

Cross-Sector Collaboration

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A Shift to Cross-Sector Collaboration & Collective Impact

With the complex social challenges today's vulnerable families face, a cross-sector collaboration approach proves critical. With cross-sector collaboration, prevention professionals can work as a team to ensure a family's multiple needs can be systematically addressed. For instance, family members may require prevention services, mental health services, and support for an open juvenile justice case to equip them with skills and resources to overcome risk factors. Multi-field collaboration can utilize an expanded array of strategies, resources, and capabilities to create outcomes one agency cannot accomplish alone.¹

To support further cross-sector collaboration, the California Department of Health Care Services (DHCS), in alignment with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), is prioritizing integration and coordination of prevention services in public health, mental health, social services, juvenile justice, and education for youth and families with multiple areas of need. This is reflected in SAMHSA's Center for Substance Abuse Prevention's determination that "the field of prevention aims to create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide." When we consider the constellation of needs experienced in communities we serve, it makes sense to organize a team approach to support them.

Collaboration is not new. However, what is new (and markedly different) are examples of diverse

Highlights of State & Federal Support for Cross-Sector Collaboration

The Office of National Drug Control Policy (ONDCP) funded 46 of California's community coalitions to target substance use reduction through cross-sector initiatives.

California's Healthy Retailers, Healthy Communities Campaign relies on state and local partnerships to address tobacco, alcohol, and healthy food strategies in retail environments.

SAMHSA, in advocating for the creation and expansion of cross-sector collaboration, is providing resources and grants to expand and sustain collaborative systems of care. In July 2013, \$4 million in grants were awarded to support these efforts.

sectors working together to create protocols to solve specific, complex problems. Even more significant is the success they are discovering.

Unlike networks and cooperatives, cross-sector-collaborative bodies are precisely designed to accomplish collective impact. Collective impact bodies are structured with: (1) a common agenda, (2) continuous communication, (3) shared measurement, (4) mutually reinforcing activities, and (5) backbone support organizations. Research shows that this approach to addressing social issues is proven to make change on even the most stubborn problems.²

Describing the collective impact approach, Steve Wirtz of California Department of Public Health explains, "A central principle of the collective impact approach is that achieving large scale impact on complex social problems, like child maltreatment and substance abuse, requires a more disciplined and better performing cross-sector coordination of a diverse set of stakeholders. Each stakeholder undertakes the activities at which it excels in a way that complements the actions of the others."

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Tactics (Tak'tiks) n. 1. a plan for promoting a desired end. 2. the art of the possible.

Isolated	Collective
Funders select individual grantees that offer the most promising solutions.	Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.
Nonprofits work separately and compete to produce the greatest independent impact.	Progress depends on working toward the same goal and measuring the same things.
Evaluation attempts to isolate a particular organization's impact.	Organizations actively coordinate their action and share lessons learned.
Large-scale change is assumed to depend on scaling a single organization.	Corporate and government sectors are essential partners.
Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.	Large-scale impact depends on increasing cross-sector alignment and learning among many organizations.

Kania, J., and Kramer, M. (Winter 2011). *Collective Impact*. Stanford Social Innovation Review.

Laura Colson, manager of Substance Use Disorder Prevention, Treatment & Recovery Services Division at California Department of Health Care Services (DHCS) explains, "At the state level, DHCS (formerly Department of Alcohol and Drug Programs) is committed to fostering cross-system prevention planning. Over the last two years, promotion of state and local cross-system collaborative efforts have taken place as the prevention field prepares for health reform. Multiple state departments and local public health and AOD prevention agencies, as well as non-profit advocacy groups, community-based organizations, and the research community have been working together to promote the power of prevention and to foster integrated thinking and collaborative action around pursuing comprehensive prevention strategies."

Colson stresses that through collaborative work, professionals can work toward the vision outlined in the National Prevention Strategy:

Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.

Ventura County Prevention and Early Intervention Director, Kerry Ann Schuette, discussed cross-sector collaboration with the county's Alcohol and Drug Programs, "We are using the same language so that we can communicate with each other. We are also using the same language so that when we speak to the community, they hear one voice [from the County]."

