AGREEMENT

THIS AGREEMENT, effective retroactive to the 1st day of September, 2026, by and between **Clatsop County**, a political subdivision of the State of Oregon and **Columbia County**, a political subdivision of the State of Oregon.

WITNESSETH:

WHEREAS, Clatsop County Public Health (CPH) is awarded a contract by the Oregon Health Authority (OHA) to perform deliverables outlined in Program Element 62, Overdose Prevention, of their Intergovernmental Agreement (IGA); and

WHEREAS, the scope of work includes regional projects, including Columbia County Public Health (CCPH) who is willing to enter into a contract with CPH to perform these services in their jurisdiction; and

WHEREAS, the purpose of this agreement is to set forth the responsibilities of PE 62 to complete the deliverables and obligations outlined below in section 4 and 5; and

WHEREAS, pursuant to Oregon Revised Statutes 190.110, local governments may enter into agreements to perform the duties imposed on them;

NOW THEREFORE**,** IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES above mentioned, for and in consideration of the mutual promises hereinafter states as follows:

1. EFFECTIVE DATE: This Agreement is effective on the date last signed, below, and shall be retroactive to September 1, 2026.

2. TERM: The term of this Agreement shall be from September 1, 2026 to August 31, 2027.

3. FUNDING: Not to exceed the sum of $20,000.00.

4. COLUMBIA COUNTY OBLIGATIONS:

   A. Use funds to complete work as outlined in the PE-62 workplan (attachment A)
   B. Provide updates to CPH to be included in quarterly progress reports to OHA as requested. Reports are due to CPH no later than the due dates listed in section 6 and in compliance with reporting requirements (attachment B)
   C. Submit monthly invoices on or before deadlines as detailed in section 6
   D. Adhere to guidelines set forth in PE 62 program element (attachment B)

5. CLATSOP COUNTY OBLIGATION.

   A. Maintain fiscal responsibility and regional coordination for PE 62 of the OHA IGA
   B. Collaborate and provide technical assistance to ensure deliverables are met
   C. Report financials and progress to OHA as required (attachment B)
   D. Provide a data form and invoicing template for reporting use
   E. Pay to Columbia County $20,000.00 of PE 62 funds in accordance with the terms

of this agreement

F. Adhere to guidelines set forth by PE 62

6. REPORTING and INVOICING

A. Submit one invoice for each month and include all expenses incurred within that month.
B. Invoices will be due on the 15th of the following month in which expenses were incurred unless otherwise mutually agreed upon.
C. Both parties will be included in emails from OHA that detail progress reporting deadlines.
D. Submit their portion of quarterly progress reports to CPH using the provided template 15 days prior to the OHA deadline, unless time provided by OHA does not reasonably allow, or otherwise mutually agreed on.

7. PAYMENT TERMS

A. Clatsop County will pay Columbia County funds consistent with the approved PE 62 workplan and consistent with Clatsop County policies.
B. A maximum of $16,667 will be available for payment to Columbia County between September 1, 2026 and June 30, 2027.
C. A maximum of $3,333 will be available for payment to Columbia County between July 1, 2027 and August 31, 2027
D. No funds will be released without sufficient completion of necessary reports and adequate documentation of expenditures.

8. GENERAL PROVISIONS:

A. This Agreement shall be governed by the laws of the State of Oregon. Any action commenced in connection with this Agreement shall be in the Circuit Court of Clatsop County. The prevailing party shall be entitled to reasonable attorney fees and costs, including on appeal. All rights and remedies shall be cumulative and may be exercised successively or concurrently. The foregoing is without limitation to or waiver of any other rights or remedies according to law.
B. Any notice under this Agreement shall be in writing and shall be effective when actually delivered in person or when deposited in the U.S. mail, registered or certified, postage prepaid and addressed to the party at the address stated below or such other address as either party may designate by written notice to the other.

Clatsop County: Clatsop County Manager's Office
800 Exchange Street
Astoria, Oregon 97103
(503) 325-1000
(503) 325-8325 (fax)

Columbia County: Columbia County Public Health
Columbia County Courthouse Annex
230 Strand St
St Helens, OR 97051

C. This Agreement contains the entire understanding of the parties and supersedes all prior agreements, oral or written, and all other communications between the parties relating to the subject matter of this Agreement. The parties shall not waive, alter, modify, supplement or amend this Agreement without a written instrument signed by both parties.

D. If any provision of this Agreement as applied to either party or to any circumstances shall be adjudged by a court to be void or unenforceable, the same shall in no way affect any other provision of this Agreement or the validity or enforceability of the Agreement.

