentioned that it is essential to target younger people, with another adding that it is important to teach coping skills, especially to younger people. Further, a few participants mentioned that educating is critical to reducing the stigma around substance use disorder. Prevention includes treatment (i.e.: providing mental health services) or expanding access to health care. At the same time, another participant focused on the importance of increasing access to transportation and affordable housing, which also aid in having access to treatment.

When discussing the next steps for treatment specifically, several participants discussed increasing the number of beds and/or treatment facilities, especially for those who lack financial means, including those who are underinsured and uninsured. Other participants mentioned establishing safe needle exchanges, increasing access to Narcan and fentanyl test strips, using public vouchers for private beds, and developing a drop-off center alternative to incarceration like a mental health diversion program (this participant cited an example in Miami).

**Three Largest Gaps**

After discussing the next steps for the county in terms of prevention, intervention, and treatment, participants were asked what the *three largest gaps in substance use treatment are across Orange County at this point in time?* To quantify the gaps described by participants, we summarized and codified feedback. In doing this, we identified four major, or overarching, themes that summarize the largest gaps described by participants. These are: (1) gaps in
accessible, affordable treatment, (2) gaps in community education, (3) gaps in funding and resources, and (4) gaps in coordination (see Table 5). Participants talked about gaps in each of these areas in various ways. Thus, each category comprises a few sub-categories and a plethora of examples per sub-category. Among the overarching themes, the most common was 'accessible, affordable treatment,' which was mentioned approximately 18 times in various ways. 'Community education was the next most prominent theme, followed by 'funding and resources', and 'coordination.'

We identified three sub-categories under the overarching theme 'need for accessible, affordable treatment,' which are as follows: (1) 'affordable and accessible treatment,' (2) 'MAT,' and (3) 'Narcan' (see Table 5). Of these sub-categories, 'affordable and accessible treatment' was mentioned the most frequently when listing gaps for substance use treatment in the county. To be classified under this sub-category, the participant had to mention either access or affordable treatment in their response. Some keywords mentioned by participants include the following: ease of access, readily accessible, access to community-based treatment, availability of residential treatment, lack of treatment facilities, more detox beds, access for uninsured, services for adolescence, lack of providers who treat patients with a dual diagnosis, and affordable treatment to those underinsured and uninsured. More specifically, one participant mentioned that "the largest gap is still probably access for those who are insured." Similarly, another participant mentioned that one of the most significant gaps is "providing affordable treatment to those underinsured and uninsured." While other issues with access were mentioned, most participants mentioned the lack of publicly funded treatment/beds to assist those underinsured and uninsured.

Aside from directly discussing affordability and access, other participants mentioned that the most significant gaps are access to MAT and lack of access to Narcan. When talking about gaps in access to MAT, one participant noted that there is not enough access to MAT and a limited number of faith-based programs that allow MAT. Another participant mentioned that MAT should be more accessible and provided an example of using mobile trailers to administer treatment.

Next, under the overarching theme 'community education,' we developed two sub-categories, (1) education and (2) stigma. Overall, of the 15 times participants mentioned education or stigma, 12 discussed education as the largest gap, while two mentioned stigma as a gap. When talking about education, participants discussed increasing awareness, spreading awareness about naloxone and Narcan, prevention, education, and destigmatization, informing the public, community education, and bolstering community organizations. When discussing community education, one participant stated:

"…. none of us have to think about what to do when there's a hurricane here because it's like every year, we get the same [information] for a month before the hurricane season right. It's all over social media, all the local governments are publishing it. It's on all the news stations and it's not long and drawn out or like whatever but, but we all know, we're going to get this thing that's like okay, it's time to go make your hurricane kit and it's like when we see a hurricane coming everybody's just like got this plan right... Like this sort of like ingrained sort of understanding
and response to like that situation isn't really replicated in a way... I mean we do have something on our social media for drug court month but it's like ... it's not really coordinated, it's not like the news and Orange County government and the Court, and all the people push the same message, you know, for the community as like education... I just wish we could take the hurricane [season] education and educate people about other stuff this way because every whatever they're doing, people seem to get it."

Following this, we identified two sub-categories under the overarching theme of 'funding and resources.' The sub-categories are: (1) 'resources' and (2) 'funding.' To be classified under the sub-category resources, participants had to mention the word 'resource(s)' or discuss gaps in resources, including housing, transportation, employment, and/or harm reduction strategies. Other examples of gaps in resources include gaps for underserved, underinsured, and uninsured and gaps due to state and Medicaid restrictions. One participant hoped that Medicaid eligibility would be less strict so more people could get treatment. Compared to participants who discussed gaps in resources, fewer participants directly discussed gaps in funding. Specifically, those who did mention that there is a gap in funding for people to stay in residential treatment and a lack of funding for law enforcement and other programs. Additionally, another participant suggested quantifying and measuring gaps to allot funding and resources accurately.

Lastly, there were two sub-categories under the overarching theme 'more coordination.' The first sub-category is the coordination of care, which was discussed more frequently, and the second is community collaboration. To be classified under the coordination of care sub-category, participants had to have addressed a gap in the continuum of care. One participant mentioned that one of the most significant gaps is connecting or getting people into the treatment they need. Another said there is a gap in the ease of transition throughout the continuum of care. Some suggested having a centralized system or database to track available beds to combat this.

