

Appendices and Survey Briefs

Oregon primary prevention system assessment | Compiled volume

IN THIS VOLUME

Eight appendices to the HB 3321 primary prevention assessment, followed by the four survey briefs that report the assessment's original survey data. Appendices appear first, in letter order. Page numbers run continuously through the volume, and the contents page lists where each section begins.

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Appendix A

Primary Prevention Programs

The 265 distinct programs whose main purpose is to prevent substance use before it starts, as defined by House Bill 3321. Columns marked "strategy and level" carry what each survey respondent recorded: prevention level, CSAP strategy, and any evidence, promising-practice or innovation tag, a blank cell means the source did not collect or the respondent did not answer that item, and for state agency records, models and evidence-based programs were identified by the assessment team from program documents, because agencies do not self-report these fields. The primary-prevention and prevention-adjacent split is the assessment's coding, reviewed record by record by the project team; it is not a respondent self-designation. Each row is one distinct delivered program: a curriculum delivered at several sites appears once, with every site listed in the deliverer column.

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Clear Alliance (awareness)		HIDTA	State agency records	Identified model/EBP: TMEC instructor training (CLEAR Alliance curriculum) HB 3321 alignment coding: YES (primary prevention) Populations: General	Statewide	HIDTA	
HIDTA Prevention Project – Operationalizing Prevention in High-Risk Areas (OSU Extension)		HIDTA	State agency records	HB 3321 alignment coding: YES (primary prevention) Populations: Youth	Malheur County	HIDTA	
Lines for Life – HIDTA prevention grant		HIDTA	State agency records	HB 3321 alignment coding: PARTIAL Populations: Youth; general	Statewide	HIDTA	
Social Media Campaign, lesson plans, Professional develop to reduce opioid use among youth		ODE	State agency records	HB 3321 alignment coding: YES (primary prevention)	Not reported	ODE	
OSPTR Prevention - Preventionist Training		OHA-PHD Primary Prevention	State agency records	HB 3321 alignment coding: YES (primary prevention) Populations: Adult25+; YoungAdult18-25; Youth<18	Statewide	OHA-PHD Primary Prevention	
OSPTR- Prevention- CBOs and RHECs		OHA-PHD Primary Prevention	State agency records	HB 3321 alignment coding: YES (primary prevention) Populations: Adult25+; YoungAdult18-25; Youth<18	Counties- see funding recipients	OHA-PHD Primary Prevention	
Overdose Prevention and Education Program (ODPEP)		OHA-PHD Primary Prevention	State agency records	HB 3321 alignment coding: PARTIAL (cross-continuum) Populations: Adult25+; YoungAdult18-25; Youth<18	Counties- see funding recipients	OHA-PHD Primary Prevention	
Ph24 SPF-PFS Grant Expanded Authority		OHA-PHD Primary Prevention	State agency records	Identified model/EBP: Strategic Prevention Framework (SAMHSA model) HB 3321 alignment coding: PARTIAL (cross-continuum) Populations: Adult25+; YoungAdult18-25; Youth<18	Statewide	OHA-PHD Primary Prevention	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
First Call - Alcohol		OLCC	State agency records	Identified model/EBP: Responsible-service education (ID checking / First Call) HB 3321 alignment coding: YES (primary prevention) Populations: Adult25+; YoungAdult18-25; Youth<18	Statewide	OLCC	
ID Checking Classes - Alcohol		OLCC	State agency records	Identified model/EBP: Responsible-service education (ID checking / First Call) HB 3321 alignment coding: YES (primary prevention) Populations: YoungAdult18-25; Youth<18	Statewide	OLCC	
ID Checking Classes - Marijuana		OLCC	State agency records	Identified model/EBP: Responsible-service education (ID checking / First Call) HB 3321 alignment coding: YES (primary prevention) Populations: YoungAdult18-25; Youth<18	Statewide	OLCC	
Minor Decoy Program - Alcohol		OLCC	State agency records	Identified model/EBP: Minor decoy / compliance checks (environmental strategy, evidence-based) HB 3321 alignment coding: YES (primary prevention) Populations: YoungAdult18-25; Youth<18	Statewide	OLCC	
Minor Decoy Program - Marijuana		OLCC	State agency records	Identified model/EBP: Minor decoy / compliance checks (environmental strategy, evidence-based) HB 3321 alignment coding: YES (primary prevention) Populations: YoungAdult18-25; Youth<18	Statewide	OLCC	
Minor Decoy Program- Minor Staffing		OLCC	State agency records	Identified model/EBP: Minor decoy / compliance checks (environmental strategy, evidence-based) HB 3321 alignment coding: YES (primary prevention) Populations: YoungAdult18-25; Youth<18	Statewide	OLCC	
Baker County Alcohol and Drug Prevention and Education Program (ADPEP)		Baker County (New Directions NW)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (3 activity reports): information dissemination 28%; prevention education 35%; positive alternatives 8%; community-based processes 28%	Baker	Community-based organization	
Benton County Alcohol and Drug Prevention and Education Program (ADPEP)		Benton County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 26%; prevention education 15%; positive alternatives 16%; community-based processes 39%; environmental strategies 4%	Benton	Local / county government	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Clackamas County Alcohol and Drug Prevention and Education Program (ADPEP)		Clackamas County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (4 activity reports): information dissemination 16%; prevention education 14%; positive alternatives 19%; community-based processes 29%; environmental strategies 19%; identification of problems and referral to services 4%	Clackamas	Local / county government	
Clatsop County Alcohol and Drug Prevention and Education Program (ADPEP)		Clatsop County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; community-based processes Delivered resource share (4 activity reports): information dissemination 10%; prevention education 39%; community-based processes 50%; environmental strategies 1%	Clatsop	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Workplaces; Young adults 18-25
Columbia County Alcohol and Drug Prevention and Education Program (ADPEP)		Columbia County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (4 activity reports): information dissemination 15%; prevention education 18%; positive alternatives 5%; community-based processes 46%; environmental strategies 12%; identification of problems and referral to services 5%	Columbia	Local / county government	
Coos County Alcohol and Drug Prevention and Education Program (ADPEP)		Coos County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (3 activity reports): information dissemination 53%; prevention education 15%; positive alternatives 17%; community-based processes 12%; environmental strategies 3%	Coos	Local / county government	Adolescents (12-18); Communities or neighborhood; General population; Other (specify); Schools or colleges; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Crook County Alcohol and Drug Prevention and Education Program (ADPEP)		Crook County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 39%; prevention education 25%; positive alternatives 17%; community-based processes 13%; environmental strategies 4%; identification of problems and referral to services 3%	Crook	Local / county government	Adolescents (12-18); Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Online or media environment; Schools or colleges; Workplaces; Young adults 18-25
Curry County Alcohol and Drug Prevention and Education Program (ADPEP)		Curry County	State agency records	CSAP: information dissemination; prevention education; community-based processes; environmental strategies Delivered resource share (3 activity reports): information dissemination 32%; prevention education 18%; positive alternatives 3%; community-based processes 33%; environmental strategies 13%	Curry	Local / county government	Adolescents (12-18); General population; Justice-involved populations
Deschutes County Alcohol and Drug Prevention and Education Program (ADPEP)		Deschutes County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; identification of problems and referral to services; information dissemination; prevention education CSAP: information dissemination; prevention education; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 11%; prevention education 10%; positive alternatives 2%; community-based processes 22%; environmental strategies 29%; identification of problems and referral to services 22%	Deschutes	Local / county government	Adolescents (12-18); Communities or neighborhood; General population; Other (specify); Schools or colleges; Young adults 18-25
Douglas County Alcohol and Drug Prevention and Education Program (ADPEP)		Douglas County (ADAPT)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (4 activity reports): information dissemination 25%; prevention education 25%; positive alternatives 12%; community-based processes 28%; environmental strategies 6%; identification of problems and referral to services 4%	Douglas	Community-based organization	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Gilliam County Alcohol and Drug Prevention and Education Program (ADPEP)		Gilliam County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 25%; prevention education 29%; positive alternatives 44%; community-based processes 5%	Gilliam	Local / county government	
Grant County Alcohol and Drug Prevention and Education Program (ADPEP)		Grant County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 44%; prevention education 16%; positive alternatives 24%; community-based processes 14%; environmental strategies 2%	Grant	Local / county government	
Harney County Alcohol and Drug Prevention and Education Program (ADPEP)		Harney County (Symmetry Care)	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; identification of problems and referral to services; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Delivered resource share (5 activity reports): information dissemination 24%; prevention education 9%; positive alternatives 12%; community-based processes 28%; identification of problems and referral to services 27%	Harney	Community-based organization	Adolescents (12-18); Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population; Schools or colleges; Young adults 18-25
Hood River County Alcohol and Drug Prevention and Education Program (ADPEP)		Hood River County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 27%; prevention education 43%; positive alternatives 6%; community-based processes 14%; identification of problems and referral to services 10%	Hood River	Local / county government	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Jackson County Alcohol and Drug Prevention and Education Program (ADPEP)		Jackson County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; identification of problems and referral to services; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 19%; prevention education 25%; positive alternatives 11%; community-based processes 25%; environmental strategies 2%; identification of problems and referral to services 15%	Jackson	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Workplaces; Young adults 18-25
Jefferson County Alcohol and Drug Prevention and Education Program (ADPEP)		Jefferson County (Best Care)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 32%; prevention education 35%; positive alternatives 16%; community-based processes 16%; environmental strategies 0%	Jefferson	Community-based organization	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Josephine County Alcohol and Drug Prevention and Education Program (ADPEP)		Josephine County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (3 activity reports): information dissemination 50%; prevention education 25%; positive alternatives 5%; community-based processes 5%; environmental strategies 10%; identification of problems and referral to services 5%	Josephine	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Klamath County Alcohol and Drug Prevention and Education Program (ADPEP)		Klamath County (Klamath Basin Behavioral Health)	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; identification of problems and referral to services; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (4 activity reports): information dissemination 31%; prevention education 26%; positive alternatives 20%; community-based processes 10%; environmental strategies 6%; identification of problems and referral to services 4%	Klamath	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Lake County Alcohol and Drug Prevention and Education Program (ADPEP)		Lake County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (5 activity reports): information dissemination 25%; prevention education 19%; positive alternatives 22%; community-based processes 24%; environmental strategies 6%; identification of problems and referral to services 4%	Lake	Local / county government	
Lane County Alcohol and Drug Prevention and Education Program (ADPEP)		Lane County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; identification of problems and referral to services; information dissemination; prevention education CSAP: information dissemination; prevention education; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 30%; prevention education 20%; community-based processes 10%; environmental strategies 20%; identification of problems and referral to services 20%	Lane	Local / county government	Clinical or community health settings; Communities or neighborhood; General population; Online or media environment; Young adults 18-25
Lincoln County Alcohol and Drug Prevention and Education Program (ADPEP)		Lincoln County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; community-based processes; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 26%; prevention education 26%; community-based processes 40%; environmental strategies 1%; identification of problems and referral to services 8%	Lincoln	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Linn County Alcohol and Drug Prevention and Education Program (ADPEP)		Linn County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 25%; prevention education 20%; positive alternatives 10%; community-based processes 32%; environmental strategies 8%; identification of problems and referral to services 5%	Linn	Local / county government	
Malheur County Alcohol and Drug Prevention and Education Program (ADPEP)		Malheur County (Lifeways)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (2 activity reports): information dissemination 20%; prevention education 46%; positive alternatives 21%; community-based processes 13%	Malheur	Community-based organization	
Marion County Alcohol and Drug Prevention and Education Program (ADPEP)		Marion County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; identification of problems and referral to services; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (4 activity reports): information dissemination 46%; prevention education 21%; positive alternatives 9%; community-based processes 18%; environmental strategies 6%	Marion	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Morrow County Alcohol and Drug Prevention and Education Program (ADPEP)		Morrow County (Community Counseling Services)	State agency records	CSAP: information dissemination; prevention education Delivered resource share (5 activity reports): information dissemination 10%; prevention education 88%; community-based processes 2%	Morrow	Community-based organization	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Multnomah County Alcohol and Drug Prevention and Education Program (ADPEP)		Multnomah County	State agency records	CSAP: information dissemination; prevention education; community-based processes Delivered resource share (4 activity reports): information dissemination 34%; prevention education 41%; positive alternatives 2%; community-based processes 17%; environmental strategies 3%; identification of problems and referral to services 2%	Multnomah	Local / county government	
Polk County Alcohol and Drug Prevention and Education Program (ADPEP)		Polk County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; identification of problems and referral to services; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 18%; prevention education 31%; positive alternatives 39%; community-based processes 10%; environmental strategies 2%	Polk	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population; Schools or colleges; Workplaces; Young adults 18-25
Sherman County Alcohol and Drug Prevention and Education Program (ADPEP)		Sherman County	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 28%; prevention education 22%; positive alternatives 19%; community-based processes 12%; environmental strategies 9%; identification of problems and referral to services 10%	Sherman	Local / county government	
Tillamook County Alcohol and Drug Prevention and Education Program (ADPEP)		Tillamook County (Tillamook Family Services)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 28%; prevention education 32%; positive alternatives 11%; community-based processes 25%; environmental strategies 4%	Tillamook	Community-based organization	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Umatilla County Alcohol and Drug Prevention and Education Program (ADPEP)		Umatilla County	State agency records	CSAP (self-reported by the county in the provider survey): identification of problems and referral to services; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (4 activity reports): information dissemination 15%; prevention education 42%; positive alternatives 8%; community-based processes 19%; environmental strategies 10%; identification of problems and referral to services 6%	Umatilla	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Union County Alcohol and Drug Prevention and Education Program (ADPEP)		Union County	State agency records	CSAP: information dissemination; prevention education; community-based processes; environmental strategies Delivered resource share (4 activity reports): information dissemination 26%; prevention education 45%; positive alternatives 4%; community-based processes 19%; environmental strategies 5%; identification of problems and referral to services 1%	Union	Local / county government	
Wallowa County Alcohol and Drug Prevention and Education Program (ADPEP)		Wallowa County (Building Healthy Families)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (4 activity reports): information dissemination 12%; prevention education 36%; positive alternatives 38%; community-based processes 14%	Wallowa	Community-based organization	
Wasco County Alcohol and Drug Prevention and Education Program (ADPEP)		Wasco County (YouthThink)	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Delivered resource share (3 activity reports): information dissemination 25%; prevention education 38%; positive alternatives 10%; community-based processes 10%; environmental strategies 3%; identification of problems and referral to services 13%	Wasco	Community-based organization	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Washington County Alcohol and Drug Prevention and Education Program (ADPEP)		Washington County	State agency records	CSAP (self-reported by the county in the provider survey): community-based processes; environmental strategies; identification of problems and referral to services; information dissemination; positive alternatives; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies; identification of problems and referral to services Delivered resource share (3 activity reports): information dissemination 12%; prevention education 13%; positive alternatives 8%; community-based processes 48%; environmental strategies 8%; identification of problems and referral to services 10%	Washington	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Communities or neighborhood; Families or caregiver; Schools or colleges; Young adults 18-25
Wheeler County Alcohol and Drug Prevention and Education Program (ADPEP)		Wheeler County	State agency records	CSAP (self-reported by the county in the provider survey): positive alternatives; prevention education CSAP: information dissemination; prevention education Delivered resource share (3 activity reports): information dissemination 5%; prevention education 95%	Wheeler	Local / county government	Adolescents (12-18); Children or youth (4-17); Schools or colleges
Yamhill County Alcohol and Drug Prevention and Education Program (ADPEP)		Yamhill County	State agency records	CSAP (self-reported by the county in the provider survey): information dissemination; prevention education CSAP: information dissemination; prevention education; positive alternatives; community-based processes Delivered resource share (2 activity reports): information dissemination 50%; prevention education 22%; positive alternatives 5%; community-based processes 18%; environmental strategies 2%; identification of problems and referral to services 2%	Yamhill	Local / county government	General population
Highland Haven Alcohol and Drug Prevention and Education Program (ADPEP)		Highland Haven	State agency records	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; environmental strategies Delivered resource share (3 activity reports): information dissemination 28%; prevention education 28%; positive alternatives 12%; community-based processes 22%; environmental strategies 7%	Multnomah	Local / county government	
Sticker Shock		Douglas, Hood River, Klamath, Malheur and Wallowa county ADPEP programs	State agency records	Identified model/EBP: Sticker Shock — retailer-based environmental campaign CSAP: environmental strategies; community-based processes	Douglas; Hood River; Klamath; Malheur; Wallowa	Local / county government	
One Circle (Girls Circle; The Council for Boys and Young Men; Unity Circle)		Douglas, Klamath, Lake, Sherman, Union and Wallowa county ADPEP programs	State agency records	Identified model/EBP: One Circle curriculum set CSAP: prevention education Level: Selective	Douglas; Klamath; Lake; Sherman; Union; Wallowa	Local / county government	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Strengthening Families		Clackamas, Marion, Polk and Washington county ADPEP programs	State agency records	Identified model/EBP: Strengthening Families CSAP: prevention education	Clackamas; Marion; Polk; Washington	Local / county government	
Positive Action		Lake, Morrow and Wheeler county ADPEP programs	State agency records	Identified model/EBP: Positive Action CSAP: prevention education Level: Universal	Lake; Morrow; Wheeler	Local / county government	
Triple P (Positive Parenting Program)		Gilliam, Harney and Sherman county ADPEP programs; Lane County Public Health	State agency records	Identified model/EBP: Triple P CSAP: prevention education	Gilliam; Harney; Sherman; Lane	Local / county government	
Kelso's Choice		Morrow and Wheeler county ADPEP programs	State agency records	Identified model/EBP: Kelso's Choice CSAP: prevention education Level: Universal	Morrow; Wheeler	Local / county government	
Parents Who Host Lose the Most		Baker and Hood River county ADPEP programs	State agency records	Identified model/EBP: Parents Who Host Lose the Most CSAP: information dissemination	Baker; Hood River	Local / county government	
This Is Not About Drugs (TINAD)		Douglas County ADPEP program	State agency records	Identified model/EBP: TINAD CSAP: prevention education Level: Selective	Douglas	Local / county government	
Too Good for Drugs		Jefferson County ADPEP program	State agency records	Identified model/EBP: Too Good for Drugs CSAP: prevention education	Jefferson	Local / county government	
Here's Looking At You (HLAY)		Hood River County ADPEP program	State agency records	Identified model/EBP: Here's Looking At You CSAP: prevention education Level: Universal	Hood River	Local / county government	
Prevention Plus Wellness		Tillamook County ADPEP program	State agency records	Identified model/EBP: Prevention Plus Wellness CSAP: prevention education	Tillamook	Community-based organization	
keepin' it REAL		Multnomah County ADPEP program	State agency records	Identified model/EBP: keepin' it REAL CSAP: prevention education	Multnomah	Local / county government	
Safety First		Douglas and Klamath county ADPEP programs	State agency records	Identified model/EBP: Safety First (evidence-informed) CSAP: prevention education Level: Universal; Indicated	Douglas; Klamath	Local / county government	
Healthy, Substance-Free Youth Coalition		Multnomah County School Dist 1J, dba Portland Public Schools	Federal DFC grant records	CSAP: community-based processes (identified by the assessment team: DFC coalitions are funded to build community coalition capacity)	Multnomah	School district	
Canby Prevention Coalition		County of Clackamas	Federal DFC grant records	CSAP: community-based processes (identified by the assessment team: DFC coalitions are funded to build community coalition capacity)	Clackamas	Local / county government	
Latino Community Wellness Association		Tualatin Together	Federal DFC grant records	CSAP: community-based processes (identified by the assessment team: DFC coalitions are funded to build community coalition capacity)	Washington, Clackamas	Community-based organization	
Youth Wellness Coalition		Northwest Family Services	Federal DFC grant records	CSAP: community-based processes (identified by the assessment team: DFC coalitions are funded to build community coalition capacity)	Clackamas, Multnomah	Community-based organization	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Parent Teacher & Fellowship (PTF) Coalition		Central Oregon Intergovernmental Council	Federal DFC grant records	CSAP: community-based processes (identified by the assessment team: DFC coalitions are funded to build community coalition capacity)	Deschutes	Community-based organization	
Smart Moves		1 site(s): Boys & Girls Clubs of Portland Metropolitan Area	Provider survey	CSAP: prevention education Level: Universal Evidence: Evidence Based	Multnomah, Washington	Community-based organization	Children or youth (4-17)
Positive Community Norms		1 site(s): Clackamas County Children Family & Community Connections - P	Provider survey	CSAP: prevention education Level: Universal Evidence: Evidence Based	Clackamas	Local / county government	Adolescents (12-18)
Blues Program		1 site(s): Oregon City Together	Provider survey	Level: Selective; Indicated Evidence: Evidence Based	Clackamas	Community-based organization	Adolescents (12-18)
Nurturing Parenting		1 site(s): Project Patchwork	Provider survey	CSAP: positive alternatives; environmental strategies; identification of problems and referral to services Level: Selective Evidence: Evidence Based	Multnomah and Clackamas Counties	Community-based organization	Adolescents (12-18); Children or youth (4-12); Early child development (0-3); Families or caregiver; Justice-involved populations
Communities That Care		1 site(s): Tigard Turns the Tide	Provider survey	CSAP: community-based processes Level: Universal; Selective Evidence: Evidence Based	Washington	Community-based organization	Communities or neighborhood; Families or caregiver; General population
Healthy Families Oregon		2 site(s): Community Action Team, Inc.; DELC	Provider survey	CSAP: prevention education; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based Identified model/EBP: Healthy Families Oregon (EBP — home visiting); Nurse-Family Partnership / home visiting (EBP) HB 3321 alignment coding: UPSTREAM — not SUD-specific Populations: At-risk families	Clatsop; Columbia and Tillamook counties; Statewide	Community-based organization; DELC	Early child development (0-3); Families or caregiver; Perinatal/Prenatal
Rethink the Drink		2 site(s): Multnomah County Behavioral Health; Oregon State University	Provider survey	CSAP: information dissemination Level: Universal CSAP: positive alternatives	Multnomah County. Some of our programs are shared partnerships across; Oregon State University	Local / county government; Public university	Adults 25+; Families or caregiver; General population; Online or media environment; Other (specify)

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
The New Drug Talk / Fentanyl Toolkit		2 site(s): Song for Charlie / The New Drug Talk Oregon; Salem-Keizer School District	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal Evidence: Evidence Based Named by district under: evidence-based / tribal-based question — "Guiding Good Choices, 2023 Health Standards & Skills-Focused Units, SB 238 & The New Drug Talk/Fentanyl Toolkit, Multi-T"	None; Marion; Polk	Community-based organization; School district	Families or caregiver
Know Your Neuro		2 site(s): Todos Juntos; Gervais School District	Provider survey	CSAP: information dissemination; prevention education Level: Universal Named by district under: evidence-based / tribal-based question — "Stafford REACH lab, Know your Neuro"	Clackamas county; Marion	Community-based organization; School district	Children or youth (4-12); Schools or colleges
DARE		3 site(s): Oregon National Guard; Oregon National Guard Counterdrug Task Force; Grants Pass School District	Provider survey	Evidence: Evidence Based Level: Universal Named by district under: evidence-based / tribal-based question and promising-practice question — "DARE and Teach one to Lead One"	None; Josephine	Other organization; School district	Adolescents (12-18); Children or youth (4-17); Families or caregiver; Perinatal/Prenatal; Schools or colleges
SBIRT / Check Yourself	UpShift - SBIRT (as reported by Deschutes County Health Services)	4 site(s): Deschutes County Health Services; Virginia Garcia Clinic; Hillsboro School District; Phoenix-Talent School District	Provider survey	CSAP: identification of problems and referral to services Level: Indicated Evidence: Evidence Based Named by district under: evidence-based / tribal-based question and promising-practice question — "Check-yourself SB-SBIRT program in middle schools, Teen Intervene in our discipline progression" Named by district under: evidence-based / tribal-based question — "SBIRT" None	Deschutes; Washington and Yamhill; Washington; Jackson	Community-based organization; Local / county government; Sch	Adolescents (12-18)
LifeSkills Training		4 site(s): Jackson Street Youth Services; Oregon National Guard; Oregon National Guard Counterdrug Task Force; Gervais School District	Provider survey	Evidence: Evidence Based Named by district under: evidence-based / tribal-based question and promising-practice question — "Effective substance use prevention for grades 6-12 focuses on building decision-making skills, correcting misconceptions" None	Linn and Benton; None; Marion	Community-based organization; Other organization; School dis	Adolescents (12-18); Children or youth (4-12); Schools or colleges; Young adults 18-25
Lemonade Day		Boys & Girls Clubs of Portland Metropolitan Area	Provider survey	CSAP: positive alternatives Level: Universal Evidence: Innovative; Promising	Multnomah, Washington	Community-based organization	Children or youth (4-12)
Power Hour		Boys & Girls Clubs of Portland Metropolitan Area	Provider survey	CSAP: positive alternatives Level: Universal Evidence: Evidence Based	Multnomah, Washington	Community-based organization	Adolescents (12-18); Children or youth (4-12)
Sports & Play		Boys & Girls Clubs of Portland Metropolitan Area	Provider survey	CSAP: positive alternatives Level: Universal Evidence: Evidence Based	Multnomah, Washington	Community-based organization	Adolescents (12-18); Children or youth (4-12)

