

# OREGON

## USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

### Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

### Allocations for Oregon

Oregon received \$6.5 million through STR for each of FY 2017 and 2018, and \$7.7 million through SOR in FY 2018. In FY 2019, Oregon received a total of \$11.9 million through SOR.

### Overview of Oregon's efforts to address the opioid crisis

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. 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: stopping opioid misuse and addiction

Oregon is using funding to implement prevention strategies to reduce the burden of opioid and other drugs through the cross-agency Oregon Opioid Initiative, which aims to reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids. The strategic framework encompasses four areas: 1) improving access to non-opioid pain treatment; 2) supporting medication-assisted treatment (MAT) and naloxone access for people taking opioids; 3) implementing opioid prescribing guidelines; and 4) using data to inform and evaluate policies. The initiative aligns efforts across the Oregon Health Authorities (OHA) organizational structure, programmatic activities, and funding streams.

Community-level strategies implemented with STR funds for the Oregon Health Authority Opioid Initiative include:

- **Collaboration:** Coordinate and align an agency-level response and engage medical licensing boards, associations, health care systems, State Medicaid organizations (Coordinated Care Organizations), law enforcement, criminal justice, and private insurers to drive policies that institutionalize model opioid prescribing guidelines, optimize pain care, and increase access to evidence-based treatment for substance use disorder and harm reduction strategies.
- **Pain Education for Providers and Patients:** Oregon Pain Management Commission developed an online pain education training module for providers (Changing the Conversation about Pain: Pain Care is Everyone's Job); and patient versions of the pain education module as well as a tracking app and other educational material is being developed. The pain education material reflects the latest pain science information and is aligned with the National Institutes of Health National Pain Strategy.
- **Best Practice Recommendations:** The Oregon Health Leadership Council is developing an Oregon version of the California Opioid Checklist for Health Plans and Purchasers, which will provide a set of best practice recommendations for Oregon health plans and purchasers on coverage for pain, opioids, and treatment of substance use disorder.
- **Educational Campaign:** Brink Communications is developing a prevention-focused health education campaign designed to empower Oregonians to request non-opioid pain management options from their doctor, both for themselves and on behalf of loved ones in their care. The purpose of this upstream approach is to minimize opioid prescriptions for those who don't need them and reduce the number of acute opioid patients who become dependent on opioids.

## 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 with a second on the way through SOR funds have been implemented in a county jail to 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.
- Rural providers have received training on OUD through Project ECHO. The training also includes buprenorphine Drug Addiction and Treatment Act (DATA) 2000 waiver certification.

## Overdose reversal efforts: saving lives

More than 8,300 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 and jail settings. Individuals coming into the emergency department (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 exclusively for students with substance use disorder. Recovery High School is an evidence-based model that has demonstrated success in keeping adolescents in recovery and assists them in graduating 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 medication-assisted recovery (MAR) specific groups for young-adults.

## Collaborating with local entities

Oregon Health Authority has collaborated with county behavioral health providers, substance use disorder treatment providers, the Department of Corrections, Oregon Health and Sciences University, and the Rural Provider Network in Oregon to identify high need regions for the use of STR and SOR funds. In addition, in-State collaboration is ongoing through various taskforces including the Governor's Task Force for Opioids, Opioid Prescribing Guidelines Task Force, and the Oregon Pain Commission. OHA is also working closely with Oregon tribes to implement services among populations experiencing disparities.

Funded Prescription Drug Overdose (PDO) regions consist of 2-4 neighboring counties, which were identified by a combination of indices on mortality, hospitalizations, prescribing data, opioid patient use, and county population. PDO coordinators work with stakeholders in their regions to convene multi-disciplinary teams to address the opioid crisis, including representatives from health systems, medical champions, treatment centers, local public health authorities, law enforcement, harm reduction, and other partners to reduce the burden of opioids and other drugs, and to promote resources. PDO coordinators also work with community partners to educate and inform the public, prescribers and others by arranging training, summits or conferences within the region.

## Positive outcomes

- The Oregon Opioid Prescribing Guidelines Task Force produced guidelines for chronic pain, recommendations for opioids during pregnancy, dental recommendations, and acute prescribing guidelines.
- From 2014 – 2018, Oregon high-dose opioid prescriptions (>90MED) declined 56%, from 12.4 MED individuals per 1,000 residents, to 5.5 per 1,000 residents.
- 9,159 providers completed the pain education module through the Oregon Pain Management Commission.
- Approximately 219 rural providers trained through Project ECHO

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