

# Sustaining Substance Abuse Prevention in California:

Celebrating Our Past, Elevating the Present, and Preparing for the Future

2014

Monterey County July 9–10



The Community Prevention Initiative (CPI) is funded by the California Department of Health Care Services (DHCS) and administered by the Center for Applied Research Solutions (CARS).



# 2014 Regional Trainings

Monterey County July 9-10, 2014

Sustaining Substance Abuse Prevention in California: Celebrating Our Past, Elevating the Present, and Preparing for the Future

# Day One

8:00 – 8:30 a.m. Registration, Networking, and Continental Breakfast

(Bonsai Ballroom)

8:30 – 9:00 a.m. **Welcome** 

~ Laura Colson, California Department of Health Care Services (DHCS)

2014 Regional Trainings Overview: Sustaining Substance Abuse

**Prevention in California** 

~ Erika Green, Center for Applied Research Solutions (CARS)

(Bonsai Ballroom)

9:00 – 10:15 a.m. Statewide Perspective: Opportunities for Sustainability

~ Laura Colson, California Department of Health Care Services (DHCS)

~ Tom Herman, California Department of Education (CDE)

~ Steve Wirtz, PhD, California Department of Public Health (CDPH)

(Bonsai Ballroom)

10:15 – 10:30 a.m. **BREAK** 

10:30 – 12:00 p.m. Sustainable Best Practices: Breakout Sessions

Participants choose from one of two concurrent sessions

Sustainable Frameworks: The SPF

A presentation discussing how sustainability integrates with the Strategic Prevention Framework (SPF).

~ Paul Nolfo, Center for Applied Research Solutions (CARS)

(Breakout Session: Redwood Room I)

#### **Sustainable Strategies: Linking AOD Prevention Across Sectors**

A presentation introducing the future of AOD prevention and how to integrate AOD prevention with other systems that promote healthy communities.

~ Christina Borbely, PhD, Center for Applied Research Solutions (CARS)

(Breakout Session: Redwood Room II)

# Day One

#### 12:00 – 1:00 p.m. **LUNCH AND NETWORKING**

Discussion tables or networking activity.

(Lower Atrium)

#### 1:00 – 2:15 p.m. Sustainable Partnerships: AOD Prevention and Mental Health

Panel presentation to discuss the intersection between AOD Prevention and Mental Health. Panel participants will discuss existing integrations and strategies for future partnerships.

- ~ Sally Jue, Center for Applied Research Solutions (CARS)

  The Benefits of Integrating Alcohol and Other Drugs (AOD) and
  Mental Health Prevention
- ~ Rocco Cheng, PhD, Pacific Clinics, Southern California Providing AOD and Mental Health Care in the Community: Experience from the Pacific Clinics
- ~ Michael Lombardo, Placer County Office of Education Building a Framework for Prevention with Schools (Bonsai Ballroom)

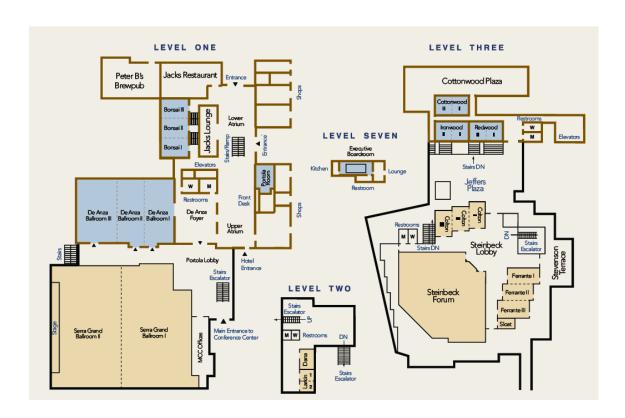
2:15 – 2:30 p.m. **BREAK** 

#### 2:30 – 3:45 p.m. Advancing the Dialogue: World Café Style Discussion

Participants rotate through small group topical discussions with a dedicated facilitator at each table and a report out session.

(Bonsai Ballroom)

#### 3:45 – 4:00 p.m. Closing and Overview of Day Two



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Sustaining Substance Abuse Prevention in California:
Celebrating Our Past, Elevating the Present, and Preparing for the Future

# **Day Two**

8:30 – 9:00 a.m. **Registration, Networking, Continental Breakfast, and Welcome** 

9:00 – 10:30 a.m. Honoring the Past: Mentor Panel

Panel presentation and group discussion on the past and present of prevention. Words of wisdom and thoughts for the future will be shared. Participants will be asked to reflect on prevention and brainstorm other allies across systems.

- ~ Janis Ryan, Center for Applied Research Solutions (CARS) Never Work Alone
- ~ Friedner Wittman, PhD, CLEW Associates and Alcohol Research Group/Public Health Institute A Community Environment Approach to Prevention of Alcohol and Drug Problems
- ~ Jim Kooler, DrPH, California Friday Night Live Partnership Prevention: Back to the Future and Still Getting Better! (Bonsai Ballroom)

10:30 - 10:45 a.m. BREAK

10:45 – 12:00 p.m. **Sustainability in Action: Real Life Examples** 

A panel presentation that will highlight real life examples of strategies employed to sustain prevention services. Panelists will share how they integrated the eight elements of sustainability into a successful plan, successes, challenges, and considerations for others.

- ~ **Staci Anderson**, People Reaching Out, Sacramento County Sustaining Prevention
- ~ Danelle Campbell, Butte County Behavioral Health Unit Sustaining Services Over Time
- ~ Yammilette Rodriguez, Youth Leadership Institute, Central Valley and Fresno County Friday Night Live
  Sustaining Prevention Efforts Through Youth Development Can we Count You In?

(Bonsai Ballroom)

# **Day Two**

#### 12:00 – 1:00 p.m. **LUNCH AND NETWORKING**

(Lower Atrium)

#### 1:00 – 2:15 p.m. Strategies for the Future: Group Sessions

Facilitated brainstorming sessions to discuss sustainability strategies for the prevention field.

~ Christina Borbely, PhD, Center for Applied Research Solutions (CARS)

~ Janis Ryan, Center for Applied Research Solutions (CARS)

(Bonsai Ballroom)

2:15 – 2:30 p.m. **BREAK** 

#### 2:30 – 3:15 p.m. **Sustainable Innovations: Social Media and Prevention**

Energizing plenary session that will provide examples of how prevention can engage social media to support sustainability. Angela Da Re will give the first PED Talk highlighting prevention.

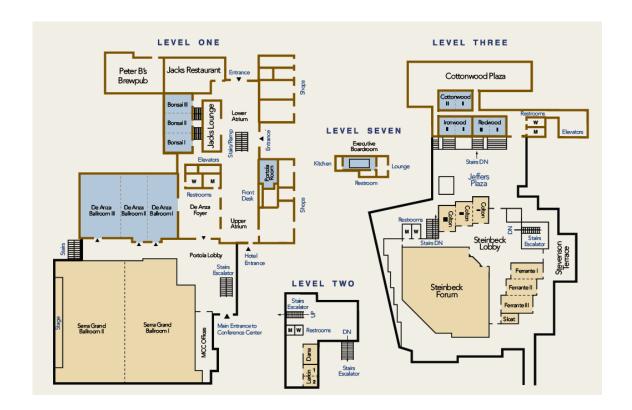
~ **Angela Da Re**, Center for Applied Research Solutions (CARS)

(Bonsai Ballroom)

#### 3:15 – 3:45 p.m. **Taking It Home and Closing**

Brief review of the two days and next steps.

(Bonsai Ballroom)



# **Presenter Bios**

Staci Anderson, President and CEO of People Reaching Out has over 27 years of experience working in the non-profit industry. Ms. Anderson has held her position with People Reaching Out for 13 years passionately moving forward the agenda of empowering young people to create healthy futures for themselves through high quality, youth driven programming. She has extensive experience managing multiple Federal, State, County, Corporate, Private Foundation and School District contracts. Prior to joining People Reaching Out, Ms. Anderson worked for 13 years at CommuniCare Health Centers, a non-profit organization based in Yolo County addressing the preventative health needs of medically underserved populations with a specific focus on teen reproductive clinical outreach services as well as youth and adult drug treatment programs. Ms. Anderson is a 2012 graduate of Sacramento's American Leadership Forum, The Citibank CEO Training class of 2005 and the Sacramento Metro Chamber's Leadership Class 2003. She holds a Bachelor of Arts Degree in Sociology from Beloit College.

Christina Borbely, PhD, primarily focuses on promoting evidence-based and culturally appropriate programs and practices that foster resilience and build assets at the individual and community levels. She has extensive training and background in working within diverse contexts including low socio-economic neighborhoods, California's foster care system, tribal reservations, and urban, suburban and rural regions. Dr. Borbely relies on firm grounding in researched theory and practice to inform the capacity-building products and training she produces for program providers. Her body of work includes workshops, presentations, and written products in two main areas: evaluation and youth development. In program evaluation, her areas of expertise include logic models, measure development, evaluation planning and implementation, data management and analysis, dissemination of findings to key stakeholders and the field, and application of evaluation findings for ongoing project improvement. Youth development topics encompass application of resiliency frameworks, integration of proven best practices, and linking youth development processes to measurable program outcomes; in particular connections between developmental risks/assets and quantifiable impacts. Dr. Borbely collaborates with and provides service to grass roots service providers, chapters of national non-profit organizations, academic researchers, and county and state administrations. She was a core contributor to training and technical assistance services in California's Governor's Program for Safe and Drug Free Schools and Communities and the state's Community Prevention Initiative. She has served as lead evaluator of El Dorado County Office of Education's Elementary School Counseling Program (providing mental health services at school sites in rural communities) and Big Brothers Big Sisters of the Bay Area's Kids in School Meeting their Match (providing mentors to at-risk youth in low performing school districts). In addition, Dr. Borbely has contributed to the evaluation of the Nez Perce's Clearwater Valley Consortium's Safe Schools/Healthy Students Initiative project. In 2006, she testified on research findings from a statewide evaluation of alcoholic beverages ("alcopops") and youth in California's State Senate special session. Dr. Borbely consistently contributes to state and national conferences. Across all dimensions of her work, Dr. Borbely is committed to promoting high standards of practice that are grounded in proven effectiveness and relevance to the target population.

**Danelle Campbell** has over 23 years of experience in the prevention field. She wears multiple hats, one of which is the Program Manager of the Prevention Unit for Butte County Behavioral Health. In addition, she provides consultation, facilitation and training at the local, state and national level in areas such as strategic planning, ATOD prevention, youth development, youth evaluation, environmental prevention, community organizing, coalition development and youth grant making. Ms. Campbell has been a trainer for Prevention by Design and is a consultant for the Center for Applied Research Solutions (CARS) and the California Prevention Initiative (CPI) - providing consultation, training and technical assistance to Prevention Coordinators, staff and community stakeholders — assisting them with effective prevention service design, implementation and evaluation. She has developed four nationally recognized award winning prevention programs. Ms. Campbell partnered with Chico Unified School District to bring the first Life of an Athlete Program — Athlete Committed — to California in 2010. Ms. Campbell received two prestigious awards in 2012 including the California Department of Alcohol and Drug Programs "State Leader in the Field" and the American Athletic Institute "National Preventionist of the Year" awards.

**C. Rocco Cheng, PhD,** is Corporate Director of Prevention and Early Intervention Services at Pacific Clinics. He is responsible for planning and coordinating PEI services for various ethnic and age groups in the Clinics' five-county service area. A licensed clinical psychologist since 1996, Dr. Cheng has worked on various positions and provided consultation to local, state, and federal organizations. He currently serves as the vice-chair of the Office of Health Equity Advisory Committee for the California Department of Public Health. From 1995 to 2006, he implemented 8 SAMHSA projects. These projects included various approaches in helping young people stay away from ATOD as well as school violence and bullying. Dr. Cheng has directed the Asian Pacific Islander portion of the California Reducing Disparities Project since 2010. In this capacity as the Director, he coordinates the 55-member statewide coalition to address the issue of disparities. In addition, Dr. Cheng and his cultural responsive training team is involved in two statewide Stigma and Discrimination Reduction Projects, including cultural responsive training for NAMI-California affiliates as well as workplace mental health with Mental Health American of California.

Laura Colson has worked for the State of California for over 30 years. Ms. Colson is currently the Chief of the Policy and Prevention Branch at the Department of Health Care Services, rounding out ten years focusing on alcohol and drug prevention. Ms. Colson has served the Department in a variety of capacities: co-designing CalOMS Prevention, a fully web-based data collection service for primary prevention service/activity data funded with the Substance Abuse Prevention and Treatment Block Grant dollars; as Supervisor of the DHCS Resource Center; and as Supervisor of the unit responsible for the annual SAPT BG application, Community Prevention Initiative contract, the Governor's Prevention Advisory Council, and CalOMS Prevention. Since assuming her current role, the Policy and Prevention Branch has moved

forward with development of curricula for AOD prevention professional competencies, identifying statewide prevention outcomes, and implementation of the Strategic Prevention Framework State Incentive Grant. Before joining DHCS, she worked with the Department of Corrections and Rehabilitation, overseeing in-prison substance abuse treatment programs, then became Director of California Operations for one of the in-prison treatment providers.

Angela Da Re has over 15 years of experience in the field of substance abuse prevention. As Director of Prevention for the National Council on Alcoholism and Drug Dependence in Sacramento, she oversees all prevention programs and strategies, which encompass all of the domains of prevention. As a consultant, she works with large and small prevention and early intervention agencies as well as California's diverse counties throughout the state with training and technical assistance. Ms. Da Re has been trained as both a facilitator and trainer in multiple evidence-based programs and currently enjoys implementing the Strengthening Families curriculum with families in Sacramento from various walks of life. She is expert in community and collaborative, faith-based and SPF/SIG strategies for program implementation.

**Erika Green,** current Community Prevention Initiative Project Director at the Center for Applied Research Solutions (CARS), has 14 years of experience in the substance abuse prevention field. Her knowledge of youth development, mentoring and violence prevention strategies has culminated in a multi-layered expertise in the areas of effective prevention strategy development, implementation and evaluation. In addition to practical experience, Mrs. Green has provided technical assistance and training, management and support at the local, statewide and national levels, including State and Federal projects in mentoring, youth substance abuse and violence prevention.

Tom Herman has been in education for over 25 years, serving as a high school teacher, coach, mentor teacher, vice principal and principal. He has extensive experience dealing with at risk student populations. Mr. Herman currently manages the Coordinated School Health and Safety Office at the California Department of Education. He oversees the Safe and Supportive Schools grant from the U.S. Department of Education that seeks to measure and improve school climate as a vehicle to improve student achievement. Mr. Herman also administers the Cooperative Agreement from the Centers for Disease Control for Coordinated School Health, and is also responsible for School Nursing procedures and practices, and HIV/Aids education. Additionally, through the 58 county coordinators, he oversees the technical assistance for Tobacco Use Prevention Education (TUPE) Programs provided to over 1,200 local education agencies in the state. Mr. Herman also sits on the Governor's Prevention Advisory Council (GPAC), a multi-state agency Council whose purpose is to reduce the incidence and prevalence of inappropriate use of alcohol and other drugs by youth and adults.

Sally Jue has 20 years of training and facilitation experience with corporate, government and non-profit organizations across the country. She has worked with a variety of for profit industries and social service and healthcare organizations in the areas of cultural competence, teambuilding, integrated care collaborations and leadership development. Prior to becoming a consultant, Ms. Jue started and ran one of the first HIV mental health programs in the United States and served as an appointee to the Los Angeles County Health Services' working group charged with developing cultural competence and linguistic access standards for its health care facilities. Recently she developed a national training program on integrating behavioral health,

healthcare and HIV prevention services for the Centers for Disease Control and the American Psychological Association, which assists non-clinicians to effectively work with people with co-occurring disorders and successfully link them to services and engage and retain them in care. Sally has a Masters in Social Work from the University of Southern California and a bachelor's degree in French from Occidental College.

Jim Kooler, DrPH, is the Administrator for the California Friday Night Live Partnership and provides leadership and support to 54 county Friday Night Live programs. From his office at the Tulare County Office of Education, with support from the State Department of Alcohol and Drug Programs and the Office of Traffic Safety, he leads the implementation of Friday Night Live, Club Live, Friday Night Live Kids, Friday Night Live Mentoring and the California Youth Council. He is a strong ally to young people and has worked in the prevention field for almost 25 years. He previously was the Director of the Governor's Mentoring Partnership and Deputy Director for the Prevention Services Division at the Department of Alcohol and Drug Programs.

**Michael Lombardo** is the Director of Interagency Facilitation for the Placer County Office of Education. In this position, he provides leadership in early prevention, student wellness, social emotional support for students, breaking down barriers to education, collaborative strategy development and family/youth involvement, locally and throughout California. In this capacity, he is also the Director for Placer County Foster Youth Services as well as being a member of the State Student Attendance Review Board. He has works extensively in the development of family and youth involvement in his region.

Mr. Lombardo has a diverse professional background having been a Managing Deputy Probation Officer, Assistant Director of a Juvenile Detention Facility, Assistant Director of Placer County Children Systems of Care and currently a Director at Placer County Office of Education, Educational Services Division. A large part of his current role is to coordinate and collaborate with agency and local partners the integration of Multi-Tier Systems of Support for social and emotional wellness. He is currently working to integrate the Positive Behavior and Support (PBIS) Program into the Placer County Juvenile Detention Facility as well as training PBIS throughout Northern California.

Mr. Lombardo is a Regional Coordinator and Trainer for Positive Behavior Supports and Intervention as well as a trained instructor for the associated School-Wide Information System (SWIS). In his area of expertise, he has presented nationally and throughout California for the Juvenile Justice, Mental Health and Child Welfare Systems. He obtained an undergraduate degree in Criminal Justice and holds a Master's Degree in Organizational Management.

Paul Nolfo has over 20 years of experience as an executive administrator. Mr. Nolfo is accomplished in organizational development with an emphasis in nonprofits, government agencies and community coalitions. His specific skills include: strategic planning; coalition building; data collection and analysis; evaluation; continuous process improvement; financial management; grant writing; capacity building and sustainability planning; fund development; prevention science. Currently, he is a principal of Nolfo Consulting, Inc. This highly successful company's business model capitalizes on the organization's national prominence to utilize highly experienced partners from various disciplines. Many of these partners are nationally renowned in the community wellness arena and hold advanced degrees in their areas of

expertise. During his career Mr. Nolfo has held several prominent positions including: Chief Financial Officer of the California Academy of Sciences, the Asian Art Museum, and Girls and Boys Town of New York; Executive Director of Catholic Social Services of Sacramento and People Reaching Out; National Director for Management Information Systems for the American Diabetes Association. He has a Bachelor's degree in Business Administration from Pace University in New York City.

Jan Ryan has 28 years in the prevention field providing direct service, designing and implementing school and county prevention programs, writing grants, and training at local, state, national, and international levels. Her diverse career experiences have taught her the languages of schools, contractors, county mental health, and probation and law enforcement making cross-system collaboration one of her strengths. She participated on Governor's Prevention Advisory Council (GPAC) taskforces and the Continuum of Services System Re-She translated Student Assistance Program successes with engineering Task Force. individuals/families into an Indicated Prevention process called the Brief Risk Reduction Interview and Intervention Model (BRRIIM). BRRIIM received the National Association of Drug/ Alcohol Abuse Directors (NASADAD) National Exemplary Award for 2012 and the California Alcohol and Drug Programs Prevention Pillar Award. Current implementations of BRRIIM are occurring in California schools/districts, county mental/behavioral health and substance abuse, and two new implementations in the Addiction Prevention and Recovery Administration in the District of Columbia and the Denver, Colorado Office of Drug Strategy. She is the co-author of "Indicated Prevention: Bridging the Gap One Person At A Time" included in the peer-reviewed UCLA "Journal for Psychoactive Drugs".

Steve Wirtz, PhD, has been with the Safe and Active Communities (SAC) Branch, California Department of Public Health since 1998. Dr. Wirtz is a California native and received an undergraduate and graduate degree from California State University, Sacramento. He received his doctoral degree in Psychology from Boston University in Massachusetts and gained research and epidemiological experience working at Boston University School of Public Health. He is a licensed psychologist with expertise in developmental psychopathology and community psychology. Dr. Wirtz' primary assignments at the SAC Branch are to manage the Injury Surveillance and Epidemiology Section which covers both intentional and unintentional injury. Projects he oversees include the state-mandated Fatal Child Abuse and Neglect Surveillance Program, the California Electronic Violent Death Reporting System project, the Crash Medical Outcomes Data project, Violence Against Women Surveillance and Evaluation projects, the Alcohol and Other Drugs State Epidemiological Workgroup Project, and the Child Maltreatment Essential of Childhood project. Dr. Wirtz regularly publishes, makes presentations and provides training to broader professional audiences on substance use and abuse surveillance; child maltreatment surveillance and prevention; violence against women surveillance and evaluation; epidemiology and prevention; prevention and evaluation planning; writing effective recommendations; drowning prevention; and other injury prevention topics. He has also been actively consulting and supporting the state Department of Health Care Services Substance Use Disorders Division (former Department of Alcohol and Drug Programs) in their efforts to create a statewide alcohol and drug surveillance system and to expand their prevention efforts toward more community and environmental strategies.

Friedner Wittman, PhD, M. Arch., has nearly 40 years of experience in community planning for health and social services, environmental design, and architectural programming. Currently he is a Research Specialist at the Institute for Study of Social Change, University of California From 1988 through 2011, he founded and directed the Community Prevention Planning Program at the Institute for the Study of Social Change, UC Berkeley. This nationallyrecognized program, funded by the California Department of Alcohol and Drug Programs from 1988 through 2006, pioneered the use of participatory community planning to prevent problems related to retail, public, and social availability of alcoholic beverages, tobacco, and other drugs at community (city, county) levels. He is also President of CLEW Associates, a consulting firm, which he also founded in 1988. CLEW Associates specializes in architectural programming and environmental design to support delivery of community health, safety, and social services. CLEW Associates has also created an innovative police information system (ASIPS/GIS) to support community-level AOD prevention planning. From 1983-88 Dr. Wittman was a Project Director at the Prevention Research Center (Pacific Institute for Research and Evaluation), and from 1978-83 he was a Research Specialist with the Alcohol Research Group in Berkeley, California. From 1985-1994 he was a consultant to NIAAA's research demonstration grant program on homelessness. He has served on NIAAA review committees for prevention grants (1972-75, 1993-94). His education includes a PhD from the University of California (Berkeley) College of Environmental Design (1983); an M. Arch. from the University of Pennsylvania Graduate School of Fine Arts in Philadelphia (1967); and a B.A. in Philosophy from Swarthmore College, Swarthmore, Pennsylvania (1964).

# Welcome and Overview

Laura Colson California Department of

Health Care Services (DHCS)

Erika Green Center for Applied Research Solutions (CARS)









#### **Considering our Past, Present, and Future**

- Pas
- What have we learned?
- What accomplishments have we made?
- Present
  - What opportunities do we have?
  - What resources do we have?
- Future
  - What do we need?

"THOSE WHO CANNOT REMEMBER THE PAST ARE CONDEMNED TO REPEAT IT"

-George Santayana

WHAT WE'VE LEARNED



#### Substance Abuse Prevention Strategies are Informed by...

- Evidence Based Practice
- Data Driven Decisions

# A Paradigm Shift in Selecting Evidence-Based Approaches for Substance Abuse Prevention P; Dund Barran, M.E. The Ten Hamboursh and the found of the foundation of the foundati

"YOU TAKE PEOPLE, YOU PUT THEM ON A JOURNEY, YOU GIVE THEM PERIL, YOU FIND OUT WHO THEY REALLY ARE."

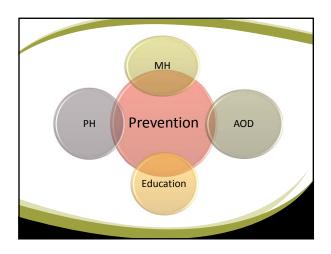
-Joss Whedon

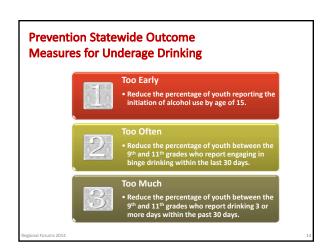
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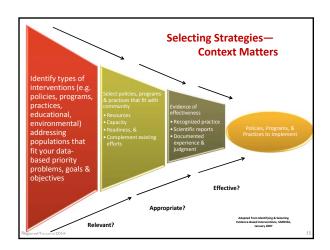












"DO NOT WAIT TO STRIKE TILL THE IRON IS HOT; BUT MAKE IT HOT BY STRIKING"	
-William B. Sprague	

## **Eight Capacity Building Elements that Enhance Sustainability**

#### **Participant Worksheet**

2. Organizational Fit: Ensure that the prevention strategy or effort aligns with agency missions and values and is commiserate with organizational leadership and staff commitment. What can you do to ensure all prevention strategies are a fit for your organization?  3. Community Support: How will you engage your community?  4. Collaboration: Are there opportunities for collaboration in your community or county? What are they? What steps can you take to collaborate?	1.	Champions & Leaders: Who are the champions and leaders in your community that you can engage in your prevention efforts?
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# Statewide Perspective: Opportunities for Sustainability

**Laura Colson** California Department of

Health Care Services (DHCS)

**Tom Herman** California Department of Education (CDE)

Steve Wirtz, PhD California Department of Public Health (CDPH)



# Prevention and School Climate

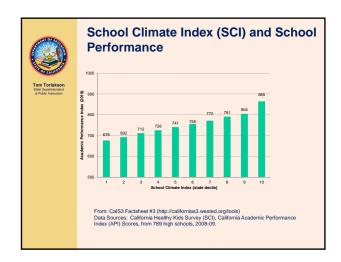
#### Reducing Drug and Alcohol Use by Improving School Climate



CALIFORNIA DEPARTMENT OF EDUCATION
Tom Torlakson, State Superintendent of Public Instruct



Why Do We Care About School Climate?						
Outcomes for Students	44 may 1942	mes for taff				
To Improve	Climate • Stat					
To Reduce • Problem behavior • Substance use	CALIFORNIA SAFE AND SUPPORTIVE SO	CHOOLS				

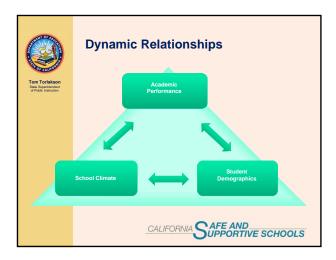


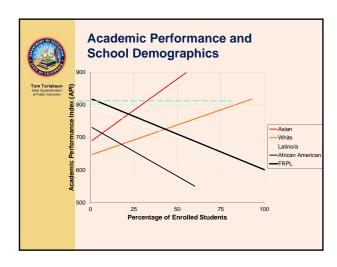


### School Climate, Common Core and Local Control and Accountability Plan

- Local Control and Accountability Plan (LCAP) are required to address school climate as a state priority.
- Other state priorities include parental involvement and pupil engagement.
- Common Core calls for the development of high-order 'non-cognitive' that skills students need to prepare for college or work:
  - Critical thinking
  - Communication
  - Problem solving
  - Persistence









#### Tom Torlakson State Superintender of Public Instruction

#### **Beating the Achievement Odds\***

- Successful California schools have extraordinarily positive climates
- Consistently poor performing schools have significantly poorer climates
- A positive school climate can reduce the negative effects that poverty has on children and increase their academic achievements.
- School climate improvement could be low cost and easily implemented
- Not WHAT you do, but HOW you go about doing what you do
- Easily sustainable

\*"A Climate for Academic Success" Report Summary http://www.wested.org/cs/we/view/rs/1308



#### Tom Torlakso

#### School Climate in California\*

- 33% of California's 9<sup>th</sup> graders report being bullied or harassed at school
- 40% of California's 9<sup>th</sup> graders do not feel safe at school
- 30% of California's 9<sup>th</sup> graders and 40% of 11<sup>th</sup> graders use alcohol or other illegal drugs in the last 30 days
- 30% of California's high school students report chronic sadness

\*2009-11 California Healthy Kids Survey Statewide Report http://chks.wested.org/reports



#### Tom Torlakson State Superintendent of Public Instruction

#### School Climate in California (cont.)\*

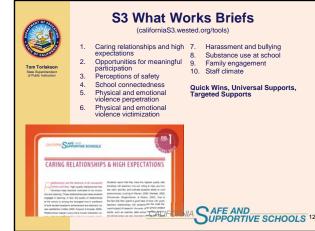
- 45% of California's 9th graders <u>cannot</u> identify at least one <u>caring adult</u> at school
- 30% of California's high school students report that <u>no</u> teacher or adult at school believes that they will be successful (low expectation)
- 35% of California's 9<sup>th</sup> graders report doing things that makes a difference in school (meaningful participation)

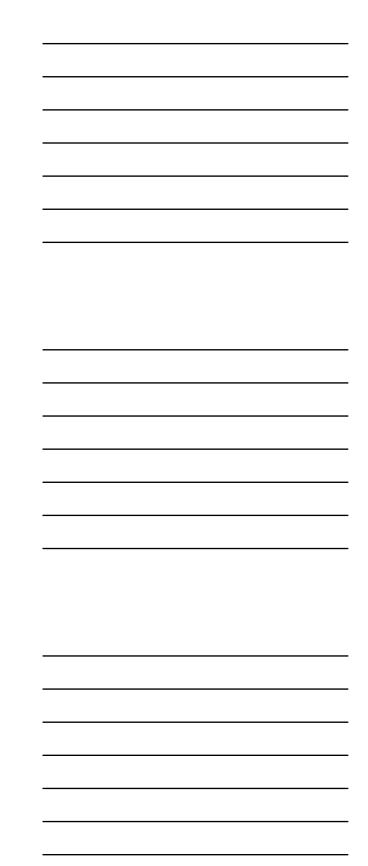
\*2009-11 California Healthy Kids Survey Statewide Report http://chks.wested.org/reports

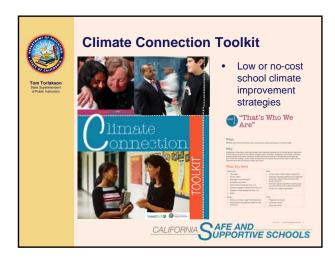


#### **CA S3 Intervention Model**

- Tiered interventions to address SCI needs of the general population and at-risk populations -What Works Briefs
- Referral-Intervention Process: Student Assistance Programs
- Youth Development Strategies
- Parent and Community Engagement
- Staff Development: Single School Culture
- Evidence Based Strategies and Approaches









# **Specific Results Through Focusing on School Climate**

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#### In The Beginning (2010-11)...

