KATE BROWN
Governor

October 18, 2019

The Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden and Members of the Committee on Energy and Commerce:

Thank you for your attention to the ongoing opioid epidemic. Like every state across the nation, Oregon is experiencing the devastating effects of opioid misuse and abuse. In September of 2017, I convened Oregon's Opioid Epidemic Task Force in recognition of this substance's significant detrimental impact on the lives of Oregon Families. Over the past two state legislative sessions, I have prioritized the policies recommended by this group in my legislative agenda. Their myriad accomplishments include, but are not limited to:

- Declaration of substance use disorder as a chronic illness in Oregon;
- Removal of barriers to accessing treatment, such as prior authorization requirements for medication assisted treatment;
- Creation of programs aimed at helping pregnant persons suffering with substance use disorder and seeking to keep their families united;
- Leverage of state funding to support live saving peer-mentor programs;
- Bolstering the provision of treatment through the creation of accreditation standards; and
- Crafting necessary updates to Oregon's Prescription Drug Monitoring Program, including mandating enrollment for all licensed prescribers.

Oregon appreciates the crucial work of the House Committee on Energy and Commerce in addressing this crisis. To that end, we are pleased to provide you with the requested information regarding our use of federal funding to assist in our response to the epidemic. These monies are essential for keeping Oregonians healthy and safe. I look forward to continued partnership with you and the members of the Committee.

Sincerely,

Kate Brown

Governor Kate Brown

254 STATE CAPITOL, SALEM OR 97301-4047 (503) 378-3111 FAX (503) 378-8970
WWW.GOVERNOR.OREGON.GOV

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority
500 Summer St NE E20
Salem OR 97301
Voice: 503-947-2340
Fax: 503-947-2341
www.Oregon.Gov/OHA
www.health.oregon.gov

October 18, 2019

On behalf of the Oregon Health Authority (OHA), below are answers to the questions from the House Committee on Commerce & Energy letter on September 18, 2019.

1. Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has Oregon received?

Oregon has received the following federal opioid grants since 2016:

Grant	Purpose	Timeline	Award amount	Federal Law
SAMHSA Opioid State Targeted response Grant	Prevention, Treatment, Recovery	May 1, 2017-April 30, 2019	$13,128,850	21st century Cures Act 2016
SAMHSA State Opioid Response Grant	Prevention, Treatment, Recovery	October 1, 2018-September 30, 2020	$19,853,461.00	Consolidated Appropriations Act 2018
MAT PDOA	Treatment	September 1, 2016 – August 31st, 2019	$ 3,000,000	Comprehensive Addiction and Recovery Act (CARA)
CDC Prevention for States Grant	Prevention, Surveillance	September 1, 2015 – August 31, 2019	$ 7,455,691	Omnibus Bill
CDC Public Health Crisis Response Cooperative Agreement & Supplement	Prevention, Preparedness, Surveillance	September 1, 2018 – November 30, 2019	$2,294,782	Omnibus Bill
Overdose Data to Action	Prevention, Surveillance	September 1, 2019 – August 31, 2022	$9,104,961	Omnibus Bill

1.a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?

The flexible parameters of federal Opioid grants have been useful for Oregon to assess gaps and needs in opioid prevention/treatment/recovery across the spectrum of the behavioral health system. Oregon has been able to identify specific communities and their specific needs to address the opioid crisis using these federal resources.

However, the short grant duration is a critical barrier in establishing contracts with local providers who would implement the activities and demonstrate outcomes at the end of the grant period. This challenge is even more prominent when trying to invest in rural and frontier communities and Tribal communities because these local entities usually have a lean workforce, for both administrative and direct services.

When contracting with Local Public Health Authorities (LPHAs), OHA follows a collaboratively developed process of approval with the Coalition of Local Health Officials (CLHO). This process requires several months and thus

limits the amount of time that LPHAs have funding to meet grant requirements. Because of the additional time required for contracting, planning, and request for proposal processes, LPHAs are often challenged to spend funds quickly. The amount of funding available has also resulted in a limited number of LPHA subawards, which can lead to uneven distribution of funds across the state.

Oregon, along with several other states, have recommended the appropriation of opioid-specific funding as an addition to Substance Abuse Prevention and Treatment Block Grant. This would allow states to do continuous assessments and systemic investment of resources to targeted communities in areas of prevention, treatment and recovery.

1.b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating the money to them (e.g. prevention, treatment, etc.) and the amount that has been allocated to them.

To date, Oregon has allocated 100% of the Opioid STR and SOR grant funds. The funded programs span across prevention, treatment and recovery. For the STR grant, Oregon invested 55% in prevention, 40% in treatment, and 5% in recovery programs. For the SOR grant, Oregon invested 25% in prevention, 39% in treatment, and 36% in recovery programs. In addition, a small portion of the funds were used for independent evaluation of funded programs.

Oregon's CDC Overdose Data to Action grant, managed by the OHA Pubic Health Division, also has allocated 100% of the grant funds, 80% in surveillance and data analysis and 20% in prevention, per grant requirements. Similarly, the CDC Public Health Crisis Response Cooperative Agreement and Supplement have been entirely allocated, with approximately 60% for prevention and 40% for surveillance.

Please see the attached spreadsheet for a list of programs, providers, purpose, and amount allocated.

1.c. If your state has not used the entirety of federally allocated funding, please explain why.

As noted above, Oregon has used the entirety of federally allocated funding.

2. Please describe how your state determines which local government entities (i.e. counties, cities, and town) receive federal funding to address opioid crisis. Specifically, please identify localities most impacted by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.

