Program Element #162 Substance Use Prevention & Overdose Prevention

OHA Program Responsible for Program Element:

Public Health Division/Center for Prevention & Health Promotion/Injury & Violence Prevention/Overdose Prevention Program

1. Background:

Substance use and drug overdose remain health threats in Oregon. Drug overdoses have been increasing in Oregon since 2016, reaching a new peak of 1,833 deaths in 2023. Although drug overdose deaths decreased in 2024, Oregon's health care systems remain heavily burdened by overdose-related encounters. It is critical that Oregon continues to invest in systems, resources, and services to prevent substance use and overdose.

OHA aims to reduce the burden of substance use and overdose through several key strategies, including preventing substance use and substance use disorder, increasing access to supplies that reduce harms related to substance use, supporting overdose response planning and coordination, increasing access to substance use disorder treatment and recovery, supporting safe and effective non-opioid pain management, providing tools and guidelines to support appropriate prescribing, and collecting and reporting data to inform response, prevention, and policy.

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2. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to implement Substance Use Prevention & Overdose Prevention activities.

Funds provided under this Agreement are to be used to implement strategies that prevent prescription opioid misuse, illicit substance use, substance use disorder, drug overdose, and related harms from substance use. Funds are designed to serve counties or regions with a high burden of drug overdose deaths and hospitalizations. Funds should complement other substance use or overdose prevention initiatives and leverage additional funds received by other organizations throughout the county to prevent and reduce the incidence and prevalence of substance use, overdose deaths, and hospitalizations.

Grantee is expected to collaborate with multi-disciplinary partners and collaborators to develop, plan, implement, and evaluate culturally relevant interventions using tailored prevention strategies that emphasize reaching groups disproportionately affected by substance use disorder and overdose. Grantees should collaborate with other projects within the designated region that address the community's challenges related to drug overdose deaths. The funded activities for this Program Element seek to promote OHA's substance use and overdose prevention aims and collaboration expectations.

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance

Award.

3. **Definitions Specific to this PE**

Substance Use Prevention is a public health approach that focuses on preventing people from developing substance use disorders at any point in their lives. It includes strategies that are directed at the entire population, strategies that are aimed at populations that are at higher risk, and interventions for individuals showing signs of substance misuse but without a diagnosed disorder. Examples include public awareness and education to prevent the initiation of drug use, culturally tailored programs and resources, and community-based intervention programs.

4. **Overdose Prevention** is a public health approach that focuses on reducing risk of a fatal overdose and addressing co-morbid conditions with the overall aim of linking individuals to care and treatment and supporting recovery efforts. Overdose Prevention has been shown to reduce overdose, reduce transmission of infectious disease, increase initiation and retention in treatment, reduce drug use frequency, and improve health. Overdose Prevention strategies may include overdose education and naloxone distribution, low-threshold access to medications for opioid use disorder, drug checking (e.g., using fentanyl test strips), post-overdose outreach. **Alignment with Modernization Foundational Programs and Foundational Capabilities.**

The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at: (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_man ual.pdf):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities								
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive	Population Direct	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and

Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
Community-Based Linkage to Care		*				X	X	X	X	X	X	X
Clinician/Health System Engagement		*				X	X	X	X	X	X	X
Public Safety Partnerships/ Interventions		*				X	X	X	X	X	X	X
Harm Reduction		*				X	X	X	X	X	X	X

b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

Not Applicable

c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Public Health Process Measures:**

Not Applicable

5. **Procedural and Operational Requirements.**

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, the Grantee agrees to conduct activities in accordance with the following requirements:

The Grantee must:

a. Submit local program plan and local program budget to OHA for approval by October 15 every year. The local program plan may be modified throughout the project period based on shifting priorities, emerging needs, and Grantee capacity. Grantee must receive OHA approval for the revised local program plan to ensure it meets program requirements and remains within the scope of this Program Element. Upon OHA approval, the plan and any revisions thereto become incorporated herein with this reference.