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
YouthForce		Boys & Girls Clubs of Portland Metropolitan Area	Provider survey	CSAP: positive alternatives Level: Universal Evidence: Innovative; Promising	Multnomah, Washington	Community-based organization	Adolescents (12-18)
Withdrawal MGMT		CCC	Provider survey	Evidence: Evidence Based	Multnomah	Other organization	General population
Safe sleep/SUID prevention		Clackamas County	Provider survey	Level: Selective; Indicated	Clackamas County	Local / county government	Adults 25+; Clinical or community health settings; Early child development (0-3); Families or caregiver; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
Substance use policy prevention		Clackamas County	Provider survey	Level: Universal Evidence: Evidence Based	Clackamas County	Local / county government	Communities or neighborhood; General population
Empoderando Familias - Culturally Specific Family-Focused Substance Use Prevention		Clackamas County Children Family & Community Connections - P	Provider survey	CSAP: prevention education; identification of problems and referral to services Level: Universal Evidence: Innovative	Clackamas	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Families or caregiver; Other (specify)
Let's Talk Cannabis Oregon - Prevention Education Campaign		Clackamas County Children Family & Community Connections - P	Provider survey	CSAP: information dissemination; prevention education Level: Universal Evidence: Innovative	Clackamas	Local / county government	Communities or neighborhood; Families or caregiver; General population; Online or media environment; Schools or colleges
PreventNet - Prevention Activities in Schools		Clackamas County Children Family & Community Connections - P	Provider survey	CSAP: prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal; Selective Evidence: Promising	Clackamas	Local / county government	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; Families or caregiver; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Youth Advisory Board		Clackamas County Children Family & Community Connections - P	Provider survey	CSAP: positive alternatives; community-based processes Level: Universal Evidence: Innovative	Clackamas	Local / county government	Adolescents (12-18); Communities or neighborhood; Justice-involved populations; Schools or colleges; Workplaces; Young adults 18-25
Collaborative presentations on media literacy, traffic safety and alcohol/drug prevention.		Clackamas County Department of Transportation and Developmen	Provider survey	CSAP: information dissemination; prevention education Level: Universal	Clackamas	Local / county government	Adolescents (12-18); Young adults 18-25
Media campaign to discourage impaired driving.		Clackamas County Department of Transportation and Developmen	Provider survey	CSAP: information dissemination; prevention education Level: Selective	Clackamas	Local / county government	Adolescents (12-18); Adults 25+; Young adults 18-25
Workshops in high schools to discourage driving under the influence.		Clackamas County Department of Transportation and Developmen	Provider survey	CSAP: information dissemination Level: Universal	Clackamas	Local / county government	General population; Young adults 18-25
PCN		Clackamas County Prevention Coalition	Provider survey	Not reported	Clackamas	Community provider	Not reported
Local Convening		Clackamas County Public Health Division	Provider survey	CSAP: community-based processes	Clackamas	Local / county government	Other (specify)
Distribution of supplies to promote safe storage and disposal of meds/drugs		Clackamas County Public Health Division	Provider survey	CSAP: information dissemination Level: Universal; Selective	Clackamas	Local / county government	Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Online or media environment; Other (specify); Schools or colleges; Tribal communities; Workplaces; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Public awareness campaign		Clackamas County Public Health Division	Provider survey	CSAP: information dissemination Level: Universal	Clackamas	Local / county government	Families or caregiver; General population; Online or media environment
Public awareness/messaging to local groups		Clackamas County Public Health Division	Provider survey	CSAP: information dissemination; community-based processes Level: Universal	Clackamas	Local / county government	Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Schools or colleges
Clatsop Community Health Advocacy + Resource Team (CHART)		Clatsop County Public Health	Provider survey	CSAP: information dissemination; prevention education; environmental strategies; community-based processes Level: Universal	Clatsop County	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Workplaces; Young adults 18-25
Community engagement and coalition building		Clatsop County Public Health	Provider survey	Not reported	Clatsop County	Local / county government	Not reported
My Future My Choice (MFMC)		Clatsop County Public Health	Provider survey	CSAP: information dissemination; prevention education Level: Universal Evidence: Promising	Clatsop County	Local / county government	Adolescents (12-18); Children or youth (4-12); Families or caregiver; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
School based prevention, including health education and positive youth development		Clatsop County Public Health	Provider survey	Not reported	Clatsop County	Local / county government	Not reported
Youth Prevention Needs Assessment and Strategic Planning with schools and youth serving organizations		Clatsop County Public Health	Provider survey	CSAP: environmental strategies; community-based processes Level: Universal Evidence: Evidence Based	Clatsop County	Local / county government	Adolescents (12-18); Children or youth (4-17); Communities or neighborhood; Families or caregiver; Schools or colleges
Head Start and Early Head Start Comprehensive early childhood education programs serving low-income children and families. Provides education, health		Community Action Team, Inc.	Provider survey	CSAP: community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based	Clatsop, Columbia and Tillamook counties	Community-based organization	Children or youth (4-17); Early child development (0-3); Perinatal/Prenatal
Perinatal Support to address opioid misuse risk factors		Community Counseling Solutions	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Selective	Grant County	Community-based organization	Early child development (0-3); Families or caregiver; Perinatal/Prenatal
Community Living Above Drug-Free Communities (DFC) Coalition		Community Living Above	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal Evidence: Promising	Clackamas County	Community-based organization	Adolescents (12-18); Communities or neighborhood; Families or caregiver; General population; Online or media environment; Schools or colleges
Community-Level Prevention and Environmental Strategies		Community Living Above	Provider survey	CSAP: information dissemination; environmental strategies; community-based processes Level: Universal Evidence: Innovative; Promising	Clackamas County	Community-based organization	Adolescents (12-18); Adults 25+; Communities or neighborhood; Families or caregiver; General population; Online or media environment; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Parent and Community Prevention Education		Community Living Above	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes Level: Universal Evidence: Innovative; Promising	Clackamas County	Community-based organization	Adults 25+; Communities or neighborhood; Families or caregiver; Online or media environment; Schools or colleges
Prevention Infrastructure, Workforce Development, and Statewide Prevention Advocacy		Community Living Above	Provider survey	CSAP: information dissemination; environmental strategies; community-based processes Level: Universal Evidence: Innovative; Promising	Clackamas County	Community-based organization	Adolescents (12-18); Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Online or media environment; Schools or colleges
Youth Substance Use Prevention Education and Engagement		Community Living Above	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes Level: Universal; Selective Evidence: Innovative; Promising	Clackamas County	Community-based organization	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; Families or caregiver; Online or media environment; Schools or colleges
Opioid Prevention		Coos Health & Wellness	Provider survey	Not reported	Coos	Local / county government	Not reported
Stigma-Reduction Workshops		Dalles Treatment Center	Provider survey	Level: Universal Evidence: Evidence Based	Umatilla, Jackson, Klamath, Wasco, Josephine, Deschutes, Lane	Other organization	Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; Schools or colleges; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Healthy Schools		Deschutes County Health Services	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based; Innovative	Deschutes county	Local / county government	Adolescents (12-18); Families or caregiver; Schools or colleges
Healthy Schools - coordinated school health		Deschutes County Health Services	Provider survey	CSAP: information dissemination; prevention education; environmental strategies Level: Universal; Selective Evidence: Promising	Deschutes	Local / county government	Adolescents (12-18); Schools or colleges
School District Substance Misuse Prevention & Intervention Plans		Deschutes County Health Services	Provider survey	Not reported	Deschutes	Local / county government	Not reported
Dream Green Wellness Garden		Dream Big City	Provider survey	CSAP: environmental strategies; community-based processes Level: Universal Evidence: Innovative	Multnomah, Clackamas and Washington	Community-based organization	Adults 25+; Communities or neighborhood; Families or caregiver; General population; Young adults 18-25
East County Youth Skate Camp		Dream Big City	Provider survey	CSAP: prevention education; positive alternatives; community-based processes Level: Universal; Selective Evidence: Innovative	Multnomah, Clackamas and Washington	Community-based organization	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood
FamJam Community Street Activations (substance-free family programming)		Dream Big City	Provider survey	CSAP: information dissemination; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal Evidence: Innovative; Promising	Multnomah, Clackamas and Washington	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Portland Dream Plaza Stewardship & Activation (SE 9th & Taylor)		Dream Big City	Provider survey	CSAP: prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal Evidence: Innovative; Promising	Multnomah, Clackamas and Washington	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Young adults 18-25
Spring Break Youth Safety Initiative		Dream Big City	Provider survey	CSAP: positive alternatives Level: Universal Evidence: Innovative	Multnomah, Clackamas and Washington	Community-based organization	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; Families or caregiver
Early Childhood and Family Support		Family Tree Relief Nursery	Provider survey	CSAP: prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Promising	Linn, Benton, Lincoln	Community-based organization	Adults 25+; Children or youth (4-12); Early child development (0-3); Families or caregiver; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
Head Start- Early Head Start Family Goal Setting		Head Start of Yamhill County	Provider survey	CSAP: prevention education; identification of problems and referral to services Level: Universal	Yamhill County	Community-based organization	Families or caregiver; Perinatal/Prenatal
Head Start- Early Head Start Family Visits		Head Start of Yamhill County	Provider survey	CSAP: community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based	Yamhill County	Community-based organization	Families or caregiver; Perinatal/Prenatal
Head Start- Early Head Start Home Visiting Referrals for Families to SU Supports		Head Start of Yamhill County	Provider survey	CSAP: community-based processes; identification of problems and referral to services Level: Universal	Yamhill County	Community-based organization	Families or caregiver; Perinatal/Prenatal
Head Start- Early Head Start Staff Training in SUD and Prevention		Head Start of Yamhill County	Provider survey	CSAP: information dissemination; prevention education Level: Universal; Selective	Yamhill County	Community-based organization	Families or caregiver; Perinatal/Prenatal

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
HIV, HCV, STI Testing		HIV Alliance	Provider survey	Not reported	Prevention in seven counties. Curry, Coos, Douglas, Josephine, Lane, M	Community-based organization	Not reported
Peer support and case management		HIV Alliance	Provider survey	Not reported	Prevention in seven counties. Curry, Coos, Douglas, Josephine, Lane, M	Community-based organization	Not reported
Excel afterschool programing		Hood River County Prevention	Provider survey	Not reported	Hood River County	Local / county government	Not reported
Reward/reminder program		Hood River County Prevention	Provider survey	Not reported	Hood River County	Local / county government	Not reported
Runaway and Homeless Youth (RHY) Services – Includes crisis intervention, shelter, housing support, and case management for youth experiencing homeles		Jackson Street Youth Services	Provider survey	Not reported	Linn and Benton	Community-based organization	Not reported
Street Outreach Program – Engages youth in the community who may be disconnected from services, providing early intervention, resource navigation, and		Jackson Street Youth Services	Provider survey	Not reported	Linn and Benton	Community-based organization	Not reported
Youth and Family Case Management – Individualized support for youth and families focused on increasing protective factors, strengthening family relati		Jackson Street Youth Services	Provider survey	Not reported	Linn and Benton	Community-based organization	Not reported

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Youth Drop-In Center Services – Provides safe, supervised spaces, positive youth development opportunities, case management, and connections to support		Jackson Street Youth Services	Provider survey	Evidence: Evidence Based; Promising	Linn and Benton	Community-based organization	Adolescents (12-18); Clinical or community health settings; Communities or neighborhood; General population; Justice-involved populations; Online or media environment; Schools or colleges; Tribal communities; Young adults 18-25
School Outreach		Josephine County	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based	Josephine	Local / county government	Adolescents (12-18); Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Schools or colleges
Klamath Youth Wellness Collaborative		Klamath Basin Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative; Promising	Klamath County	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Tribal communities; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
OPIOID Settlement		Klamath Basin Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative; Promising; Tribal-based	Klamath County	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
You Matter to Klamath		Klamath Basin Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative; Promising; Tribal-based	Klamath County	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Online or media environment; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Klamath County Juvenile Crime Prevention Plan		Klamath County Juvenile Department	Provider survey	CSAP: prevention education; community-based processes; identification of problems and referral to services Level: Selective Evidence: Evidence Based; Innovative; Promising; Tribal-based	Klamath	Local / county government	Children or youth (4-12); Communities or neighborhood; Families or caregiver; Justice-involved populations; Tribal communities
Klamath Crimson ROSE		Klamath County Juvenile Department	Provider survey	CSAP: prevention education; identification of problems and referral to services Level: Selective Evidence: Evidence Based; Innovative	Klamath	Local / county government	Adolescents (12-18); Justice-involved populations; Other (specify)
All patients are screened for substance use. Those that are appropriate are referred for help		Legacy Emanuel Hosptial	Provider survey	Not reported	Multnomah, Clackamas, Wash., Yamhill,	Other organization	Not reported
Middle School and High School Substance Use - This education is designed to educate (age appropriate) the youth on brain maturation and how substances		Legacy Emanuel Hosptial	Provider survey	Not reported	Multnomah, Clackamas, Wash., Yamhill,	Other organization	Not reported
Minor In Possession - education on brain maturation and effects of substance use on the developing brain		Legacy Emanuel Hosptial	Provider survey	CSAP: prevention education Level: Universal Evidence: Evidence Based	Multnomah, Clackamas, Wash., Yamhill,	Other organization	Adolescents (12-18); Young adults 18-25
community education		Lifeways	Provider survey	CSAP: information dissemination; positive alternatives Level: Universal Evidence: Innovative	Malheur	Community-based organization	General population
in school programming		Lifeways	Provider survey	CSAP: prevention education Level: Universal Evidence: Evidence Based; Innovative; Promising	Malheur	Community-based organization	Adolescents (12-18); Children or youth (4-12); Young adults 18-25
Malheur County prevention Coalition		Lifeways	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Level: Universal; Selective Evidence: Evidence Based; Innovative; Promising	Malheur	Community-based organization	Communities or neighborhood; Families or caregiver; General population; Workplaces
PAADA		Lincoln County Public Health	Provider survey	Not reported	Linn, Benton and Lincoln Counties	Local / county government	Not reported

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Drug and alcohol addiction treatment		Malheur County Child Development Center	Provider survey	Not reported	Malheur	Other organization	Not reported
Engage in community education events, outreach campaigns, and prevention-focused initiatives that promote resilience, family support, and recovery pos		Malheur County Health Department	Provider survey	Level: Universal	Malheur	Local / county government	Communities or neighborhood; General population; Online or media environment
participate on the local Local alcohol and drug prevention coalition		Malheur County Health Department	Provider survey	CSAP: community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based	Malheur	Local / county government	Communities or neighborhood; General population; Justice-involved populations
provide peer based outreach		Malheur County Health Department	Provider survey	CSAP: information dissemination Level: Selective	Malheur	Local / county government	Adults 25+; Communities or neighborhood; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
MHPP		Marion County Health and Human Services	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative; Promising	Marion	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Online or media environment; Schools or colleges; Workplaces; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Opioid Prevention OSPRG		Marion County Health and Human Services	Provider survey	CSAP: information dissemination; prevention education; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative; Promising; Tribal-based	Marion	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Counterpoint Day Treatment		Morrison Counterpoint	Provider survey	CSAP: prevention education; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based	Statewide	Community-based organization	Adolescents (12-18); Families or caregiver; Justice-involved populations
OSPTR		Morrow County Public Health	Provider survey	CSAP: information dissemination; prevention education Level: Universal	Morrow County	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; General population; Young adults 18-25
Big Village Coalition		Multnomah County Behavioral Health	Provider survey	CSAP: community-based processes Level: Universal	Multnomah County. Some of our programs are shared partnerships across	Local / county government	Adolescents (12-18); Children or youth (4-17); Families or caregiver
Empoderando Familias - spanish language SUD prevention events		Multnomah County Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives Level: Universal Evidence: Innovative; Promising	Multnomah County. Some of our programs are shared partnerships across	Local / county government	Children or youth (4-12); Families or caregiver

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Outreach/family friendly events for educating attendings on SUD prevention		Multnomah County Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives Level: Universal	Multnomah County. Some of our programs are shared partnerships across	Local / county government	Families or caregiver; General population
Y-Scenes - third space mapping and youth leadership		Multnomah County Behavioral Health	Provider survey	CSAP: information dissemination Level: Universal Evidence: Innovative	Multnomah County. Some of our programs are shared partnerships across	Local / county government	Adolescents (12-18); Young adults 18-25
Community building		NAYA	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Selective Evidence: Tribal-based	Multnomah, Washington, Clackamas	Other organization	Communities or neighborhood; Other (specify); Tribal communities; Young adults 18-25
Self-Care activities		NAYA	Provider survey	CSAP: positive alternatives; community-based processes Level: Selective Evidence: Tribal-based	Multnomah, Washington, Clackamas	Other organization	Tribal communities; Young adults 18-25
Residential Care for Adolescent Females		Northwest Youth Discovery	Provider survey	Evidence: Evidence Based	Statewide	Community-based organization	Adolescents (12-18)
Prevention		Nothwest Family Services	Provider survey	CSAP: prevention education	Clackamas, Multnomah	Community-based organization	Children or youth (4-17)
screening		OHSU Benson Wellness Center	Provider survey	Level: Universal	Not reported	Other organization	Adolescents (12-18)
In-District Prevention Specialist		Oregon City Together	Provider survey	CSAP: information dissemination; prevention education; environmental strategies Level: Universal Evidence: Evidence Based	Clackamas	Community-based organization	Adolescents (12-18); Families or caregiver; Schools or colleges; Young adults 18-25
Youth-Led Fentanyl & other drugs education and awareness campaign		Oregon City Together	Provider survey	CSAP: prevention education Level: Universal	Clackamas	Community-based organization	Communities or neighborhood; Families or caregiver; Schools or colleges; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Counterdrug Task Force		Oregon National Guard	Provider survey	Level: Selective	Statewide	Other organization	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Schools or colleges; Tribal communities; Young adults 18-25
HIDTA		Oregon National Guard	Provider survey	Not reported	Statewide	Other organization	Communities or neighborhood; Other (specify); Tribal communities
Hood River County Public Health Department Prevention		PacificSource Community Solutions - Columbia Gorge CCO	Provider survey	Level: Selective	Hood River, Wasco	Coordinated Care Organization	Adolescents (12-18); Children or youth (4-17); Young adults 18-25
Youthink (Wasco County)		PacificSource Community Solutions - Columbia Gorge CCO	Provider survey	Not reported	Hood River, Wasco	Coordinated Care Organization	Not reported

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
HOPE Facilitator (Trained through Tufts Medical Center)		PathWays Pediatric Consulting	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes Level: Universal Evidence: Evidence Based; Promising	Marion/Polk Counties	Other organization	Adolescents (12-18); Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Training for the National Alliance for Drug Endangered Children		PathWays Pediatric Consulting	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Innovative; Tribal-based	Marion/Polk Counties	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Other (specify); Perinatal/Prenatal; Tribal communities; Young adults 18-25
Drug screening / UA's		Polk County Community Corrections	Provider survey	Level: Selective; Indicated	Polk County	Local / county government	Justice-involved populations
Treatment access/monitoring		Polk County Community Corrections	Provider survey	Level: Selective; Indicated	Polk County	Local / county government	Justice-involved populations

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Nurse Home Visiting		Polk County Health Services	Provider survey	Level: Universal	Polk	Local / county government	Early child development (0-3); Families or caregiver; Perinatal/Prenatal
Referral to services		Polk County Juvenile Department	Provider survey	CSAP: identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based; Promising	Polk County	Local / county government	Adolescents (12-18); Justice-involved populations
Mentor Program		Polk Youth Services	Provider survey	Level: Selective Evidence: Evidence Based	Polk	Community-based organization	Adolescents (12-18); Justice-involved populations
Selective prevention through providing families with clean and sober housing, this is prevention work for the children		Project Patchwork	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Selective Evidence: Evidence Based; Innovative	Multnomah and Clackamas Counties	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-17); Early child development (0-3); Families or caregiver; Justice-involved populations
Afterschool Skateboard Mentor Program		Push Movement	Provider survey	Evidence: Innovative	Multnomah, Clackamas, and Washington	Community-based organization	Adolescents (12-18)
Mentor program delivered by CRMs		Push Movement	Provider survey	Evidence: Innovative	Multnomah, Clackamas, and Washington	Community-based organization	General population
Monthly sober events open to the community		Push Movement	Provider survey	Evidence: Innovative	Multnomah, Clackamas, and Washington	Community-based organization	General population
Sound baths open to the community		Push Movement	Provider survey	Not reported	Multnomah, Clackamas, and Washington	Community-based organization	General population
In school demonstrations with equipment give aways to promote alternative activities and lifestyle change.		Skateboarding Saves Corporation	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative	multnomah, washington, columbia, clackamas, yamhill	Other organization	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; General population; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Loaner program to try equipment prior to engaging giving parents of at risk youth an avenue to try before you buy mentality		Skateboarding Saves Corporation	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative	multnomah, washington, columbia, clackamas, yamhill	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Other (specify); Perinatal/Prenatal; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Provide footwear to at risk youth that engage in these activities		Skateboarding Saves Corporation	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative; Promising	multnomah, washington, columbia, clackamas, yamhill	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; Families or caregiver; General population; Perinatal/Prenatal; Schools or colleges; Tribal communities; Young adults 18-25

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Provide skateboards free of charge for alternative activities and lifestyle strategies to avoid use.		Skateboarding Saves Corporation	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative	multnomah, washington, columbia, clackamas, yamhill	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Young adults 18-25
Clackamas County Substance Youth Prevention		Slavic Community Center of NW	Provider survey	CSAP: information dissemination; prevention education; positive alternatives	Clackamas, Multnomah, Washington, Yamhill	Community-based organization	Adolescents (12-18); Children or youth (4-17); Families or caregiver; Young adults 18-25
La Nueva Drug Talk		Song for Charlie / The New Drug Talk Oregon	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal Evidence: Evidence Based	Statewide	Community-based organization	Adolescents (12-18); Communities or neighborhood; Families or caregiver; Young adults 18-25
Song for Charlie		Song for Charlie / The New Drug Talk Oregon	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal Evidence: Evidence Based	Statewide	Community-based organization	Adolescents (12-18); Schools or colleges; Young adults 18-25
Community Awareness		The Next Door inc - MCHEA	Provider survey	Level: Universal	Hood River and Wasco County	Community-based organization	Adolescents (12-18); General population
Prevention resources fairs and community events		The Next Door inc - MCHEA	Provider survey	Level: Universal	Hood River and Wasco County	Community-based organization	General population; Young adults 18-25
Youth engagement		The Next Door inc - MCHEA	Provider survey	Level: Universal	Hood River and Wasco County	Community-based organization	Adolescents (12-18); General population
Gorge Youth Mentoring		The Next Door Inc.	Provider survey	CSAP: prevention education; positive alternatives Level: Universal Evidence: Evidence Based; Tribal-based	Hood RiverWasco	Community-based organization	Adolescents (12-18); Children or youth (4-12)

