POWER OF PREVENTION: A CONVENING OF LEADERS IN OUR FIELD

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OVERVIEW

With the progression of health reform, increasingly limited resources, and the transition of the California Department of Alcohol and Drug Programs (ADP) to the Department of Health Care Services (DHCS), there is a critical need for the California prevention and wellness community to join forces in ensuring a unified agenda to advocate for prevention. With this goal in mind, ADP, through its technical assistance and training contractor, the Center for Applied Research Solutions (CARS), brought together a select group of leaders in prevention from throughout the state with the following intention:

Overarching Goal

- To generate a common vision within the substance abuse prevention field for elevating and sustaining prevention efforts while concurrently ensuring linkages and integration with other comprehensive prevention efforts in the state.

Intended Outcomes of the Convening

- Identify opportunities to promote and elevate alcohol and drug prevention efforts with the broader prevention movement.
- Foster linkages between alcohol and drug prevention, and other prevention efforts, such as violence prevention and suicide prevention.
- Develop recommendations for ensuring that alcohol and drug prevention is considered in the development of comprehensive health and wellness efforts statewide and nationally.
- Form initial workgroups with the goal of developing a core advocacy and leadership group.

Participants

The convening was a unique opportunity to bring together planners, practitioners, and leading thinkers who view prevention from diverse perspectives. There were over 70 attendees from throughout the state. Representatives from both the substance abuse prevention community as well as other, related prevention fields participated. The diversity of the group allowed for the expansion of dialogue between those involved in alcohol and other drug (AOD) prevention efforts and those building momentum for advocating for other prevention efforts in California. Those groups in attendance included:

- County AOD Administrators and Prevention Coordinators;
- Other county prevention planners (e.g. Mental Health Services Act, Prevention & Early Intervention [MHSA-PEI] Coordinators, Public Health Coordinators and Tobacco Use Prevention Education [(TUPE] Coordinators);
- Community-based prevention planners and practitioners;
- Both state and national prevention initiatives were represented at the Summit. (e.g. Community Transformation Grants (CTGs), California Friday Night Live Partnership [CFNLP], and School-Based Health Centers);
- Researchers and leaders in the field; and

- State and federal agency representatives (e.g. ADP, DHCS, California Health and Human Services Agency [CHHSA], California Department of Education [CDE], California Department of Public Health [CDPH], and the Substance Abuse and Mental Health Services Administration [SAMHSA])

Convening Format

The two day meeting consisted of a variety of discussions, consensus building, and action/workgroup oriented sessions. During initial plenary sessions, participants heard from state and federal representatives regarding prevention priorities and emerging issues. Within workgroup sessions, attendees participated in facilitated discussions on key topics and developed vision statements, recommendations, and next steps. Over the course of the two days, participants were engaged in the following activities:

- Discussed concrete next steps for moving substance abuse prevention forward within a cross system prevention framework.
- Considered a comprehensive vision for prevention that cuts across health issues, government agencies, and specific strategies.
- Put forth practical recommendations for prevention strategies which have relevance at the local, state, and national levels.
- Utilized the "Collective Impact" framework for addressing social problems and maximizing efforts through collaboration to frame discussion sessions (the framework is from the Stanford Social Innovation project).

Workgroup Discussion Topics

Participants were presented with workgroup discussion themes to further the discussion of each of the following five priority issues:

- Role of Prevention Within the Affordable Care Act (ACA)
- Fostering Partnerships Within and Across Systems
- Advancing Prevention Policy Efforts
- Advancing Prevention Programs and Practices
- Workforce and Leadership Development

During the workgroup discussions, participants were also asked to consider how the ACA, cultural competence, and the utilization of technology could be integrated into their topical issues and recommendations.

KEY DISCUSSION THEMES

KEY DISCUSSION THEMES

Objective #1: Identify opportunities to promote and elevate alcohol and drug prevention efforts within the broader prevention dialogue.

- The ACA and the MHSA-PEI have helped raise the consciousness of the public and policy makers as to the importance of prevention and its impact on chronic diseases and wellness. This represents an opportunity to continue to raise the profile of substance abuse prevention in these arenas.
- Substance abuse prevention must be at the table during discussions of health and healthy communities. How can prevention be notified and included when it comes to healthcare reform? What relationships and resources need to be leveraged in order to make this happen?
- The burden and costs to society that come with risky use and abuse of AODs is well documented and compelling. A cost-benefit analysis report was recently completed for California and will be released soon. This information should be widely publicized across sectors.
- We should capitalize on the successful work done on the tobacco prevention front, especially in the area of shaping social norms and the use of social marketing. Translating data into real world examples, called "social math", makes the data real for people.

Objective #2: Identify linkages between alcohol and drug prevention, and prevention of other key topical issues.

- Valid and reliable data plays a critical role in promoting the need for prevention services and effective prevention planning, prioritization, and decision making. The critical role of the California Healthy Kids Survey (CHKS) was heavily discussed and acknowledged, along with the general consensus regarding the importance of sustaining the survey as a primary source of local, county, and statewide data. When making the case for sustaining the survey, the linkage between school achievement and healthy behavior should be highlighted.
- Structural (bureaucratic) changes at all levels of California government can support prevention to ensure its relevance, status, and influence. As a field, prevention can look for opportunities, address challenges, and work together to sustain and advance our work. Building partnerships and working across fields and across the spectrum (prevention-treatment-recovery) are key to this effort.
- We need to consider what it is that is being prevented. What terms are being used and what aspects of prevention can be emphasized? Sometimes prevention is framed from the perspective of *preventing substance use disorders,* which is limiting, as this represents only a small portion of costs. A public health perspective includes a much broader view--one that looks to prevent all the consequences of use.

Objective #3: Develop recommendations for ensuring that alcohol and drug prevention is considered in the development of comprehensive health and wellness efforts statewide and nationally.

