



Request for Proposals (RFP)

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

Project Name: Engaging Communities and Schools in Substance Misuse and Overdose Prevention

Access Code: **ENGAGING**

Future State Measures: 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

By December 2024, Mental Health/Substance Abuse Emergency Department visits per 1,000 will be reduced by 25% in the highest rate locations: Madras, Prineville, and Warm Springs

Contact Person: MaCayla Arsenault

Email: macayla.arsenault@cohealthcouncil.org

Phone Number: 541-306-3523

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.

Description of Grant Opportunity

Range of Award Amount: Minimum \$25,000 to Maximum \$125,000

Available Funds: \$358,300

Funding Duration: Single and multi-year projects will be considered, and funds can be spent over multiple years.

This grant opportunity seeks to support initiatives that engage students, communities, and various stakeholders in effective substance misuse prevention efforts. The goal is to create a multi-faceted approach that goes beyond traditional harm reduction strategies, focusing on preventative messaging, community dialogue, and reducing the stigma surrounding substance use disorders (SUD) and naloxone use. This opportunity is not limited to schools but extends to the wider community, including churches, after-school programs, and organizations that work with the community. The key components of this grant opportunity include:

Preventative Messaging and Programming:

Projects should emphasize proactive SUD prevention strategies, targeting not only schools but the entire community. This includes educational programs, trainings, awareness campaigns, and interventions that address substance misuse and promote healthy behaviors.

Naloxone and Overdose Prevention Support:

While naloxone is an important harm-reduction tool, it is not a primary treatment option. Proposals could address overdose prevention through naloxone distribution, training, and education.

Stigma Reduction:

It is crucial to focus on creating an inclusive environment and developing customized messaging to meet the specific needs of diverse communities. In rural areas, it may be beneficial to use alternative language instead of "stigma" to connect with local populations and enhance accessibility to healthcare services.

Community Gatherings and Conversations:

Encourage community gatherings and conversations focused on SUD prevention, overdose support, and stigma reduction. Engage a wide range of community members and organizations

that play a role in the lives of residents. The united front in addressing SUD is crucial to dispelling myths and fostering understanding.

Trauma-Informed Media Campaign:

If proposing a media campaign, it must be trauma-informed and adhere to best practices. The campaign should emphasize prevention, naloxone use, and the importance of reducing barriers to care. It should also consider the impact of the messaging on the community and carefully choose its words to foster understanding and support.

Interested organizations are invited to submit proposals for school-based and community-based initiatives addressing the outlined components. This grant opportunity is a step toward building a stronger, healthier, and more informed community to promote the prevention and treatment of substance use disorders.

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 or serve the following tribal members:
 1. Crook, Deschutes, and Jefferson Counties
 2. Northern Klamath County, limited to: Gilchrist, Chemult, Crescent, Crescent Lake Junction, and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)
 3. Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU) or letter of support.
5. Projects must include prioritized populations* & communities intentionally excluded from power, access, and privilege.
6. Projects must be culturally and linguistically responsive for prioritized populations.
7. Projects must address stigma and have an education, training, or awareness component.
8. Applicants must include a letter of support for every organization they're partnering with.

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Activities that can be billed as clinical services
- Administrative activities to support the delivery of covered services
- Tenant assistance, housing assistance, housing construction, and utilities
- Brick and mortar construction
- Building new buildings and capital investments in facilities designed to provide billable health services
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects excluding Medicaid beneficiaries
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce and certification training, including credentialing
- Broad assessments or research that does not directly improve community health
- Advocacy work that does not directly improve community health or healthcare quality
- Patient incentives and items and services that could be covered by Flexible Services
- Projects that are inherently religious
- 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 who are in contact with them are prioritized.

Funding Details and Important Information

Range of Award Amount: Minimum \$25,000 to Maximum \$125,000

Available Funds: \$358,300

Funding Duration: Single and multi-year projects will be considered, and funds can be spent over multiple years.

Anticipated Selection Schedule

Request For Proposal (RFP) Released: February 16, 2024

Application Submission Closes: April 9, 2024

Notification of Award: June 7, 2024

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:

ENGAGING

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.