Cross-sector Collaboration in California

There are a growing number of innovative cross-sector collaborations in California. Two examples are within Placer and Marin counties. While Placer began building an integrated Children's System of Care in the mid 1980s to strategically link county services and private agencies, Marin County began formalizing cross-sector collaboration in 2008. Following is a concise overview of each county's integration process, as well as common implementation tools, methods, and navigated obstacles.

Placer County

In the mid 1980s, longtime colleagues in Placer County leadership positions evaluated the systems they worked within. Due to disjointed regulations and fragmented services, it was ineffective in solving complex social challenges faced by youth and families. It cultivated service gaps, confusion for families, and

finger pointing when needs remained unaddressed. The leaders envisioned a collaborative system that bypassed funding restrictions, tradition, and the multitude of service silos which vulnerable families found impossible to navigate. Around the same time, a Placer juvenile justice judge tasked county department heads with creating a system in which departments could work closely together to create cohesive plans for children.

Placer created Children's System of Care to unify county departments serving children. The county also created the overarching collaborative leadership body, SMART: Systems Management, Advocacy, and Resource Team. SMART consists of both a policy board and management team to support Children's System of Care in close collaboration with Juvenile Probation, Placer County Office of Education, Adult System of Care, Community Health, Human Assistance, a Parent Advocate Manager, and multiple community organizations.

SMART replaced agency silos with an integrated system where braided funding allows partners creativity in meeting family needs in a comprehensive way. SMART maintains key structures to ensure Placer's strategically developed culture of collaboration and power-sharing remains embedded in the county. (For a comprehensive review of these key structures, please refer to Resources Appendix.) Together with management staff and multidisciplinary teams, SMART sustains the county's priority shift away from self-preservation and perpetuation, to efficiently serving families in ways families can understand and appreciate.

Marin County

In Marin County, the impetus for formalizing cross-sector collaboration came in 2008 from county management's desire to create a system where community members could access services through any point of entry. It was also driven by senior administration's need to streamline county services to be more efficient and effective in the midst of severe budget cuts.

Marin County Health and Human Services unified seven departments into four to support cross-sector collaboration. Marin County HHS now consists of Aging and Adult Services, Mental Health and Substance Use Services, Public Health, and Social Services. The county co-located divisions to support communication and streamline resources. It also created an innovative Marin Health and Wellness Campus to bring a spectrum of county and community services to one inviting, convenient location.



One example of cross-sector collaboration in Marin County is the Prevention Hub which unites roughly 25 prevention professionals across Health and Human Services divisions in Marin County. Their fields of focus include tobacco, nutrition and maternal services, child and adolescent health, aging and adult services, public health, social services, mental health, and substance use.

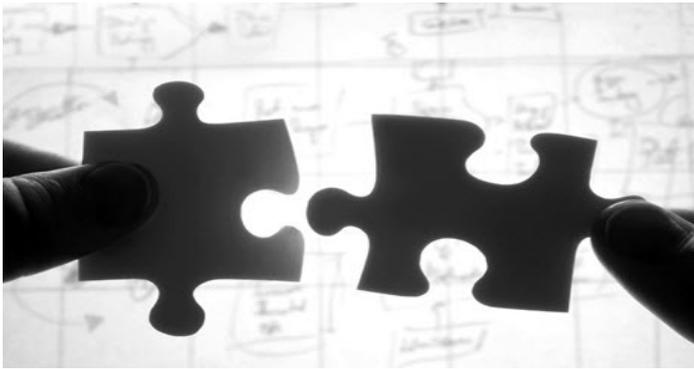
Initially, Prevention Hub leaders coordinated training to create common language and a skills inventory to identify individual strengths. Partners across divisions shared networks, strategies, funding sources, and information regarding contracts. With this information, prevention professionals now work closely to streamline community programs, media campaigns, grant writing, and contracts with community agencies. Partners meet as a group monthly, but work collaboratively on an on-going basis to ensure programs are efficient and effective.

Kristin Law, Resource Development Coordinator for Marin County explains, "We work with complex issues that require complex environmental solutions to solve. Marin County has always embraced collaboration, but now we have institutionalized it."