- What are ways to measure our return on investment in prevention at all levels? Is it possible to measure the worth of prevention by collecting data on the cost savings? The absence of information about cost savings is an impediment to garnering support for prevention efforts.
- We need to help people outside the field understand that promoting developmental assets in youth *is* prevention.
- Funding structures could be explored to see how community prevention can be supported. We need to think beyond an individual or disease-focused reimbursement model. Instead, move the conversation towards an indicator-driven funding formula that relies on census tract or population level data.
- The long standing International Certification & Reciprocity Consortium (IC&RC) has provided a structure for standardization of professional core competencies in the prevention field. More recently, SAMHSA has been moving forward in creating professional competency standards. ADP, through the Community Prevention Initiative (CPI), is creating a professional development training series that integrates both IC&RC and SAMHSA's Center for Substance Abuse Prevention (CSAP) guidelines. These competency standards are needed for professional workforce development.
- Action! Moving prevention from discussion to action and advocacy for issues is critical for building momentum and achieving desired outcomes.
- Collective Impact! Cross-sector collaboration to support a common prevention agenda is critical for the future of prevention.
- Occupy Prevention! Capitalize on the momentum of what is already happening, collaborate whenever possible, and achieve a presence by attending and participating in as many relevant meetings and convening's as feasible.

PLENARY DISCUSSION SUMMARIES

PLENARY SESSIONS, DAY ONE

Welcome and Introductions

Michael Cunningham, Acting Director, ADP

Mr. Cunningham greeted attendees, reviewed the purpose for the convening, and set the expectations for the course of the two days. This year, ADP marks 35 years in existence. However, as of July 1, 2013, there will no longer be a separate, free standing Department of Alcohol and Drug Programs. ADP will transition to the DHCS and the CDPH. This represents an opportunity to make prevention a priority in health care delivery. Now is the time to ask: How do we move the field forward? What is the vision for our state and local communities?

A statewide cost-benefit analysis report entitled "*The Cost of Substance Abuse in California"* by Dr. Ted Miller from the Pacific Institute for Research and Evaluation (PIRE) will be released soon. Based on 2010 data, the study found that tangible costs for substance abuse in California are $52.6 billion, and that cost increases to $172.6 billion when quality of life factors are figured in.

This Summit provided an opportunity to regroup, re-gather, and press on. Mr. Cunningham shared his vision and hope for a strong leadership group to emerge and provide guidance and direction to the field. "You alone must do it," he said, "but you cannot do it alone."

Dr. Jon Perez, Region 9 Administrator, SAMHSA

Dr. Perez is the liaison between his regional states and SAMHSA. California represents one fourth of the SAMHSA budget. Dr. Perez offered the Summit participants an opportunity to give input on the President's national dialogue on behavioral health issues (stemming from the recent elementary school shooting event). Dr. Perez will put the recommendations forth to the Administration.

Moving Prevention to the Forefront: A Call to Action

Laura Colson, ADP

At the state level, ADP has been committed to fostering cross system prevention planning. Over the past two years, ADP has been collaborating with the CDE and CDPH on a series of meetings dedicated to advancing state- and local-level prevention efforts. A kick-off prevention symposium was held in 2011 and a series of county regional planning forums were held in 2012. ADP is also collaborating with the CDE to support two statewide surveys – the California Healthy Kids Survey (CHKS) and the California School Climate Survey – and with the CDPH on their retail environment efforts.

Tom Herman, CDE

Mr. Herman discussed the need to remove barriers (such as substance abuse) so youth can learn more successfully. He stressed the connection between student health and student achievement. With the loss of Title IV funding, Mr. Herman explained, the CHKS survey administration is no longer required for most schools. However, there are ways to encourage schools to adopt the survey since the data is still very important to prevention efforts. Mr. Herman noted the relevance of the Collective Impact approach and how important it is to work together. He stressed that promoting developmental assets *is* prevention for youth.

Jacquolyn Duerr, CDPH

The Alcohol Control workgroup is supported by the Governor's Prevention Advisory Council (GPAC) and ADP. Ms. Duerr advocated for a public health approach with a focus on upstream strategies which target the "community" as the unit of service rather than the individual. She also emphasized the need to find flexibility in the funding base. Ms. Duerr encouraged participants to put prevention at the top of their priority list and infuse it into all their planning activities. According to Ms. Duerr, the prevention field needs to identify community-based metrics and work on "writing and filling the community prescription."

Prevention Perspectives: A Conversation with Leaders in the Field

Steve Wirtz, PhD, CDPH

The Tobacco Control model is one that showcases a comprehensive prevention model. From a public health perspective, Dr. Wirtz explained, we are more interested in looking at the consequences of use, rather than limiting ourselves to the treatment of disorders. While most heavy users and binge drinkers are not in treatment, nor do they need treatment, their use has real consequences for both their own health and the health of the larger community.

Connie Moreno-Peraza, Napa County Deputy Director, Alcohol and Drug Programs

The County Alcohol and Drug Program Administrators Association of California (CADPAAC) has a structure that includes a prevention committee. They are working on the role of prevention in health care reform. CADPAAC is also focusing on the Professional Competencies and Statewide Prevention Outcomes. These are also areas of focus for Napa County.

Gary Najarian, San Francisco Department of Public Health

Mr. Najarian has experience in working without additional funding by using collaboration to sustain substance abuse prevention. He noted the importance of quantifying the cost savings in our field. Prevention's advocacy is paying off, Mr. Najarian noted, as the number one NPN (National Prevention Network) strategy involves alcohol use prevention.

Mr. Najarian argued that prevention is actually well suited for lean times and tough times. It's the nature of our field to save money, collaborate, and work with the community, he insisted. Prevention can use social math, he said, to translate data into real world examples, to make data real for people. The Prevention Hub in Marin county is an example of collaboration which supports prevention staff who collaborate together to implement collective priorities.

"We need the state and federal government to stand up to industry," Mr. Najarian said. He also recalled a quote he heard recently: "Others use science to prove or disprove a theory, but prevention uses science to prove what is possible."

PLENARY SESSIONS, DAY TWO

Welcome & Reintroduction of Purpose of the Summit

Michael Cunningham, Acting Director, ADP

Mr. Cunningham welcomed participants and presented his perspective on the purpose of the summit which included:

- An opportunity to give those in the room space to identify needs and commit to action.
- A chance to choose issues that are relevant to participants and critical to the field right now, especially with integration and health care reform.
- A space to consider how to use data and evidence that we know to be effective in order to move the field forward.
- A time to translate this discussion into action items for recommendations to ADP, SAMHSA, professional colleagues in the field, or back to your local county/community.
- A way to identify the infrastructure needed to ensure continued dialogue and action.