E. Personnel. No employees will be transferred pursuant to this Agreement. Columbia County is hereby engaged under this Agreement as an independent contractor.

F. Termination. Either party may terminate this Agreement for convenience upon 30-days' advance written notice to the other party. Funds due to Columbia County for services provided prior to the termination date shall continue to be due and payable.

G. Indemnity/Hold Harmless. Each Party agrees to indemnify and hold harmless the other Parties, from and against all third-party claims, suits, actions, damages, costs, losses and expenses in any manner resulting from, arising out of, or connected to the indemnifying Party's performance, or failure to perform, its obligations under this Agreement or any other negligent or willful act or omission by such Party. This obligation is subject to the limits and provisions of the Oregon Tort Claims Act, ORS 30.260 to 30.300, and as to the County, Article XI, Section 10 of the Oregon Constitution.

H. Insurance. Each Party shall maintain comprehensive general liability and property damage insurance or self-insurance in amounts up to the limits of the Oregon Tort Claims Act as to Agreement Clatsop County and Columbia County PE 62 Page 3 of 8 any and all work performed pursuant to this Agreement.

I. Mediation. In the event that a dispute arises between the Parties, out of or relating to this Agreement, the Parties agree to submit to such dispute or a mediator agreed to by the Parties as soon as practicable after the dispute arises and preferably before commencement of litigation of any permitted arbitration.

J. Severability. If any term or provision of this Agreement shall be declared invalid or unenforceable, the remainder of this Agreement, including the application of any term or provision to persons or circumstances other than those as to which the application is declared invalid or unenforceable, shall not be affected.

K. Attorney Fees. If suit or action is instituted arising out of this Agreement, each party shall be responsible for its own attorney fees.

L. Merger. This Agreement represents the entire agreement between the parties for the services provided herein. No modification of this Agreement shall be effective unless and until it is made in writing and signed by both Parties.

M. Counterparts. This Agreement may be executed in several counterparts, all of which when taken together shall constitute an agreement binding on all parties, notwithstanding that all Parties are not signatories to the same counterpart. Each copy of this Agreement so executed shall constitute an original.

N. Electronic Signatures. The parties agree that signatures showing on PDF documents, including but not limited to PDF copies of the Agreement and amendments, submitted or exchanged via email are "Electronic Signatures" under ORS Chapter 84 and bind the signing party and are intended to be and can be relied upon by the parties. Both parties reserve the right at any time to

require the submission of the hard copy originals of any documents.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written. The signature of Clatsop County being by authority of its Board of Commissioners and the signature of Columbia County being by authority of its Board of Commissioners.

CLATSOP COUNTY: COLUMBIA COUNTY:

By: _____ By: _____

Date: _____ Date: _____

Attachment A: North Coast Region PE-62 approved workplan
Attachment B: Oregon Health Authority Program Element 62: Overdose Prevention

PE 62/162 Substance Use & Overdose Prevention
North Coast (Clatsop, Columbia, Tillamook) Work Plan 2026-2027

Program Contact Information

Agency Name	
Prevention Coordinator (Main Point of Contact) **Name**	Lisa Schuyler, Clatsop County Public Health
Phone	503-325-8500
Email	lschuyler@clatsopcounty.gov
Address	820 Exchange St. Suite 100, Astoria, OR
Other Funded Program Staff (add additional rows, if needed) **Name**	Haley Medina, Madison Riethman, Alisha Davis, Columbia County Public Health
Phone	503-396-0007, 503-397-7310, 503-397-7247
Email	haley.medina@columbiacountyor.gov, madison.riethman@columbiacountyor.gov, alisha.davis@columbiacountyor.gov
Other Funded Program Staff (add additional rows, if needed) **Name**	Elizabeth Wipperman, Ariel Foster, Tillamook County Public Health
Phone	503-812-9465, 503-842-3928
Email	elizabeth.wipperman@tillamookcounty.gov, ariel.foster@tillamookcounty.gov
Fiscal Contact **Name**	Scott Huddleston, Clatsop County Public Health
Phone	503-325-8500
Email	shuddleston@clatsopcounty.gov

Supervisor Name	Jill Quackenbush, Clatsop County Public Health
Phone	503-325-8500
Email	jquackenbush@clatsopcounty.gov

OVERVIEW

The purpose of a work plan is to develop a shared vision and create a road map of what needs to be accomplished for success. Work plans are a shared agreement between OHA and the partner on the work that will take place. Work plans are living documents and may change throughout the project period with OHA approval.

Refer to the "PE 62/162 Funding and Program Guidance 2026-2027" for detailed information on program, grant, and reporting requirements and budget information.