Additionally, another stakeholder mentioned that there is "not a clear conception of the continuum of care." Participants often mentioned gaps in stakeholder collaboration, including data sharing between organizations, when discussing the second sub-category, community collaboration. One participant noted that "everyone's compartmentalized in their jobs," emphasizing the need for communication and cooperation between agencies.
Table 5. Largest Gap in Substance Use Treatment in Orange County, FL

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of Times Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accessible and Affordable Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>MAT</td>
<td>2</td>
</tr>
<tr>
<td>Accessible, affordable treatment</td>
<td>14</td>
</tr>
<tr>
<td>Narcan</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
<tr>
<td><strong>Community Education</strong></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
</tr>
<tr>
<td>Stigma</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td><strong>Funding and Resources</strong></td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>1</td>
</tr>
<tr>
<td>Resources</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
</tr>
<tr>
<td><strong>Coordination</strong></td>
<td></td>
</tr>
<tr>
<td>Coordination of care</td>
<td>5</td>
</tr>
<tr>
<td>Community Collaboration</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
</tr>
</tbody>
</table>

**What is Working Well**

After stakeholders were asked about the most significant gaps in substance use disorder treatment in Orange County, they were asked what they thought was working well in the county.

When addressing this question, one of the most common responses was the county's "outside the box," "progressive" prevention and treatment models. More specifically, participants mentioned that prevention strategies in Orange County are impressive and progressive, using outside the box, new innovative treatment models and that the county is progressive by taking the lead in addressing community needs (i.e., this Gap assessment).

Additionally, many participants mentioned that provider and community collaboration is working well and that the county has created a conversation and brought in multiple stakeholders to collaborate. Other participant discussed specific agencies that were doing good work. For example, one participant mentioned that the county has a good hospital system, while others noted that law enforcement is empathetic and understanding of what addiction is, that the Aspire program is working well, and that providing MAT in jail is working well. Further, other aspects of substance use treatment that participants mentioned were working well, including moving patients through the continuum of treatment, the overdose fatality review, getting Narcan, especially for law enforcement, county funding for the drug free coalition, and the awareness campaigns.
Concluding Thoughts

At the end of the interview, participants were asked the following:

*What else do you think is important for us to know about the substance use treatment system in Orange County?*

When answering this question, many participants often reiterated things they discussed throughout the interview, including challenges and barriers with resources and funding, the importance of continuing to build a multi-agency collaboration, the rise in fentanyl, and the importance of continuing to educate the community to reduce the stigma. When mentioning challenges and barriers with resources, participants discussed that there is still a lot of red tape out there, that there are funding barriers, that treatment programs are a long-term solution, but that they need more funding, and that transitional housing and other resources need to work on limiting sobriety restrictions and focus more on harm reduction instead. Lastly, one participant mentioned that "we are on the right track with this research" and that the results must be publicly presented to the community.

Client Interviews

Accessing Treatment

The first questions clients were asked were those regarding their personal experience with the treatment system in Orange County in terms of accessing treatment, length of time to find treatment, and the role insurance played in getting treatment. Clients used various treatment programs, including residential treatment, outpatient treatment, detox, and 12-step programs. Clients' recovery time ranged from less than a year to 31 years. Clients also described significant variations in the amount of time it took to find treatment. However, those who described the process as fast either entered into treatment directly from a hospital or had been in treatment previously and were now familiar with the system. Personal experiences finding treatment were described as difficult for some, but not all, clients. Those who said it was not difficult attributed this to good insurance, guidance by others in recovery, family connections, or intervention by law enforcement. Notably, the clients who did not have difficulty accessing treatment noted that this was not the case for most people they knew. Four major themes were identified among those who described finding treatment as difficult. These include trouble navigating the process, finding the right fit, gaps in accessibility for specific populations, and cost.

Difficulties navigating the process of finding treatment include not knowing who to call or where to look for treatment options, having to call multiple places before finding a treatment option and having waitlists. Some clients emphasized the importance of getting into treatment quickly and described the ease of falling back into old habits if a person in active addiction did not receive help almost immediately after deciding to seek help. As one client explained
"When we're ready to get treatment, we need to get in there right away. [...] That's the time. That's the captive audience because the disease will sneak in there and you know giving the idea that 'well nobody really wants to help me and nobody's there. I'm just going to go back to what's most familiar,' because emotionally it gets to be disappointing."

Clients who noted problems finding the right fit described this in terms of the program's length, the treatment center's location, and the ability to be around family members while in treatment. Gaps in accessibility for specific populations included a lack of care for those requiring significant mental health treatment and substance use disorder treatment for individuals with physical disabilities. This applied to only two clients; however, this proved a significant hurdle for both. In particular, one client with paraplegia said that after taking years to find a treatment facility to accommodate their disability, they were almost sent back home because of the additional assistance required.

