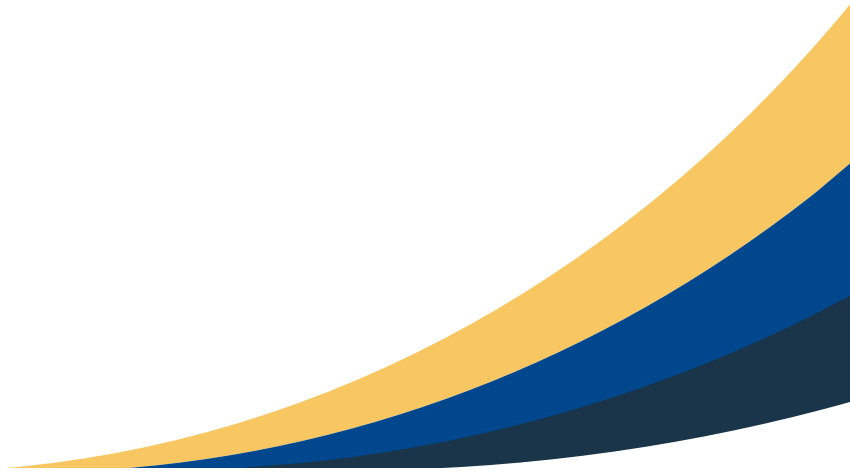
THIRD HORIZON

Leveraging Centers of Excellence for Substance Use Disorder Prevention

Thematic Analysis Report Summary

OVERVIEW

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 one of its core primary prevention priorities.



THE CONTEXT

The Vision: A "One-Stop Shop" for Prevention in Oregon

This initiative supports the ADPC 2026-2030 Comprehensive Plan, prioritizing a statewide Prevention Center of Excellence (CoE).

> *The CoE is intended to serve as the structural foundation for Oregon's prevention system, advancing equity, coordination, and sustainability.*

CORE OBJECTIVES

Centralize: To evidence-based and to evidence-based and culturally responsive practices.

Workforce Strength: Build capacity and support professional development.

Equity: Ensure distribution of resources meets communities where they are (Urban, Rural, Frontier, Tribal).

Data-Driven: Build capacity for data-informed decision-making.

METHODOLOGY & STRATEGIC ALIGNMENT

LANDSCAPE ANALYSIS

Review of state-based TTA centers. Focus on primary substance use disorder prevention. Validated by subject matter experts.

KEY INFORMANT INTERVIEWS

13 stakeholders invited; 7 in-depth interviews conducted. Participants included prevention leaders, trainers, and administrators across Oregon and nationally.

STRATEGIC DESIGN

Synthesis of gaps, operational considerations, and sustainability strategies.

Note: Perspective is primarily system-level leaders rather than frontline community members; national models are a "snapshot in time" based on shifting funding landscapes.

State Based Models Reviewed

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

Multi-Pronged Approach

- University of Colorado Anschutz Injury & Violence Prevention Center
- The Colorado Epidemiological Outcomes Workgroup (SEOW)
- OMNI - 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.

State Based Models Reviewed

New Hampshire

1. 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.
   - Regional Public Health Networks,
   - SBIRT

2. NH Technical Assistance Center (NHTAC)

North Carolina

1. The North Carolina DHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS)

2. Center of Excellence implementation with Addiction Professionals of North Carolina (APNC).
   - North Carolina Training and Technical Assistance Center (NCTTA)
   - North Carolina Higher Education Consortium,
   - Center of Excellence for Problem Addiction Policy and Practice (CEGAPP)

State Based Model Review

Common Themes

- **Staffing:** Experienced, credentialed prevention staff
- **Funding:** Braided funding (state, federal, philanthropy)
- **Support Structure:** Mix of bespoke TA and learning collaboratives
- **Partnerships:** Partnerships with national TTA networks