Oregon uses one or more of the following criteria to identify local entities that are at most need for resources to address opioid crisis:

a. Rank/score based on High Burden formula for each county
b. Regions with high rates of hospitalization from overdose death; this data is updated and available from Oregon's Prescription Drug Overdose Program (PDMP) Dashboard
c. Regions with low access to Medication Assisted Treatment; this takes into account availability of an OTP or OBOT in proximity and number of X Waivered providers in proximity
d. Number of overdose deaths in each county
e. Local entities that will reach the most individuals in the community especially with Naloxone distribution and training.

The counties in Oregon that have lowest access to prevention, treatment, and recovery services for opioid use disorder services tend to be in the rural, frontier, and coastal-frontier region.

Local Public Health Authorities (LPHs) are funded according to several indicators. One is a composite score of "High Burden Regions." In 2015, through the CDC Prevention for States grant, Oregon used metrics consisting of prescription opioid mortality rate, hospitalization rate, average patients receiving over 100 MED, and population

to determine high burden regions. For 2019, new funding metrics are in development and anticipated to be based on overdose rate of prescription opioids, heroin, and methamphetamines, as well as federal poverty levels within the county and population.

The localities identified below are the top five highest burden counties using the 2019 metrics.

1. Lane County
2. Multnomah County
3. Douglas County
4. Linn County
5. Lincoln County

In addition to the factors that comprise the formula to calculate High Burden, and the other factors mentioned above, Oregon also considered the following factors to identify the list of local entities who are subgrantees of Federal opioid grant awards:

a. Availability of recovery support services in the region such as Peer delivered services, Supported Housing, Supported Employment, Medication Assisted recovery groups, Certified Recovery Mentors
b. Lack of Opioid Use awareness among local law enforcement and first responders
c. Access to harm reduction program that can also distribute and provide training on Naloxone
d. Distance to closest OTP
e. Capacity to accomplish grant deliverables

Please see the attached spreadsheet for a list of programs, providers, purpose, and amount allocated.

3. Please describe how your state determined which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal funding to address the opioid crisis. Specifically identify the non-governmental entities that have received funds in your state, and include the total amount allocated to each entity, as well as factors your state considers in distributing these funds.

In addition to prioritizing regions that score as High Burden, Oregon also uses a robust and extensive stakeholder engagement process to identify and fund organizations that can have a high impact in their communities. The following process for stakeholder engagement was followed for the STR and SOR grants:

Step 1: Stakeholder engagement was done with the following groups: Association of Community Mental Health Providers, Oregon Council for Behavioral Health, Educational Institutions, OTPs and OBOTs across the state, correctional facilities, recovery providers, and other treatment providers in rural communities who are NHSC certified and therefore eligible for federal loan repayment programs.

Step 2: In order to receive federal funds, OHA required these organizations to coordinate with their local/community providers and submit proposals. The following information was conveyed to stakeholder groups:

1. Purpose of the opioid grants and grant timelines
2. A standardized form for proposal addressing needs assessment, data, a plan for activities to be implemented, timeline for outcomes, and reporting measures
3. Non-governmental organizations who received federal funds were required to establish partnership with local government agencies and ensure that they will serve all individuals regardless of their insurance type

Several other factors are taken into consideration when selecting non-governmental organizations who receive federal funding such as: readiness, capability to implement the activities within the grant timeline, long term impact on high need populations, existing efforts in the community, sustainability, capability to distribute Naloxone in their community, relationship with local partners such as law enforcement, schools etc., presence or lack thereof of other providers in the community who can provide the same services, ability to serve Medicaid and uninsured individuals, addressing gaps in the SUD system.

Please see the attached spreadsheet for a list of programs, providers, purpose, and amount allocated.

4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Oregon in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.

Yes, the flexible parameters of federal opioid grants have been useful for Oregon to assess gaps and needs in opioid prevention/treatment/recovery across the spectrum of the behavioral health system. Oregon has been able to identify specific communities and their specific needs to address the opioid crisis using these federal resources. The grants helped Oregon expand and enhance existing services and implement new programs.

Most treatment services in Oregon are covered by Medicaid and therefore federal grants like this help the state focus on program development (such as establishing new OTP and OBOT, and expanding capacity of current MAT programs), workforce expansion, primary prevention efforts, recovery programs (such as Recovery High School, and Peer mentors in correctional facilities), innovation, and evaluation.

The counties in Oregon hardest hit by the opioid crisis tend to be in the rural, frontier, and coastal-frontier regions. These regions also lack access to opioid use disorder treatment, recovery, and prevention services. The Federal opioid grants are allowing Oregon to increase access to MAT for residents of these counties, expand Peer delivered services in correctional facilities and hospitals, and increased coordination among community partners such as law enforcement, local certified Peers, treatment facilities, and harm reduction programs. The above-mentioned services, which are not covered by Medicaid, helped engage individuals who were previously not accessing treatment. Oregon could also pilot innovative programs tailored to specific communities and populations such as individuals in jail and prison, IV drug users, adolescents, etc. With greater resources in coordination and recovery support, as demonstrated in the innovative pilot programs, we hope to see reduced health care spending in Medicaid and increased engagement in treatment and recovery.

The *Heal Safely* media campaign, funded through a combination of STR and CDC Prevention for States grant dollars, is focusing prevention messaging about safe and effective non-opioid pain management in Indian Country within Oregon's borders and within five high-burden counties. This campaign, which includes a website, television and radio ads, and out-of-home media, aims to assist health care providers and patients to seek alternatives to opioids for managing acute pain—because preventing people from starting opioid prescriptions in the first place will reduce long-term use and overdose risk.

