



Request for Proposals (RFP)

Central Oregon Health Council Regional Health Improvement Plan Regional Health Improvement Plan Substance and Alcohol Misuse Workgroup

Project Name: Naloxone Access & Overdose Prevention

Access Code: NALOXONE23

Future State Measure: [By December 2024, 30% of Medicaid members \(ages 13 and older\) who are newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis will have two or more additional services for alcohol or other drug](#)

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About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most

of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini grants [HERE](#).

Description of Grant Opportunity

Maximum Award Amount: up to \$25,000

Available Funds: \$200,000

Funding Duration: Single and multi-year projects will be considered.

The RHIP Substance and Alcohol Misuse Workgroup is accepting applications to increase access to naloxone. This includes requesting grant funds to purchase naloxone, easy access storage devices like naloxoboxes, opioid rescue kits and/or naloxone vending machines, outreach, education, program implementation, and other low barrier and rapid response strategies.

The intent of this project is to save lives from opioid overdose and address the following [Future State Measure of the Regional Health Improvement Plan](#) (RHIP).

By December 2024, 30% of Medicaid members (ages 13 and older) who are newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis will have two or more additional services for alcohol or other drugs.

Why are these efforts needed?

In Oregon, overdose deaths have increased by more than 76% from 2011 to 2021. Deaths from synthetic opioids like fentanyl have increased by 83% from 2020 to 2021. Locally, Central Oregon mirrors this trend. Overdose deaths in Deschutes, Crook, and Jefferson counties jumped roughly 70% from 2019 to 2021. In Deschutes County, drug overdoses became the second leading cause of injury-related deaths in 2021.

Fentanyl, a powerful synthetic opioid that is 50 to 100 times more potent than morphine, is often found mixed into other “street drugs” including heroin, meth, cocaine, ecstasy (molly), etc. Recently, the DEA found that 60% of fentanyl-laced fake prescription pills contain a potentially lethal dose.

With the rapid increase in opioid overdoses, the problem is outpacing the system. Fentanyl is prevalent in Central Oregon. Local organizations struggle to secure funding to purchase naloxone* to keep community members alive, set up organizational policies and procedures, and obtain proper training. With the magnitude of this issue, it’s imperative to build capacity within our community to address the overdose crisis. Furthermore, with the high cost of purchasing naloxone, unwarranted stigma, and limited awareness of the reversal drug, more

work needs to be done to eliminate barriers to accessing naloxone and increase public awareness and education.

Furthermore, the U.S. Surgeon General states, “Naloxone is a safe antidote to a suspected overdose and, when given in time, can save a life. Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease in those communities.² Therefore, increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic.”

**Naloxone is a life-saving medicine that reverses, or undoes, an overdose of opioids like morphine, oxycontin, oxycodone, fentanyl, and heroin. Every person using a drug that carries a risk of overdose should have naloxone available. Emergency services and law enforcement in Central Oregon carry Naloxone, but anyone can carry it and use it to save a life. The Good Samaritan Law protects anyone who administers Naloxone from liability of the outcome of the person they administered it to.*

Sources:

[Bend Bulletin](#)

[Center on Rural Addiction](#)

[Opioids and the Ongoing Drug Crisis in Oregon](#)

[US Drug Enforcement Administration](#)

[U.S. Surgeon General’s Advisory on Naloxone and Opioid Overdose | HHS.gov](#)

Proposal Requirements

Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the specified Future State Measures of the Regional Health Improvement Plan (see above).
3. Projects must take place within Central Oregon:
 - Crook, Deschutes, and Jefferson Counties
 - The Confederated Tribes of Warm Springs
 - Northern Klamath County, limited to:
 - Gilchrist, Chemult, Crescent, and Crescent Lake Junction
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU).
5. Projects must include **prioritized populations*** & communities that are intentionally excluded from power, access, and privilege.
6. Projects must be culturally and linguistically responsive for prioritized populations.

7. Project must have an education, training, or awareness component.
8. Applicant must:
 1. Explain how their organization is connected to the opioid overdose crisis
 2. Demonstrate a need for naloxone for the populations they serve
 3. Share where your offices are located and/or the physical locations where you provide services (i.e. distributing naloxone, SUD services, outreach, and education)
 4. If your organization is collecting data, please upload what your organization is collecting:
 - Naloxone distribution or utilization
 - Locations served
 - Populations served
 - Training and education provided
 - Any other type of shareable de-identified naloxone data collected or tracked
 5. Demonstrate an education, outreach, and/or awareness plan for naloxone.
 - If you need assistance with an education plan, please reach out to the local Regional Overdose Prevention and Response Coordinator, Stacy Shaw, at sshaw@crookpublichealthor.gov

Collaborative partnerships, creativity, innovation, and strategic outreach efforts are encouraged. Applicants may use grant funding to distribute naloxone to the public or other organizations.

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Any product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, etc.)
- Indirect costs
- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)
- Brick and mortar construction
- Project benefitting a single individual or single household
- Health Information Technology that goes against PacificSource's one vendor policy
- COHC staff and household members cannot apply
- OHA and DHS cannot apply

Evaluation Criteria

The RHIP Substance and Alcohol Misuse Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal. Programs serving individuals at high risk of overdosing and those that are in contact with them are prioritized.

Funding Details and Important Information

Maximum Award Amount: up to \$25,000

Available Funds: \$200,000

Funding Duration: Single and multi-year projects will be considered.

Anticipated Selection Schedule

Request For Proposal (RFP) Released: April 24, 2023

Application Submission Closes: June 20, 2023

Notification of Award: August 15, 2023

How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant:

NALOXONE23

Support

The RHIP Substance and Alcohol Misuse Workgroup is available to support this project in a collaborative, advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact MaCayla Arsenault by email at macayla.arsenault@cohealthcouncil.org or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at Kelley.adams@cohealthcouncil.org or by phone at 541.306.3523.

Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

***COHC definition of *prioritized populations*:**

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

COHC definition of *rural*:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty**
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

**Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.