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

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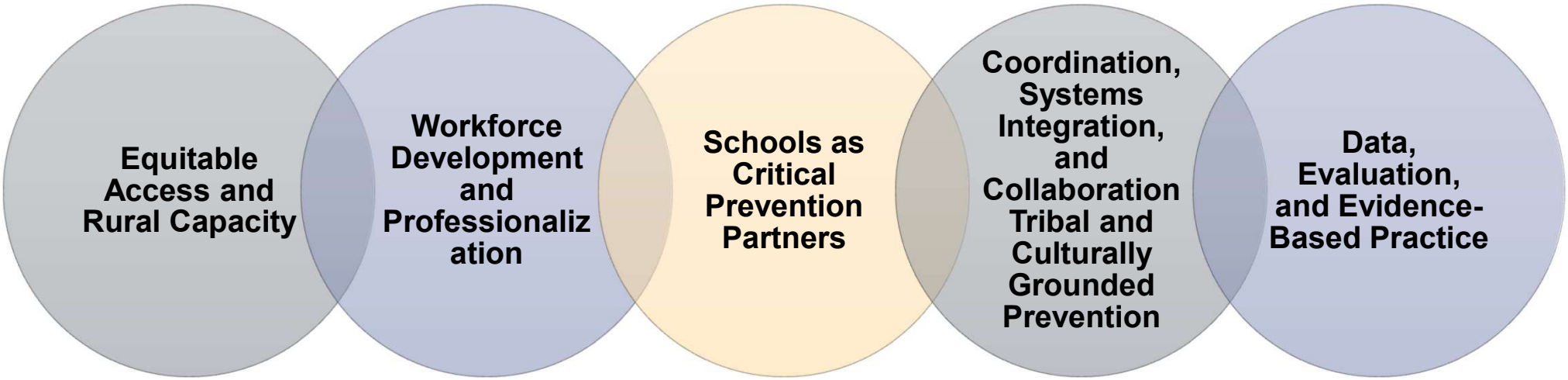
Key Informant Interviews

- Northwest Prevention Technology Transfer Center (NWPTTC)
- Center for the Application of Substance Abuse Technologies (CASAT)
- NORC - University of Chicago
- OSU Center for Health Innovation
- Oregon Coalition of Prevention Professionals
- The Partnership to End Addiction
- Tribal Prevention Programs

Key Informant Interviews Common Themes



RECOMENDATIONS

The Blueprint for a Prevention Center of Excellence

Pillar 1:
Scope of Work
(The Engine)

Pillar 2:
Governance
(The Structure)

Pillar 3:
Staffing
(The People)

Pillar 4:
Sustainability
(The Fuel)

Strategic Goal: To invest in people as much as programs, building bridges across agencies and regions.

Scope of Work: From Infrastructure to Impact

Strategy: Launch with a defined set of high-impact activities in Year 1-2.

Resource Portal

Centralized clearinghouse for evidence-based and community-defined practices.

Tiered Training

Foundational, Advanced, and Leadership pathways aligned with MHACBO certification.

Rapid Response

Agile dissemination of TTA on emerging trends (e.g., synthetic drugs).

Policy Translation

Conduit to translate field insights into ADPC policy recommendations.

Academic Collaboration

Partnering with research institutions to advance translational science.

Implementation Note: Concentrate initial efforts in priority regions to test delivery models before full scale.

Governance: A Hub-and-Spoke Model

The Structure

Central Hub: Coordinates statewide strategy, quality control, and resource distribution.