A campaign in development and funded through Crisis Response dollars, called *Reverse Overdose Oregon*, will empower everyday people in hard-hit geographic areas and social groups to intervene and help save lives by working with employers to train their staff on naloxone administration as part of their safety and preparedness efforts. This initiative focuses on occupations that interact with many people on a daily basis such as bus drivers, cab and rideshare drivers, and librarians; occupations and industries associated with high risk of overdose (because of higher risk of injury, etc.) such as construction, natural resource extraction, food preparation and serving, health care support, and personal care; and businesses in geographic areas with high concentration of opioid use and facilities where overdoses may occur, such as fast food restaurants, transit stations, and gas stations. By helping them recognize an overdose and training them to administer naloxone, more overdoses can be reversed, and this life-saving drug can be destigmatized as a regular and necessary part of responding to the opioid crisis.

Two additional initiatives funded through the Crisis Response funding opportunity developed local resilience and capacity for response to the overdose epidemic in Indian Country by training first responders in nine Federally Recognized Tribes in psychological first aid, and by rolling out a naloxone administration train-the-trainer initiative. Purchase of Tru-Narc field testing devices has also empowered local communities to conduct on-site testing of chemical compounds such as fentanyl and analogues, thus saving valuable time and resources and

reducing response time in outbreak clusters. Funding of three Americorps VISTA members focused on opioid prevention (including one tribal prevention coordinator) has increased the reach of the public health workforce in communities experiencing poverty.

The Medication Assisted Treatment – Prescription Drug Opioid Addiction (MAT PDOA) program helped to provide the foundation for increasing the State's capacity to address OUD among underserved and priority populations.

Some of the highlights of the grant included increasing OUD treatment access by funding opioid treatment program (OTP) expansion in Douglas and Coos Counties, underserved geographically isolated areas with few MAT options previously (provider: ADAPT), as well as expanding office-based opioid treatment (OBOT) options in the rural health care/primary care setting in the North Coast region of Oregon, an area with some of the highest OD, hospitalization and prescribing rates over the last 5-6 years (provider: OHSU Scappoose).

Workforce remains a key barrier to providing comprehensive services to address OUD throughout the State, and to help begin to address that issue, training, education and case consultation for the addiction medicine workforce were provided statewide through the ECHO Program (focusing on MAT and addiction treatment), creating large numbers of new providers qualified to provide MAT statewide (provider: OHSU addiction/family medicine department). This program has had a significant impact on the expansion of the DATA-waivered workforce in Oregon; in 2018, an estimated 30% of all waivered providers in Oregon received training through the ECHO program, and the percentages of providers writing at least one (1) prescription for buprenorphine in a calendar year increased from 25% in 2016 to approximately 50% in mid-2018.

Community engagement and reduction of stigma towards methadone treatment and other forms of MAT is also a priority, and MAT PDOA funded staffing for improved outreach and intake capacity at Central Oregon's only OTP, and expanded partnerships with community stakeholders to help develop a comprehensive continuum of care. This has helped form a foundation from which to coordinate with stakeholders on community wide priorities related to opioid use and misuse in the region (provider: Bend Treatment Center). Some examples of the success of these efforts include strong partnerships between law enforcement, drug courts, and the local OTP in Deschutes County.

Education, consultation and training services were also funded in the Portland metro area and North Coast region (through Central City Concern) through the first year and a half of the grant period. Some of these efforts in the North Coast region were specifically targeted to increase the efficacy of the MAT PDOA OBOT expansion efforts in the region; a consistent theme in all of Oregon's Federally funded grant efforts has been building on previous work and supporting sustainability.

Finally, despite the Hispanic community in Oregon making up 12% of the state's population, outreach and engagement with this group has been historically lacking and has contributed to an under-utilization of SUD treatment and recovery services compared to their representation in the overall population of the state. To help address this, the MAT PDOA grant, in partnership with the Mental Health and Addiction Counseling Board of Oregon, helped to fund the Northwest Instituto Latino de Adicciones, a provider organization focused on SUD issues in the Hispanic and Latino community in Oregon, to hold their annual conferences in 2018 and 2019.

5. In what ways, specifically, have federal funds extended to Oregon helped change your state's treatment system and/or lead to a reduction in opioid overdose.

In Oregon, focus on rural and frontier regions has been the main purpose of opioid use disorder (OUD) related efforts. One of the critical issues in Oregon is lack of access to treatment and recovery services in rural regions. The STR grant was used in Oregon to invest in an array of prevention, treatment, and recovery efforts and pilot projects. The SOR grant has been used to focus on OUD treatment workforce expansion and development in rural regions, as well as continuation of some of the impactful efforts previously funded by the STR grant. Since

June 2017, Oregon has increased the number of individuals accessing MAT by 36% (12,748 in June 2017 to 17.386 in June 2019).

Overall, Oregon's focus and efforts through the STR and SOR resources have been on the following:

1. Increasing access to OUD treatment especially medication-assisted treatment (MAT)
2. Increased workforce for OUD treatment in rural and frontier regions
3. Increased access to treatment for individuals in correctional facilities and reentering the community
4. Statewide awareness of risk of opioid use, pain management, and MAT as a road to recovery
5. Recovery services such as peer delivered services to individuals in various settings such as hospitals, prison and jail, high school, and communities; these efforts included training peers to serve in their communities and various settings
6. Naloxone distribution and training in regions with high rates of overdose

Prevention

OHA has taken the lead on conducting a health communication campaign — "Heal Safely" – to empower people to heal safely after injury or surgery. We believe everyone deserves safe, effective options that will help them rest, recover and get back to daily life. This campaign development team did extensive research on opioids and pain management. The campaign focuses on preventing use of opioids for acute use. The campaign has met with great acceptance in tribal communities and other targeted areas of the state. https://healsafely.org/

"Changing the Conversation about Pain: Pain Care is Everyone's Job" was developed by the Oregon Pain Management Commission in partnership with OHA. This is a training module for all levels of healthcare professionals.

Increasing access to treatment

Oregon has focused efforts on expansion of the MAT workforce and opioid treatment programs (OTP).

