Leveraging Centers of Excellence to Expand the Impact of Substance Use Disorder Prevention: Thematic Analysis Report

Prepared for:
Washington State University

Prepared by:
Third Horizon

December 17, 2025

Table of Contents

Funding for this report provided by the Northwest Rural Opioid Technical Assistance Collaborative

Introduction

Third Horizon (TH), in collaboration with the Oregon Alcohol and Drug Policy Commission (ADPC) and Washington State University's Rural Opioid Technical Assistance Regional Center (ROTAC), conducted a landscape analysis and series of structured interviews to inform the design and development of a state-based Center of Excellence (CoE) for Substance Use Disorder (SUD) primary prevention training and technical assistance (TTA).

This effort directly supports the ADPC 2026–2030 Comprehensive Plan, which identifies the establishment of a statewide Prevention Center of Excellence as one of its core primary prevention priorities. The ADPC Prevention Committee envisions the CoE as a "one-stop shop" for prevention partners across Oregon, which will:

- Serve as a centralized hub that expands access to evidence-based and culturally responsive practices,
- Strengthen the prevention workforce,
- Serve as an aggregator that ensures the equitable distribution of training and resources, meeting communities where they are,
- Build capacity for data-informed decision-making.

The CoE is intended to serve as the structural foundation for Oregon's prevention system, advancing equity, coordination, and sustainability across state, regional, and community levels.

Methodology

In alignment with that vision, Third Horizon conducted a brief landscape review of state-based examples of TTA centers focused on primary substance use disorder prevention. The review included both internet and AI-based research, which was further validated by subject matter experts on the Third Horizon team with direct knowledge of substance use prevention infrastructure. Additionally, TH invited 13 individuals representing various existing TTA programs and services both within Oregon and nationally to participate in key informant interviews. Of the 13 invited to participate, 7 key informant interviews were ultimately conducted to gather insights from other models and strategies that could inform the overall functional, operational, and sustainability strategy for the CoE. The interviews explored the current state of prevention training and support in Oregon, assessed system gaps and operational considerations, and identified strategies to ensure that the future CoE reflects the values identified by the ADPC Prevention Committee.

The findings presented in this report synthesize those insights into key themes and actionable recommendations, providing a foundation for the ADPC and its partners as they advance the planning and procurement of the Oregon Prevention Center of Excellence. Additionally, this analysis provides common themes and practice considerations for any state that may be considering ways to leverage improved state-based TTA capacity to support prevention efforts.

Limitations

The national landscape considered CoE models where in-state financing was utilized to support their scope of work. Given the current volatility of federal and state resources, examples of state-based CoEs should be viewed as a moment-in-time snapshot, appreciating that conditions on the ground may impact, in real time, the capacity, focus, staffing, and sustainability of any state-based example.

While the interviews provided rich qualitative insights into Oregon's prevention landscape, the perspectives captured primarily represent those of prevention leaders, trainers, and administrators rather than frontline community members, youth, or families. As a result, some community-level experiences and cultural nuances may not be fully reflected in the findings. The viewpoints shared offer valuable system-level and strategic guidance, but they may underrepresent the lived realities of practitioners and communities implementing prevention activities on the ground.

In addition, participation in the interview process was limited. Of the 13 invited stakeholders, a total of 7 completed interviews, and there were instances of participant withdrawal or scheduling challenges that reduced overall representation. While the small sample allowed for more in-depth and reflective discussions, it also limits the breadth of perspectives captured.

Finally, although participants provided clear conceptual direction and a strong collective vision for the future Center of Excellence, further analytical and planning work will be required to translate these qualitative insights into detailed operational, fiscal, and governance models that are ultimately reflective of local policies, financing and capacity in the specific state(s) where this infrastructure is built.

Landscape Analysis

Overview

While the field of primary prevention science and practice has grown to embrace data-and outcomes-driven practices, state-level prevention infrastructure is often challenged to implement, sustain and monitor outcomes of a comprehensive approach to primary prevention. Support systems like TA centers play a critical role in bridging this gap, serving several vital functions:

Promoting Evidence-Based Practices (EBPs): These centers actively disseminate and support the implementation of interventions and strategies proven effective through rigorous research, thereby increasing the likelihood of positive prevention outcomes.

Improving Workforce Competency: Through targeted training and ongoing TA, these systems enhance the skills, knowledge, and capacity of the prevention workforce, enabling them to deliver higher-quality services.