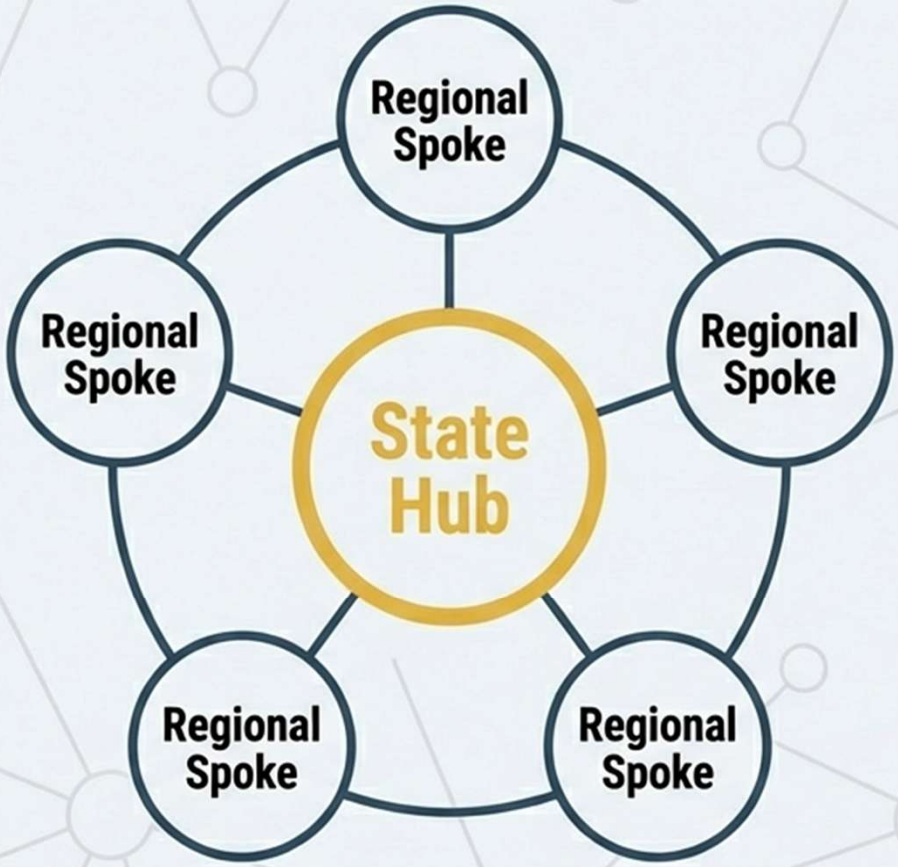
Regional Spokes: Ensure local relevance and sustain relationships.