- Average Academic Performance Index (API) 689 (state average 741)
  - 67% scored below the state median
- 80% non-white enrollment
- Two-thirds Free or Reduced Priced Meals (FRPM)
- Average SCI 254 (state average 300)
  - State percentile ranking: 16



#### What S3 Schools Achieved: SCI

- Overall increased 30 points (12%) to 284
- State percentile ranking rose from 16% to 44%
- 86% of grantees improved
- 28% increased 50-88 points
- Increase in lowering violence, victimization, and substance use on school property



#### What S3 Schools Achieved: API

- Overall increase of 15 points (2%) to 704
- 74% of grantees increased from 4 to 74 points
- One-third increased 25 points or more
- Of 25% with biggest SCI increases, 67% had API increases of 14 points or more



## All S3 Schools – Changes from 2011-2013

	School Climate Supports and Index (SCI) Engagement			Low Violence /Substance Use		
	N	%	N	%	N	%
Increased	49	85%	31	53%	55	95%
No Change	3	5%	5	9%	1	2%
Declined	6	10%	22	38%	2	3%
Total	58	100%	58	100%	58	100%
Total	00	10070	00	10070	00	10070



# All S3 Schools – Changes from 2011-2013

	30-day Alcohol Use		Harassment or Bullying		Suspensions for Violence w/o injury	
	N	%	N	%	N	%
Declined	51	88%	36	62%	19	33%
No Change	3	5%	7	12%	14	24%
Increased	4	7%	15	26%	25	43%
Total	58	100%	58	100%	58	100%



# New Opportunities From SAMHSA and U.S. Department of Education

- School Climate Transformation Grant:
   Focusing on Multi-tiered System of Supports
   (MTSS), such as Positive Behavior
   Intervention and Supports (PBIS)
- NITT-AWARE "Now is the Time: Advancing Wellness and Resilience in Education"

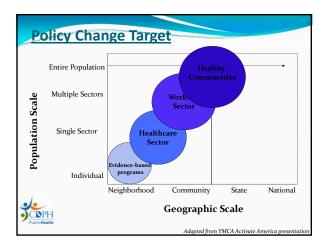


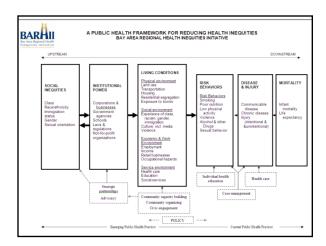
#### **Thank You!**

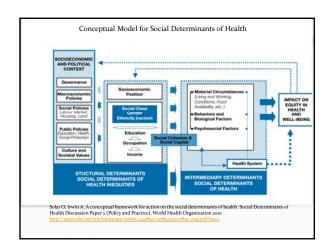
Tom Herman, Administrator Coordinated School Health and Safety Office therman@cde.ca.gov

#### Public Health Overview

- Population based
- Primary prevention priority
- Data informed (i.e., best available research, experiential and contextual evidence)
- Collaborative involving multiple sectors
- Comprehensive and systems orientation
- Promotes equity and social justice
- Large scale social change requires broad cross sector coordination
  - Not enough to have isolated interventions of individual organizations

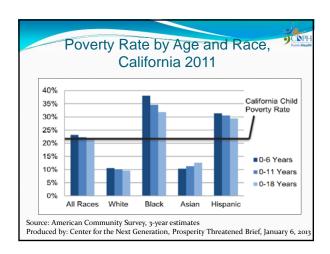


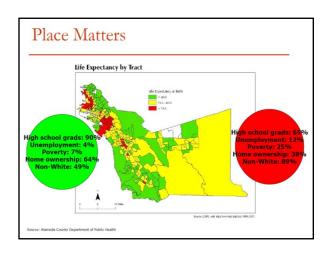




#### **Broader Context of Prevention**

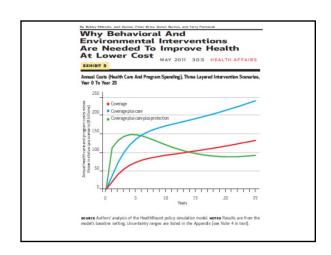
- Life Course Perspective emphasizes a temporal and social perspective on health and well being
  - Developmental
    - Across life experiences (i.e., gestation, early childhood, adolescence, young adulthood, midlife, senior)
    - Across generations
  - Socio-ecological
    - Past and present experiences are shaped by the wider social, economic and cultural context.

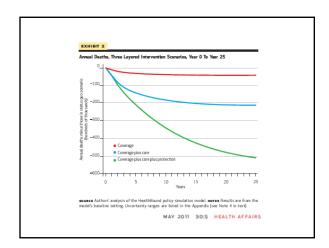




#### Life Expectancy at Birth in California

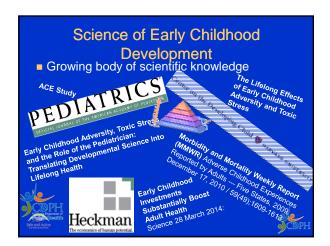
- A 15.3 year gap separates the CA areas with the longest life expectancy from the shortest:
  - 88.1 years Orange (Newport Beach/Laguna Hills)
  - 72.8 years Los Angeles (Watts)
- San Francisco metro area: Life expectancy at birth ranges from 85 years in San Mateo (Burlingame & Milbrae) to only 74 in Oakland (Elmhurst) - an 11-year gap within the same metro area.
- Nativity exerts strong influence on longevity.
   Foreign-born outlive native-born by ~ four years

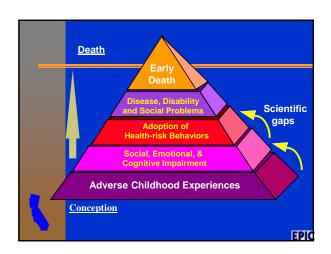


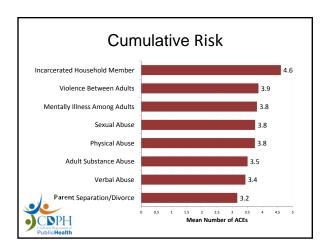


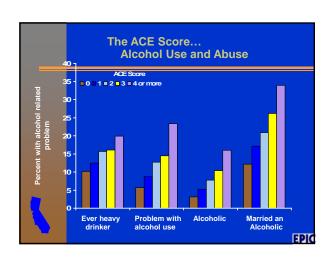
#### Why Children Matter

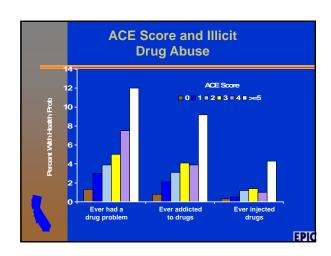
- All children deserve the opportunity to reach their full potential
- Social justice demands health equity (i.e., inequalities are avoidable, unjust and preventable)
- Clear theoretical framework for action
- Well established scientific knowledge base (i.e., best available evidence)
- Growing sense of urgency!
- Many well established ongoing efforts

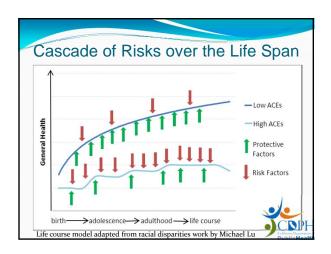














## Summary

- Childhood trauma is common
- Extreme traumas tend to cluster together to produce cumulative impacts
- Poverty increases the negative impacts of trauma
- Consistent health impacts across multiple domains
  - Social emotional impairment
  - Unhealthy behaviors
  - Mental problems
  - Physical health problems
  - Chronic diseases
- Prevention and recovery are possible
- · Collaborative multi-sector approach will be necessary



# First, Do Prevention Second, Do It In Concert

- Public health's oath—Stop the problem before it creates risk and vulnerability
- □ Prevention \$ not growing; <less than 2-3% of overall health budget and ↓↓</p>
- □ We cannot treat our way to health
- □ Community/stakeholders do not work on silos; they focus on 911 concerns
- □ Same solution solves multiple problems
- Broad support/constituencies and impacts
- □ Youth get it!

# The Health in All Policies Task Force

# Executive Order S-04-10

- Directs Strategic Growth Council to establish Health in All Policies Task Force
- Purpose: "to identify priority programs, policies, and strategies to improve the health of Californians while advancing the SGC's goals..."
- □ Process: facilitated and staffed by CDPH

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# Process: Aspirational Goals

### All California residents:

- have the option to safely walk, bike, or take public transit to school, work, and essential destinations
- □ live in safe, healthy, affordable housing
- have access to places to be active, including parks, green space, and healthy tree canopy
   are able to live and be active in their communities without fear of violence or crime
- have access to healthy, affordable foods at school, at work, and in their neighborhoods

California's decision makers are informed about the health consequences of various policy options during the policy development process



# Why We Need HiAP







# Tobacco Licensing Discounts Package size Exterior signs Labeling Alcohol

# **Integrated Campaign Goal**

To improve the health of Californians through changes to the retail environment



### What Does Integration Mean?

- Working together at the local level
- Creating efficiencies
- Promoting integrated systems change
- Coalition building
- Involving and engaging youth

# California Essentials for Childhood Common Agenda

- · Action oriented, strategic and collaborative effort
- Creating/strengthening CA context for Safe Stable Nurturing Relationships and Environments by promoting:
  - Systems and program improvements
  - Social norms change
  - Policy change
- Adding a public health perspective to address upstream structural determinants





# CA Essentials Common Agenda

- Challenges and Opportunities
  - Multiple well-established organization and efforts
    - Services: CBCAP; Home visitation (NFP, HFA); First Five, Commissions; Family Resource Centers
    - Policy: Children Now; Early Edge; First Five; Latino Health Coalition; Policy link; Prevention Institute; Raising of America
  - Multiple frameworks and languages
    - SSNR&Es; Strengthening families; Family decision matrix

       Control of the con
    - ☐ Child care competences, etc.
  - Develop matrix of common components & languages
  - Strive for "Mutually Reinforcing Activities"

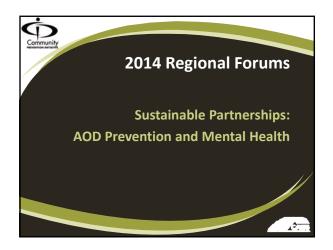


# Sustainable Partnerships: AOD Prevention and Mental Health

Sally Jue Center for Applied Research Solutions (CARS)

C. Rocco Cheng, PhD Pacific Clinics, Southern California

Michael Lombardo Placer County Office of Education



THE BENEFITS OF INTEGRATING **ALCOHOL AND OTHER DRUGS (AOD)** AND MENTAL HEALTH PREVENTION Sally Jue

# Why Integrate?

- The high incidence of mental health and substance use as cooccurring conditions
- Key policies that promote prevention and integrated care efforts
- Shared risk and protective factors for mental health conditions and substance use/abuse
- Shared key components of successful mental health and AOD prevention programs

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# Prevalence of Co-Occurring Mental Health and Substance Use Conditions

- 8.9 million US adults have both a mental health and substance use condition; with 80% reporting onset before age 20
- 89% of people with co-occurring disorders had a mental health condition before developing substance use problems
- People with untreated mental health conditions often self-medicate with drugs and/or alcohol
- Untreated mental health conditions lead to drug/alcohol relapse
- Drug use is the most common cause of a mental health relapse

# **Key Policies Supporting Integration**

- Mental health Services Act
  - 20% allocation for Prevention and Early Intervention
- Mental Health Parity and Addiction Equity Act
  - Ensures that health insurance parity applies to intermediate levels of care received in residential treatment or intensive outpatient settings
- Affordable Care Act: National Prevention Strategy
  - Emphasizes preventive clinical and community efforts
  - Prioritizes preventing AOD abuse and promoting mental and emotional well being
  - Provided over \$150 million in prevention fund grants to CA since 2010



## **Shared Prevention Best Practices**

- A public health approach
- Addresses known risk and protective factors
- Developmentally and culturally appropriate
- Collaborative, integrated approach with community partners that are influential for individuals and/or target populations
- Serve populations on individual, relational, and community lavels
- Mutually reinforce practices across different activities and providers that address multiple outcomes
- Adequate supportive infrastructure

# **CASE EXAMPLE**

The California Community College Student Mental Health Program (CCC SMHP)

# The California Community Colleges Student Mental Health Program (CCC SMHP)

- Focuses on prevention and early intervention strategies to address the mental health needs of students, including AOD issues
- Increases collaboration between educational settings, county services, and the community at large
- CCC SMHP is a partnership between the California Community Colleges Chancellor's Office (CCCCO) and the Foundation for California Community Colleges (FCCC)



# Finding Local Resources: So Who Are You and Why Should I Care?

- Learn different constituent communities
  - College faculty
  - Students
  - Community AOD and mental health providers
- Identify mutual benefits for prospective partners
- Be a visible community participant

# Collaboration: Another Job Duty or Business as Usual?

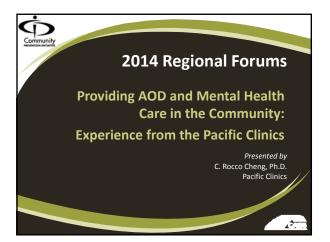
- Collaboration as an integral part of the job
- Commitment to long term investment
- Shared responsibilities
- Succession planning for sustainability

# **Integrating Mental Health and AOD on Campus**

- Community AOD provider on campus weekly
- Be Kind to Your Mind: Mental Health Awareness Month
  - Stress Management
  - Understanding Addiction
  - Food and Mood Workshop
  - Understanding Happiness
  - Psychological Services Open House
- Student extra credit for attending PEI workshops
- Student Psych Club promoting PEI activities

## **Success Factors**

- Committed, persistent, patient individuals
- In-person initial meeting
- Identified mutual benefits and incentives
- Clear immediate and long term expectations; especially regarding communication
- College participation in local mental health and AOD communities
- Department of Mental Health and community organizations provide on-campus activities
- Sustainable infrastructure



## **About Pacific Clinics**



- A private non-profit community based organization established in 1926
- Cater to the multi-cultural communities in five counties in southern California: Los Angeles, Orange, Riverside, San Bernardino, and Ventura
- Staff members, managers, and board members reflective of the community ethnic composition
- Services provided ranged from prevention to treatment programs
- 80 sites and 1,200 staff

# **Pacific Clinics Statewide Prevention Team**

- Diverse and multi-disciplinary team
- Design / deliver culturally responsive and appropriate services
- Provide training and technical assistance to statewide projects
  - NAMI-CA (National Alliance on Mental Illness)
  - Mental Health America of California (MHAC) on workplace mental health
- CA Reducing Disparities Project
  Asian Pacific Islander Strategic Planning
  Workgroup
  - Lead for 55 API-serving agencies



# Substance Abuse and Mental Health Services Administration (SAMHSA) Prevention Projects

- 10 projects from SAMHSA
- Early 90s to 2008: High Risk Youth Initiative, substance abuse prevention (I, II), mentoring (I, II), parenting, HIV prevention (I, II), and violence prevention (I, II)
  - o Asian immigrants youths and families
  - o Background risk and/or behavioral risk
  - Middle-school to high school students and their parents

# Alcohol, Tobacco, and Other Drugs (ATOD) and Mental Health Treatment Programs

- Co-Occurring Disorder programs; including residential housing program for pregnant women
- Provide training and support for staff to bridge the gap between ATOD and MH
- Assess dual needs of consumers, includes ATOD questions in intake
- Individual, family, group intervention
- Use interventions that address both needs, such as Seeking Safety, Brief Intervention, Motivational Interview, and Wellness Recovery Action Plan.

# Common Ground between AOD and Mental Health Care

- AOD programs offer a lot of learning in prevention
- Many effective AOD programs can also be effective in mental health care
- Risk / protective factors
- Social Emotional Learning
- Life Management Skills
- Care giver factor

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# Mind the Human Factor: Making it Work for the Community

- Use bicultural and bilingual staff who are familiar w/ local communities and cultures
- Implement culturally and linguistically appropriate outreach and engagement strategies
- Identify allies
- Engage and involve communities in program design and delivery
- Beware of stigma and discrimination issues associated with ATOD use and/or mental health conditions
- Build the trust and then provide the services and/or referrals relevant to their needs

## Mind the Culture Dimensions and Needs

Culture: A system of shared beliefs, values, customs, behaviors and artifacts which members of a society use to understand their world and one another.

-National Center for Culturally Responsive Education Systems, 2014

- Ideas
- Customs
- Communication
- Beliefs
- Values
- Institution

# **Cultural Responsiveness**

- Provides training on diversity
- Solicits feedback from diverse participants
- Addresses cultural issues in planning and implementation
- Actively screens for offensive language
- Implements and evaluates culturally responsive plans
- Provides translation, interpretation, and language assistance
- Proactive stance on the advancement of cultural responsiveness within the community



# **Mind the Linguistic Differences and Needs**

- Primary language
- Communication styles
- Communication modalities
- Levels of acculturation
- Regional and/or cultural dialects
- "Reclaimed" language
- Body language

# **Linguistic Competency**

- Materials in low literacy, picture and symbol formats
- Linguistic and cultural translation
- Programs, techniques and materials developed and tested for specific cultural, ethnic and linguistic groups

# **Cultural Responsiveness: an Ongoing Process**



- Cultivating awareness of your own values, biases, preconceived notions, and personal limitations
- Actively attempting to understand the worldview of others and checking negative judgments and assumptions
- Actively engaging in developing culturally responsive approaches to AOD prevention activities

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# Strategic Planning Framework: Integrating Cultural Competency/Responsiveness Assessment through Evaluation Understand diverse demographics through data Planning groups should mirror community demographics Target disparities when implementing strategies Support building the capacity of organizations

Federal standards on Cultural and Linguistic Appropriate Services: The CLAS Standard

### **CLAS Principal Standard:**

"Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs."

-US Department of Health and Human Services Office of Minority Health, 2014

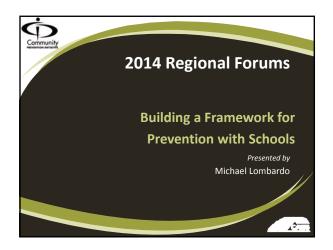


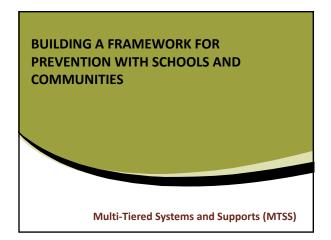


# Examples of Culturally and Linguistically Appropriate Programming

- Parenting: AAFEN
- Youth ATOD prevention: Asian CHAP

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# **Special Acknowledgments**



Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Supports Editors: Susan Barrett, Lucille Eber and Mark West



Synthesis of the Literature Dean Fixsen Sandra Noon Robert Friedman Frances Wallace

# **Special Acknowledgments**



Dr. Rob Horner University of Oregon



Dr. George Sugai University of Connecticut

**Co-Directors** National Center for Positive Behavior Interventions and Supports

## The Importance of Collaboration with Schools

- The Surgeon General's report on mental health in the United States (1999) estimated that 20% of children need active mental health interventions, 11% have significant impairment, and 5% have extreme functional impairment.

  School systems are essentially the de facto mental health system for children in this country.

  Schools are critical in the provision of the breadth of mental and behavioral health services.

  Schools can reduce barriers to access for children and families, such as stigma and affordability.

- as stigma and affordability.
- Schools provide maximal coverage for universal prevention and early intervention programs.

  (Kutash, et. al. 2006)

# **Averse Childhood Experience**

- Center for Disease Control and Kaiser Hospital
  - Dr. Felitti Kaiser Hospital
  - Dr. Anda Center for Disease Control
- 17,000 Patients participated between 1995 and 1997
- Measured 10 childhood traumas

# **Averse Childhood Experience**

Key findings are that adverse childhood experiences:

- Vastly more common than recognized or acknowledged
- Powerful relation to adult health a half-century later

# **Averse Childhood Experience**

ACL Caregory	9.367)	7.970)	17.337
Abuse (#abuse)		1000	
Emotional Abuse (#1)	13.1	7.6	10.6
Physical Abuse (#2)	27.0	29.9	28.3
Sexual Abuse (#3)	24-7	16.0	20.7
Neglect (sneglect)			
Emotional Neglect (#4).1	16.7	12.4	14.8
Physical Neglect	9.2	10.7	9-9
Household Dysfunction	(#dysfun	ction)	
Mother Treated Violently (#6)	13.7	11.5	\$2.7
Household Substance Abuse	29.5	23.8	26.9
Household Mental Illness (#8)	23-3	14.8	19-4
Parental Separation or Divorce (#9)	24-5	21.8	23-3
Incarcerated Household Member (#10)	5.2	4.1	47

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34-5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

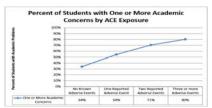
"Secondary prevention of the effects of adverse childhood experiences will first require increased recognition of their occurrence and second, an effective understanding of the behavioral coping devices that commonly are adopted to reduce the emotional impact of these experiences." Kaiser ACE Study (1997)

# **Averse Childhood Experience**

Key findings are that adverse childhood experiences of 4:

- 240% increase prevalence of Hepatitis
- 250% increase prevalence of STDs
- 260% increase prevalence of Heart Disease
- 460% more likely to be suffering from depression
- 1,220% increase in attempted suicide

# Spokane ACE Study 2010



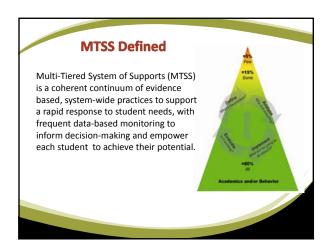
- 2,100 children / 10 elementary schools
- 248 children (3 or more experiences)
  - 3 x rate of academic failure, 5 x rate of chronic truancy, 6 x rate of behavior problems 4 x rate of poor health

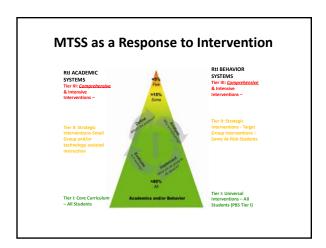
# **Averse Childhood Experience**

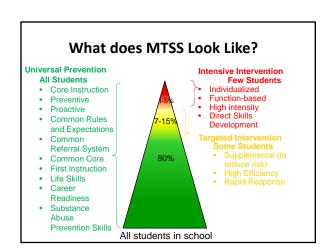


"What we have learned in the ACE Study represents the underlying fire in medical practice where we often treat symptoms rather than underlying causes."

Dr. Felitti



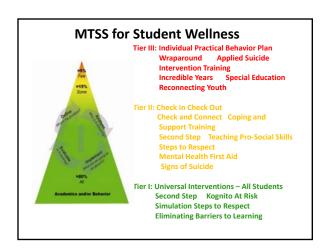




# MTSS / PBIS Framework Tier I: Universal Children and You Common Rules a Acknowledgeme Behavior Matrix Common Referra

Tier I: Universal Interventions – All Children and Youth Common Rules and Expectations Acknowledgement System Behavior Matrix Common Referral System

# MTSS / PBIS Framework Tier III: Individual Practical Behavior Plan and Wraparound Tier II: Check In Check Out Tier I: Universal Interventions – All Students



### **Multi-Tier Systems of Support for Student Wellness (AOD - Community Supports)** Tier III: Functional Family Therapy Wraparound Reconnecting Youth **Maternal Depression** Project EX Tier II: A2Y Mentor Program **Active Parenting Nurse Family Partnership** White Bison

Native Art/Drumming Tier I: Universal Interventions – All Students **Building Skills Alcohol Literacy Challenge Guiding Good Choices** Second Step

<b>Universal</b> ,	, Selected,	and Indi	icated	<b>Prevention</b>
--------------------	-------------	----------	--------	-------------------

- - community
  - Examples: Substance abuse education using school-based curricula for all children within a school district or

- Selective prevention strategies target subgroups of the general population that are determined to be at
  - needs

  - Examples:

## **Universal, Selected and Indicated Prevention**

- Indicated prevention interventions identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs
- Experimenting, have not reached the point where clinical diagnosis
  - Indicated prevention approaches are used for individuals who may or may not be abusing substances but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors, and psychological problems such as depression and suicidal behavior
  - - Reconnecting Youth (NREPP Rating 3.3)
       Teen Intervene (NREPP Rating 3.3)
       Project EX (NREPP Rating 3.3)

### **PRIMARY STRATEGIES**

**Integrated Systems Framework** 

## **Integrated Framework Collaboration**

- Programs and services reflect a "shared agenda" with strong collaborations
- Three-tiered and progress monitoring
- Programs and services are for students (and their families) in special and general education
- Focus on and anchor Tier II and III in solid preventative Tier I
- lacktriangledown Focus on system structures for providing interventions the tiers do not represent youth
- Emphasis is on data-based decision making and on the implementation of evidence-based intervention

# **Integrated Framework Collaboration**

- Strong training, coaching, and implementation support
- Work are guided by youth, families, school and community stakeholders
- Monitor and ensure functioning of teams
- Prevention is an underlying principle
- Interventions across the 3-tiered model are not "disorder" or "diagnosis" specific but rather are related to severity of emotional and behavioral challenges

# **SELECTING A PRACTICE**

Selecting of Practices to Scaffold to your Framework

# **Three Tools**

- Multi-Tier System and Supports Map
- Tool for documenting MTSS
- District Initiative Inventory

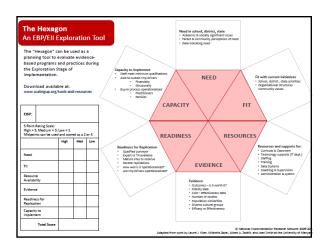
	Tier III:	
Francisco (Control Control Con	Tier II:	
	Tier I:	
Al Academics and/or Behavior		

# **District Initiative Inventory**

This tool can be used to guide your district's review of programs to get a clear picture of successful strategies, and challenges, along with existing mandates and resource commitments.