Methods and Tools for Successful Implementation

Although Placer and Marin Counties integrated systems of cross-sector collaboration look different in many ways, they use similar tools and processes to create change:

- *Strategic Planning.* Both counties used a formal strategic planning process to begin collaboration, and continue utilizing the process to ensure plans are implemented successfully. Partners in Placer meet annually to recommit to its strategic plan. Continuous strategic planning efforts are supported by weekly meetings of the advisory board.
- *Shared Goals and Agendas.* Both counties rely heavily on shared goals and agendas to forward collaborative work; shared goals and agendas are



clearly defined in strategic plans. Both counties place heavy emphasis on providing a system where community members can access relevant services through any point of entry. Previously, a vulnerable family had to enter the door of a particular “silo” to receive a particular service. Today, a family simply needs to walk through any door. It is the role of staff to use creativity and collaboration to meet a family’s needs. One Placer administrator explained, “The old system was confusing to families, the new system can be confusing to staff.”³ Placer adheres to its mission to overcome systems challenges in order to serve families first and foremost.

- *Continuous Communication.* Both counties developed structures to ensure on-going communication between partners. There are regular meetings of administrators, management, and multi-disciplinary teams across service sectors to forward trust and collaboration. Meetings are specifically designed for planning purposes and formal information flow. Staff is strategically co-located to support continuous communication.
- *Utilization of Expertise.* Both counties created systems to fully utilize partner expertise. The Prevention Hub began its collaboration with county prevention staff by inventorying their skill sets to identify each professional’s resources and strengths. As a result, if one department is working on a specific strategy, staff can readily ask for assistance from another department with expertise in that area. This proves invaluable in utilizing expertise in tasks such as grant writing, policy development, and community organizing. Investment in creating a culture of cross-sector collaboration enables this to be a fluid exchange.
- *Shared Funding.* Both counties are braiding funding streams to create more effective and efficient

programs. In Marin County, there are currently five joint prevention projects across different departments in various stages of implementation. Departments are discovering where prevention goals overlap, and where funding can be shared.

Obstacles Overcome

Obstacles can be overcome with skillful leadership, strategic planning, commitment to putting families first, and investment in shifting agency culture. Placer and Marin counties navigate similar obstacles using these strategies. Common initial challenges include the following:

- *Opposition to Change.* Both counties faced opposition to changing the old way of doing business. Staff expressed concerns about information overload and the possibility that one field’s priorities would be lost in favor of another’s agenda. Senior administration in both counties invested time and training to strengthen relationships with management and line staff. Marin County’s HHS began generating a monthly newsletter to strengthen a culture of communication, trust, and collaboration within the department.
- *Fragmented Funding.* Coordinating funding streams across different sectors required research, creativity, and at times, sheer commitment. As one administrator stated, “It will be inconvenient for us, in order to be convenient for families.”⁴ Marin County’s Prevention Hub weaves together funding from Health and Human Services for four divisions: Aging and Adult Services, Mental Health and Substance Use Services, Public Health, and Social Services. Prevention Hub members discovered strategic ways to overlap various federal/state timelines and funding streams to their advantage.

View from the Other Side

In recent interviews, representatives from Placer and Marin counties express there is no going back to working in silos that isolate services based on funding and fields of expertise. Cross-sector collaboration is dynamically more effective and efficient. Monies saved and outcomes illuminated create political buy-in, as well as increased funding opportunities.

Richard Knecht of Placer County explains, “The service metaphor we often use in Placer is that we’re in the same sandbox. Everyone brings a toy, and we all share.

Some toys are big, and some toys are small, but playing together is so much more fun and effective when you get to share toys.”

Recommendations for Counties

Integrating cross-sector collaboration within counties is a priority at local, state, and federal levels because it is more effective and efficient in serving families, thereby resulting in significant cost-saving. While there are many opportunities to engage in coordinated efforts, the following recommendations are advantageous regardless of the current level of cross-sector collaboration within a county.

Strategic Review of Current Resources

Whether beginning or expanding cross-sector collaboration, all counties should conduct a critical review of current linkages and alliances. The results can be evaluated from two perspectives: (1) shared populations served among different partners, and (2) common environments or contexts of service areas. Which other agencies and sectors are also working with the same population, or within these same environments and contexts? Where overlap is discovered, there is potential alignment to create collective impact in prevention efforts.

To track the many moving parts of a collaborative process, it is helpful to maintain a reference sheet of core information. A spreadsheet or simple grid serves as an inventory of significant but changing details, such as current/potential partners, key contacts, preferred methods of communication, respective strategic plans or logic models, and areas of overlapping needs or mutually beneficial resources. There are planning tools and templates available to guide the creation of this “cheat sheet” for enhancing cross-sector approach to new or existing initiatives.