Keynote Presentation

Secretary Diana S. Dooley, CHHSA

Introduction: Michael Cunningham introduced Secretary Dooley and shared with the audience her expertise and background:

- Previously worked in Brown's administration as legislative secretary and advisor
- Appointed to lead the CHHSA by Governor Brown in 2010
- Owned a public relations firm, worked as an attorney in private practice, held the position of CEO at Children's Hospital Association
- Has broad expertise and background in non-profit and community work
- Championed a safety net for services for those most vulnerable in our communities

Secretary Dooley, Mr. Cunningham noted, is committed to the vision of working together to ensure that we have quality and effective health services in our state.

Presentation: Secretary Dooley provided an overview of the current state of affairs within the CHHSA. She noted there were no cuts to the CHHSA budget this year and that the coordinated care initiative passed by a ten point margin. Secretary Dooley provided an overview of the guidelines and impact thus far regarding the ACA. In particular, she noted and discussed three major components: coverage, the reform of the delivery system, and prevention components.

According to Secretary Dooley, integration of mental health and substance abuse prevention in the delivery of care is paramount. She explained that the coordinated care initiative integrates county mental health and AOD into health care services that address physical and behavioral health. She also pointed to the links between mental health and substance use and physical safety.

The goal, Secretary Dooley said, is to ensure that individuals have a system that supports early identification and prevention of health issues The Let's Get Healthy California Task Force is charged with developing a 10-year plan to make California healthier. The project focuses on innovation from the ground up and empowering the local level to serve the community, in partnership with The California Endowment. http://www.chhs.ca.gov/Pages/HealthCalTaskforce.aspx

Secretary Dooley also argued that prevention can assist these efforts by promoting the benefit to all individuals who are purchasing coverage as a preventative measure for future health. Current funding opportunities will be provided to community groups to assist the public understanding of the ACA. The Governor is very committed to empowering communities – building from the ground up and supporting local communities with the tools needed to succeed. Follow up with Michael Cunningham was suggested as a next step to keep dialogue on this topic moving forward.

CLOSING SESSION

CLOSING SESSION: PUTTING IT ALL TOGETHER

Participants generally noted they would like to continue the momentum made during the summit through ongoing participation and future meetings. It was requested that CPI provide support for these follow-up efforts by centralizing communication; coordinating calls, webinars, and meetings as needed; facilitating discussions; and being responsible for note taking and follow-up activities as needed. Once identified, information will be distributed to participants including workgroup options, potential workgroup member roles, and options for level of engagement. The following is a summary of the key recommendations and next steps identified by the collective group:

Next Steps and Recommendations

Prepare and submit recommendations to Dr. Perez

- CARS/CPI will conduct background research on the White House Initiative and will share with participants in advance of follow-up discussion.
- CARS/CPI will review Prop 63 as a model to address gun violence, along with the recent letter from Senator Steinberg.
- CARS/CPI will facilitate a call or webinar to discuss the opportunity and develop consensus regarding recommendations to put forth to Dr. Perez.

Compile summary notes from the convening and distribute to participants (CARS/CPI)

- Initiate communication with each workgroup to determine interest in continuing small group discussions/activities.
- Distribute electronic communications to larger group regarding future planning and follow up activities.

Plan a follow-up convening with the large group to continue planning activities

- Determine feasibility of large group convening in May (to coincide with CADPAAC quarterly meeting)
- Generate an agenda for the next convening based on this Summit's recommendations and any action items identified from the workgroups.
- Identify additional representatives that should be invited to next convening and/or for workgroup membership

Determine a feasible level of ongoing support that CARS can provide through the CPI Training and Technical Assistance (TTA) Project

- Compile list of all CPI follow up activities identified within plenary and workgroup discussions
- Review with ADP to determine feasibility and prioritization

WORKGROUP SUMMARIES

AFFORDABLE CARE ACT/HEALTH CARE REFORM WORKGROUP

AFFORDABLE CARE ACT/HEALTH CARE REFORM WORKGROUP

Facilitator(s): Barbara Thorsen, CARS/Terese Voge, CARS

Members of Workgroup

Dave Neilsen	California Department of Alcohol and Drug Programs
Ruben Imperial	Stanislaus County PEI Manager
Fatima Matal Sol	Contra Costa County Program Manager
Tamu Nolfo	ONTRACK Program Resources
*Claire Sallee	California Department of Alcohol and Drug Programs
*Michael Cunningham	California Department of Alcohol and Drug Programs
*Tom Renfree	County Alcohol and Drug Program Administrators' Association of California

**Represents those who participated in a portion of the discussion*

GENERAL DISCUSSION SUMMARY

Ensure clinical physical exams include mental health and substance abuse screening and referral to treatment assessment and prevention services.

- Share existing models
- Ensure billing structure is in place
- Advocate for value of substance abuse screening and prevention services

Ensure substance abuse prevention is at the table during the planning and policy phase.

- Clear references to substance abuse prevention are integrated during discussions

Continue to build the evidence base for substance abuse prevention strategies in order to meet the reimbursable service criteria (more specifically to achieve A & B level).

- Screening should include:
  - Other drug categories (currently is only for alcohol and tobacco)
  - Youth screening (currently is only for adults and pregnant women)
- Other considerations include:
  - Electronic Health Records
  - Universally applied screenings

Within the ACA structure, continue to look and advocate for ways to support community prevention.

- Ensure this work is culturally relevant and responsible

Expand the potential and remove policy barriers for school-based clinics to bill for substance abuse prevention services.

Improve how systems "talk" to one another and share patient information.

- Universal release form

Issues, Recommendations, and Next Steps

Issues

- There is a need to define and conceptualize prevention as it relates to ACA implementation. It would be beneficial to better integrate wellness when we define prevention.
- Prevention coordinators need more information and guidance on how to be involved with ACA implementation.