The cost was the most common reason cited when clients had difficulty accessing treatment. Several clients noted the lack of financial resources often characteristic of individuals in active addiction and the need for more state-funded treatment centers. One client, in particular, described feeling as though treatment was less accessible for individuals who were not "homeless or in some way destitute" but still could not afford treatment recounting a time when they went to the police station to seek assistance getting into treatment but were told they could not help. Clients also noted a poor quality of care among affordable treatment centers. As another client described, "navigating through to find help and then paying for it, you know, that's a whole other issue, and for the stuff, you find accessible and affordable, it's not helpful. It's just a glorified babysitter."

Clients were next asked whether they had insurance and the role they felt that played in accessing treatment. Ten clients reported having had insurance at the time they entered into treatment. However, only three clients felt their insurance helped them access treatment. Both those who were insured and those who were uninsured felt as though their treatment options were limited. Those who were uninsured described a general lack of affordable treatment options. In contrast, those insured described being limited by what their insurance would cover, including the type of treatment facility and the amount of time their insurance would cover treatment. Insured clients also described difficulties communicating with insurance companies, including being on hold for long periods and being directed toward treatment facilities that did not meet their needs.

**Housing**

After discussing the process of accessing treatment, clients were asked about the stability of their housing situation both before entering into treatment, as well as ways to improve housing stability for individuals with substance use disorders and the degree to which they felt that housing was an important factor in recovery. When asked about their housing situation before receiving treatment, all clients but two reported some degree of instability. Both clients who did
not experience instability reported owning a home before beginning treatment. One of these clients stated that the house had been in very poor condition, with no electricity, no water, and busted-out windows. The other homeowner explained that a previously owned home had been foreclosed upon and that the newly purchased home was almost lost multiple times due to unpaid property taxes. The other 12 clients described their housing situation in one of two ways. Either they lived in an apartment but had difficulty keeping up with rent or were homeless—most clients reported couch surfing at friends or family members' homes.

There was a slight variation in response when asked about the importance of stable housing. All clients described it as a critical need that must be met to get and stay sober. One client told the ease with which people in recovery may fall back into old patterns when basic needs like housing are not met, stating, "I think it's pivotal, if you're worried about your basic needs like food, housing, shelter, etc., you can't even focus on treatment. Because how do you survive day to day and you know, it's easy enough just to go back to the old life of "The heck with it. Let me just use to ignore the pain that I'm feeling and the frustrations."

Many clients felt that having access to stable housing was the most important factor in successful long-term recovery because it is a basic human need and the role it can play in an individual's self-worth. As one client explained, "The backwards idea that we have about making people get clean to get housing is ridiculous. […] You need to help people even if they're still using. They need to have a roof over their head, a place to wash their clothes and take a shower. Otherwise, they're not going to be able to get clean. They need to feel like they're worthy."

When asked about how to improve the housing situation of individuals with substance use disorders, suggestions fell into one of three categories. First, clients expressed the need to expand upon transitional housing options in order to ease the financial strain experienced by many individuals immediately after leaving residential treatment. Second, multiple clients suggested that housing communities should be developed by either the state or treatment agencies for people with substance use disorders by purchasing abandoned hotels to convert into long-term sober housing to provide a supportive environment for recovery or seeking treatment. Finally, clients noted a general lack of affordable housing and the need to develop additional government-funded low-income housing options.

**Transportation**

Clients were next asked to describe their transportation situation while they were going through treatment, the importance of transportation for individuals struggling with addiction or recovery, and whether they knew individuals who were hindered from accessing treatment due to transportation-related barriers. Most clients described transportation as a struggle when first seeking treatment and early in recovery. Those who did not experience barriers to treatment due to transportation acknowledged that this was often not the case and that they knew others who were prevented from accessing treatment due to lack of transportation. Mention of issues with public transportation was frequent and fell into three categories: time, location, and knowledge
of the public transportation system. Clients described the additional time required of those reliant on the bus for transportation as an additional hurdle when trying to maintain sobriety. As one person explained, "The public transit, you know, does the best it can but what's a 15-minute drive for me might be two-plus hours, right? So, if you're working all day and it's two hours to get to work and two hours to get home, it's like there's not two hours in the middle of the day to go to the doctor or go to the methadone clinic or go to a meeting or whatnot."

In addition to the extra time required when using public transportation, another client explained that the timing of the bus schedule, which has reduced hours on Saturday and Sunday, is also an issue, particularly regarding getting to work.

Location was identified as another significant hurdle to accessing transportation for some clients. Whether a person's home, doctors, or 12-step meetings were located on a bus route tremendously influenced the degree to which transportation complicated recovery. One client who lives on an "unmaintained dirt road" stated, "if I didn't have a car, I could guarantee you I would not be going to face-to-face meetings." In another instance, a client described having to walk five miles each way to get to an outpatient treatment center because the facility was not located on a bus route. Knowing how to navigate public transit was also a hurdle for some, as it adds to the already taxing mental load of recovery, especially for those in the early stages. As a result of poor public transit and the high costs associated with car ownership, depending on others was a common theme. This was described as reliance on friends or family members for transportation to treatment centers, doctors, 12-step meetings, and financial support to purchase a vehicle.