Using STR and SOR funding, Oregon established 4 new OTPs with 2 more on the way in rural areas and all programs include naloxone distribution and community outreach as part of their services.

A pilot project through SOR funds have been implemented in a county jail provide access to MAT for individuals who are reentering the community. The goal of the pilot is to reduce recidivism by keeping individuals engaged in treatment and recovery. A second pilot project is on the way.

Rural providers have received training on OUD through Project ECHO. The training also includes buprenorphine waiver certification.

Overdose reversal efforts: saving lives

More than 16,000 naloxone kits have been purchased and distributed in multiple counties through local syringe service programs. Approximately 763 reported overdose reversals occurred using STR funds alone.

Supporting recovery

Oregon legislators passed HB 4143, which implemented a pilot project in 4 counties. This pilot project employs peers in hospital ad jail settings. Individuals coming into the ED with overdose reversal are provided a peer support specialist who connects the individuals to MAT and other recovery services. STR and SOR funds have been used to enhance the ED projects and expand the role of peers in hospitals and jails in 16 more counties

STR funds support housing coordination services for individuals in day treatment or intensive outpatient treatment for OUD.

A pilot project has been implemented in the Department of Corrections to train inmates to be Peer Recovery Mentors (PRMs). These PRMs in turn provide services to at least two inmates who have an OUD.

SOR funds have been used to open Oregon's first Recovery High School, which is excusive for students with substance use disorder. Recovery High School is an evidence-based model that has demonstrated success in keeping adolescents in recovery and graduate from high school on time.

Oregon has expanded and diversified recovery support services through an array of evidence-based wellness programs such as Recovery Gym, Recovery Tool Kit series for individuals with SUD, and MAR specific groups for young-adults.

Oregon has also dramatically reduced high-risk opioid prescribing. Approximately 30,000 fewer Oregonians were receiving dangerous opioid/benzodiazepine combination prescriptions in 2018 than did in 2013, and the number of patients receiving high-dose fills (90+ morphine equivalent doses) is down 52% since 2014. This has been achieved through a multi-tiered change approach supported by CDC and SAMHSA grant funds that includes:

- Development and implementation of prescribing guidelines for chronic pain, acute pain, opioid prescribing for dentists, and opioid tapering guidelines (currently in development)
- Administration of a robust Prescription Drug Monitoring Program integration initiative that has connected 50% of Oregon's hospital emergency departments and dozens of public and private clinics to high-quality prescribing data to support safe clinical decision making
- Promotion of opioid prescribing guideline implementation tools, including work flows, a Prescription Drug Monitoring Program (PDMP) electronic health record integration guide, a quality improvement reporting guide, a PDMP training video, and guidance on medical director access to the PDMP
- Development of provider education on pain management via the Oregon Pain Commission's *Changing the Conversation about Pain* online training and pain management toolkit for providers and patients;
- Implementation of a Coordinated Care Organization Medicaid Performance Improvement Project on opioid prescribing
- Provision of technical assistance for health care organizations to support pain treatment, safe prescribing and substance use disorder treatment in primary and behavioral health care
- Enhanced Medicaid coverage for back pain and non-opioid care and fee-for-service prior authorization criteria for opioids

6. What performance measures is Oregon using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?

Oregon used the following performance measures to measure outcomes for programs funded under federal Opioid grants:

Treatment Access

- Number of new OTPs established in the state
- Number of OBOTs established in the state
- Number of existing OTPs expanded in the state.
- Number of OBOTs expanded in the state
- Number of individuals served by OTPs and OBOTs funded under STR and SOR
- Number of FTEs hired by funded OTPs and OBOTs that are essential to the function of the OTPs and OBOTs
- Number of providers who received Buprenorphine training through Project ECHO
- Number of providers who received X Waiver
- Number of individuals who received referral to MAT
- Retention in treatment
- Reduction in opioid use over time

- Provider knowledge of addiction and addiction education
- Provider comfort level with MAT (as measured through survey)
- Community barriers to expanding MAT

Recovery Services Access

- Number of individuals receiving Peer Delivered Services for Opioid Use Disorder
- Number of inmates trained and certified as Peer Recovery mentors in Oregon department of corrections to serve other inmates who have Opioid Use Disorder
- Number of students who enrolled in the Recovery High School Harmony Academy
- Number of individuals who joined the Recovery Gym
- Number of individuals who are in Day Treatment and Intensive Outpatient Treatment for OUD who also received Housing Coordination Services

Prevention Services Access

- Number of individuals who received naloxone through local Harm Reduction programs and community behavioral health programs
- Number of individuals who received training on administering Naloxone through local Harm Reduction program and community behavioral health programs
- Number of individuals who were rescued from an overdose with Naloxone
- Quality of life pre and post treatment such as employment, overall health satisfaction, relationship with family

7. According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) grants provide funding to states to: 1) conduct needs assessment and strategic plans; 2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; 3) implement and expand access to clinically appropriate, evidence-based practice for treatment – particularly use of medication-assisted treatment (MAT) and recovery support services; and 4) advance coordination with other federal efforts for substance misuse prevention.

7.a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.

Opioid STR Grant Needs Assessment

Yes, the following needs assessment reflects the analysis conducted in 2017 when Oregon was preparing to apply for the Opioid STR grant:

> *Geography, resource distribution, and culture are significant issues in Oregon. Oregon has the 10th largest land mass in the country with a population of just over 4 million. Oregon is primarily a rural state with 43 percent of the population concentrated in three counties surrounding Portland. Ten of Oregon's 36 counties are "frontier" counties with an average of 2.1 persons per square mile. Frontier counties have about 3% of the state's population but only 1% of the state's physicians.*
>
> *In Oregon, opioid overdose is disproportionately a rural issue, and the counties in Oregon with large rural populations show a sizable disparity in overdose outcomes compared with more urban areas of the state. The economies of rural counties in Oregon have traditionally relied on agriculture and primary extraction industries (e.g. timber, fishing), which have declined rapidly in the past two decades. As a result, unemployment is higher than the urban areas of the state, and old industry wages have not been replaced with new family-wage employment in other industries.*
>
> *Opioid Use disorder is also an access, training, and education issue. For example, only 30% of the DATA waived providers actually prescribe MAT medication. The STR grant project drove the efforts of training providers on CDC's prescribing guideline, and community engagement and outreach. Under the STR*

grant, Oregon targeted 9 high-burden regions (based on overdose deaths, hospitalizations, prescribing data, population, and other factors) to bring communities together to address the opioid epidemic.

