

Virginia Higher Education Opioid Consortium
(VHEOC)

REQUEST FOR PROPOSALS (RFP) TEMPLATE

DRAFT

Submit RFPs to: VHEOC@virginia.edu

FINAL ***Limit to Two Pages***

Questions? Call 434-243-2457

DATE SUBMITTED (mm/dd/yyyy):

SUBMITTED BY:

Name/Location of CSB
CSB Project Contact(s) (Include name, title, email, phone number for point(s) of contact)
Project Summary
<i>With this Request for Proposals (RFP), the above-named CSB invites proposals from the Virginia Higher Education Opioid Consortium (VHEOC) for the purpose of:</i>
Proposed Project Completion Date (No later than end of current funding cycle: Sept. 30, 2020)
Project Scope of Work Requested (Include additional page if more space is needed)
1. <u>BASIS/NATURE OF PROBLEM:</u>
2. <u>PROJECT OBJECTIVES:</u>
3. <u>SPECIFIC SERVICES/ACTIVITIES REQUESTED TO ACHIEVE OBJECTIVES:</u>

Submitted by: Blue Ridge Behavioral Healthcare on behalf of Region 3 CSBs

Deliverables in both categories of general education materials (A) and curricula, tools, training (B) related to stigma reduction, SUD/resilience education campaign should be focused BOTH towards a general population (universal) audience AND targeted towards a number of special population audiences. While ultimately we would like brochures, PSAs, etc., the desire is that the message(s), both broadly and specifically, would also come with recommendations for best vehicles of means of communication for intended audiences. (This might, for example, include enlisting university Marketing expertise to develop a marketing plan, including best venue, e.g. billboards, social media, PSAs, brochures, posters, websites, flyers, etc., all able to be branded with the CSB logo.

1. General community population (increase general population's understanding of substance use disorders as a legitimate medical issue and not a moral/willpower issue (or what the research shows best changes attitudes), increase acceptance of need for services, treatment resources, and "an ask" for other supports from the general community, such as employment offers, housing, general community support (e.g. "people recovering from substance use disorders need another chance") for individuals in early stage recovery, further stratified by:
 - a. Urban communities – overall SUD education and stigma reduction/resiliency education
 - b. Urban communities – further tailored/targeted to specific current high-use drugs of abuse, including substances that are often used in combination with opioids: alcohol, cocaine, methamphetamines, etc.
 - c. Rural communities – overall SUD education and stigma reduction/resiliency education
 - d. Rural communities – further tailored/targeted to specific current high-use drugs of abuse, including: alcohol, opioids, methamphetamines, etc.

2. Population of individuals with active substance use disorders and their families, to include:
 - a. General message about nature of substance use disorders, legitimate medical issue, not a moral/willpower issue (or what the research shows best changes attitudes), increase likelihood of help-seeking for services, supports, etc.
 - b. Messages targeted to special populations re: stigma reduction and resiliency, including the most frequent drug of misuse, to include:
 - i. Young adults ages 18-25, to include nicotine products/vaping, alcohol, prescription drugs misuse, etc.
 - ii. Children/teens ages 12 to 18.
 - iii. Adults ages 25-64.
 - iv. Parents of children at risk for substance misuse.
 - v. Prevalence across demographics (e.g. SES, education)
 - vi. Special messages, as determined by research indicators, for specific high risk sub-populations such as:
 1. Families with genetic predisposition for/ high incidence of SUDs
 2. Women
 3. Pregnant women
 4. Specific professions at high risk for SUD (restaurant workers, retired individuals, etc.)
 5. Age (youth, geriatric, etc.)
 6. LGBTQ youths
 7. Certain SDoH risk factors that may lead to higher prevalence
 8. Others? As determined by the research.

3. Message and content would be driven by a review of existing research. Our intent is to address stigma in a broad and ongoing manner, but not necessarily specific to any one locality. Based on special population messages developed, we could then select "urban" messages for our localities served by a city, and "rural" for our more rural counties. Also, as a result, if this proposal became statewide, the campaigns and messages could therefore generalize.

Proposals should be as specific as possible regarding what deliverables will be provided (i.e. PSA, and deliverable should include brief summary report of evidenced based practices with referenced citations.