Some clients offered solutions for better access to transportation. The first suggested solution is to create additional bus routes to expand access to buses and reduce the extra time required when taking the bus. Additionally, one client recommended expanding insurance coverage to bear the cost of transportation to and from doctor's appointments. A final recommendation, a common theme throughout interviews, was to increase knowledge of available resources such as funds that can contribute toward reinstating a suspended license and uber health accounts that can help fund transportation to doctor's appointments.

**Education and Employment**

Clients were asked several questions regarding education and employment both before and after going through treatment, including what degrees they have obtained, what their job position is and what it was before receiving treatment, whether they accessed any resources to assist in changing or gaining employment, and if they feel as though their employer was supportive of their recovery. Overall, clients described educational opportunities and jobs after receiving treatment positively. The transition after treatment was a theme in most interviews, where clients frequently described obtaining more education and moving into more stable employment after receiving treatment. There was much variation in clients' jobs and education before receiving treatment, ranging from those who were unemployed and had not finished high school to those who had obtained a master's degree or were working in management for a large corporation. All
clients described seeking additional education, more stable employment opportunities and/or increased responsibility in their previously held job after receiving treatment. Most clients have now transitioned into employment in a position working with others in recovery. This may be primarily because many interviews were done at a location where interviews took place, which employs those in recovery as peer support specialists. However, not all clients who reported working in recovery-related jobs were employed by this treatment center.

Many clients reported difficulty finding employment in the early stages of recovery, primarily attributed to required background checks, lack of knowledge of resources, and gaps in employment history. One client reported using a CareerSource to find employment, though no other clients reported using any other local resources outside of a treatment center to find work. However, other clients noted several ways these obstacles were overcome, including assistance from a treatment facility or family members, skills learned in a 12-step program, and support from previous employers and the court system.

When asked whether employers supported their recovery, several clients reported that their employer was unaware that they were in recovery. Those who had disclosed this information to their employer reported having received support. Employers were described as supportive by allowing time off to go to treatment, adjusting one's job position to accommodate a sober lifestyle, and forgoing background checks.

**Legal Access**

Clients were next asked whether they had access to any legal help that aided their recovery. Nine clients reported having no interactions with the Orange County court system. Those who did report having legal aid broadly described having had a positive experience. About half of these clients said having had representation by a public defender, and the other half had financial assistance from family members to cover the cost of hiring a private lawyer. Two clients reported experiences with drug court, and both described this as the reason they could get sober, with one client describing the drug court program as "a lifesaving event." Some clients reported having been assigned to a judge or having a lawyer who was knowledgeable about addiction which enabled them to access resources for treatment or have charges removed from their record.

In particular, gaining access to treatment through interactions with the court and law enforcement was described as integral to recovery for some clients. One client, Court-ordered to participate in treatment after being released from jail discussed having difficulty finding treatment due to an initial lack of assistance by the legal system. The client was not offered aid in accessing care despite the Court-ordered requirement to attend treatment. Another client, however, described a much more positive experience with the legal system and law enforcement in particular because they connected the clients with financial and treatment-related resources and provided a high degree of accountability. The relationship between law enforcement and people in active addiction was also discussed as a useful connection for accessing resources. However, it was noted that "not often do people involved in probation, or the justice system feel like law
enforcement is there to serve them," which prevents many people in active addiction from being connected with available resources.

**Mental Health**

Clients were asked if they had ever been diagnosed with a mental health disorder and whether they had ever sought treatment for mental health. Although only three clients reported never being diagnosed with a mental health disorder, overall, clients had little to say about access to mental health treatment. Those who described difficulty accessing treatment generally attributed this to care costs. The most common theme here was the need to further integrate mental health treatment with substance use treatment to provide clients with more holistic systems of care. Some clients reported having benefitted minimally from mental health treatment because they were not completely honest with their providers but that "being around other people in recovery was helpful because they got it and they did have to explain it or feel ashamed or feel weird."

For this reason, emphasis was placed on the importance of providing peer support, particularly for those in the early stages of recovery. Many felt that interactions with others in recovery made them feel safer and more open to the process.

**Support System**

Clients were asked if they felt supported throughout the recovery process and the role this played in maintaining sobriety. Much emphasis was placed on the importance of having a good support system and having connections with others in recovery. All clients reported feeling as though they had strong support systems now. Family members provided financial and emotional support for some clients; however, when discussing support systems, most clients discussed relationships made through participation in a twelve-step program. The importance of peer support was again discussed here by many clients because of the honesty and accountability that these relationships provide. Ultimately, a strong support system was described as foundational to getting clean and maintaining sobriety not only because of the mental and emotional support provided but also because of the financial support and access to resources such as housing and transportation, which these relationships can often provide.

