



**September 20, 2018**

Interim Committees of the Legislative Assembly  
900 Court Street NE  
Salem, OR 97301-4048

Dear Members:

This letter provides the Oregon Health Authority's (OHA) annual report of opioid abuse and dependency treatment provider capacity tracking, as required by Section 8 of House Bill 3440 (2017).

If you have questions, please contact Rusha Grinstead, behavioral health planner, at 503-602-9214 or [rusha.grinstead@dhsosha.state.or.us](mailto:rusha.grinstead@dhsosha.state.or.us).

## **Overview**

OHA is still in the process of developing the web-based, searchable inventory of Opioid Use Disorder (OUD) treatment providers required by Section 7 of HB 3440. There are four phases to this project, described in OHA's implementation plan on page 2. OHA expects to complete the first phase of development by May 2019.

However, analysis of existing resources suggests insufficient capacity in the following regions:

- North Coast: Clatsop, Columbia, Lincoln and Tillamook counties
- Southern Coast: Coos County
- Central Oregon: Crook County
- Eastern Oregon: Umatilla County

## **Provider capacity by geographic region**

HB 3440 requires OHA to report on identifiable geographic regions that have insufficient treatment options for, or capacity to treat individuals suffering from, opioid or opiate abuse or dependency.

### ***Substance use disorder providers***

The OHA Health Systems Division's Licensing and Certification Unit maintains a database of Oregon's substance use disorder (SUD) providers, including OUD providers. This database does not track the individual capacity of each provider, but does record the address of each provider location.

Review of this data indicates that Rural and Frontier regions<sup>1</sup> have relatively low access to OUD treatment options.

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<sup>1</sup> The Oregon Office of Rural Health (ORH) has defined Rural as any geographic areas in Oregon ten or more miles from a population center of 40,000 people or more. Frontier is defined as any county with six or fewer people per square mile.

### ***Opioid Treatment Programs***

There are 19 certified Opioid Treatment Programs (OTPs) located in the Portland-Metro area (Portland, Tigard, Milwaukie), Willamette Valley (Eugene, Salem), Southern Oregon (Roseburg, Medford, Grants Pass) and Central Oregon (Bend). However, there are no federal or state requirements that cap the maximum capacity for certified OTPs.

### ***Buprenorphine prescribers***

Under the Drug Addiction Treatment Act of 2000, licensed physicians, nurse practitioners and physician's assistants may apply for waivers<sup>2</sup> to treat opioid dependency with approved buprenorphine products in any settings including in an office, community hospital, health department, or correctional facility. As of spring 2018, Oregon has approximately 820 Oregon buprenorphine prescribers.

The Department of Consumer and Business Services report to the legislature compared, for each Oregon county, the number of buprenorphine prescribers with the number of overdose deaths per 100,000 individuals<sup>3</sup>. This analysis indicated low or no prescriber capacity for the following counties:

- Clatsop
- Columbia
- Coos
- Crook (no prescribers)
- Lincoln
- Tillamook (no prescribers)
- Umatilla

### **Web-based provider tracking inventory**

Section 7 of HB 3440 requires OHA to develop and regularly update a searchable inventory of Oregon's OUD providers and post the inventory on the OHA website. The inventory must include:

- Each opioid and opiate abuse or dependency treatment provider;
- Treatment options offered by each treatment provider; and
- The maximum capacity of each treatment provider.

### ***OHA's implementation plan***

OHA is in the process of finalizing a contract with a nonprofit vendor to build the inventory and provide customer support through its peer-run call center. OHA is funding the contract with a Substance Abuse Prevention and Treatment Block Grant. The grant is awarded to Oregon every biennium and the award amount is contingent upon congressional appropriation every fiscal year.

Under the contract, the web-based inventory will be completed in four phases:

1. Certified Opioid Treatment Programs
2. All other outpatient SUD treatment providers who also provide OUD treatment
3. Inpatient OUD treatment providers
4. All licensed providers with a Buprenorphine waiver

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<sup>2</sup> Details about the waiver application process are available at <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-physician-waiver>.

<sup>3</sup> Department of Consumer and Business Services, Oregon Health Authority, and Oregon Department of Corrections. *Report on existing barriers to effective treatment for and recovery from substance use disorders, including addictions to opioids and opiates* (p. 37). June 2018 (cited 9/14/2018). Available at <https://dfr.oregon.gov/business/reg/reports-data/Documents/legislature/2018-hb4143-dfr-legislation-reports.pdf>.

Once complete the inventory will allow providers to update their own capacity, and individuals to search for providers near them. The peer-run call center will help individuals who are unable to see the provider they initially chose through the searchable inventory. This help will include:

- Referrals to the next available provider near them; and
- Follow-up to find out if the individual received treatment and if not, the reasons why. This information will help OHA identify specific regions with low treatment delivery and the social determinants of low treatment delivery.

***Current status***

OHA is currently completing the contract and procurement process to engage the vendor. Next steps toward completing the inventory are listed below. Provider training will be critical, since data quality and usability for consumers will largely depend on providers keeping the inventory updated.

<b>Task</b>	<b>Complete by</b>
Review, finalize and execute vendor contract	October 2018
Design, review and implement inventory for OHA use	February 2019
Train and enroll OUD providers	April 2019
Publish inventory for provider/public use	May 2019