PE 62/162 uses braided funding; see table below for your county/region's project, fiscal, and reporting timelines**.** Individual funding tables with award amount will be provided to each county/region via email.

County/Region	**Project Period**	**Fiscal Year (FY)**	**Reporting**
Clackamas	A: September 1 – August 31	FY 26-27 July 1, 2025 – June 30, 2027	Part 1: Due March 31, 2026 (covers September 2026 - February 2027) Part 2: Due September 30, 2027 (covers March 2027 - August 2027)
North Coast (**Clatsop**, Columbia, Tillamook)			
Central Oregon (**Crook**, Deschutes, Jefferson)	A&B: September 1 – September 30		
Douglas & Coos	B: October 1 – September 30		
Klamath & Lake			
Lane			
Lincoln, Linn, & Benton			
Multnomah			
North Central Public Health District (Wasco, Sherman)			
Umatilla & Union			
Mid-Willamette (**Yamhill**, Marion, Polk)			

Bold indicates lead county

BACKGROUND & EQUITY (Required)

Community Context & Data:

Describe the data informing proposed work plan objectives and activities (e.g. surveillance data, community assessment and readiness assessment, etc.). Cite data source and year as well as other information used to determine priority areas.

Clatsop County: Based on recent data, Clatsop County has experienced an increase in overdoses in 2024 and 2025 while the state as a whole has experienced a decrease. An analysis was conducted in spring of 2026 focused on finding the root cause of access to care and drug enforcement as two factors of overdose. The two root causes that the group of diverse interest holders identified, were lack of standardized referral processes and shifts in priorities away from drug enforcement. People experiencing active substance use disorder were identified as a priority population.

Columbia County: In 2025, Columbia County contracted a Community Health Assessment and Community Health Improvement Plan. Key findings included that “substance misuse, mental health, and alcohol misuse were the top three health concerns highlighted in the community survey.” Additionally, “community members felt that available services and supports were not well advertised and it could be hard to get connected.” Our department works across several programs to address overlapping substance use prevention priorities such as these. We also work closely with our county’s harm reduction and adult peer support program, Team How, that operates within Columbia Community Mental Health (CCMH).

Tillamook County: In FY 26 Tillamook County developed and launched a Community Health Needs Assessment and Community Health Improvement Plan to address the health needs of the community. Although substance abuse did not raise to the top of the CHNA identified needs, the social determinates of health including behavioral health access and availability of treatment of substance abuse were woven throughout the Community Health Implementation Plan action plan development. The Harm Reduction Coordinator continues to collaborate with services providers and community-based organizations to remove barriers to substance abuse care. Tillamook County has not seen a significant rise in overdoses in FY26, and the county continues to focus their efforts on prevention and community safety while working with partners to improve access to care within the community.

Health Disparities and Health Equity:

Describe how your work plan will address health disparities and advance health equity. How are you prioritizing communities disproportionately impacted by substance use, overdose, or

other health disparities? What steps do you plan to take to strengthen your commitment and capacity to advance diversity, equity, and inclusion?

We recognize that the overdose crisis is affecting some communities more than others. Certain groups have been disproportionately affected by systemic racism, socio-economic-political injustice, generational trauma, systemic bias, and stigma. Furthermore, these communities have less access to resources and services. These inequities can worsen health outcomes and increase the risk of experiencing a drug overdose.

In Oregon, Black/African American communities and American Indian/Alaska Native communities are experiencing the highest rates of fatal overdoses. Other populations at higher risk of overdose include males; people aged 35-44; LGBTQIA2S+ people; people with substance use, alcohol, or mental health disorders; people recently released from jail or prison; and people experiencing houselessness with 19.9% of individuals who died from overdose in 2022 being houseless[1].

The Non-Hispanic Black community makes up 0.7% of the population and Native Indian or Alaska Native community makes up 1.6% of the population in the North Coast region.

The region also had lower access to mental health services than the state, with the ratio of the number of people per mental health provider 100:160 people higher than the state average[3].

The North Coast region has three times as many people experiencing homelessness in comparison to Oregon: 9 adults per 1,000 compared to 3 adults per 1,000 respectively[2].

Tillamook, Clatsop, and Columbia Counties hope to help decrease the impact of substance use on the most vulnerable communities through overdose surveillance, response, and communication planning.

