

COLLECTIVE IMPACT SUMMARY AND POSSIBLE NEXT STEPS

Purpose

The purpose of this document will serve as a follow-up summary of the Collective Impact Roundtable discussion from the GPAC meeting on January 31, 2013. Acting Director, Michael Cunningham proposed recommendations for follow-up and advised GPAC members to review the original directive and fact sheets prior to the next GPAC meeting scheduled for May 2, 2013.

According to recommendations from GPAC, the follow-up included the following:

1. Compile the information from the break-out sessions
2. Highlight recommendations that speak to the future of GPAC
3. Create a “possible next steps” document for members to review and respond

Acronyms Cited

AOD - Alcohol and other drugs
ADP - Department of Alcohol and Drug Programs
CADPAAC - The County Alcohol and Drug Program Administrators' Association of California (CADPAAC) - A non-profit organization comprised of 58 designated county alcohol and drug program administrators representing each County in California. CADPAAC participates in the development of program standards, regulations, and consultation with ADP on major policy and administrative issues and advocates for policy and procedural change to impact AOD related problems in California for treatment, recovery and prevention efforts.
CARS - Center for Applied Research Solutions – ADP contractor that provides technical assistance for state and county prevention efforts
CHKS - California Healthy Kids Survey – Statewide measurement tool facilitated in schools that captures data of health and safety of students and includes AOD use
DHCS - Department of Health Care Services
NPC - National Prevention Council- Federally appointed council that developed the National Prevention Council Action Plan which provides goals and objectives for prevention.. The plan priorities include tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, reproductive and sexual health, mental and emotional well-being.
ONDCP - Office of National Drug Control Policy – Federal agency that develops the National Drug Control Strategy. The Policy provides goals and objectives for 1) strengthening efforts for AOD prevention, 2) early intervention opportunities in health care, 3) integrating treatment for AOD disorders into health care, 4) breaking the cycle of drug use, crime, delinquency and incarceration, 5) disrupting domestic drug trafficking and production, 6) strengthening international partnerships, and 7) improving information systems for analysis, assessment and local management.
Pv - Prevention
SAMHSA - Substance Abuse and Mental Health Services Agency – federally appointed agency that administers AOD state grants

Group Responses from the Break-Out Sessions

1. How does GPAC assess shared data?
 - Acknowledge the work that the CARS on sharing data
 - GPAC shares vital CHKS data
 - We bring presentations and discussions to prioritize issues based on data

2. How does GPAC identify effective approaches?
 - Establishes effective practices through committee work and brings back information to the larger Council
 - Brings in expert presentations on important best practices to learn from others' success
 - Recommends new workgroups to examine new practices
 - Established an effective practices committee to determine how they are used to see if it is helping or hindering
 - Bring in presentations that are evidence-based
 - There were two report backs to GPAC. If GPAC develops an effective approach and it is used, it is great to hear report back's on the success of using an effective approach.
 - When an agency takes on a state-wide initiative, it can be brought to GPAC for us to advise such as maintaining CHKS

3. What are GPAC's high-level prevention objectives?
 - Decrease substance abuse by youth and adults through effective prevention programs
 - Keep issues of prevention at the forefront
 - Standardize shared objectives and establish a common framework
 - Ensure communication and collaborate on integrated efforts
 - Advise to build a healthier, safer California
 - GPAC could be a leadership body to enhance communication in improving California's health and well-being
 - Collaboration to coordinate around AOD issues to have integrated plans for prevention in California

4. How does GPAC work efficiently to resolve AOD-related issues?
 - It is difficult to be efficient, resolution of issues is challenging with large cross-sector group
 - Use of workgroups to move forward important issues
 - Development of common priorities to focus collective efforts, set objectives and track results
 - Shared communication
 - Supported the growth of college health clinics conducting a survey
 - Work groups are the mechanism to develop initial recommendations such as in the case of energy drinks
 - GPAC can form group consensus and identify leaders within the group to implements changes and take back to organizations
 - Look for synergistic places of overlap

5. How does GPAC coordinate resources and leverage opportunities to achieve objectives?
- Area of great potential to address agreed upon priorities
 - If objectives are specific, then GPAC can be more effective
 - Sharing information and also rely on ADP to provide the “big picture”
 - Attempting to break down silos through coordination of efforts

Assessed Needs from GPAC Survey

- Shorten the amount of time spent going around the room to hear the latest. This information should be collected prior to the meeting in order to make the meeting more efficient
- GPAC should be restructured to provide more leadership and concrete cross agency policy development, data sharing, joint strategic efforts in support of policy and environmental changes that reduce exposure to marketing/glamorization of AOD use; reduce access to AOD
- Document and describe the interagency intersections and overlaps
- GPAC undertake a short, strategic prevention plan effort that would leverage or build upon the interagency intersections and promote increase in authority, resources, and commitment for primary prevention.
- Include representation from county AOD administrators, but especially the prevention coordinators.
- Now that ADP is moving into DHCS, which is an individual, clinical service focused organization and has little prevention, especially community prevention expertise, GPAC should grapple with the question of how to stay focused on prevention when the sponsoring department is focused on clinical services.
- Include more specific information on current effective practices to prevent the incidence of, and reduce the prevalence of AOD use.
- Know more about the challenges (political and otherwise) that the ADP has to cope with to move their mission forward.
- Have an active and consistent representative mental health on the council
- Revisit the structure to see if new subcommittees need to be formed.
- Adopting a collective impact initiative form of collaboration to increasing cross-sectional collaborative interventions, activities, measurement systems, and assessments of shared interventions and data. This will undoubtedly improve the impact & large scale results of our work!
- Create a share point or some sort of resources to create a database of all the resources that is shared at every meeting. I have paper copies but having electronic ones may be helpful for incoming new members to review.
- Create centralized framework

Possible Next Steps

It is apparent from the group sessions and the GPAC survey that members have different opinions of the purpose of GPAC currently and in the future. With ADP's transition into DHCS, the need for GPAC to define itself, collectively, is critical.

These action steps were recommended throughout the Collective Impact activities:

- Create a shared vision of what prevention should look like for California's future
- Revisit existing GPAC directive and decide to complete the charge or amend it.
- Develop goals and objectives for GPAC (align with federal objectives: SAMHSA, NPC, ONDCP or state outcomes: CADPAAC)
- Research existing Pv models that GPAC can implement to drive decisions (ex. Tobacco Model)
- Adopt Collective Impact as a standard of best practices for GPAC that will result in a better understanding of where each agency fits
- Revamp GPAC's structure (membership, agenda, workgroups, etc) that will best meet the needs of the goals and objectives and result in a GPAC Charter
- Once a Charter is complete, it can serve as a guide so that GPAC activities remain aligned with its collective purpose and objectives. Then, GPAC can begin to discuss next steps which may lead to the creation of a workgroup on best practices or an ATOD State-Wide Pv Plan.

Remember

Collective Impact does not meet the needs of individual agencies, but the needs of the collective agreement that may be expressed through goals and objectives.