_	Multi-Tier Systems and Supports Student Wellness Teel						
	School/ District	Site Program	Community Supports	Site Need	Gap		
	Theri						
	Tier II						
	Term						
MTSS Deve	lop	ment	Марр	ing			

This tool can	be used to guide	your team's revie	w of past and co			The Active Is	
			Previous	District Initiativ	res		
Initiative	Expected Outcome	Target Population	Mandated/ Regulatory Activity? Yes/No	Financial Commitment (1=low, 5=high)	Relation to District Priorities & Strategic Plan (1Hlow, 5Hhigh)	Level of Success (1=low, 5=high)	Evidence of Outcomes
			□Yes	12345	12345	12345	
			□Yes	12345	12345	12345	
			□Yes □No	12345	12345	12345	
			□ Yes	12345	12345	12345	
			□Yes □No	12345	12345	12345	

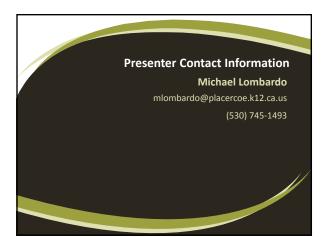


# The description of this framework is grounded in a number of important guiding principles:

- Models interventions, and practices are important, but successful implementation must occur within an interconnected implementation framework.
- Selection of an intervention or practice must be preceded by a careful specification and prioritization of the need and intended outcome. Priority must be given to the practice having the most convincing research or evidence to document effectiveness, efficacy, and relevance.
- Student progress and benefit are most important for evaluating implementation fidelity and appropriateness.
- Progress and benefit must always be examined in the context of implementation fidelity.

# **Resources**

- National Center for PBIS: <a href="http://www.pbis.org/">http://www.pbis.org/</a>
- University of North Carolina Active Implementation Hub: http://implementation.fpg.unc.edu/
- Integrated Services Framework: http://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf
- ACE Study: <a href="http://acestudy.org/">http://acestudy.org/</a>



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# **Honoring the Past: Mentor Panel**

Janis Ryan Center for Applied Research Solutions (CARS)

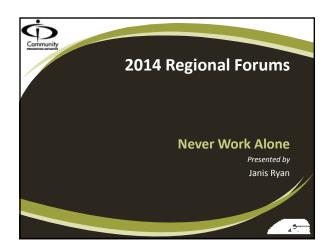
Friedner Wittman, PhD CLEW Associates & Alcohol Research Group/

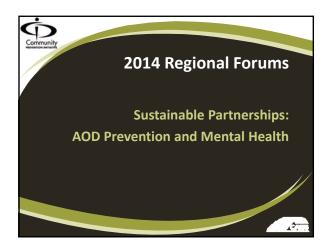
**Public Health Institute** 

Jim Kooler, PhD California Friday Night Live Partnership









THE BENEFITS OF INTEGRATING
ALCOHOL AND OTHER DRUGS (AOD)
AND MENTAL HEALTH PREVENTION

Sally Jue

# Why Integrate?

- The high incidence of mental health and substance use as cooccurring conditions
- Key policies that promote prevention and integrated care efforts
- Shared risk and protective factors for mental health conditions and substance use/abuse
- Shared key components of successful mental health and AOD prevention programs

# Prevalence of Co-Occurring Mental Health and Substance Use Conditions

- 8.9 million US adults have both a mental health and substance use condition; with 80% reporting onset before age 20
- 89% of people with co-occurring disorders had a mental health condition before developing substance use problems
- People with untreated mental health conditions often self-medicate with drugs and/or alcohol
- Untreated mental health conditions lead to drug/alcohol relapse
- Drug use is the most common cause of a mental health relapse

# **Key Policies Supporting Integration**

- Mental health Services Act
  - 20% allocation for Prevention and Early Intervention
- Mental Health Parity and Addiction Equity Act
  - Ensures that health insurance parity applies to intermediate levels of care received in residential treatment or intensive outpatient settings
- Affordable Care Act: National Prevention Strategy
  - Emphasizes preventive clinical and community efforts
  - Prioritizes preventing AOD abuse and promoting mental and emotional well being
  - Provided over \$150 million in prevention fund grants to CA since 2010



## **Shared Prevention Best Practices**

- A public health approach
- Addresses known risk and protective factors
- Developmentally and culturally appropriate
- Collaborative, integrated approach with community partners that are influential for individuals and/or target populations
- Serve populations on individual, relational, and community lavels
- Mutually reinforce practices across different activities and providers that address multiple outcomes
- Adequate supportive infrastructure

# **CASE EXAMPLE**

The California Community College Student Mental Health Program (CCC SMHP)

# The California Community Colleges Student Mental Health Program (CCC SMHP)

- Focuses on prevention and early intervention strategies to address the mental health needs of students, including AOD issues
- Increases collaboration between educational settings, county services, and the community at large
- CCC SMHP is a partnership between the California Community Colleges Chancellor's Office (CCCCO) and the Foundation for California Community Colleges (FCCC)



## Finding Local Resources: So Who Are You and Why Should I Care?

- Learn different constituent communities
  - College faculty
  - Students
  - Community AOD and mental health providers
- Identify mutual benefits for prospective partners
- Be a visible community participant

## Collaboration: Another Job Duty or Business as Usual?

- Collaboration as an integral part of the job
- Commitment to long term investment
- Shared responsibilities
- Succession planning for sustainability

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## **Integrating Mental Health and AOD on Campus**

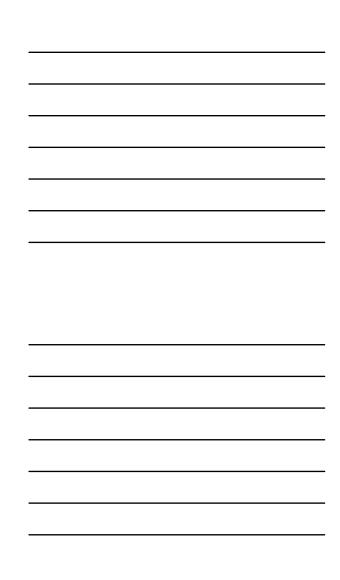
- Community AOD provider on campus weekly
- Be Kind to Your Mind: Mental Health Awareness Month
  - Stress Management
  - Understanding Addiction
  - Food and Mood Workshop
  - Understanding Happiness
  - Psychological Services Open House
- Student extra credit for attending PEI workshops
- Student Psych Club promoting PEI activities

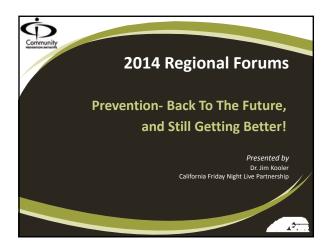
## **Success Factors**

- Committed, persistent, patient individuals
- In-person initial meeting
- Identified mutual benefits and incentives
- Clear immediate and long term expectations; especially regarding communication
- College participation in local mental health and AOD communities
- Department of Mental Health and community organizations provide on-campus activities
- Sustainable infrastructure

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## In the beginning...

- Separate Alcohol and Drug Divisions- each with different prevention efforts
- Health Belief Model (Jessor and Jessor)
  - Increased knowledge leads to change in behavior
- Prevention = Information Dissemination

## The Good Old Days....

- Just Say "No"
- Fried eggs
- DARE
- Prevention was driven by passion
- Focused on deficits Drug of the month

## ...Good Old Days- evolution

- Alternative Activities
  - Busy = Drug Free ?
    - Midnight basketball
    - The little starfish
- Drug Free Community Grants
  - CADCA

## **Evolution Continues....**

■ Public Health Model



- Primary Secondary Tertiary Prevention
  - Working up stream

## **Evolution Continues....**

- Risk and Protective Factors
  - Developmental Assets
- Brain Development Neuroscience
- Continuum of Care

## **California Organizing Efforts**

- Prevention Platform 10 Planks
- California Prevention Collaborative
- California Collaborative for Youth Development and Health Promotion
- Governor's Prevention Advisory Council

## MENTORING- A TIMELESS STRATEGY WITH EVIDENCE!

CALIFORNIA MENTOR INITIATIVE – GOVERNOR'S MENTORING PARTNERSHIP

## **Entering the new millennium**

- CSAP Siv
  - Information Dissemination
  - Education
  - Alternatives
  - Problem Identification and Referral
  - Community-Based Processes
  - Environmental
- Institute of Medicine
  - Universal
  - Indicated
  - Selected

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## **More Evolution**

- Demand for Evidence
  - Exemplary Programs
  - National Registry of Exemplary Programs
  - FNL Standards of Practice Eccles & Gootman
- Strategic Prevention Framework
  - FNL ROADMAP
- State Incentive Grant GPAC

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## **Continuing Evolution**

- Cross System Collaboration
- Youth Development
  - Standards of Practice
- Collective Impact

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NOT EVERYTHING THAT COUNTS CAN BE COUNTED,
AND NOT EVERYTHING THAT'S COUNTED,
COUNTS.
EINSTIEN

## Where do we go from here?

- Look to the elements that got us here
- Look to the success of other strategies and campaigns
- Look at the success of the creators of the problems we strive to prevent.
- Tell our story!

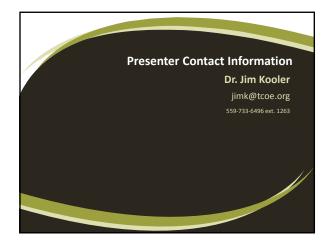
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## **Power of Prevention in a Changing World**

- LEVERAGE
- OUTCOMES
- VALUE
- EXPECATIONS

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YOU CAN MAKE YOUR FUTURE WHATEVER YOU WANT. SO MAKE IT A GOOD ONE! - DOC BROWN



## Sustainability in Action: Real Life Examples

**Staci Anderson** People Reaching Out, Sacramento County

**Danelle Campbell** Butte County Behavioral Health Unit

Yammilette Youth Leadership Institute, Central Valley and

**Rodriguez** Fresno County Friday Night Live







## YOUTH ADVOCACY You must be the change you wish to see in the world. -

## **Our Approach**

- Engage residents to identify important issues
- Collect supporting data using photo voice or digital
- Peer campaign developed using video or other materials
- Present issues to community stakeholders
- Present issues to elected officials for policy reform

## **Identified community issues**

## Residents identified the following issues:

- Lack of access to fresh fruits and vegetables

## Choose your way campaign Identified Issue: Marijuana use among teens Issue Identified Through: **←** WEED School survey SUCCESS = Youth Recommendation: Create a media campaign Printed material Red Ribbon Week promotion Partners and Collaborations: Valley High School VHYAC Glass McClure Advertising Agency Youth created campaign posters, postcards State and National inquiries to utilize the student's Campaign "Choose Your Way" promoted annually during Red Ribbon Week

# CURE Campaign- Dating Violence Identified Issue: Teen dating violence Issue Identified Through: School survey Residents Recommendation: Educate other youth about dating violence Creation of a PSA Interactive classroom presentation Partners and Collaborations: Kaiser, Valley Hi Coalition, Elk Grove Unified, Woman Escaping A Violent Environment Current Status: PSA over 10,000 hits Training youth to be Peer Educators



## **Adaptable Programming**

- Youth as delivers of service
- Enhances community capacity to mobilize
- Model addresses multiple issues in a community

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## **Organizational Fit**

- Align with agency risk and protective factors
- Impacts youth advocates
- Impacts community

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## Competence

- Internal skills and resources
- Ongoing staff training
  - AOD Prevention
  - Youth Development
  - Core Competencies
  - Social Medial
  - Common Core

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## **Champions and Leaders**

Look at the business and industries that align with your strategies

- Capital interested in investing in advocacy and civic engagement
- Schools
- Health Care Providers

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## **Community Support**

Identified projects inspire **traditional and non-traditional** partners in prevention:

Kaiser

The California Endowment

Walk Sacramento

UC Davis

 $HIDTA-{\scriptstyle High\ Intensity\ Drug\ Trafficking\ Area}$ 

City Park Planning

Neighborhood Services

School Districts

Faith Based Groups

Law Enforcement

Community Colleges - CRC

Elected Officials

Local, State, and National

Coalitions

Department of Transportation

National Guard

Public Relation Firms

Government Relations People

Board Members

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## **Working with Non-Traditional Partners**

- State Capital
- Government Relations Firms
- Partners that work with specific populations or topic areas
- Examples:

Domestic Violence

Foster Youth

## Past 30-Day Use & lifetime Use\_

Past 30-Day Use: % of respondents who report using substance least once in the past 30 days.								
	PRO Surveys 2011-12	PRO Surveys 2012-13	County 9th Graders	County 11th Graders	State 9th Graders	State 11th Graders		
Alcohol	19%	16%	24%	30%	24%	33%		
Alcohol (Binge drank)	Not available	5%	16%	19%	14%	22%		
Tobacco	1%	9%	8%	10%	9%	13%		
Marijuana	10%	5%	17%	20%	15%	21%		

Lifetime Use: % of respondents who report using substance at least once in their lifetime.								
	PRO Surveys 2011-12	PRO Surveys 2012-13	County 9th Graders	County 11th Graders	State 9th Graders	State 11th Graders		
Alcohol	55%	52%	45%	59%	45%	61%		
Tobacco	13%	20%	21%	27%	20%	28%		
Marijuana 29% 30% 29% 38% 27% 40								
Prescription Drugs	10%	9%	14%	17%	18%	39%		

Data Sources: PRO Surveys 2011-12 (N=331), PRO Surveys 2012-13 (N=311), Sacramento County – California Healthy Kids Survey Report for 2009-10, California – California Healthy Kids Survey Report for 2009-11.

Frequency

	PRO Surveys 2011-12	PRO Surveys 2012-13	County 9th Graders	County 11th Graders	State 9th Graders	State 11th Graders
Alcohol						
None	81%	84%	76%	70%	76%	67%
1 or 2 days	13%	10%	14%	16%	14%	17%
3 to 9 days	6%	6%	5%	8%	6%	10%
10 to 19 days	0%	0%	2%	3%	2%	3%
20 or more days (daily)	1%	0%	3%	2%	3%	3%
Marijuana						
None	90%	91%	83%	80%	85%	79%
1 or 2 days	4%	3%	6%	8%	6%	8%
3 to 9 days	3%	2%	3%	5%	4%	5%
10 to 19 days	2%	2%	2%	3%	2%	3%
20 or more days (daily)	2%	2%	5%	5%	4%	6%
Cigarettes						
Any	1%	5%	11%	10%	9%	13%
Daily	1%	2%	2%	3%	2%	3%
Current Binge (Episodic Heavy) Drinking						
0 days	N/A	94%	84%	81%	86%	78%
1 or 2 days	N/A	3%	9%	10%	8%	11%
3 or more days	N/A	2%	7%	9%	7%	11%

## Perception of Risk

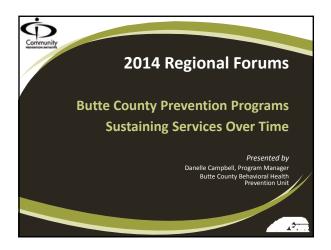
$Perception of Risk: \% \ respondents \ who \ report \ that \ regular \ use \ of \ alcohol, \ to bacco, \ or \ marijuana \ has \ moderate \ risk.$								
	PRO Surveys 2010-11 (N=182)	PRO Surveys 2011-12	PRO Surveys 2012-13	County 9th Graders	County 11th Graders	State 9th Graders	State 11th Graders	
Alcohol	83%	81%	75%	50%	49%	51%	51%	
Tobacco	93%	97%	96%	81%	87%	80%	85%	
Marijuana	81%	81%	77%	69%	67%	68%	65%	

# Parental Disapproval

## **Challenges**

- Language –prevention field verses other industries
- Early Prevention not built into any Health Care Reform
- Finding the table and having a voice at it
- Reduction in funding on every level

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## **Sustainability Considerations**

- Good Organizational Fit
- Easy Replication
- Relevant, Useful, and Savvy Materials
- Collaboration
- Demonstrate Success
- Showcase Success
- Set Reasonable Benchmarks and Outcome Timelines
- Institutionalize Your Efforts Environmental and Policy
- Keep With It

## **Organizational Fit**

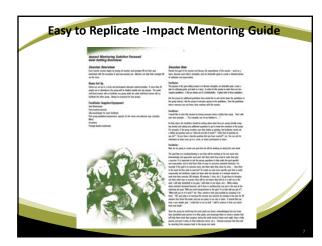
- Identify programs and strategies that clearly align with the organization. For example, nearly every county SPF plan (if not all) prioritizes underage drinking as an issue area.
- Consider the organizational fit of your partners (school systems, mental health providers, community coalitions, other service groups, etc.).
- Ensure that the key staff have the skills to successfully implement – training on theory/practice, training on implementation, training on data collection/evaluation and high belief in your program/intervention.
- Ensure that your data collection/evaluation methods are aimed at documenting your success and how it aligns with the mission of your organization (and that of your partners).

## Replication

- Easy to Replicate:
  - Program Implementation Training
  - Session Guide step by step manual for successful implementation
  - Ability to replicate in diverse settings/sites
  - Fidelity monitoring system easy to use and quick to complete
  - Demonstrates positive outcomes
  - Relevant and useful materials
  - Adaptations are anticipated flexibility
  - Low cost or free  $\ensuremath{\odot}$
  - Consultation and support provided
  - Participants like the program experience

# Seasy to Replicate — Committed Session Guide | Committed Session Guid

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## Collaboration

- Build relationships/networks with groups who want to serve. Rotary Club, Exchange Club, Sports Boosters Club, PTSA, Medical Society
- Help others to be successful it's OK if they get the recognition and feel like they created the "Win".
  - Athlete Committed Video "Live a Life of Excellence".
- Consider approaches that have diverse program areas of focus addressing the needs/priorities of your diverse community
  - Substance Use Prevention Partners Reducing underage drinking/substance use.
  - School Partners increasing academic commitment/achievement and improving school climate/school culture.
  - Mental Health Partners increasing mental/emotional health and y being (reduce the need for expenses high intensity services lat

## **Demonstrate Success**

- Develop the evaluation plan in the beginning tied to the needs assessment.
- Determine your methods/measures easy to administer and analyze.
- Demonstrate and document positive outcomes across domain areas.
- Use the data for program reflection/refinement as well as program success.
- Track data/outcomes over time look for trends, positive movement in the right direction, unexpected outcomes, etc.
- Showcase your findings! Share the success with others.

## **Demonstrate Your Findings** Impact Mentoring Protégé Academic Achievement n=29







## **Telling the Story**

- DataBriefs
- Case Studies
- Testimonials
- Presentations
- Annual Reports
- Program Highlights
- Consider using different formats, different audiences, and different approaches
- Video Diaries show example

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## **Recap and Final Thoughts**

- Choose good people who love what they do! High belief in the program is even more important than the model.
- Consistency try to maintain a program/strategy long enough to demonstrate positive findings. This may take 3-5 years.
- Positive outcomes can help to secure funding document and evaluate.
- Diversify your funding.
- Create the WIN for your agency and your partners!
- Share your success!
- And of course.....every grant application will ask you how you plan to sustain your efforts...continue to seek alternate sources of revenue through grants, in kind resources, other funding opportunities, and implement programs that get institutionalized.

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# Presenter Contact Information Danelle Campbell dcampbell@buttecounty.net 530-891-2891

## **Sustainable Frameworks: The SPF**

**Paul Nolfo** 

Center for Applied Research Solutions (CARS)



## **Objectives of Workshop**

- Learn how to use the Strategic Prevention Framework to create a sustainable community prevention effort.
- Learn about the research that supports capacity building as the means to enhance the potential of sustainability.
- Learn how to incorporate sustainability in all five steps of the Strategic Prevention Framework.

## **Agenda**

- Overview of the Strategic Prevention Framework
- Overview of Sustainability and Capacity Building
- Building sustainability in each of the 5 Steps of the Strategic Prevention Framework
- Advantages and Challenges of using the Strategic Prevention Framework to enhance sustainability of a prevention effort

# Strategic Prevention Framework Supports Accountability, Capacity, and Effectiveness Assessment Profile population needs, resources, and readiness to address needs and gaps Capacity Mobilize and/or build capacity to address needs Planning Develop a Comprehensive Strategic Plan Implementation Implementat

## What is Sustainability?

Sustainability is the continued ability of an innovation to meet the needs of its stakeholders.

-Johnson et al., 2004

## Key Elements of the Definition of Sustainability

Sustainability is the **continued ability** of an **innovation** to **meet the needs of its stakeholders.** 

- Continued ability
- Innovation
- Meet the needs of stakeholders

## The Importance of Sustainability as a Growth Strategy <u>Maintaining</u> the Level of Prevention Interventions **Versus** Sustainability as a Growth Strategy **Begin Sustainability Planning At The Start of a Prevention Effort** Creating a written sustainability plan at the beginning stages of the innovation ensures the necessary time to successfully implement the plan. Capacity Building is the Key to Achieving Sustainability The research on sustainability overwhelmingly supports eight capacity building factors for increasing the likelihood an innovation can be sustained.

## What is Capacity Building?

- An approach that seeks to enhance the potential that an innovation will be sustainable
- It includes the nurturing of and building upon the strengths, resources and problem-solving abilities already present in individuals and communities

## The Eight Capacity Building Factors

- 1. Champions and Leaders
- 2. Organizational Fit
- 3. Community Support
- 4. Collaboration
- 5. Demonstrated Success
- 6. Adaptable Programming
- 7. Competence
- 8. Resources

## **Champions and Leaders**

- Create Supportive Environment
- Access Resources
- Assist with Diffusion and Integration of an Innovation
- Act as Brokers

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## **Organizational Fit**

- Mission and Values Align with Effort
- Leadership and Staff Commitment
- Integrate Programming
- Internal Skills and Resources
  - Leadership Development
  - Organizational Development

## **Community Support**

- Collective Action
- Access Resources
- Ownership (Responsibility)

## Collaboration

- Passive to Active Participation
- Help One Another
- Solve Systematic Problems

## **Demonstrated Success** ■ Evaluation Perceived Benefits and Effectiveness ■ Foundation for Future Support **Adaptable Programming** ■ Meets Changing Needs in the Community Application in Diverse Settings **Competence** ■ Broad Complement of Skills and Experience ■ Community, Leaders, and Staff ■ Knowledge Sharing

## **Resources** ■ Diverse, Adequate, and Long-Term Funding Alternative Mechanisms The SPF and Sustainability • The SPF highlights SAMHSA's intent to enable states and communities to build prevention infrastructure. SAMHSA is expanding its resources for states and communities beyond programs, policies, and practices to include a focus on infrastructure development and sustainability. -2005 Carnevale Associates LLC The SPF and Capacity Building • Each step of the SPF is an opportunity to build capacity. Capacity can be built in two ways: • Activities undertaken in each step of the SPF • Products that are produced by each step

## **Step 1: Assessment**

Profile population needs, resources, and readiness to address needs and gaps

### Activities:

- Collection of data (qualitative and quantitative)
- Assessment of Resources

### Products:

- Needs assessment report that includes data-driven problem statements
- Report of community's readiness
- Inventory of community resources and gaps in service

## **Step 1: Assessment - Activities**

## • Collection of data (both qualitative and quantitative)

## Assessment of Resources

Leaders	Identify and cultivate
Fit	Identify and cultivate organizations
Collaboration	Form Epidemiological Workgroup
Competence	Skill building in how to do a needs assessment
Resources	Identify possible resources for the prevention effort

## Key Points:

- Contact entities that may have information for the assessment.
- Conduct interviews with those leaders that you may want involved in the implementation of the plan.
- Recruit community members with skills in needs assessment.

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## **Step 1: Assessment - Products**

## Needs and Resource Assessment Report Leaders Distribute report (continue to cultivate) Fit Distribute report (continue to cultivate) Community Cultivate broad community support for prevention Demo Success Increased creditability Competence Educate community members Resources Use in future funding (grant) proposals Key Points: Distribute needs assessment to those stakeholders you want to continue to cultivate for future participation. Conduct presentations throughout the community on the findings

egional Forums 2014

from the report.

## **Step 2: Capacity** Mobilize and/or build capacity to address needs Convene stakeholders • Provide training to stakeholders on the SPF • Directory of interested individuals and entities • Commitments from individuals and entities to participate (SPF)

## **Step 2: Capacity - Activities**

## • Convene stakeholders • Provide training on the SPF

Leaders Continued engagement Continued engagement of entities Demo Success Ability to mobilize community resources Training provided to individuals and entities

Competence

- Convening and providing training to individuals and entities will further engage them in the prevention effort.
- Demonstrating ability to mobilize and provide training increases the creditability of the hosting entity.

## **Step 2: Capacity - Products**

- List of interested individuals and entities.
- Commitments from individuals and entities

Leaders Continued engagement Fit Continued engagement

Collaboration Commitment is first stage of collaboration

Key Points:

• Commitments from individuals and entities deepens their ownership and involvement in the prevention effort

## **Step 3: Planning**

## **Develop a Comprehensive Strategic Plan**

### Activities:

- Strategic planning meetings
- Selection of policies, programs and practices
- Identification of measures

### Products:

- Logic Models
- Strategic Plan (including sustainability goals and objectives)
- Evaluation Plan

## **Step 3: Planning - Activities**

Leaders, Fit	Continued engagement
Collaboration	Strategic meeting participates collaborate on creating the plan
Demo Success	Identify measures that can be used to determine the success
Adaptability	Policies, programs and practices are assessed for ability to adapt to the changing needs of the community
Competence	Use the eight capacity building factors as a criteria in the selection of polices, programs and practices
Va. Dainta	

- Key Points:
   Strategic planning meetings involving stakeholders increases ownership and support of the prevention plan.
- Ensure sustainability of prevention efforts by creating goals and objectives that address eight capacity building factors. If goals and objectives are unrealistic, consider other prevention efforts that address the problem statements.

## **Step 3: Planning - Products**

- Strategic Plan (including sustainability objectives)
   Evaluation Plan

Leaders Wide distribution of strategic plan's executive summary Fit Community Collaboration Plan should create a community coalition Strategic plan can be used to solicit funding Resources **Key Points:** 

- Wide distribution of the strategic plan can activate community involvement and support for prevention.
- The plan should create a formal structure (such as a community coalition) to institutionalize stakeholders involvement.

## **Step 4: Implementation** Implement evidence-based prevention programs, policies, and practices Activities: • Develop action plans • Implement strategic plan • Begin collection of data for evaluation Product: • Action Plans

## **Step 4: Implementation - Activities**

- Develop action plans
- Implement strategic plan
- Begin collection of data for evaluation

Collaboration Action plans are developed by stakeholders and solidify their responsibility and accountability

Resources

Participants bring their resources to implementation

## Key Points:

- Stakeholders who were cultivated during the previous steps of the process now become active participants (partners) in implementing the strategic plan.
- Partners who are involved in the implementation may provide additional resources.

## **Step 4: Implementation - Products**

## • Action Plans

Collaboration Action plans solidify participant responsibility and accountability

## Key Points:

- Written action plans ensure partners' participation and accountability for the implementation of the plan.
- Provides a means to monitor partners' actions.

### **Step 5: Evaluation**

Monitor, evaluate, sustain, and improve or replace those that fail

#### Activities:

- Collection of required data
- $\bullet$  Review of process outcomes, and effectiveness of policies, programs, and practices
- Development of recommendations for improved

### Products:

• Evaluation Report

### **Step 5: Evaluation - Activities**

- Collection of required data
- Review of process outcomes, and effectiveness of policies, programs, and practices
- Evaluation of sustainability goals and objectives
   Development of recommendations for quality

Collaboration Engagement of partners in review of evaluation data Competence Gain insights into effectiveness of prevention plan

### Key Points:

- Partners meet to review evaluation data and decide how to improve the prevention efforts.
- Progress of sustainability goals and objectives are reviewed an updated.

### **Step 5: Evaluation - Products**

### Fit, Community Cultivate new stakeholders. Demo Success Evaluation plan demonstrates effectiveness of the plan. Resources Evaluation data can be used to solicit funding and volunteers for the prevention effort. • The evaluation report can be used to cultivate more leaders, entities and community support for the prevention effort. • Evaluation findings can be used to make the case for funding and other resources to sustain successful prevention efforts. • Evaluation findings should be used in an annual report that is widely distributed in the community.