Enhancing Program Quality and Fidelity: Support centers assist organizations in implementing programs as intended (fidelity) and using data for continuous quality improvement, maximizing program

effectiveness. Some states also leverage state-based technical assistance centers to provide evaluation of locally developed programs that may prove effective.

Building Capacity for Sustainability: TTA often includes support for strategic planning, coalition building, evaluation, and securing long-term funding, helping communities sustain effective prevention efforts over time.

While there are several technical assistance resources at the national level available to states and communities, such as regional Technology Transfer Centers (TTCs) and academic institutions that center work in implementation of evidence-based substance use disorders services across the continuum, state-based infrastructure can be assistive in ensuring adequate access to TTA for primary prevention programs and programs that may not otherwise access nationally available resources directly. In addition, state-based technical assistance centers can often serve as a "networking hub," connecting local programs and initiatives to available assistance from nationally focused TTA providers.

National Examples of State-Based Prevention Technical Assistance

Many states rely upon a mix of nationally available technical assistance, as well as state-based (and state supported) TTA capacity through several mechanisms. The examples below represent state-based technical assistance infrastructure with a specific focus on substance use disorders primary prevention. In many of these states, state-based technical assistance also exists with a focus on harm reduction, treatment and/or recovery services – in some instances through the same entities, in other instances through additional technical assistance partners.

California

The Department of Health Care Services (DHCS) contracts with the non-profit Center for Applied Research Solutions (CARS) to run the Advance Behavioral Health Prevention California (ABHPC) program. ABHPC provides comprehensive, no-cost TTA (consultation, coaching, competency trainings with CEUs, customized training) statewide, emphasizing EBPs, evaluation, cultural responsiveness, and sustainability.

Colorado

Colorado utilizes a multi-pronged approach to primary prevention training and technical assistance. The state contracts with the University of Colorado Anschutz Injury & Violence Prevention Center for evaluation efforts. The Center also provides training and technical assistance with a focus on injury prevention. The Colorado Epidemiological Outcomes Workgroup (SEOW) includes in its output publications and guides on prevention related topics, including analysis of alcohol outlet density and other alcohol-related briefs, that can be utilized to support community based environmental strategy changes to curb underage and problem alcohol use. While the SEOW does not provide direct technical assistance, data analysis and development of digestible reports for use by prevention programs and community leaders is a key resource to local efforts. Colorado also supports OMNI, a statewide resource for technical assistance, training and coaching around substance misuse prevention through its Prevention Coach Change Project.

New York

The NYS Office of Addiction Services and Supports (OASAS) funds six Prevention Resource Centers (PRC) across the state of New York. Each PRC covers a specific geography, providing training and technical assistance to primary prevention coalitions and program providers on evidence-based practice and strategy.

North Carolina

The North Carolina DHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) provides support to a few technical assistance centers and resources. Recent efforts have included partnering on Center of Excellence implementation with Addiction Professionals of North Carolina (APNC). APNC leads three specific prevention-related TTA programs, while embedding prevention training broadly in their professional development offerings. The specific initiatives include:

- Taking over management of the North Carolina Training and Technical Assistance Center (NCTTA)
- Oversight of the North Carolina Higher Education Consortium, providing training, technical assistance and convening on collegiate primary prevention and recovery programs
- The Center of Excellence for Problem Addiction Policy and Practice (CEGAPP), providing training and technical assistance on integrating problem gambling prevention, treatment and recovery services into the continuum of care for substance use disorders.

New Hampshire

New Hampshire relied on a Center of Excellence on Addiction through JSI, Inc, funded by the State of New Hampshire Bureau of Drug and Alcohol Services (BDAS), the Governor's Commission on Substance Use, and the New Hampshire Charitable Foundation. The Center represents a unique public/private partnership from a financing perspective, focusing on its work on priorities developed by the funders. While the Center provides technical assistance across the continuum of care, they have led specific strategic TA efforts involving the development of the state's Regional Public Health Networks, which began with a focus on regional planning and implementation of primary substance misuse prevention efforts. The Center also provided TTA in a multi-year effort to expand the utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT) protocols in pediatric practices, schools and community settings.

While the Center continues to provide ongoing training and technical assistance efforts in prevention, New Hampshire has made additional prevention-specific technical assistance available through the NH Technical Assistance Center (NHTAC) including ongoing facilitation of Communities of Practice focused on primary prevention.