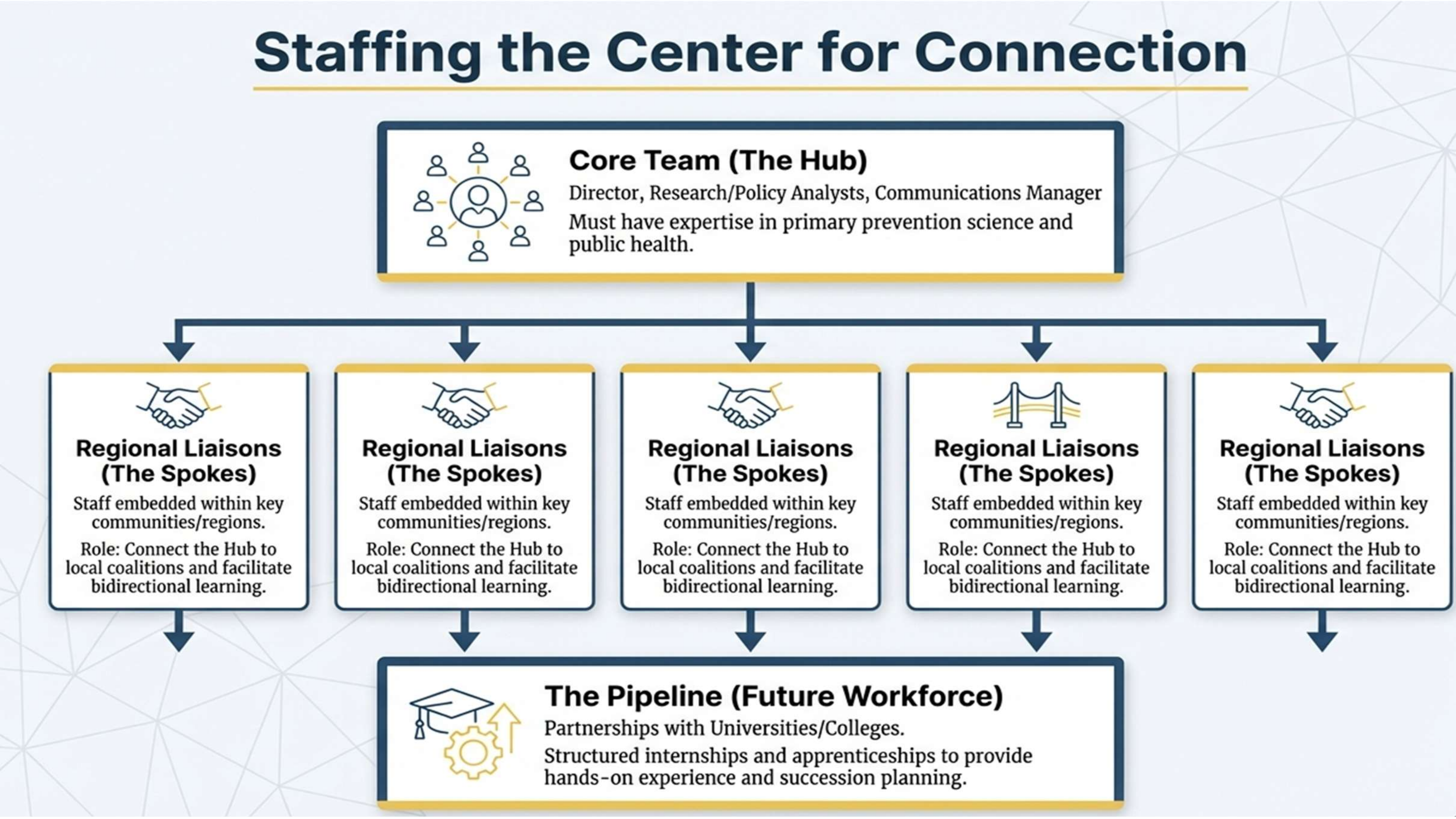
Advisory Oversight

Recommended: ADPC Prevention Committee serves as the Advisory Board to ensure alignment between state priorities and local needs.

Equity in Governance

Institutionalize equity by ensuring Tribal, Rural, and Frontier representation in all decision-making bodies.




Staffing the Center for Connection
Core Team (The Hub)
Director, Research/Policy Analysts, Communications Manager
Must have expertise in primary prevention science and public health.
Regional Liaisons (The Spokes)
Staff embedded within key communities/regions.
Role: Connect the Hub to local coalitions and facilitate bidirectional learning.
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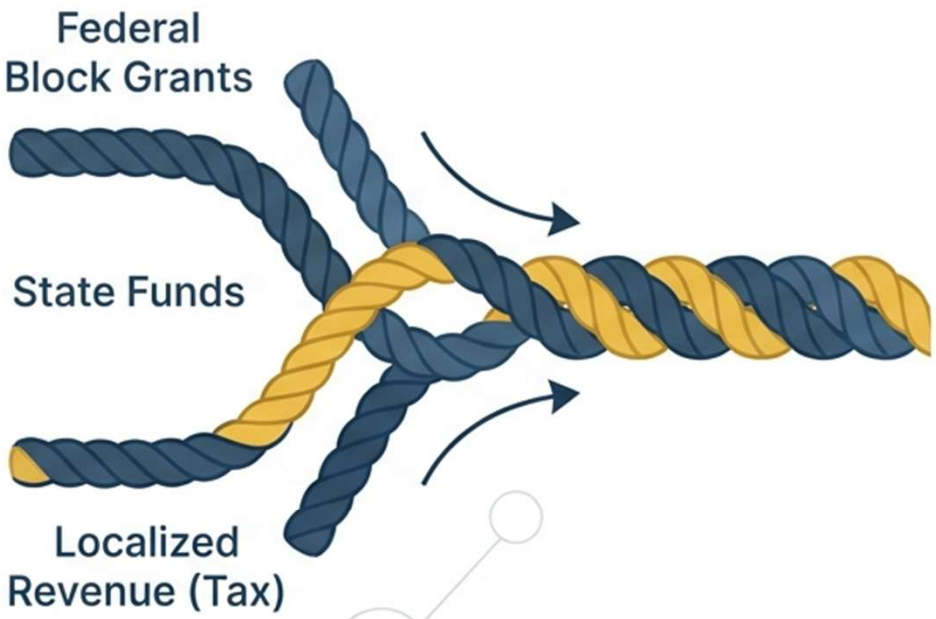
The Pipeline (Future Workforce)
Partnerships with Universities/Colleges.
Structured internships and apprenticeships to provide hands-on experience and succession planning.