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Outpatient behavioral Health		The Next Door Inc.	Provider survey	CSAP: prevention education; positive alternatives; environmental strategies; community-based processes Level: Universal; Selective; Indicated Evidence: Evidence Based; Promising; Tribal-based	Hood RiverWasco	Community-based organization	Adolescents (12-18); Children or youth (4-17); Early child development (0-3); Families or caregiver; Justice-involved populations; Schools or colleges; Young adults 18-25
System of Care/Youth Advisory		The Next Door Inc.	Provider survey	CSAP: environmental strategies Level: Universal	Hood RiverWasco	Community-based organization	Adolescents (12-18); Clinical or community health settings; Communities or neighborhood; Families or caregiver; Schools or colleges; Tribal communities; Young adults 18-25
Youth Drop in center		The Next Door Inc.	Provider survey	CSAP: prevention education; positive alternatives; identification of problems and referral to services Level: Universal	Hood RiverWasco	Community-based organization	Adolescents (12-18); Communities or neighborhood; Tribal communities; Young adults 18-25
Youth employment		The Next Door Inc.	Provider survey	CSAP: prevention education; positive alternatives Level: Universal	Hood RiverWasco	Community-based organization	Adolescents (12-18)
Community Convening and Education event		Tigard Turns the Tide	Provider survey	CSAP: information dissemination; prevention education Level: Universal	Washington	Community-based organization	Adolescents (12-18); Communities or neighborhood; Families or caregiver; General population; Schools or colleges
Alternatives to Suspension		Tillamook Family Counseling Center	Provider survey	CSAP: prevention education; positive alternatives; environmental strategies; identification of problems and referral to services Level: Indicated Evidence: Evidence Based; Promising	Tillamook County	Community-based organization	Adolescents (12-18); Children or youth (4-17); Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Community events/engagement		Tillamook Family Counseling Center	Provider survey	CSAP: prevention education; positive alternatives; community-based processes Level: Universal; Selective Evidence: Promising	Tillamook County	Community-based organization	General population
Family/parenting education (e.g., Active Parenting)		Tillamook Family Counseling Center	Provider survey	CSAP: prevention education Level: Universal; Selective Evidence: Evidence Based; Promising	Tillamook County	Community-based organization	Families or caregiver
Local policy change: examples of what can be changed at the local and state level		Tillamook Family Counseling Center	Provider survey	CSAP: environmental strategies Level: Universal Evidence: Evidence Based	Tillamook County	Community-based organization	General population
Positive Childhood Experiences/HOPE Framework (protective)		Tillamook Family Counseling Center	Provider survey	CSAP: information dissemination; positive alternatives; environmental strategies Level: Universal; Selective Evidence: Evidence Based	Tillamook County	Community-based organization	Adolescents (12-18); Children or youth (4-12); Early child development (0-3); Families or caregiver; General population; Young adults 18-25
Afterschool program		Todos Juntos	Provider survey	Level: Universal	Clackamas county	Community-based organization	Adolescents (12-18); Children or youth (4-12); Schools or colleges
Friday programs		Todos Juntos	Provider survey	Level: Universal	Clackamas county	Community-based organization	Adolescents (12-18); Children or youth (4-12); Schools or colleges
Student Health Survey Support		Todos Juntos	Provider survey	Level: Universal	Clackamas county	Community-based organization	Adolescents (12-18); Children or youth (4-12); Schools or colleges
Summer Safety Fest/resource fair		Todos Juntos	Provider survey	CSAP: information dissemination; prevention education Level: Universal	Clackamas county	Community-based organization	Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Skating IS Connection		Trevor Higgins	Provider survey	CSAP: positive alternatives; environmental strategies Level: Universal	Washington, Multnomah, Marion	Other organization	Adolescents (12-18); Children or youth (4-17); Communities or neighborhood; Families or caregiver; General population
Be Stronger, Parent & Youth Cafe's		Tualatin Together	Provider survey	CSAP: prevention education; community-based processes Level: Universal; Selective Evidence: Promising	Washington, ClackamasAlso work with a statewide youth prevention team	Community-based organization	Adolescents (12-18); Adults 25+; Communities or neighborhood; Families or caregiver; Young adults 18-25
Local & State Youth Prevention Coalitions: LEAP Youth Alliance & NW SPARC		Tualatin Together	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies Level: Universal Evidence: Evidence Based	Washington, ClackamasAlso work with a statewide youth prevention team	Community-based organization	Adolescents (12-18); Online or media environment; Schools or colleges; Young adults 18-25
Safety Town Summer Camp		Tualatin Together	Provider survey	CSAP: prevention education; positive alternatives Level: Universal Evidence: Innovative	Washington, ClackamasAlso work with a statewide youth prevention team	Community-based organization	Children or youth (4-12); Families or caregiver
Talk. They Hear You.		Tualatin Together	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal; Selective Evidence: Evidence Based	Washington, ClackamasAlso work with a statewide youth prevention team	Community-based organization	Communities or neighborhood; Families or caregiver; General population; Schools or colleges
Family Check-Up		University of Oregon	Provider survey	Level: Universal; Selective; Indicated Evidence: Evidence Based; Promising	Lane, Multnomah	Other organization	Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; Families or caregiver; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Acceptance and Commitment training and Therapy		Values to Action	Provider survey	Level: Universal; Selective; Indicated Evidence: Evidence Based	Lane	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-17); General population; Young adults 18-25
Increasing family income		Values to Action	Provider survey	Not reported	Lane	Other organization	Not reported
training in prevention		Values to Action	Provider survey	Level: Universal Evidence: Evidence Based	Lane	Other organization	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Schools or colleges; Tribal communities
Community Education SUD/PG Prevention		Washington County Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Level: Universal Evidence: Evidence Based	Washington County	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-12); Communities or neighborhood; Families or caregiver; General population; Online or media environment; Schools or colleges; Workplaces; Young adults 18-25
School-Based Supportive Services		Washington County Behavioral Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based; Innovative	Washington County	Local / county government	Adolescents (12-18); Children or youth (4-17); Families or caregiver; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Strategic Prevention Framework (SPF) Community Advisory Board (CAB)		Washington County Public Health	Provider survey	CSAP: community-based processes Evidence: Evidence Based; Promising	Washington County, Regional (Tri-County)	Local / county government	Adolescents (12-18); Children or youth (4-12); Communities or neighborhood; Families or caregiver; Schools or colleges
Licensed Clinical Social Workers intervention/support for youth at risk		West Linn Wilsonville School District	Provider survey	CSAP: prevention education Level: Selective; Indicated Evidence: Evidence Based; Innovative	Clackamas County	Other organization	Adolescents (12-18); Families or caregiver
Work2BeWell		Work2BeWell	Provider survey	CSAP: information dissemination; prevention education Level: Universal Evidence: Innovative; Promising	Statewide	Community-based organization	Adolescents (12-18); Online or media environment; Schools or colleges; Young adults 18-25
Friends Fight Fentanyl Campaign		Yamhill County	Provider survey	Not reported	Yamhill	Local / county government	Not reported
Youth Alcohol and Drug Prevention Services		Yamhill County	Provider survey	CSAP: identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based	Yamhill	Local / county government	Adolescents (12-18); Children or youth (4-12); Families or caregiver; Schools or colleges
Distribution of Lock Boxes		YouthThink-Wasco County	Provider survey	CSAP: information dissemination; prevention education; environmental strategies Level: Universal; Selective; Indicated	Wasco/Sherman	Other organization	Adults 25+; Families or caregiver
Most of Us Don't		YouthThink-Wasco County	Provider survey	CSAP: information dissemination; prevention education; environmental strategies; community-based processes Level: Universal	Wasco and Sherman	Local / county government	Adolescents (12-18); Children or youth (4-12); Young adults 18-25
Prevention Education		YouthThink-Wasco County	Provider survey	CSAP: prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal; Selective Evidence: Innovative	Wasco and Sherman	Local / county government	Adolescents (12-18); Children or youth (4-12); Families or caregiver; Schools or colleges

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
T2T Connection Boost Camps		YouthThink-Wasco County	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal Evidence: Innovative	Wasco and Sherman	Local / county government	Early child development (0-3); Families or caregiver; Perinatal/Prenatal
The More You Know		YouthThink-Wasco County	Provider survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal Evidence: Innovative	Wasco and Sherman	Local / county government	Adults 25+; Communities or neighborhood; Families or caregiver; Schools or colleges
Active Bystander Intervention training is required for all sororities and fraternities		Linfield University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives Level: Selective Evidence: Evidence Based	Yamhill	Private university or college	
New Student Orientation including AOD information (Linfield policies, medical clemency, safer drinking strategies, standard drink size, overdose infor		Linfield University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies Level: Universal Evidence: Evidence Based	Yamhill	Private university or college	
Sanctioned reflection conversations, essays, and Vector Solutions courses		Linfield University	Intercollegiate survey	CSAP: identification of problems and referral to services Level: Indicated	Yamhill	Private university or college	
Substance-Free AOD Prevention Events		Linfield University	Intercollegiate survey	CSAP: information dissemination; positive alternatives Level: Universal; Selective	Yamhill	Private university or college	
Substance-Free Housing Options		Linfield University	Intercollegiate survey	CSAP: positive alternatives; environmental strategies Level: Indicated	Yamhill	Private university or college	
Alcohol & Drug Prevention, Impact Education Services (Substance Use Education)		Oregon State University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based; Innovative; Promising	Benton	Public university	
Halloween and Spring Break Residence Hall Programming Alcohol and Other Drug (AOD) harm reduction initiatives		Oregon State University	Intercollegiate survey	CSAP: prevention education	Benton	Public university	
Impact Alcohol Education		Oregon State University	Intercollegiate survey	CSAP: information dissemination; prevention education; identification of problems and referral to services Evidence: Evidence Based	Benton	Public university	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Alcohol and Substance Use Programming for first year orientation. This programming also takes place for residential assistants, greek life members, an		Pacific University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based	Washington	Private university or college	
Campus public safety and other student-facing employees (including RAs) are training in Narcan administration and carry Narcan. Narcan is also located		Pacific University	Intercollegiate survey	CSAP: information dissemination; prevention education; community-based processes Level: Universal; Selective	Washington	Private university or college	
Counseling Center offers BASICS (Brief Alcohol Screening and Intervention of College Students) and CASICS (Cannabis Screening and Intervention of Coll		Pacific University	Intercollegiate survey	CSAP: identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based	Washington	Private university or college	
SAFE Project Recovery Allyship and No Shame Pledge are offered 1x/semester.Fall 2026, launch of SMART Recovery meetings for campus community.		Pacific University	Intercollegiate survey	CSAP: information dissemination; prevention education Level: Universal	Washington	Private university or college	
Mandatory alcohol, cannabis, and prescription misuse prevention modules for all incoming freshmen		University of Oregon	Intercollegiate survey	CSAP: information dissemination; prevention education Level: Universal Evidence: Evidence Based	Lane	Public university	
Prescription drug takeback		University of Oregon	Intercollegiate survey	CSAP: information dissemination Level: Selective Evidence: Evidence Based	Lane	Public university	
Substance abuse prevention peer-led education		University of Oregon	Intercollegiate survey	CSAP: information dissemination; prevention education Level: Selective; Indicated Evidence: Evidence Based; Innovative; Promising	Lane	Public university	
Peer Education		University of Portland	Intercollegiate survey	Level: Universal	Multnomah	Private university or college	
Residential programming		University of Portland	Intercollegiate survey	Level: Universal	Multnomah	Private university or college	
In-person consent education focusing on impact of substances on consent		Willamette University	Intercollegiate survey	CSAP: information dissemination; prevention education Level: Universal Evidence: Innovative	Marion	Private university or college	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Substance use and harm reduction education via instagram		Willamette University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives Level: Universal Evidence: Evidence Based; Innovative	Marion	Private university or college	
ATLAS / ATHENA		1 site(s): Fern Ridge School District	School district survey	Named by district under: evidence-based / tribal-based question — "ATLAS, ATHENA, Health Curriculum, Red Ribbon Week, Sources of Strength"	Lane	School district	
Red Ribbon Week		1 site(s): Fern Ridge School District	School district survey	Named by district under: evidence-based / tribal-based question — "ATLAS, ATHENA, Health Curriculum, Red Ribbon Week, Sources of Strength"	Lane	School district	
Panorama survey		1 site(s): Forest Grove School District	School district survey	Named by district under: promising-practice question — "Panorama belonging survey scale administered to grades 3-12 to track and support student sense of belonging. SRO student"	Washington	School district	
PAX Good Behavior Game		1 site(s): Forest Grove School District	School district survey	Named by district under: evidence-based / tribal-based question — "PAX, teen intervene, sources of strength"	Washington	School district	
Teach One to Lead One		1 site(s): Grants Pass School District	School district survey	Named by district under: evidence-based / tribal-based question and promising-practice question — "DARE and Teach one to Lead One"	Josephine	School district	
ETR HealthSmart		1 site(s): Portland Public Schools	School district survey	Named by district under: evidence-based / tribal-based question — "YRBS, School Health Survey, Stanford REACH labs, ETR HealthSmart, SPIFF Model"	Multnomah	School district	
SPIFF model		1 site(s): Portland Public Schools	School district survey	Named by district under: evidence-based / tribal-based question — "YRBS, School Health Survey, Stanford REACH labs, ETR HealthSmart, SPIFF Model"	Multnomah	School district	
Guiding Good Choices		1 site(s): Salem-Keizer School District	School district survey	Named by district under: evidence-based / tribal-based question — "Guiding Good Choices, 2023 Health Standards & Skills-Focused Units, SB 238 & The New Drug Talk/Fentanyl Toolkit, Multi-T"	Marion; Polk	School district	
Pearson Health curriculum		1 site(s): Yoncalla School District	School district survey	Named by district under: evidence-based / tribal-based question — "Pearson Health for Grades 6-12, Government websites such as OHA"	Douglas	School district	
Wayfinder		2 site(s): Creswell School District; Jefferson County School District	School district survey	Named by district under: evidence-based / tribal-based question — "Wayfinder" Named by district under: promising-practice question — "Sources of strength groups 6-12 growing and thriving K-12 health adoption in place and implemented SEL support through W"	Lane; Jefferson	School district	
Stanford REACH Lab		2 site(s): Gervais School District; Portland Public Schools	School district survey	Named by district under: evidence-based / tribal-based question — "Stafford REACH lab, Know your Neuro" Named by district under: evidence-based / tribal-based question — "YRBS, School Health Survey, Stanford REACH labs, ETR HealthSmart, SPIFF Model"	Marion; Multnomah	School district	

Program name	Name as reported	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
BEST curriculum		2 site(s): Joseph School District; Troy School District	School district survey	Named by district under: evidence-based / tribal-based question — "BEST curriculum" Named by district under: evidence-based / tribal-based question — "BEST, Sources of Strength"	Wallowa	School district	
Teen Intervene		5 site(s): Beaverton School District; Central Point School District; Forest Grove School District; Hillsboro School District; North Wasco County School District	School district survey	Named by district under: evidence-based / tribal-based question — "Check-yourself SB-SBIRT program in middle schools, Teen Intervene in our discipline progression" Named by district under: evidence-based / tribal-based question — "PAX, teen intervene, sources of strength" Named by district under: evidence-based / tribal-based question — "Teen Intervene" Named by district under: evidence-b	Washington; Jackson; Wasco	School district	
Project ALERT		1 site(s): Portland Public Schools	School district survey	Named by district under: outside organisations providing prevention (partner-detail field, not the named-programme question)	Multnomah	School district	

Appendix B

Prevention-Adjacent Programming

These records were reported to the assessment but fall outside the definition of primary prevention that House Bill 3321 sets. They are inventoried here for completeness and are not counted in the 265 primary prevention programs. Most are treatment, recovery, harm reduction or overdose response; some are upstream investments in the conditions that shape later substance use, such as the state's early childhood programs, tobacco-, nicotine- and cessation-only programming, and suicide prevention, mental health and social-emotional learning programming.

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Baby Promise	DELC	State agency records	Identified model/EBP: Preschool Promise / OPK (evidence-informed early childhood) HB 3321 alignment coding: UPSTREAM — not SUD-specific Populations: Infants/families	Statewide	DELC	
Employment Related Day Care (ERDC) subsidy	DELC	State agency records	HB 3321 alignment coding: UPSTREAM — not SUD-specific Populations: Low-income families	Statewide	DELC	
Oregon Prenatal to Kindergarten (OPK)	DELC	State agency records	Identified model/EBP: Preschool Promise / OPK (evidence-informed early childhood) HB 3321 alignment coding: UPSTREAM — not SUD-specific Populations: Children/families	Statewide	DELC	
Preschool Promise	DELC	State agency records	Identified model/EBP: Preschool Promise / OPK (evidence-informed early childhood) HB 3321 alignment coding: UPSTREAM — not SUD-specific Populations: Children/families	Statewide	DELC	
Harmony Academy (recovery high school)	HIDTA	State agency records	HB 3321 alignment coding: NO (recovery) Populations: Youth	Region	HIDTA	
Approved Recovery Schools	ODE	State agency records	Identified model/EBP: Recovery high schools (Harmony/Discovery/Riverside) HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: YoungAdult18-25; Youth<18	Statewide	ODE	
Drug Free Transitional Housing	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25	Coos, Douglas, Jackson, Lane	ODHS (CW/SSP)	
H0001 - Alcohol and Drug Assessment	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25	statewide	ODHS (CW/SSP)	
Just Care	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25; Youth<18	Linn, Benton, Lincoln, Lane Douglas counties	ODHS (CW/SSP)	

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Madrona - Co-occurring Treatment	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Youth<18	Multnomah County -Serves youth statewide	ODHS (CW/SSP)	
Parrot Creek Drop in	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25	Washington and Lane County	ODHS (CW/SSP)	
Peer Parent Mentor Contracts	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25; Youth<18	statewide	ODHS (CW/SSP)	
Plans of Care (Nurture Oregon and Project Nurture)	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25; Youth<18	statewide	ODHS (CW/SSP)	
Self Sufficiency Programs	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: UNSPECIFIED	Not reported	ODHS (CW/SSP)	
SPRF - Navigators	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25	statewide	ODHS (CW/SSP)	
SPRF - Short Term Supportive Housing	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25; Youth<18	statewide	ODHS (CW/SSP)	
SPRF - Treatment Based Housing	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25; Youth<18	statewide	ODHS (CW/SSP)	
TANF - SUD Child Care	ODHS (CW/SSP)	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: YoungAdult18-25; Youth<18	Portland Metro	ODHS (CW/SSP)	
Overdose Data to Action: Prevention Contract	OHA-PHD Primary Prevention	State agency records	HB 3321 alignment coding: UNSPECIFIED Populations: Adult25+; YoungAdult18-25; Youth<18	Statewide; Tribes	OHA-PHD Primary Prevention	
Overdose Data to Action: Surveillance Contract	OHA-PHD Primary Prevention	State agency records	HB 3321 alignment coding: UNSPECIFIED Populations: Adult25+; YoungAdult18-25; Youth<18	Statewide	OHA-PHD Primary Prevention	
Naloxone	OLCC	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; YoungAdult18-25; Youth<18	Statewide	OLCC	
Eastern	OYA	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; Youth<18	Harney County	OYA	
MacLaren	OYA	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; Youth<18	Marion County	OYA	
Oak Creek	OYA	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; Youth<18	Linn County	OYA	
Oregon Youth Authority Development Services	OYA	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR)	Statewide	OYA	
Rogue Valley	OYA	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Adult25+; Youth<18	Josephine County	OYA	
Juvenile Crime Prevention	YDO	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Youth<18	Curry; Josephine	YDO	

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
YDO Youth Promise Initiative	YDO	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: YoungAdult18-25; Youth<18	Metro Area	YDO	
YDO Youth Solutions	YDO	State agency records	HB 3321 alignment coding: NO (treatment/recovery/HR) Populations: Youth<18	Klamath	YDO	
Referral to treatment	CCC	Provider survey	Level: Selective Evidence: Evidence Based	Multnomah	Other organization	General population
Delivering naloxone trainings (English and Spanish)	Clackamas County	Provider survey	CSAP: information dissemination; prevention education; community-based processes; identification of problems and referral to services Level: Universal; Selective	Clackamas County	Local / county government	Communities or neighborhood; General population
Post partum services (drug + babies and moms)	Clackamas County	Provider survey	Level: Selective; Indicated	Clackamas County	Local / county government	Adults 25+; Clinical or community health settings; Early child development (0-3); Families or caregiver; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
Prenatal screening and referral for SUDs	Clackamas County	Provider survey	Level: Selective; Indicated	Clackamas County	Local / county government	Adults 25+; Clinical or community health settings; Early child development (0-3); Families or caregiver; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
Overdose Response Planning	Clatsop County Public Health	Provider survey	Not reported	Clatsop County	Local / county government	Not reported
Family Support and Resource Coordination Connects families to healthcare, behavioral health services, substance use treatment, recovery supports, tra	Community Action Team, Inc.	Provider survey	Evidence: Innovative	Clatsop, Columbia and Tillamook counties	Community-based organization	General population
Housing Assistance Programs Homelessness prevention, rapid rehousing, rental assistance, and housing stabilization services. Stable housing is a key	Community Action Team, Inc.	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services	Clatsop, Columbia and Tillamook counties	Community-based organization	General population
Overdose Prevention	Crook County Health and Human Services	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes Level: Universal; Selective Evidence: Evidence Based; Innovative; Promising	Crook County	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; General population; Online or media environment; Schools or colleges; Workplaces; Young adults 18-25

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Community outreach events	Dalles Treatment Center	Provider survey	Level: Universal Evidence: Evidence Based	Umatilla, Jackson, Klamath, Wasco, Josephine, Deschutes, Lane	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Harm-reduction education	Dalles Treatment Center	Provider survey	Level: Universal Evidence: Evidence Based	Umatilla, Jackson, Klamath, Wasco, Josephine, Deschutes, Lane	Other organization	Adults 25+; Communities or neighborhood; Justice-involved populations; Schools or colleges; Workplaces; Young adults 18-25
Relapse-prevention groups	Dalles Treatment Center	Provider survey	Level: Universal Evidence: Evidence Based; Innovative	Umatilla, Jackson, Klamath, Wasco, Josephine, Deschutes, Lane	Other organization	Adults 25+; Justice-involved populations; Young adults 18-25
Trauma-informed care approach	Dalles Treatment Center	Provider survey	Level: Universal Evidence: Evidence Based	Umatilla, Jackson, Klamath, Wasco, Josephine, Deschutes, Lane	Other organization	Adults 25+; Communities or neighborhood; Young adults 18-25
Drug Overdose Prevention	Deschutes County Health Services	Provider survey	CSAP: information dissemination; prevention education; environmental strategies; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based	Deschutes county	Local / county government	Adults 25+; Clinical or community health settings; Communities or neighborhood; General population; Young adults 18-25
Overdose Prevention & Response Coalition	Deschutes County Health Services	Provider survey	Not reported	Deschutes	Local / county government	Not reported
Jail Outreach/Harm reduction and MAT	Family Tree Relief Nursery	Provider survey	CSAP: prevention education; environmental strategies; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based	Linn, Benton, Lincoln	Community-based organization	Adolescents (12-18); Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
Peer Support SUD	Family Tree Relief Nursery	Provider survey	CSAP: prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Evidence Based	Linn, Benton, Lincoln	Community-based organization	Adults 25+; Clinical or community health settings; Communities or neighborhood; Early child development (0-3); Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Young adults 18-25

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Specialty Court	Family Tree Relief Nursery	Provider survey	CSAP: prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based	Linn, Benton, Lincoln	Community-based organization	Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Young adults 18-25
Basic needs where sheltering unavailable	HIV Alliance	Provider survey	Not reported	Prevention in seven counties. Curry, Coos, Douglas, Josephine, Lane, M	Community-based organization	Not reported
Clinic Provided MAT	HIV Alliance	Provider survey	Not reported	Clatsop, Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake, Lane	Community-based organization	Not reported
Contingency Management Stimulant Use Reduction	HIV Alliance	Provider survey	Level: Selective Evidence: Evidence Based; Innovative; Promising	Clatsop, Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake, Lane	Community-based organization	Adults 25+
Naloxone	HIV Alliance	Provider survey	Not reported	Prevention in seven counties. Curry, Coos, Douglas, Josephine, Lane, M	Community-based organization	Not reported
Syringe Exchange Program	Jackson County Public Health	Provider survey	CSAP: information dissemination; prevention education; identification of problems and referral to services Level: Universal; Indicated Evidence: Evidence Based	Jackson County	Local / county government	Adults 25+; Young adults 18-25
Juvenile Detention Assessment/Referral SUD/MH	Klamath County Juvenile Department	Provider survey	CSAP: identification of problems and referral to services Level: Selective Evidence: Evidence Based; Innovative	Not reported	Local / county government	Adolescents (12-18); Clinical or community health settings; Justice-involved populations; Other (specify)
Overdose Prevention	Lane County Public Health	Provider survey	CSAP: information dissemination; prevention education; community-based processes; identification of problems and referral to services Level: Selective	Lane County and the incorporated cities.	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; General population; Online or media environment; Schools or colleges; Workplaces; Young adults 18-25

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Lincoln County Harm Reduction	Lincoln County Public Health	Provider survey	Not reported	Linn, Benton and Lincoln Counties	Local / county government	Not reported
Lincoln County Suicide, Overdose and Unexpected Death Task Force	Lincoln County Public Health	Provider survey	Not reported	Linn, Benton and Lincoln Counties	Local / county government	Not reported
Regional and County Overdose Prevention Plans	Lincoln County Public Health	Provider survey	Not reported	Linn, Benton and Lincoln Counties	Local / county government	Not reported
Mental Health service to identify and address the root cause of the addiction.	Malheur County Child Development Center	Provider survey	Not reported	Malheur	Other organization	Not reported
assist with care coordination and referrals to behavioral health treatment, recovery services...	Malheur County Health Department	Provider survey	Level: Selective Evidence: Evidence Based	Malheur	Local / county government	Adolescents (12-18); Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Young adults 18-25
support overdose prevention efforts through educaiton on harm reduction strategies, naloxone awareness and distribution	Malheur County Health Department	Provider survey	CSAP: community-based processes Level: Selective	Malheur	Local / county government	Adolescents (12-18); Adults 25+; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Online or media environment; Perinatal/Prenatal; Schools or colleges; Young adults 18-25
Harm reduction	NAYA	Provider survey	CSAP: environmental strategies Level: Selective	Multnomah, Washington, Clackamas	Other organization	Tribal communities; Young adults 18-25
Recovery through Native Culture	NAYA	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Selective Evidence: Tribal-based	Multnomah, Washington, Clackamas	Other organization	Tribal communities; Young adults 18-25
SUD's referrals	NAYA	Provider survey	Level: Universal Evidence: Tribal-based	Multnomah, Washington, Clackamas	Other organization	Communities or neighborhood; Tribal communities; Young adults 18-25
Alpha	Northern Oregon Regional Detention Center - Juvenile	Provider survey	Level: Universal Evidence: Innovative; Promising	Not reported	Local / county government	General population
Substance Use Disorder DBT Group	Northern Oregon Regional Detention Center - Juvenile	Provider survey	CSAP: positive alternatives; environmental strategies; community-based processes Level: Universal Evidence: Evidence Based; Tribal-based	Not reported	Local / county government	Adolescents (12-18); Young adults 18-25
SUD DBT Individual	Northern Oregon Regional Detention Center - Juvenile	Provider survey	Level: Universal	Not reported	Local / county government	General population