Common Themes Across Models

Each of these examples of state-based technical assistance share a few common factors:

1. Staffing – the technical assistance programs are staffed with individuals with significant experience in primary prevention and public health, including certification in the field in states where prevention certification exists.

2. Support Structure – most centers have both a request system for providers to access bespoke technical assistance, while also providing learning collaboratives and other technical assistance that is specific to initiatives prioritized by the field, the state or the funding source.
3. State-based centers are financed through a mix of state funds, federal Substance Use Prevention, Treatment and Recovery Services (SUPTRS) block grant, and specialized grants such as State Opioid Response (SOR). New Hampshire's technical assistance center is unique in the investment from philanthropy.
4. State-based centers work alongside or in partnership with national prevention-specific technical assistance partners.
5. While this report focused on centers that work specifically in primary prevention, most of the centers identified in this report also engage in work across the continuum of care.

Key Informant Interviews

Third Horizon conducted a series of interviews with technical assistance leaders working at the state, regional, and national level on primary prevention efforts. While some identified specific work in Oregon and the Pacific Northwest as a part of their work, other participants focus on technical assistance within their state of origin, or elsewhere in the US. Third Horizon also interviewed individuals with specific expertise in delivering technical assistance to prevention leaders working with native and other special populations. Interviewees were asked a series of questions regarding the scope of their current primary prevention work, and on lessons learned around strategy, capacity, financing and approaches needed to grow and sustain responsive and proactive technical assistance and training to support primary prevention efforts.

Common Themes and Findings

Workforce Development and Professionalization

A central and recurring theme across nearly every interview was the urgent need to strengthen the prevention workforce. Interviewees described a system that is under-resourced, fragmented, and marked by high turnover, particularly outside metropolitan regions. Many interviewees spoke specifically to this dilemma in Oregon, while also referencing there are challenges with the capacity of the prevention workforce across the country.

Several participants also highlighted the significant shortage of Certified Prevention Specialists (CPS) as an acute challenge in Oregon. For example, according to Oregon Health and Science University's SUD Services and Gaps Analysis Report, Oregon needs 968 additional certified prevention professionals to meet current and projected demand – a glaring 94% gap. Individuals interviewed reflected that the gap requires more than expanded training opportunities; it necessitates a concerted strategy to legitimize prevention careers and create clear advancement pathways.

Other participants described the value of certification programs and cohort-based training models that not only equip practitioners with the necessary technical skills but also instill a sense of professional identity and belonging. Several participants emphasized that these programs should include test preparation courses, ongoing mentorship, and train-the-trainer options to sustain workforce growth across regions.

Leaders from regional training and technical assistance networks stressed the importance of embedding implementation science and fidelity monitoring within training programs. These frameworks help ensure that prevention strategies are not only adopted but are efficiently executed and sustained with quality and consistency over time.

Equitable Access and Rural Capacity

Ensuring equitable access to prevention resources emerged as another critical theme, particularly for rural and frontier communities. Participants consistently described geographic isolation, limited broadband connectivity, and resource scarcity as significant barriers to participation in training and TA programs. These challenges were also described as being compounded by the realities of small, overextended local workforces, often comprised of individuals wearing multiple professional hats with little support infrastructure.

Participants agreed that while virtual training has improved reach, it cannot fully substitute for the relational benefits of in-person engagement. Many advocated for hybrid models that pair virtual sessions with periodic in-person learning communities to deepen connection and sustain engagement.

Individuals interviewed also noted that "accompaniment" models, where TTA providers build long-term relationships with communities, are more effective than one-off training events. This ensures a continuous improvement and implementation strategy that is embedded in and informed by regional needs and resources. While there may be some overlap, interviewees felt it is crucial to recognize that each region and community's needs are diverse and require localized and equitable solutions. Participants also emphasized the necessity of adapting evidence-based practices to local cultural and geographic contexts, as interventions developed for urban populations often fail to resonate or perform effectively in rural Oregon.

Tribal and Culturally Grounded Prevention

A powerful and distinct theme throughout the interviews was the importance of honoring and elevating tribal prevention systems as models of culturally grounded practice. One participant highlighted that Oregon was one of the first states to formally approve tribal prevention practices, setting a precedent for recognizing culturally specific approaches as evidence informed.