Recommendations

- Include and vet the ideas of the substance abuse prevention community and of this workgroup with Mental Health, as they are prevention focused (this is especially relevant for MHSA PEI efforts).
- When assessing prevention's role in ACA, involve the perspective of mental health. Stay involved with policy discussions.
- Provide additional information and guidance to prevention coordinators regarding ACA.
    - Provide viable examples of how to work with aspects of ACA (e.g. clinic settings, CTGs, and National Prevention Services Task Force)
- Utilize and integrate findings from the following resources
    - California Reducing Disparities outcomes work and report
    - http://www.dmh.ca.gov/Multicultural_Services/CRDP.asp
    - *Let's Get Healthy* report that Secretary Dooley referenced http://www.chhs.ca.gov/Documents/Let's%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf
    - *Collaboration Multiplier* by the Prevention Institute http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html
- *Collaboration Multiplier* by the Prevention Institute
- Build cross system bridges and identify leaders
    - Promote leadership; Dr. Aguilar-Gaxiola (UC Davis) is a champion who could support these efforts.
    - California Pan Ethnic Health Network, Maria Limon
- Identify and send representatives to convening's and conferences where networking and collaboration can strategically occur.
- Explore the feasibility of integrating certified prevention specialists into primary care systems and institutions.
- Assess the roles that those with prevention and AOD expertise can and do play in healthcare delivery.
    - For example, the County Medical Services Program (county indigent medical care plan) pays for Certified Drug and Alcohol Counselors; maybe they could pay for a Prevention Specialist.

Next Steps and Who is Responsible for Next Steps

- Identify a small group of AOD and MH PEI representatives to meet and discuss ACA and collaboration. Schedule and conduct a small meeting with MH and PEI.

- Ruben Imperial has ideas of who to invite. Barbara Thorsen from CARS will follow up with him again in July/August in preparation for workgroup call.
- Outreach to individuals who are bridge builders--those who understand prevention and AOD, and can form a prevention advisory committee. *All Workgroup Members are responsible.*
- All Workgroup members review the resources noted within the recommendation section (especially the *California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report.* Sacramento, CA: UC Davis 2012)
- Attend, network, and promote ideas at upcoming California Institute for Mental Health policy forum in February 2013
    - Tom Renfree, Dave Neilsen, and Ruben Imperial are attending this forum
- Invite Dr. Aguilar-Gaxiola to upcoming CLAS convening in April, 2013. Tamu Nolfo will follow up on this; CARS will connect with Tamu.
- Identify opportunities for networking at upcoming California Mental Health Services Authority (CalMHSA) Managers Meeting in March. Barbara will find out summer/fall meeting schedule and let group know what presence at this meeting might be possible.
- Network at upcoming California Mental Health Advocates for Children and Youth's (CMHACY) Conference, May 8th through May 10th. (Per Dave Neilsen, in February, CARS sent this conference information out to all Prevention Summit attendees).

Timeframe for Completing Next Steps

(Workgroup did not have time to discuss)

PARTNERSHIPS WORKGROUP

PARTNERSHIPS WORKGROUP

Facilitator(s): Jan Ryan, Consultant/Dalila Butler, Consultant

Members of Workgroup

Felicia Flores-Workman	Solano County Health and Social Services
Oralia Vallejo	Kings County Tobacco Control Program
Laura Colson	CA Department of Alcohol and Drug Programs
Rose Moreno	Monterey County AOD County Prevention
Brandy Isola	Shasta County Health and Human Services
Evi Hernandez	California Health Collaborative, Director
Ronnie Reeves	Orange County (AOD Contractor)
Samantha Blackburn	CA School Health Centers Association

GENERAL DISCUSSION SUMMARY

- Respectful, reciprocal partnerships that support the development and implementation of a shared agenda and mutually reinforcing activities.
- Within-system and cross-system partnerships that support sustainable efforts and actions to foster healthy communities.
- Common agendas that value prevention.
- Prevention language that connects across different contexts and systems.
- Schools represent a critical context for prevention.

RECOMMENDATIONS AND NEXT STEPS

Recommendations

- Identify opportunities to increase communications within and between agencies.
- Create opportunities that organizational structures need to support multi-sector partnerships.
- Identify potential partners (e.g. healthcare, schools, businesses, and faith-based organizations).
- Identify "hubs" that could facilitate collaboration (e.g. School Based Health Centers and Public Health).
- Ask ourselves: "Who is missing?" and "How can we engage them?"
- Develop and make the case to existing and potential partners for moving forward a shared agenda in which substance abuse is addressed, shared language achieved, and prevention components defined.
- Identify shared outcomes, shared strategies, and shared populations of interest across partners.
- Develop a framework/strategy that fosters engagement and community partnerships, builds leadership capacity, and provides meaningful opportunities for youth participation, including a strength-based approach.

- Create/pursue funding streams that require/encourage broader partnership.
- Elevate prevention, including AOD prevention, in all discussions of health and wellness.

Next Steps

Immediate Next Steps

- Identify current prevention efforts across contexts/systems/settings, then evaluate current support to make sure it is the best we can do.
    - Cal Trans: The first of 16 challenges is focused on alcohol
    - Health in All Policies: there may be an opportunity for a renewed effort to focus on prevention
- Require CHKS of every school: make it a requirement for the Safe Schools Plan, if the county and/or community can pay for it.

Additional Next Steps

- Support state efforts to work across contexts.
- Broaden the vision of substance abuse prevention by focusing on health consequences (i.e. impact on environments)
- Translate prevention, as "we" understand it, into prevention as it is practiced in other settings.
- Use prevention language and tools to connect prevention across systems (i.e. the Public Health Triangle and the Institute of Medicine's Universal, Selective, and Indicated categories).
- Leverage cross-system strategies, especially those that are supported by multiple systems (for example, Student Assistance Programs and Brief Intervention). Look for ways to coordinate and integrate the services across the systems.
- Use overlaps as opportunities to understand other systems' context, common agenda, and shared outcomes.

Who is Responsible for Next Steps

- Workgroup roles and responsibilities need to be determined.