During the application of the Opioid STR grant, the Oregon Health Authority estimated that the rate of nonmedical use of opioids is twice as high when measuring only persons ages 18-25, at 15%. From 2004 to 2013, there was a 58% increase in Oregon treatment admissions where heroin was the client's primary drug of choice and a 162% increase for prescription opioids. Another marker of use for heroin is the increase in demand for syringe exchange services, where they exist. According to Oregon's PDMP, in 2016, 3.9 million prescriptions for opioid painkillers were dispensed in Oregon, enough for 967 opioid prescriptions for every 1,000 residents in that year alone. There have been adverse consequences of rapidly increasing painkiller access and use in the population.

Oregon PDO death rates are higher among males, individuals aged 45 to 54 years, and among White and non-Hispanic Oregonians.

Opioid STR Grant Strategic Plan

The OR-Opioid State Targeted Response Grant aimed to 1) enhance state and community-level efforts to advance public health interventions that reduce PDO and problematic prescribing of controlled substances, 2) increase the number of DATA-waived providers in Oregon who are actively prescribing FDA approved medication for OUD, 3) enhance and expand the provision of peer support services design to improve treatment access and retention and support long-term recovery, 4) provide treatment transition and coverage for patients reentering the community from the criminal justice system,5) implement access to FDA approved medication for MAT in combination with social interventions, 6)establish statewide public education campaign on opioid and 7) establish a more robust network of recovery resources in places most affected by opioid epidemic in Oregon. This grant supplemented the existing CDC and SAMHSA grant that Oregon had and expanded those efforts across the state.

The project aimed to increase access MAT across the state. In addition, a special focus was on Oregon's Tribal communities. This is because Oregon Tribes did not have a robust system of needs assessment even though opioid use disorder is a major burden in the Native American population (according to Medicaid data). The project kept a focus on rural and frontier counties, because in Oregon opioid use disorder is mostly a rural issue. Despite this high need in rural areas, there was significant low access to MAT providers in these regions. A significant proportion of this population also turns to heroin once opioids become too expensive to afford, among individuals living with chronic pain. This is true in certain urban areas as well, such as the Portland Metro area, as heroin is easily available.

The STR grant helped continue and expand development of a systemic process to ensure widespread adoption and implementation of the Opioid Prescribing Guideline within health systems and clinical practices, which would increase availability of MAT through prescribing providers across the state through the following strategies:

- Prevent overdose occurrence and encourage community engagement by increased awareness of OUD, limitation of opioids in pain management, and MAT as a road to recovery, with an additional special focus on Tribal communities.
- Provide a systemic peer-supported road to recovery for individuals in recovery support housing, and those reentering the community from the criminal justice system.

The CDC opioid grants helped Increase access to service use, and patient engagement in OUD treatment through higher statewide capacity of DATA-waived providers (including NPs and PAs). As described above, OHA's Public Health Division (PHD), in partnership in numerous stakeholders, has created prescribing guidelines addressing acute and chronic prescribing, tapering and guidelines for use of opioids in pregnancy and dental practices. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/publications.aspx

7.b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? Please describe those findings.

As mentioned above, OUD in Oregon was and is disproportionately a rural and frontier county crisis. Lack of qualified practitioners contribute to poorly managed health, inadequate pain care, lack of substance abuse treatment, and increased risk for self-medication and misuse of prescription drugs. Large portions of the state have no addiction medicine MDs and limited access to qualified licensed mental health practitioners. In addition, the coordination of primary care and addiction and mental health services is a challenge even in areas where these modalities are accessible. Oregon's geography challenges access to health care for rural Oregonians, including time-consuming, long-distance travel for care. Communities with limited access to healthcare are at greater risk for PDO.

In the fall of 2015, OHA conducted Town Hall meetings statewide to hear from adults, adolescents and families regarding behavioral health care services. OHA was able to hear input from approximately 550 consumers and family members over the course of seven town hall meetings across the state. Oregon has made significant gains in the past few years; however, the town hall meetings brought to light that we still have work to do. State leaders heard, among other things, that there were not enough substance use disorder services and supports, a limited service array, poor service coordination among providers, schools, police, etc., provider shortages resulting in long wait times, and that recovery supports such as peer delivered services, safe and affordable housing and employment were in short supply.

In 2017 when Oregon was preparing to apply for the STR grant, significant analysis was already on the way to identify gaps in resources for treatment. Despite the high rate of opioid misuse in the State of Oregon, it ranked in the bottom third of the states for access to Buprenorphine (Jones et al, 2015). According to the Oregon Decision Support Surveillance and Utilization Review System (DSSURS), the overall buprenorphine penetration rate in Oregon in 2015 was 6.5%, while OTP penetration rates are at 59.3%, among Medicaid population. Of the total number of Polydrug users, 80.2% are opioid users, in OHP. Among all opioid users, 22,4% are in Medication Assisted Treatment (MAT). Results from the 2013-2014 National Survey on Drug Use Health (NSDUH) tie Oregon for 6th place among all US states in non-medical use of prescription pain relievers, down from 1st and 2nd among all states in previous NSDUH surveys.