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### **Advantages**

- Cultivates the community to support and become active participants in the implementation of the prevention plan
- Leverages limited resources and creates opportunities for additional funding
- Institutionalizes the prevention effort in the community

### Challenges

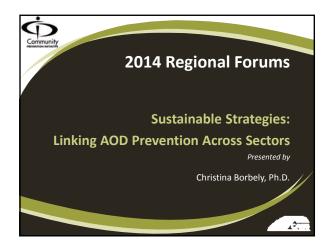
- Increased time to complete the SPF (normally 12 to 18 months)
- Community perspective that time and resources devoted to planning are unwarranted
- Involvement of stakeholders decreases control of the process
- Requires skills in prevention science, public health, planning, epidemiology, evaluation, and community mobilization

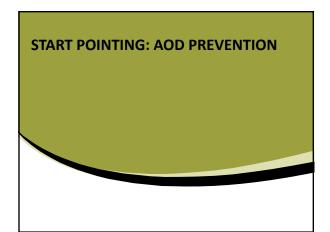
# Presenter Contact Information Paul Nolfo nolfoconsulting@sbcglobal.net (718) 809-8425

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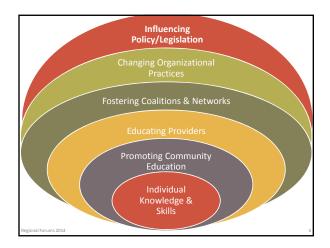
# Sustainable Strategies: Linking AOD Prevention Across Sectors

Christina Borbely, PhD Center for Applied Research Solutions (CARS)





The Conversation	
What do you do?  Prevention	
Prevention of what?  Alcohol and other drug use	
Why?  To prevent substance abuse and substance use disorders	/
Oh. Cool.	

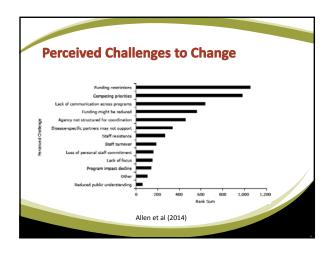


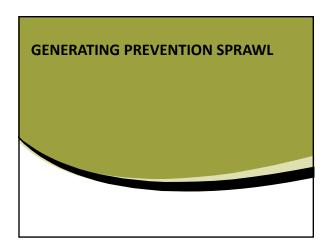
### Prevention: Who, What, Where, When, Why

- People
- Behaviors and Outcomes
- Places
- Opportunities
  - Why?
  - When?

### **No More Business As Usual**

■ How do preventionists change behavior?





universal COMMUNITY contributors wellness
SAMHSA CDC culture BehavioralHealth
treatment meth EdUcAtIoN indicated transmission
publichealth CrImE prevention justice
student-success illness cours marijuana
stress chronic
SocialServices
Retailers
Retailers
SELECTIVE AOD accidents vulnerable
NEIGHBORHOOD addiction buffers MentalHealth
It Out

### Who Cares?

- Parental substance abuse is a factor in at least 75% of all placements in out-of-home care.
- 80% of states report that parental abuse of AOD is 1 of 2 most common problems in families reported for child maltreatment.
- Youth in foster care have significantly higher rates of substance abuse than their peers living at home. 42% of foster youth reporting frequent, regular alcohol and marijuana use.
- Of juvenile offenders detained, 56% of boys and 40% of girls tested positive for drugs.
- drugs.

  Substance use is associated with problems for adolescent working memory and attention; and impaired cognitive development which, in turn, reduces academic achievement and disrupts academic progression.

  Substance abuse costs public health in terms of: teenage pregnancy, HIV/AIDS, STDS, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide.
- 50% of individuals with severe mental illness are affected by substance abuse. Improper disposal of Rx meds environmental impact: U.S. Geological Survey identified 100 different pharmaceuticals in US rivers and streams and in contaminated underground water.

### You're Welcome

- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.
- Substance use and violence prevention programs for youth offenders have returned more than \$30 per dollar invested.
- Prevention programs can be designed to intervene as early as infancy to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.
- Studies show that decreasing drug use will produce improvements in academic outcomes.
- Effective school-based prevention programs save an estimated \$18 for every \$1 spent.

### How do we talk about other prevention?

### Suicide prevention (mental health)

Suicide prevention starts with recognizing the warning signs and taking them seriously. Suicide is preventable.

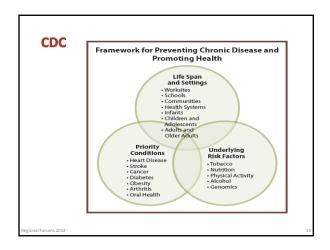
### Chronic disease prevention (public health)

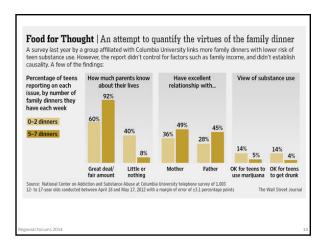
- Like heart disease, drug addiction can be prevented and treated successfully. (NIDA, 2008)
- Substance abuse is one of 20 chronic health conditions identified by CDC. (2013)

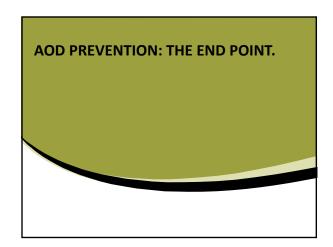
### Child abuse prevention (social services/child welfare)

With respect to human services, prevention typically consists of methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of well-being, or promote desired outcomes or behaviors.

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### **We are AOD Prevention**

- Providing "life jackets" in advance will save more lives than sending out "life boats" after the fact. In other words, life boats should be the exception, while "life jackets for EVERYONE" should be the rule.
- "Life jackets" are defined by clearly proven standards of effectiveness for specific life circumstances; not just any empty gallon jug or 99 cent floatie to grab on to regardless of the depth of the water or the size of the waves.

<b>AOD Pr</b>	evention:	Change t	:he	<b>Conversatio</b>
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What do you do?

Promote healthy people and safe communities.

Oh. Cool. How?

By making sure good things happen that will prevent bad things from happening.

Like what?

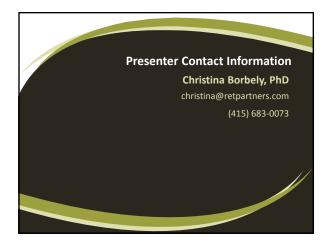
Like reducing kids' access to alcohol in stores so they don't drink. Or giving them opportunities to make good choices so they have positive experiences without getting "high."

That would help me with what I do/care about, {here's how....}

### **The Preventionist**

A Preventionist is a promoter of wellness who is committed to nurturing wellbeing of children, youth, families and communities before, during, or after bad things happen. A preventionist believes that potential risks can be avoided and that vulnerabilities can be offset so that we may bounce back from things that do harm. Preventionists achieve this through use of strategic approaches and proven programs, practices, and policies that span community sectors and professional realms. Preventionists collaborate.

# From This Point Forward Prevention: Who, What, Where, When, Why People Behaviors and Outcomes Places Opportunities Why? When?





### **Adolescent Mental Illness and Juvenile Drug Use**

There is a strong association between mental illness and juvenile drug use; studies have shown that substance abuse is the most common co-morbidity for all patients with mental disorders. A 2002 Report to Congress by the Substance Abuse and Mental Health Services Administration (SAMHSA) states:

- "Children with serious emotional disturbance are at heightened risk for substance abuse, and youth already struggling with less severe mental disorders are particularly vulnerable to increasing problems as a result of substance use."
- Certain mental health disorders are more strongly associated with substance use disorders including: major depressive disorder, bipolar disorder, anxiety disorders, and disruptive behavior disorders such as conduct disorder and attention deficit hyperactivity disorder. <sup>1,2</sup>
- Approximately two-thirds of all adolescents with substance use disorders have a comorbid psychiatric disorder.<sup>3</sup>

# Major depressive episodes in youth associated with substance abuse

The SAMHSA National Survey on Drug Use and Health (NSDUH) has demonstrated a strong correlation between a major depressive episode and drug use in young people ages 12 to 17. The 2005 NSDUH results showed that among youth who had not used alcohol or an illicit drug previously:

Those with a major depressive episode were about twice as likely to start using alcohol or an illicit drug as youth who had not experienced a major depressive episode in the past year.

- Among youth who had not used alcohol previously, 29.2 percent of those with a major depressive episode initiated alcohol use, compared with 14.5 percent of youth who had not experienced a major depressive episode in the past year.
- Among youth who had not used an illicit drug previously, 16.1 percent of those with a major depressive episode initiated illicit drug use compared with 6.9 percent of youth who had not experienced a major depressive episode in the past year.

■ This pattern of elevated risk for drug use among youth experiencing a major depressive episode was true across all types of drugs including: marijuana, crack/cocaine, heroine, hallucinogens, inhalants, and illicit use of prescription medications.

# Youth with ADHD at increased risk for substance abuse

Numerous studies have shown higher rates of substance abuse in young people with ADHD than are found in the general population.

- A 2003 study in the *Journal of Abnormal Psychology* compared the rate of substance abuse in youth with ADHD against a control group. It found that both groups gave similar responses when asked if they had ever tried alcohol, cigarettes, or marijuana at least once; however, the ADHD group was three times more likely to have tried some other illegal drug besides marijuana.<sup>4</sup>
- The risk of substance abuse in young people with ADHD is considerably lower for those who receive treatment.<sup>5</sup>

# Symptoms of mental illness often precede substance abuse

The complex interrelationship between mental illness and substance abuse is not fully understood. However, epidemiological studies have suggested that the onset of a diagnosable mental illness often precedes substance abuse.

■ The National Comorbidity Survey found that 90 percent of those with a lifetime co-occurring disorder were diagnosed with at least one mental disorder prior to being diagnosed with a substance use disorder. <sup>6</sup>

- A 1998 study of marijuana use in youth 13 to 19 years of age found an association with marijuana use and behavioral problems. Most of the youth in the study reported that the behavioral problems predated, and were not initially caused by, their drug use.<sup>7</sup>
- Among individuals with co-occurring disorders, the median age for onset of a mental disorder was 11 years of age, while the onset of a substance abuse disorder follows 5 to 10 years later at a median age of 21.8
- However, certain drugs, such as cocaine and other stimulants, have been demonstrated to cause psychiatric problems, and long-term marijuana use has been hypothesized to lead to chronic anxiety, personality disturbances and depression.<sup>9</sup>

# There is a window of opportunity for prevention and intervention

■ The National Institute on Drug Abuse (NIDA) has recognized the bidirectional relationship of mental illness and substance abuse and concluded that:

"diagnosis and treatment of one disorder will likely reduce risk for the other, or at least improve its prognosis."

■ The 2002 SAMHSA Report to Congress concludes that "treatment of younger children for depression, anxiety, and other problems may help prevent engagement in high-risk behaviors such as substance use."

# Experts recommend screening for mental illness, substance abuse in adolescence

- The American Academy of Pediatrics (AAP) Bright Futures guidelines recommend that adolescents be screened for substance abuse. These guidelines further recommend the use of a validated tool, such as the CRAFFT.
- The AAP guidelines also recommend that all adolescents receive a mental health evaluation during annual well-child visits. In June 2010, the AAP Task Force on Mental Health released further guidance on enhancing pediatric mental health care, which recommends the use of a previsit questionnaire incorporating validated screening instruments in order to assess mental health and psychosocial functioning.

- The American Medical Association Guidelines for Adolescent Preventive Services (GAPS) recommend that: "All adolescents should be asked annually about their use of alcohol and other abusable substances, and about their use of over-the-counter or prescription drugs for nonmedical purposes, including anabolic steroids."
- GAPS guidelines also recommend that: "All adolescents should be asked annually about behaviors or emotions that indicate recurrent or severe depression or risk of suicide."

### A need to improve screening rates

- A 2010 survey found that just 14 percent of young adults who regularly exceeded drinking limits were asked or advised about their alcohol consumption by their physician.<sup>11</sup>
- Data reported in *Pediatrics* shows that few physicians screen all teens for substance abuse. <sup>12</sup>
- Just 23 percent of primary care providers report routinely screening adolescent patients for mental illness.<sup>13</sup>

<sup>4</sup> Molina, B., Pelham, W. (2003). Childhood predictors of adolescent substance use in a longitudinal study of children with ADHD. *Journal of Abnormal Psychology*, 112:3.

<sup>&</sup>lt;sup>1</sup> Costello, E.J. et al. (2000). Report on the developmental epidemiology of comorbid psychiatric and substance use disorders. Presented to the National Institute on Drug Abuse. Durham, NC: Duke University Medical Center.

<sup>&</sup>lt;sup>2</sup> Lamps, C. et al. (2008). Youth with substance abuse and comorbid mental health disorders. *Current Psychiatry Reports* 10:265-271.

<sup>&</sup>lt;sup>3</sup> Ibid.

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<sup>&</sup>lt;sup>9</sup> Batki, S. (1990). Drug abuse, psychiatric disorders, and AIDS. Dual and triple diagnosis. *Western Journal of Medicine* 152(5): 547–552

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<sup>&</sup>lt;sup>11</sup> Hingson, R.W. et al. (2011). Young adults at risk for excess alcohol consumption are often not asked or counseled about drinking alcohol. *Journal of General Internal Medicine*, online early

early. <sup>12</sup> Kulig, J.W. et al. (2005). Tobacco, alcohol, and other drugs: role of the pediatrician in prevention, *Pediatrics* 115: 816-21. identification, and management of substance abuse. <sup>13</sup> Frankenfield, D. et al. (2000). Adolesent patients – healthy or

<sup>&</sup>lt;sup>10</sup> Frankenfield, D. et al. (2000). Adolesent patients – healthy or hurting? Missed opportunities to screen for suicide risk in the primary care setting. *Archives of Pediatric Adolescent Medicine* 154:162-16.



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### **Lessons from Prevention Research\***

The principles listed below are the result of long-term research studies on the origins of drug abuse behaviors and the common elements of effective prevention programs. These principles were developed to help prevention practitioners use the results of prevention research to address drug use among children, adolescents, and young adults in communities across the country. Parents, educators, and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse prevention programs at the community level.

Prevention programs are generally designed for use in a particular setting, such as at home, at school, or within the community, but can be adapted for use in several settings. In addition, programs are also designed with the intended audience in mind: for everyone in the population, for those at greater risk, and for those already involved with drugs or other problem behaviors. Some programs can be geared for more than one audience.

NIDA's prevention research program focuses on risks for drug abuse and other problem behaviors that occur throughout a child's development, from pregnancy through young adulthood. Research funded by NIDA and other Federal research organizations—such as the National Institute of Mental Health and the Centers for Disease Control and Prevention—shows that early intervention can prevent many adolescent risk behaviors.

**Principle 1**—Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002).

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills et al. 1996).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Gerstein and Green 1993; Dishion et al. 1999).
- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors (lalongo et al. 2001; Hawkins et al. 2008).
- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment (Beauvais et al. 1996; Moon et al. 1999).

**Principle 2**—Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained

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substances (e.g., inhalants), prescription medications, or over-the-counter drugs (Johnston et al. 2002).

**Principle 3**—Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors (Hawkins et al. 2002).

**Principle 4**—Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness (Oetting et al. 1997; Olds et al. 1998; Fisher et al. 2007; Brody et al. 2008).

**Principle 5**—Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998).

- Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al. 1997; Spoth et al. 2004).
- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules (Kosterman et al. 2001).

- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al. 2001).
- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse (Spoth et al. 2002b).

**Principle 6**—Prevention programs can be designed to intervene as early as infancy to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Olds et al. 1998; Webster-Stratton et al. 2001; Fisher et al. 2007).

**Principle 7**—Prevention programs for *elementary school children* should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Conduct Problems Prevention Research Group 2002; lalongo et al. 2001; Riggs et al. 2006; Kellam et al. 2008; Beets et al. 2009):

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

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**Principle 8**—Prevention programs for *middle* or junior high and high school students should increase academic and social competence with the following skills (Botvin et al. 1995; Scheier et al. 1999; Eisen et al. 2003; Ellickson et al. 2003; Haggerty et al. 2007):

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse.

**Principle 9**—Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among highrisk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002; Institute of Medicine 2009).

**Principle 10**—Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al. 1997; Spoth et al. 2002c; Stormshak et al. 2005).

**Principle 11**—Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faithbased organizations, and the media—

are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998; Hawkins et al. 2009).

**Principle 12**—When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al. 2002b; Hawkins et al. 2009), which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and
- *Delivery* (how the program is adapted, implemented, and evaluated).

**Principle 13**—Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without followup programs in high school (Botvin et al. 1995; Scheier et al. 1999).

**Principle 14**—Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (lalongo et al. 2001; Kellam et al. 2008).

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**Principle 15**—Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al. 1995).

Principle 16—Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen (Aos et al. 2001; Hawkins et al. 1999; Pentz 1998; Spoth et al. 2002a; Jones et al. 2008; Foster et al. 2007; Miller and Hendrie 2009).

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# **Collective Impact**



## **Collective Impact**

By John Kania & Mark Kramer

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# Collective Impact

LARGE-SCALE SOCIAL CHANGE REQUIRES
BROAD CROSS-SECTOR COORDINATION,
YET THE SOCIAL SECTOR REMAINS
FOCUSED ON THE ISOLATED INTERVENTION
OF INDIVIDUAL ORGANIZATIONS.

By John Kania & Mark Kramer

Illustration by Martin Jarrie

300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related non-profit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum im-

proved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at *every* stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead,

through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of *collective impact*, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most

he scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 24 industrialized nations, with more than 1 million secondary school

students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to

important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 53 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth-grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than



collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants. (See "Types of Collaborations" on page 39.)

Although rare, other successful examples of collective impact are addressing social issues that, like education, require many different players to change their behavior in order to solve a complex problem. In 1993, Marjorie Mayfield Jackson helped found the Elizabeth River Project with a mission of cleaning up the Elizabeth River in southeastern Virginia, which for decades had been a dumping ground for industrial waste. They engaged more than 100 stakeholders, including the city governments of Chesapeake, Norfolk, Portsmouth, and Virginia Beach, Va., the Virginia Department of Environmental Quality, the U.S. Environmental Protection Agency (EPA), the U.S. Navy, and dozens of local businesses, schools, community groups, environmental organizations, and universities, in developing an 18-point plan to restore the watershed. Fifteen years later, more than 1,000 acres of watershed land have been conserved or restored, pollution has been reduced by more than 215 million pounds, concentrations of the most severe carcinogen have been cut sixfold, and water quality has significantly improved. Much remains to be done before the river is fully restored, but already 27 species of fish and oysters are thriving in the restored wetlands, and bald eagles have returned to nest on the shores.

Or consider Shape up Somerville, a citywide effort to reduce and prevent childhood obesity in elementary school children in Somerville, Mass. Led by Christina Economos, an associate professor at Tufts University's Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, and funded by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, Blue Cross Blue Shield of Massachusetts, and United Way of Massachusetts Bay and Merrimack Valley, the program engaged government officials, educators, businesses, nonprofits, and citizens in collectively defining wellness and weight gain prevention practices. Schools agreed to offer healthier foods, teach nutrition, and promote physical activity. Local restaurants received a certification if they served low-fat, high nutritional food. The city organized a farmers' market and provided healthy lifestyle incentives such as reduced-price gym memberships for city employees. Even sidewalks were modified and crosswalks repainted to encourage more children to walk to school. The result was a statistically significant decrease in body mass index among the community's young children between 2002 and 2005.

Even companies are beginning to explore collective impact to tackle social problems. Mars, a manufacturer of chocolate brands such as M&M's, Snickers, and Dove, is working with NGOs, local governments, and even direct competitors to improve the lives of more than 500,000 impoverished cocoa farmers in Cote d'Ivoire, where Mars sources a large portion of its cocoa. Research suggests

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that better farming practices and improved plant stocks could triple the yield per hectare, dramatically increasing farmer incomes and improving the sustainability of Mars's supply chain. To accomplish this, Mars must enlist the coordinated efforts of multiple organizations: the Cote d'Ivoire government needs to provide more agricultural extension workers, the World Bank needs to finance new roads, and bilateral donors need to support NGOs in improving health care, nutrition, and education in cocoa growing communities. And Mars must find ways to work with its direct competitors on pre-competitive issues to reach farmers outside its supply chain.

These varied examples all have a common theme: that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Evidence of the effectiveness of this approach is still limited, but these examples suggest that substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn't happen often, not because it is impossible, but because it is so rarely attempted. Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.

### ISOLATED IMPACT

ost funders, faced with the task of choosing a few grantees from many applicants, try to ascertain which organizations make the greatest contribution toward solving a social problem. Grantees, in turn, compete to be chosen by emphasizing how their individual activities produce the greatest effect. Each organization is judged on its own potential to achieve impact, independent of the numerous other organizations that may also influence the issue. And when a grantee is asked to evaluate the impact of its work, every attempt is made to isolate that grantee's individual influence from all other variables.

In short, the nonprofit sector most frequently operates using an approach that we call isolated impact. It is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicate to extend their impact more widely. Funders search for more effective interventions as if there were a cure for failing schools that only needs to be discovered, in the way that medical cures are discovered in laboratories. As a result of this process, nearly 1.4 million nonprofits try to invent independent solutions to major social problems, often working at odds with each other and exponentially increasing the perceived resources required to make meaningful progress. Recent trends have only reinforced this perspective. The growing interest in venture philanthropy and social entrepreneurship, for example, has greatly benefited the social sector by identifying and accelerating the growth of many high-performing nonprofits, yet it has also accentuated an emphasis on scaling up a few select organizations as the key to social progress.

Despite the dominance of this approach, there is scant evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world. No single organization is responsible for any major social problem, nor can any single

### TYPES OF COLLABORATIONS

Organizations have attempted to solve social problems by collaboration for decades without producing many results. The vast majority of these efforts lack the elements of success that enable collective impact initiatives to achieve a sustained alignment of efforts.

**Funder Collaboratives** are groups of funders interested in supporting the same issue who pool their resources. Generally, participants do not adopt an overarching evidence-based plan of action or a shared measurement system, nor do they engage in differentiated activities beyond check writing or engage stakeholders from other sectors.

**Public-Private Partnerships** are partnerships formed between government and private sector organizations to deliver specific services or benefits. They are often targeted narrowly, such as developing a particular drug to fight a single disease, and usually don't engage the full set of stakeholders that affect the issue, such as the potential drug's distribution system.

**Multi-Stakeholder Initiatives** are voluntary activities by stakeholders from different sectors around a common theme. Typically, these initiatives lack any shared measurement of impact and the supporting infrastructure to forge any true alignment of efforts or accountability for results.

**Social Sector Networks** are groups of individuals or organizations fluidly connected through purposeful relationships, whether formal or informal. Collaboration is generally ad hoc, and most often the emphasis is placed on information sharing and targeted short-term actions, rather than a sustained and structured initiative.

**Collective Impact Initiatives** are long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization.

organization cure it. In the field of education, even the most highly respected nonprofits—such as the Harlem Children's Zone, Teach for America, and the Knowledge Is Power Program (KIPP)—have taken decades to reach tens of thousands of children, a remarkable achievement that deserves praise, but one that is three orders of magnitude short of the tens of millions of U.S. children that need help.

The problem with relying on the isolated impact of individual organizations is further compounded by the isolation of the non-profit sector. Social problems arise from the interplay of governmental and commercial activities, not only from the behavior of social sector organizations. As a result, complex problems can be solved only by cross-sector coalitions that engage those outside the nonprofit sector.

We don't want to imply that all social problems require collective impact. In fact, some problems are best solved by individual organizations. In "Leading Boldly," an article we wrote with Ron Heifetz for the winter 2004 issue of the Stanford Social Innovation Review, we described the difference between technical problems and adaptive problems. Some social problems are technical in that the problem is well defined, the answer is known in advance, and one or a few organizations have the ability to implement the solution. Examples include funding college scholarships, building a hospital, or installing inventory controls in a food bank. Adaptive problems, by contrast, are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Reforming public education, restoring wetland environments, and improving community health are all adaptive problems. In these cases, reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own behavior in order to create a solution.

Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships. It requires a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives. And it requires the creation of a new set of nonprofit management organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.

# THE FIVE CONDITIONS OF COLLECTIVE SUCCESS

ur research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

*Common Agenda* | Collective impact requires all participants to have a shared

vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions. Take a close look at any group of funders and nonprofits that believe they are working on the same social issue, and you quickly find that it is often not the same issue at all. Each organization often has a slightly different definition of the problem and the ultimate goal. These differences are easily ignored when organizations work independently on isolated initiatives, yet these differences splinter the efforts and undermine the impact of the field as a whole. Collective impact requires that these differences be discussed and resolved. Every participant need not agree with every other participant on all dimensions of the problem. In fact, disagreements continue to divide participants in all of our examples of collective impact. All participants must agree, however, on the primary goals for the collective impact initiative as a whole. The Elizabeth River Project, for example, had to find common ground among the different objectives of corporations, governments, community groups, and local citizens in order to establish workable cross-sector initiatives.

Funders can play an important role in getting organizations to act in concert. In the case of Strive, rather than fueling hundreds of strategies and nonprofits, many funders have aligned to support Strive's central goals. The Greater Cincinnati Foundation realigned its education goals to be more compatible with Strive, adopting Strive's annual report card as the foundation's own measures for progress in education. Every time an organization applied to Duke Energy for a grant, Duke asked, "Are you part of the [Strive] network?" And when a new funder, the Carol Ann and Ralph V. Haile Jr./U.S. Bank Foundation, expressed interest in education, they were encouraged by virtually every major education leader in Cincinnati to join Strive if they wanted to have an impact in local education. 1

Shared Measurement Systems | Developing a shared measurement system is essential to collective impact. Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported. Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other's successes and failures.

It may seem impossible to evaluate hundreds of different organizations on the same set of measures. Yet recent advances in Web-based technologies have enabled common systems for reporting performance and measuring outcomes. These systems increase efficiency and reduce cost. They can also improve the quality and credibility of the data collected, increase effectiveness by enabling grantees to learn from each other's performance, and document the progress of the field as a whole.<sup>2</sup>

All of the preschool programs in Strive, for example, have agreed to measure their results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures. Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly. The preschool programs discovered that children regress during the summer break before kindergarten. By launching an innovative "summer bridge" session, a technique more often used in middle school, and implementing it simultaneously in all preschool programs, they increased the average kindergarten readiness scores throughout the region by an average of 10 percent in a single year.<sup>3</sup>

*Mutually Reinforcing Activities* | Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder's efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

All participants in the Elizabeth River Project, for example, agreed on the 18-point watershed restoration plan, but each is playing a different role based on its particular capabilities. One group of organizations works on creating grassroots support and engagement among citizens, a second provides peer review and recruitment for industrial participants who voluntarily reduce pollution, and a third coordinates and reviews scientific research.

The 15 SSNs in Strive each undertake different types of activities at different stages of the educational continuum. Strive does not prescribe what practices each of the 300 participating organizations should pursue. Each organization and network is free to chart its own course consistent with the common agenda, and informed by the shared measurement of results.

Continuous Communication | Developing trust among nonprofits, corporations, and government agencies is a monumental challenge. Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. They need time to see that their own interests will be treated fairly, and that decisions will be made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.

Even the process of creating a common vocabulary takes time, and it is an essential prerequisite to developing shared measurement systems. All the collective impact initiatives we have studied held monthly or even biweekly in-person meetings among the organizations' CEO-level leaders. Skipping meetings or sending lower-level delegates was not acceptable. Most of the meetings were supported by external facilitators and followed a structured agenda.

The Strive networks, for example, have been meeting regularly for more than three years. Communication happens between meetings too: Strive uses Web-based tools, such as Google Groups, to keep communication flowing among and within the networks. At first, many of the leaders showed up because they hoped that their participation would bring their organizations additional funding, but they soon learned that was not the meetings' purpose. What they discovered instead were the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue.

Backbone Support Organizations | Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails.

The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. Strive has simplified the initial staffing requirements for a backbone organization to three roles: project manager, data manager, and facilitator.

Collective impact also requires a highly structured process that leads to effective decision making. In the case of Strive, staff worked with General Electric (GE) to adapt for the social sector the Six Sigma process that GE uses for its own continuous quality improvement. The Strive Six Sigma process includes training, tools, and resources that each SSN uses to define its common agenda, shared measures, and plan of action, supported by Strive facilitators to guide the process.

In the best of circumstances, these backbone organizations embody the principles of adaptive leadership: the ability to focus people's attention and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

### FUNDING COLLECTIVE IMPACT

reating a successful collective impact initiative requires a significant financial investment: the time participating organizations must dedicate to the work, the development and monitoring of shared measurement systems, and the staff of the backbone organization needed to lead and support the initiative's ongoing work.

As successful as Strive has been, it has struggled to raise money, confronting funders' reluctance to pay for infrastructure and preference for short-term solutions. Collective impact requires instead that funders support a long-term process of social change without identifying any particular solution in advance. They must be willing to let grantees steer the work and have the patience to stay with an initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization.

This requires a fundamental change in how funders see their role, from funding organizations to leading a long-term process of social change. It is no longer enough to fund an innovative solution created by a single nonprofit or to build that organization's capacity. Instead, funders must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive.