Timeframe for Completing Next Steps

- While the items noted in the previous Immediate Recommendations section were viewed as pressing action items by the group, additional timelines will need to be determined.

Additional Workgroup Discussion Notes

These notes/comments were generated during review with specific reference to the recommendation regarding shared outcomes, strategies, and populations of interest.

- Youth as a shared population
- Afterschool programs as opportunities
- Schools represent a critical context for prevention.
- Identify opposition to communication with potential partners
- Identify where connections have not been made with Public Health/AOD and find out who needs

to be engaged

- Building and making the case to potential partners
- Use flexible language to be more inclusive
- Identify and track demonstration projects that show the impact of coming together
- Scan the landscape for established efforts/coalitions (CTGs, Healthy Retailers, Building Healthy Communities, Forest Service, Caltrans, etc.)
- Identify potential intersections
- Understand the goals of potential partners

Additional Comments

- Need to hear from the Directors of the Tobacco Control Project since it has so much promise for cross-sector work in environmental prevention efforts.
- Spectrum of Prevention seems largely community-wide prevention using environmental strategies, while the ADP approach uses a combination of IOM and CSAP strategies to address both individual and community-wide prevention.

POLICY DEVELOPMENT WORKGROUP

POLICY DEVELOPMENT WORKGROUP

Facilitator: Jim Kooler, CFNLP

Members of Workgroup

Session 1

Farimah Fiali	Los Angeles County (LAC) DPH Substance Abuse, Prevention &
Chloe Walker	CA Youth Empowerment Network
Katarina Zamora	County of Santa Barbara, Prevention Specialist
Michelle Gibson	LAC Substance Abuse Prevention & Control, Prevention & Youth
Kristen Law	Youth Leadership Institute, Senior Director of Marin Programs
Kathey Kakiuchi	Shasta Co. Health & Human Services Agency, Program Manager
Karen M. Kong	Inyo Co. Health & Human Services Agency, SUD Prevention
Tom Herman	California Dept. of Education, Education Administrator
William W. Harris	Riverside Co. Dept. of Mental Health, Prevention Services
Amber Burkan	CA Youth Empowerment Network
Ellie Jones	California Dept. of Social Services, Chief/Children's Services
Gary Najarian	San Francisco Dept. of Public Health, Community Transformation

Session 2

Laura Colson	California Dept. of Alcohol & Drug Programs, Manager
Marina Augusto	California Dept. of Public Health/Office of Health, Acting Deputy
Felicia Flores-Workman	Solano Co. Health & Social Services, Supervising Health Education
Esther Lucero	Native American Health Center, Director of Policy & Programs
Don Braeger	California Department of Developmental Services
Oralia Vallejo	Kings Co. Dept. of Public Health, Tobacco Control, Project Director
Denise Galvez	California Dept. of Alcohol and Drug Programs, Supervisor
Steve Wirtz	California Dept. of Public Health, Acting Chief, Injury Surveillance
Linda Bridgeman-Smith	San Diego H.H. Services Agency, Prevention Services Manager

Session 3

Evi Hernandez	California Health Collaborative, Director, Program Services
Michael Payne	California National Guard, Liaison to FNL
Cielo Avalos	Dept. of Health Care Services, Health Education Consultant
Tamu Nolfo	ONTRACK Program Resources, Project Manager, CLAS TTA

GENERAL DISCUSSION SUMMARY

Notes from first brainstorming session

- Lee Law
- Zoning smoke shops
- DUI—youth drivers
- Youth drinking—not just "don't drink and drive"

- Policies that get too close to adults- It can be easier to talk about youth AOD policies, rather than those focused on adult alcohol use
- Looking at messaging that focuses on the precursors of the problem, and not the problem itself
- Mobilize better support for policy
- Showcase report card on policy agenda
- Restorative support in schools rather than suspension for AOD use (different than zero tolerance, connected to mental health)
- Common outcomes
- Look upstream to early indicators of success; for example, young people who possess reading skills at 3rd grade advances protective factors
- Policy advocacy group—Integrate AOD prevention in a broader sense across systems, instead of focusing too narrowly
- Follow tobacco control technologies

Notes from second brainstorming session

- Focus on alcohol
    - Look at outlet density (ABC)
    - Obtain community input (ABC)
    - Update ABC statutes
    - Explore issue of restaurant morphing
    - Focus on **ALCOHOL TAX**
- Culture as prevention
    - Identify positive prevention
    - Reduce disparity
    - Honor cultural practices
- All policies need enforcement
- SAMHSA—early intervention—tie to PEI
- SAMHSA—blend funding—broad strategies

Notes from third brainstorming session

- Be strategic—not just responsive
    - Get to the root issues
- Tie legislation to implementation
    - Make sure prevention is authorized—ADP and the DHCS in regulations
    - Prevention may be lost when DMH and ADP transition to DHCS
    - Commitment to prevention at top administration levels
- Pursue more aggressive policies (i.e. tobacco age)
    - Increase the number of policies developed each year (e.g. Social Host Ordinances)
    - Reduce the legal blood alcohol level to zero
    - Increase restrictions on zoning for marijuana dispensaries

- Policies need to flex for new trends
- Be strategic in selection of policy makers—educate current policymakers and track their decisions
    - Highlight industry influence

Vision, Issues, Recommendations, and Next Steps

Vision

- A workgroup for policy advocacy is formed
- Policies focus on assets as well as deficits
- Successful strategies are followed and implemented (i.e. use tobacco as a model)
- There is a focus on alcohol policies which increase community engagement and ownership (e.g. ABC)
- A culture of prevention is achieved
- Effective policy enforcement is in place for adopted policies
- Alcohol is taxed fairly
- Funding from alcohol industry is not used for youth programs
- Policy development is strategic , not just responsive, and focuses on root issues
- Legislation is tied to implementation
- More aggressive policies are achieved (e.g. increase purchase age for tobacco, reduce blood alcohol level to zero, and tougher zoning for marijuana dispensaries)
- Policies are able to be flexible in order to respond to changing trends
- Policy makers are stronger supporters of prevention

Issues

- Lack of voice for prevention
- Need to look at prevention in the context of ACA (prevention of many issues)
- Lack of multi-discipline prevention collaboration