1 Overdose Death Disparities in Oregon, Oregon Health Authority Public Health Division Injury and Violence Prevention Program, Version 1: July 16, 2024 [online] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/Overdose%20Death%20Disparities%20in%20Oregon.pdf

2 Regional Health Equity Report: Clatsop, Columbia, Tillamook. October 2021.

3 County Health Rankings & Roadmaps: Oregon, Data by County 2025 [online] https://www.countyhealthrankings.org/health-data/oregon?year=2025

PE 62/162 WORK PLAN TEMPLATE

Please use this template to describe your work plan for Year 4. You may add as many rows as needed. Examples in orange.

Objective: Must be outcome oriented and S.M.A.R.T (Specific, Measurable, Attainable, Realistic, and Timebound) (e.g., "Launch a pharmacist-focused media campaign to increase pharmacist-prescribed medication for opioid use by 15% by August 2027").					
Long-Term Goal: Long-term goals focus on changes in systems and institutions that can be expected after completing the identified activities and outputs. A long-term goal may not realistically be achieved within 5-10 years but provides a north star for one's programmatic work. (e.g. "Establish a billable addiction consult service and bridge clinic within local hospital to provide same-day access to medications for opioid use disorder through collaborations with pharmacies, emergency departments, emergency medical services, and peer-based community serving agencies.")					
Activities What activities will you implement to achieve the objective. Indicate OD2A *Category* for all activities EXCEPT "Core Components"	**Lead** Indicate the position and agency leading each activity	**Partners** Specify which partner agencies are involved in completing the activity or engaged in the work (if any)	**Short-Term Outcome** Describe the immediate impacts of the activities being implemented	**Outputs (optional)** Determine metrics/data on program implementation for local tracking and use	**Bi-Annual Reporting Metrics (required)** Bi-annual reporting metrics associated with each strategy (pre-filled, no additional info needed)
6.1 Develop provider training on screening and diagnosis of SUDs, especially OUD and StUD	Prevention Coordinator, County Health Department	Medical Director, local hospital, clinical champion	Perceived efficacy of MOUD for OUD patients	Number of training opportunities Number of providers to complete training	Q33-36
6.3: Engage local pharmacists to reduce substance misuse and link patients to care.	Prevention Coordinator, County Health Department	Local pharmacy, medical director, overdose taskforce	Perceived accessibility of medications for opioid use disorder	Number of SUD patient consults by pharmacists Number of MOUD initiations	

Deliverables: Deliverables are tangible outputs as a results of work plan activities. Include any deliverables produced with PE 62/162 funds (e.g. "reports, campaign materials, one-pagers, surveillance plan"). Submit deliverables via bi-annual reporting.

Core Program Components (Required)

Objective - Multi-Sector Workgroup: Between September 2026 and August 2027, attend one local alcohol and drug policy committee (LADPC) or multisector community partner meeting in each of the north coast Counties quarterly.

Long-Term Goal: Continuing and enhancing partnerships.

Activities	Lead	Partners	Short-Term Outcome	Outputs (optional)	Associated Bi-Annual Reporting Metrics
Convene or strengthen coordinating bodies comprised of multisector partners to assist with prevention efforts	Columbia, Clatsop, Tillamook	Service providers across the continuum of care, Columbia Pacific CCO	More coordination of strategies and feedback loops to create collective impact in addressing overdose	Number of partners engaged with Number of meetings attended	Q3-5
Liaise with local alcohol and drug policy committees	Clatsop, Columbia, Tillamook	Clatsop: Human Services Advisory Council Columbia: Local Alcohol & Drug Planning Committee (LADPC) Tillamook: OUR Tillamook	Policy recommendations that are informed by local factors and best practice	Number of meetings attended Number of policy changes suggested or implemented	

Objective - Overdose Surveillance & Strategic Plan: By September 2027, review and update the regional Overdose Surveillance and Response Plan.

Long-Term Goal: Increase capacity.

Activities	Lead	Partners	Short-Term Outcome	Outputs (optional)	Associated Bi-Annual Reporting Metrics
Streamline plan & protocols	Clatsop, Columbia, Tillamook	County Emergency Management	More efficient use of limited staff time to achieve objectives of local overdose surveillance and response plan	Updated plan and Protocol	Q6-11
Increase data sources through partnerships	Clatsop, Columbia	HIDTA, Deflection, Harm Reduction/SSP partners, EMS/LE	More comprehensive data is available to identify trends	Number of new data sources accessible.	