Of the counties we selected for the regional interventions, 9 had prescription opioid mortality rates between 5.5 and 10.6 deaths per 100,000 compared to the state median of 5.2 per 100,000 in the same time period. Multnomah County, Oregon's largest metropolitan area, had the fourth highest rate of nonmedical prescription pain reliever use among all 383 regions (7.52%). Nine of these counties had observed opioid prescribing rates (the number of people receiving any opioid prescription) greater than the state median of 261 prescriptions per 1,000 patients in 2014. Targeting the counties with the highest rates of mortality and problematic prescribing made a substantial impact on the aggregate rate of mortality in Oregon overall. Regional Interdisciplinary Action Teams (IATs) will review region-level data to determine further alterable disparities based on race, ethnicity, sex, age, geography, socioeconomic status, and veteran status.

In terms of Methadone, even though the overall OTP penetration rate is higher than Buprenorphine, there is still significant unmet need. There are now 17 OTPs in Oregon but the vast majority of the population that access OTP services are concentrated in the highly populated urban areas.

7.c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment – particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.

Increasing access to treatment

Oregon has focused efforts on expansion of the MAT workforce and opioid treatment programs (OTP). Since June 2017, Oregon has increased the number of individuals accessing MAT by 36% (12,748 in June 2017 to 17.386 in June 2019).

Using STR and SOR funding, Oregon established:

- 4 new OTPs with 2 more on the way in rural areas and all programs include naloxone distribution and community outreach as part of their services.
- A pilot project through SOR funds have been implemented in a county jail provide access to MAT for individuals who are reentering the community; the goal of the pilot is to reduce recidivism by keeping individuals engaged in treatment and recovery
- Training for rural providers on OUD through Project ECHO; the training also includes buprenorphine waiver certification

Supporting recovery

Oregon legislators passed HB 4143, which implemented a pilot project in 4 counties. This pilot project employs peers in hospital ad jail settings. Individuals coming into the ED with overdose reversal are provided a peer support specialist who connects the individuals to MAT and other recovery services. STR and SOR funds have been used to enhance the ED projects and expand the role of peers in hospitals and jails in 16 more counties

STR funds support housing coordination services for individuals in day treatment or intensive outpatient treatment for OUD.

A pilot project has been implemented in the Department of Corrections to train inmates to be Peer Recovery Mentors (PRMs). These PRMs in turn provide services to at least two inmates who have an OUD.

SOR funds have been used to open Oregon's first Recovery High School, which is excusive for students with substance use disorder. Recovery High School is an evidence-based model that has demonstrated success in keeping adolescents in recovery and graduate from high school on time.

Oregon has expanded and diversified recovery support services through an array of evidence-based wellness programs such as Recovery Gym, Recovery Tool Kit series for individuals with SUD, and MAR specific groups for young-adults.

7.d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.

20% SAPT BG allocation: Oregon dedicates 20% of its Substance Abuse Block Grant funds towards primary prevention programs which include prevention of Opioid Use Disorder. While investing new federal funds, careful consideration is made to ensure non-duplication of efforts and supplementing/complementing the activities existing under the Block Grant.
Region X collaboration: Oregon has established a Learning Collaborative with the rest of the Region X states (AK, ID, WA) to identify, learn, and implement various programs and activities that prevent opioid addiction and promote MAT.

HRSA grant: Oregon had 7 of its rural SUD providers apply for the national Health Services Corp certification as a provision to be funded by the SOR grant to implement and expand MAT services while attracting the necessary workforce with a Federal Loan Repayment Program.

Medicaid Substance Use Disorder Waiver: Oregon coordinates with its SUD Waiver plan and implementation to ensure that limited duration federal grants align with the waiver's proposed enhanced opioid related treatment and recovery services.

Certified Community Behavioral Health Services (CCBHC): Oregon has 12 CCBHCs with 21 certified sites through which there has been significant enhancement of opioid use disorder prevention among adults and adolescents.

8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorder, including prevention and/or treatment options?

While the focus on treatment and recovery is important in addressing the opioid crisis, Oregon believes that the most effective and sustainable way to eliminate the opioid crisis is to a) focus on upstream prevention and long-term recovery support and b) provide resources that help implement programs that are sustainable. This means resources that run longer than a few years and allows communities to strategically plan and implement programs across the continuum of care.

For communities in Oregon who are struggling under the opioid crisis, resources to address the following would be most helpful:

Access

- More resources for services that support long term recovery after individuals are stabilized such as supported housing, and supported employment
- Harm reduction programs that can promote naloxone especially through targeted outreach to the homeless population
- MAT and other opioid related treatment and recovery services for individuals in custody of the correctional system
- Upstream risk reduction through prevention programs addressing Adverse Childhood Experience reduction and community cohesion
- Access to opioid related treatment and recovery services specifically for parents whose children are in Foster Care

Workforce

- Provider training on pain management
- Provider training on MAT and case consultation through Project ECHO

Incentivizing Providers

- Higher pay, training, and incentives for behavioral health providers to address high turn around in the workforce; this applies to licensed, unlicensed, certified and non-certified provider
- Direct funding for providers in rural regions to strategically identify community needs and implement a continuum of care