This is a shift that we foreshadowed in both "Leading Boldly" and our more recent article, "Catalytic Philanthropy," in the fall 2009 issue of the Stanford Social Innovation Review. In the former, we suggested that the most powerful role for funders to play in addressing adaptive problems is to focus attention on the issue and help to create a process that mobilizes the organizations involved to find a solution themselves. In "Catalytic Philanthropy," we wrote: "Mobilizing and coordinating stakeholders is far messier and slower work than funding a compelling grant request from a single organization. Systemic change, however, ultimately depends on a sustained campaign to increase the capacity and coordination of an entire field." We recommended that funders who want to create large-scale change follow four practices: take responsibility for assembling the elements of a solution; create a movement for change; include solutions from outside the nonprofit sector; and use actionable knowledge to influence behavior and improve performance.

These same four principles are embodied in collective impact initiatives. The organizers of Strive abandoned the conventional approach of funding specific programs at education nonprofits and took responsibility for advancing education reform themselves. They built a movement, engaging hundreds of organizations in a drive toward shared goals. They used tools outside the nonprofit sector, adapting GE's Six Sigma planning process for the social sector. And through the community report card and the biweekly meetings of the SSNs they created actionable knowledge that motivated the community and improved performance among the participants.

Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organization with a modest annual budget can support a collective impact initiative of several hundred organizations, magnifying the impact of millions or even billions of dollars in existing funding. Strive, for example, has a \$1.5 million annual budget but is coordinating the efforts and

increasing the effectiveness of organizations with combined budgets of \$7 billion. The social sector, however, has not yet changed its funding practices to enable the shift to collective impact. Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.

### **FUTURE SHOCK**

hat might social change look like if funders, nonprofits, government officials, civic leaders, and business executives embraced collective impact? Recent events at Strive provide an exciting indication of what might be possible.

Strive has begun to codify what it has learned so that other communities can achieve collective impact more rapidly. The organization is working with nine other communities to establish similar cradle to career initiatives. 4 Importantly, although Strive is broadening its impact to a national level, the organization is not scaling up its own operations by opening branches in other cities. Instead, Strive is promulgating a flexible process for change, offering each community a set of tools for collective impact, drawn from Strive's experience but adaptable to the community's own needs and resources. As a result, the new communities take true ownership of their own collective impact initiatives, but they don't need to start the process from scratch. Activities such as developing a collective educational reform mission and vision or creating specific community-level educational indicators are expedited through the use of Strive materials and assistance from Strive staff. Processes that took Strive several years to develop are being adapted and modified by other communities in significantly less time.

These nine communities plus Cincinnati have formed a community of practice in which representatives from each effort connect regularly to share what they are learning. Because of the number and diversity of the communities, Strive and its partners can quickly determine what processes are universal and which require adaptation to a local context. As learning accumulates, Strive staff will incorporate new findings into an Internet-based knowledge portal that will be available to any community wishing to create a collective impact initiative based on Strive's model.

This exciting evolution of the Strive collective impact initiative is far removed from the isolated impact approach that now dominates the social sector and that inhibits any major effort at comprehensive, large-scale change. If successful, it presages the spread of a new approach that will enable us to solve today's most serious social problems with the resources we already have at our disposal. It would be a shock to the system. But it's a form of shock therapy that's badly needed.  $\blacksquare$ 

#### Notes

- 1 Interview with Kathy Merchant, CEO of the Greater Cincinnati Foundation, April 10, 2010
- 2 See Mark Kramer, Marcie Parkhurst, and Lalitha Vaidyanathan, Breakthroughs in Shared Measurement and Social Impact, FSG Social Impact Advisors, 2009.
- 3 "Successful Starts," United Way of Greater Cincinnati, second edition, fall 2009.
- 4 Indianapolis, Houston, Richmond, Va., and Hayward, Calif., are the first four communities to implement Strive's process for educational reform. Portland, Ore., Fresno, Calif., Mesa, Ariz., Albuquerque, and Memphis are just beginning their efforts.

National Prevention Strategy: Healthy and Safe Community Environments

### **National Prevention Strategy**

# HEALTHY and SAFE COMMUNITY ENVIRONMENTS

Health and wellness are influenced by the places in which people live, learn, work, and play. Communities, including homes, schools, public spaces, and work sites, can be transformed to support well-being and make healthy choices easy and affordable. Healthy and safe community environments include those with clean air and water, affordable and secure housing, sustainable and economically vital neighborhoods, and supportive structures (e.g., violence free places to be active).

### **ACTIONS: THE FEDERAL GOVERNMENT WILL**

- Coordinate investments in transportation, housing, environmental protection, and community infrastructure to promote sustainable and healthy communities.
- Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable, and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, develop green facilities and buildings).
- Support standards to reduce pollution and environmental exposure to ensure that all communities are protected from environmental and health hazards.
- Support healthy housing while addressing unsafe housing conditions and health-related hazards, including injury hazards, asthma triggers, and lead-based paint hazards.

- Increase availability and use of prevention research to identify effective environmental, policy and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
- Use housing development subsidies to promote mixed-income neighborhoods and access to safe and healthy housing.
- Support state, tribal, local, and territorial partners to enhance epidemiology and laboratory capacity, health information technology, and performance improvement.
- Support state, tribal, local, and territorial partners in strategic health security planning efforts for pandemics, biological and chemical attacks, incidents affecting food and agriculture, natural disasters, and other catastrophic events.
- Support effective public safety measures, such as community-based anti-crime and anti-gang initiatives to facilitate physical activity and prevent injury and violence.

### **RECOMMENDATIONS**

- **1.** Improve quality of air, land, and water.
- 2. Design and promote affordable, accessible, safe, and healthy housing.
- 3. Strengthen state, tribal, local, and territorial public health departments to provide essential services.
- Integrate health criteria into decision making, where appropriate, across multiple sectors.
- **5.** Enhance cross-sector collaboration in community planning and design to promote health and safety.
- **6.** Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange.
- 7. Identify and implement strategies that are proven to work and conduct research where evidence is lacking.
- **8.** Maintain a skilled, crosstrained, and diverse prevention workforce.



### **ACTIONS: PARTNERS CAN**

### Individuals and Families

- ▶ Use alternative transportation (e.g., biking, walking, public transportation, car and vanpooling).
- ▶ Conduct home assessments and modifications (e.g., installing smoke and carbon monoxide detectors, testing for lead, checking for mold and radon).
- Purchase energy efficient products, support local vendors, and recycle.

### Community, Non-Profit, and Faith-Based Organizations

- ▶ Convene diverse partners and promote strong cross-sector participation in planning, implementing, and evaluating community health efforts.
- Implement processes to ensure that people are actively engaged in decisions that affect health.

### Early Learning Centers, Schools, Colleges, and Universities

- Integrate appropriate core public health competencies into relevant curricula (e.g., nursing, medicine, dentistry, allied health, pharmacy, social work, education) and train professionals to collaborate across sectors to promote health and wellness.
- Include training on assessing health impact within fields related to community planning and development (e.g., urban planning, architecture and design, transportation, civil engineering, agriculture) and encourage innovation in designing livable, sustainable communities.
- Implement policies and practices that promote healthy and safe environments (e.g., improving indoor air quality, addressing mold problems, reducing exposure to pesticides and lead, ensuring that drinking water sources are free from bacteria and other toxins, implementing and enforcing tobacco-free policies).

### Health Care Systems, Insurers, and Clinicians

- Partner with state, tribal, local, and territorial governments, business leaders, and communitybased organizations to conduct comprehensive community health needs assessments and develop community health improvement plans.
- ▶ Support integration of prevention and public health skills into health care professional training and cross-train health care practitioners to implement prevention strategies.

Increase the use of certified electronic health records to identify populations at risk and develop policies and programs.

### Businesses and Employers

- Ensure that homes and workplaces are healthy, including eliminating safety hazards (e.g., trip hazards, unsafe stairs), ensuring that buildings are free of water intrusion, indoor environmental pollutants (e.g., radon, mold, tobacco smoke), and pests, and performing regular maintenance of heating and cooling systems.
- Adopt practices to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare and vanpool programs, park-and-ride incentives, travel demand management initiatives, telecommuting options).
- Identify and implement green building siting, design, construction, operations, and maintenance solutions that over time will improve the environment and health.
- Adhere to best practices to promote safety and health, including participatory approaches to hazard identification and remediation as well as supervisory and worker training.

### State, Tribal, Local, and Territorial Governments

- ▶ Facilitate collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture. business associations, labor organizations, health, and public health) when making decisions likely to have a significant effect on health.
- Include health criteria as a component of decision making (e.g., policy making, land use, and transportation planning).
- ▶ Conduct comprehensive community health needs assessments and develop state and community health improvement plans.
- Promote the use of interoperable systems to support data-driven prevention decisions and implement evidence-based prevention policies and programs, such as those listed in the Guide to Community Preventive Services.
- Strengthen and enforce housing and sanitary code requirements and ensure rapid remediation or alternative housing options.
- ▶ Participate in national voluntary accreditation of health departments.



More information can be found at:

### Website:

www.HealthCare.gov/ nationalpreventioncouncil

Email: prevention.council@hhs.gov

Twitter: #NPSAction





# National Prevention Strategy: Preventing Drug Abuse and Excessive Alcohol Use

### **National Prevention Strategy**

# PREVENTING DRUG ABUSE and EXCESSIVE ALCOHOL USE



Preventing drug abuse and excessive alcohol use increases people's chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking (i.e., five or more drinks during a single occasion for men, four or more drinks during a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving.

Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the-counter drugs) and any use of illicit drugs. Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions.

### **ACTIONS: THE FEDERAL GOVERNMENT WILL**

- Foster development of a nationwide community-based prevention system involving state, tribal, local and territorial governments and partners such as schools, health and social service systems, law enforcement, faith communities, local businesses, and neighborhood organizations.
- Enhance linkages between drug prevention, substance abuse, mental health, and juvenile and criminal justice agencies to develop and disseminate effective models of prevention and care coordination.
- Educate health care professionals on proper opioid prescribing, SBIRT, and effective use of prescription drug monitoring programs.
- Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).

- Conduct ongoing, independent and brandspecific monitoring of youth exposure to alcohol marketing in order to ensure compliance with advertising standards.
- Promote implementation of interoperable state prescription drug monitoring programs.
- Develop programs consistent with Drug Enforcement Agency regulations that provide easily accessible, environmentally responsible ways to properly dispose of medications.
- Provide education, outreach, and training to address parity in employment-based group health plans and health insurance coverage for substance use disorders.
- Further investigate and heighten attention to issues related to driving under the influence of illicit and prescription drugs.

### RECOMMENDATIONS

- Support state, tribal, local and territorial implementation and enforcement of alcohol control policies.
- 2. Create environments that empower young people not to drink or use other drugs.
- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.
- **4.** Reduce inappropriate access to and use of prescription drugs.

Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness.



### **ACTIONS: PARTNERS CAN**

### Individuals and Families

- Avoid binge drinking, use of illicit drugs, or the misuse of prescription medications and, as needed, seek help from their clinician for substance abuse disorders.
- Safely store and properly dispose of prescription medications and not share prescription drugs with others.
- Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-thecounter) that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure that youth cannot access alcohol in their home.

# Community, Non-Profit, and Faith-Based Organizations

- Support implementation and enforcement of alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness on the proper storage and disposal of prescription medications.

# Early Learning Centers, Schools, Colleges, and Universities

- Adopt policies and programs to decrease the use of alcohol or other drugs on campuses.
- Implement programs for reducing drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking or peer-to-peer support groups).

## Health Care Systems, Insurers, and Clinicians

Identify and screen patients for excessive drinking using SBIRT, implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders) and evaluate the effectiveness of alternative methods for providing SBIRT (e.g., by phone or via the internet).

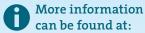
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

### **Businesses and Employers**

- Implement policies that facilitate the provision of SBIRT or offer alcohol and substance abuse counseling through employee assistance programs.
- Include substance use disorder benefits in health coverage and encourage employees to use these services as needed.
- Implement training programs for owners, managers, and staff that build knowledge and skills related to responsible beverage service.

# State, Tribal, Local, and Territorial Governments

- Maintain and enforce the age 21 minimum legal drinking age (e.g., increasing the frequency of retailer compliance checks), limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in the vehicles of those convicted of alcohol impaired driving.
- Implement or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including policies allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis and other infectious diseases associated with drug use.



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Reducing the Burden of Mental Illness: The Role of Preventive Activities and Public Health Strategies



National Association of State Mental Health Program Directors

## **Reducing the Burden of Mental Illness:**

# The Role of Preventive Activities and Public Health Strategies

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#### **About NASMHPD**

The National Association of State Mental Health Program Directors (NASMHPD) is home to the only member organization representing state executives responsible for the \$37 billion public behavioral health service delivery system serving nearly 7 million people annually in all 50 states, 4 territories, and the District of Columbia.

NASMHPD serves as the national representative and advocate for state behavioral health agencies and their directors and supports effective stewardship of state mental health systems. NASMHPD informs its members on current and emerging public policy issues, educates on research findings and best practices, provides consultation and technical assistance, collaborates with key stakeholders and facilitates state-to-state sharing of new approaches and information on improving care for people with serious mental illnesses.

#### **Preface**

This issue paper on the role of preventive activities and public health promotion in reducing the burden of behavioral health disorders is the third in a series of eight briefs under the auspices of the NASMHPD on implementation issues associated with the Affordable Care Act.

We hope this report will provide further guidance to SAMHSA and State Behavioral Health Authorities (SBHAs) on the roles that state agencies can play in promoting positive mental health, preventing the development of mental health problems, and reducing the impact of mental illness by utilizing a public health approach. These efforts may be assisted in part through various opportunities made possible under the Affordable Care Act and in the rapidly changing health care service delivery environment.

Robert W. Glover, Ph.D. Executive Director NASMHPD

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#### **Executive Summary**

Mental health and mental illness can be influenced by multiple determinants, including genetics and biology, but also by numerous social and environmental factors. For example, social determinants of health—including income, stressful circumstances and life events such as trauma, early childhood experiences, social exclusion, occupation, education level, sanitation, social support, stigma, discrimination (e.g., racism), and lack of access to health resources—can influence mental health and mental illness.

In turn, mental health and mental illness may influence physical health and biologic functioning. Positive mental health—positive emotions and evaluations of life—are associated with better endocrine function, and better immune response. Higher levels of purpose in life, personal growth, and positive relations have been linked with lower cardiovascular risk.

Social determinants may have positive or negative consequences. For example, an intact family provides a strong, protective social network. Other protective factors include religion and spirituality, social support, and social participation. On the other hand, a lack of infrastructure in poor urban neighborhoods often leads to communities that are disenfranchised and social networks that are frayed

Public health interventions can create major improvements in the mental health of our society. To be effective, it is essential that the public health system clearly define population disparities, set goals for improvement, focus on community-based research, and educate the community about the effects of social determinants of health on mental health and mental illness. The interaction of the three elements—social determinants of health, health outcomes, and public health interventions—can yield central insights for maintaining positive mental health and fostering improvement for populations who have a mental illness.

The Affordable Care Act (ACA) includes four primary levers of change: coverage for previously uninsured persons which helps to decrease disparities in access to care, thereby improving overall wellbeing; parity for mental health with other health care; certain funding provisions for promotive/preventive programs and services that can have a positive impact on mental health; and the integration of public health prevention and promotion programs into what have traditionally been programs to address physical health. The case for a public health framework to address the persistent barriers to accessible and effective mental health services using this multi-tiered approach is compelling. However, a shift towards the efficient and effective implementation of a coordinated and comprehensive approach to mental health will involve many challenges, including a reallocation of resources, a retooling of the workforce, and a broader reconceptualization of mental health promotion that includes healthy functioning (cognitive, social, and physical) across multiple domains and settings (home, school, work).

This report identifies relevant components of a public health framework and the positive impact that this approach can have on improving the mental health of the population. Provisions of the ACA which states can leverage to implement or increase promotion and prevention-related activities to foster mental health are highlighted, along with examples of models and activities that states might consider in their efforts to improve wellbeing and reduce the impact of mental illness.

#### I. Introduction

In 1999, the Office of the U.S. Surgeon General released its first report on mental health, calling for the full integration of mental health care into the nation's public health system. The Surgeon General's report urged a broad public health approach, including clinical diagnosis and treatment of mental illness, as well as surveillance, research, and promotion of mental health. The report concluded that mental disorders are among the most prevalent and costly conditions in the United States and that effective treatments can reduce their prevalence and their adverse effects on other health conditions. In the years since, mental health promotion, the prevention of mental disorders, and actions to reduce the severity and impact of mental illness, have all been increasingly recognized by the public health community as critical to good physical health.

Approximately 18 percent of Americans 18 years of age or older—42.5 million adults—suffer from a diagnosable mental disorder in any given year. Forty-six percent of U.S. adults will experience some mental disorder during the course of their lifetime. The estimated lifetime prevalence of mental illness among the U.S. adult population is 31.2 percent for anxiety disorders, 25 percent for impulse-control disorders, 21.4 percent for mood disorders, and 15 percent for substance use disorders. Depression is among the leading global causes of life-years lived with a disability.

The interconnections of injury, chronic disease and its risk factors, and mental illness are striking. Injury rates for both unintentional (e.g., motor vehicle injuries) and intentional (e.g., homicide) injuries are 2 to 4<sup>v</sup> times and 7 times higher, vi respectively, among people with a history of mental illness than for the overall population. Tobacco use among people diagnosed with a mental illness is twice as high as in the overall population. vii

Mental illness and chronic disease are frequently associated; the incidence, course, and outcomes of each are affected by the presence of the other. In addition, there is extensive evidence of a causal connection between mental illness and chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, arthritis, epilepsy, and cancer. The National Arthritis Action Plan viii identifies the need to "define the impact of coping, depression, and other emotional responses [on] arthritis."

In addition, there is a reciprocal relationship between chronic disease self-management and mental health. Self-efficacy, goal-setting, and problem-solving enable self-management behaviors, and these components are dependent on mental health.

Conversely, self-management behaviors that enhance health, such as physical activity and stress reduction, can improve mental health status and quality of life.

However, the absence of mental illness does not necessarily mean the presence of mental health. Growing research supports the view that mental health and mental illness are independent but related dimensions. Findings suggest that well-being has its own biomarkers, contrasted with those associated with ill-being, but more studies are required.

Mental health generally refers to "the successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and adversity." Mental health can also be characterized as the presence of positive affect (e.g., optimism, cheerfulness, and interest), absence of negative affect, and satisfaction with life. These domains are commonly referred to as "well-being."

Mental illness is "characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning," and includes diseases with classic psychiatric diagnoses, such as depression, bipolar disorder, and schizophrenia.

It is important to note that *all* individuals—including those with a mental illness—can benefit from efforts to promote well-being and life satisfaction, and hence mental health promotion strategies can be employed to benefit the full population. <sup>xii</sup>

Mental health and mental illness can be influenced by multiple determinants, including genetics and biology and their interactions with social and environmental factors. For example, social determinants of health—including income, stressful circumstances and life events such as trauma, early childhood experiences, social exclusion, occupation, education level, sanitation, social support, stigma, discrimination (e.g., racism), and lack of access to health resources—can influence mental health and mental illness.

In turn, mental health and mental illness may influence physical health and biologic functioning. Positive mental health—positive emotions and evaluations of life—are associated with better endocrine function (i.e., lower levels of cortisol, epinephrine, and norepinephrine), and better immune response (i.e., higher antibody production and greater resistance to illness). Higher levels of purpose in life, personal growth, and positive relations have been linked with lower cardiovascular risk including lower glycosylated hemoglobin, lower weight, lower waist to hip ratios, and higher good or HDL cholesterol.

Higher levels of interpersonal well-being and purpose in life are also linked with lower inflammatory factors (e.g., interleukin 6), as well as brain function—asymmetric activation of the prefrontal cortex, as well as reduced amygdala activation to aversive stimuli, accompanied by greater activation of the ventral anterior cingulated cortex.

#### II. The Burden of Mental Illness

People from disadvantaged populations who have diagnosed disorders often face problems accessing medical care. These influences may also operate in more advantaged groups, but limited English language proficiency, limited medical literacy, geographic inaccessibility, and lack of medical insurance are all more common among immigrants, minority populations, and people in rural areas. These influences on somatic and mental health and associated disparities in access among diverse populations have been described as social determinants. Social determinants include, but are not limited to, housing status, income, education, stigma and discrimination, access to resources, stress, physical environment, and institutionalization.

Social determinants may have positive or negative consequences. For example, an intact family provides a strong, protective social network. Other protective factors include religion and spirituality, social support, and social participation. On the other hand, a lack of infrastructure in poor urban neighborhoods often leads to communities that are disenfranchised and social networks that are frayed.

Poor health outcomes increase in the presence of multiple negative social indicators, and mental illness often occurs concurrently with chronic diseases. Among American Indians, the presence of trauma, stress, and depression increases the risk for diabetes. Individuals concurrently suffering from depression and diabetes more often fail to seek treatment, leading to reduced blood glucose control, and increased risk for heart disease, respiratory disorders, and pain. Lack of insurance, limited health literacy, stigma, and cultural beliefs also may prevent individuals from seeking help, screening, and health assessment.

#### The Role of Public Health Interventions

Public health interventions can create major improvements in fostering mental health and reducing the burden of mental illness. To be effective, it is essential that the public health system clearly define population disparities, set goals for improvement, focus on community-based research, and educate the community about the effects of social determinants of health on mental health and mental illness. The interaction of the three elements—social determinants of health, health outcomes, and public health interventions—can yield central insights for maintaining mental health and improvement for all populations who have a mental illness.

# III. Preventive Activities Related to the Onset, Progression, and Negative Impacts of Mental Illness

There are different ways to categorize preventive measures. A commonly-utilized framework within public health relates to the goals of a practice according to "stages of disease," with a continuum across primary, secondary, and tertiary prevention. Primary prevention efforts may be further delineated by the level of risk of the targeted

population, at the universal, selective, and indicated levels. These categories are discussed below.

#### Primary Prevention

Primary prevention consists of those activities that take place prior to the onset of a disorder. It is predicated on the identification of modifiable risk and protective factors, with strategies to minimize the former and enhance the latter. Risk factors for mental health problems include, for instance, child maltreatment, chronic poverty, and social exclusion. Whereas nurturing environments, opportunities for pro-social engagement in one's surroundings, and the development of social and emotional skills that support selfregulation and executive function are all examples of protective factors. Within the realm of primary prevention, the Institute of Medicine highlights three levels of intervention based on the level of risk of the target population xiii. *Universal* prevention strategies are those that are aimed at general population groups without regard to risk (e.g., programs implemented in a full classroom to enhance social and emotional skills development). Selective prevention programs are those that target individuals that have elevated risks (e.g., a program to enhance resilience for children whose parents are recently divorced, or programs to strengthen parenting practices for families at risk for child maltreatment). Finally, *indicated* prevention activities are those that serve individuals in which early indicators of a problem are present, yet the person does not yet meet criteria for a disorder (e.g., programs targeting youth with early substance use and aggressive behavior).

Because primary prevention practices take place across diverse settings (e.g., schools, homes, daycare centers, community serve centers), funding to support these activities often comes from a wide range of sources. An example of a primary prevention intervention type that now receives support via program funding under the ACA is home visitation for pre- and post-natal parents. Programs of this model type operate at the selective level of prevention, and they have shown success in improving maternal and child health, reducing maltreatment, promoting healthy parent child bonding, enhancing positive social and emotional development of the child, and improving school readiness.

#### Secondary Prevention

Secondary prevention aims to reduce the progression of a disorder, typically through screening and early identification. XiV By identifying problems very early on, individuals can be offered services and supports to address their needs, which may help to reduce more rapid or severe progression of an illness. As more primary care providers are encouraged to screen for potential behavioral health problems, greater numbers of individuals can be provided with timely care that will help to reduce, on a national level, the collective impact of such disorders. The ACA's extension of health coverage to previously uninsured individuals—as well as its strong emphasis on screening and early intervention—enhances opportunities for secondary prevention practices.

#### Tertiary Prevention

Tertiary prevention focuses on improving functioning, minimizing the impact of an illness, and helping to prevent or delay further complications. Voutreach, coordinated care, and linkages to services and supports can help persons with mental illness to be more fully and successfully engaged in their communities and can enhance positive functioning in the different areas of their lives. Broader access to care, and the emphasis on care coordination and integrated health homes under the ACA, will create opportunities for improved mental health in this regard.

#### IV. Public Health Approaches

Public health programs are applications of interventions in the field. The public health approach to addressing mental health and mental illness includes policies and programs to advance surveillance, epidemiology, prevention research, communication, education, and systems changes. Public health surveillance provides data about the burden of disease, risk factors, and the effects of specific interventions. Epidemiology is an essential tool for examining the influences on disease and health in populations and supporting research for new scientific insights and policy development. Prevention research develops and evaluates interventions to improve health, including mental health. Public communication and education for health professionals help to disseminate evidence-based information about the results of epidemiologic and prevention research. The success of public health policies and programs in improving health must be periodically assessed and regularly re-evaluated.

Integration of mental health and chronic disease public health programs is a challenging but essential task in protecting the health of Americans. The synergistic integration of activities for mental health and public health is more effective than siloed efforts by mental health stakeholders alone. Especially in times of limited resources, partnerships can capitalize on existing public health programs, developing new ideas to expand the impact of smaller budgets.

Nationally and internationally, the balance is tipping in favor of a paradigm shift towards comprehensive models to alleviate mental health suffering. The World Health Organization (WHO) recently issued a fact sheet on mental health that could become a driver of mental health policy, research, and practice, and which suggests promoting a reordering of priorities for clinical science. Most notably, WHO emphasizes "intersectoral strategies" that deemphasize mental health disorders to focus on "mainstreaming mental health promotion into policies and programs in government and business sectors." "xvi

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promotion programs into what have traditionally been programs to address physical health. The case for a public health framework to address the persistent barriers to accessible and effective mental health services using this multi-tiered approach is compelling. However, a shift towards the efficient and effective implementation of a coordinated and comprehensive approach to mental health will involve many challenges, including a reallocation of resources, a retooling of the workforce, and a broader reconceptualization of mental health promotion that includes healthy functioning (cognitive, social, and physical) across multiple domains and settings (home, school, work).

#### Addressing Multiple Levels of Risk and Need

Within a public health framework, there would ideally be a seamless continuum of promotion, prevention, treatment, and recovery services and supports to collectively address the range of needs within a community, thereby improving the mental and physical wellbeing of the population as a whole. When implemented successfully, universal interventions should reduce the risk for mental illness and limit the numbers of individuals who enter a higher level of need. However, as is true for any public health intervention, universal interventions alone may still be insufficient to address the overall mental health burden facing our nation. Such efforts can have a far greater impact if they are implemented as part of a comprehensive model, integrated into both community and clinical settings, with unique but synergistic efforts at each level of intervention that targets the interventions, prioritizing care for high-risk groups.

Some mental health policy observers have proposed a model for mental health promotion at a broad-based level to enhance the natural synergy between community settings and mental health. Shifting a focus to community settings such as schools, park districts, and community centers makes sense for two primary reasons. First, mental health promotion—with goals, routines, and activities inherently designed to foster skills building, positive relationships, and healthy functioning—already lies at the heart of most community settings. Second, supporting a community setting permits the use and strengthening of existing organizational capacity to effectively deliver high quality service so that individuals derive the most benefit from participation.

To illustrate, extensive empirical data suggest that after-school programs can play a critical role in children's psycho-social development, especially for children living in communities of concentrated urban poverty. Despite their potential, however, program impact is often compromised by the extensive mental health needs of children and the pervasive poverty in which they live. Hence, some groups are pursuing concurrent pathways by examining the feasibility and impact of community mental health agency consultation to recreation staff around academic enrichment, coaching behaviors, activity engagement, and behavior management. Others are working with lead administrators to examine and expand their organizational capacity to offer systematic training, professional development, and comprehensive support to recreation leaders and physical education instructors. Both efforts support the goal of improving service delivery and outcomes for youth participating in out-of-school time programs.