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
The Change Group	Northern Oregon Regional Detention Center - Juvenile	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; identification of problems and referral to services Level: Universal Evidence: Evidence Based; Tribal-based	Not reported	Local / county government	Adolescents (12-18); Adults 25+; Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
Thinking For Change	Northern Oregon Regional Detention Center - Juvenile	Provider survey	CSAP: positive alternatives Level: Universal Evidence: Evidence Based	Not reported	Local / county government	Adolescents (12-18); Adults 25+; General population; Justice-involved populations; Tribal communities; Young adults 18-25
Outpatient Mental Health	Northwest Youth Discovery	Provider survey	Level: Universal	Statewide	Community-based organization	General population
Iron Tribe Network	ODHS-Child Welfare	Provider survey	Not reported	Polk	Local / county government	Not reported
PCBH	ODHS-Child Welfare	Provider survey	Evidence: Evidence Based	Polk	Local / county government	General population
Reconnections	ODHS-Child Welfare	Provider survey	Not reported	Polk	Local / county government	Not reported
Titus House	ODHS-Child Welfare	Provider survey	Not reported	Polk	Local / county government	Not reported
WVP	ODHS-Child Welfare	Provider survey	Not reported	Polk	Local / county government	Not reported
community outreach events	ORTC, LLC	Provider survey	Level: Selective	Deschutes, Lane, Klickitat, Wasco, Jackson, Josephine, and Umatilla	Other organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Clinical or community health settings; Communities or neighborhood; Families or caregiver; General population; Justice-involved populations; Schools or colleges; Tribal communities; Workplaces; Young adults 18-25
harm-reduction education	ORTC, LLC	Provider survey	Level: Selective	Deschutes, Lane, Klickitat, Wasco, Jackson, Josephine, and Umatilla	Other organization	General population

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
relapse-prevention groups	ORTC, LLC	Provider survey	Level: Selective	Deschutes, Lane, Klickitat, Wasco, Jackson, Josephine, and Umatilla	Other organization	General population
stigma-reduction workshops	ORTC, LLC	Provider survey	Level: Selective	Deschutes, Lane, Klickitat, Wasco, Jackson, Josephine, and Umatilla	Other organization	General population
trauma-informed care approach	ORTC, LLC	Provider survey	Level: Selective	Deschutes, Lane, Klickitat, Wasco, Jackson, Josephine, and Umatilla	Other organization	General population
IET measure support	PacificSource	Provider survey	CSAP: information dissemination; prevention education; environmental strategies; community-based processes; identification of problems and referral to services	Crook JeffersonDeschutes	Coordinated Care Organization	Adults 25+; Clinical or community health settings; Communities or neighborhood; Workplaces; Young adults 18-25
Provider Monthly SUD forum	PacificSource	Provider survey	Not reported	Crook JeffersonDeschutes	Coordinated Care Organization	Not reported
Naloxone nasal spray	Polk County Juvenile Department	Provider survey	CSAP: identification of problems and referral to services Level: Universal; Selective; Indicated Evidence: Innovative	Polk County	Local / county government	Adolescents (12-18); Communities or neighborhood; Families or caregiver; General population; Justice-involved populations
Overdose Prevention	Umatilla County Public Health	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes Level: Universal; Selective Evidence: Evidence Based; Promising	Umatilla, Union	Local / county government	Adolescents (12-18); Adults 25+; Children or youth (4-17); Clinical or community health settings; Communities or neighborhood; General population; Online or media environment; Schools or colleges; Workplaces; Young adults 18-25
AUDIT	Virginia Garcia Clinic	Provider survey	Level: Universal; Selective	Washington and Yamhill	Community-based organization	General population; Schools or colleges
Corrections Outreach Adult	Yamhil Valley Treatment dba Provoking Hope	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Indicated Evidence: Evidence Based	YamhillPolkMarion Parts of Washington	Community-based organization	Adults 25+; Communities or neighborhood; Justice-involved populations; Workplaces

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Corrections Outreach Youth	Yamhil Valley Treatment dba Provoking Hope	Provider survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal; Indicated Evidence: Evidence Based	YamhillPolkMarion Parts of Washington	Community-based organization	Adolescents (12-18); General population; Justice-involved populations; Young adults 18-25
ODHS Peer Services	Yamhil Valley Treatment dba Provoking Hope	Provider survey	CSAP: community-based processes; identification of problems and referral to services Level: Universal; Indicated Evidence: Evidence Based; Innovative	YamhillPolkMarion Parts of Washington	Community-based organization	Adolescents (12-18); Adults 25+; Children or youth (4-12); Families or caregiver; General population; Justice-involved populations; Perinatal/Prenatal; Young adults 18-25
Responsible Famillies	Yamhil Valley Treatment dba Provoking Hope	Provider survey	CSAP: prevention education; positive alternatives Level: Universal Evidence: Evidence Based; Innovative	YamhillPolkMarion Parts of Washington	Community-based organization	Adults 25+; General population; Justice-involved populations; Perinatal/Prenatal; Schools or colleges; Workplaces; Young adults 18-25
Youth Prevention	Yamhil Valley Treatment dba Provoking Hope	Provider survey	CSAP: information dissemination; prevention education; identification of problems and referral to services Level: Universal; Indicated Evidence: Evidence Based	YamhillPolkMarion Parts of Washington	Community-based organization	Adolescents (12-18); Adults 25+; General population; Schools or colleges; Young adults 18-25
Opioid and Opioid Overdose Prevention Program	Yamhill County	Provider survey	CSAP: information dissemination; prevention education Level: Universal; Selective Evidence: Evidence Based	Not reported	Local / county government	General population
Naloxone education/distribution	YouthThink-Wasco County	Provider survey	CSAP: information dissemination; community-based processes; identification of problems and referral to services Level: Universal; Indicated	Wasco/Sherman	Other organization	Clinical or community health settings; General population; Justice-involved populations
ODMAP utilization	YouthThink-Wasco County	Provider survey	CSAP: information dissemination; community-based processes; identification of problems and referral to services Level: Indicated	Wasco/Sherman	Other organization	Clinical or community health settings; Justice-involved populations; Other (specify)
Overdose Prevention Task Force	YouthThink-Wasco County	Provider survey	CSAP: information dissemination; prevention education; environmental strategies; community-based processes; identification of problems and referral to services Level: Universal; Selective; Indicated	Wasco/Sherman	Other organization	Clinical or community health settings; General population; Justice-involved populations
Collegiate Recovery Group	Oregon State University	Intercollegiate survey	CSAP: identification of problems and referral to services	Oregon State University	Public university	
Counseling & Psychological Services (CAPS) (students receive singles session or short-term counseling for substance use concerns)	Oregon State University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based; Innovative; Promising	Oregon State University	Public university	
Joan & Tom Skoro Collegiate Recovery Program (Recovery Support Services and Substance-free space for students on campus)	Oregon State University	Intercollegiate survey	CSAP: prevention education; positive alternatives; community-based processes Evidence: Evidence Based; Innovative; Promising	Oregon State University	Public university	

Program name	Organization / deliverer	Data source	Strategy and level	Location	Entity type	Populations served
Overcoming Overdose at OSU	Oregon State University	Intercollegiate survey	Level: Universal Evidence: Evidence Based; Promising	Oregon State University	Public university	
Substance Use Counseling & Behavioral Health Services (behavioral health services with licensed providers to address substance use disorders and risk	Oregon State University	Intercollegiate survey	CSAP: information dissemination; prevention education; positive alternatives; community-based processes; identification of problems and referral to services Level: Universal Evidence: Evidence Based; Innovative	Oregon State University	Public university	
Harm reduction care kits 1x/semester (Safer Halloween and Spring Break) in conjunction with county resources.	Pacific University	Intercollegiate survey	CSAP: information dissemination; prevention education; environmental strategies Level: Universal	Pacific University	Private university or college	
1:1 peer recovery meetings	Portland State University	Intercollegiate survey	CSAP: prevention education; positive alternatives; environmental strategies; identification of problems and referral to services Level: Selective; Indicated	Portland State University	Public university	
Harm reduction supply distribution	Portland State University	Intercollegiate survey	Level: Selective; Indicated	Portland State University	Public university	
Opioid overdose trainings	Portland State University	Intercollegiate survey	CSAP: information dissemination Level: Universal Evidence: Evidence Based	Portland State University	Public university	
Peer mental health coaching	Portland State University	Intercollegiate survey	CSAP: positive alternatives Level: Selective; Indicated	Portland State University	Public university	
SMART recovery meetings	Portland State University	Intercollegiate survey	CSAP: prevention education; positive alternatives; environmental strategies Level: Selective; Indicated Evidence: Evidence Based	Portland State University	Public university	
Collegiate recovery center and programming	University of Oregon	Intercollegiate survey	CSAP: positive alternatives; community-based processes; identification of problems and referral to services Level: Selective; Indicated Evidence: Evidence Based; Innovative; Promising	University of Oregon	Public university	
Naloxone training and distribution program	University of Oregon	Intercollegiate survey	CSAP: information dissemination; prevention education; community-based processes Level: Selective; Indicated Evidence: Innovative; Promising	University of Oregon	Public university	
Recovery Mentorship	University of Portland	Intercollegiate survey	Level: Selective	University of Portland	Private university or college	
Consent education via instagram	Willamette University	Intercollegiate survey	CSAP: information dissemination; prevention education Level: Universal	Willamette University	Private university or college	

Appendix C

Funding Sources and Streams Referenced in the Financial Analysis

This appendix defines each funding source or stream referenced in the Financial Analysis section and the funds-flow diagram. Each entry describes what the source is, where the funds originate, how they are typically distributed or administered in Oregon, and how they relate to substance use prevention.

Federal streams

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant

The SUPTRS Block Grant is the federal government's core formula grant to states for substance use services across the continuum of care, awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services. Oregon Health Authority (OHA) is the state recipient, and the OHA Behavioral Health Division administers the award. Federal rules require states to spend at least 20 percent of the grant on primary prevention, and OHA transfers most of that set-aside to its Public Health Division, which contracts it out to county and Tribal prevention grantees. The set-aside is Oregon's largest dedicated primary prevention funding source.

SUPTRS 20 percent prevention set-aside (ADPEP pass-through)

The prevention set-aside is the statutorily required minimum share of the SUPTRS Block Grant that states must spend on primary prevention. In Oregon, OHA Public Health Division distributes the majority of these dollars through the Alcohol and Drug Prevention and Education Program (ADPEP) to the 36 counties and the nine federally recognized Tribes, which deliver local prevention services. ADPEP is the backbone of front-line substance use prevention in Oregon and the funding source community providers cite most often.

SUPTRS COVID and ARPA supplements (expired)

These were one-time additions to the SUPTRS Block Grant appropriated by Congress through COVID-19 relief legislation and the American Rescue Plan Act. They flowed to OHA on the same terms as the regular grant, including the 20 percent primary prevention minimum, and were distributed through the same Behavioral Health Division and Public Health Division channels. The supplements have expired and are no longer part of the funding base.

CDC Overdose Data to Action (OD2A)

Overdose Data to Action is a Centers for Disease Control and Prevention cooperative agreement that funds state overdose surveillance and prevention. OHA Public Health Division administers Oregon's award and uses it for staffing, contracts, and regional overdose prevention coordinators. Most OD2A activity is overdose response and surveillance rather than primary prevention, though it also funds prescriber education, academic detailing, and prescribing-guideline work.

CDC Alcohol Epidemiology award

This is a CDC award that supports state capacity to monitor and analyze excessive alcohol use and its harms. OHA Public Health Division administers the award. The work informs environmental and policy-based alcohol prevention strategies and is categorized as primary prevention.

SAMHSA Strategic Prevention Framework, Partnerships for Success (SPF-PFS)

SPF-PFS is a discretionary SAMHSA grant that funds states to build prevention capacity and deliver services using the Strategic Prevention Framework, a five-step community planning model. OHA Public Health Division administers Oregon's award. The grant is dedicated entirely to primary substance use prevention, with an emphasis on communities with high need and low capacity.

SAMHSA State Opioid Response (SOR)

State Opioid Response is a discretionary SAMHSA grant program that funds state responses to the opioid crisis across prevention, treatment, harm reduction, and recovery. OHA administers Oregon's award, and a portion previously flowed to local prevention grants, which ended in October 2023. Prevention is a small share of the award relative to treatment and recovery uses.

Braided federal pools (OD2A, SOR, and SUPTRS combined)

This category covers OHA Public Health Division programs paid from a mix of the federal streams above rather than a single grant, principally the Oregon Drug Prevention and Education Program and Prescription Drug Monitoring Program staffing and information technology. The component dollars originate with CDC and SAMHSA and are combined at the agency level to support shared staff and systems. Portions of these pooled lines support primary prevention alongside surveillance and overdose response work.

Prescription Drug Monitoring Program (PDMP) fund

The PDMP fund pays for the staffing and information technology behind Oregon's prescription drug monitoring system, which collects dispensing data on controlled substances. The system is administered by OHA Public Health Division and supported by a combination of federal and state resources. Oregon restricts PDMP access to health care providers and does not permit law enforcement access, which gives the system a prevention function alongside its clinical and surveillance roles.

Child Abuse Prevention and Treatment Act (CAPTA) funds

CAPTA funds are federal grants from the U.S. Department of Health and Human Services that support state child abuse prevention and child protective services activities. The Oregon Department of Human Services administers these funds. They address family risk factors relevant to substance use but are not substance use primary prevention funding.

Federal Title IV-B child welfare funds

Title IV-B funds are federal child welfare formula grants from the U.S. Department of Health and Human Services that support family preservation, family support, and child welfare services. The Oregon Department of Human Services administers Oregon's allocation. These are child welfare funds rather than substance use prevention funds.

Drug-Free Communities (DFC) Support Program

Drug-Free Communities is a federal grant program of the Office of National Drug Control Policy, administered through CDC, that funds community anti-drug coalitions directly. Oregon coalitions that win these awards receive funds directly from the federal government, without passing through state agencies. DFC grants support local, coalition-driven youth substance use prevention and are a core primary prevention funding source for the communities that hold them.

Head Start

Head Start is a federal early childhood education and family support program funded by the U.S. Department of Health and Human Services through direct grants to local providers. The funds do not pass through Oregon state agencies. Head Start is not substance use prevention funding by design, but its early childhood and family support work addresses risk and protective factors associated with later substance use, and some prevention providers operate Head Start programs.

Oregon-Idaho High Intensity Drug Trafficking Areas (HIDTA) prevention funds

HIDTA is a federal program of the Office of National Drug Control Policy that funds coordinated drug enforcement, intelligence, and related initiatives in designated regions, including a prevention component. The Oregon-Idaho HIDTA covers designated counties across both states and directs a portion of its funding to community prevention initiatives, including in rural areas. It is one of the few federal funders of rural prevention work in Oregon.

State streams

State General Fund

The General Fund is Oregon's principal discretionary account, funded mainly by state income taxes and appropriated by the Legislature to agencies each biennium. Multiple agencies use General Fund dollars for substance use services, with the large majority directed to treatment and recovery. Oregon has no recurring General Fund line dedicated to alcohol and drug primary prevention; General Fund prevention spending has been limited to one-time items such as a statewide opioid awareness campaign and a coordinator position at the Oregon Department of Education.

State marijuana tax, 5 percent allocation (M-account)

Oregon taxes retail marijuana sales, and statute directs 5 percent of the state share to OHA for purposes that include drug treatment and prevention. OHA administers the allocation and combines it with the Mental Health, Alcoholism and Drug Services account to fund services. This allocation is the state's only recurring state-source contribution dedicated in part to substance use prevention.

Mental Health, Alcoholism and Drug Services (MHA&DS) account

The MHA&DS account is a statutorily established state account that OHA uses to fund community mental health, alcoholism, and drug services, supported by dedicated shares of state alcohol revenue. The 5 percent marijuana tax allocation is combined with this account in practice. The account funds services across the behavioral health continuum, of which prevention is one part.

Oregon Liquor and Cannabis Commission (OLCC) regulatory accounts

OLCC funds its operations from its own regulatory revenue, principally the statutory markup on distilled spirits plus licensing and permit fees, rather than from the General Fund. These accounts pay for OLCC's regulatory work, including minor decoy and ID-check compliance operations, server education standards, spirits pricing, and enforcement. These are environmental prevention strategies with a strong evidence base for reducing youth access to alcohol; the funds pay state regulatory staff rather than flowing to communities as grants.

State school funds (Oregon Department of Education)

This category covers state education funding administered by the Oregon Department of Education for substance use related programming in schools, principally recovery high schools. Recovery schools serve students in recovery from substance use disorders and sit on the treatment and recovery side of the continuum rather than in primary prevention.

Tobacco taxes (Measures 44 and 108) and the Tobacco Prevention and Education Program (TPEP)

Oregon voters dedicated portions of state tobacco tax revenue to tobacco prevention through Measure 44 (1996) and Measure 108 (2020). OHA administers these funds through TPEP, which makes grants to local public health authorities statewide and is the largest locally delivered prevention infrastructure in Oregon. State law (ORS 431A.153 and 431A.155) restricts the funds to tobacco use reduction, so they cannot pay for all-substance prevention, though in several counties TPEP staffing and coalitions are shared with alcohol and drug prevention programs.

Measure 110 and the Behavioral Health Resource Networks (BHRNs)

Measure 110 (2020) redirected a large share of state marijuana tax revenue into the Drug Treatment and Recovery Services Fund, which OHA distributes through Behavioral Health Resource Networks in every county. BHRNs provide screening, treatment, harm reduction, peer support, and housing assistance for people who use drugs. The fund contains no primary prevention designation and its dollars support treatment, recovery, and harm reduction rather than prevention.

System of Care Advisory Council (SOCAC) grants

SOCAC is a state council, funded through state appropriations, that coordinates Oregon's System of Care for children and youth and makes grants supporting system coordination, youth and family engagement, and infrastructure. Its grants flow to regional bodies, coordinated care organizations, Tribes, and community organizations. The grants fund governance, engagement, and capital projects rather than primary substance use prevention, with limited exceptions such as culturally specific prevention programming for Tribal youth.

Juvenile Crime Prevention funds (Youth Development Oregon)

Juvenile Crime Prevention is a state-funded program administered by Youth Development Oregon that supports services for adjudicated and high-risk youth. Despite the name, the services function as early intervention and treatment on the substance use continuum rather than primary prevention. Tribes also incorporate Juvenile Crime Prevention funds into their own prevention portfolios.

Settlement streams

Opioid settlement funds, state share (OSPTR Board)

These funds come from national legal settlements with opioid manufacturers, distributors, and pharmacies. Oregon's state share is held in the Opioid Settlement Prevention, Treatment and Recovery Fund and allocated by the OSPTR Board across the continuum of care, with primary prevention allocations flowing to counties through the existing county prevention system, to culturally specific coalitions and community organizations, and to workforce credentialing. Current prevention allocations are one-time with spend-down deadlines, though settlement payments into the fund continue into the late 2030s.

Opioid settlement funds, local subdivision share

A separate share of the national opioid settlements flows directly to Oregon's cities and counties under the state's settlement allocation agreement. Local governments decide their own uses within the settlement terms, which span prevention, treatment, recovery, and harm reduction. To date, local subdivisions have directed only a small fraction of this spending to primary prevention.

Local, private, and other community sources

County and local government general funds

These are discretionary funds of counties and cities, raised through local taxes and fees and allocated by local governing bodies. Some local governments use them to support prevention staff, coalitions, and programming. Because these dollars never pass through state systems, they are invisible to state financial reporting.

Health plan and clinical funding (coordinated care organizations and Medicaid)

This category covers funding from Medicaid, delivered in Oregon through the Oregon Health Plan and its regional coordinated care organizations (CCOs), along with other health plan and clinical revenue. CCOs support some community prevention work through community benefit initiatives and health-related services. Most of this funding follows health care financing rules oriented to clinical care, so only a small share functions as primary prevention.

Philanthropy, private, and earned revenue

This category covers foundation grants, private donations, and fee or contract revenue that organizations generate themselves. These funds are awarded or earned directly by community organizations without state involvement. They are a meaningful support for local prevention work, particularly selective and indicated services, but are subject to funding cycles and donor priorities outside public control.

Problem gambling prevention funds

Oregon dedicates a statutory share of Oregon Lottery proceeds to problem gambling services, which OHA administers for prevention and treatment of gambling disorder. Some community prevention providers deliver problem gambling prevention alongside substance use prevention. These funds address gambling rather than substance use and sit outside the substance use prevention funding base.

Tribal opioid response and other direct federal grants to Tribes

Federal agencies, including SAMHSA and the Indian Health Service, award grants directly to Tribes for opioid response, substance use prevention, and related health programs. The nine federally recognized Tribes in Oregon combine these direct federal awards with state-administered dollars, Juvenile Crime Prevention funds, tobacco prevention funds, and their own Tribal resources to operate prevention programs. As sovereign Nations, Tribes administer these funds themselves, and their own-resource investments are not reflected in state financial records.

Appendix D

ADPC Prevention Analysis (HB 3321) Key Informant Interviews

Objective

In compliance with HB 3321 (2025), the Alcohol and Drug Policy Commission is compiling an inventory and financial analysis of primary prevention programs that address substance use and substance use disorder. To support ADPC's work, Third Horizon is conducting this key informant to support the implementation of HB 3321's financial assessment of Oregon's primary prevention system. The conversation will focus on state programs explicitly supporting primary prevention of substance use, as well as local innovations that use broad-based or blended funding strategies to advance primary prevention efforts. Insights from this interview will help inform an understanding of current funding approaches, gaps, and opportunities across the system.

Your comments will be de-identified and aggregated in the report we will be providing, so we hope you will feel comfortable speaking openly.

