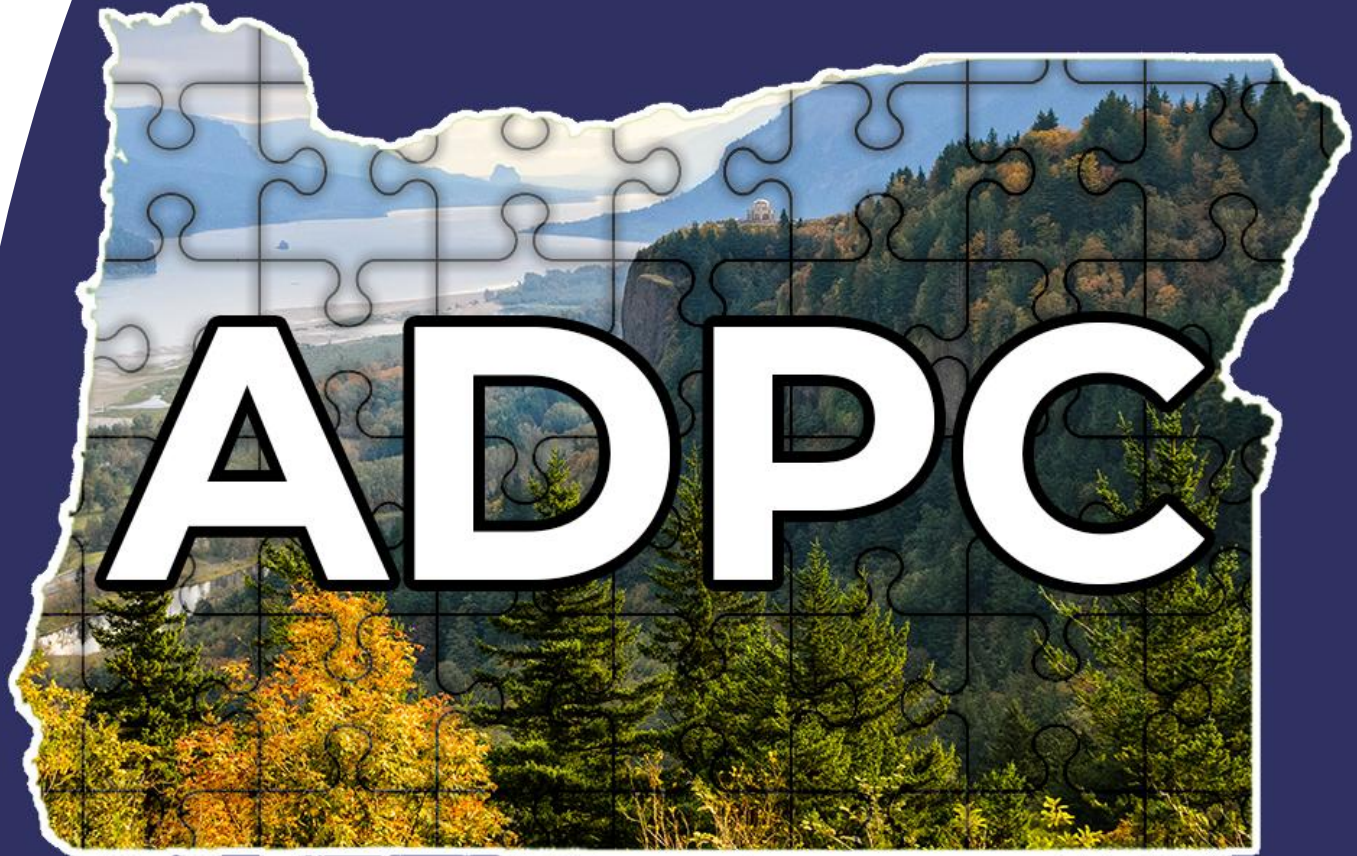


**Oregon
Alcohol and Drug Policy
Commission**

*Opening doors: Achieving
access, belonging, and
connection across Oregon*

**Prevention Strategy 2:
Center of Excellence**



Final 2026-2030 ADPC Plan Prevention Strategy 2: Establish a Prevention Center of Excellence to expand the implementation of best practices and support the growth of the primary prevention workforce.

- **Base-line:** No single statewide infrastructure currently exists to **coordinate data, evaluation, capacity building, workforce training, and culturally responsive technical assistance** in support of primary prevention.
- **Activity:** Launch Center of Excellence/Hub that can provide **technical assistance, evaluation support** and **system-wide implementation of prioritized strategies** aligned with the comprehensive plan.
- **Short Term Process Goal:** Scope of work and governance structure for CoE developed, procurement process taken to solidify infrastructure in Oregon.
- **Mid Term Process Goal:** CoE positioned to support regional ADPCs and other partners with **tools and resources** to advance primary prevention strategies in k-12, collegiate and community spaces, including in high need/more underserved areas of Oregon
- **Long Term Process Goal:** CoE providing consistent support to partners statewide in the implementation of best practices. CoE provides opportunity for home-grown innovations to receive evaluation support, and is able to deliver to the ADPC recommendations on ways to continue to expand local capacity . Hub is fully operational and recognized as the central infrastructure for prevention statewide. Certified Prevention Specialist **workforce capacity gap reduced.**

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).