Recommendations

- Develop infrastructure to move prevention forward (and more specifically substance abuse prevention).
- Develop and convene small workgroup to address policy issues
- Promote conditional use permits
- Encourage ABC to reconsider their processes—reinforce the Brown Act
- Honor cultural policy practices
- Develop a partnership with Alcohol Justice
- Utilize community organizing as a strategy to support policy development and adoption
- Mitigation strategies
- Follow the lead of California tobacco prevention efforts and do not allow alcohol industry funding for prevention efforts
- Review potential policies to pursue and strategically select the most effective

- Ensure that AOD prevention language is integrated when ADP transitions to DHCS. **This is a time sensitive recommendation.**
- Review candidates and elected officials to determine if they are taking industry funding

Next Steps

- Organize a group of consumer leaders
    - California coalition of prevention practitioners
    - Platform agreement across agencies
    - Ensure a prevention continuum, including early intervention and a focus on wellness
    - Funding – MH PEI outcomes
- CPI convene and facilitate a small workgroup
    - Inventory similar groups
    - Propose structure and a vehicle by which a common prevention platform can be advanced
    - Provide summary notes (flip charts)
- CPI conduct follow-up with group
    - Provide technical assistance to workgroup and broader audience, as applicable
        - How to build capacity of political leaders
- Determine which policies are the best to pursue
    - Alcohol policy or other?
    - Public health model
- Determine recommendations to put forth to Dr. Jon Perez of SAMHSA

Who is Responsible for Next Steps

- The Policy Development workgroup ran of time to complete this portion of the task.

Timeframe for Completing Next Steps

- The workgroup identified items as high, medium, or low priority

Additional Comments from Group Members (Other Considerations)

- Technology task force
- New ways to create a movement—similar to political campaigns
- Design messages that will meet target group regarding their critical issues
- Embed alcohol and drug prevention into all State departments with reporting requirements to legislature

Prevention Programs and Practices Workgroup

PREVENTION PROGRAMS AND PRACTICES WORKGROUP

Facilitator: Danelle Campbell, Butte County Prevention Coordinator

Members of Workgroup

Steve Bright	CA Department of Alcohol and Drug Programs
Cielo Avalos	Department of Health Care Services
Kathey Kakiuchi	Shasta County Health & Human Services Agency
Kristen Law	Youth Leadership Institute
Jennifer Marsh	Stanislaus, BHRS
Kendra Steenhoek	CA Department of Alcohol and Drug Programs
Jane Williams	CA Department of Alcohol and Drug Programs

VISION, ISSUES, RECOMMENDATIONS, AND NEXT STEPS

Vision

- The State of California develops a collective agreement on the most effective prevention programs, practices, and outcomes in order to achieve collective impact as a state.
- The federal government recognizes the importance of **substance use prevention** in the scope of health care reform and creates specific language in the Affordable Care Act (ACA) that dedicates the funding to support substance use prevention programs, practices, and evaluation.
- A clear mechanism for reimbursement of substance use prevention programs and practices is delineated within the ACA guidelines.

Issues

- California needs collective agreement on effective programs and practices (proven effective in California's diverse communities) to achieve collective impact.
- Technical assistance and training is needed to build the capacity of the workforce.
- A statewide decision making body is needed to advise the California Department of Alcohol and Drug Programs (ADP) – add members from this group to GPAC.
- Statewide adoption of outcomes is needed.

Recommendations

Federal Level Recommendations (SAMHSA)

- Acknowledge and recognize the importance of **substance use prevention** in the scope of health care reform
    - Add specific language in the ACA that dedicates the funding to support substance use prevention programs, practices, and evaluation.
- Create a mechanism for reimbursement of substance use prevention programs and practices.

State Level Recommendations (ADP)

- Create a California decision making body to advise ADP. Ensure broad representation is achieved (i.e. prevention practitioners, stakeholders, youth, etc.).
- Replicate a California system for elevating model programs and best practices (similar to NREPP). State adoption of models:
    - Science based – connect science to strategies to outcomes
    - Affordable – open source models
    - Address multiple issues and produce multiple outcomes (ATOD, mental/emotional health, academic achievement, school climate, etc.
    - Models that incorporate youth development
    - Models that have proven effectiveness in California's diverse communities – culturally competent and appropriate
    - Create an inventory of these California specific programs and practices
    - Provide the opportunity for California-developed and evaluated programs to be replicated and localized
- Develop and adopt a set of statewide outcomes.
    - Monitor effectiveness at the state and local level
    - Build "tracking outcomes" into the practice
    - Shared data sources
    - Standardize reporting
- Conduct a cost and benefit analysis.
    - Provide TA/Training to help build understanding on how to articulate the findings and share with stakeholders
- Invest in what is working and eliminate what is NOT working.
- Share "system" strategic prevention plans and work plans (e.g. AOD, TUPE, Safe School, etc.)
- Utilize and integrate technology in new and different ways including:
    - "Tele" practitioners, text critical information, Skype, Webinars, Social Media, Video
    - Learning Resources (Prevention Specialist Competencies)
- Build community organizing strategies. Help local communities gain awareness and input of unique community issues, needs, solutions, etc.
- Offer more state convenings – learning community format – to network, showcase strategies, keep the field informed & vibrant, build expertise
- Invest more funding for school climate initiatives

Next Steps

- A workgroup (potentially the statewide decision making body) should be developed to work on the identified recommendations
- Provide a Collective Impact training for the entire workgroup—do this first
- Review and assess existing models for "proven effectiveness" (NREPP, CDC). Create submission process and requirements. Create statewide inventory of model programs/practices. Create TA/Training mechanism to ensure local providers can replicate programs

- Create mechanism to assess outcomes and track statewide data and trends
- Ensure that youth development is included in the workforce development – Prevention Core Competencies
- Add members from this decision making group to GPAC

Who is Responsible for Next Steps

- Community Prevention Initiative (CPI) to pull a workgroup together to work on the identified recommendations (potentially the statewide decision making body)
- Utilize CPI TTA resources to support other items as appropriate