Discussion Guide

Introductions and Overview

Contextual Discussion

- Are there broad, statewide efforts or trends that include common evidence-based approaches to primary prevention in communities?
 - What other evidence-based practices exist in Oregon, and how are those currently funded?
 - Who are the key funders of primary prevention services now (agency/source)?
 - Are there key funding sources that are being used most effectively (agency/source)?
 - Are there primary prevention funding streams that could be used more effectively (agency/source)?
 - Are there places/organizations (other than ADPC) that bring together the prevention field? Innovative, grassroots initiatives
 - Who is MOST critical for Third Horizon to speak with regarding the current landscape of prevention financing and programming?
-

Appendix E

Agencies Interviewed and Date Completed

Agency / Interviewee	Date Completed
Cord Bueker	February 4, 2026
ODHS (CAPTA)	February 12, 2026
ODHS (Shari, Alex, Mary)	February 13, 2026
OLCC (Arnaud + Amanda)	February 20, 2026
MHACBO	February 23, 2026
Julie Spackman	February 24, 2026
CJC	February 25, 2026
SOCAC (Christy)	February 25, 2026
ODE	February 27, 2026
DELC	March 2, 2026
ODHS (Adam Jenkins)	March 2, 2026
OYA	March 4, 2026
ODHS (Recovery Support Teams and SUD Prevention Support)	March 16, 2026
ORCPP	April 1, 2026
OHA	April 3, 2026
Alexis Drakatos	April 6, 2026
HIDTA	April 21, 2026
OHA (CPS and Workforce)	April 29, 2026
OHA (school based and youth)	April 29, 2026
Mykee Martinez (tribal prevention OHA)	May 18, 2026
ADPEP	May 19, 2026
ORCPP Follow Up Presentation	May 20, 2026
CHLO	May 21, 2026
CCOs	June 4, 2026
School District Exemplars	May 29, 2026

Appendix F

List of Acronyms

Term (acronym)	Term (acronym)
House Bill (HB)	International Certification and Reciprocity Consortium (IC&RC)
Oregon Alcohol and Drug Policy Commission (ADPC)	Certified Health Education Specialist (CHES)
Oregon Health Authority (OHA)	National Commission for Health Education Credentialing (NCHEC)
Center for Substance Abuse Prevention (CSAP)	Oregon Coalition of Prevention Professionals (ORCPP)
Substance use disorder (SUD)	Continuing education contact hours (CECH)
Adverse childhood experiences (ACEs)	Portland State University (PSU)
Substance Abuse and Mental Health Services Administration (SAMHSA)	Certified Alcohol and Drug Counselor (CADC)
National Institute on Drug Abuse (NIDA)	Licensed Clinical Social Worker (LCSW)
Oregon Youth Addiction Alliance (OYAA)	Qualified Mental Health Professional (QMHP)
Oregon System of Care Advisory Council (SOCAC)	Registered Nurse (RN)
National Survey on Drug Use and Health (NSDUH)	Licensed Master Social Worker (LMSW)
Oregon Student Health Survey (SHS)	Clinical Social Work Associate (CSWA)
Tetrahydrocannabinol (THC)	Licensed Marriage and Family Therapist (LMFT)
Oregon Youth Authority (OYA)	Licensed Professional Counselor (LPC)
Centers for Disease Control and Prevention (CDC)	Certified in Public Health (CPH)
National Center for Health Statistics (NCHS)	Community Anti-Drug Coalitions of America (CADCA)
Alcohol and Drug Prevention and Education Programs (ADPEP)	Substance Use Prevention, Treatment and Recovery Services (SUPTRS)
Tobacco Prevention and Education Programs (TPEP)	Oregon Department of Human Services (ODHS)
Oregon Revised Statutes (ORS)	Overdose Data to Action (OD2A)
Request for proposals (RFP)	State Opioid Response (SOR)
Public Health Division (PHD)	Prescription Drug Monitoring Program (PDMP)
Department of Human Services (DHS)	Strategic Prevention Framework (SPF)
Oregon Department of Education (ODE)	Child Abuse Prevention and Treatment Act (CAPTA)
Department of Early Learning and Care (DELCC)	Behavioral Health Division (BHD)
Oregon Liquor and Cannabis Commission (OLCC)	American Rescue Plan Act (ARPA)
Youth Development Oregon (YDO)	Fiscal year (FY)
High Intensity Drug Trafficking Area (HIDTA)	Federal fiscal year (FFY)
Question, Persuade, Refer (QPR)	Mental Health, Alcoholism and Drug Services (MHA&DS)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Opioid Settlement Prevention, Treatment, and Recovery Board (OSPTR)
Athletes Training and Learning to Avoid Steroids (ATLAS)	Substance Abuse Block Grant (SABG)

Term (acronym)	Term (acronym)
Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA)	Substance Use Block Grant (SUBG)
Oregon Health and Science University (OHSU)	Mental Health Block Grant (MHBG)
Brief Alcohol Screening and Intervention for College Students (BASICS)	Oregon Criminal Justice Commission (CJC)
Tobacco, Marijuana, and E-Cigarettes Course (TMEC)	Native American Rehabilitation Association (NARA)
CLEAR Alliance (CLEAR)	Public Consulting Group (PCG)
Drug Free Communities (DFC)	Local public health authority (LPHA)
Full-time equivalent (FTE)	Promoting Healthy Outcomes with Culturally Unique Solutions (PHOCUS)
Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, plus (LGBTQIA+)	Award year (AY)
Centers for Medicare and Medicaid Services (CMS)	Behavioral Health Resource Network (BHRN)
Children's Health Insurance Program (CHIP)	National Vital Statistics System, Mortality (NVSS-M)
Indian Health Service (IHS)	CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)
Regional Health Equity Coalition (RHEC)	American Community Survey (ACS)
Certified Prevention Specialist (CPS)	Coordinated care organization (CCO)
Mental Health and Addiction Certification Board of Oregon (MHACBO)	U.S. Department of Housing and Urban Development (HUD)

Appendix G

Technical Methods

1. Overview

1.1 Statutory charge, scope, and workstreams

This assessment answers the charge of House Bill 3321 (2025), which directed the Alcohol and Drug Policy Commission (ADPC) to account fully for Oregon's primary prevention system and report to the Legislature. The law sets three tasks: a complete inventory and assessment of the primary prevention programs operating statewide; a financial accounting of what Oregon spends on primary prevention and the sources of those funds; and findings and recommendations for the Legislative Assembly's health committees.

House Bill 3321 defines primary prevention as the practices, programs, and policies intended to prevent, delay, and reduce youth substance use. The enabling contract narrows the focus to upstream strategies that seek to prevent the initiation of substance use and the development of substance use disorders before they begin, and holds primary prevention distinct from harm reduction, overdose prevention, early intervention, and treatment.

Third Horizon examined the system through four workstreams:

- Program Inventory — the programs operating in Oregon, who delivers them, whom they serve, where, and whether they are evidence-based.
- Financial Analysis — what funds support youth prevention, how dollars flow from federal to state to regional/county to local levels, and whether spending aligns with prevention intent.
- Workforce Assessment — the size, composition, distribution, credentialing, and sustainability of the prevention workforce, and its training and development needs.
- Innovative Practices — promising, community-led, culturally grounded, and cross-sector practices, within and outside formally funded systems.

The assessment documents, classifies, maps, and compares the state's prevention activities. It is not an evaluation of individual programs; conclusions about program outcomes are limited to areas where independent evidence is available.

1.2 Governing frameworks

Every program was assessed against three reference points, applied consistently throughout.

- Definition (in or out of scope). The HB 3321 definition, drawn from the National Academy of Medicine, established whether a program belonged in the analysis. A program qualified when preventing substance use was a stated purpose of its work. Programs that addressed the same problem at another point on the continuum — treatment, recovery, harm reduction, clinical screening, broad early-childhood services, and data systems — were recorded as prevention-adjacent rather than dropped. The assessment also examined funding braided from outside the substance-use field, distinguishing dollars that genuinely reached prevention work from those only loosely associated with it.
- Population reached (IOM tiers). Following the National Academy of Medicine (Formerly the Institute of Medicine) continuum, each program was placed in one group: universal (offered to an entire population, such as all students in a school), selective (directed to groups at heightened risk), or indicated (aimed at individuals already showing early signs of use). This shows whether Oregon's efforts extend across all three groups or cluster within some.
- Prevention strategy (CSAP). Each program was assigned one or more of the six strategy categories established by the federal Substance Abuse and Mental Health Services Administration: information dissemination; prevention education; positive alternatives; environmental strategies; community-based processes; and problem identification and referral.

Two classification rules follow from the definition. Evidence designations (evidence-based, promising, innovative) are self-reported by organizations and were not independently validated. Activities involving early identification and referral to treatment were counted only where they met the statutory definition; activities occurring after the onset of substance use were excluded.

1.3 Advisory input

The assessment was conducted in partnership with the ADPC and its Prevention Committee, which served as a standing advisory body. The Committee informed the scope, the operational definition of primary prevention, and the analysis approach; reviewed the survey instruments before fielding; advised on sampling and stakeholder engagement, including priority respondent groups and introductions to state agencies, Tribal partners, and providers; distributed the surveys through professional networks to broaden statewide participation; and reviewed emerging findings to help validate interpretation.

2. Data sources

The assessment draws on four categories of data: original surveys, key informant interviews and a focus group, public data, and agency and administrative data.

2.1 Surveys

Four web-based instruments were fielded through Qualtrics between April and June 2026, each targeting a distinct segment of the system and structured around the HB 3321 framework. Consistent with a landscape assessment, outreach was purposive: known prevention entities were invited through ADPC, state agency, and Prevention Committee networks and self-selected into participation. Analysis occurred alongside the other data in July 2026.

- **School District Survey** — for Oregon's public-school districts, one designated respondent per district (typically the administrator or coordinator responsible for substance use prevention). Built around the Division 22 comprehensive-plan requirement (OAR 581-022-2045), it asked about plan status and components, prevention activities and who delivers them, staff and credentials, community partners, funding, tracked outcomes, and barriers and supports. Districts could upload a plan or state why none was available; spending items accepted a range or estimate.
- **Provider Survey** — for organizations that deliver prevention or related services (coordinated care organizations, community-based organizations and coalitions, local and municipal government, and Tribal organizations). Structured as a program-by-program inventory of up to five programs each, classified by IOM tier and CSAP strategy, with populations, funding, staffing, vacancies, credentials, and training needs. Respondents reported only the prevention-related portion of mixed funding. Because the instrument capped entries at five programs, the program count is a floor; some organizations submitted a second response to list more.
- **Intercollegiate Council Survey** — for the colleges and universities in the state's intercollegiate prevention council, one representative per institution. It captured a campus profile, programs and strategies, populations served, and funding, with a repeating block of up to five programs covering delivery, reach, evidence base, and effectiveness ratings.
- **Workforce Survey** — for individuals who carry out prevention work (Certified Prevention Specialists and allied professionals across Tribal organizations, community-based organizations, government, health systems, schools, behavioral health providers, and coordinating bodies). Respondents answered from their own experience rather than for their organization, reporting credentials and roles, the populations and interventions they work with, training needs, and factors affecting sustainability. Workers whose primary role is tobacco prevention, problem gambling prevention, harm reduction, or public health nursing were retained, because the workforce analysis describes everyone doing prevention work in Oregon even though the program inventory applies the narrower HB 3321 scope; one parent-volunteer response was removed because the instrument measures the paid workforce.

Response handling. A total of 501 responses were opened across the four instruments and 284 were retained (Table 1). A data-quality pass removed empty responses, test and junk submissions, and records from the Qualtrics preview channel. A completeness pass, built separately for each instrument, retained a record only where it answered at least one question feeding a reported figure or carried county data used in mapping. Where a respondent submitted more than once, the most complete submission was kept (the most recent where completeness was equal) and unique answers from other attempts were merged in. The project team reviewed every exclusion. The provider and community agency survey's 109 retained responses come from roughly 102 distinct organizations, because the instrument capped each response at five programs and several organizations submitted a second response to list more.

Table 1. Survey responses opened and retained, by instrument.

Survey	Opened	Retained
Workforce	124	101
School district	145	65
Provider and community agency	216	109
Intercollegiate Council	16	9
Total	501	284

Blank rows were identified using the substantive question columns rather than survey metadata. Because many questions allowed more than one answer, percentages can sum past 100; where a figure needs mutually exclusive groups, the grouping rule is stated with the figure. Partial responses were retained where usable, so the denominator for each statistic is the number of respondents who answered that item, and denominators are shown with each figure. Individual respondents were de-identified throughout; organization and program names are retained, because documenting them is the inventory's purpose.

2.2 Key informant interviews and focus group

22 semi-structured interviews were conducted virtually with people positioned to describe prevention financing and programming across Oregon — state agency staff, ADPC Prevention Committee members and leadership, funders, and representatives of funded entities and community organizations — drawn from the project workplan and expanded through referral. Each interview followed a common guide adapted to the participant's vantage point, covering statewide efforts and evidence-based approaches, how they are funded and by whom, which funding sources work best and least well, and which organizations beyond ADPC help convene the field. The team also presented to three local coalitions. The full roster is in Appendix E.

A separate virtual focus group convened school districts, an education service district, and a local public health authority selected for their engagement in prevention. The roughly 60-minute session explored how districts approach primary prevention and intervention planning under Division 22, how they develop and use their comprehensive plans, the programs and workforce that support the work, and how prevention is funded and tracked. Responses are reported in aggregate and not attributed.

2.3 Public data

Public datasets establish population and geographic context, substance use burden, and federal funding levels. Population denominators come from the U.S. Census Bureau (2023 county estimates). Substance use burden indicators — county overdose mortality and excessive drinking — come from County Health Rankings & Roadmaps (2025), which draws on CDC National Center for Health Statistics mortality files; rates are suppressed for the smallest counties under federal small-number rules.

Third Horizon reviewed Oregon Student Health Survey data to inform its analysis where appropriate and available, particularly aggregate statewide data. County level data from the Oregon Student Health Survey was not utilized due to limitations in the data set, specifically around low response rates to SUD-related questions and grade-specific data at the local level that appeared flawed.

Federal allocations to Oregon are documented from the awarding agencies as reflected in state financial records and grant applications: the SAMHSA Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant (including its 20% primary-prevention set-aside and one-time COVID and ARPA supplements), SAMHSA State Opioid Response (SOR), SAMHSA Strategic Prevention Framework-Partnerships for Success (SPF-PFS), CDC Overdose Data to Action (OD2A) and alcohol epidemiology awards, U.S. Department of Justice Harold Rogers PDMP funding, and Drug-Free Communities awards. Amounts can be cross-verified through USAspending.gov and the HHS Tracking Accountability in Government Grants System (TAGGS). Opioid settlement funds are tracked against the KFF opioid settlement database. County ADPEP workplans were extracted from publicly published sources.

2.4 State agency and administrative data

Administrative and program data came from state agencies, licensing and certification bodies (including the Mental Health & Addiction Certification Board of Oregon, MHACBO), and funded entities, to inventory formalized programs, identify the entities that administer them, and trace how dollars flow. Materials spanned procurement and contracting records (RFPs, contractor lists, executed contracts, and contractor reports), agency strategy documents and plans, and federal prevention grant materials (SUPTRS, SOR, PFS, SPF) and other programmatic reports. For the financial analysis, the team drew on and cross-validated the ADPC's substance use disorder financial analysis — a standardized statewide

expenditure reporting completed by state agencies. Confidential information was handled under the data-security terms of the state contract. Full inventory of agency partners who shared data for the assessment are listed in Appendix H.

3. Program inventory

3.1 What counts as a program

Each record is one distinct program that is delivered. Organizations, school districts, and agency funding entries are not programs — they deliver programs or pay for them. A branded curriculum delivered at several sites counts once, with every site recorded (LifeSkills Training is one program however many sites report it). The Alcohol and Drug Prevention and Education Program (ADPEP) is counted once for each of its 37 grantees across all 36 counties, with Multnomah holding two. Where a provider survey respondent is itself a county's ADPEP grantee, that record was merged into the county record, verified against the OHA grantee roster; and four generic activity descriptions carrying no funding source other than the block grant were folded into their county's ADPEP record rather than counted alongside it.

School districts are counted as deliverers, not programs. The school survey asked districts to check categories of prevention activity (classroom instruction, family education, screening, and similar); these describe the kind of work happening and are reported as coverage, not added to the program count. Where districts named specific programs — drawn from both the evidence-based/tribal-based question and the promising-practice question — those are counted, with a curriculum counted once however many districts use it (Teen Intervene, named by five districts, is one program at five sites).

The resulting inventory holds 265 primary prevention programs: 161 from community providers, 64 from state agency records, 21 from campuses, 14 from school districts, and 5 from the federal Drug-Free Communities grantee listing. The 64 state agency records comprise 37 county ADPEP programs, 13 curricula documented in the ADPEP county activity reports, and 14 other state agency programs. The 107 prevention-adjacent programs identified during categorization are documented in Appendix B.

3.2 Category boundaries

Third Horizon categorized each program entry within two categories. Primary prevention is work whose purpose is to stop substance use problems before they start. Prevention-adjacent is work that addresses the same problem at another point: treatment, recovery, harm reduction, clinical screening, broad early-childhood services, and data systems. Six boundary rulings are applied explicitly and in both directions, so programs were neither added from county records nor retained where previously counted if they fell outside scope:

- Overdose response and harm reduction — naloxone distribution and training, overdose response planning, and syringe services — are prevention-adjacent, but education intended to prevent drug misuse counts as primary prevention even when framed around overdose, including the opioid prevention lessons required by Senate Bill 238.
- Problem gambling programs on separate gambling funding are outside the inventory; programs addressing gambling alongside substance use remain in it.
- Tobacco-, nicotine-, and cessation-only programming is outside the inventory unless delivered as part of a single named alcohol and drug prevention program.
- Suicide prevention, mental health promotion, and social-emotional learning are outside the inventory, because HB 3321 defines primary prevention in terms of youth substance use.
- SBIRT (screening, brief intervention, and referral to treatment) is counted as primary prevention under the problem identification and referral strategy, because it pairs a universally applied screening with a brief prevention conversation and a referral rather than delivering treatment.
- On campuses, the overdose rule is applied to record text: naloxone training, harm reduction supplies, and overdose response training are prevention-adjacent, while education and outreach remain primary prevention even when framed around harm reduction.

Categories were assigned by the assessment team and then reviewed record by record by the project team, which adjudicated individual programs and the treatment of state agency funding entries

4. Analytical approach

4.1 Standardization and classification

Information from surveys, interviews, agency documents, contracts, the focus group, public data, and administrative records was consolidated into single program records, and programs identified through multiple sources were de-duplicated so each is counted once. Each record was then classified on the three dimensions—scope, National Academy of Medicine tier, and CSAP strategy—with additional fields for implementing organization, target population, geographic area, funding source, and reported evidence status. Not every analysis uses the whole inventory; the basis is stated wherever a figure appears. Level, strategy, and population distributions rest on self-reported data collected only by the provider and intercollegiate surveys (carried onto a county's ADPEP record where a provider record was merged into it); school district records, Drug-Free Communities coalitions, and curricula from county activity reports carry none.

4.2 Quantitative analysis

Survey responses, administrative datasets, funding information, and the program inventory were analyzed descriptively—the number and distribution of programs, populations served, strategies employed, organizational characteristics, funding patterns, and geographic variation.

Named-model analysis. To measure how much of the inventory uses recognized approaches, records were matched against a catalog of branded curricula and named strategies. The inventory names 41 distinct models. Model counts are floors: a model is credited only where named.

County delivery ADPEP analysis. County delivery was analyzed from the ADPEP progress reports: 142 county-period reports were received across the four 2023–25 periods, and every report was resolved to a county. Of the 37 ADPEPs, Third Horizon received complete sets of quarterly reports for 32, of which 30 included direct links to their full workplans for reporting periods. Workplans included historical and contextual information about the ADPEP's particular region and work, as well as efforts focusing on health equity. Priority activities were identified and tagged by the ADPEP to CSAP strategies and National Academy of Medicine Categories. Third Horizon staff reviewed individual workplans to identify specific proposed activities, affirm the accuracy of both CSAP strategy identification and National Academy of Medicine Categories for each areas of focus and priority. Observations from the workplans were then compared across all available workplans to identify common themes and priorities across the ecosystem. From there, quarterly reports were reviewed with an eye to materials changes or challenges in executing on the workplans as proposed.

4.3 Geospatial analysis

Program Geomap. Programs were mapped to identify where resources concentrate and where infrastructure is limited, including differences across urban, rural, and frontier regions. Counties were classed as urban or metro (15, in federally designated Metropolitan Statistical Areas), rural (12), or frontier (9, with six or fewer residents per square mile, per the Oregon Office of Rural Health). Programs were placed in counties using each organization's reported service counties; because service areas are reported once per organization, this attribution is generous and overstates coverage. Of the 265 primary prevention programs, 244 report a county service area and are mapped; 17 operate statewide and 4 have no service area recorded. Because a program is recorded in each county it serves, and 80 programs serve more than one, the 244 produce 387 county placements. Per-capita rates use 2023 Census county estimates.

Need and resources. Counties were sorted on two measures at once: the overdose burden they carry and the ADPEP funding they receive per resident. Mortality is drug poisoning deaths, whether accidental or intentional, per 100,000 residents, from the CDC National Vital Statistics System accessed through CDC WONDER, as a 2020–2024 five-year estimate; the denominator is average resident population over the same period from the American Community Survey. Funding is the AY25 ADPEP grantee award divided by county population. Each county was placed above or below the median on each measure, producing four groups: high need with lower funding, high need with higher funding, lower need with lower funding, and lower need with higher funding. Counties whose overdose rates are federally suppressed under small-number rules cannot be placed on the need axis and are shown separately. Attempts to utilize other youth-specific data sources were abandoned given lack of reliable county-level youth data.

4.4 Financial analysis

The financial analysis draws on source records from every tier of Oregon's primary prevention system, compiled with the direct participation of the authorities and providers that fund and deliver services. Seven agencies (OHA-PHD, OHA-BHD via PHD reporting, ODHS, ODE, OYA, YDO, SOCAC, and OLCC) completed financial templates reporting 191 line items and \$81.3 million in 2023–25 prevention-relevant expenditures; federal Title IV-B funding (\$14.7 million, child-welfare purpose) was excluded. A second layer captured published OSPTR Board opioid-settlement allocations, including the \$13.7 million multi-year primary-prevention commitment; these were treated as commitments rather than biennium actuals, except the \$7.3 million that agencies booked as 2023–25 expenditures in their templates. A third layer of documents and reports—federal block-grant applications and reports, agency plans, contracts, and audit materials—provided corroboration and context. Three statewide

surveys of providers, school districts, and campuses doubled as financial instruments: respondents reported the sources and amounts behind their own programs, surfacing local, direct federal, health-plan, and philanthropic funding that state records cannot see. Each line was normalized with a source group, administering agency, recipient type (state staff and operations versus community recipients — contractors/CBOs, grantees, counties/LPHAs, Tribes, and universities), and the agency's own continuum tag as reported.

Classification started from the agencies' own designations. Lines the reporting agencies tagged "Primary Prevention" were carried as tagged prevention: \$23.0 million (OHA-PHD \$6.0 million; OLCC \$15.0 million, estimated staff-time shares; ODE \$2.0 million). Where agencies could not classify their spending, the team conducted a validation-first, contract-level review of the 100 OHA-PHD lines tagged cross-continuum (83 lines, \$17.0 million) or surveillance, workforce, and other (17 lines, \$7.7 million), totaling \$24.7 million. Each line was checked against its contract, budget document, or federal report before classification, and dollars were counted only where documents supported it. Eleven lines counted in full (\$4.78 million, principally the ADPEP county and Tribal prevention pass-through). Thirteen lines counted at 25 percent (\$2.91 million counted of \$11.66 million — county death-review agreements and PDMP staffing and IT); the quarter share is a convention for cross-continuum investments with a known prevention element where no activity-level budget exists to support a precise split. Four lines counted at reviewed fractions (\$0.52 million of \$1.43 million — conference and event shares reviewed at approximately one-third and 55 percent). Twenty lines (\$2.20 million of evaluation, media, and training contracts that support but do not deliver prevention) were reported as a separate prevention-supporting infrastructure band, not in the primary-prevention figure. Twenty-nine one-time lines (\$3.40 million of expired COVID and ARPA block-grant supplements, which carried the standard 20 percent primary-prevention minimum) were set aside as a separate band, excluded from the recurring base. Seven lines (\$0.44 million) were not prevention. The review added \$8.2 million of verified primary prevention to the \$23.0 million tagged, for a total of \$31.2 million.

The SUPTRS primary-prevention figure is capped at the federal Table 7 itemization (\$4,855,927 in FFY2022 and \$4,293,755 in FFY2023 across 49 subrecipients, including all nine federally recognized Tribes). The \$9.53 million of SUPTRS-family spending first classed as primary prevention reconciles as follows: \$4.33 million of ADPEP county and Tribal pass-through was counted; \$0.79 million of county lines duplicated inside the ADPEP aggregate was removed; \$1.53 million of contractor and evaluation work was moved to prevention-supporting; and \$2.88 million of one-time COVID/ARPA spending was set aside.

On the bottom-up side, the provider survey collected, for each program, its funding sources (multi-select), dollar amounts (estimated or actual), and the respondent's own classification (clearly primary prevention versus mixed prevention-related support). Organization-level grants listed under several programs were counted once (same organization, source, and amount). After deduplication, the ledger held 245 program-funding lines from 50 organizations, totaling \$33.8 million with a median line of \$33,000. Sources grouped as: state-administered SUD streams (\$17.9 million); county and local government (\$3.8 million); federal grants direct to community organizations (\$5.2 million); health plans and clinical (\$3.2 million); philanthropy, private, and earned (\$1.4 million); and unidentified (\$2.4 million). This ledger is self-reported, mostly FY2026, from an unknown eligible universe, and deduplicated but not audited.

The state records became a top-down map of how dollars move to communities; the survey responses, a bottom-up ledger of what communities receive. The two are compared but never summed, showing where the state's books and the community's experience agree and where money becomes untraceable. Known limitations apply. OLCC figures are estimated staff-time shares, not program budgets. The quarter-share and fraction conventions are conventions, not measurements. The review confirms amounts and recipients, not delivered activities. The top-down figures (2023–25 actuals) and the bottom-up figures (mostly FY2026 self-report) are different measurements of different periods. Consistent with Tribal data sovereignty, no Tribal prevention total is calculated and no figures are attributed to Tribes beyond the published federal itemization; Tribal own-resource investment is outside state records.

4.5 Workforce analysis

Certified Prevention Specialist distribution was mapped from the MHACBO registry by county of employment (using county of residence where employment was blank). Workforce survey responses were analyzed for the counties each professional covers and for locally based full-time-equivalent staffing, distinguishing regional staff stretched across counties from locally rooted staff. This is a recorded-location measure, not a service-area measure: a specialist who covers several counties from one office appears only in the county of that office. The program inventory does not carry this limit, because the provider survey asked each organization to list every county it serves.

4.6 Innovative practice analysis

Interviews, the focus group, and open-ended survey responses were analyzed thematically to identify recurring themes, implementation challenges, strengths, and gaps. Sources were reviewed iteratively for convergence and divergence, and themes were synthesized to give context to the quantitative findings.

Innovative and grassroots practices were identified from five sources: an open-text provider-survey item (with the braided-funding items), a school-district promising-practice item, the Intercollegiate Council survey, the 22 key informant interviews, and existing state records. Every

candidate practice was compiled and screened against a consistent rule: included only if it met the HB 3321 definition and was locally developed, innovative, or grassroots. Practices using a recognized model are counted among the named models and not repeated; practices that are primarily harm reduction, treatment, recovery, deflection, or regulatory compliance were set aside; Tribal-government prevention is addressed in the culturally specific and Tribal chapter; and practices reported by more than one organization were counted once. Each qualifying practice was sorted into one of six types (cross-sector or integrated; innovative model or other; culturally grounded or specific; grassroots or community-led; youth-led; higher education), classified by delivering-organization type, and assigned one or more CSAP strategies so it can be compared with funded programs on the same basis; because a practice may use more than one strategy, strategy assignments exceed the number of practices. Appendix A carries the list of programs that were included in the analysis and Appendix B carries the list of those that were marked for innovation but did not meet the statutory criteria.