Participants discussed how tribal communities often face many of the same access and infrastructure barriers as rural counties, yet they also bring strengths that can inform broader statewide strategies. Tribal prevention systems are relationship-centered, community-driven, and deeply rooted in cultural context - qualities that are acknowledged as vital for building trust and sustainability in prevention systems, across the board.

While tribal communities actively engage with Regional Health Improvement Plans (RHIPs) and regional counties to leverage available funding for their specific priorities, participants reflected that there remains a critical need to strengthen networking and collaboration opportunities. Expanding these connections would enable tribes to more effectively identify and address persistent gaps in services and resources, particularly with the support of dedicated and visionary leadership committed to fostering sustained partnership and shared solutions.

Participants recommended that the CoE intentionally integrate tribal leadership into its governance structure and leverage the strong government-to-government relationships that tribal entities maintain with the state. Doing so would not only strengthen the prevention ecosystem but also model a more inclusive and equitable approach to health system design.

Coordination, Systems Integration, and Collaboration

Across all interviews, prevention leaders underscored a pervasive need for greater coordination within Oregon's prevention landscape. The current system was described as siloed and inconsistent, with duplication of effort and gaps in communication between community coalitions, regional partners, and state agencies.

Several interviewees noted that a statewide CoE could serve as a unifying structure - a "hub" to facilitate information-sharing, training alignment, and system-wide collaboration. Participants noted that Oregon's prevention field has, at times, been marked by mistrust or fragmentation, particularly during administrative shifts. A well-structured CoE could help rebuild trust by clarifying roles and fostering transparency.

Participants envisioned a CoE that acts as an intermediary between local coalitions, academic partners, and state leadership. They described the CoE as a catalyst towards ensuring data, funding, and technical support across all levels of the system. Coordination with existing regional and national infrastructures, such as the Prevention Technology Transfer Center (PTTC) network, the Center for the Application of Substance Abuse Technologies (CASAT), and the Rural Opioid Technical Assistance Collaborative (ROTAC), would ensure resource efficiency and alignment with federal best practices

Schools as Critical Prevention Partners

Interviewees consistently identified schools as underutilized yet essential partners in prevention. While Oregon requires schools to maintain prevention plans, many respondents noted that implementation is inconsistent, often reactive, and overly punitive. A participant described how school systems frequently default to disciplinary responses, such as suspension or expulsion, instead of addressing the underlying behavioral health and family factors contributing to substance use risk.

Participants recommended integrating prevention training into existing educator professional development frameworks, embedding dedicated prevention specialists within school systems, and promoting collaborative models that link schools with community coalitions. However, they also acknowledged significant challenges within the school-based workforce, noting that educators are often overextended and under-resourced, making additional prevention responsibilities difficult to absorb without dedicated support and infrastructure. Washington's Community Prevention and Wellness Initiative (CPWI) was highlighted as a successful example of school-coalition collaboration that Oregon could adapt to.

There was consensus that effective school-based prevention requires both capacity and mindset shifts, needing to move from compliance-based programming toward holistic approaches that emphasize resilience, connection, and positive youth development.

Data, Evaluation, and Evidence-Based Practice

Another major theme centered on the need for improved data infrastructure and evaluation capacity. Several participants highlighted the absence of a coordinated system for tracking prevention efforts, outcomes, and workforce development across the state. Participants emphasized that the CoE may develop a robust data system to monitor reach, participation, and impact - an essential foundation for accountability and continuous improvement.

Participants also discussed the role of the CoE as a clearinghouse for both evidence-based and community-defined practices. This would include maintaining a repository of prevention models, training curricula, and implementation resources, while also providing guidance on fidelity and adaptation.

Participants also acknowledged that it was crucial to create a cultural shift around evaluation overall, noting that it should not be viewed or implemented as a punitive compliance function but as a tool for shared learning, system alignment, and storytelling. This would ultimately ensure a way to demonstrate the value and return on investment of prevention work in Oregon.

Alignment with the 2026-2030 ADPC Comprehensive Plan and Prevention Committee Priorities

To synthesize the findings of both the national landscape and interviews towards specific recommendations on next steps, Third Horizon conducted a review of the findings against the ADPC Comprehensive Plan's primary prevention priorities. Commonalities across CoE models, and themes emerging from the interviews, closely align with the overall ADPC Prevention Committee's priorities for the 2026–2030 Comprehensive Plan. Both emphasize equity, collaboration, workforce development, and community-driven approaches to prevention.