Timeframe for Completing Next Steps

- As soon as possible – to ensure that we don't lose momentum and commitment from interested participants

WORKFORCE AND LEADERSHIP DEVELOPMENT WORKGROUP

WORKFORCE AND LEADERSHIP DEVELOPMENT WORKGROUP

Facilitator: Kerrilyn Scott-Nakai, CARS

Members of Workgroup

Will Harris (Day 2)	Riverside, Department of Mental Health
Linda Bridgeman Smith (Day 2)	San Diego, Health and Human Services Agency
Karen Kong (Day 2)	Inyo, Health and Human Services Agency
Tamu Nolfo (Day 1)	ONTRACK Program Resources
Staci Anderson (Day 1)	People Reaching Out
Lynne Goodwin (Day 1)	Friday Night Live Partnership
Denise Galvez (Day 1 and 2)	California Department of Alcohol and Drug Programs
Claire Sallee (portion of Day 2)	California Department of Alcohol and Drug Programs
Barbara Norton (Day 2)	California Department of Alcohol and Drug Programs

GENERAL DISCUSSION SUMMARY

The group began the discussion by thinking about differences between workforce development and leadership development. Workforce development was viewed as broader, and it was felt that leaders traditionally develop from within the workforce. However, leaders can also be from the community or other fields. It's too narrow to think about leaders as emerging just from within current workforce. The group generally acknowledged the need for developing separate strategies/recommendations for each (workforce and leadership).

Leadership Development

When thinking about leaders, the group discussed the role of:

- Formal versus informal: formal leaders are usually more directly tied to skills/experience/competency; informal leaders can develop through other paths.
- Traditional versus non -traditional (e.g. how FNL youth leaders are identified)
- Front and behind the scenes: it takes both the visionaries and the doers
- Different types/levels of leaders due to variety of functions (admin, practitioner), strategies (Universal, Environmental, Selected, and Indicated) and practices (screening, brief intervention, motivational interviewing)

Workforce Development

The group reviewed the current status of the core competency model adopted by ADP and being rolled out through CPI.

- **Foundational:** those that are relevant to all prevention professionals, such as prevention theory, ethics, sustainability, and cultural competence
- **Core:** those are central to data driven planning, evidence-based implementation, and outcome-based decision making. Five modules consistent with the Strategic Prevention Framework: Assessment, Capacity Building, Planning, Implementation and Evaluation.
- **Specialized:** those that are specific to a given approach or strategy. Examples include: environmental prevention, policy, screening, brief intervention, and youth development.

Discussed the following opportunities to continue to build off this model and strengthen.

- The concept of cross-system transferrable skill sets was collectively identified by the group as a critical need. The idea of reviewing core competency curricula to determine areas for strengthening/cataloging cross-system transferrable skill sets was discussed.

The group identified three major goals/issues to address for workforce development:

- **How do we get people in the door?** How do we promote substance abuse prevention as a marketable and viable career/professional field? How do we get more people to choose to enter the field? How do we get qualified people in the door? What pathways are the most effective at achieving this?
- **How do we support people once they are in the door?** Once people are in the field, how do we build their capacity and develop leadership? What are the most effective ways to achieve this? What have we learned so far?
- **How do we open the door and expand the field?** If we think about the workforce and leaders as just those within the substance abuse field, we are thinking too narrowly. How do we develop leaders across systems? How do we recruit and leverage skills/individuals across systems? How can we catalog the skill sets across sectors? How do we build capacity to leverage these transferrable/across system skill sets?

ISSUES, GOALS, RECOMMENDATIONS, AND NEXT STEPS (1)

Issue (1)
There are not enough qualified, dedicated, and diverse individuals entering the substance abuse prevention field. There are multiple contributing factors including, but not limited to:

- Low salary range
- Limited room for advancement (particularly within county infrastructure)
- Lack of credibility and professional identification within the field

Goal (1)
Promote and create professional and/or educational avenues for individuals to pursue substance abuse prevention as a viable, credible, and transferrable career.

(**Vision:** *Today's youth want to be a substance abuse prevention professional and they have a clear idea about how to achieve this.)*

Recommendations (1)

- Conduct an assessment of current field entry pathways: How do people successfully enter the field? What works and what doesn't? Why do individuals choose to enter the field? Are there models that work well?
- Identify effective models and opportunities for replication (e.g. the Friday Night Live model of recruiting within)
- Explore the workforce entry spectrum: community stakeholders, interns, volunteers, health educators, those with advanced degrees

- Explore the feasibility of establishing career tracts with higher education systems
- As part of assessment/survey, collect information about: titles, positions, salaries, educational levels, and opportunities for advancement. Also chronicle the county prevention structures: Who is in charge of prevention at county level? How is hiring done? Capture the positions and structure of substance abuse prevention in California
- Explore other system prevention structures/positions—for example, job descriptions for the CTGs

Next Steps (1)

- Conduct an electronic survey of the field (in order to answer the above questions)
- Supplement the electronic survey with focus groups and group field discussions via webinars (as needed)
- Based on the information collected, develop a set of considerations and recommendations

Who is Responsible for Next Steps (1)

- The initial workgroup findings will be reported back to prevention coordinators during their next monthly conference call (Will Harris and Kerrilyn Scott-Nakai will take the lead on the initial reporting out.
- The prevention coordinators will be encouraged to establish a small workgroup that would work with the CARS staff on conducting the survey.
- The information collected will be reported back to prevention coordinators, and then consensus will be built on a set of recommendations to put forth to CADPAAC. Will not be presented to CADPAAC until after coordinators agree upon recommendations.
- CPI/CARS support will be solicited to assist in facilitating the workgroup calls and to develop and administer the survey.

(THIS SAME PROCESS WILL BE USED FOR THE OTHER TWO GOALS/RECOMMENDATIONS)

Timeframe for Completing Next Steps (1)

- Findings from initial workgroup discussion will be reported to Prevention Coordinators during March monthly call **(COMPLETED)**
- Prevention Coordinators will volunteer for workgroup—workgroup to be established within 1 month
- Survey to be developed/conducted within 3 to 6 months
- Recommendations to be developed within 6 to 12 months

(THIS IS A SUGGESTED TIMEFRAME NOT COLLECTIVELY AGREED UPON BY GROUP)

ISSUES, GOALS, RECOMMENDATIONS, AND NEXT STEPS (2)

Issue (2)
There is a lack of an effective system and infrastructure for capacity building opportunities and professional development for the substance abuse prevention workforce (this is particularly important for building transferrable skills and competencies).

