



Alcohol and Other Drug Prevention and Education Program (ADPEP)

Appendix E: Prevention Partners

Fostering Community Prevention Coordination and Alignment

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Purpose

Coordination and alignment of prevention initiatives around common risk and protective factors is integral to achieving comprehensive prevention goals, leveraging relationships, resources and mobilization across the county. Grantees are encouraged to reflect coordinated activities and goals in program workplans.

Grantees may determine how to best coordinate and collaborate with other evidence-based community driven prevention efforts. This document provides brief summaries of potential partner programs funded by OHA in the prevention field.

A. Drug-Free Communities Coalitions (DFCs)

The DFC program is funded by the Centers for Disease Control and Prevention. It aims to mobilize community leaders to identify and respond to the drug problems unique to their community and change local community environmental conditions tied to substance use. Coalitions across the country are funded to strengthen collaboration among local partners and create an infrastructure that reduces youth substance use. Currently, eight DFCs are funded across Oregon. Please see the [CDC's Drug-Free Communities Coalition](#) for a list of currently funded coalitions.

B. Fentanyl Toolkit for Schools and Opioid Prevention

Lessons

OHA, the Oregon Department of Education (ODE) and staff of the Alcohol and Drug Policy Commission (ADPC) have partnered to create resources to support educators, administrators, community partners, youth, and families in responding to the crisis of youth and adult opioid overdoses and deaths in Oregon. The updated [Fentanyl Toolkit for Schools](#) aims to strengthen prevention, harm reduction, and response efforts related to opioid use, including fentanyl. This toolkit was created to support school administrators and staff in responding to opioid use among youth and young adults in Oregon. The State agencies also co-developed lesson plans for implementation in schools on the dangers of synthetic opioids and counterfeit drugs and Oregon's Good Samaritan Law as required by Senate Bill 238 passed in 2023. These lessons are available on the [ODE Health Education webpage](#).

C. Mental Health Prevention and Promotion Services

Mental Health Promotion and Prevention Services are designed to optimize positive mental health by strengthening the social and systemic determinants of health, mental health and wellness through activities and strategies. These strategies support and enhance the development of healthy communities, individual skill development, and social-emotional competence, build connection and resilience. They seek to strengthen the existing Mental Health Promotion and Prevention Services infrastructure, develop new infrastructure, implement policy system and environmental changes to support both an individual and community approach to mental health promotion.

D. Overdose Prevention Programs

OHA's Injury & Violence Prevention Program (IVPP) provides funding to LPHAs in 11 regions to support local overdose prevention efforts, led by a designated Regional Overdose Prevention Coordinator. These eleven regional partnerships cover 23 of Oregon's 36 counties. Regional Overdose Prevention Coordinators work to improve local systems for preventing and responding to opioid and other drug overdoses. This work also includes supporting substance use disorder and overdose prevention, treatment, recovery, response and promoting harm reduction activities in the community. Grantees in regions with an Overdose Prevention Program are encouraged to collaborate with Regional Overdose Prevention Coordinators to coordinate local substance use and overdose prevention efforts. To learn more about overdose prevention across the state and to see if there is a coordinator in your area, please see the [Annual Report Oregon Overdose Prevention Coordination in Funded Regions September 2023 - August 2024](#) on OHA's [Opioids webpage](#).

E. Problem Gambling Prevention Services

OHA's Problem Gambling Prevention services are directed at avoiding or reducing the emotional, physical, social, legal and financial consequences of problem gambling for the individual, family and community. Problem Gambling and Gambling Disorders have life-long effects that include high cost to individuals, families, healthcare systems, and communities. There are clear windows of opportunity to prevent gambling disorder and related problems before they occur. The program aims to raise awareness within the community that gambling is an activity that carries risk and the available resources to prevent or reduce harm while promoting wellness.

F. Regional Health Equity Coalitions (RHEC)

RHECs are collaborative, community-led, cross-sector groups that work together regionally to identify and address health equity issues. RHECs focus on building on the strengths of local communities, allowing them to lead the way in finding long-term, sustainable solutions. These solutions focus on changing policies, systems and environments to increase health equity in Oregon. There are currently nine RHECs that represent 20 counties across Oregon. For more information, please visit OHA's [RHEC webpage](#).

G. Suicide Prevention Initiatives

OHA's Suicide Prevention Team, a cross divisional team with staff located in PHD's IVPP and Behavioral Health Division's Child and Family Behavioral Health Program and Adult Mental Health Program, provides funding to local communities to support suicide prevention, intervention and post-vention efforts. In collaboration with the Oregon Alliance to Prevent Suicide, the OHA Suicide Prevention Team provides low or no cost suicide prevention programming and training focused on youth suicide prevention efforts to local suicide prevention efforts including county and regional suicide prevention coalitions throughout the state.

H. Tobacco Prevention Education Program (TPEP) and Commercial Tobacco Prevention

Commercial tobacco products (including e-cigarettes) and excessive alcohol use are still major causes of preventable death in Oregon. HPCDP funds LPHAs and CBOs across Oregon to implement commercial tobacco prevention, education, and quitting programs through TPEP and the Public Health Division's Collaborative Funding Opportunity. These programs are based in best practices for commercial tobacco control, are culturally-specific, and are led by communities or developed in partnership with them. The goal is to create lasting changes in policy, systems and the environment.

HPCDP also focuses on better coordination and integration between TPEP and ADPEP programs. By working together with community partners, these programs can combine resources and efforts to reach community goals and improve quality of life. Coordination and collaboration between TPEP and ADPEP, could also lead to local partnerships, policy

development, and more effective use of community relationships and resources. For more information about the TPEP program, visit this [website](#) or contact your CPL.

I. Tribal Prevention Programs

Tribal ADPEP and TPEP are located in the Behavioral Health Division led by OHA Tribal Affairs. For more information, please contact My'kee Martinez, Tribal Prevention Programs Coordinator at michael.martinez@oha.oregon.gov.

J. Statewide Prevention Initiatives

Grantees may include in their workplan coordination efforts with evidence-based state prevention initiatives such as alcohol pricing strategies, affecting alcohol outlet density, maintaining state control of distilled spirits, and mass reach health communications brands including Rethink the Drink and Smokefree Oregon. This can include activities such as educating coalition members, decision-makers or other partners about strategies, data and promotion of policy or communication campaign initiatives.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Promotion and Chronic Disease Prevention Section at HPCDP.Community@odhsoha.oregon.gov or 971-673-0984. We accept all relay calls.

Public Health Division
Health Promotion and Chronic Disease Prevention
800 NE Oregon Street, Suite 730
Portland, OR 97232
971-673-0984
<https://www.oregon.gov/oha/ph/preventionwellness/excessivealcoholuse>

