

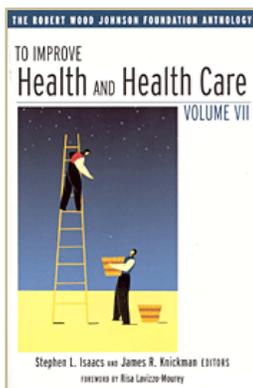
Join Together and CADCA: Backing Up the Front Line

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Editor's Introduction

In 1989, a time when the nation was in the midst of an anguishing drug crisis, the Foundation launched the Fighting Back program to support anti-substance abuse coalitions in fourteen communities throughout the nation. Irene Wielawski examines this program in the preceding chapter. Community coalitions—which comprise community leaders, substance abuse treatment providers, law enforcement agencies, school systems, youth organizations, citizens, and advocates—were seen at the time as crucial to mobilizing local activity to decrease the use of drugs and alcohol. Even before Fighting Back was up and running, the U.S. government adopted the model and funded 251 community anti-substance abuse coalitions.

The creation of so many community coalitions to fight substance abuse was new, difficult, and important enough to justify the Foundation's spending additional money to try to make sure they succeeded. So the Foundation provided funding for two organizations—Join Together in 1991 and Community Anti-Drug Coalitions of America, or CADCA, in 1992—to nurture the coalitions and provide them with technical support. While technical support is a common element of Foundation strategy, this case was atypical in that two technical support organizations were funded, and they provided assistance to coalitions outside of the Foundation's Fighting Back program as well.

As the authors of this chapter—Paul Jellinek, a former vice president of the Robert Wood Johnson Foundation who was involved in the development and monitoring of grants that supported community coalitions, and Renie Schapiro, a freelance writer and consultant to the Foundation who has written extensively on the subject of substance abuse—recount, Join Together and CADCA offered substantially different approaches to technical support. CADCA is a membership organization that, in addition to providing technical assistance, acts as a trade organization in Washington, D.C. Join Together complements its one-on-one technical support with an ambitious policy analysis and publication agenda and a highly regarded Web site that directs readers to a large array of resources related to substance abuse.

This year's *Anthology* contains three chapters on programs dealing with community-based coalitions. None of the programs turned out to be effective in solving the problems they were set up to address—substance abuse and escalating health care costs. This may mean that the problems are too endemic to be solved at the community level or by community coalitions, that the community coalition model doesn't work, or that the model has not been implemented well. As the authors of all three chapters note, community coalitions are messy and, to an extent, challenge human nature by

requiring people with few common interests to collaborate. Given the difficulties, it is not surprising Jellinek and Schapiro suggest that if community coalitions are to succeed, they will need a healthy dose of technical support.

1. This chapter; Chapter One; and Chapter Three, which has a section on the Community programs for Affordable Health Care Initiative.

By the time Susan Weed was appointed director of the City of Chicago Office of Substance Abuse Policy in November 1994, the drug crisis was no longer on the cover of the nation's news weeklies, as it had been in the mid-1980s, when crack burst upon the national scene and Len Bias, the promising young basketball star at the University of Maryland, died a widely publicized death from a cocaine overdose. The president no longer talked about drugs as a national priority—if at all—and William Bennett, the nation's first drug czar, had long since moved on to other, greener policy pastures.

But in the streets of Chicago, as in many other neighborhoods and communities all over the country, the crisis was far from over. "It was the violence that people were most concerned about," Weed recalls. "There was a lot of violence associated with the sale and trafficking of drugs. It was just one drive-by shooting after another. That really scared people and made it difficult for them to see substance abuse as anything other than a law enforcement issue."

Weed, who came from the city's health department, saw the issue in terms other than law enforcement. "Mayor Daley understood that law enforcement had a very important role to play, but in the end you had to do something about demand," Weed says. "And that was a public health issue."

Defining substance abuse as a public health issue sounds simple enough. Actually implementing an effective public health strategy turns out to be a very tall order indeed. It means finding ways to prevent large numbers of people throughout the community—especially young people—from becoming involved in substance abuse in the first place. It means intervening early with counseling and other support if they do get involved. It means getting people into more intensive treatment if early intervention has failed and

they've become seriously involved. And it means providing the full range of aftercare and support they need to get their lives back together if and when they've successfully completed treatment.

Each of these elements of the strategy, in turn, is fraught with complexity. For instance, convincing an already overburdened urban school system to adopt a model substance abuse prevention curriculum is hard enough. But hard as it is, a new prevention curriculum by itself isn't likely to have much impact if the neighborhoods the students return to after school are plastered with alcohol and cigarette billboards; if forty-ounce cans of malt liquor are freely sold to minors at the neighborhood corner stores; if there is little for young people to do after school other than to hang out on the streets with the wrong kinds of role models. Similarly, more treatment by itself probably won't make much of a difference if those individuals who do successfully complete treatment are shunned by the community and can't find a decent job or a place to live.

Weed quickly realized that implementing an effective public health strategy that would begin to get at the roots of Chicago's substance abuse problem would require the active engagement and collaboration of a host of public agencies, community organizations, and neighborhood residents, many of whom hadn't worked together before or, if they had, didn't necessarily trust one another.

Moreover, Weed says, many of them didn't see substance abuse as their responsibility. "With the exception of law enforcement, agencies we recruited would readily acknowledge that substance abuse was a big problem, and, please, let them know what they could do," she said. "But none of them owned it. The City of Chicago government has about fifty separate departments. We were able to identify substance abuse issues that each one should be grappling with. But while they—and private organizations as well—would acknowledge their part of the problem, it was not their main mission. And when it comes to allocating human and financial resources, they go to those activities central to their mission."