**Changes to the Treatment System**

Finally, clients were asked what changes they felt should be made to the treatment system in Orange County. Responses fell into four categories: high costs, limited access, more holistic care, and increased harm reduction efforts. Many clients who discussed the cost of care described the treatment system as highly privatized and unethical. Some clients felt that for-profit treatment centers contribute to a "predatory" system, "just using sick people to make someone rich. It's really just taking advantage of marginalized people." As a result, these clients felt state funding for inpatient and outpatient treatment needed to be increased and that access to insurance coverage and disability benefits for individuals with mental health disorders should be expanded.
Although cost was a common barrier to accessing treatment, several clients did not think that there was necessarily a lack of funding was a significant issue. Instead, they felt difficulty accessing currently funded resources was a more pertinent problem. Clients reported having to go as far as Baker Acting themselves or getting arrested as a means of accessing care, explaining, "Basically, you have to go to the ER and Baker Act yourself and say you're suicidal to even get into the system because if you're just there for detox they kind of pat you on the back and spend a few hours in the ER and say good luck."

Many thought that more should be done to increase the general public's knowledge of the multitude of resources that already exist and to reduce barriers to accessing them by developing a more centralized treatment system that would not only ease the mental load associated with accessing resources but would also minimize the degree to which transportation acts as a barrier to receiving treatment.

Similarly, clients commonly described a need for more holistic systems of care. This included providing a more client-centered approach to treatment, providing more transitional treatment, and developing a more cohesive treatment system. Many clients described treatment approaches as one-size-fits-all and felt that the client should be more involved in the treatment process rather than being told to follow a generalized treatment plan, which one patient referred to as "putting a band-aid on an open wound." A lack of transitional care was a common obstacle described as well. Clients who attended inpatient facilities reported feeling they were not given enough support to transition back into society. Many felt the treatment system needed more long-term care to provide clients with increased stability. One client who now works for a treatment center described this issue as a lack of housing, explaining that "we can give wrap around from our standpoint, but it always comes back to that one biggie, you know, that monster of housing and funding for housing. Housing, it's a killer."

Clients discussed a need for increased harm reduction and prevention efforts to reduce the stigma associated with addiction, making it easier for those in active addiction to seek help and as a means of developing connections between individuals struggling with addiction and those with knowledge of available resources. One client described syringe buyback programs as a possible avenue for developing such connections. He explained, "It creates a point of interaction between a person who might not otherwise have access to those resources in the community. Like, you know, a person who is not housed… it creates an interaction between thee and someone who has access to resources, and you never know when that person is going to come up and say, 'hey, you know, I want to sell you back my syringe, but I need help. I'm sick of doing this.'"

Other clients discussed the need to connect teenagers with mental health resources and knowledge of healthy coping mechanisms to prevent self-medication as a trauma response to "address root causes when they are younger." Harm reduction and prevention efforts were also described as a more cost-effective means of managing addiction, particularly among individuals described as "high utilizers." Despite the need for increased harm reduction and prevention
efforts, clients described feeling that the stigma associated with addiction prevented the implementation of such efforts necessitating a deeper understanding of the disease among community members.

**Recommendations**

It is clear that significant strides have been made, and the county has many dedicated professionals that are working to make treatment more accessible to those who need it. But the county still faces challenges. This gap analysis identified barriers that people in need of substance use disorder treatment face in Orange County. Through triangulation of the survey and interview data, clear themes surfaced.

**Recommendation 1: Increase Accessible, Affordable Treatment Capacity**

While there theoretically may be enough treatment capacity available, this capacity is limited to certain forms of treatment and can be inaccessible to those without private insurance, or members of special populations. The survey found that only half of organizations accept Medicaid or Medicare, and only half organizations offer treatment on a sliding scale. Stakeholders stated that the availability of affordable and accessible treatment to be the largest gap in the community. Thus, more beds for those uninsured or underinsured are needed. However, as noted in the client interviews, even those with insurance face restrictions on the types and length of treatment they can access. Therefore, more capacity is needed across the board.

Additional affordable beds are also needed for special populations including youth, seniors, pregnant women, and individuals seeking treatment post incarceration, among others. Many providers stated that they do not serve individuals with various physical or behavioral conditions meaning many of the most vulnerable in need of treatment are struggling to find suitable options.

**Recommendation 2: Expand Access to MAT**

Access to MAT was found to be a major gap. The survey found that only half of participating providers offer MAT and stakeholders discussed the difficulty many people face in accessing MAT. The number of providers offering MAT needs to increase and potentially the ways MAT is offered could as well. Increased access to MAT may require creative ideas. For example, one stakeholder mentioned the potential to offer MAT to people in need in the community via mobile trailers.

**Recommendation 3: Increase Coordination**

A related issue to accessibility to affordable treatment and MAT is the coordination of care. The continuum of care needs to be easier to navigate and providers need to more readily be able to coordinate with one another when helping those seeking treatment and related resources. A possible solution that was offered was a centralized system or database to track available beds across providers. This could be expanded beyond bed capacity to include related resources like mental health treatment, case management, and the like.
This study showed that that there are providers and agencies across the county diligently addressing substance use disorder. A coordinated system would allow them to more easily work together and share resources. This is vitally important as shown through the interviews with clients who discussed difficulty navigating the current system and having to call multiple places before finding a treatment option. They emphasized the importance of getting into treatment quickly. Increased coordination could make this the norm.