Because young people spend a substantial amount of time each day in school settings, this environment is conducive to the implementation of multiple types of programs and activities that can collectively improve child wellbeing. Classroom models to enhance problems solving abilities and self-regulation can strengthen the emotional health of all children at a universal level. For children with more elevated risk, there are certain multi-tiered models that involve work with children in schools to foster skills development combined with work with families to strengthen positive parenting and family dynamics. Many schools partner with parent groups, advocacy and service organizations, and other community partners to coordinate diverse services and supports. Consultation services by mental health providers to teachers and afterschool staff can improve understanding of children's mental health needs. A school mental health center can offer opportunities for screening, early identification, and referral or provision of services which will improve access to timely care while also "normalizing" mental health in a manner which reduces stigma, thereby increasing the likelihood of better outcomes. These collective efforts to mobilize resources and capitalize on the inherent capacity of natural settings to promote the healthy development of children can create populationlevel improvements over time.

Similarly, targeted interventions for adults might be just as effectively incorporated into settings such as primary care offices, emergency rooms, and social service agencies inherently committed to identifying and reducing risky behaviors via health screenings, community outreach, psycho-education activities, and early intervention.

There are also interesting opportunities for the blending of treatment and prevention activities by offering holistic supports to families in which the parent of minor-aged children is managing a mental illness. For example, a psycho-education model for families with a depressed parent that is designed to help to promote a better understanding of the illness has been shown to improve family communication and reduce risks for depression in adolescents, thereby benefiting the family unit as a whole xvii.

Current rates of mental illness diagnoses in our country exceed the capacity of the mental health provider system. The infusion of preventive activities at different levels of intervention within the broader continuum should reduce the prevalence of mental health disorders, thus reducing the number of individuals exhibiting clinical symptoms or more severe functional impairment. The nation's limited pool of mental health providers would then be at liberty to serve the smaller subset of individuals whose intensive mental health needs warrant more extensive treatment.

## V. Communication, Education, and Implementation

Developing a scientific foundation for integrating the promotion of positive mental health and the prevention of the onset or progression of mental illness within our public health systems is essential but will not, by itself, drive change. Public communication and the education of health professionals will be needed to encourage the use of new knowledge

and technologies. Other audiences must include policy makers, health insurers, and decision makers in the public health and mental health systems.

#### **Social Marketing Campaigns**

Communication strategies such as social marketing can be used to target key audiences, including individuals with or at risk for mental illness or the families of individuals with mental illness. Social marketing campaigns can convey: the importance of mental health to whole health; strategies for enhancing resilience and protective factors; and letting the public know that mental illness can become chronic if untreated and that it can affect the course of other chronic diseases. Social marketing campaigns also can help to reduce the stigma of mental illness and encourage diverse sectors to get involved in activities to promote positive mental health.

Social marketing plans should be community-focused and include strategies to reach hard-to-reach populations such as rural or incarcerated populations, out-of-school youth, and racial and ethnic minorities.

#### **Education of the Health Care and Mental Health Care Workforce**

The training needs of the public health, mental health, and health care provider workforces (as well as other professionals such as school teachers likely to encounter mental health issues) require collaborative identification and development. These professionals need to be made aware of the signs, symptoms, and treatability of common mental disorders and their relevance to physical health, which can foster earlier identification and support. They also should be trained to recognize the importance of preventive measures and strategies for mental health promotion.

## VI. The Need for a Dynamic Portfolio of Strategies

Most policy leaders have focused on treatment—specifically psychotherapy—because of the attention psychotherapists receive in research, practice, and clinical training. However, the prevention and treatment agendas must always be treated as complementary, and it is essential that they be integrated. Theory and principles that underlie current interventions, as well as the techniques that derive from them, might have variations applicable to both prevention and treatment. Many of the delivery methods (e.g., use of the Internet, parent-to-parent delivery) may be shared as well.

Reducing the burden of mental illness first depends on avoiding onset, or limiting the severity of onset and, by doing so, reducing incidence and the need for more intensive treatment. Prevention is therefore pivotal, and a portfolio of preventive interventions with various models of delivery is needed for multiple venues and contexts. That portfolio should include preventive interventions that vary in their reach, costs, and required effort. The assembly of any portfolio of interventions must begin with a conceptualization of who ought to be reached in the population, what outcomes are sought, and what

interventions are likely to produce successful outcomes for each of the various population groups.

#### Assessment

Assessment is crucial in developing a portfolio of effective interventions. The goal of reducing the burden of mental illness must begin with an effective national assessment of the mental health of the nation. A comprehensive assessment must provide ongoing information for tracking trends in mental illness, its burden over time across cohorts, and the existence of social influences that might affect the baseline.

Many observers have articulated the importance of a national database on mental illness that provides a baseline to better establish the extent of the burden and whether there are changes in that burden over time. A national database also helps to engage multiple disciplines (e.g., education, sociology, social policy) and provides opportunities to generate and test hypotheses about economic and social influences that might be understood and possibly harnessed to improve mental health. There is no single discipline or modality of intervention that can claim the range of factors that might impact mental health. Natural factors, from climate and pollution to natural disasters, and human factors are all known to have a deleterious impact on both physical and mental health.

There are a few models in place to monitor mental health changes over time. The National Institute of Mental Health's National Comorbidity Survey (NCS), which samples the mental health status of thousands of adults and youths, provides data on incidence and prevalence and encompasses several countries through the auspices of the World Health Organization. Another example is the Monitoring the Future Survey funded by the National Institute on Drug Abuse, which assesses behaviors, attitudes, and values of American secondary school students. The latter project began in 1975 and has provided data on drug, alcohol, and cigarette use nationwide for approximately 50,000 8th, 10th, and 12th grade students annually.

Although it currently does so only on a very limited basis, assessing the impact of childhood behavioral disorders on mortality, the Institute for Health Metrics and Evaluation (IHME) at the University of Washington could also serve this purpose in a more significant way. The IHME focuses specifically on evaluating data on health indicators, including the prevalence of major diseases and effectiveness of health programs. Adding a more robust collection of mental health and major psychological sources of impairment would be a natural extension of this effort, given that mechanisms for rigorous evaluation are already in place for obtaining the requisite data.

#### **Measuring Treatment Approaches**

Outcome measures are important in psychosocial intervention. However, some measures should also focus on characteristics of the treatment delivery model. Assessment must include the characteristics of treatment, such as what groups in need can be reached, and when developmentally, and in what setting the intervention can be delivered. Other

critical dimensions, such as the reach of the intervention (the scale of application and when the intervention can be applied), and the degree of "therapeutic effort" (required dosage and degree of restrictions placed on the client), are also no less important than outcome measures.

The value of a treatment is not necessarily in its effect on individual patient outcomes but also in where that intervention fits within broader efforts to help reduce the burden of mental illness across all populations. Cost will always be an important factor in building a portfolio of public health interventions for mental health. Measuring the characteristics of treatment delivery requires the use of cost-benefit analyses that measure the cost of the intervention against the outcomes it produces to determine its overall utility.

#### VII. Collaborating With Other Disciplines: Brief Illustrations

Collaboration in the sciences has increased to the point that collaborative work or team science often exerts greater impact than the work of individual investigators. Reducing the burden of mental illness requires collaborating with other disciplines, in part because of the complexity and range of influences to be considered under different social and economic conditions and cultural contexts. While mental health professionals in psychology, psychiatry, clinical social work have historically collaborated with each other to provide treatment services, collaborations to develop effective preventive health approaches must encompass additional disciplines and strategies that are beyond traditional practice.

The reader may wish to consider the following interdisciplinary approaches and how they might contribute.

#### **Diet and Nutrition**

The credibility of approaches to utilizing diet in the etiology and treatment of psychological and psychiatric dysfunction has suffered as a result of faddish diets, quick cures for desperate parents and clients, and, at best, checkered evidence. Diet "cures" are readily available on the Internet for conditions as diverse as attention-deficit/hyperactivity disorder, autism, and dyslexia, despite the absence of evidence and multiple empirical challenges.

However, studies of diet and nutrition continue to involve increasingly sophisticated lines of empirical research (e.g., alternative medicine, cellular microbiology of nutrition). Studies of critical mechanisms (e.g., the conversion of diet to minerals to neurotransmitters, and cell trafficking and transport) and the ability to assess these mechanisms in a more fine-grained fashion have changed the nature of dietary research. It is quite plausible that diet, nutrition, vitamins, and minerals do affect critical psychological processes and could be harnessed to influence mental health and illness. The ability of changes in diet to reach large populations could make a nutritional approach an excellent addition to a portfolio of models of delivery for preventing the

onset, or mitigating the impact, of mental illness. Of course, one would want strong evidence with regard to risk factors, etiology, and treatment.

There are many intriguing leads already. For example, pesticides in one's diet (e.g., especially on fresh and frozen fruit) have been implicated in the onset of attention-deficit/hyperactivity disorder. And a randomized and placebo controlled trial has suggested fatty acid supplements could have therapeutic effects on psychoses. While diet may not provide a simple answer, nutrition might well be a potential element in broader prevention efforts. The determinant in all cases should be evidence and adherence to the goal rather than allegiance to a profession or a restricted model of treatment delivery.

#### **Epidemiology and Public Health**

The two linked disciplines of epidemiology and public health are obvious partners because they focus on the distribution of dysfunction or disease, the factors involved in risk and prevention, and population-based interventions. Among the common features of epidemiology and public health are an interest in evaluating the factors that predict onset of disease and can be used to identify groups at risk, the development and testing of intervention strategies, and the goal of implementing policy for widespread adoption where possible. Drawing on that orientation is critical to the mental health profession.

As an example, the federal Office of Disease Prevention and Health Promotion has delineated a national goal: Healthy People 2020 (<a href="www.healthypeople.gov/">www.healthypeople.gov/</a>). This initiative sets national objectives for promoting health and preventing disease, drawing on what has been learned from health research during the last decade, and uses that as a basis for setting priorities. The public sector and various stakeholders have helped to craft a 10-year policy to promote health. The Centers for Disease Control and Prevention takes a similar population-based approach to preventing illness and improving quality of life (<a href="www.cdc.gov/">www.cdc.gov/</a>). These initiatives also recognize the disparities in health-care delivery and those who are not served.

However, population-based interventions alone will not be sufficient. Many individuals in need are missed by public health interventions, many who do receive the intervention may not respond, and many who respond may not respond significantly. The effectiveness of public-health approaches, which often consist solely of providing information to the public, can be improved through psychological science, drawing on theory and research on message framing, social norming, and focusing illusion to optimize changes in attitudes, behaviors, decision making, and subjective experience.

There is a need and place for an intense individual focus in a portfolio of intervention models. However, a public-health perspective sensitizes mental health providers to the need to ascertain which interventions warrant greater influence than what is done through one-on-one psychological therapy. For instance, public-health (population) perspectives are currently being encouraged in addressing family interventions for parenting and domestic violence.

Mental health professionals must also identify interventions that are effective and can be provided on a greater scale to communities and large consumer groups. Advances in technology have helped facilitate ever-growing extensions of psychological interventions to the public at large. A very costly intervention can be identified (e.g., individual, weekly, in-person psychotherapy) as one that should only be applied on a small scale to only a very select few.

#### VIII. Mental Health Promotion Best Practices for Older Adults

#### **Agency Partners with American Indian Tribes**

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) developed working agreements with several American Indian tribes to bring Elder Wrap-Around Case Management services to their elders; agreements differed with each tribe. In one program, the SAMHSA-funded Targeted Capacity Expansion project offered wraparound planning and case management as long as tribal agencies delivered behavioral health care. By responding to immediate needs first, such as replacing broken windows, case managers gained the trust of older adults before addressing behavioral health issues. As relationships intensified, staff was able to address the potential fear and stigma associated with behavioral health treatment programs.

#### **Alcohol and Drug Council Engages Older African Americans**

The Houston Council on Alcohol and Drugs partners with aging and health organizations under the Wellderly Program. The Wellderly program offers presentations and workshops for older adults and service providers, and it uses the screening, brief intervention, and referral to treatment (SBIRT) model adapted for older adults who may be misusing or abusing alcohol, prescription medication, or other substances. The program focuses on at-risk older adult populations, including African Americans and individuals in senior independent living communities, many of whom are at risk due to social isolation for depression, complex medical problems, and substance abuse.

#### **Community Center Addresses Depression in Older Latinos**

Un Nuevo Amanecer (A New Dawn), a program offered by Centro de la Comunidad Unida/United Community Center in Milwaukee, Wisconsin and funded by SAMHSA, brings together aging and behavioral health agencies to successfully reach and engage older Latinos with symptoms of depression. The program focuses on cultural heritage to strengthen personal development.

The program overcame participants' initial reluctance to engage by offering group activities in the community center. These outreach activities focused on emotional wellness—emphasizing behavioral health as a part of wellness—to overcome the stigma

among older Latinos surrounding mental health treatment and address the unique needs of the population it serves.

#### **Healthy IDEAS Program Engages Depressed Older Asian Immigrants**

Stigma makes it difficult to discuss depression with many older Asian adults. Healthy IDEAS for Asian Immigrant Seniors has been adapted by a collaborative of Los Angeles agencies working with the developers of the original Healthy IDEAS program. The integration of Healthy IDEAS into existing care management systems makes the program a good fit for social service agencies working with Cambodian, Chinese, Japanese, and Korean communities.

For Japanese clients who seem particularly resistant to the word "depression," screening questions are reordered to gain acceptance of the tool. With Cambodian adults, group discussions focus on health concepts. These and other older immigrants from Korea and China are shown how to take steps to reduce their depressive symptoms through behavior activation, a major component of the Healthy IDEAS program.<sup>xxi</sup>

# IX. Prevention and Public Health Approaches to Children's Mental Health

In recent years, the call for a new way of addressing children's mental health in the United States has grown stronger. A case can be made for changing the current approach to children's mental health, and specifically, for implementing a public health approach to children's mental health. Hope for this new approach is inspired by successful examples of public health efforts in the area of children's physical health and intellectual development, increased recognition of the positive impact of System of Care values, and a developing understanding of the ways healthy environments can enhance children's development. These examples have illustrated how a population-focused approach emphasizing optimal growth and well-being can be successfully integrated into American society.

Other innovations, such as nurse visitation programs for first-time mothers and social skills development programs, provide excellent examples of effective public health interventions for children's mental health, even though they may not be labeled as mental health interventions.

# X. Gathering the Data to Implement a Prevention and Public Health Approach to Children's Mental Health

Successful innovation requires the use of data to help set priorities, inform plans, make decisions about interventions, advocate for community change, and sustain interventions. The data-gathering process can be divided into four parts: (1) determining what to assess;

(2) identifying data sources and data collection strategies; (3) collecting the data; and (4) analyzing and interpreting the data to inform decisions about interventions.

#### **Determining What to Assess**

Before beginning implementation, innovators should gather information that helps them understand the needs of the population of focus—in this case, the current condition of the mental health of children—the context within which an intervention is or will be offered, and what infrastructure exists to support the pursuit of optimal mental health among children. Collecting demographic information on family socio-economic status, race and ethnic identification, age, and geographic location allows the data to be disaggregated, a step critical to understanding the nuances between and within populations of focus, and helping to identify what adaptations and modifications in delivery systems may be necessary.

While many communities and states collect population level data on mental health disorders, a new "Intervening Model" includes a focus on positive mental health outcomes. However, incorporating positive mental health outcomes and determinants in data collection may require a shift in methods and tools used because the science of measuring positive mental health and its determinants lags behind the measurement of mental health problems. Innovators will want to use the best knowledge available to identify outcomes and determinants that inform an understanding of the population of interest and the social and physical environmental factors shaping children's mental health.

In addition to understanding the mental health status of the population and the determinants that impact it, an assessment of current resources and community assets, and child-serving delivery systems and sectors is important in establishing the need for intervention efforts. Questions should include:

- What are the diversity issues within the community and the service and support systems that most impact the mental health of children?
- Who needs to be engaged as a partner in efforts? What are the existing relationships?
- What are the current funding opportunities and challenges?

# XI. Examples of Initiatives that Support the Behavioral Health of Young People

#### Maryland Early Childhood Mental Health Consultation Project

Maryland's Early Childhood Mental Health Steering Committee was established in 1990 and chaired by representatives of the state departments of Health and Mental Hygiene and Education. It included families, state and local child serving agencies, early childhood providers, and advocates. Starting with a clear commitment not to establish a

new "service system" to deliver early childhood mental health services and supports, the Steering Committee identified where young children were spending time and attempted to bring appropriate services—from prevention to treatment—to them.

The Steering Committee used excess state budget funds to pilot two three-year behavioral consultation programs—one in Baltimore City and one on Maryland's Eastern Shore. The Early Childhood Mental Health Consultation Project was designed to improve the ability of early care and education program staff, as well as families, to address mental health problems (particularly behavioral problems) in children ages birth to five years, enabling them to avoid expulsion from their preschool or daycare programs. Ninety percent of children at risk of expulsion were maintained in their placements.

On-going data collection was also required as a part of the project. The data from the project was subsequently used to advocate in the Maryland legislature for policy and funding for statewide implementation. Legislators cited the data as the reason for their support for a statewide program.

# Mental Health Awareness Campaign—National Promotion/Prevention/Reclaiming Social Marketing Effort

The National Mental Health Awareness Campaign is a nationwide nonpartisan public education campaign that was launched as part of the 1999 White House Conference on Mental Health. The campaign has a two-pronged goal: to encourage people to identify, discuss, and seek help for mental health problems and to create a more accepting environment for them to do so. Since the program's inception, millions of people have been educated through a speaker's bureau, public service announcements, Town Hall Meetings, media outreach, and printed materials. The speaker's bureau partners with schools to fight stigma, nurture the mental health of all students, and reduce the risk of suicide.

#### **Re-Claiming Futures**

An innovative Robert Wood Johnson-funded initiative in Portland, Oregon and nine other sites, the Reclaiming Futures Program, examined ways in which youth involved with juvenile drug use or delinquency could reclaim health while also addressing their substance abuse issues. A national evaluation, published in 2010, \*\*xiii\* focused on each community's ability to implement the objectives of the initiative but did not assess the behavioral impact on youth of any particular intervention or treatment technique. Rather, the evaluation aimed to document the development and evolution of Reclaiming Futures in each community and the lessons learned from this experience. The outcomes tracked by the national evaluation team focused on the processes, policies, leadership dynamics, and personal relationships hypothesized to produce positive system change.

Researchers tracked whether and how the service systems in each Reclaiming Futures community changed and whether they changed as intended. Positive changes were reported in all 10 Reclaiming Futures communities regarding treatment delivery and

effectiveness, cooperation, and information-sharing among youth service providers, and family involvement in youth care.

In Portland, a collaboration involving the Native American Youth and Family Center (NAYA Family Center), the National Indian Child Welfare Association, and the Research and Training Center on Family Support and Children's Mental Health documented the effectiveness of NAYA's services for Native American children and youth with and without diagnoses. Participatory definitions of health were used to encourage young adults to achieve success in all domains. Areas of success included the development of healthy relationships, personal capacities, balance, and healthy lifestyle choices. Positive outcomes were further defined as including: "knowing lots of people, honoring boundaries, being OK with your body and looking good, finding constructive ways to solve problems, walking in both worlds," and more. Specific reclaiming activities included healing circles, housing and employment programs, and life-skill supports and services designed to assist youth participants in achieving independent living.

#### Illinois Framework for a Coordinated Mental Health System

The Illinois Framework for a Coordinated Mental Health System for Children Ages 0 –18 (Figure 1, below) illustrates how prevention, early intervention, and treatment systems can be layered to address the varying needs of all children in the community. It allows distinct "systems" to work together in a manner that can be shared to provide collaboration among the many partners and initiatives.

Each of the three spheres in the Illinois framework work together to create a coordinated system.

The **Prevention** tier includes broad strategies to promote healthy social and emotional development in all children. Prevention is characterized by population-specific education and awareness, consultation with mental health experts, and curricula on social and emotional development.

The next sphere, **Early Intervention**, addresses a subset of the total children's population. Early intervention can be viewed as a support and linkage system to assist children and families in skill-building and crisis support. It is a link between prevention and treatment systems and uses more specific, short-term strategies for detection and response.

Finally, the **Treatment** tier includes an array of services and supports for access to care.

# Framework for a Coordinated Mental Health System in Illinois for Children Ages 0-18

#### **Prevention**

Coordinated Systems for Promoting Healthy Social and Emotional Development in Children

Public education and awareness

Mental health consultation with providers

Voluntary home visits

Parent education and support services

Social and emotional development programs and curricula for community services and schools

## **Early Intervention**

Coordinated Systems for Early Detection, Identification, and Response to Mental Health Needs

Mental health consultation with providers
Student support services
Early identification, assessment, referral, and follow-up
Short-term counseling and support groups
Skills-building classes (e.g., problem-solving, anger management)
Ongoing and crisis support

#### **Treatment**

Coordinated Systems of Care for Providing Comprehensive Treatment and Family Supports

Therapy and support groups
Comprehensive assessment, diagnostic, and referral services
Hospitalization and inpatient mental health treatment services
Respite and other support services for families
Drug treatment

XII. Roles for State Behavioral Health Agencies (SBHAs) in Developing and implementing Effective Mental Health Promotion, Wellness and Prevention Activities

#### The Changing Healthcare Landscape

SAMHSA, as well as many behavioral health experts and observers, believe that creating strong bi-directional linkages between preventive services and primary and behavioral healthcare services is a critical step to achieving improved patient outcomes. Historically, health promotion and prevention research and services have been under-funded. However, funding has been made available under the ACA for states to focus more on

preventive activities that benefit behavioral health outcomes, along with the integration of community-based programs and primary and specialty care. The Federal government is placing a heavy focus on health promotion and prevention activities at the community and state levels. Health care purchasers and payers are placing an emphasis on health promotion and prevention activities at the community and state level.

For instance, under the ACA, a state Medicaid program can receive extra federal funding if it chooses to cover the preventive services recommended by the U.S. Preventive Services Task Force (USPSTF). The USPSTF is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness of clinical preventive services and develops recommendations for their use. One such preventive service recommended by the USPSTF is the screening of adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up. Also included is the implementation of Screening, Brief Intervention, Referral and Treatment (SBIRT) for alcohol misuse.

An Interagency Council has been created at the Federal level to promote health and wellness policies. The Council consists of representatives of Federal agencies that interact with health and safety policy, including the departments of Health and Human Services, Agriculture, Education, Labor, and Transportation. The Council is charged with establishing a national prevention and health promotion strategy and developing interagency working relationships to implement the strategy. The Council is required to report annually to Congress on its health promotion activities and progress in meeting the goals of a national strategy that include identifying behavioral health best practices.

These and similar activities are supported by the Prevention and Public Health Investment Fund created under the ACA to provide a sustained investment in prevention and public health programs to improve health and help restrain the rate of growth in private- and public-sector healthcare costs. These new prevention efforts will help to promote behavioral health related prevention and screening, as well as physical wellness and prevention.

#### **Specific ACA Provisions Focused on Prevention and Promotion**

Section 2951 of the ACA created the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, now being administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF), which allows collaboration and partnership at the federal, state, tribal, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The MIECHV program includes grants to states and six jurisdictions to develop statewide home visiting programs.

The MIECHV program is designed to: (1) strengthen and improve the programs and activities carried out the Social Security Act; (2) improve coordination of services for atrisk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. It is offered on a voluntary basis

to pregnant women, expectant fathers, or parents and primary caregivers of children, birth to kindergarten entry. Home visits target one or more of the benchmark and participant outcomes in the ACA, including:

- Improvement in maternal, infant, and child health;
- prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits;
- improvement in school readiness and child academic achievement;
- improvement in parenting skills;
- reduction in crime or domestic violence:
- improvement in family economic self-sufficiency; and
- improvement in coordination and referrals for other community resources and supports. xxiii

Additionally, there is a Tribal MIECHV program administered through the Office of Child Care in ACF which supports the implementation of high-quality, culturally-relevant, evidence-based home visiting programs in American Indian and Alaskan Native communities.

Section 4004 of the ACA mandates that the Secretary of Health and Human Services (HHS) provide for planning and implementation for a national pub-private partnership to undertake a prevention and health promotion outreach and education campaign designed to increase public awareness about how to encourage healthy behaviors and prevent disease across the lifespan. As a part of that effort, the Secretary has conducted an ongoing national media campaign on health promotion and disease prevention focusing on nutrition, physical activity, mental health, and smoking cessation using science-based social research. That campaign includes a web-based portal, <a href="www.HealthyPeople.gov">www.HealthyPeople.gov</a>, that provides informational guidelines on health promotion and disease prevention to healthcare providers and the public, as well as a personalized prevention plan tools for individuals to determine their disease risks and obtain tailored guidance on health promotion and disease prevention. In addition, the Secretary provides guidance and relevant information to States and health care providers regarding preventive services and services to combat obesity that are available to Medicaid enrollees, including obesity screening and counseling for children and adults.

Section 4108 of the ACA, authorizes Federal grants to states that implement widely-available, easily accessible, and evidence-based programs of incentives for Medicaid enrollees who adopt healthy behaviors. The programs must be comprehensive and uniquely suited to address the needs of Medicaid eligible beneficiaries and must have demonstrated success in helping individuals lower or control cholesterol and/or blood pressure, lose weight, quit smoking and/or manage or prevent diabetes. They may also address comorbidities, such as depression, traditionally associated with these conditions. States that receive the grants are required to conduct a public outreach and education campaign to educate Medicaid enrollees regarding the availability and coverage of those preventive services.

The ACA also requires, under §4104, that screening and preventive services and an annual physical examination be provided to Medicare enrollees free of cost, and that preventive and wellness services be provided, under the §1302(b) essential health benefits provisions, to Medicaid alternative benefit plan enrollees free of cost-sharing. In addition, §4106 of the ACA created a Medicaid State Plan option for traditional Medicaid enrollees to expand diagnostic, screening, preventive and rehabilitation services to include: (1) any clinical preventive service recommended with a grade of A or B by the U.S. Preventive Services Task Force; and (2) with respect to adults, immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration. States that elect to cover these additional services and vaccines under the traditional Medicaid State Plan without cost to the beneficiary are eligible to receive an increased Federal medical assistance matching percentage (FMAP) of one percentage point for the services.

<u>Section 4101</u> of the ACA creates a grant program for school-based health centers. Grant awards may prioritize communities that have previously evidenced barriers to primary health care and mental health and substance abuse disorder prevention services for children and adolescents.

Section 4102 of the ACA mandates the creation of a five-year oral healthcare prevention public education campaign at CDC, focused on preventive measures and targeted to key populations, including children, the elderly, individuals with disabilities, and Native American populations, as well as pregnant women. The new demonstration program focuses on oral health delivery and strengthening surveillance capacity.

Sec. 4201 of the ACA authorizes community transformation grants to state and local government agencies, Indian tribes, national networks of community-based organizations, and state or local non-profit organizations. The grants are to be used to develop plans for policy, programmatic, and infrastructure changes that promote healthy living. Among the activities which the ACA specifies the plans may address include developing and promoting programs, targeting a variety of age levels, to increase access to nutrition, physical activity, and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any chronic disease priority area identified by the grantee.

A modification to the Medicaid program authorized by § 4107 of the ACA provides coverage of comprehensive tobacco cessation services for pregnant women. Authorized services include diagnostic and therapy services, and prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration (FDA) for use by pregnant women, if provided under the supervision of a physician or other authorized health professional. Beneficiary cost-sharing is prohibited for these services.

Finally, <u>§4202</u> of the ACA authorizes the CDC to provide 5-year grants to state or large local health departments or Indian tribes to pilot community-based public health interventions, screenings, and referrals to improve the health of individuals in the 55- to 64-year-old age group. Intervention activities may include efforts to improve nutrition,

increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles. Authorized screening activities include screening for mental health and substance abuse disorders, as well as smoking and nutrition related issues. In a mandated annual evaluation of the effectiveness of the overall program, the HHS Secretary is required to weigh the prevalence of uncontrolled chronic disease risk factors among new Medicare enrollees or individuals nearing enrollment age who reside in States or localities receiving grants, and compare that data with national and historical data for those States and localities for the same population. The Secretary is also required to review available evidence, literature, best practices, and resources that are relevant to programs that promote healthy lifestyles and reduce risk factors for the Medicare population, including evidence review on, at least: (1) physical activity, nutrition, and obesity; (2) falls; (3) chronic disease self-management; and (4) mental health.

#### XIII. Goals for SBHAs

SBHAs have historically been committed to educating health professionals and the general public about the importance of behavioral health promotion and prevention practices, adopting proven strategies in this area, and incorporating them into the State Mental Health Plan. SBHAs have also been committed to sustaining and improving performance of promotion and prevention related activities, while meeting the demands of the behavioral health population, by: monitoring program implementation; evaluating program outcomes and effectiveness; and conducting surveillance of population-level indicators. As federal efforts produce new evidence-based approaches to the use of clinical and community based preventive services, states should seek to adopt these approaches and track opportunities for funding.