Objective - Public Awareness: By September 30, 2027, host one annual International Overdose Awareness Day event in

each of the north coast Counties, engaging a combined total of at least 60 community residents to distribute free naloxone kits, remember loved ones, and connect attendees with local prevention, treatment, and recovery resources.					
Long-Term Goal: Raise level of readiness in the community to implement effective overdose prevention strategies by promoting and holding an overdose awareness day event that will reduce stigma and raise awareness about negative effects of overdose on our community.					
Activities	**Lead**	**Partners**	**Short-Term Outcome**	**Outputs (optional)**	**Associated Bi-Annual Reporting Metrics**
Promote, host/coordinate overdose awareness day events for the general public, people affected by overdose, and organizations who support that populations	Clatsop, Columbia and Tillamook	Recovery groups, harm reduction, behavioral health, first responders, peer orgs	General public with more awareness about the negative impacts of overdose and stigma	Number of partners who helped coordinate, number of people who attended, media reach	Q18-24

Deliverables: Updated overdose surveillance and response plan and protocol, overdose awareness day promotional materials, Naloxone index

Harm Reduction (Required)

Objective: By September 30, 2027, promote drug health and safety intervention programs and distribute naloxone in each of the north coast region counties at least once per quarter, through social media posts, attending events, and naloxone trainings.					
Long-Term Goal: Reduce the risk of fatal overdose and other negative effects of overdose for people who use drugs by promoting access to harm reduction services.					
Activities	**Lead**	**Partners**	**Short-Term Outcome**	**Outputs (optional)**	**Associated Bi-Annual Reporting Metrics**
8.4 Increase awareness of/access to drug health and safety intervention programs through promotion of services via outreach and resource-sharing	Clatsop, Columbia, Tillamook	Columbia Community Mental Health (CCMH), Iron Tribe Network, Boulder Care, Medicine Wheel Recovery Services, Clatsop Behavioral Healthcare, Providence BOB Team	Improving access to and delivery of harm reduction services to reduce overdose	Number of events where materials are shared Number of media posts, media reach	Q12-17
8.2 Naloxone trainings and kit distribution; standardize across region	Clatsop, Columbia, Tillamook	Libraries, Community Based Organizations, Businesses	Increase awareness of and distribution of naloxone in community	Number of trainings held, number of resources shared between counties	
8.3 Support drug health and safety interventions that increase services utilization	Tillamook Clatsop	Clatsop County Public Health Harm Reduction Program, Clatsop Behavioral Healthcare, Providence BOB Team.	Ensure individuals at risk of experiencing an overdose have access to overdose prevention and reversal tools and treatment options	number of drug health and safety intervention service events attended.	

Deliverables: Event flyers, promotional materials that were shared

Categories 3-5 are optional; please select at least one category.

Public Health & Public Safety Partnerships

Objective: By September 30, 2027, the project team will meet with at least one public safety agency in each north coast County to discuss overdose prevention collaboration and data sharing.					
Long-Term Goal: Increase collaboration and collective impact of overdose strategies between public safety and public health to decrease the number of overdoses in each County.					
Activities	**Lead**	**Partners**	**Short-Term Outcome**	**Outputs (optional)**	**Associated Bi-Annual Reporting Metrics**
7.1 Engage Public Safety Partners in multi-sector meetings to share information on the overdose crisis and collaborate on strategies.	Clatsop, Columbia, Tillamook	Deflection, HIDTA, street crimes taskforce	Developing and maintaining PH/PS partnerships or collaboratives at the local level	Number of meetings, number of partners	Q37-38
7.2 Initiating or expanding systems that utilize law enforcement data to identify substance use trends, this could include ODMAP, drug seizure data, etc.	Clatsop, Columbia	Deflection, HIDTA, Jails, Community Corrections	7.2. Improving data sharing, availability, and use at the intersection of PH/PS	Number of new data sources	

Deliverables:

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Injury & Violence Prevention Program at IVPP.General@odhsoha.oregon.gov or 971-221-1553. We accept all relay calls.

Public Health Division
Injury & Violence Prevention Program
800 NE Oregon Street, Suite 850
Portland, OR 97232
971-221-1553
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/index.aspx

Attachment B

Program Element # 62 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.

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.

   LPHA 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. LPHA should collaborate with other projects within the designated region that address the community's challenges related to substance use and drug overdose deaths. The funded activities for this Program Element seek to promote the OHA's 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 of the Financial Assistance Award unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

3. **Definitions Specific to this PE**

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.

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. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA 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_manual.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	Population Health Direct	Access to clinical preventive	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
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, LPHA 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, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

a. Submit a 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 LPHA capacity. LPHA 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 initial and any versions of the revised local program plan become incorporated herein by this reference. The 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 multisector 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 Prevention 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 Prevention 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. LPHA 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 LPHA and OHA.

f. Provide the workspace and administrative support required to carry out the 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 LPHA.

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.** LPHA 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. LPHA must submit bi-annual progress reports on the following schedule:

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 Reports.

8. Performance Measures.

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