The Committee's priority around strengthening regulatory and fiscal strategies that bolster primary prevention services is reflected in the collective call for sustainable funding, system-level coordination, and stable career pathways for prevention professionals. Participants emphasized that prevention cannot thrive without reliable fiscal support, structural investment in training, and policy frameworks that elevate prevention as a core public health function.

Participants viewed the establishment of a Center of Excellence as a pivotal step in advancing Oregon's prevention system. They described it as a central mechanism to coordinate resources, deliver consistent training, strengthen early intervention and community engagement, standardize data collection, and enhance collaboration across agencies and communities. Participants also underscored the untapped potential of educational settings as prevention platforms, reinforcing the Committee's priority to expand prevention within K–12 schools and higher education. They emphasized that the CoE should serve as a hub for educator training, school–community partnerships, and the integration of culturally responsive, evidence-based prevention curricula, further supporting the Committee's vision for accessible, developmentally appropriate prevention education statewide

In strong alignment with the Committee's priority around expanding community-based prevention focused on children, youth, and families, this was also a central thread across all interviews. Participants

emphasized that prevention must begin early, be rooted in family and community strengths, and address the structural and cultural factors influencing health. This included calls for expanded programming around and support with implementation for trauma-informed and community-embedded approaches, culturally responsive engagement, and the intentional inclusion of tribal and marginalized communities in the state's prevention planning and implementation.

Taken together, the interview findings not only reinforce but also operationalize the ADPC Prevention Committee's priorities. They provide the practical detail, lived experience, and system-level insights necessary to move these statewide goals from vision to implementation. By grounding the CoE's structure and functions in these shared themes, Oregon can ensure that the new Center directly advances the Prevention Committee's strategic framework while building an equitable, sustainable, and prevention-prepared state.

Recommendations

The analysis of the national landscape, key informant feedback and the nature of the ADPC Comprehensive Plan priorities provide a clear pathway for Oregon's Center of Excellence: a coordinated, inclusive, and sustainable hub for prevention capacity-building. Participants envisioned a CoE that invests in people as much as programs, builds bridges across agencies and regions, and champions both evidence-based and culturally grounded approaches. To achieve these goals, Third Horizon has compiled the following recommendations based on analysis of the findings and the firm's subject matter expertise to guide the ADPC Prevention Committee and other stakeholders in next steps towards implementation.

While these recommendations align specifically with the goals of the ADPC and its Prevention Committee, and are responsive to specific feedback around the needs in Oregon communities, these recommendations are translatable to other states and communities that are considering ways to improve support to primary prevention programs and partners.

Scope of Work Recommendations

The CoE's effectiveness will depend on its ability to deliver value through well-defined functions that strengthen the prevention system statewide. Its role should extend beyond training delivery to encompass coordination, data infrastructure, implementation support, and cross-sector collaboration, ensuring that evidence-based and community-driven approaches are advanced in tandem. Because the CoE is a priority of Oregon's Comprehensive Plan, Third Horizon recommends a clear and directive approach by the ADPC and its Prevention Committee to ensure the CoE's scope of work demonstrates high alignment with the ADPC's primary substance use prevention priorities.

The CoE should begin with clearly defining its goals and functions with the support of the Prevention Committee and an advisory council. These goals should be aligned and grounded with the ADPC Comprehensive Plan. The CoE should ensure it should include its clear role in the system to ensure role clarity among the primary prevention workforce and community leaders.

The CoE should launch with a defined and manageable set of activities focused on high-impact priorities outlined in the ADPC Comprehensive Plan. Given the multiple ways a CoE can impact the field, it will be important that the first one to two years of CoE operations focus specifically on infrastructure

development and a discrete set of activities at the highest priority of the state plan. Recommendations such as workforce development, training coordination, school-focused prevention toolkit development, and the establishment of a clearinghouse for research and evidence and community informed practices, which are included in this report, should be staged at a scale comparable to funds available, community need and opportunity for impact. The initial scope of work should also consider concentrating initial efforts within a limited number of regions or priority populations to test delivery models, assess training effectiveness, and gather implementation data.

The CoE must embed cultural responsiveness into every aspect of its operations, honoring Oregon's diverse communities and supporting community-defined, tribally led, and rural-informed prevention strategies as valid and vital components of the state's prevention infrastructure. Oregon's prevention ecosystem benefits from community leaders with dedicated focus on delivery of primary prevention services in minority and tribal communities. Culturally specific approaches to TTA, including leveraging the CoE to broadly disseminate learning and evidence informed prevention approaches cultivated in tribal communities, should be central to any CoE development.