Ensuring Longevity Through Braided Funding



The Financial Model

Combine multiple funding streams. Use multi-year contracts to ensure stability and move away from short-term grant cycles.

Access Policy

TTA should be Free or Low-Cost for end-users. State funders cover "true cost" to remove registration barriers.

Sustainability Plan

Develop a multi-year plan in the first 24 months, including contingency strategies for funding gaps.

From Fragmentation to Resilience

The CoE is the "structural foundation" for Oregon's prevention future.

Consolidates fragmented efforts into a unified system.

Transforms the workforce from "under-resourced" to "certified and supported."

Bridges the gap between State Leadership and Local Innovation.

A unique opportunity to drive an integrated, equitable, and data-informed primary prevention system that actively builds health, connection, and resilience across all communities.

COMMITTEE FEEDBACK

Clarifying Purpose, Audience & Intended Impact

Key Questions

1. What is the COE Responsible For?
2. Is the CoE - a vision-setting entity, a coordination backbone, an implementation driver — or some combination?
3. Who has oversight over this entity and how does this entity fit with the existing TA landscape?

Response

1. Scope determined by Prevention Committee – focus on near term, high priority activity grounded in Comprehensive Plan
2. Prevention Committee/ADPC sets vision. CoE TA and convening backbone.
3. APDC/Prevention Committee oversight. Coordination, collaboration, and connectivity with existing TA landscape should be a performance expectation

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Primary Prevention

Key Questions

1. How does the CoE reinforce substance use prevention without drifting into adjacent domains?

2. Primary prevention as defined in HB 3321 - how does the CoE make connections to other parts of the Continuum of Care?

Response

1. Scope development/determination made by ADPC Prevention Committee, should be explicit to prevention mission creep

2. Connection to other parts of the continuum should be a long term objective

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Governance, Structure and Authority

Key Questions

1. Will it be standalone, embedded within an agency, or contracted externally?
2. Who serves as fiscal agent?
3. What governance authority already exists under ADPC?
4. What new authority is actually required?
5. How will CoE work with other agencies/entities who own SUD prevention dollars?

Response

1. Scoped in RFP
2. Scoped in RFP
3. ADPC owns, delegated to Prevention Committee
4. None
5. ADPC/Prevention Committee should engage with state agencies to strategically leverage in partnership with defined CoE

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Alignment with HB3321 & System Sequencing

Key Questions

1. What decisions can be made now versus after the 3321 analysis is complete?
2. Will coordination become structurally embedded or remain voluntary?
3. How does the CoE become part of implementation infrastructure rather than a parallel effort

Response

1. HB3321 will articulate status of existing programs and financing, which could inform strategic direction and sustainability. Consider **Governance** and **Staffing** structures now.
2. Embed coordination expectations in Scope
3. Prioritize **high alignment** with Comprehensive Plan

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Infrastructure Integration & Avoiding Duplication

Key Questions

1. Will it be standalone, embedded within an agency, or contracted externally?
2. Who serves as fiscal agent?
3. What governance authority already exists under ADPC?
4. What new authority is actually required?
5. How will CoE work with other agencies/entities who own SUD prevention dollars? How do we design a funding model that reflects shared state ownership?

Response

1. Scoped in RFP
2. Scoped in RFP
3. ADPC owns, delegated to Prevention Committee
4. None
5. ADPC/Prevention Committee should engage with state agencies to strategically leverage in partnership with defined CoE

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Workforce Development and Sustainability

Key Questions

1. How does the CoE compliment and bolster the work of our burgeoning professional association - the Oregon Coalition of Prevention Professionals?