**Recommendation 4: Expand Holistic Care**

Related to recommendation 3 is the need for an increased emphasis on holistic care. Individuals who have navigated the system were very clear in the importance of this type of care system in combating substance use disorder. According to the survey, only half of the organization provide other services like case management. However, having stable housing, for example, is vital in long term success. While individual providers should not be expected to provide all services to all people, a coordinated system could allow providers to work together to help provide holistic care.

Stakeholders agreed that a focus on holistic care is important and structural barriers like affordable housing and transportation are impeding access to treatment. Both stakeholders and clients noted these as significant challenges for the community. Some clients provided several ideas for potential housing options that could be explored in the county as additional options for those in treatment and recovery. Services and program that address these structural barriers need to be considered as part of the treatment solution.

**Recommendation 5: Expand Education and Prevention Strategies**

Across the stakeholder interviews, education was the second most commonly mentioned gap in the community. The focus of the needed education varied and included increasing awareness about substance use disorders, spreading awareness about naloxone and Narcan, focusing on prevention strategies, and destigmatization. Clients typically thought prevention efforts should focus on younger people by connecting youth teenagers with mental health resources and teaching healthy coping mechanisms to prevent self-medication as a trauma response.

**Recommendation 6: Expand Communities**

Many of the clients interviewed discussed the role of peer support in their recoveries. Ultimately, a strong support system was described as foundational to getting clean and maintaining sobriety because of the myriad of resources that come from it including mental and emotional support and access to needed resources like housing and transportation. Given the need for more affordable housing options and the importance of peer support among clients, an increase in sober living communities seems like a logical solution to address two of the biggest needs at the same time.
Appendix A: Provider Survey

Orange County Substance Abuse Treatment Capacity Survey

Start of Block: Introduction

Q1 This survey is being conducted by the Institute for Social and Behavioral Sciences at the University of Central Florida in conjunction with the Orange County Drug Free Office. The purpose of this research is to assess the capacity of substance abuse treatment in Orange County, Florida. The survey includes questions regarding the type of facility in which you are a provider, the capacity of your facility, services offered, and populations served.

End of Block: Introduction

Start of Block: Consent

Q2

Q3 Do you consent to take this survey?

- Yes  (1)
- No  (2)
Q4 Are you 18 years of age or older?

- Yes (1)
- No (2)

End of Block: Consent

Start of Block: Facility Identification

Q5
Is your practice/agency located in Orange County, FL?

- Yes (1)
- No (2)

Skip To: End of Survey If Is your practice/agency located in Orange County, FL? = No

Q6 Provider name

________________________________________________________

Q7 Physical address

________________________________________________________

Q8 Phone

________________________________________________________
Q9 Point of contact


Q10 Email


Q11 Website


End of Block: Facility Identification

Start of Block: Facility Type
Q12 Agency Services (check all that apply)

☐ Inpatient Detoxification (1)
☐ Residential Level 1 - Adult (2)
☐ Residential Level 1- Adolescent (3)
☐ Residential Level 2 - Adult (4)
☐ Residential Level 2 - Adolescent (5)
☐ Residential Level 3- Adult (6)
☐ Residential Level 3- Adolescent (7)
☐ Intensive Outpatient (8)
☐ Outpatient (9)
Q13 Scope of clinical services provided (Check all that apply)

☐ Alcohol Use Disorder (1)
☐ Opioid Use Disorder (2)
☐ Stimulant Use Disorder (3)
☐ Cannabis Use Disorder (4)
☐ Sedative, Hypnotic, or Anxiolytic Use Disorder (5)
☐ Inhalant-Related Disorders (6)
☐ Other (7) ________________________________

End of Block: Facility Type

Start of Block: Treatment Availability

Q14 What is the total number of clients who can be served by your practice/agency at one time?

________________________________________________________________

Q15 What is the current census of your practice/agency?

________________________________________________________________

Page Break
Q16 At your practice/agency, how many beds are available for inpatient detoxification at one time?

________________________________________________________________

Q17 At your practice/agency, how many beds are available for adults (level 1) at one time?

________________________________________________________________

Q18 At your practice/agency, how many beds are available for adolescents (level 1) at one time?

________________________________________________________________

Q19 At your practice/agency, how many beds are available for adults (level 2) at one time?

________________________________________________________________

Q20 At your practice/agency, how many beds are available for adolescents (level 2) at one time?

________________________________________________________________
Q21 At your practice/agency, how many beds are available for adults (level 3) at one time?

________________________________________________________________

Q22 At your practice/agency, how many beds are available for adolescents (level 3) at one time?

________________________________________________________________

Q23 At your practice/agency, how many clients can receive intensive outpatient treatment at one time?

________________________________________________________________

Q24 At your practice/agency, how many clients can receive outpatient treatment at one time?

________________________________________________________________
Q25 In number of days, what is the average length of stay for clients treated using inpatient detoxification?

________________________________________________________________

Q26 In number of days, what is the average length of stay for residential level 1 adult clients?

________________________________________________________________

Q27 In number of days, what is the average length of stay for residential level 1 adolescent clients?

________________________________________________________________

Q28 In number of days, what is the average length of stay for residential level 2 adult clients?

________________________________________________________________

Q29 In number of days, what is the average length of stay for residential level 2 adolescent clients?

