



OREGON HOUSE BILL 3321

Oregon's Primary Substance Use Prevention System

A statewide financial and programmatic assessment

Prepared for the Oregon Alcohol and Drug Policy Commission (ADPC)

What House Bill 3321 Asked

HB 3321 (2025) directed the ADPC to review Oregon's primary substance use prevention system and report to the Legislature.



Inventory programs

Inventory and assess the primary prevention programs operating statewide.



Account for funding

Account for what Oregon spends on primary prevention and where the funds come from.



Report findings

Deliver findings and recommendations to the Legislature's health committees.

Definition used. HB 3321 defines primary prevention as “practices, programs, and policies designed to prevent, delay, and reduce the incidence and prevalence of youth substance use.” The assessment applies this definition together with two established frameworks: the National Academy of Medicine tiers (Universal, Selective, Indicated) and the six CSAP prevention strategies.

Methodology

Data collection is complete. Findings draw on many sources. Single-source results are preliminary; results agree more strongly across sources.



Four online surveys

109 provider · 65 school district · 101 workforce · 9 college and university



Interviews and a focus group

21 virtual interviews and one focus group with schools, an ESD, and an LPHA



Public and agency records

More than 500 agency documents, contracts, workplans, and reports



Literature Review

Federal reports and websites, national literature review and state landscape analysis



Frameworks and period. The review is grounded in the HB 3321 definition, the National Academy of Medicine tiers, and the six CSAP strategies. It covers the 2023–25 biennium with a 2025–27 forward look. Study focuses on programs and financing where the prevention of substance use among youth is a **primary, expressed goal**. The ADPC Comprehensive Financial Report was leveraged as part of the analysis

Program Inventory: Broad but Thin

265

primary prevention programs
documented across all sources

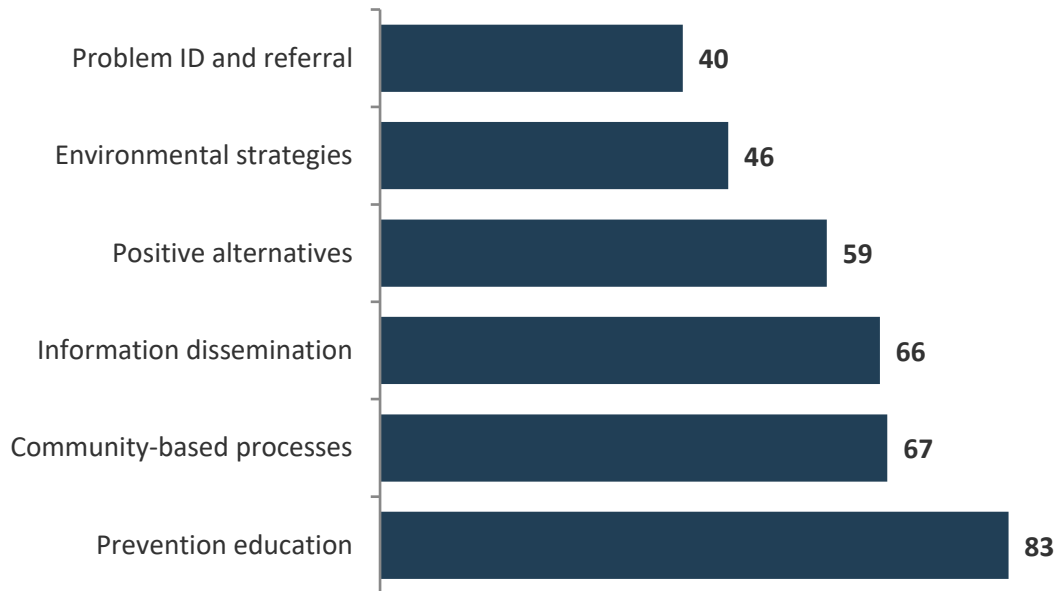
41

recognized, named curricula or models
(most work is locally defined)

37

local, innovative, or grassroots
practices described by respondents

Community programs by CSAP strategy (provider survey, n=124)