4.7 Triangulation, gap analysis, and quality assurance

Findings were developed by comparing information across the various data families — surveys, interviews and the focus group, administrative data, public and other source document review — rather than relying on any single source. Agreement across sources strengthened confidence; differences were examined and reported. The gap analysis then examined the distribution of programs, workforce, and funding relative to population, geographic need, and reported demand, identifying areas with limited infrastructure, underrepresented strategies, and systemic challenges in funding, coordination, and capacity.

Third Horizon also applied various quality-assurance rules to the assessment. After any change to a counting rule or category boundary, the full statistic set is recomputed from the master workbook and every number in the report is checked against it, because one rule change propagates to many derived figures. Programs were classified by the assessment team and then reviewed one record at a time by the project team. Every source was checked a second time for other uses, which found programs the inventory had missed. Every figure state what it is counting and out of how many. And where a number could be read two ways, it was recounted under a different rule to see whether the finding held.

4.8 Tribal prevention approach

The review of Tribal-based practices was developed from publicly available OHA documentation and consultation with OHA prevention staff and concentrates on the structure and process of Tribal prevention. Tribal Nations exercise self-determination over how they protect their communities' health, and Tribal primary prevention operates as its own system, organized around cultural practice and Tribal governance as well as the categories applied elsewhere. The agency documents refer to the Tribes as a group and do not describe each individually; the nine Tribes differ substantially in land base, population, and program design, so no single description applies uniformly. Consistent with Tribal data sovereignty, tribal-specific financial information remains under the control of each Tribe; the assessment documents at a general level that Tribes invest their own resources and does not attribute figures to individual Tribes. No Tribe or tribal health authority submitted information directly to this assessment, so the report describes how state funding and programs engage Tribes rather than tribal prevention systems themselves.

5. Limitations

These limitations shape how firmly particular conclusions can be stated; they are noted throughout the report wherever they bear on a specific finding. They do not undermine the overall picture, which draws its strength from the agreement of independent sources.

Voluntary participation. Surveys, interviews, and the focus group were voluntary, so results reflect those who chose to respond. Better-resourced organizations may be likelier to respond, tilting the picture toward the more engaged parts of the system. No population frame exists for prevention providers or the workforce in Oregon, so no response rate can be calculated against a known universe. Interviews reached knowledgeable voices through referral but do not constitute a representative sample.

Coverage varies by instrument and county. Outreach was purposive rather than a census: known prevention entities were invited through ADPC, state agency and Prevention Committee networks and forwarded the invitation onward, so the number of people and organizations that received it is unknown. For providers and the prevention workforce there is also no population frame against which a sample could be judged. Coverage is therefore reported as the counties and organizations that appear in the responses, not as a proportion of an eligible universe.

Self-report. Much of the information is self-reported: organizations described their own programs and judged them proven, promising, or innovative, and the assessment did not independently verify each account, so statements about how well programs work are the field's characterization of itself, not an audit. Administrative and public data carry their own constraints — agencies keep records differently and on different schedules, and public datasets reflect their own definitions and reporting lags.

Scope applied at the inventory stage. Survey responses were retained as given, so some describe overdose response, early intervention, or mixed work outside the statutory definition; scope was applied when the inventory was built, not to the survey files, so survey-level figures describe what respondents reported while inventory figures describe what met the Section 3 rules.

Descriptive, not evaluative. The assessment describes what exists, where, funded how, and delivered by whom; it does not measure program effectiveness or establish which approaches produce which outcomes, and it is a point-in-time portrait of an evolving system.

Reach and access could not be measured. The assessment documents which programs exist and where, not how many people they reach or whether that is enough. The one field that asks — people served or reached, in the county ADPEP reports — mixes individuals and whole populations in a single answer and cannot be totaled or compared across counties. No survey asked how many people took part, how often, or for how long, so county program counts measure documented supply, not access.

Counting limits. County service areas were reported once per response rather than once per program, so a program is credited to every county the organization listed; county-level figures are therefore service placements rather than programs, and local coverage is overstated. The inventory is not a coverage measure: only the ADPEP layer is complete for all 36 counties, so differences between counties reflect who responded as much as what is delivered. The way programs are counted is not what creates the geographic pattern: counting each program once overall, rather than once in every county it serves, gives 0.5 documented programs per 10,000 residents in urban counties, 1.0 in rural and 2.9 in frontier — the same order, with both rates lower and the gap slightly wider.

Suppressed indicators. Ethical guidelines and data rules suppress overdose mortality for seven counties — Gilliam, Grant, Harney, Lake, Sherman, Wallowa and Wheeler — so those counties cannot be placed on the need axis and are shown separately on the need-and-resources map. All seven are frontier counties, together holding about 36,000 residents, and six of the seven have five or fewer documented prevention programs. The same constraint applies to youth substance use data: OHA suppresses or combines Student Health Survey results below a minimum number of completed surveys at school, district and county level, which is why every youth use figure in this report is statewide. The places most likely to have gaps are the places the state can measure least.

Instrument-design gaps. The provider survey’s population checklist had no category for racial, ethnic, or cultural communities other than Tribal communities, so culturally specific programming may be undercounted by design.

Appendix H

State agencies whose data was received

Agency

Oregon Health Authority (OHA)

Oregon Liquor and Cannabis Commission (OLCC)

Mental Health & Addiction Certification Board of Oregon (MHACBO)

System of Care Advisory Council (SOCAC)

Oregon Department of Education (ODE)

Department of Early Learning and Care (DELIC)

Oregon Youth Authority (OYA)

Oregon Department of Human Services (ODHS)

Behavioral Health Resource Network (BHRN – (Measure 110))

High Intensity Drug Trafficking Areas (Oregon-Idaho HIDTA program)

Workforce Survey

Individual prevention workforce respondents | 101 responses

The workforce survey was fielded between April and June 2026 and received 101 responses. Each response is one individual. Not every respondent answered every item, so the number answering is stated with each figure. This page describes responses as submitted and makes no statewide findings.

101

Responses

36 of 36

Counties named as a primary work location

19

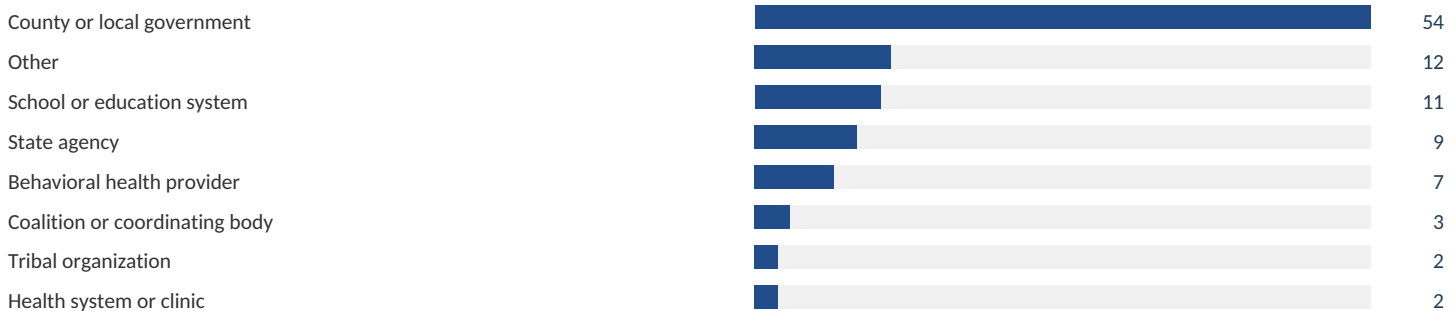
Active CPS credential holders

40

Have not pursued CPS certification

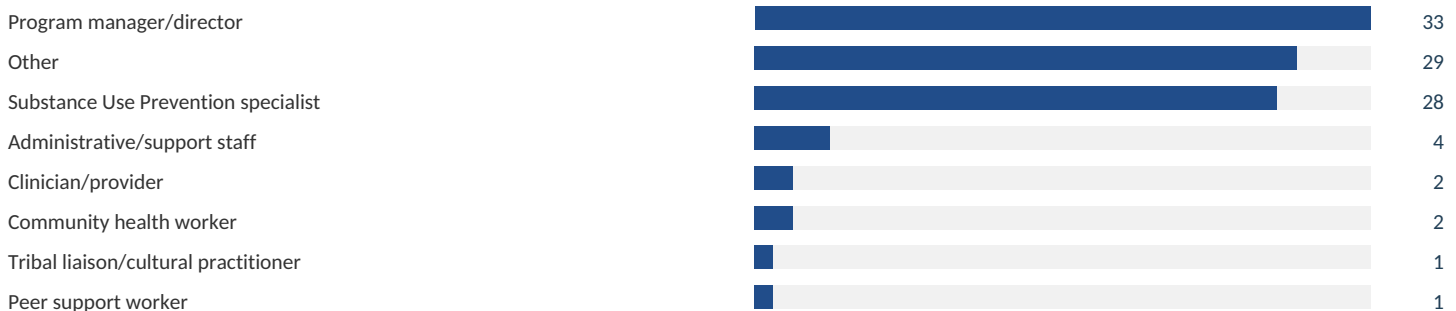
Organization type

What type of organization do you primarily work for? Answered by 100 of 101.



Primary role

What is your primary role? Answered by 100 of 101.



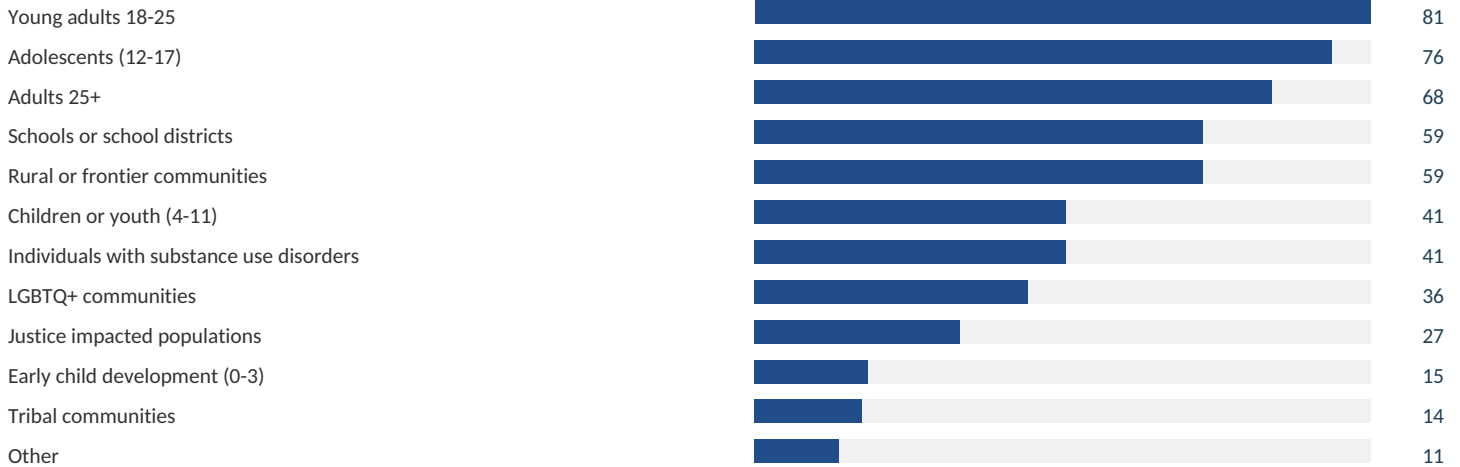
Tenure in a prevention-focused role

How long have you worked in a prevention-focused role? Answered by 100 of 101.



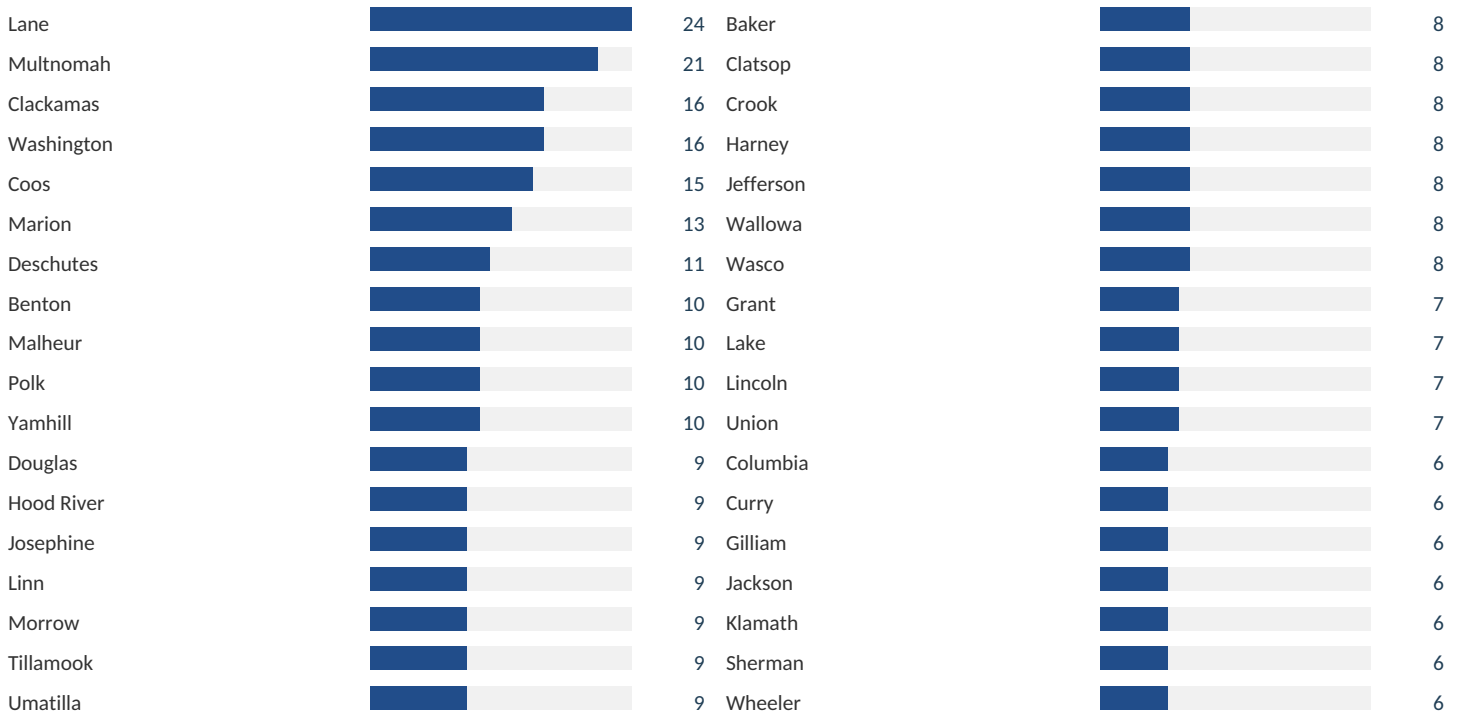
Populations primarily served

Which populations do you primarily serve? Select all that apply. Answered by 99 of 101.



Counties of primary work

Please identify the county, or counties, you primarily work in. Answered by 100 of 101. Counts include every county each respondent selected.



86 respondents selected a single county and 6 selected all 36. The remainder selected between two and fourteen. All 36 counties were named by at least one respondent.

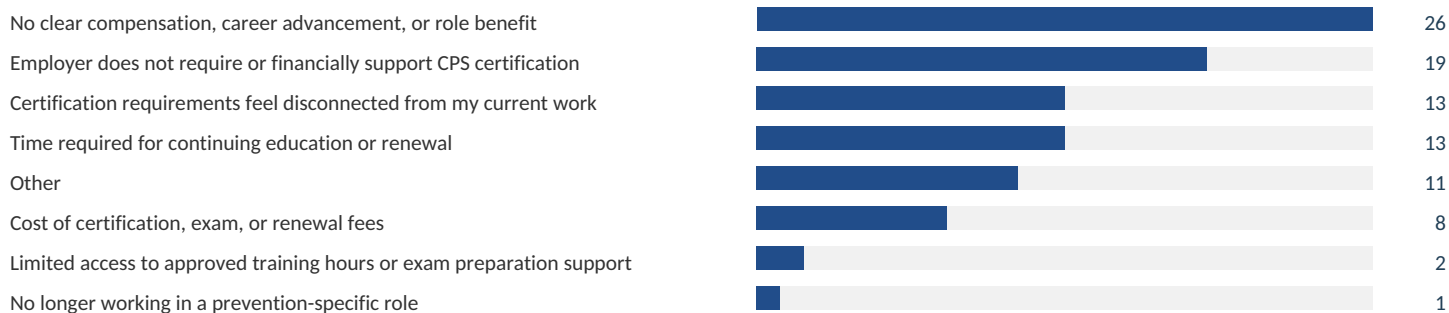
CPS credential status

Do you hold a Certified Prevention Specialist (CPS) credential? Answered by 101 of 101.



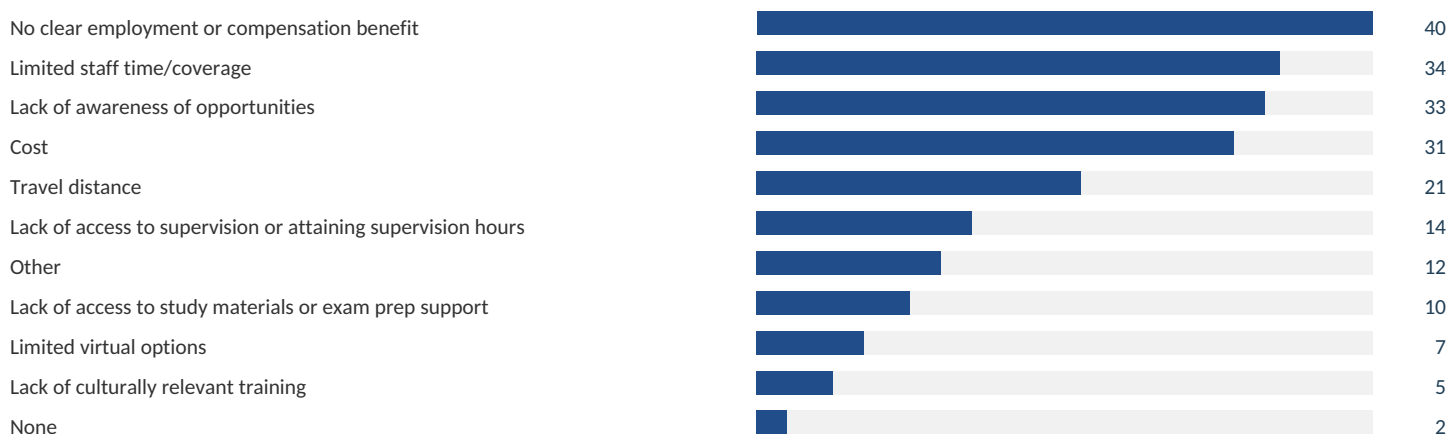
Factors affecting the CPS decision

What factors have affected your decision or ability to obtain or maintain CPS certification? Select all that apply. Answered by 49 of 101.



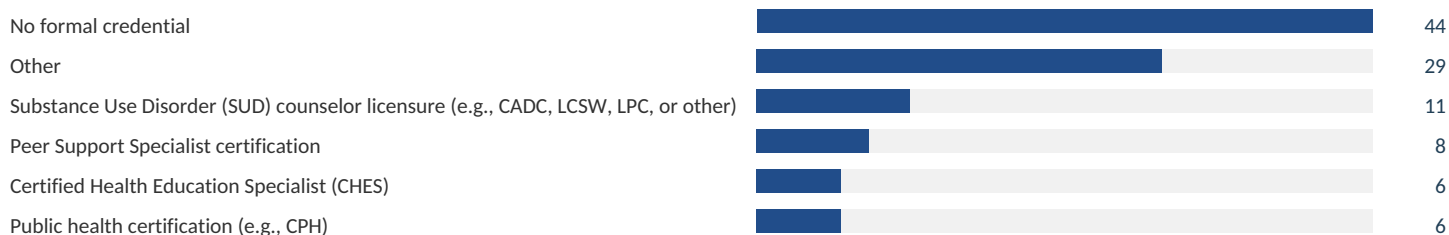
Barriers to CPS certification

What barriers limit you or your staff from getting certified as a CPS? Select all that apply. Answered by 80 of 101.



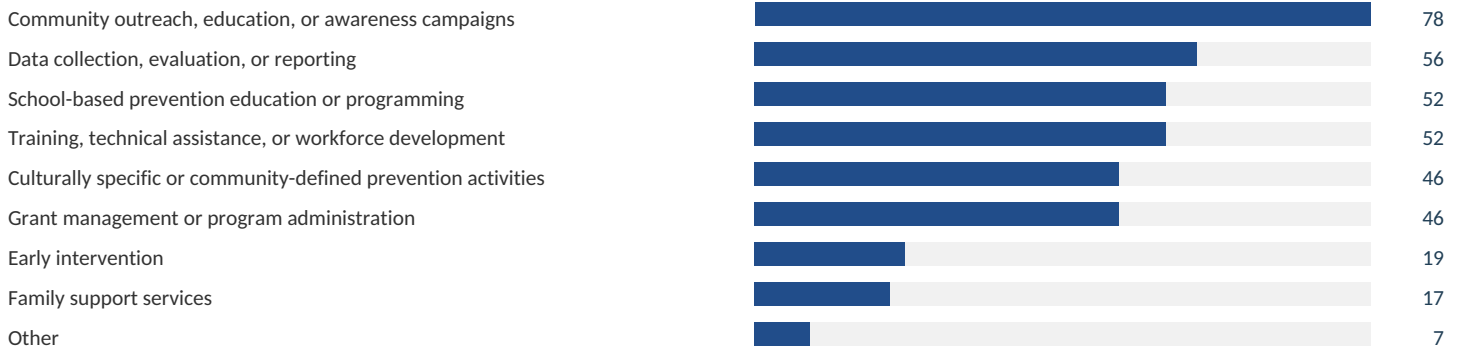
Other professional credentials

Do you hold any other professional credentials or certifications relevant to your prevention work? Select all that apply. Answered by 94 of 101.



Services provided within primary prevention

What services or activities within substance use primary prevention do you currently provide in your role? Select all that apply. Answered by 97 of 101.



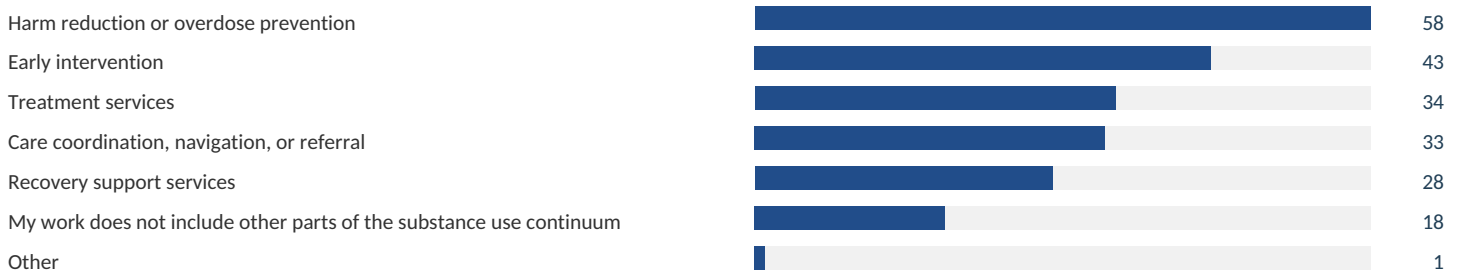
Prevention services in addition to SUD prevention

Does your work include any services in addition to substance use primary prevention? Select all that apply. Answered by 96 of 101.



Work in other parts of the substance use continuum

Do you work or engage in activities within other parts of the substance use continuum? Select all that apply. Answered by 94 of 101.



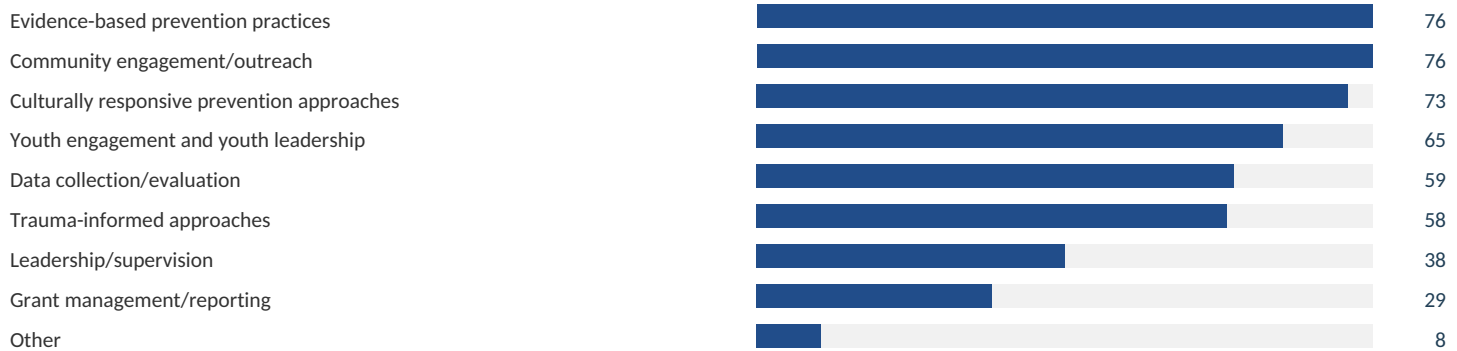
Share of work time on primary SUD prevention

Approximately what share of your work time is spent on primary SUD prevention? Answered by 96 of 101.