**Action:** Under the changing healthcare landscape, SBHAs should endeavor to work with several public and private sector stakeholders at the state level, including major health purchasers, to take advantage of the public policy and private sector opportunities, and the growing evidence base behind prevention and promotion, with a focus on children and youth. Opportunities for supporting primary prevention in particular should be explored.

**Action:** SBHAs could consider partnering with state Medicaid officials and other stakeholders to help design programs for individuals with behavioral health conditions that include appropriate public awareness campaigns and consumer incentives.

Action: SBHAs should consider partnering with state legislators and/or state Medicaid officials to: define and implement evidence-based screening for mental health and substance use conditions; develop standard-screening protocols that include patient privacy protections; and work to embed the screening function in the processes utilized by medical homes, health homes, safety net programs, school-based clinics, and other relevant provider settings. Pilot programs should evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals identified with chronic disease or at-risk for chronic disease receive clinical treatment.

**Action:** SBHAs should communicate with pediatric and primary care professional organizations, as well as state medical boards and medical schools, to promote the universal adoption of standardized, privacy-protected screening and assessment for mental health and substance use conditions.

**Action:** SBHAs should continue to work to prevent or reduce consequences of underage drinking and adult problem drinking, as well as prescription drug misuse and abuse.

**Action:** SBHAs could work in partnership with key stakeholders to prevent and eliminate tobacco use among youth and persons with behavioral health disorders.

**Action:** SBHAs should work to prevent suicides and attempted suicides among high-risk populations, especially service members, veterans and their families, LGBTQ youth, and American Indians and Alaska Natives.

**Action:** SBHAs have been moving their behavioral health systems toward a broader definition of health by recognizing the importance of wellness and prevention services as integral to positive behavioral health outcomes. SBHAs could continue to encourage an integrated behavioral health model that incorporates mental healthcare, substance abuse treatment, and physical healthcare services into coordinated care systems.

**Action:** SBHAs could promote a data-driven strategic prevention framework that includes participation in development of that framework by representatives from multiple community sectors, including education, business, justice, housing, healthcare, and other relevant fields

**Action:** SBHAs should work with employers and insurers to enhance workforce capacity by delivering specialized preventive services in the workplace, and should with the broader human services workforce to support prevention and the promotion of social and emotional health.

<sup>&</sup>lt;sup>i</sup> The NSDUH Report: State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, U.S. Department of Health and Human Services, Rockville, MD, February 2014. <a href="https://www.samhsa.gov/data/NSDUH.aspx">https://www.samhsa.gov/data/NSDUH.aspx</a>.

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Sustainability Primer:
Fostering Long-Term Change
to Create Drug-Free Communities

# Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities



CADCA's National Coalition Institute, developed in 2002 by an act of Congress, serves as a center for training, technical assistance, evaluation, research and capacity building for community anti-drug coalitions throughout the United States.

In 2005, the Institute started a series of primers to help coalitions navigate the Strategic Prevention Framework (SPF). The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services, developed the SPF for use by community coalitions in their efforts to reduce substance abuse at the population level. Each primer is designed both to stand alone and to work with the others in the series. While we have focused on the inclusion of sustainability in all elements of the SPF, any community coalition can adapt the materials in this primer to its own needs.

CADCA's Institute designed this primer to provide anti-drug coalitions with a basic understanding of sustainability and its importance in achieving long-term reductions in rates of substance abuse. Pay close attention to identifying what initiatives your community must continue and which resources are necessary to help you develop an effective sustainability plan. Coalitions should ensure that they have enough staying power to see the results of their efforts to create population-level change.

You will find additional information on sustainability, the SPF's primary components and all of the published primers on the CADCA website, <a href="https://www.cadca.org">www.cadca.org</a>.

Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO
CADCA (Community Anti-Drug Coalitions of America)

#### INTRODUCTION

# **Drug-Free Communities Support Program**

In 1997, Congress enacted the Drug-Free Communities Support Program (DFC) to provide grants to community-based coalitions to serve as catalysts for multisector participation to reduce local substance abuse problems. By 2007, nearly 1,300 local coalitions received funding to work on two main goals:

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.
- Establish and strengthen collaboration among communities, private nonprofit agencies, and federal, state, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

## **Sustainability**

## What you need to know:

- What must be sustained \*
- What resources are required \*
- How to identify resources in your community
- The essential benefits your coalition brings to the community

## What your community needs to do:

- Formalize roles within the coalition for sustainability planning and fund raising (e.g., a specific committee or task force on coalition sustainability)
- Incorporate discussion of sustainability and current and future human, social and material resource needs into every stage of coalition work
- Determine what funding strategies will best serve your coalition \*
- Identify and recruit potential partners and stakeholder groups within and outside your community that might connect with your coalition's mission and provide support for your strategies \*

## The products your community needs to create:

- Case statements of the value and resource needs of coalition initiatives and strategies, as well as of the coalition as a whole \*
- An action plan to contact and present to potential partners \*
- A sustainability plan that matches coalition strategies to resource development approaches and sets benchmarks for progress in achieving sustainability
- \* See the six elements of a sustainability plan in the checklist on page 38.

# **SAMHSA's Strategic Prevention Framework**

This is one in a series of primers based on the Strategic Prevention Framework (SPF).¹ CADCA utilizes the SPF to assist community coalitions in developing the infrastructure needed for community-

based, public health approaches that can lead to effective and sustainable reductions in alcohol, tobacco and other drug (ATOD) use and abuse. The elements shown in Figure 1 include:

Assessment. Collect data to define problems, resources and readiness within a geographic area to address needs and gaps.

#### A word about words

What is your goal? Your aim? Your objective? Perhaps more importantly, what is the difference? At times, the terms seem interchangeable. Often, the difference depends on who is funding your efforts.

To minimize confusion, we have added a chart (see page 40) that highlights terms often used to describe the same or similar concepts.

Figure 1. The Strategic Prevention Framework



The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SPF to facilitate implementation of prevention programming.

**Capacity.** Mobilize and/or build capacity within a geographic area to address needs.

**Planning.** Develop a comprehensive strategic approach that includes policies, programs and practices creating a logical, data-driven plan to address problems identified in assessment.

**Implementation.** Implement evidence-based prevention strategies, programs, policies and practices.

**Evaluation.** Measure the impact of the SPF and the implementation of strategies, programs, policies and practices.

# **Sustainability and the SPF**

This primer focuses on the process that the Institute suggests community coalitions use to develop sustainability as they work through the elements of the SPF. SAMHSA lists it as a crosscutting element of the SPF. Likewise, we believe that sustainability affects all aspects of coalition building and include it as one of our 15 core competencies for achieving community change. These core competencies—which research indicates are present in effective coalitions—align closely with the SPF (see Figure 2 on page 7).

The SPF process fosters collaboration by enabling individuals to better understand the mission, vision, strategic plan and their role in helping the coalition achieve its goal of a safe, healthy and drugfree community. Coalitions that merely conduct a string of activities that do not fit into a strategic plan perpetuate members working in isolation, because no one understands how their contribution relates to the larger whole.

This primer seeks to answer three key questions (see chart on page 4):

WHAT does your coalition need to know about sustainability, and why is it of critical importance as you develop and implement a comprehensive community plan to reduce substance abuse?

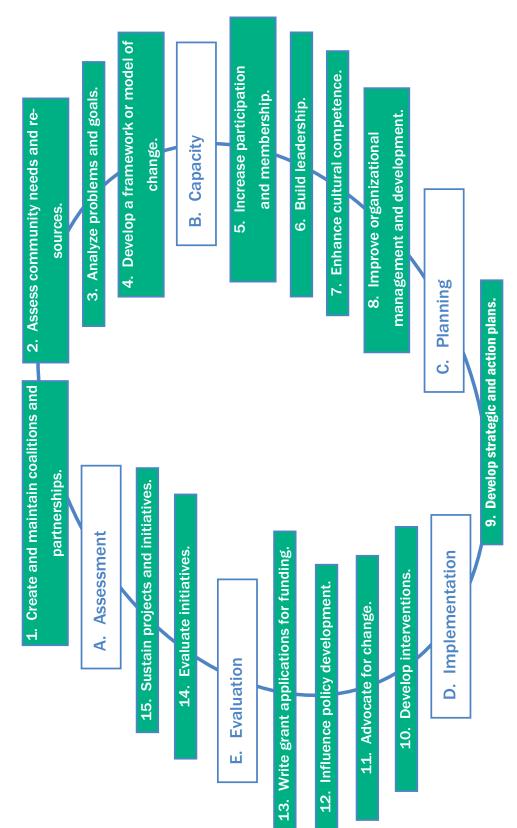
**WHAT** does your coalition need to do to develop sustainability as it moves through the elements of the SPF?

**WHAT** products should you develop to ensure sustainability for your initiatives and coalition?

Figure 2.

# Skills Required to Implement the Strategic Prevention Framework

The relationship between SAMHSA's Strategic Prevention Framework and the Core Competencies\* supported by 🦄 KADCA



\*Core Competencies 2004 © University of Kansas. Used by permission.

We encourage your coalition to *think* comprehensively, even if it cannot *act* comprehensively at the moment. Maintain a strong focus on your community's needs and avoid "borrowing" another group's sustainability plan. While you can incorporate ideas and concepts from others to jump-start your own efforts, to make real change in *your* community, custom design a plan that matches your area's unique characteristics.

This primer builds on others in the series by laying out a framework and describing key considerations and action steps for coalitions to include in their journey to sustainability. The remainder of this publication is organized into five chapters:

- Chapter 1 provides a definition and an orientation to the key concepts of coalition sustainability.
- **Chapter 2** discusses approaches for maintaining the *inner* vitality of your coalition and applies these strategies to the critical task of continuing your coalition's *efforts* and sustaining the coalition operation.
- **Chapter 3** looks at how your coalition can maintain the *external viability* of its work by creating value-added and sustainable impacts in the community.
- Chapter 4 zeros in on what people think when they discuss program or coalition sustainability: the money! We put the development of financial and material resources in context and discuss ways in which your coalition can build a solid and diverse portfolio of funding strategies.
- Chapter 5 connects the elements of "sustainability thinking," discussing how it fits into the larger picture of the SPF framework and how to develop a sustainability plan tailored to your coalition.

### Learn more about the SPF

This primer focuses on sustainability and how to integrate the concept into each element of the SPF. You can learn more about the SPF from the Institute's primer series and the CADCA website, <a href="www.cadca.org">www.cadca.org</a>.

Additional discussion of sustainability also is included in the Institute's Capacity and Implementation primers.

# A word about cultural competence as it relates to sustainability

The relationship between sustainability and cultural competence deserves special attention, because they need to be managed closely and tend not to receive their fair share of attention. Both should be addressed at every stage of your coalition's work—from assessment through evaluation.

Fiscal worries can sometimes translate into short-term and shortsighted efforts to bring in resources—and may occur at the expense of culturally competent values and strategies. Guard against this, because you may find yourself gambling away your coalition's effectiveness and credibility with cultural groups in your community. Approaches for ensuring sustainability in light of concerns for cultural competence include the following:

- Ask first. How are the different strategies under consideration aligned, or not, with the values of different groups in our community? Note: Be sure to engage members of those groups in these discussions.
- Let history be your guide. Many community groups can share stories of how their cultural perspectives have been ignored or misinterpreted. Take time to learn the history so your coalition does not undermine its sustainability by repeating earlier mistakes.
- Work with culture, not against it. Remember, culture represents a resource, not a burden. Building on your community's cultures can yield creative ideas for outreach and fund raising, resources for communications and space, and more. For example, hold activities in the cultural venues in the communities of interest with which your coalition interacts. You may find free or low-cost space that meets community needs.

# CHAPTER 1: THINKING ABOUT COALITION SUSTAINABILITY

"Sustainability" is a term that we hear more and more often. Whether in talk about our natural environment or a new community program, the questions on the minds of many funders, leaders and community stakeholders are...

Does what you/we are doing make sense as a long-term strategy?

and...

Can you/we keep this up?

In the context of running a specific initiative or executing a comprehensive strategy, we define sustainability as the likelihood of that approach continuing—especially after initial funding ends. Sustainability in the context of coalition

### **Coalition sustainability:**

The ability to maintain the human, social and material resources needed to achieve your coalition's long-term goals.

work is even more complex. Broadly stated, it is the ability of your coalition to maintain the **human**, **social** and **material resources** needed to **achieve your long-term goals** for community change. This guarantees that your coalition can have ongoing *vitality* in its internal structure and process, and ensures *viability* of its strate-

# **Sustainability planning for DFC grantees**

While crafting a formal sustainability plan is a great idea for *all* coalitions, it is **required** of coalitions receiving DFC funding in years 3 and 7 of their grant period. But do not wait that long to develop a plan. Indeed, you should be thinking of sustainability as you begin to work through the elements of the SPF. Incorporate the tips presented throughout this primer and take note of the ideas your coalition generates, and you will find that the formal plan practically writes itself!

gies in the community.
The components of this definition include:

Long-term goals for community change. First, achieving significant change in your community takes time. The conditions that foster substance use and abuse did not develop overnight, and your coalition will not change them quickly. If you are serious about affecting the

problem in a meaningful way, acknowledge that you are in it for the long haul. It may take several years to enact the changes you identify and realize the long-term effects. Much can—and likely will—happen over the course of those years. Smart coalitions not only get things done now, they also prepare for changes that can affect coalition work in the foreseeable *future*.

**Human resources.** Your coalition's *internal vitality* depends largely on the skills, talents, experience and energies involved in your activities. Sustainability requires that your coalition be prepared for and cognizant of changes that can affect these critical resources:

- Some coalition members will leave their roles or their organizations for new ones. Members' responsibilities at their home organizations will shift, creating changes in availability and interest to focus on coalition work. As natural turnovers occur in local organizations, they will carry over into your membership; old members must be replaced and new ones brought into the fold.
- Likewise, your coalition will encounter
   changes in leadership
   because of expected
   changes in levels of
   leader interest and in
   the type of leadership
   required as your
   group's work evolves.

The Institute's Capacity Primer offers helpful tips on developing a strong member base and solid leadership. As a coalition focused on sustainability, you need to recognize that human resources must be continually developed, renewed and replenished.

# When should we start thinking about sustainability?

Many ask this question, but most already know the answer. Coalitions should start planning for sustainability as soon as coalition formation and planning are under way. If you think of sustainability as a proactive extension of having the resources to make change and the strong capacity to use them well, you will see why sustainability should be incorporated early on in your process. As your coalition gets off the ground, you will need to focus on membership and startup activities. But once you are stable, do not get too comfortable!

True sustainability does not come from a grant application every few years—it grows from a **strategic orientation** to your coalition's work and **ongoing attention** to the building blocks that make up your coalition's vitality and viability.

**Social resources.** Your coalition's *external viability* depends on the degree to which you remain well connected to your surrounding community and continue to serve an important niche in the "ecology" as it relates to the problem of substance abuse. Your group must continue to develop *social resources*—strong connections to and relationships with stakeholders inside and outside your community.

- The community system affecting the issues will change as key local agencies alter their own programs and policies in pursuit of their organizational missions. New organizations may crop up, and some may fold. School systems and government departments may reorganize to accommodate changes in the community and seek cost-effective operational strategies for their work. Grassroots organizations will experience their own successes, setbacks and changes in leadership. All of these changes affect who in the community is ready and able to partner.
- The connections among your community and others also will change. One growing trend indicates a shift toward regional approaches to development and service delivery. Your coalition may find itself with a broader range of available partners—but also a wider focus and range of concerns.

**Material resources.** The levels and types of material resources available for your coalition's work will depend on the availability of various funding streams and perceptions about how substance abuse prevention fits into community priorities.

- Available funding streams will change, bringing different requirements, resource levels and opportunities.
- The landscape of issues that your community faces will change, too. As part of this, priorities may shift. Substance abuse may be a major focus of attention in your community— or it may receive some attention but be overshadowed by other pressing community needs. Either way, expect levels of interest and urgency around substance abuse prevention to change.

In short, true sustainability means ensuring that your coalition can successfully navigate a changing landscape, secure resources and hold itself together long enough to realize the fruits of your work and achieve your ultimate goals.

Maintaining the internal vitality and the external viability of your coalition's work does not happen easily or on its own. But, with focus and planning, your coalition *can* make wise choices that will maximize your odds for long-term success.

# "Tough love" about coalition sustainability

Coalitions often are squeamish about engaging in sustainability planning, and many put off thinking about it or crafting plans for ongoing funding until deadlines loom and/or existing grants are set to disappear. Let us be clear:

A coalition not thinking about sustainability on some level may be unworthy of the community's investment of time and resources.

Why take this hard-line approach to sustainability? Recall that community change will take time. If your coalition means business about addressing the problem of substance abuse in your community, you *owe it* to your members, supporters, partners and champions to be around to see things through.

When coalitions fold before they have accomplished their goals, they leave more than just unfinished agendas: They often create a feeling of futility about those community issues, bitterness about wasted time and a sense of jadedness about the potential of collaborative work. If this is the ultimate outcome of your coalition's efforts, then your legacy may be to *reduce the capacity* of your community to solve the problems of substance abuse.

Opportunities and energies are precious commodities in any community. Do not let your efforts go to waste.

### **CHAPTER 2: SUSTAINING YOUR COALITION'S VITALITY**

How does one gauge the "internal vitality" of a coalition? In essence, we are looking for two things:

- 1. The extent to which a coalition can sustain the *efforts* of members and partners and continue to harness these toward the larger goals of the coalition; and
- 2. The extent to which a coalition can maintain a functional base of *operations* by sustaining the core support roles and administrative resources needed to keep the coalition's work running smoothly.

# Seven habits of highly sustainable coalitions

This primer presents ways to think about sustainability at different levels of your coalition's strategy, operations and points in your activity cycles. However, there are seven habits or "super skills" that cut across many of these components. Ask yourself, to what extent does our coalition practice this? Where do opportunities exist to instill this habit and put it to work in our coalition's efforts?

- 1. Guard your capacity. Sustainability encompasses much more than dollars. Your coalition's capacity—its membership, relationships, leadership and organizational strength—is like a goose that lays golden eggs. You have to take care of the goose! Sadly, some coalitions fall into the routine of working to maintain collaboration at the expense of crucial components of capacity that led to their initial success. In facing new decisions, think about how they affect your coalition's ability to work collaboratively. Are there creative opportunities for growth? Does a particular strategy or decision limit your capacity?
- 2. Track your progress. While evaluation is an essential component of a coalition's process (see the Institute's Evaluation Primer for more information), tracking your coalition's general progress—even less formally—represents an extraordinarily powerful part of your sustainability tool kit. An ongoing sense of your group's status relative to its goals helps you clearly outline what additional resources are needed and how quickly results can be achieved.
- 3. Focus on the goal. Substance abuse is complex and relates to other community and youth issues. Far too often, coalitions pursue strategies tangential to the main focus of their work, under the guise that they affect the same population or relate to the core issues. Beware of these distractions!

- In the end you have only ONE goal: to reduce or eliminate substance abuse problems in your community.
- 4. Seek local support first. Smart coalitions know that the majority of resources—and the ones you can best rely on—will always be right at home. A "local first" approach means that your coalition will create more opportunities to engage partners, exercise a broader and more creative scope of funding options and have local buy-in to demonstrate support of any external funding for which you do apply. See the table on page 32 for a sense of the range of strategies that can be used to raise resources locally.
- **5. Always add value.** Your coalition functions because key stakeholders in the community see *value* in having a collaborative venue. Look for ways that various strategies to raise funds and develop partnerships can add value for diverse groups in the community. The table on page 32 provides food for thought on how to see funding strategies through a different lens.
- **6. Tell a story.** All too often, coalitions get so bogged down in *doing* the work that they lose track of how to *talk* about their contributions. All coalitions need to make sure that they continuously spread the word about their efforts and impacts. What does storytelling have to do with sustainability? Developing your coalition's story gives you a succinct way to communicate with potential funders and partners about your aims. *Stories resonate* and because they connect with our emotions, they have a more memorable quality than mere facts and figures. Finally, stories build capacity—by promoting solidarity and a shared sense of the coalition's past, present and future among coalition members themselves.
- 7. **Keep learning.** Smart coalitions recognize that there is always room to grow and more to know about preventing and combating community problems. By keeping an open mind and a learning orientation, these coalitions become more resilient and better able to adapt to changing conditions.

# **Sustaining the effort: Maintaining involvement and energy**

While many coalitions hope that a hefty grant will be the end of their sustainability worries, in reality you need the *commitment* of many people and partners to your coalition's work over a long period of time, and you need to know that this interest runs deeper than the money brought in by a grant. Key strategies for thinking about and sustaining the effort behind your coalition's work include:

- Build and maintain momentum with incremental goals and "small wins." During your coalition's assessment and planning phases, you identified a broad range of targets and several ambitious goals for addressing conditions that facilitate substance abuse in your community. Make sure that as you create your road map for change, you break these goals into smaller mini-goals. As your coalition achieves "small wins," a sense of productivity and accomplishment, greater commitment by members and partners, and a reputation for your coalition as a group that "gets things done" will follow.
- ☑ Use the power of "legitimate peripheral participation." This describes how groups can revitalize their membership by creating opportunities for participants at multiple levels and the means for less-central participants/partners to fluidly become more central. The result: a deep bench from which your coalition can draw. Here are the keys to this:
  - Create many ways to participate.
  - Enable different *levels* of participation. "Peripheral" participation means that you create opportunities for low-intensity and low-commitment involvement in coalition activities so that people can participate in ways that work for them.
  - Ensure that all participants are viewed as *legitimate*—regardless of their level of involvement. Commitment to your coalition will grow when peripheral members see that the coalition honors and accepts them as genuine contributors, even if they are not currently part of the coalition's "inner circle."
- ☑ Know when the time comes for a particular initiative to "grow up" and move on. A coalition's overall energy for change can wane if it settles into a pattern of operating one or more static initiatives or programs designed to recur year after year. Remember: A coalition is not a program. While it can make sense for a coalition to take ownership of developing and seeding a particular initiative or intervention, maintaining these initiatives limits your coalition's ability to be agile and to develop new partnerships and strategies for change. This saps the vitality of your coalition and constrains your ability to add value above and beyond the work of individual organizations in the community.

- Think of these initiatives as teenagers: We love them and are invested in their success, but we know they should not live with us forever. Have a frank conversation with your coalition about when it is time for a particular initiative to grow up. Identify as a group whether the initiative can be spun off into a standalone entity, continued under the ownership of a partner organization or evolved into something else entirely.
- ✓ Overcome issue "silos." Energy for change wanes when community issues are sliced too thin, dividing human and material resources in too many ways. While your coalition needs to stay focused on your main goal (see Habit #3 on pages 14–15), you also can free up energy by seeking connections with groups working on related issues. Do not feel that your coalition has to take on all the problems of the community, but partner with others to find ways to reduce redundant efforts and find joint strategies that benefit everyone's interests.

# **Sustaining the operation: Funding administrative expenses**

One of the challenges facing many coalitions as they grow their strategies: How do we secure ongoing funding for the administrative overhead or core functions of running the coalition? This problem emerges, in large part, from trends in grant making: Foundations and other grant makers have moved away from funding administration and organizational infrastructure on an ongoing basis. Simply put, most grant makers are not interested in funding operations—instead, they see themselves as investing in impacts or opportunities. They want to show concrete results and clearly communicate to their constituents how their funds produced those results. In the end, what you do—the community-level strategies and interventions spawned by your coalition—and not the existence of your coalition will "move the needle" on substance abuse issues.

This dynamic puts coalitions and stand-alone nonprofits in a "Catch-22" situation: The work that gets funding requires organizational infrastructure. Or, to quote one coalition leader, "It's hard to make community change when we're worried about keeping the lights on."

This will continue to be a struggle in the nonprofit sector, but strategies exist that can help your coalition think about and maintain administrative and operational support:

- ☑ Keep it lean. It bears emphasis that throughout the process of developing ongoing support for administrative costs, you will have an easier time if your coalition operates in a lean manner. Some coalitions make the mistake of building more infrastructure than they can reasonably support on an ongoing basis. This hurts your coalition in several ways. First, heavy organizational structure has a way of becoming "reality," i.e., while coalition operational support needs are often fluid, the coalition's staff structure can quickly be perceived as static and solid. It is hard to rethink true infrastructure needs, especially when the livelihoods of good people passionate about substance abuse prevention are on the line. Second, it can (ironically) have the effect of making your coalition less robust by encouraging staff to take on too great a role themselves rather than leveraging partnership opportunities to get the tasks done. No matter what, you will want to ensure that your organizational overhead falls in line with your coalition's activity level.
- ☑ Think flexibly about resource needs. Your coalition's options for supporting operations will expand or contract with how creatively you organize your work. Plan for roles and functions, not specific positions. Trained, dedicated staff or outside facilitators can be a terrific help when your coalition can afford them. But if it cannot, be creative about completing the work. Consider the following:
  - Volunteers and interns—share the vital work of the coalition with community members old and young with passion for preventing substance abuse. Involve students and retirees and you will benefit from their tremendous energy and invite fresh perspectives.

- Shared staff—many agencies and organizations find themselves struggling to support their staff rosters. If your coalition does not need or cannot afford a full- or part-time staff member, find out if any partner agencies can allocate a percentage of someone's time to coalition management—even five hours a week for monitoring progress and maintaining communications can be a big help.
- ☑ Consider adding a percentage of administrative overhead to budgets and funding requests. Funders do not like supporting overhead, but some organizations are successful in gaining at least partial support for overhead expenses by documenting them as a reasonable surcharge of conducting an initiative. To make a case for this, you must know (1) what your operations cost and what fraction of these costs other sources may cover and (2) what percentage of your coalition's efforts or strategy a particular initiative comprises. If you can show a strong and reasonable link, you are more likely to persuade funders that the requested overhead support represents the "cost of doing business."

# How long do we need to be around, and in what form?

Flexibility is one of the critical characteristics in fostering coalition sustainability—and even more powerful when combined with a healthy perspective of what your coalition needs to be and look like to achieve its goals.

Sustainability does not necessarily mean "forever and ever." It means "long enough." Maintain your coalition in the *right forms* at the *right levels* for the *right amount of time* to achieve your goals. Many long-standing coalitions find continued benefit in coordination and networking efforts. Others form to attain specific objectives, achieve them and either shift their self-definition or disband to form new groups around other issues.

Think about your coalition's goals and how they fit into the larger community picture, then work to support the group at the intensity level that will allow you to attain those goals.

# CHAPTER 3: DEVELOPING AND SUSTAINING THE RESOURCES

In addition to sustaining the efforts of members and staff *inside* the coalition, your coalition needs to continually interact with its surrounding environment to make sure that it and the changes it fosters remain viable over the long run.

# **Maintaining external ties**

Effective coalitions function well because they cultivate and maintain strong connections with organizations and individuals representing key sectors of their community. Coalitions must ensure close ties with the community, or conflict may arise. Here are key strategies for maintaining strong ties and presence in your community and beyond:

- ✓ Learn the language of value. Many coalitions and nonprofit organizations are much better at describing of community need than communicating the value of what they do. Moreover, when they do think about their value, they frame it in terms that they care about. Your coalition will benefit when you learn to think about how your work creates value in addressing needs and issues, and develop skills in specifically connecting your contributions to the perspectives, interests and priorities of multiple audiences. Recognize the diversity of potential "selling points" connecting different stakeholders to your efforts. As your coalition gears up for an organized effort—whether fund raising, partnership development or general communication and dissemination—map out your audiences and discuss the following as a group:
  - How are we making a difference?
  - To whom are we conveying this information (i.e., which person, organization, stakeholder, funder, etc.)?
  - Why would—and should—this person, organization, stakeholder, funder, etc. care?
- ☑ Get the word out early and often. Find channels to communicate your coalition's efforts and successes with key stakeholders and the general public. If you want to maintain interest,

energy and awareness about your coalition, you cannot afford to fall silent to the larger community. Trust the fact that people want to know about your great work, and the more activity they hear about, the more interest there will be in supporting your activities. Specific strategies can include:

- News releases and press conferences marking successes or developments in your coalition's agenda (e.g., releasing your assessment report or strategic plan)
- Regular notices in the community section of your local paper, including updates about the coalition, mini-features on coalition members or partners, or short pieces about substance abuse in your community
- A coalition Web site or blog: These are easy and inexpensive to set up and maintain, so coalitions have little reason not to have a Web presence
- Newsletters (electronic and/or print)
- Direct mailings

# **Maintaining the change**

There are two primary considerations when thinking about how to sustain change:

- 1. How deep/lasting are the changes that our strategies can create? Are we including enough high-leverage change strategies?
- 2. What are the operative forces that might actively or passively oppose or undo our work?