Local program Work Plan must include three or more of the following components:

(1) Convene or strengthen a county and/or regional coordinating body comprised of multisector partners to assist with strategic planning and implementation of substance use prevention and/or overdose prevention efforts. Include multi-sector partners such as: collaborating providers and

organizations, Coordinated Care Organizations, peer recovery mentor organizations, law enforcement and first responder agencies, community-based organizations, persons with lived experiences, and representatives of diverse populations.

(2) Develop, plan, implement, and evaluate an overdose response plan. Convene and coordinate with local partners (i.e. health preparedness, law enforcement, first responders, hospital emergency departments, community-based organizations, substance misuse prevention partners, and others). Assess and update response plans throughout the grant period.

(3) Review, coordinate, and disseminate local data to promote public awareness of the burden and opportunities to prevent substance use and drug overdose.

(4) Liaise with local, county, and/or regional organizations providing substance use and overdose prevention, treatment, and/or recovery services to ensure coordination and reduce duplication of efforts.

(5) Coordinate with the individuals and/or organizations responsible for determining how local governments will allocate opioid settlement funds within the county and/or region to implement complementary substance use and overdose prevention activities. Support coordination of local resource allocation.

(6) Community-Based Linkage to Care – Implement activities that help initiate linkage to care, facilitate care retention, prevent treatment interruption, and/or maintain access to recovery services.

(7) Clinician/Health System Engagement – Collaborate with Coordinated Care Organizations and/or other health system partners to provide clinician education on evidence-based practices for pain management; screening, diagnosis, and linkage to care opportunities for opioid use disorder (OUD) and stimulant use disorder (StUD); and other OUD/StUD-related clinician education priorities.

(8) Public Safety Partnerships/Interventions – Develop and maintain public health and public safety (PH/PS) partnerships; improve data sharing, availability, and use; provide education on preventing and responding to overdose; implement evidence-informed and evidence-based overdose prevention strategies.

(9) Harm Reduction –Implement and support activities that ensure access to and education and training for naloxone and other opioid overdose reversal medications and tools to test substances; use navigators to link people to care, needed services, and medication for opioid use disorder; conduct post-overdose outreach through partnerships with emergency medical services, law enforcement; create and disseminate education and

communication; leverage and support existing community-based services and resources to save lives.

b. Engage in activities as described in its local program plan, which has been approved by OHA.

c. Use funds for this Program Element in accordance with its local program budget, which has been approved by OHA. Modification to the local program budget may only be made with OHA approval.

d. Use funds for this Program Element in accordance with federal executive orders and guidance from the July 29, 2025 SAMHSA Dear Colleague Letter (available at https://www.samhsa.gov/sites/default/files/dear-colleague-letter-executive-order-ending-crime-disorder-americas-streets-07302025.pdf) and the September 17, 2025 CDC Priorities Statement (available at: https://www.cdc.gov/about/cdc/index.html)..

e. Ensure that staffing is at the appropriate level to address all sections in this Program Element. The Grantee must designate or hire a lead staff person to carry out and coordinate all the activities described in this Program Element, and act as a point of contact between the Grantee and OHA.

f. Provide the workspace and administrative support required to carry out the grant-funded activities outlined in this Program Element.

g. Attend all Substance Use Prevention & Overdose Prevention meetings reasonably required by OHA. (Travel expenses shall be the responsibility of the Grantee.)

h. Cooperate with OHA on program evaluation throughout the duration of this Agreement, as well as with final project evaluation.

i. Meet with a state level evaluator soon after execution of this Agreement to help inform the OHA evaluation plan.

6. General Expense Reporting.

The Grantee must complete an "Oregon Health Authority Public Health Division Expenditure Report" located at: https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/index.aspx. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

7. Program Reporting Requirements.

a. The Grantee must submit bi-annual Progress Reports.

Bi-annual Report Period	Due Date
First: September 1 – February 28	March 31
Second: March 1 – August 31	September 30

OHA will provide the required format and current service data for use in completing the Progress Report.

8. Performance Measures.

If the Grantee completes fewer than 75% of planned activities in the description above, for two consecutive calendar quarters in one state fiscal year, Grantee will not be eligible to receive funding under this Program Element in the next state fiscal year.