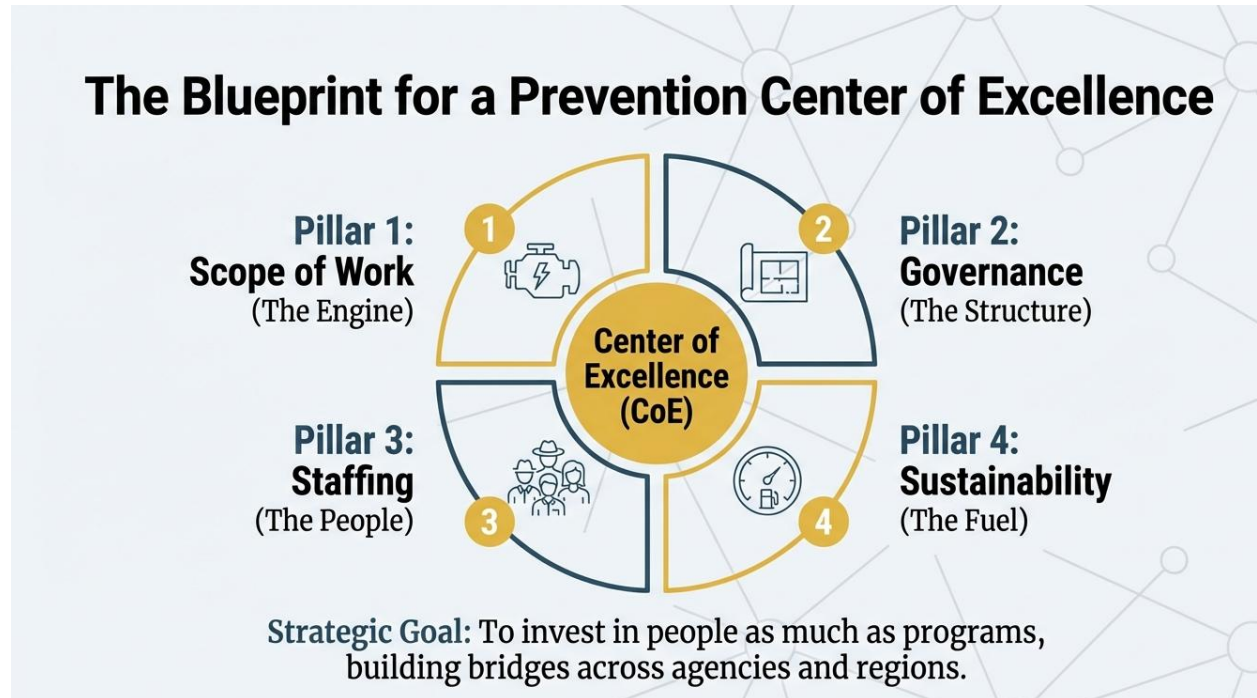


# DRAFT: Specifications for the Oregon Center for Prevention Excellence.

## 2026 Discussion Framework and Definition for Primary Prevention



The Alcohol and Drug Policy Commission’s Prevention Committee will define and further develop a Center of Excellence (CoE) as part of their strategies to provide additional leadership and workforce supports/resources in communities. The above framework was provided by Third Horizon Strategies’ (THS) initial technical assistance landscape analysis and is for framing purposes.

The Center of Excellence also has the implicit goal of advancing the HB 3321 definition of primary prevention throughout public programming and reducing barriers and gaps identified by the HB 3321 assessment. That definition is as follows:

***“Primary prevention” means practices, programs and policies designed to prevent, delay and reduce the incidence and prevalence of youth substance use.***

***“Indicated prevention” means prevention strategies that focus on individuals who exhibit early signs of substance use or other risk factors but who do not have a diagnosable substance use disorder.***

***“Selective prevention” means prevention strategies that target individuals, or groups of individuals, whose risk of developing a substance use disorder is significantly higher than average.***

***“Universal prevention” means prevention strategies that are aimed at the general public or a whole population group, without identifying individuals who are at particular risk of developing a substance use disorder.***