The CoE should implement a centralized data and resource portal to serve as the backbone to the primary prevention workforce infrastructure, providing practitioners with access to training materials, program registries, and evaluation tools. Centers of Excellence can serve as a centralized repository for prevention data, evidence-based and community-defined practices, fidelity tools, and implementation resources. Technological infrastructure will be critical to ensure equitable access to resources, data, TTA requests, online training and engagement opportunities to ensure that resources are equally accessible in urban, suburban and rural settings. Hybrid and mobile delivery of TTA, built upon a reliable technology platform, will be critical to reach rural and frontier practitioners. The ADPC should consider the role of the CoE as a data repository/hub in the context of broader Comprehensive Plan goals around data improvement across the continuum when considering data and technology infrastructure requirements for the CoE.

The CoE should prioritize the establishment of a tiered prevention workforce development system that includes foundational, advanced, and leadership-level training pathways. It should align with existing certification frameworks (for example, Certified Prevention Specialists), such as with the Mental Health & Addiction Certification Board of Oregon (MHACBO) and offer targeted incentives for rural and tribal participation. The CoE should also monitor the Governor's Behavioral Health Talent Council to explore opportunities to leverage that initiative alongside the Center's work. TTA should be structured based on this tiered approach, including foundational prevention skills, advanced certification preparation, and leadership development.

The CoE should catalyze research and evidence-based practice through academic collaboration. CoE must establish robust partnerships with Oregon's leading research institutions and TTA centers to align prevention efforts with emerging science to inform training, resource development, and TA delivery. These partnerships can advance applied research and translational science, strengthen program evaluation and practice improvement, and catalyze the uptake of evidence-informed practice through the lens of implementation science.

The CoE should include in its scope a focus on advancing cross-sector integration and collaboration by strengthening coordination between schools, healthcare systems, behavioral health, state agencies, and community coalitions to ensure prevention is embedded across all systems serving youth and families.

The Center may leverage a range of strategies, including contracting, partnerships, learning collaborative models of TTA and other resource-alignment approaches with local, regional, and national organizations and programs to address specialized and regional needs.

The CoE should include rapid response TA mechanisms to create more agile systems for developing and disseminating TTA on rapidly emerging substance use trends (e.g., new synthetic drugs, changing patterns of polysubstance use). This might involve dedicated rapid response teams or flexible funding mechanisms, and methods to deploy best practices in early intervention and emergency response during community-based emergencies (environmental disasters, school violence, suicide, alcohol or drug related deaths, etc.).

The CoE should pay a role in advancing primary prevention community education and public awareness strategies. Central to the ADPC Comprehensive Plan is several recommendations around public awareness campaigns. While popular, prevention awareness campaigns often are developed without proper measurement and strategy to ensure well developed messaging efforts with key indicators monitored to demonstrate the efficacy of the impact. While some models of CoE in states provide a full array of engagement around marketing, messaging and campaign development, others are activated to conduct third-party evaluation of public awareness campaigns developed and deployed by prevention and public health partners. To ensure that ADPC-supported campaigns are effective, inclusion of some activity by the CoE in implementation or evaluation of specific prevention campaigns would be warranted.

The Center should serve as a conduit between practice and policy by leveraging the CoE's proximity to practitioners, researchers, state agencies and the ADPC. The CoE can translate prevention data, field insights, and community needs and shifts into policy recommendations that partners can leverage to inform legislative priorities and align statewide prevention strategies with emerging evidence and community needs. While direct lobbying by the CoE would be out of scope, leveraging its central role as a network weaver, practice experts and data analysts can ensure partners who engage in policy related work may have educational materials, data analysis and insights that can inform evidence-based prevention policy efforts.

The CoE's early Key Performance Indicators (KPIs) or other success metrics should integrate evaluation and feedback loops into each phase of program development and implementation to assess performance, identify emerging needs, and inform real-time adjustments. This approach will ensure that the CoE remains flexible, data-informed, and responsive to Oregon's evolving prevention landscape.