Training and supports rated most important

What training, supports, or resources are most important for strengthening the substance use prevention workforce? Select all that apply. Answered by 95 of 101.



Accessibility of prevention training

How accessible are substance use prevention-related training opportunities for you? Answered by 95 of 101.



Recruitment and retention

How challenging is it to recruit and to retain substance use prevention staff in your community or setting?

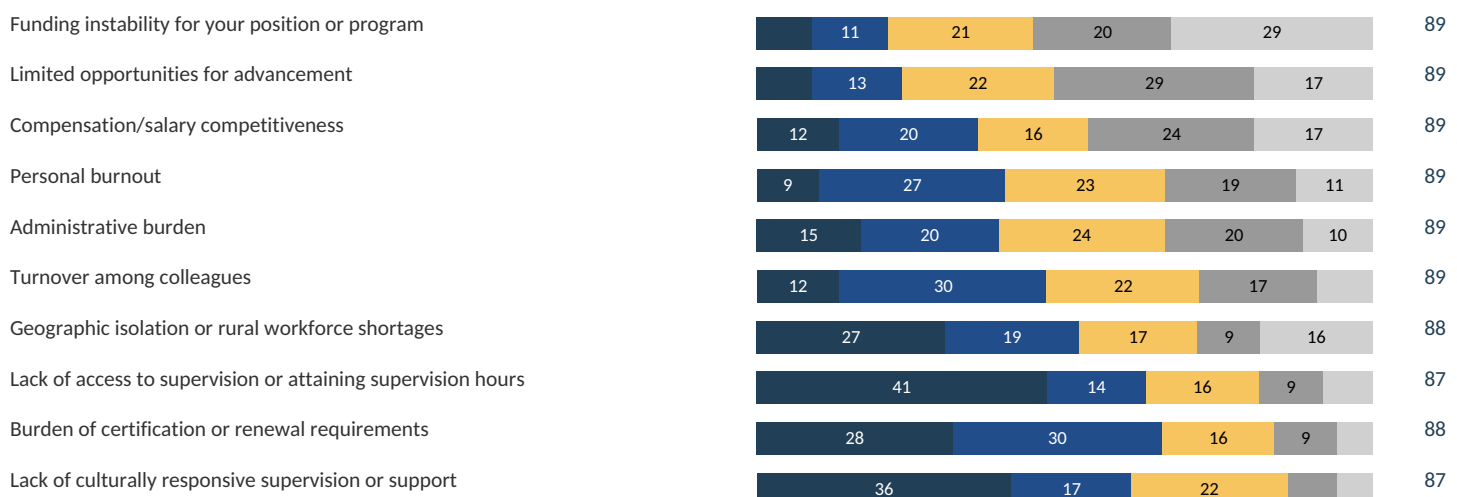
■ Not challenging at all ■ Slightly challenging ■ Moderately challenging ■ Very challenging ■ Extremely challenging



Factors affecting ability to sustain prevention work

How much does each factor affect your ability to sustain your work in primary SUD prevention? Rows sorted by combined a lot and a great deal.

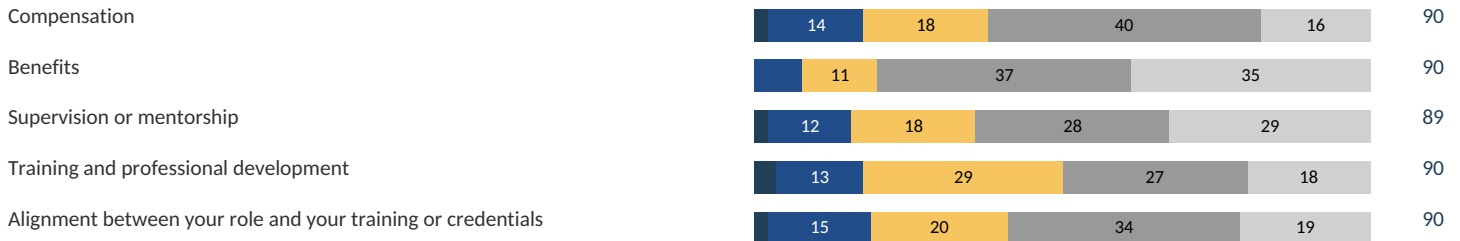
■ None at all ■ A little ■ A moderate amount ■ A lot ■ A great deal



Satisfaction with current role

How satisfied are you with the following aspects of your current prevention role?

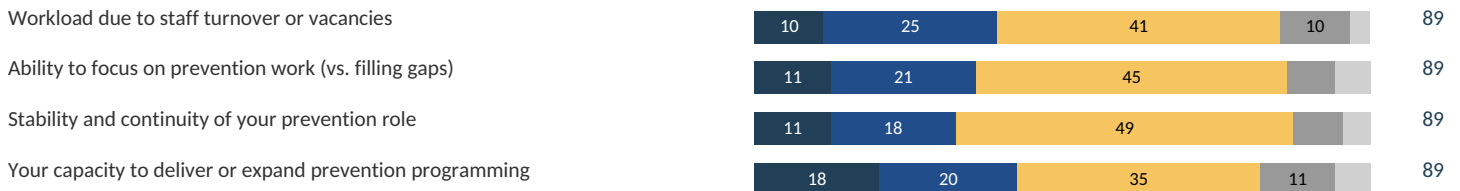
Extremely dissatisfied Somewhat dissatisfied Neither satisfied nor dissatisfied Somewhat satisfied Extremely satisfied



Experience over the past 12 months

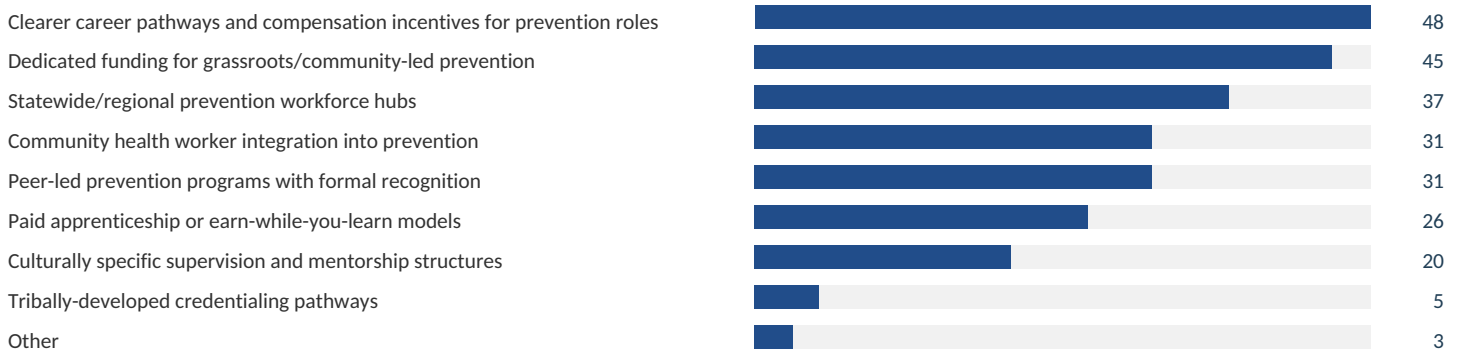
Over the past 12 months, how would you describe the following in your own experience working in primary SUD prevention?

Much worse Somewhat worse About the same Somewhat better Much better



Changes rated most transformative

Which of the following would be most transformative for the prevention workforce in your community? Select up to three. Answered by 93 of 101.



Open-response items

Counts of responses received. Text is held in the source file and is not reproduced here.

Open-response item	Responses
Strategies that would most strengthen the prevention workforce (Q23)	67
Oregon prevention workforce at its best (Q24)	66
Final comments (Q25)	17

School Survey

District responses under Division 22 | 65 responses from 44 identified districts

The school survey was fielded between April and June 2026 and received 65 responses carrying 44 identified district names. Some districts had more than one response, so figures count responses, not districts. Not every respondent answered every item, so the number answering is stated with each figure. This page describes responses as submitted and makes no statewide findings.

65

Responses

44

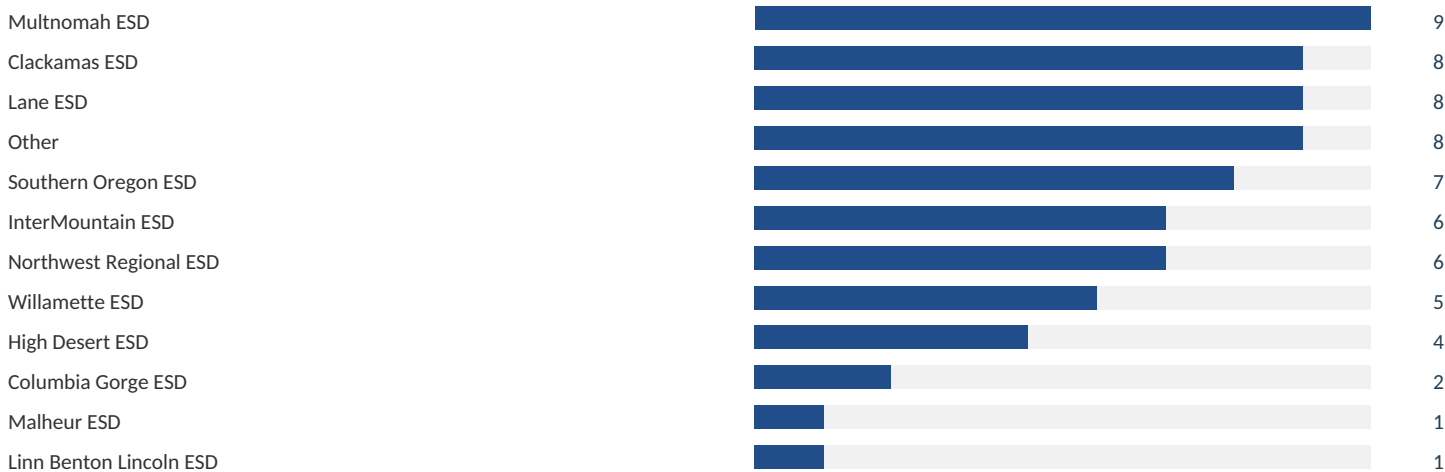
Identified districts

14

Plan uploads

Education Service District region

Please select your Education Service District region. Answered by 65 of 65.



County affiliation

Please identify the county, or counties, you are affiliated with. Select all that apply. Answered by 65 of 65.

County selection pattern	Responses
Selected one county	58
Selected two or three counties	6
Selected all 36 counties	1

Excluding the one response selecting all 36 counties, responses name 22 distinct counties.

Written plan status

Does the district have a written substance use prevention and intervention plan under Division 22 (OAR 581-022-2045)? Answered by 65 of 65.



Plan details

Items asked of districts reporting a plan in place or in development.

Plan school year (n=44)



Board approval (n=44)



Plan publicly posted on district website (n=41)



12 responses provided a URL.

Reason plan was not uploaded (n=27)

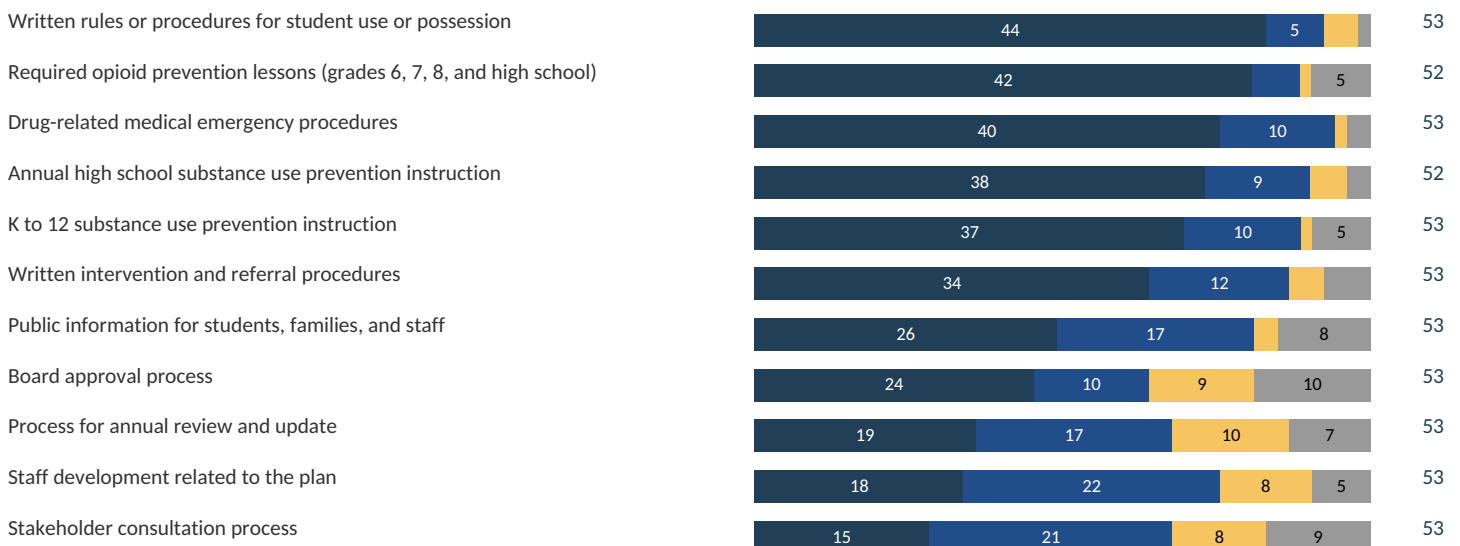


14 responses included a plan upload.

Plan components in place

Which components of the Division 22 plan are in place in your district? Rows sorted by Yes count.

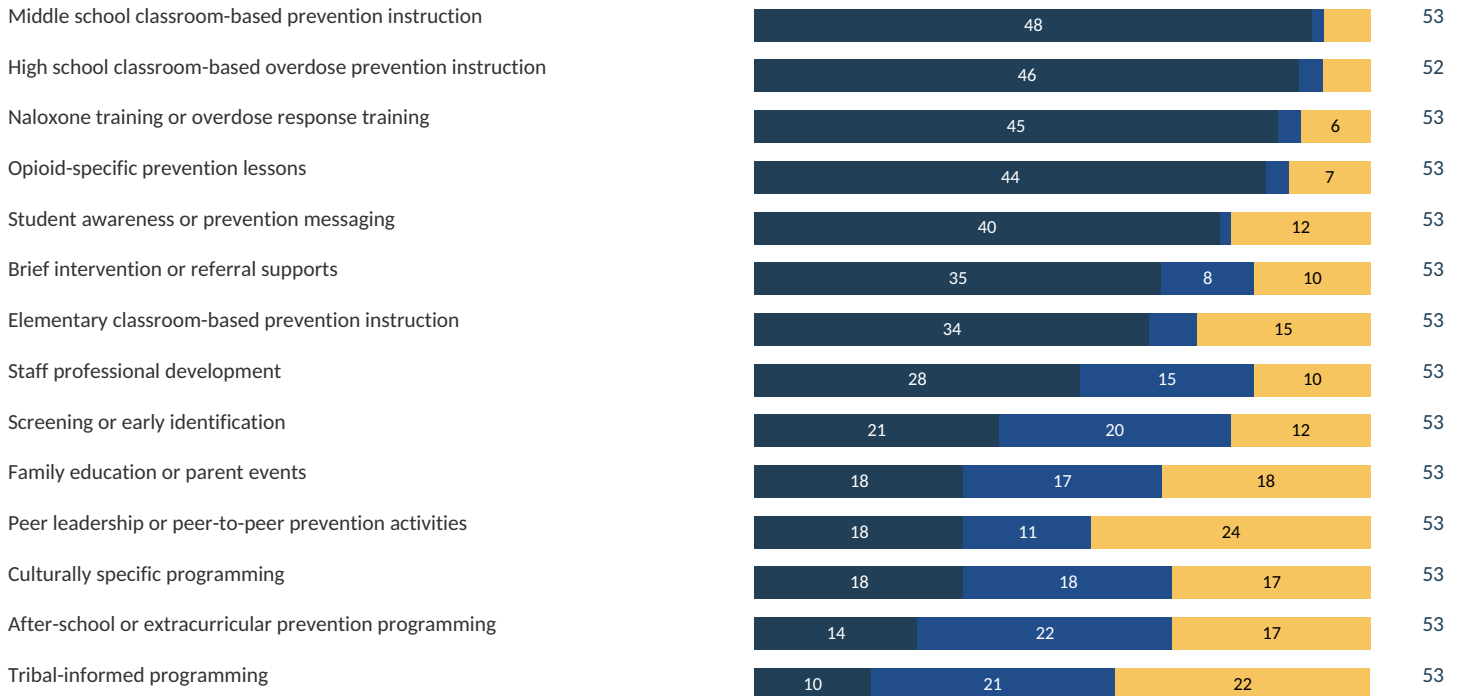
■ Yes ■ Partly ■ No ■ Not sure



Prevention activities during the 2024-2025 school year

Which of the following prevention activities occurred in your district during the most recent completed school year? Rows sorted by Yes count.

■ Yes ■ No ■ Not sure



Evidence-based or tribal-based programs

Does your district implement any evidence-based and/or tribal-based substance use prevention programs or strategies? Answered by 53 of 65.

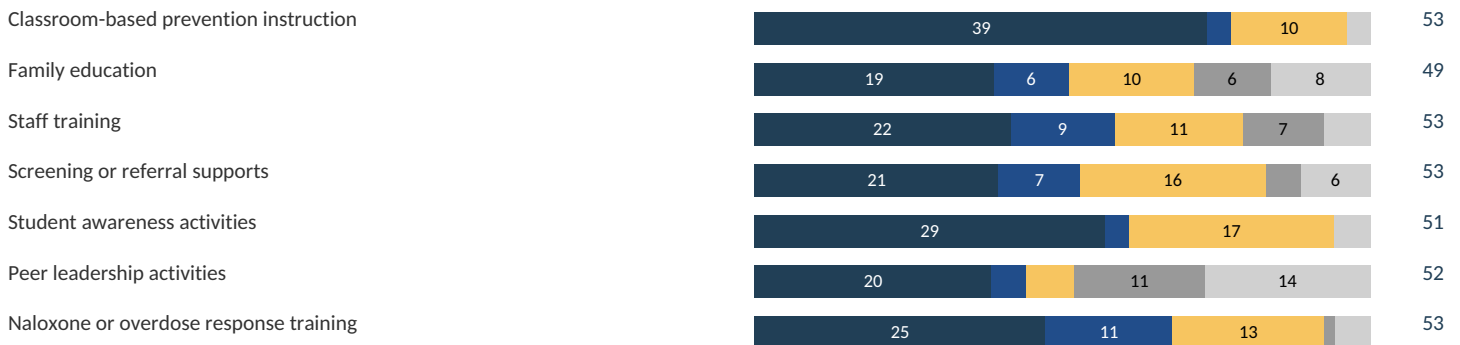


27 responses listed specific programs or strategies by name. The lists are held in the source file.

Who delivers these activities

Who primarily delivers these activities in your district?

■ District staff ■ Outside partner organization ■ Both ■ Activity not offered ■ Not sure



Groups consulted on the plan or approach

Which groups were consulted in developing or updating your district's current plan or approach? Select all that apply. Answered by 53 of 65.



Dedicated staff

Does your district have staff whose responsibilities include substance use prevention or intervention? Answered by 53 of 65.



Estimated prevention FTE

Estimated total FTE in the district whose work includes substance use prevention or intervention. Answered by 34 of 65.



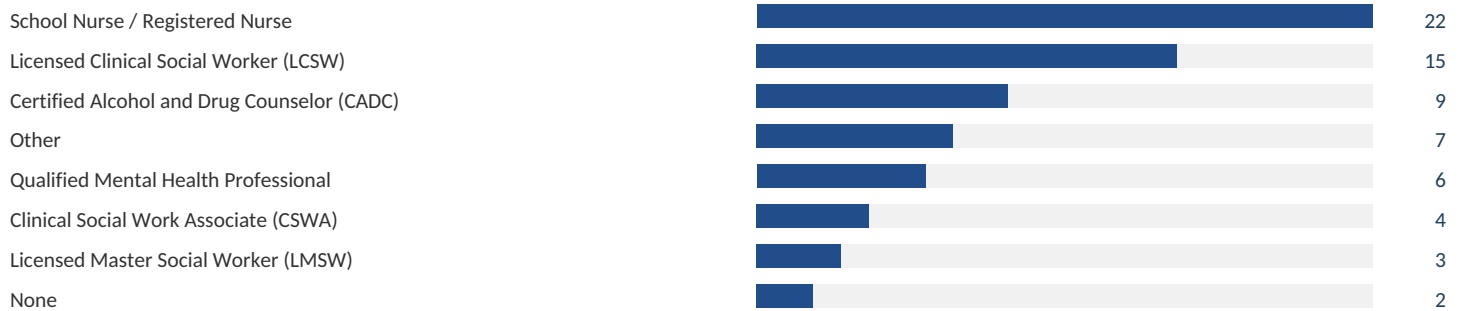
Staff roles contributing to this work

Which staff roles contribute to this work in your district? Select all that apply. Answered by 34 of 65.



Prevention-related credentials held by staff

Type of employed staff who hold a prevention-specific credential or certification. Select all that apply. Answered by 30 of 65.



Outside organizations in schools

Are outside organizations currently delivering substance use prevention or early intervention programming in your schools? Answered by 52 of 65.



Partner types

Which partners does your district work with on substance use prevention or intervention? Select all that apply. Answered by 48 of 65.



22 responses listed outside partner organizations by name, for 64 partner entries in total. Names, programs delivered, grade levels, and funding arrangements for each partner are held in the source file.

Spending

Spending items as reported. Thirty-five responses entered at least one value in the twelve write-in funding source fields. Entries mix dollar amounts, percentages, and text, so no dollar totals are computed.

Did the district spend on substance use prevention or intervention during the most recent completed school year? (n=51)



How well can the district identify those dollars and sources? Asked of districts reporting spending. (n=24)



Estimated total district spending, most recent completed school year (n=24)



Extent to which Division 22 planning activities are funded from general district resources (n=48)



Spending categories

Which of the following reflect intentional investments during the most recent completed school year? Select all that apply. Answered by 50 of 65.



In-kind support

Did the district accept in-kind support from an outside organization during the most recent completed school year? Answered by 50 of 65.



Kinds of in-kind support received (n=17)



Link to ODE Integrated Guidance

Does the district include substance use-related activities in planning or spending under ODE's Integrated Guidance and Application? Answered by 49 of 65.



Metrics tracked

Which prevention-related metrics does the district track? Select all that apply. Answered by 49 of 65.



Closed-loop referral

Does your district have a closed-loop referral process that allows the district to know whether a referred student connected to services? Answered by 49 of 65.



Barriers

What most limits your district's ability to strengthen substance use prevention and intervention? Select up to three. Answered by 49 of 65.



Requested supports

What technical assistance or support would help your district most in the next 12 months? Select up to three. Answered by 49 of 65.



Open-response items and uploads

Counts of responses received. Text is held in the source file and is not reproduced here.

Open-response item	Responses
Promising practice, lesson, or example	25
Final comments for ADPC	19
Additional document uploads	3

Provider Survey

Organization responses | 109 responses, 292 program entries named

The provider survey was fielded between April and June 2026 and received 109 responses. Program-level figures count program entries, of which respondents could name up to five each. Not every respondent answered every item, so the number answering is stated with each figure. This page describes responses as submitted and makes no statewide findings.

109

Responses

292

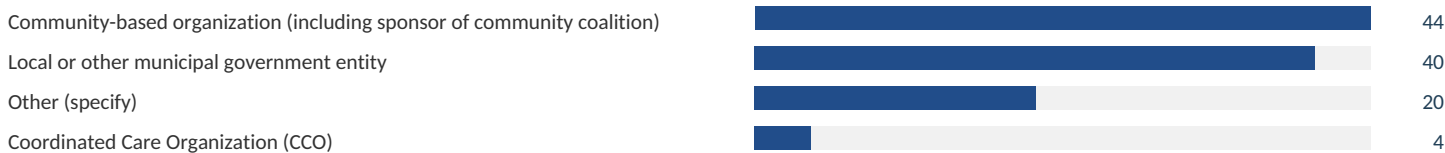
Program entries named

226

Program descriptions provided

Organization type

Which organization type best describes your organization for this survey? Answered by 108 of 109.



Government branch identity

Does your branch identify as one of the following? Select all that apply. Asked of government respondents. Answered by 40 of 109.