Consider that some changes are more durable and sustainable than others. Think about this in terms of where the change "lives." If the focus lives within individual youth (e.g., toward greater disapproval of binge drinking), the change can be positive, but must be made for many youth and repeated year after year. On the other hand, if you focus change at the community level (i.e., communitywide norms about binge drinking, greater enforcement of liquor laws affecting minors or larger policy changes that facilitate these), you have a broader reach and set in motion changes that can often take on their own life.

This is one bottom-line reason we emphasize that coalitions are not programs and should avoid running them. Every change effort—whether for individuals, organizations, or whole systems or communities—is like a lever, as illustrated in Figure 3. Longer levers create longer-lasting change. While your coalition will probably use multiple strategies to achieve its goals, it is essential to incorporate long-lever strategies in the mix.

A second consideration in sustaining community-level impacts is understanding that *opposing forces* can undermine or undo your changes, even after they seem to be institutionalized or adopted as community policies and norms. As a coalition bringing together multiple perspectives, one of your most valuable functions is to use others' eyes, ears and brainpower to identify risks to your initiatives and the changes they create, and organize to counteract these risks.

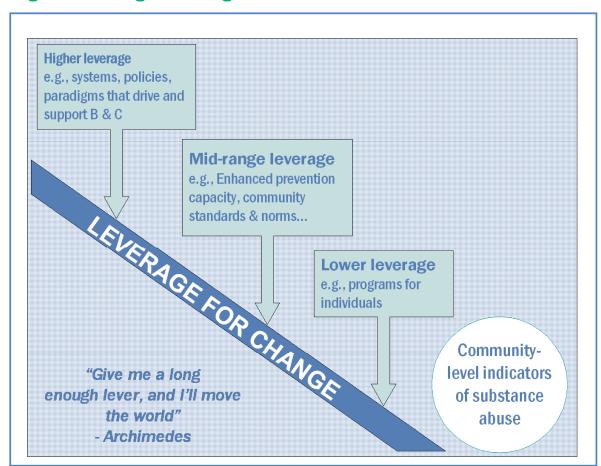


Figure 3. Leverage for Change

# **Geographic issues in coalition sustainability**

Rural community coalitions face different issues when it comes to sustainability than their urban counterparts. Here are some potential differences to consider:

### **Urban communities**

- Often receive a higher profile for their issues and a greater share of attention and funder focus.
- Sometimes have more wealth.
- Tend to have more influential municipal partners and less involvement of county government.
- Generally have more service provider organizations, meaning more potential partners, and more politics to juggle.

### **Rural communities**

- Often receive less external funding, but sometimes have access to different funding sources than are available to urban communities.
- Likely have less overall wealth but as a result, develop a strong sense of self-reliance and creative approaches to making do with little.
- Tend to rely more heavily on county or regional-level structures rather than on local township or village governments. This means that more crosscommunity collaboration is required to build an integrated and sustainable plan.
- Have fewer organizations and service providers—meaning that every partnership really counts.

# CHAPTER 4: SUSTAINING ACROSS COALITION LIFE CYCLES

It is no mistake that this chapter appears more than halfway through this primer. While money and other material resources are essential to executing effective strategies, securing and maintaining these resources must be built on a solid foundation. When a coalition approaches resource development from a well-grounded sense of its value, with energetic involvement from members and partners and with a shared understanding of what it needs to accomplish, it is in a better position to identify appropriate funding and partnership opportunities and make convincing cases for community support.

An effective approach to developing and sustaining material resources involves:

- Identifying and eliminating perceptual barriers to going after resources.
- Developing a clear sense of the specific resource needs of your coalition's strategies and pursuing a diversified funding portfolio to meet those needs.
- Knowing the constituents for your various funding strategies and meeting their bottom line.
- Creating organizational supports to incorporate resource development as an ongoing part of the coalition's strategic thinking.

### **Resources are more than money**

Your coalition must identify the support required to maintain the effort and impact. In some cases, it is easier to secure non-cash resources. For example, another nonprofit may not be able to help you with money but can lend you vehicles. Some coalitions get rent-free space from their local congregations. A coalition usually needs the following non-financial resources:

- Supplies
- Space
- Personnel/time
- Transportation
- Technology
- Community (print/electronic)
- Technical assistance

# Eliminating perceptual barriers to resource development

Developing sustainable resources takes effort, organization and savvy. Some of the greatest barriers to resource development do not stem from lack of inherent skills, but are grounded in perceptions and attitudes that create psychological blocks to taking action.

Two of the most basic of these blocks are the *fear of rejection* and an *aversion to "selling."* Nobody likes to be turned down, and as a society we have a negative perception of people seen as too "self-promoting." Sometimes we fear appearing conceited or opportunistic. If these fears and perceptions constitute barriers to your coalition's resource development efforts, consider:

- You will be turned down sometimes. No one gets every grant for which they apply, and not every request to a donor is greeted with a smile and a check. In fact, one could argue that if you are not getting rejections, you are not making enough requests. Help improve your approval rate with these tips:
  - —Meet as a coalition to review your tactics. Brainstorm alternative ways to describe your work that may garner a warmer reception.
  - —Follow up rejections with questions to identify issues or sources of resistance. For example, "I would like to understand your concerns so that we might address them and win your support next time. What could make our request more appealing?"
  - —Consider outside technical assistance to build capacity. Attend professional workshops on fund-raising strategies, hire a grant writer or ask professional contacts not embedded in your coalition's work to lend a fresh eye to your request language and tell you what they find compelling about your approach.

	Thinking that <i>blocks</i> resource development	Thinking that <i>opens up</i> resource development possibilities	
Fear of competitive backlash	"Sure, we'd like to raise more money and bring in more volunteers—but so would our member organizations. Won't we be in competition with them?"	"Our coalition serves a different purpose than our member organizations, and our work is about facilitating changes that no member organization can do on its own. We're not competing with their work—we're adding value to it!"	
Myth of the zero-sum game	"There's only so much to go around—how can we ask the community to support our work that takes away from so many other organizations and issues?"	"What are the win-win opportunities? If our work is meaningful, not only will there be enough to go around, but we can strengthen each other by finding synergies—joint fund-raising campaigns, local business sponsorships"	
Resource-poor community	"Our community is resource- poor as it is the funds just aren't there."	"Our community has a lot going for it— we need to think broadly about 'assets' and consider all of the creative ways in which people pull together and make things happen here."	
Fat grant syndrome	"We already have a big grant—won't we be seen as greedy if we keep pursuing resources?"	"We do have a grant to accomplish certain things, but we need a strong base as well. We can connect with our community and make our grant money work harder if we create opportunities for organizations, individuals, businesses and others to invest in our work!"	
Too new	"We're really just forming—isn't it a little premature to expect a lot of community support?"	"Sure, we don't have results yet, but we've done our homework and have a clear process and a plan that shows where we're heading. We'll start with small requests, and grow our donors as we grow our success!"	
Too comfortable	"Our funding continues for another year and a half—when that's done, I'm sure we'll get another grant."	"Times are uncertain—let's show our value and build a base of local community investment. Also, let's take a look at where we plan to be in the next couple of years and see what kinds of partnerships and funding strategies will position us for the next phase."	

• Think of it as educating and inviting rather than selling. Your coalition does important work, and it is appropriate to share your enthusiasm and knowledge. At the same time, realize that most of us want to make a positive difference. Show your coalition's work as a possibility for making that difference in your community, then you offer an opportunity for people to fulfill their goals, rather than pushing a product.

Beyond these, however, are several more subtle perceptual barriers to a productive resource development mind-set. Table 1 on page 26 lists some of the other common thought processes that can block openness to developing and pursuing creative funding strategies, and proposes some alternatives your coalition can use to open up new possibilities.

# **Developing a diversified portfolio**

In many ways, planning the investment of resources in your coalition

parallels planning for a personal investment portfolio. Any stockbroker will tell you, you need to have a *diverse array* of investments to achieve security.

Far too many coalitions make the mistake of relying primarily on grant monies to sustain themselves. Not only is this putting too many eggs in one basket, it is putting them in a very dangerous

### Is your coalition grant dependent?

Many coalitions form in response to an initial funding opportunity. Any impetus to collaborate can be viewed as positive, but if this describes your coalition, you will have to work to make sure your coalition transitions to sustainability. The shared interest represented by a good-sized pot of money is too often mistaken for shared values and a genuine commitment to collaborate. Too many coalitions that start from large initial grants fold a few years later when that incentive goes away.

basket. The nature of both federal and foundation funding is such that a particular group is very unlikely to achieve stable, ongoing support over a long period. Grant funding is highly competitive and funders tend to spread the wealth and seek new and different projects and organizations to fund. Private foundations and federal agencies, in particular, often are not just looking to find "what works," they also like to seed innovation. Your coalition should innovate, but you want your strategies to be driven by what works

best for your community—not by the ideas a set of program officers would like to explore. Grant funding also follows trends. While your particular issues or strategies may be in vogue now, this may not be true in a few years.

There are basically four ways for your coalition to get the resources you need. You can

Share

Charge

Ask

• Earn

Some of the more common approaches to building a diverse funding portfolio follow:

- Local community grants. Many communities are blessed with one or more umbrella funders or local foundations. Local funders such as the United Way and community foundations can set up special funds to earmark donations for substance abuse prevention work. Get to know the staff of these organizations, and do not be afraid to ask about these possibilities.
- Line-item budget allocations. Coalitions can attain more security if they can convince one or more local government departments or agencies to support coalition initiatives and/or infrastructure in their budgets. Depending on your community and the partners involved, this commitment could come from a range of agencies. For example, a parks and recreation department funds positive alternatives for youth; the local health department may find that the coalition helps it fulfill mandates; or the police department may recognize that its funds can go farther focused on prevention rather than enforcement and incarceration.
- Individual and business donors. An essential—and relatively simple—component of any sustainable coalition's long-term strategy is asking people for money. One of the best approaches is to make personal contact with the people with whom you would like to connect. Find the groups that offer a chance to reach a large audience and ask their leaders for an opportunity to talk about substance abuse in your community and your coalition's work to prevent it. Business and service clubs and local chamber of commerce groups often provide terrific opportunities to connect with leaders and members of the business community.

- Fund-raising events. These provide an opportunity to raise money and to enhance the profile of your coalition across multiple segments of your community. There are nearly as many types and flavors of events as communities to host them.
  - Large community fund-raising events are a great component of any coalition's sustainability portfolio because they offer the greatest opportunity to highlight your coalition's work to the widest array of community members. Part of the fun of planning a fund raiser is seeing how creatively and broadly you can use the venue to raise awareness of your coalition's work.
- Social entrepreneurship. Nonprofit organizations must explore ways to create goods or services that simultaneously promote their message and bring in additional income. Social entrepreneurship is most effective when it synergizes with your coalition's change strategies. Rather than taking time away from your main efforts, find creative opportunities to layer in an entrepreneurial component. For example, you could piggyback on an awareness campaign by having the prevention messages and artwork printed on t-shirts. Since your coalition does not want to get bogged down in running a complicated business operation, seek ways to cash in on opportunities that do not create undue overhead or startup expense. Consider the t-shirt example: The Internet offers services that can produce this sort of "prevention swag" on an on-demand basis, with little setup expense. Rather than laying out money for stock in advance, you can create such items as needed.
- Fees for service. Some coalitions—because of the range of expertise and experience of members are finding that *they* are a valuable commodity. For example, some groups develop formal training sessions to share their knowledge and offer these sessions with continuing education units for a fee to organizations and professionals. Other coalitions create miniature speakers' bureaus, with coalition members who have presentation skills offering talks to schools and other organizations for honoraria that are donated to the coalition.

This list highlights some ways your coalition can build a diversified portfolio. Consider:

- ☑ Think broadly about resources. Money is an obvious example, but many of your coalition's needs can be met in other ways. In particular, think about what your coalition might obtain through in-kind donations: volunteer time, technical assistance, space, supplies or equipment.
- Match resources to coalition strategies. Your development efforts can actually do double duty if your coalition thinks creatively. For example, consider a three-on-three basketball tournament one local coalition held as a fund raiser. One strategy the coalition wanted to promote was creating more positive recreational activities and youth-friendly public spaces as an antidote to the boredom that local youth said was a factor in drug use. The basketball tournament was not just an activity to help raise funds for the change strategy, it was a part of the change strategy itself, because the medium (community basketball game) was the message (youth recreation).

The organizers took advantage of every opportunity to synergize the event with the coalition's long-term development and communication plans. They invited the parks and recreation department as an organizing co-sponsor, and it provided supplies and equipment. They recruited sponsorships from local businesses, who in exchange displayed banners and merchandise. Local celebrities served as announcers and referees and the event received positive press coverage. Team sponsor sheets enabled individuals to set both a base sponsorship amount and an additional amount for every round advanced in the tournament, and donated prizes went to the winning teams and those who produced the most sponsorships. Everyone had a great time, the coalition drew a diverse crowd to hear its message and business sponsors were so pleased by the turnout and well-placed advertising that they promised to contribute again next year.

Match resources to strategies based on the gains, requirements and restrictions of those resources. For example, local grant funding often is tied to a particular initiative or objective—not the coalition's work as a whole. Be sure to counterbalance this funding with another strategy that does not carry restrictions.

- ☑ You have to give to get. Coalitions often fail to recognize how much effort it takes to secure resources. Keep volunteers happy and productive by investing time managing them and providing recognition for their efforts. Likewise, your coalition needs a system for donor management and appreciation and to track funders' reporting requirements.
- ☑ Cultivate champions and a base of supporters. Champions are respected individuals in your community who lend their clout in the vocal support of your coalition. Having a dedicated group of champions can make a huge difference. On the other end of the spectrum, a broad base of supporters and partners of influence in the community gives you a robust foundation for future efforts and helps you show prospective funders how much the community believes in your efforts.

# **Recognizing and meeting constituent needs**

One secret to successful resource development is understanding that various funding and resource strategies draw from different constituent groups, and each group has its own interests, goals and values that it hopes will be served by contributing to your cause. In short, it is **bottom-line return on investment**. Your coalition's job is to make every transaction with a funder, supporter or partner a win-win exchange by making sure *you* support their bottom line.

Table 2 on page 32 lists the key funding strategies described previously, but highlights constituencies—and their bottom line—for each strategy. For example, grant makers have many motivations for funding particular projects, but at the end of the day most feel some pressure to show the impact of the dollars they invest. To the extent that you can, help them by monitoring, measuring and clearly communicating your coalition's impact. In contrast, public agencies also want to know that your efforts are working, but for them the bottom line is typically efficiency and value. To offer highly coveted line-item budget support, public agencies and organizations need to know that your work adds a high degree of value to their mission at less cost than it would take them to

create similar value. Business sponsors thrive on the visibility and good will that public recognition of their sponsorship garners. If you neglect to facilitate this public recognition, local business sponsors will dry up quickly. As you work with your coalition to review and develop funding strategies, ask, "Who are the main constituents for our strategies?" "What is their bottom line?"

Table 2. Key funding strategies for coalitions						
Funding type	Main constituency	Their bottom line				
Grants	<ul> <li>Local foundations/United Ways</li> <li>Private foundations</li> <li>State agencies</li> <li>Federal agencies</li> </ul>	Measurable impact that can be clearly communicated				
Line-item budgets	Local public agencies and organizations	<ul><li>Efficiency</li><li>Value</li></ul>				
Donors (individual)	Individual donors at all levels of wealth	<ul> <li>Identity (gift meshes with sense of who they are)</li> <li>Recognition</li> <li>Tax benefit</li> </ul>				
Donors (business)	Business donors and sponsorships	<ul><li>Visibility</li><li>Good will</li><li>Tax benefit</li></ul>				
Fund-raising events	The community at large     Subgroups within the community	<ul><li> Having fun</li><li> Doing good</li><li> Feeling great</li><li> Tax benefit</li></ul>				
Social entrepreneurship	The community at large or target markets within the community	Fulfillment of individual needs or desires, including expression of identity (product/service meshes with sense of who they are)				
Fees for service	Local organizations or individual professionals	<ul><li>Service value</li><li>Affordable expertise</li></ul>				

"What is the value they get from supporting us?" "Are we doing everything we can to help them reap this value?"

# **Organizing for effective resource development**

Developing and implementing plans for sustainability is no small matter—it involves considerable work. Sustainability is an inseparable part of your coalition's strategy and you need the structures in place to ensure that sustainability thinking is integral and ongoing in your coalition's larger conversation. Whether you call your team a sustainability committee, resource committee, or if you meld sustainability and external communications into one committee, recognize the powerful relationship between the two. Whatever the name, committee members can fill a variety of potential roles:

- Reviewing the coalition's strategic plan and identifying resource needs and options
- Developing and implementing plans for raising in-kind and monetary support
- Monitoring potential external funding opportunities
- Developing and maintaining good relationships between the coalition and external constituent groups
- Following coalition progress toward its goals and translating it into announcements and press releases that can be used to raise further interest in the coalition

# CHAPTER 5: PUTTING IT TOGETHER: PLANNING FOR SUSTAINABILITY

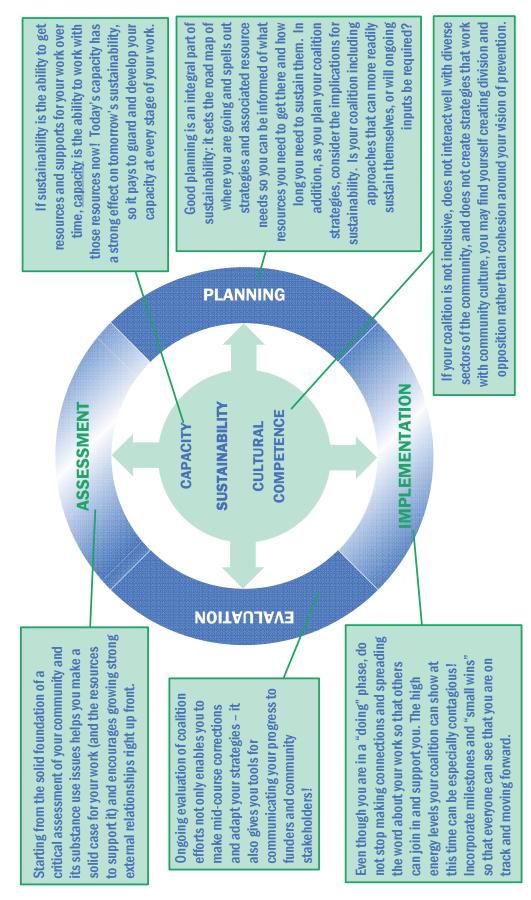
No time is the wrong time to start thinking about sustainability. Figure 4 on page 35 illustrates how elements of sustainability are linked with every aspect of the SPF.

- ☑ Start with an overall coalition plan. To sustain your coalition's strategies clearly spell out what they are and have your members agree that these are efforts worthy of their commitment.
- ☑ Know what the work entails. The strategic plan may provide the higher-level view, but you must know what kinds of resources you need.
- ☑ Scan the environment. Stay apprised of who is in the community doing work that could mesh with, support or potentially work against your efforts. Expect change, and monitor local, state and national trends that could affect interest in and support for your coalition's work.
- ☑ **Get over barriers.** Examine resistance to your coalition when incorporating sustainability as an ongoing part of the work. As a group, discuss ways to rethink this resistance.
- **☑ Brainstorm possible strategies.** Use the ideas presented here as a preliminary guide, but do not feel you need to stop there.

## What is your policy?

Regardless of the resource development strategies your coalition decides to employ, it is a good idea to decide up front which funding sources are and are not acceptable to your coalition and community. Local prevention coalitions often receive offers of support from companies representing what one might broadly term the "alcohol industry": alcohol producers, tobacco companies or casinos. Some community coalitions categorically refuse monies from these sources, either to avoid any appearance of "sleeping with the enemy" or sending mixed messages to the community, or because they wish to counteract real or perceived targeting of their community by these corporate interests (as sometimes occurs, in particular, with communities of color). Other communities and coalitions have no problems accepting these funds. The important thing is to have a clear policy one way or the other, so that your coalition's efforts are not distracted or derailed by conflict when potentially controversial funding opportunities arise.

Figure 4. Coalition Sustainability Cycle



Brainstorm with your sustainability team the ways your coalition can connect your goals to those of others. Then think about what each of these groups could offer your coalition in terms of human, social and material resources. Finally, think about the opportunities to connect those two pieces.

- ☑ Pick a portfolio of the best strategic matches. Begin with one or two strategies and add others later. Examine how each strategy fits your group's aims. Is it better aimed at one area of the coalition's work, or can it be applied more generally? Are there ways to use this approach to secure resources and to raise the coalition's profile, increase community awareness or promote desirable norms? Is this a strategy that could grow year after year, or is it a one-shot opportunity?
- ☑ **Build and maintain relationships.** In the end, it is not fund raising but *friend* raising. Make sure others in the community know about your work, and follow up communication with personal contacts among the key stakeholder groups. Develop strategies for grooming sustainability leadership. Provide training for coalition members and volunteers who want to assist in resource development.
- ☑ Implement your resource development strategies. Follow through with your plans and monitor your resource development. Set visible targets for human, social and material resources, and share the progress toward those targets and remaining gaps with the whole coalition.

### **Creating effective case statements**

- Your case statement should be in language you would use to explain the topic to a neighbor or friend.
- It should explain why your coalition is needed in your community:
  - What are the benefits/what is success?
  - What would be the consequences of it going away?
  - Why is the overall topic so important in your community specifically?
- It can be used over and over again with potential donors, volunteers and partners.
- It explains what resources are required for success.

- ☑ **Document your impacts.** Keep track of your progress and impacts formally and informally. This includes formal evaluation of major initiatives and group discussion on activities such as taking time to reflect as a group on what seems to be working and what is not and documenting lessons learned.
- Watch the coalition around you. Maintaining a strong membership base is everyone's job and a particular concern of coalition leadership. Members charged with fostering sustainability should be particularly mindful and call to the group's attention when energy seems to be lagging or new skills, experience or stakeholder group representation are needed. Remember, all the money in the world will not sustain your coalition if you do not have strong membership and good energy.
- ☑ Develop formal case statements, talking points and presentations. You will be more effective at every phase of soliciting support if you have prepared communication tools to share what your coalition is about, why your work is important, what you hope to achieve and sustain, and the kind of support others can provide. A clear, well-organized approach carries more impact and members will be more willing to help share messages if they have handy tools at their disposal.

# **Checklist for developing and implementing a sustainability plan**

The following checklist suggests activities that your coalition should incorporate across its lifespan to develop and implement effective sustainability plans and practices. A sustainability planning worksheet also is available on the Sustainability page of the CADCA website, <a href="https://www.cadca.org">www.cadca.org</a>.

Checklist for sustainability				
IDENTIFY POTENTIAL PARTNERS: BUILD AND MAINTAIN RELATIONSHIPS: (From the beginning and on an ongoing basis)				
□ E	Build and maintain relationships.			
	Get over barriers.			
	Scan the environment.			
	Document and periodically review your impacts.			
DO YOUR HOMEWORK: (Concurrent with every coalition planning cycle)				
	Start with a good <i>overall</i> coalition plan.			
	Define what resources the work entails.			
	Develop your talking points.			
DRAFT THE PLAN: (Start in year 1 and update annually)				
	dentify what must be sustained.			
	dentify what resources are required.			
	Create case statements.			
	Determine funding strategies.			
	dentify potential partners.			
	Develop action plan to contact and present to			
ŗ	potential partners			
IMPLEMENT, REVIEW, LEARN, ADJUST				
	mplement your resource development strategies. Review your progress and adapt.			

### CONCLUSION

This primer has presented sustainability within the overall context of developing an effective coalition capable of creating and maintaining population-level changes in substance abuse rates. True sustainability is not just chasing dollars. Rather, it means being very clear about the aims of your coalition and mobilizing your community to join in the effort. Too often coalitions get sidetracked and derailed by pursuing funds for initiatives that are not germane to their central purpose. Avoid falling into that trap by periodically reviewing your logic model and other planning materials.

Building and maintaining the sustainability of your coalition to achieve its goals *is* an effort, but other coalitions have succeeded, and *so can you*. Keep sustainability in mind as an integral part of your coalition's overall strategy and refer to the action steps described throughout this primer, and your community will be celebrating your successes and reaping the rewards of your dedication to substance abuse prevention for many years to come.

# A WORD ABOUT WORDS

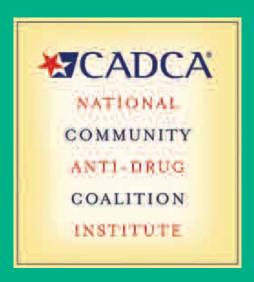
As noted at the beginning of this primer, there are a number of terms that sometimes are used interchangeably. Often, the difference depends on who is funding your efforts or the field from which you come. The following chart highlights terms that often are used to describe the same or similar concept.

A word about words						
Assess	Plan/Implement	Evaluate				
"The problem is But why? But why here?"						
What you want	What you do to get there	Are you getting there?	Did you get there?			
<ul><li>Aim</li><li>Goal</li><li>Objective</li><li>Target</li></ul>	<ul> <li>Activity</li> <li>Approach</li> <li>Initiative</li> <li>Input</li> <li>Method</li> <li>Policy</li> <li>Practice</li> <li>Program</li> <li>Strategy</li> </ul>	<ul> <li>Benchmark</li> <li>Indicator</li> <li>Intermediate Outcome</li> <li>Input/Output</li> <li>Measure</li> <li>Milestone</li> <li>Short-term Outcome</li> <li>Output</li> </ul>	<ul><li>Impact</li><li>Outcome</li><li>Results</li></ul>			
✓						

### **GLOSSARY**

- **Administrative Overhead.** Costs necessary for operation of a coalition, but not directly associated with developing a project or providing a service.
- **Capacity.** The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.
- **Coalition.** A formal arrangement for cooperation and collaboration among groups or sectors of a community, in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy and drug-free community.
- **Coalition Sustainability.** The ability to maintain the human, social and material resources needed to achieve your group's long-term goals.
- **Community-level change.** This is change that occurs within the target population in your target area.
- **Cultural Competence.** (1) A set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups. (2) A point on a continuum with several guiding principles that enable coalitions to have positive interactions in culturally diverse environments.
- **Diversified Portfolio.** Obtaining financial and other resources through a range of sources, such as in-kind donation of office space from a local Chamber of Commerce and advertising space in the local newspaper, federal and state grants and foundations.
- **Goal.** A statement of intent and purpose that supports the coalition's vision and mission. For example: "To create a healthy community where drugs and alcohol are not abused by adults or used by youth."
- **Human Resources.** The individuals that staff and operate an organization rather than its financial and material resources. Human resources can—and in coalition work generally do—include volunteers.
- **Intervention.** What is done to prevent or alter a result—the means by which one changes behavior and environmental conditions related to a group's goals.
- **Legitimate peripheral participation.** Creating multiple-level opportunities for participation and the means for less-central participants/partners to fluidly become more central over time.

- Logic model. Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished, and how.
- Material Resources. Those things that can be used to improve the quality of community life—the things that can help close the gap between what is and what ought to be.
- **Members.** Organizations, groups or individuals that agree to affiliate themselves with the mission of the coalition, participate in coalition meetings on a regular basis and contribute to communitywide planning and evaluation efforts.
- **Objective.** The specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a timeframe by which it will be accomplished.
- **Outcome.** Used to determine what has been accomplished, including changes in approaches, policies and practices to reduce risk factors and promote protective factors as a result of the work of the coalition.
- **Partners.** Groups or organizations that work with the coalition on specific issues or projects.
- **Social Entrepreneurship.** Ways to create goods or services that simultaneously promote a coalition's message and bring in additional income. The process must complement the coalition's change strategies.
- **Social Resources.** A coalition's ties to and relationships with stakeholders inside and outside the surrounding community that enables the group to serve an important niche in the community's "ecology" as it relates to the problem of substance abuse.
- **Stakeholders.** Groups, organizations or sectors of the community with interest in and/or perspective on a common issue, such as reducing substance abuse.
- **Strategy.** The overarching approach a coalition uses to achieve its identified and intended results.



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