STR

Entity/Project type	Sub-grantee	Prevention	Treatment	Recovery	Admin
Local PHD's - 10 regions	Prevention Drug Overdose Corrdinators	$1,179,831.13			
Media Campaign	BRINK Communications	$1,550,000.00			
Evaluation	RMC Research	$98,498.00			
Non-Prof	Lines for Life	$350,000.00			
	James Shames	$200,000.00			
Non-Prof/ Naloxone	HIV Alliance	$429,796.00			
County/Naloxone	Multnomah HD	$429,796.00			
County/Naloxone	Jackson County (crisis $)	$29,402.04			
County/Naloxone	Multnomah MH	$142,857.00			
County/Naloxone	Yamhill HHS	$142,857.00			
County/Naloxone	Marion	$142,857.00			
County/Naloxone	Umatilla	$142,857.00			
County/Naloxone	Lincoln	$142,857.00			
Naloxone	GOBHI	$142,857.00			
County/Naloxone	Deschutes	$142,857.00			
County/Naloxone	Lane	$142,857.00			
	Tribes (10 contracts)	1257400.00			
Gov	OHSU Dental Program	$500,000.00			
Healthplan Checklist	Change Mgmt		$50,000.00		
Evaluation	Healthinsight		$188,000.00		
Gov/Older Adult Prescribing Conferer	Pacific University		$16,000.00		
Non-Prof/OTP	Adapt		$200,000.00		
Non-Prof/ OTP	CODA		$121,979.00		
Gov	OHSU ECHO		$1,563,782.00		
Gov	OHSU ECHO		$1,563,782.00		
For-profit/OTP	Oregon Recovery Treatment Center		$1,284,216.00		
Gov/Jail MAT	Yamhill County Jail		$289,400.01		
Non-Prof/Housing Assistance	OnTrack			$147,956.00	
Non-Prof/Housing Assistance	BayArea			$147,956.00	
Gov/Peers in prisons	Oregon Department of Corrections			$289,400.00	
Non-Prof	Alano Club			$51,211.00	
	TOTALS	**$7,167,579.17**	**$5,277,159.01**	**$636,523.00**	

	$13,081,261.18	
TOTAL AWARDED	$ 13,128,850.00	

PDO Coordinators Breakdown

154103	Clackamas Co	$ 191,000
154110	Douglas Co	$ 100,000
154119	Lane Co	$ 111,174.13
154125	Multnomah Co	$ 204,657
154129	Umatilla Co	$ 191,000
154314	Yamhill Co	$ 191,000
155444	Western Oregon Advanced Health	$ 191,000
		$1,179,831.13

SOR

Entity/ Project Type	Grantee	Prevention	Treatment	Recovery	Admin	Notes
9 Local PH Dpts	Overdose Prevention Coordinators	$1,050,000.00				
	BRINK Communications	$150,000.00				
University	OHSU - HEP C ECHO	$99,000.00				
	Comagine (formerly Healthinsight)	$150,000.00				
	Change Management	$155,000.00				
Non-Prof/ Naloxone	HIV Alliance	$559,880.00				
Local PH Dpt/Naloxone	Multnomah County PH	$285,000.00				
Local PH Dpt/Naloxone	Washignton County PH	$65,000.00				
Local PH Dpt/Naloxone	Clackamas County PH	$65,000.00				
Local PH Dpt/Naloxone	Clatsop County PH	$65,000.00				
Local PH Dpt/Naloxone	Columbia County	$20,000.00				
Non-Prof	Max's Mission	$25,812.00				
Univ/Young Adult SUD	University of Oregon	$200,000.00				
Older Adult Prescribing	Pacific University	$5,000.00				
	University Nevada Reno - Region X Summit	$75,000.00				
	Sponsees Region X	$10,000.00				
	Portland Public Schools	$913,716.60				
	Tribes (10 tribes)	$1,000,000.00				
	OHSU Bridge Clinic		$517,000.00			
Non-Prof/ MAT Learning Collaborative	Oregon Council Behavioral Health		$70,000.00			
County BH/ OBOT	Yamhill HHS		$724,340.00			
NonProf/ OBOT	Addictions Recovery Center		$1,000,000.00			
Healthcare/ MAT expansion	Greater Oregon Behavioral Health Initiative		$951,400.00			
NonProf/ OBOT	Center for Human Development		$1,874,692.00			
NonProf/ OBOT	NDNW		$1,200,000.00			
NonProf/ OBOT	TWC		$542,590.00			
OTP	CODA		$190,000.00			
Department of Corrections/ MAT	Yamhill County Jail		$300,000.00			
Department of Corrections/ MAT	Jackson County Jail		$300,800.00			
16 counties BH/ Peers in hospitals	4143 Expansion			$4,610,000.00		
County BH/ Housing Assistance MAT	Marion County BH			$100,000.00		
Univ	OHSU - Peer ECHO			$150,000.00		
Non-Prof	4th Dimension Recovery Center			$108,000.00		
Gov/Peers in prisons	Oregon Department of Corrections			$80,000.00		
Non-Prof	Alano Club			$580,000.00		
Recovery High School	Harmony Academy			$420,000.00		
Non-Prof	Alternative Peer Group (Alano)			$325,000.00		
	Oxford Houses			$293,000.00		
	(Admin) Travel/ Training				$15,000.00	
	(Admin) Staff Conference $				$20,000.00	
	Evaluation/Data Collection (RMC)				$460,274.00	
	Admin				$116,155.00	
	TOTALS	**$4,893,408.60**	**$7,670,822.00**	**$6,666,000.00**	**$611,429.00**	**$19,841,659.60**

TOTAL AWARDED	$19,853,461.00

MATPDOA

Entity Type	Grantee	Amount	Notes
Opioid Treatment Program	ADAPT	$540,078.00	Developed 2 new OTP programs
Opioid Treatment Program	Bend Treatment	$180,000.00	Out reach and engagement efforts and expansion of individuals served
CCO and Office Based Opioid Treatment	Columbia Pacific/Scappoose OHSU	$555,000.00	Developed new family medicine office based opioid treatment program
Opioid Treatment Program	Central City Concern	$50,000.00	Provided TA, education consultation trainings
Cerfification Board	Mental Health & Addiction Certification Board	$7,830	Latino Conferences MAT training
Cerfication Board	Mental Health & Addiction Certification Board	$50,000.00	Provided TA, education consultation trainings, Peer training MAT
Education	Oregon Health Science University	$595,427.00	Statewide training for new DATA-Waivered workforce