________________________________________________________________
Q29 In number of days, what is the average length of stay for residential level 2 adolescent clients?

Display This Question:
If Agency Services (check all that apply) = Residential Level 3- Adult

Q30 In number of days, what is the average length of stay for residential level 3 adult clients?

Display This Question:
If Agency Services (check all that apply) = Residential Level 3- Adolescent

Q31 In number of days, what is the average length of stay for residential level 3 adolescent clients?

Display This Question:
If Agency Services (check all that apply) = Intensive Outpatient

Q32 On average, how many appointments are attended by clients receiving intensive outpatient treatment?

Display This Question:
If Agency Services (check all that apply) = Outpatient

Q33 On average, how many appointments are attended by clients receiving outpatient treatment?
Q34 Do you maintain a waitlist for inpatient detoxification?

- Yes (1)
- No (2)

Q35 What is the average wait time in number of days for inpatient detoxification?

- Click to write Choice 1 (1)
- Click to write Choice 2 (2)
- Click to write Choice 3 (3)

Q36 Do you maintain a waitlist for adult level 1 residential treatment?

- Yes (1)
- No (2)
Q37 What is the average wait time in number of days for adult level 1 residential treatment?

________________________________________________________________

Display This Question:
If Agency Services (check all that apply) = Residential Level 1 - Adolescent

Q38 Do you maintain a waitlist for adolescent level 1 residential treatment?

○ Yes (1)
○ No (2)

Display This Question:
If Do you maintain a waitlist for adolescent level 1 residential treatment? = Yes

Q39 What is the average wait time in number of days for adolescent level 1 residential treatment?

________________________________________________________________

Display This Question:
If Agency Services (check all that apply) = Residential Level 2 - Adult

Q40 Do you maintain a waitlist for adult level 2 residential treatment?

○ Yes (1)
○ No (2)

Display This Question:
If Do you maintain a waitlist for adult level 2 residential treatment? = Yes
Q41 What is the average wait time in number of days for adult level 2 residential treatment?

Display This Question:
If Agency Services (check all that apply) = Residential Level 2 - Adolescent

Q42 Do you maintain a waitlist for adolescent level 2 residential treatment?

- Yes (1)
- No (2)

Display This Question:
If Do you maintain a waitlist for adolescent level 2 residential treatment? = Yes

Q43 What is the average wait time in number of days for adolescent level 2 treatment?

Display This Question:
If Agency Services (check all that apply) = Residential Level 3- Adult

Q44 Do you maintain a waitlist for adult level 3 residential treatment?

- Yes (1)
- No (2)

Display This Question:
If Do you maintain a waitlist for adult level 3 residential treatment? = Yes
Q45 What is the average wait time in number of days for adult level 3 residential treatment?

Display This Question:
If Agency Services (check all that apply) = Residential Level 3- Adolescent

Q46 Do you maintain a waitlist for adolescent level 3 residential treatment?

- Yes (1)
- No (2)

Display This Question:
If Do you maintain a waitlist for adolescent level 3 residential treatment? = Yes

Q47 What is the average wait time in number of days for adolescent level 3 residential treatment?

Display This Question:
If Agency Services (check all that apply) = Intensive Outpatient

Q48 Do you maintain a waitlist for intensive outpatient treatment?

- Yes (1)
- No (2)

Display This Question:
If Do you maintain a waitlist for intensive outpatient treatment? = Yes
Q49 What is the average wait time in number for days for intensive outpatient treatment?

Display This Question:
If Agency Services (check all that apply) = Outpatient

Q50 Do you maintain a wait list for outpatient treatment?

☐ Yes (1)
☐ No (2)

Display This Question:
If Do you maintain a waitlist for intensive outpatient treatment? = Yes

Q51 What is the average wait time in number of days for outpatient treatment?

Page Break
Q52 Does your agency/practice offer MAT?

- Yes (1)
- No (2)

Q53 If yes, check all that apply

- Methadone (1)
- Naltrexone or Vivitrol (2)
- Suboxone (3)
- Buprenorphine (4)
Q54 Do you maintain a waitlist for MAT?

- Yes (1)
- No (2)

Q55 What is the average wait time for MAT in number of days?

[Blank Space]
Q56 Please check all treatment modalities offered by your agency/practice

☐ Trauma-Informed Therapy (1)
☐ Family Therapy (2)
☐ Cognitive Behavioral Therapy (CBT) (3)
☐ Dialectical Behavior Therapy (DBT) (4)
☐ Neurofeedback or Biofeedback Therapy (5)
☐ Eye Movement Desensitization and Reprocessing Therapy (EMDR) (6)
☐ Contingency Management (7)
☐ The Matrix Model (8)
☐ Motivational Enhancement Therapy (MET) (9)
☐ The Twelve Step Approach (10)
Q57 Please check all social support services offered by your agency/practice

- Housing (1)
- Transportation Assistance (2)
- Employment Services (3)
- Case Management (e.g. assistance applying for Medicaid/Medicare, financial assistance, etc) (4)
- Other (please specify) (5) __________________________________________________

Q58 Does your agency offer mental health services in addition to SUD treatment?