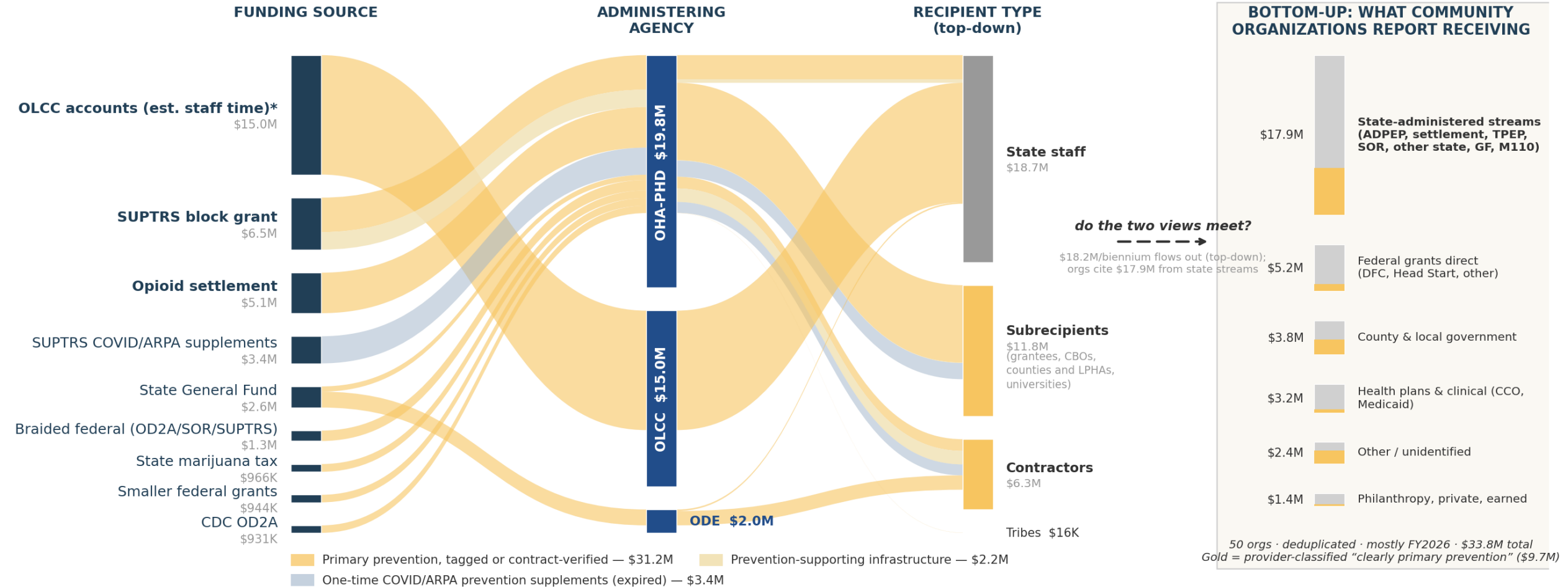
Delivery is mostly universal

Among 154 programs reporting a level, 58% work at the universal level only. County activity reports tag 85% universal, 12% selective, and 3% indicated.

Coverage

Programs concentrate where population is largest. Per 10,000 residents the pattern reverses: frontier 4.2, rural 1.5, urban 0.8.

Financial Analysis: Small, Fragmented, Hard to Trace



Financial Analysis: Small, Fragmented, Hard to Trace

There is no dedicated, recurring funding source only for primary prevention.

\$66.6M

prevention-relevant
dollars mapped (2023–25)

\$31.2M

verified primary
prevention (47%)

~\$13.0M

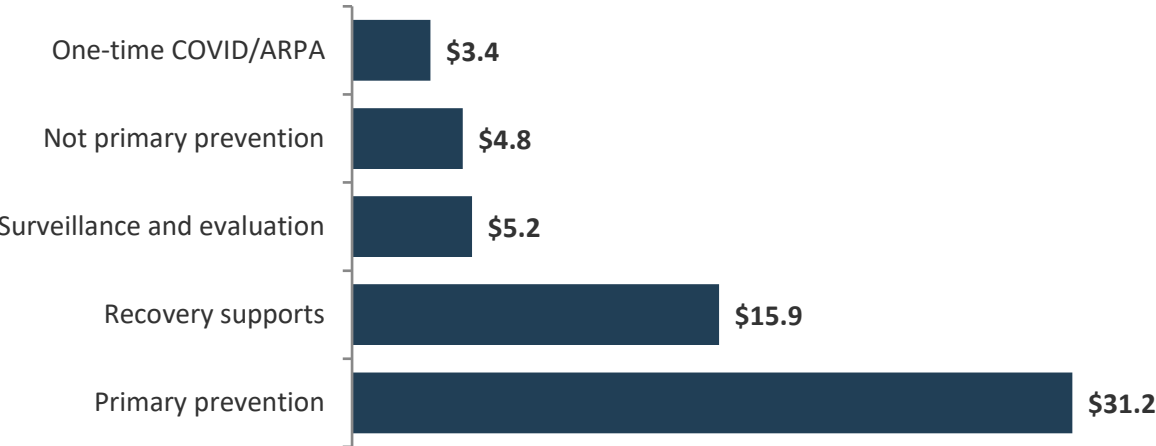
Primary prevention funds that
reach communities

<3%

of Oregon's substance use spending
reaches community-based primary
prevention

2.6% of Oregon's SUD spending
(ADPC)

Where the \$66.6M mapped actually goes (\$ millions, 2023–25)



Blended, not braided

No fund is dedicated only to prevention, and dollars are hard to trace.

Community funds go unseen

About 47% of provider funding comes from sources the state's records never see.