CDC

	Grantee	Amount	Fund Source/Dates	Notes
	Advanced Health	$ 35,571.00	PDO YR 4 (9/1/18-8/31/19)	
	AllCare Health (Dr. John Kolsbun)	$ 57,000.00	PDO YR 3 (9/1/17-8/31/18)	
	Brigham & Women's Hospital	$ 81,650.00	PDO YR 4 (9/1/18-8/31/19)	Purchase Order
	Brink Communications	$ 395,000.00	PDO YR 4 (9/1/18-8/31/19)	
	Care Oregon	$ 27,000.00	PDO YR 2 (9/1/16-8/31/17)	Purchase Order
	Catriona Buist	$ 16,000.00	PDO YR 2 (9/1/16-8/31/17), PDO YR 4 (9/1/18-8/31/19)	$1,000 was PO
	Central Oregon Health Council	$ 90,000.00	PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
	Change Management LLC (Mark Stephens)	$ 294,000.00	PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
Local PH Dept	Clackamas County (PE 27)	$ 28,496.83	PDO YR 4 (9/1/18-8/31/19)	Program Element
Local PH Dept	Clatsop County (PE 27)	$ 139,955.86	PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Program Element
	Columbia-Pacific CCO	$ 100,000.00	PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
	Comagine (formerly Health Insight)	$ 75,000.00	PDO YR 3 (9/1/17-8/31/18)	
Local PH Dept	Curry County (PE 27)	$ 99,082.00	PDO YR 1 (9/1/15-8/31/16), PDO YR 2 (9/1/16-8/31/17)	Program Element
	David Labby, M.D.	$ 15,000.00	PDO YR 2 (9/1/16-8/31/17)	
Local PH Dept	Deschutes County (PE 27)	$ 181,511.32	PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Program Element
	Diana Bianco	$ 12,225.00	PDO YR 1 (9/1/15-8/31/16), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Purchase Order
Local PH Dept	Douglas Public Health Network (PE 27)	$ 53,496.55	PDO YR 4 (9/1/18-8/31/19)	
	James Shames, MD	$ 95,000.00	PDO YR 1 (9/1/15-8/31/16), PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
	John Kolsbun, MD	$ 3,000.00	PDO YR 2 (9/1/16-8/31/17)	Purchase Order
	Kim Swanson, PhD	$ 10,000.00	PDO YR 3 (9/1/17-8/31/18)	Purchase Order
Local PH Dept	Lane County (PE 27)	$ 155,931.48	PDO YR 1 (9/1/15-8/31/16), PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Program Element
	Laura Heesacker, LCSW	$ 158,000.00	PDO YR 1 (9/1/15-8/31/16), PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
Local PH Dept	Lincoln County (PE 27)	$ 202,307.80	PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Program Element
	Lines for Life	$ 742,095.80	PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
Local PH Dept	Multnomah County (PE 27)	$ 276,461.55	PDO YR 1 (9/1/15-8/31/16), PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Program Element
	Nadejda Razi-Robertson, LCSW, PhD	$ 3,000.00	PDO YR 2 (9/1/16-8/31/17)	Purchase Order
	Nora Stern	$ 10,000.00	PDO YR 4 (9/1/18-8/31/19)	Purchase Order
	Plum Consulting (Nadejda Razi-Roberson)	$ 254,400.00	PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
Regional Research Institute	Portland State University	$ 634,760.00	PDO YR 1 (9/1/15-8/31/16), PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	
Local PH Dept	Program Design and Evaluation Services, Multnomah County (PE 19)	$ 93,535.16	PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18), PDO YR 4 (9/1/18-8/31/19)	Program Element
	Roger Chou, M.D.	$ 15,000.00	PDO YR 2 (9/1/16-8/31/17)	
	Salem Health (Paul Coelho)	$ 50,000.00	PDO YR 3 (9/1/17-8/31/18)	
	Samaritan Health Services (Kevin Ewanchyna, MD)	$ 10,000.00	PDO YR 3 (9/1/17-8/31/18)	Purchase Order
	Simon Parker Shames	$ 45,000.00	PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18)	$3,000 was PO
	Synergy	$ 279,000.01	PDO YR 4 (9/1/18-8/31/19)	
	Tribal Health Systems	$ 250,000.00	PDO YR 4 (9/1/18-8/31/19)	Contracts with HSD
Local PH Dept	Umatilla County (PE 27)	$ 53,496.83	PDO YR 4 (9/1/18-8/31/19)	Program Element
	University of Washington	$ 273,830.45	PDO YR 2 (9/1/16-8/31/17), PDO YR 3 (9/1/17-8/31/18)	
Local PH Dept	Yamhill County (PE 27)	$ 28,496.83	PDO YR 4 (9/1/18-8/31/19)	Program Element
		$ 5,344,304.47		

CDC OD2A

Entity Type	Grantee	Amount	Notes
Local PH Dept or Tribes	Regional Funding Contracts	$ 375,000.00	Program Element
	Oregon Rural Practice Research Network	$ 400,000.00	
	Synergy	$ 125,000.00	
	Mental Health & Addiction Association of Oregon	$ 35,000.00	
	Brink Communications	$ 60,000.00	
	Comagine	$ 229,649.00	
	Lines for Life	$ 82,515.00	
	Oregon State Police - Office of the State Medical Examiner	$ 57,863.00	Intergovernmental Agreement
	Johns Hopkins University	$ 115,000.00	
	Salem Health	$ 5,000.00	
	McKenzie-Willamette	$ 5,000.00	
	Brigham & Women's Hospital	$ 34,196.00	
		$ 1,524,223.00	