Roles in prevention-related work

Which roles does your organization currently play in prevention-related work? Select all that apply. Answered by 109 of 109.



Service area

Counties, regions, or service areas where the organization currently provides prevention-related services or funding. Answered by 109 of 109.

Service area selection	Responses
Countywide or multiple counties	90
Local community	28
Statewide	14

Selections are not mutually exclusive. County write-ins across responses name all 36 Oregon counties. 14 responses selected statewide.

Program inventory

Each current prevention-related program, initiative, strategy, or coalition activity the organization wants represented.

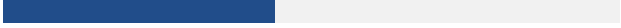
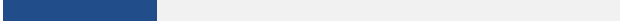
Program slot	Entries named	Descriptions provided
Program 1	87	78
Program 2	74	52
Program 3	57	43
Program 4	41	30
Program 5	33	23
Total	292	226

87 of 109 responses named at least one program. Respondents could name up to five. Program descriptions are held in the source file.

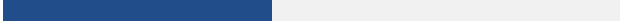
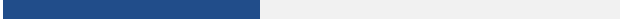
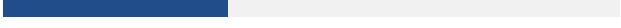
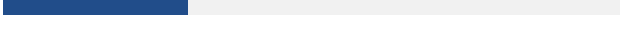
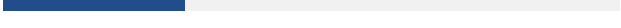
Program classification

How would you classify each program? 241 of the 292 named program entries were classified.

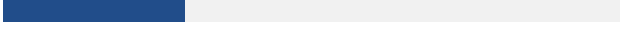
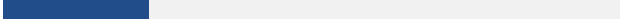
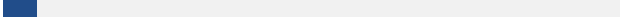
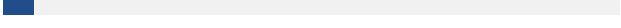
Institute of Medicine tier, select all that apply. 241 program entries classified.

Universal		172
Selective		106
Indicated		60

CSAP strategy (select all that apply)

Prevention education		125
Information dissemination		105
Community-based processes		100
Positive alternatives		88
Identification of problems and referral to services		72
Environmental strategies		71

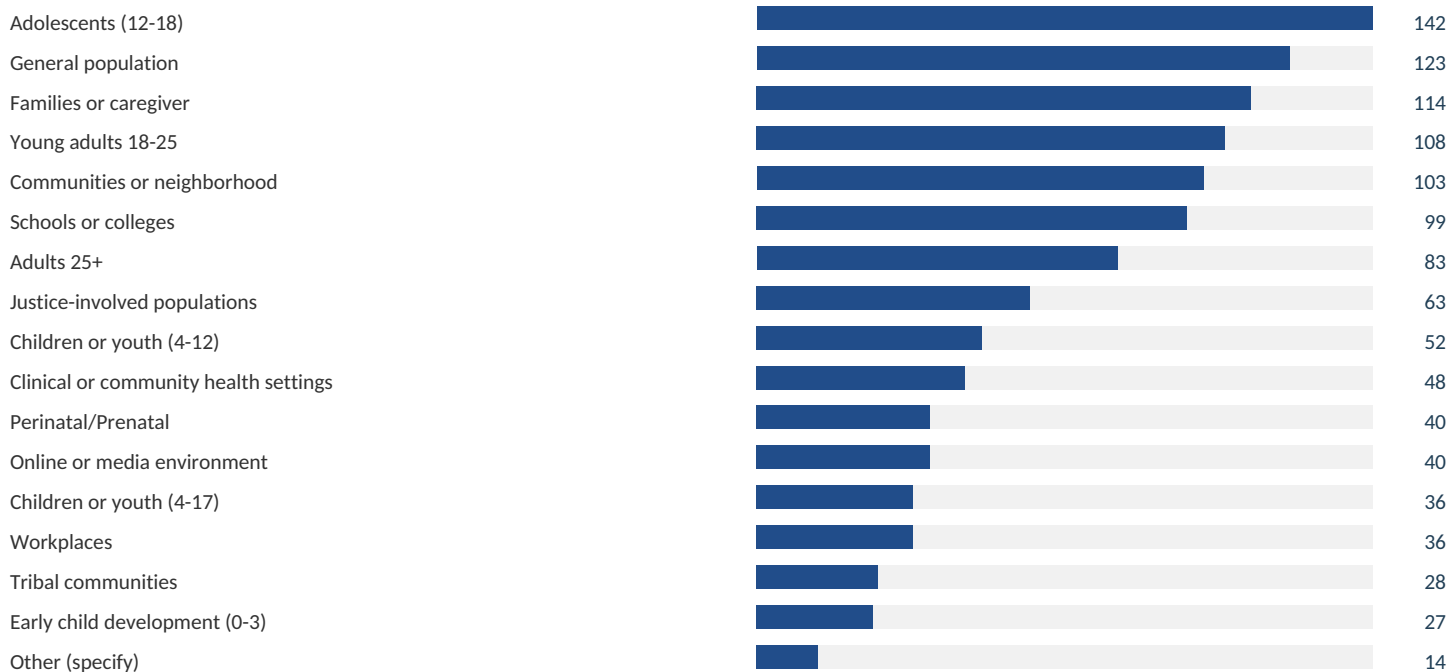
Additional designations (select all that apply)

Evidence Based		115
Innovative Program		71
Promising Practice		57
Tribal-based		13
Not sure		12

Classifications are respondent self-reports against the definitions shown in the instrument. A program can carry multiple tiers and strategies.

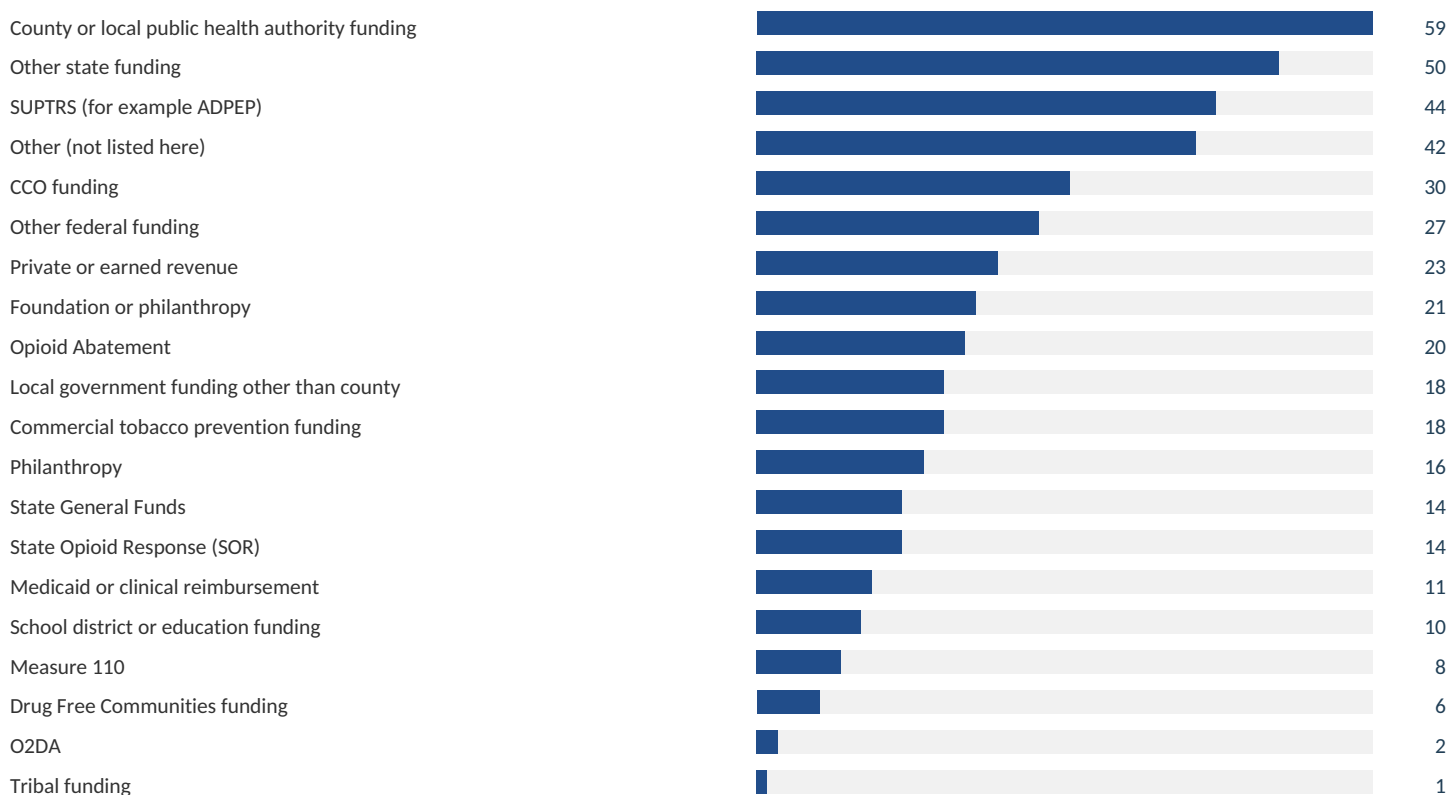
Populations reached

Who does each program primarily reach? Select all that apply. 241 program entries answered.



Funding sources supporting named programs

For each program, each funding source that currently supports it. 226 program entries answered. Counts are program-source selections, not dollars.



Reported funding amounts

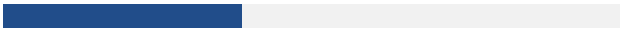
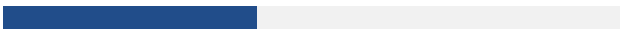
For each funding source, the annual dollar amount, exact or estimated, and whether the source is clearly primary prevention or mixed prevention-related support.

Item	Value
Funding entity names entered across programs and sources	302
Responses reporting at least one dollar amount	54
Program-source dollar entries	284
Dollar entries marked exact	107
Dollar entries marked estimated	181
Sum of entries as written	\$65,379,062
Funding rows flagged clearly primary prevention	144
Funding rows flagged mixed prevention-related support	125

Amounts are as entered by respondents, per program and per source, and have not been de-duplicated across programs, sources, or fiscal years. The sum of entries is a raw total of what was typed into the form and is not an estimate of prevention spending. The clearly primary and mixed flags are respondent selections per funding row.

Braided funding and shared infrastructure

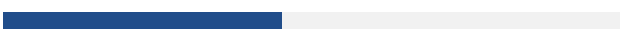
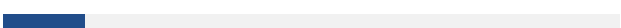
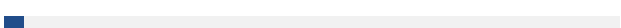
Does your prevention-related work rely on braided funding, in-kind staff support, donated partner capacity, or shared infrastructure? Answered by 70 of 109.

Yes		39
No		15
Not sure		16

Of those answering yes, 34 described the arrangement in the follow-up items.

Reporting and accountability requirements

What kinds of reporting or accountability requirements apply to your prevention-related work overall? Select all that apply. Answered by 73 of 109.

Program activity reporting		60
Financial expenditure reporting		58
Output measures		53
Grant-specific narrative reporting		51
Outcome measures		36
Local board, county, tribal, or governing-body reporting		27
No formal reporting requirement		8
Other		2

Prevention workforce estimates

Estimated FTE dedicated mostly to prevention-related work, and current vacant prevention-related positions.

Item	Value
Responses estimating prevention-dedicated FTE	63
Median FTE reported	3
Responses estimating vacant prevention positions	43
Median vacancies reported	0
Total vacancies reported	39

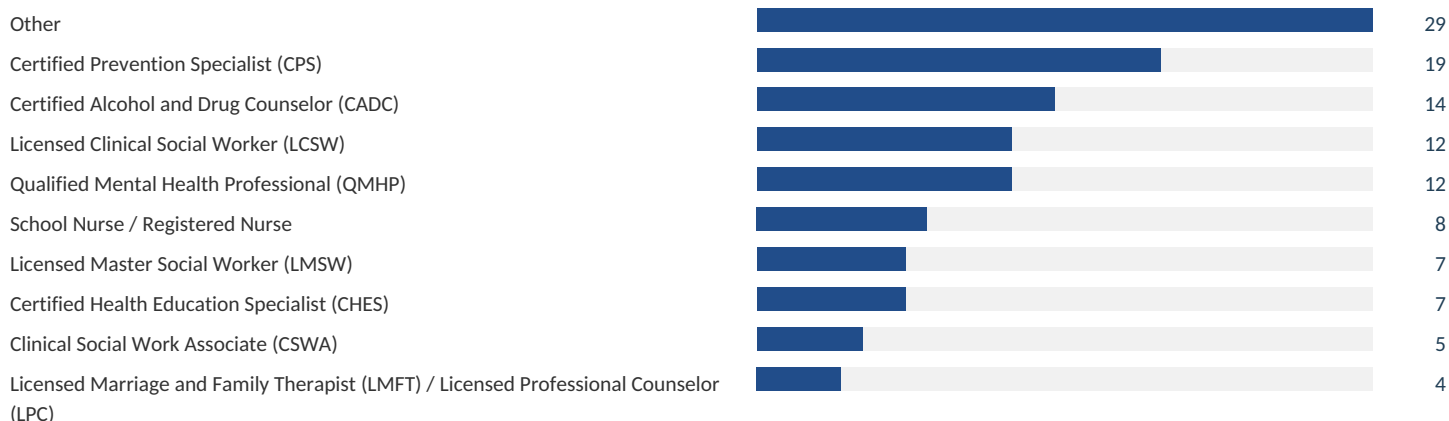
Credentials and training

Prevention-specific credentials and training among organization staff.

Employs staff holding a prevention-specific credential (n=69)



Credential types among those staff (n=52)



Staff receive regular training specifically in substance use primary prevention (n=68)



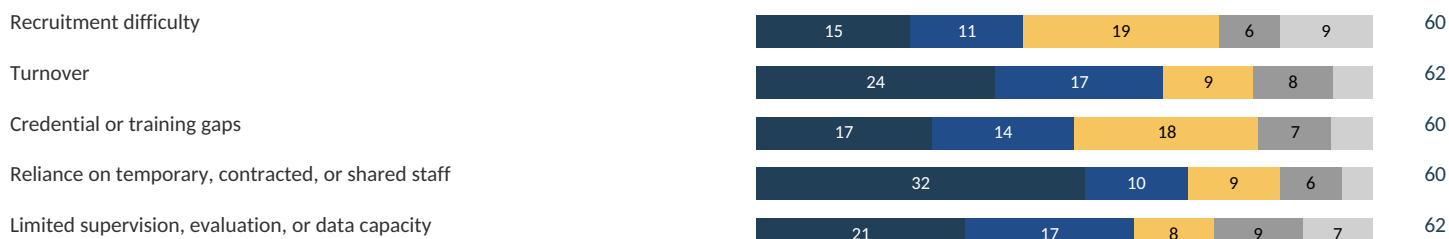
Hours per year of SUD prevention training (n=50)



Workforce challenges

Please rate how challenging each workforce issue is for your organization.

Not a challenge Slightly challenging Moderately challenging Very challenging Extremely challenging



Requested technical assistance

What technical assistance or support would help your organization most in the next 12 months? Select up to three. Answered by 60 of 109.



Open-response items and uploads

Counts of responses received. Text is held in the source file and is not reproduced here.

Open-response item	Responses
Innovative, promising, tribal-based, or locally developed work (Q44)	31
Most important gaps, barriers, or unmet needs (Q45)	54
Assistance that would most help (Q45)	43
Supporting document uploads (Q33)	14
Willing to provide follow-up information	56

Intercollegiate Survey

Campus prevention responses | 9 responses from 8 institutions

The intercollegiate survey was fielded between April and June 2026 and received 9 responses from 8 institutions. Program-level figures count program entries, of which respondents could describe up to five each. With 9 responses, counts are shown rather than percentages. This page describes responses as submitted and makes no statewide findings.

9

Responses

8

Institutions

38

Program entries described

28

Funding source entries named

Responding institutions

Institution name and campus as entered. Oregon State University submitted separate responses for two campuses.

Institution	Campus (if given)
University of Portland	
Pacific University	
Oregon State University	Cascades
Portland State University	Portland State University
Linfield University	McMinnville
University of Oregon	University of Oregon
Willamette University	Pacific Northwest College of Art
Oregon State University	Corvallis
Lewis and Clark College	Lewis and Clark College

Institution profile

Institution type (n=9)

Private university or college



Public university

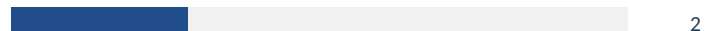


Campus type (n=9)

Both residential and commuter



Residential campus

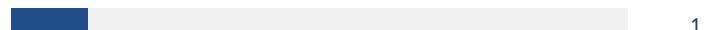


Religious affiliation (n=9)

No



Yes



Role in campus substance use prevention

Which statements best describe your role or your unit's role in campus substance use prevention? Select all that apply. Answered by 9 of 9.



Related student well-being activities

What related non-SUD prevention or student well-being activities are closely linked to this work? Select all that apply. Answered by 9 of 9.



Programs and fit with primary SUD prevention

For each program, respondents selected the best fit with primary SUD prevention.

Program entries described across five slots: 38. Best fit with primary SUD prevention, as selected per program (n=38):



Program classification

How would you classify each program? Select all that apply. 38 program entries classified.

Institute of Medicine tier (38 program entries classified)



CSAP strategy

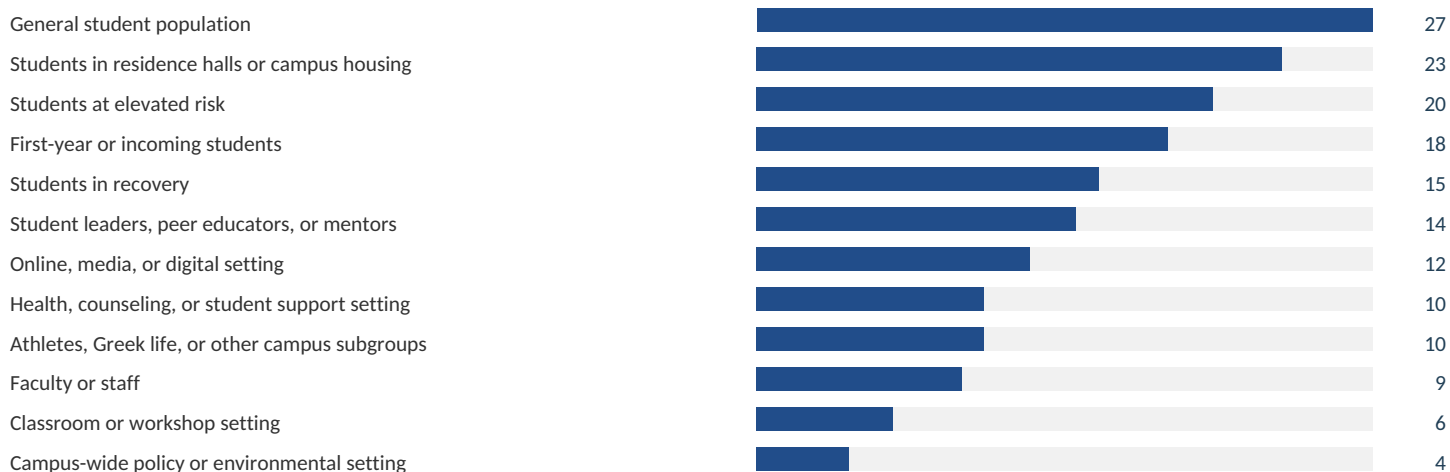


Additional designations



Who programs reach and where they are delivered

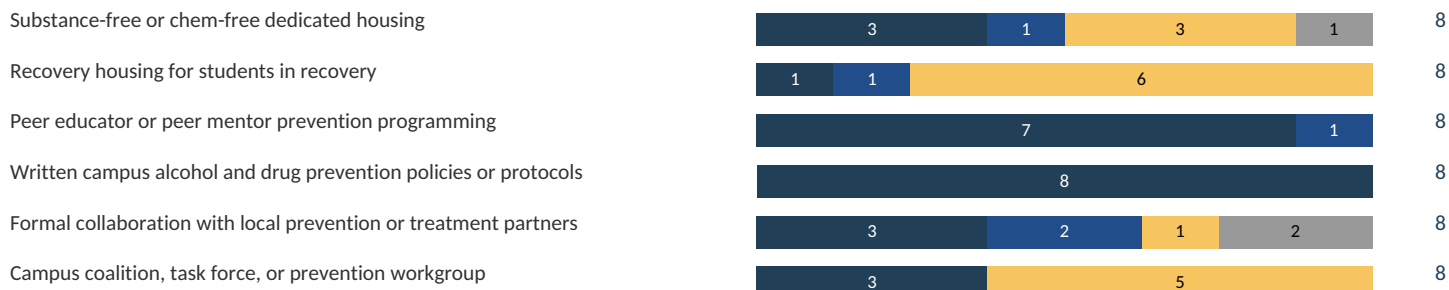
Select all that apply, per program. 38 program entries answered.



Campus prevention structures

Which of the following are in place on your campus?

■ Yes ■ In Development ■ No ■ Not Sure



Staff FTE dedicated mostly to SUD prevention work

Exact or estimated. Answered by 8 of 9. Values shown as entered. Formats vary and are not summed.

FTE estimate as entered

.2

.3 dedicated with an estimated small assist from Conduct, Campus Living, and Student Counseling Center staff. Dedicated staff member is also responsible for mental health promotion and suicide prevention/postvention work.

~3.5

1 FTE

0.50

2.5

1

two full-time staff

Staffing and training

Credentials or training represented among staff delivering prevention work (n=8)



Lead prevention staff received formal alcohol or drug prevention training (n=8)



Types of training received (n=7)



Familiarity and rated effectiveness

Self-ratings by the responding staff member or team.

Familiarity with campus alcohol and drug prevention policies (n=8)



Familiarity with local prevention resources and community initiatives (n=8)



Rated effectiveness of current campus prevention effort overall (n=8)



Program funding as reported

For each program, each funding source, the annual dollar amount, and whether the source is primary prevention or mixed prevention-related support.

Item	Value
Funding source entries named across programs	28
Entries with a dollar amount	19
Sum of amounts as written	\$265,500
Entries flagged primary prevention	9
Entries flagged mixed prevention-related support	17

Named sources are predominantly institutional: student fee dollars, university or departmental budgets, donor funds, and a small number of external sources. Amounts are as entered per program and source and are not de-duplicated.

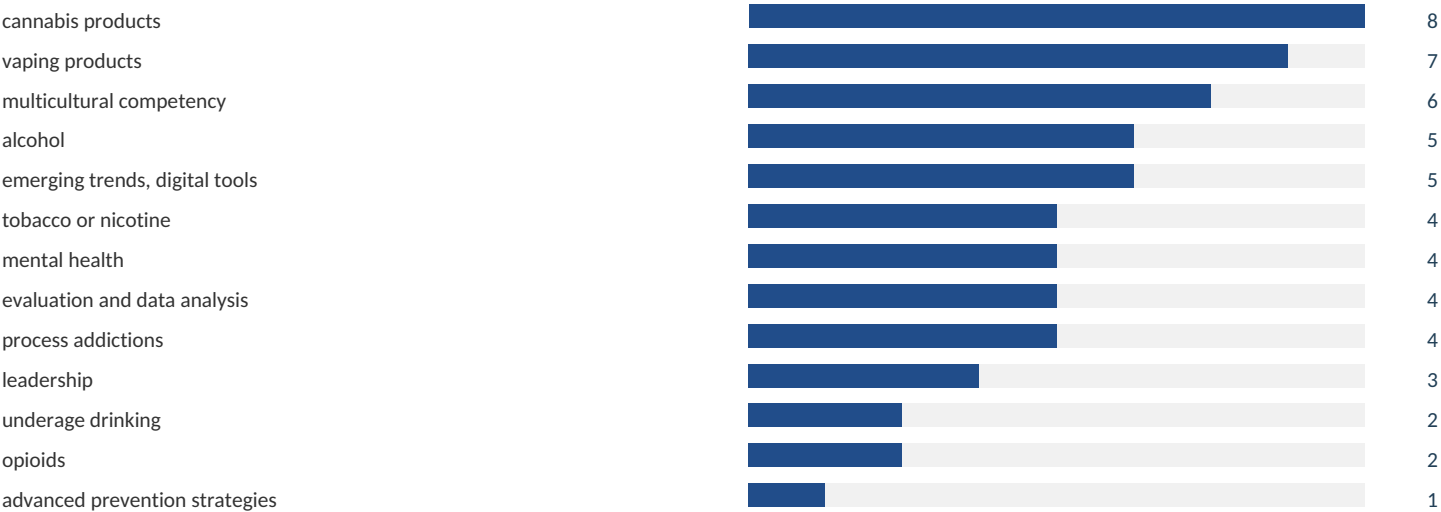
Biggest challenges

What are the biggest challenges affecting this work? Select all that apply. Answered by 8 of 9.



Training and technical assistance topics

If more training or technical assistance were available, what topic areas would be most helpful? Answered by 8 of 9.



Open-response items

Counts of responses received. Text is held in the source file and is not reproduced here.

Open-response item	Responses
Student populations needing more targeted prevention effort (Q22)	8
Resources or support that would most strengthen the work (Q23)	8
Willing to provide follow-up information	8