Governance Recommendations

Third Horizon recommends that a Prevention Center of Excellence (CoE) have a formal governance structure that ensures accountability, transparency, and statewide alignment. This structure should be designed to drive consistent, high-quality prevention efforts across regions while maintaining strong community engagement. For this area, TH proposes some fundamental elements of high-quality CoE governance, with specific recommendations around how these fit within the context of Oregon's approach.

Statewide CoE infrastructure should adopt a Hub-and-Spoke Governance Model. The CoE should have a hub-and-spoke model to balance centralized coordination with regional representation. This model will

allow the CoE to distribute resources equitably, sustain local relationships, and ensure that community needs inform statewide prevention strategy.

The CoE should have an Advisory Board with broad representation. To ensure CoE oversight, strategy and services are aligned with local needs, TTA hubs should establish an advisory board comprising representatives from state agencies, tribal governments, higher education institutions, community-based organizations, and local coalitions. The advisory board should:

- Provide oversight and ensure alignment between state strategies and priorities and local needs.
- Define the CoE's charter, operational strategy, and short- and long-term goals.
- Guide development of key CoE functions, including workforce development, technical assistance delivery, and a research-to-practice clearinghouse.
- Provide advisory support as needed to specific practice change projects to be led by the CoE.

CoE leadership should embed equity in governance. To ensure that culturally specific approaches and practices are embedded as a core of the CoE, the structure should institutionalize equity as a core governance principle. This should include ensuring culturally specific representation on any advisory group, ensuring sustained participation of rural, frontier, and tribal partners in all decision-making bodies and evaluation frameworks, so that prevention strategies reflect the full diversity of communities served.

Oregon's CoE would be best served by having the ADPC Prevention Committee – or a designated workgroup of the committee – serve as the Advisory Board. The existence of the ADPC, and the central nature of the CoE to the goals of the Comprehensive Plan, create an opportunity to leverage an existing table of primary prevention leaders to ensure CoE is able to support maximal delivery of the goals and activities outlined in the plan. ADPC staff should undertake a regulatory review to ensure that implementation of this recommendation does not conflict with procurement, contract management, or other monitoring regulations that exist in Oregon.

Staffing Recommendations

Building a capable, credible, and community-connected workforce is central to the CoE's mission. The staffing model should combine technical expertise with lived experience and regional representation, ensuring that the Center's leadership and personnel reflect Oregon's cultural, geographic, and professional diversity.

The CoE should be expected to maintain a core staff with expertise in primary prevention science, public health, data analysis, community engagement, and best practice training and technical assistance delivery. This team should oversee statewide coordination, ensure quality control across regional partners, and manage communication, research, and evaluation functions. The Center may consider having staff including a Center Director, communications and community outreach manager, research and policy analysts, and other administrative and operations staff as needed.

The CoE should employ or contract regional liaisons who are embedded within key communities or regions to provide direct support to coalitions, schools, and local prevention professionals. These liaisons

would act as connectors between the CoE hub and local initiatives, facilitating bidirectional learning and ensuring that statewide resources are locally applicable.

The CoE should partner with universities and colleges offering programs in public health, behavioral sciences, social work, and prevention science to create structured internship and apprenticeship opportunities within the CoE. These placements would provide emerging professionals with hands-on experience in community-based prevention, data analysis, and policy implementation while simultaneously strengthening the prevention workforce pipeline. Integrating these early-career practitioners into CoE initiatives will foster skill development, support succession planning, and ensure that the next generation of prevention leaders is equipped with both academic knowledge and practical field experience

Financial Sustainability Recommendations

Financial stability is a prerequisite for any CoE'e longevity and effectiveness. Sustainable operations will depend on diversified funding sources, fiscal transparency, and strategic investment planning to ensure that the Center can evolve beyond short-term grant cycles and maintain consistent support for the prevention workforce. While a fiscal policy promoted by the ADPC to ensure ongoing support will be necessary, the CoE itself should be expected to take some responsibility for sustaining and growing its financial capacity to deliver its services.

The CoE should adopt a braided financial sustainability model which is a combination of federal, state, and other funding to support CoE operations, workforce development, and direct community engagement. Regardless of sources of initial funding, CoE's overall financial framework should encompass all funding streams that support primary prevention including state and local funding such as alcohol/cannabis tax revenue.