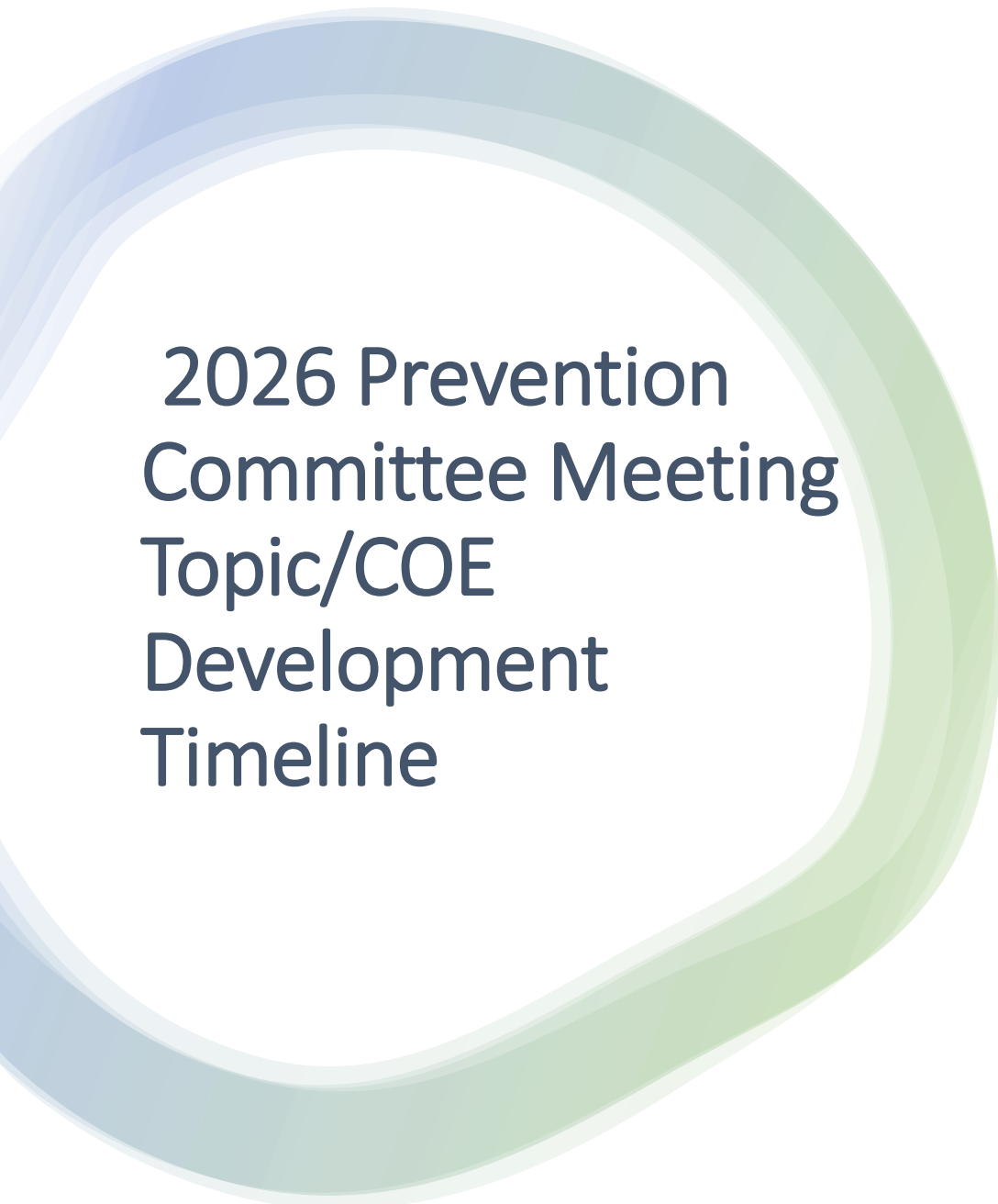


Data-Driven: Build capacity for data-informed decision-making.

The Blueprint for a Prevention Center of Excellence



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



2026 Prevention Committee Meeting Topic/COE Development Timeline

- March: Scope
- April: THS HB 3321 Update + Scope
- May: Governance
- June: THS HB 3321 Update + Governance
- July: Staffing
- August: THS HB 3321 Draft + Staffing
- September: Additional HB 3321
- October: THS HB 3321 Final + HB 3321 Needs
- November: Sustainability and Prioritization
- December: Sustainability and Prioritization

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.

Key Scoping Questions

Discussion Questions

1. **Roles:** What is the CoE Responsible For? Do the Key Pillars on the slide above make sense? Are there other priorities?
2. **Audience:** Who is the Audience for CoE? Particularly at start up?
3. **Content:** Primary prevention as defined in HB 3321. Does that definition set boundaries on the Scope? How does the CoE make connections to other parts of the Continuum of Care?
4. **Content:** How does the CoE reinforce substance use prevention without drifting into adjacent domains?
5. **Role:** Is the CoE - a vision-setting entity, a coordination backbone, an implementation driver — or some combination?
6. **Role:** How does this entity fit with the existing TA landscape?
7. **Role:** How does the CoE compliment and bolster the work of our burgeoning professional association - the Oregon Coalition of Prevention Professionals?
8. **Role:** How does it create job demand for CPS?
9. **Prioritization:** If we had to choose a priority area of TA need/growth in the primary prevention field to being with – what would it be?