2. How does it create job demand for CPS?

Response

1. Consider strategic partnership, leveraging TA/training capacity of CoE in development of a comprehensive workforce recruitment/retention and professional development pipeline.

2. Consider metrics around workforce **retention** as an input of the CoE. Existance of CoE should impact **recruitment** as a secondary benefit.

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Data & Evaluation

Key Questions

1. How are we measuring success of the CoE?
2. How is the CoE supporting community to measure success locally?
3. How is data integrity maintained without increasing reporting burden?

Response

1. Measures should be staged:
    - Stage Measures (staff hired, internal capacity built, work against scope delivered near term, trainings/TA provided mid-term, field outcome metrics long-term)
2. Consider including supporting local data and evaluation TA as a priority
3. Consider CoE role in helping streamline/alleviate burden at the org/community level. Extent to which CoE serves as a part of system-wide reporting or performance monitoring should be discussed.

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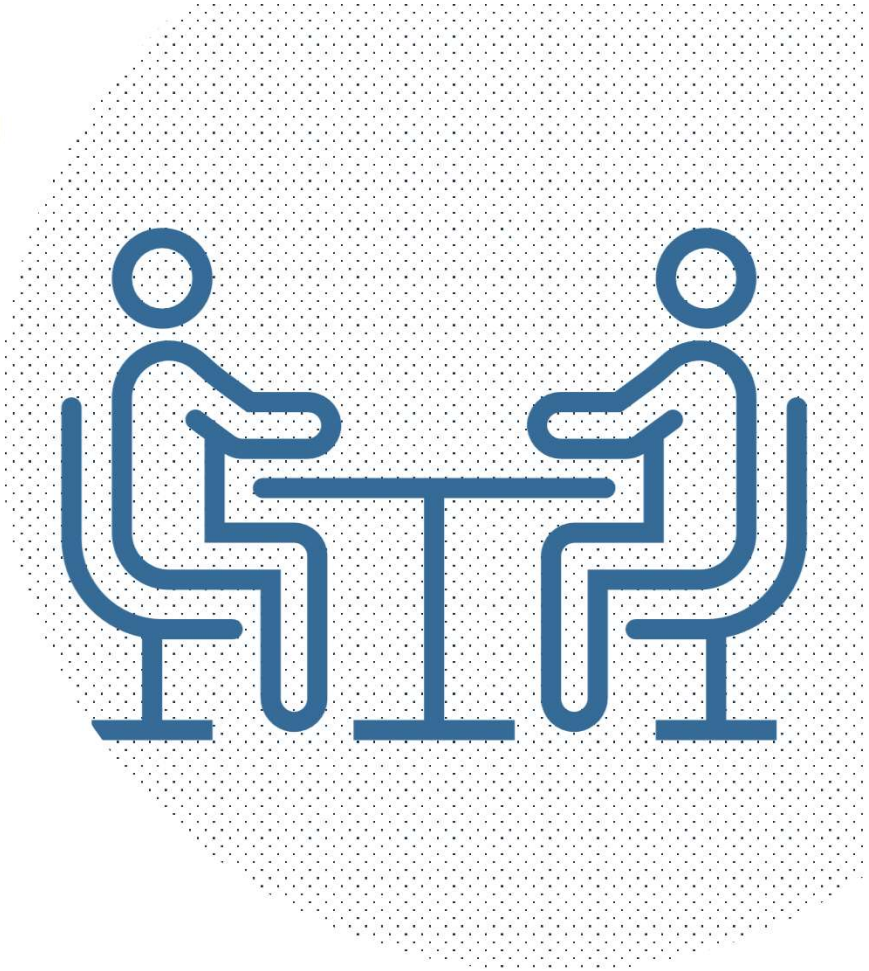
Discussion Questions

What Governance/Structural Model do we want/need?

If we had to choose an area of TA need/growth in the primary prevention field to being with – what would it be?

HB3321 Study will give us fiscal and programmatic context to determine scope and scale – but are there yet unanswered questions the Prevention Committee needs to explore?



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THANK YOU

Have Any Questions?