One-time money

COVID and ARPA aid has expired; settlement funds spend down by mid-2027.

Workforce: Small, Voluntary, and Stretched

57

Oregon-based Certified Prevention Specialists (48 with active credentials)

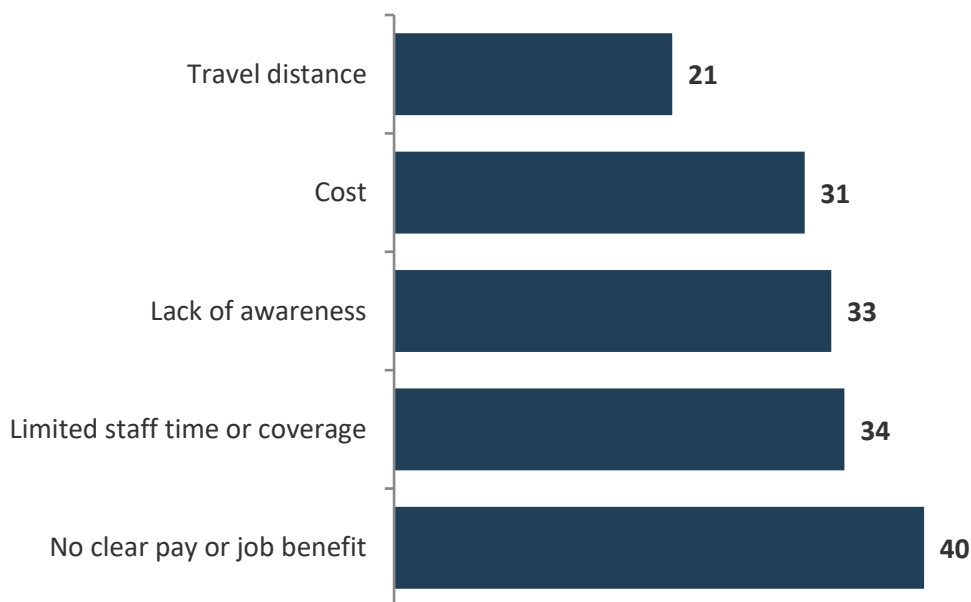
19%

of the surveyed workforce hold an active CPS credential

14

of 36 counties have no CPS on record

Barriers to obtaining or maintaining a CPS (workforce survey, n=94)



Optional and uneven

The CPS is voluntary outside tribal funding. Holders cluster in the Portland metro and Willamette Valley; five serve all of Eastern Oregon.

Rarely a whole job

Prevention is seldom a full role — 36% spend under a quarter of their time on it. Recruitment and retention are hard, and funding is unstable.

Multiple Credentials all anchored in core competencies

The CPS, like other credentials, rests on defined prevention competencies — assessment, planning, delivery, evaluation, and ethics — though individual credentials competencies differ.

Key Findings



Geographic inequity

Prevention is present everywhere but sufficient almost nowhere. Roughly 14 of 36 counties have no Certified Prevention Specialist.



No shared definition

The system has no single, common definition of primary prevention, which weakens planning and reporting.



One-time funding

Much support is temporary and set to expire by mid-2027, which blocks durable, multi-year work.



Thin services for youth at risk

Delivery is mostly universal. Selective and indicated services are limited and rarely funded by the state.



Blended, not braided

Funding cannot be traced from source to service, and oversight and reporting is inconsistent across the system.



Workforce strain

The credentialed workforce is small, voluntary, and unevenly spread. Recruitment and retention are difficult. Though other credentialed professionals are engaged in primary prevention, crosswalk of core competencies has not been done.

Recommendations



Financing

-  Grow community-based prevention toward 20% of substance use funding.
-  Dedicate a fixed share of broad funding pools, like the SUPTRS set-aside.
-  Create a dedicated fund from distilled-spirits proceeds.
-  Ease single-substance limits so communities can integrate prevention.
-  Match funding to need, not population alone.
-  Use payment reform and leverage to expand prevention financing.



Program strategy

-  Adopt one statewide definition (HB 3321) with the CSAP and NAM taxonomy.
-  Consolidate into a single Regional Primary Prevention system per region.
-  Direct funding to school districts, including Medicaid to Schools.
-  Expand selective and indicated services; give campaigns a youth focus.
-  Improve braiding so every dollar is traceable, source to service.
-  Fund a central TA and data resource — the planned Center for Excellence.



Workforce

-  Continue to grow and strengthen the Certified Prevention Specialist (CPS) workforce.
-  Build a core competency framework across all credentials.
-  Identify specific programs and interventions which may require a CPS and then codify such requirements and fund them accordingly.



Oversight & accountability

-  In addition to continued retrospective financial reporting, empower ADPC to provide approval of state agencies expenditures for primary prevention aligned; require alignment with comprehensive plan.
-  Improve youth substance use data access for local planning.

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