Complete a Comprehensive Cross-Check

To advance any cross-sector collaboration, conduct a comprehensive cross-check process. With (potential) partners, begin with the most common starting point: What is a pressing need or priority in the community? Next outline resources or strategies that are available to address the need or priority both directly and indirectly. Generate a list that addresses both the individual and environmental levels. Each sector should consider current and potential partners, as well as the perspective driving

each partner. For instance, if graduation rates are low, how do educators work to increase graduation rates? How do preventionists approach the concern? How do mental health professionals approach the concern? By considering different perspectives, resources, and areas of expertise, a community can develop cross-sector strategies to ensure collective impact.

Alternately, assess what resources and funding are currently available in each sector. Then, discuss all the possible needs these resources and funds could potentially address – again, directly and indirectly. This reverse approach is underused, as we usually start with the problem, not the available supports or solutions. Employing this technique, however, is effective for generating innovative connections with diverse partners. For instance, a county’s SAPT funding may be used to engage the local Police Athletic League in providing vulnerable youth in after school clubs. While the prevention team aims to reduce substance use among these youth through the program, there are likely also health and fitness outcomes that result from participation. In this simple example, public health may be a natural partner for a coordinated initiative. When counties conduct the cross-check process they are more likely to provide cohesive and meaningful supports to youth, families, and communities.

Summing Up

Given the proven success for county administrations, effective prevention, and benefits to children and families, cross-sector collaboration is becoming the standard. As the Affordable Care Act shifts the state and national landscape for providing service, prevention professionals who are established and practiced partners with diverse sectors will be well positioned to continue effective substance use prevention.



RESOURCES

Tools to Support Cross-Sector Collaboration

Collaboration Multiplier available from Prevention Institute.

Collaboration Multiplier provides a systematic approach to laying the groundwork for multi-field collaboration. It is based on the understanding that different groups and sectors have different views on an issue and different reasons for engaging in a joint effort. The tool guides organizations through a collaborative discussion to identify activities that accomplish a common goal, delineate each partner's perspective and potential contributions, and leverage expertise and resources.

<http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html>

Archived Webinars available from the Center for Applied Research Solutions.

Webinar topics include:

- Alliance for Change: Tools for Collaboration
- Collaboration Between Health & Safety

http://www.ca-cpi.org/training/webinars_past.php

Related Publications available from the Center for Applied Research Solutions.

Publication topics include:

- New Approaches to Prevention:
Aligning Interventions between Substance Abuse and Mental Health
- Community Prevention: New Opportunities to Create Impact through Collaboration
- The Crossover between Substance Abuse Prevention and Schools

http://www.cars-rp.org/publications/power_of_prevention.php

Additional Information on Placer County's Implementation Process

Hodges, S., Ferreira, K., Israel, N., and Mazza, J. (August 2006). Leveraging Change in the Placer County California Children's System of Care. University of South Florida: The Research and Training Center of Children's Mental Health. Available at <http://www.oregon.gov/oha/amh/wraparound/research/placer-county-sitereport.pdf>

Brundage, C. (April 2009). Placer County SMART Children's System of Care: Building and Sustaining a System of Care: Twenty-three Years of Evolution 1986-2009. Narrated presentation available at: <http://logicmodel.fmhi.usf.edu/narrations/SOCpages/PlacerCounty.html>

REFERENCES

¹ Prevention Institute. (July 2011). Collaboration Multiplier: Enhancing the Effectiveness of Multi-field Collaboration. Retrieved from http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=44&Itemid=127

² Kania, J., and Kramer, M. (Winter 2011). Collective Impact. Stanford Social Innovation Review. Retrieved from http://www.ssireview.org/articles/entry/collective_impact

³ Hodges, S., Ferreira, K., Israel, N., and Mazza, J. (August 2006). Leveraging change in the Placer County California children's system of Care. University of South Florida: The Research and Training Center of Children's Mental Health.

⁴ Hodges, S., Ferreira, K., Israel, N., and Mazza, J. (August 2006). Leveraging change in the Placer County California children's system of Care. University of South Florida: The Research and Training Center of Children's Mental Health.

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