Goal (2)
Enhance the opportunities and systems to build the capacity of the substance abuse prevention field.

Recommendations (2)

- Review the current core competency model and curricula adopted by ADP and developed by CARS to identify opportunities to enhance—with a focus on transferrable skills and competencies, and competencies related to ACA/health reform readiness.
- Conduct a survey and catalogue of minimal skill set standards.
- Recognize that substance abuse prevention, under the ACA, can occur outside of healthcare/clinic/Federally Qualified Health Center (FQHC) settings.
- Identify learning's from the counselor/treatment certification roll out. Learn from previous challenges and adjust this process accordingly.

Next Steps (2)

- Identify additional questions to integrate into electronic survey
- Identify additional questions to integrate into focus groups/webinar discussions
- Conduct a review of the current core competency model and curricula (as noted above)
- Based on the information collected, develop a set of considerations and recommendations

Who is Responsible for Next Steps (2)

- The initial workgroup findings will be reported back to prevention coordinators during their next monthly conference call (Will Harris and Kerrilyn Scott-Nakai will take the lead on the initial reporting out).
- The prevention coordinators will be encouraged to establish a small workgroup that would work with CARS staff on conducting the survey, reporting back to prevention coordinators, and developing recommendations.
- The information collected will be reported back to prevention coordinators, and then consensus will be built on a set of recommendations to put forth to CADPAAC. Will not be presented to CADPAAC until after coordinators agree upon recommendations.
- CPI/CARS support will be solicited to assist in facilitating the workgroup calls and to develop and administer the survey.

(THIS SAME PROCESS WILL BE USED FOR THE OTHER TWO GOALS/RECOMMENDATIONS)

Timeframe for Completing Next Steps (2)

- Findings from initial workgroup discussion will be reported to Prevention Coordinators

during March monthly call

- Prevention Coordinators will volunteer for workgroup—workgroup to be established within 1 month
- Survey to be developed/conducted within 3 to 6 months
- Conduct review of core competency curricula within 4 to 7 months
- Recommendations to be developed within 6 to 12 months

(THIS IS A SUGGESTED TIMEFRAME NOT COLLECTIVELY AGREED UPON BY GROUP)

ISSUES, GOALS, RECOMMENDATIONS, AND NEXT STEPS (3)

Issue (3)

It would be beneficial to develop stronger leadership at the national, state, and local levels. At times, the designated leaders do not have a solid understanding, of substance abuse prevention practices, research, and issues. There is a discrepancy with the leaders' working knowledge of the field—there is a need to eliminate this discrepancy.

Goal (3)

Identify and build leaders at the national, state, and county level that have a firm understanding of substance abuse prevention and are well positioned to advocate for the field. More specifically, promote and foster leadership for substance abuse prevention within CADPAAC (in addition to the current prevention committee).

Foster cross-system partnerships in order to expand the workforce and leaders who are able to effectively promote substance abuse prevention in order to give the field opportunities to leverage and expand the understanding and nexus of substance abuse with other prevention initiatives.

(THIS SHOULD BE TRANSFERRED TO THE PARTNERSHIP WORKGROUP)

Recommendations (3)

- Identify a wish list of potential leaders/advocates at the national, state, and county levels—both within the substance abuse prevention field and outside of the field. Connect with the partnership workgroup in order to make this happen.
- Develop legislative education training or do legislative visits.
- Enlist CPI support as feasible.
- Develop and submit a letter to Secretary Dooley recommending that a substance abuse prevention coordinator be chosen to participate on the Let's Get Healthy California Task Force and Health in All Policies group. Request the prevention coordinators to nominate a representative.

Next Steps (3)

- TBD—onsite workgroup didn't get this far with the conversation.

Who is Responsible for Next Steps (3)

- The initial workgroup findings will be reported back to prevention coordinators during their next monthly conference call (Will Harris and Kerrilyn Scott-Nakai will take the lead on the initial reporting out).
- The prevention coordinators will be encouraged to establish a small workgroup that would work with CARS staff on conducting the survey, reporting back to prevention coordinators, and developing recommendations.
- The information collected will be reported back to prevention coordinators, and then consensus will be built on a set of recommendations to put forth to CADPAAC. Will not be presented to CADPAAC until after coordinators agree upon recommendations.
- CPI/CARS support will be solicited to assist in facilitating the workgroup calls and to assist as appropriate.

(THIS SAME PROCESS WILL BE USED FOR THE OTHER TWO GOALS/RECOMMENDATIONS)

Timeframe for Completing Next Steps (3)

- Findings from initial workgroup discussion will be reported to Prevention Coordinators during March monthly call
- Prevention Coordinators will volunteer for workgroup—workgroup to be established within 1 month

ACRONYMS

ACRONYMS

ABC	Alcoholic Beverage Control
ACA	Affordable Care Act
AOD	Alcohol and Other Drug
ADP	Department of Alcohol and Drug Programs
CADPAAC	County Alcohol and Drug Program Administrators Association of California
CARS	Center for Applied Research Solutions
CDC	Center for Disease Control
CDE	California Department of Education
CHHSA	California Health & Human Services Agency
CHKS	California Healthy Kids Survey
CLAS	Culturally and Linguistically Appropriate Services
CTG	Community Transformation Grants
CPI	Community Prevention Initiative
DHCS	Department of Health Care Services
DPH	Department of Public Health
FNL	Friday Night Live
IOM	Institute of Medicine
MH	Mental Health
MHSA-PEI	Mental Health Services Act/Prevention and Early Intervention
NREPP	National Registry of Evidence-Based Programs and Practices
SAMHSA	Substance Abuse and Mental Health Services Association
SPF	Strategic Prevention Framework
TTA	Training and Technical Assistance
TUPE	Tobacco-Use Prevention Education