States investing in state-based CoE infrastructure should align the CoE's scope and deliverables with existing public health and behavioral health funding structures to maximize efficiency. As a complement to the CoE's own approach to fiscal sustainability, the state should take a braid funding approach, where possible, to support shared infrastructure. State-based TA models often include funding from a variety of sources, with state agencies who contract for the CoE work writing the CoE into federal discretionary funding proposals, and including CoE investment as a core strategy across substance use prevention-related resources available at the state level.

To ensure commitment to equitable access to primary prevention TTA across the state, technical assistance should be free or low cost for entities seeking support. Cost – above the costs associated with coverage support when someone is at a training – can easily hamper access to TTA for those who need it. Charging for services should only be considered in the event service delivery costs overtake contracted funding support, and state funders should adopt a fiscal support strategy that covers true cost to reduce need for registration fees that may serve as a barrier to engagement.

In the first two years of the CoE's work, the entity should develop a multi-year financial sustainability plan that includes contingency strategies for funding gaps, scenarios for scaling services, and succession planning for key leadership positions. The plan should also outline approaches to leverage partnerships with universities, foundations, and local governments to maintain CoE operations beyond initial startup grants.

The state should procure multi-year contracts for the CoE. Reliable, trustworthy, and consistent CoE infrastructure is paramount to ensure robust engagement by the prevention field and partners. States should consider procuring contracts for CoE infrastructure at the maximum timeline allowed by state regulations, contingent upon funding source timelines. Such an approach will allow the CoE vendor to priorities near term work against state strategy, while building infrastructure to support the primary prevention workforce over the long run.

Conclusion

Both the ADPC plan, and responses from interviewees delivering technical assistance for this report, reveal a strong, unified commitment among prevention stakeholders to advancing a more coordinated, capable, and equitable system for substance use prevention in Oregon. Across sectors and perspectives, there was clear alignment around the vision for a statewide Center of Excellence as both a necessary and timely investment that can consolidate fragmented efforts, build a skilled and sustainable workforce, and strengthen the use of evidence and data to drive impact.

Participants consistently articulated that the proposed CoE represents more than an administrative structure; it is an opportunity to redefine the very foundation of Oregon's prevention ecosystem. By grounding prevention in science, culture, and community, the CoE can serve as a bridge between state leadership and local innovation, ensuring equitable dissemination of knowledge, training, and resources statewide.

The Center of Excellence has the potential to transform how prevention is designed, delivered, and sustained in Oregon. It can function as both an operational hub and a catalyst for systemic change supporting the Prevention Committee's broader vision of trauma-informed, community-embedded, and culturally responsive prevention. The insights from this qualitative assessment provide a critical starting point for shaping that vision into practice, offering a roadmap for implementation that is grounded in practitioner experience and aligned with statewide priorities.

With the creation of the Center of Excellence, states that implement such models have a unique opportunity to drive an integrated, equitable, and data-informed primary prevention system that not only prevents substance use but actively builds health, connection, and resilience across all communities.

Appendix: Models and Frameworks Referenced in Interviews

Model / Framework	Description
Community Prevention and Wellness Initiative (CPWI)	Washington's statewide prevention infrastructure integrating school-based programs and community coalitions to deliver evidence-based prevention strategies.
Communities That Care (CTC)	A community prevention system developed by the University of Washington's Social Development Research Group using data-driven program selection to address youth risk and protective factors.
New Jersey Statewide Student Support Services (NJ4S)	A hub-and-spoke prevention and wellness system for K–12 schools in New Jersey that connects schools with regional hubs providing mental health and prevention services.
CASEL Framework for Social and Emotional Learning (SEL)	A systemic framework from the Collaborative for Academic, Social, and Emotional Learning (CASEL) that integrates SEL into schools to support student well-being.
Opioid Response Network (ORN)	A national training and technical assistance network funded by SAMHSA providing localized support for prevention, treatment, and recovery initiatives.
Rural Opioid Technical Assistance Regional Centers (ROTA-R)	SAMHSA-funded regional centers that enhance rural prevention, treatment, and recovery services for opioid and stimulant use disorders.
Coast to Forest – OSU Extension (Oregon)	A community-based initiative promoting mental health and opioid prevention in rural Oregon through partnerships, training, and resource networks.
North Dakota HOPES / ND THRIVES Initiatives	North Dakota programs supporting community-based suicide prevention and wellness with rural and tribal adaptations relevant to frontier contexts.
New York State OASAS Prevention Resource Centers (PRCs)	Regional centers providing training, technical assistance, and coordination for community coalitions, offering a sustainable statewide prevention model.