## 2026 Discussion Timeline:

- March: Scope
- April: THS HB 3321 Update + Scope
- May: Scope
- June: THS HB 3321 Update + Scope
- July: Governance
- 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

## DRAFT Capture of Scope Discussion:

Guiding questions from members:

1. **Roles:** What is the CoE Responsible For? Are the Key Pillars of Scope suggested by Third Horizon clear(see list below)? Are there other priorities?
  1. **Resource Portal:** Centralized Clearing House for evidence-based and community defined practices.
  2. **Tiered training:** Foundational, advanced and leadership pathways for workforce aligned with MHACBO Certification.
  3. **Rapid Response:** Agile dissemination of TTA on emerging trends.
  4. **Policy Translation:** Conduit to translate field insight into ADPC policy recs.
  5. **Academic Translation:** Partnering with research institutions to advance translational science.
2. **Audience:** Who is the Audience for CoE? Particularly at start up?
3. **Content:** Primary prevention as defined in HB 3321. Does the definition of HB3321 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 (ORCPP)?
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?

## Audience (Q: Who is the Audience for CoE? Particularly at start up?)

The group started to define a primary audience for start-up, hoping to phase in secondary and tertiary audiences over time. There is strong feedback that the existing workforce is under-resourced so concentrated messaging and programming to their needs is vital. To fulfill the vision of the original strategy and to accommodate extremely under resourced parts of the state, the CoE will also balance this need with a “targeted universalism” approach. That is, the CoE would prioritize the development of content and programming that is targeted and specific to the traditional prevention workforce in the early stages; but some resources would be universally accessible to the public, those in related careers, and those outside of traditional programs funded by primary prevention dollars who hold shared work – particularly in schools.

**Primary audience:** Existing primary prevention workforce and closely connected partners (particularly those who serve schools) were identified as a potential primary audience. Membership discussed that in some communities, this workforce is looked to as the local CoE and has established trust and relationships with multi-sector partners. It is important to elevate and enhance that work. Providing this workforce with additional resources and capacity will help the Center to avoid “reinventing the wheel”, while also creating solidified distribution of best practice, data, evaluation, and technical assistance.

How do we define “existing primary prevention workforce and closely connected partners”:

- Certified Prevention Specialists
- Members of the Oregon Coalition of Prevention Professionals (ORCPP)
- Alcohol and Drug Prevention Education Program Coordinators (ADPEP)
- Tobacco Prevention Education Program Coordinators (TPEP)
- Overdose Prevention Education Program Coordinators (ODPEP)
- Prevention Coalition Members
- Drug Free Communities (DFC) and other Federally Funded Primary Prevention Grantees
- Closely connected partners: priority population k-12 schools

- Start with prevention leaders in the K-12 space: ODE Substance Use Prevention Education Coordinator (Alanna Russell), existing School Prevention professionals (e.g. PPS, Bend-La Pine, Gervais, etc).
- Closely connected partners: primary care and county mental health
  - Start with FQHCs and QMHP workforce in supportive roles.
- Closely connected partners: Post-Secondary Education Administrators
  - Start with existing college prevention coalition.

**Secondary Audience:** Over time (in year 3-4 of implementation), the Center of Excellence would start to build content to serve Community Based Organizations that have a broader scope that substance use, early childhood service providers, law enforcement, state and local policy makers (environmental strategies), and broader family and community serving institutions. Family and facing prevention strategies were identified as a key support need for the CoE. The needs and audience would be further defined by the HB 3321 needs assessment – but would focus on larger community needs. The secondary audience would also include broader audiences within the closely connected partners listed above – for example: classroom health teachers in K-12 education settings.

**Tertiary Audience:** The general public, families and caregivers, etc.

The following we didn't dive deep into but saving for later discussions:

Content (Q: 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? How does the CoE reinforce substance use prevention without drifting into adjacent domains?

Schools were put forward as a priority partner and concentration of work. The Committee discussed that working in universal primary prevention in schools will trigger conversations on Tier 2 and Tier 3 needs (Multi-Tiered Systems of Support in Education – indicated and intensive needs).