- Yes (1)
- No (2)

Q59 Ages Served: (Check all that apply)

- Children/Youth (1)
- Adults (18+) (2)
Q60 Genders Served: (Check all that apply)

- Male (1)
- Female (2)
- Transgender (3)

Q61 Special Populations Served: (Click all that apply)

- Pregnant women (1)
- HIV/AIDS, Tuberculosis, Viral Hep (2)
- Physical disabilities (3)
- Chronic physical and behavioral health conditions (4)
- Other (please specify) (5)

Display This Question:

If Agency Services (check all that apply) = Residential Level 1 - Adult
Or Agency Services (check all that apply) = Residential Level 1- Adolescent
Or Agency Services (check all that apply) = Residential Level 2 - Adult
Or Agency Services (check all that apply) = Residential Level 2 - Adolescent
Or Agency Services (check all that apply) = Residential Level 3- Adult
Or Agency Services (check all that apply) = Residential Level 3- Adolescent
Q62 At your agency/practice, can children stay with their mothers while the mother is receiving residential treatment?

- Yes (1)
- No (2)

Display This Question:
If Agency Services (check all that apply) = Residential Level 1 - Adult
Or Agency Services (check all that apply) = Residential Level 1- Adolescent
Or Agency Services (check all that apply) = Residential Level 2 - Adult
Or Agency Services (check all that apply) = Residential Level 2 - Adolescent
Or Agency Services (check all that apply) = Residential Level 3- Adult
Or Agency Services (check all that apply) = Residential Level 3- Adolescent

Q63 At your agency/practice, can children stay with their fathers while the father is receiving residential treatment?

- Yes (1)
- No (2)

End of Block: Population Demographics

Start of Block: Payment
Q64 What forms of payment are accepted for Substance Use Disorder Services? (Click all that apply)

☐ Medicaid (1)
☐ Medicare (2)
☐ Self-Pay (3)
☐ Private Insurance (4)
☐ Grant Funded (5)
☐ CYFD/HSD (6)
☐ PRC/IHS (7)
☐ State/Free (8)
☐ Sliding Fee Scale (9)
☐ Other (10) __________________________________________________

End of Block: Payment

Start of Block: Additional Notes

Q65 Is there anything you would like to add about your agency/practice?

__________________________________________________________________________

End of Block: Additional Notes
Appendix B: Stakeholder Interview Schedule

General Questions

1. OK to begin, what is your title, role, and how does your work intersect with people with substance use disorders and/or those in need of mental health treatment?

2. What do you think are the major challenges faced by the population you work with in terms of finding and using the services they need?

3. What populations do you think are particularly impacted, underserved, or challenging to help? Have you noticed any changes in this over the past 10 years or so (changes in people needing help)?

4. What are the next steps on the following fronts, that is what do you think we should be doing or expanding on in terms of: a. Prevention b. Early Intervention c. Treatment.

5. In your opinion, what are the three largest gaps in Orange County in terms of substance abuse or mental health treatment right now?

6. What do you think is working well in the county in terms of substance use and mental health treatment?

7. What other agencies do you partner with in the community to coordinate services?

8. What else do you think is important for us to know about the mental health and substance use treatment systems in Orange County?
Appendix C: Client Interview Schedule

General
1. Generally speaking, how did you find the process in finding and getting treatment? (How long did it take? Did you have to go on waiting lists? Did you have to call many places to find a slot?)
2. Do you have insurance? What role do you think your insurance played in getting treatment?

Housing
3. Before starting treatment in Orange County how would you describe your housing situation? (If you struggled to pay for housing or often found yourself wondering where you would stay the night what resources did you know about?)
4. If you struggled to find safe and affordable housing, what do you think could be put in place to give individuals like yourself access to safe and affordable housing?
5. How important do you think stable housing is for people struggling with opioid use or are in recovery?

Transportation
6. How would you describe your transportation situation when you were going through the treatment process? (What role did transportation play in accessing treatment? How important do you think transportation is for someone struggling with an addiction or someone in recovery? (Have you known anyone that has had transportation inhibit them from treatment?)

Jobs and Education
7. What is the highest degree you have earned? (Do you have any aspirations to continue your education? Did you use any local programs to continue your education?)
8. What kind of job did you hold before you went into treatment? What are you doing now?
9. After treatment were there resources to assist you in changing your employment situation?
10. Did you feel supported by your work? (If not what do you think they should have done better to support you?)

Legal Access
11. Have you had access to legal help that allowed you to continue or start recovery? (If yes, how did you find out about this resource?)

Mental Health
12. Before treatment did you seek out any mental health services?
13. Were you diagnosed with a mental health disorder before your entrance into treatment?
14. Were you diagnosed with a mental health disorder during/after treatment?

Support System
While going through the treatment system did you notice anything that specifically benefited you? (What were those resources?)

What are some resources that you feel are missing from the treatment care system?

Do you feel that you have a support system now? (Did you feel that way while going through treatment?)

What is something that you think needs to change about the treatment system?

Is there anything else that you feel needs to be addressed in regards to seeking treatment in Orange County?