In any community, pulling such a broad-based collaborative effort together and convincing all the players to give substance abuse the high priority it warranted would have been a daunting challenge. In a city the size and complexity of Chicago—where at that time, Weed says, it was estimated that more than half a million people had a serious substance abuse problem—it was almost overwhelming.

JOIN TOGETHER

Shortly after Weed became the director of Chicago's Office of Substance Abuse Policy, she heard of Join Together, a national organization funded by the Robert Wood Johnson Foundation to support local

substance abuse initiatives. "One of my staff members found Join Together," Weed recalls. "She told me about their fellowship program, and she said I should apply. So I did, and I was accepted."

The fellowship, one of Join Together's signature programs, eventually supported and connected more than two hundred individuals throughout the nation who played key leadership roles in addressing substance abuse in their communities—elected officials, citizen activists, business executives, health professionals, educators, police officers, substance abuse professionals, judges, union leaders, journalists and many others.

"It was wonderful," Weed says. "We learned so much from the program—and from each other. I always came back from the meetings with new ideas, new people to partner with, new sources of funding. I've interacted with other fellows from the program for many, many reasons since then. For instance, when we were looking to start a residential program for families with substance abuse problems here in Chicago, I was able to identify four or five other places around the country that had already done it. So we didn't have to start from scratch."

She adds, "And then there was the moral support. That was really very important: just knowing there were other people out there coping with the same problems. And the staff at Join Together was always there for me. They sent e-mails; they made phone calls. I felt like we were not alone."

It was precisely this notion—that local leaders like Susan Weed, who were grappling with the drug crisis on the front lines of America's cities and towns, should not be out there on their own—that gave rise to Join Together in the first place. The idea for Join Together first came up during a train ride on a rainy November evening in 1990. Ruby Hearn, then a vice president at the Robert Wood Johnson Foundation, and Paul Jellinek, then a senior program officer at the Foundation, were on the Metroliner from Washington, D.C., back to the Foundation's offices in New Jersey. They had just spent two days at a conference convened by President George H.W. Bush's Drug Advisory Council that had brought together hundreds of representatives from local substance abuse initiatives from all over the country, including a number of grantees from the Foundation's Fighting Back program.

Fighting Back was a national demonstration program that had been designed to find out whether it was possible for local organizations and residents to collaborate effectively to reduce the demand for illegal drugs and alcohol in their communities.

When Fighting Back was announced in early 1989, there had been a big response. More than 330 communities—almost triple the number anticipated—had applied for the program's fifteen planning grants, prompting the federal government, shortly thereafter, to launch a major grant initiative of its own, which it named the Community Partnership Demonstration Grant program. The federal program, loosely modeled on Fighting Back, eventually funded 251 additional community initiatives, including many of those represented at the Washington conference.

That was the good news. The large and unusually rapid influx of federal money meant that many applicants who had not been funded through the Fighting Back program could now apply for government grants to enable them to continue their efforts. As a result, many more communities would be helped.

However, it was clear that those communities would need a lot of help in addition to funding. Mounting a comprehensive local substance abuse initiative of this kind was largely uncharted territory, without a clear road map and with no proven models for community leaders to replicate. The Fighting Back grantees at least had the advantage that the Robert Wood Johnson Foundation had established a well-funded national program office at Vanderbilt University to provide them with technical assistance.

But what about the others? While the agency responsible for the federal Community Partnership program would surely do its best, the sheer scale of the program, with hundreds of grantees scattered across the map—from Miami, Fl., all the way to Nome, Alaska—posed a staggering logistical challenge. And there were also communities that hadn't received either federal funding or Fighting Back grants.

There was an additional troubling concern—maintaining substance abuse as a national public policy issue. The Washington conference had featured a number of high-profile national figures, including Jack Kemp, at the time President Bush's secretary of housing and urban development, and William Bennett, who had just the day before stepped down as the nation's drug czar. In speech after speech, Kemp, Bennett, and the other speakers had expressed their enthusiastic support for the kind of leadership these new local coalitions were providing in response to the nation's drug crisis.

On the one hand, of course, such recognition was gratifying to the community leaders assembled in the audience. On the other hand, there was concern that between the lines of these speeches, substance abuse was subtly being redefined as a local rather than a national issue—and hence, a local and not a federal

responsibility. The fact that the highly visible Bennett had just announced his resignation, to be replaced by the relatively unknown former Florida governor Bob Martinez, only added to the concern.

Not only would the communities need all kinds of information and training, but there would also have to be a way to keep federal policymakers—as well as state officials—engaged. After all, it was federal and state policies on everything from criminal justice and corrections to financing for prevention and treatment that set the boundaries within which local leaders had to operate. If those policies were not sensitive to the realities on the ground, the communities wouldn't stand a chance.

Hearn and Jellinek began to talk about establishing a national center that could serve both as a resource and as a voice for local substance abuse initiatives. The key would be to find the right person to run it—someone who could work both the community and the policy sides of the street and who did not have a particular professional or ideological ax to grind. After considering a number of possible candidates, the Foundation turned to David Rosenbloom, who had served as the commissioner of health and hospitals for the City of Boston between 1975 and 1983 and was a member of the National Advisory Committee for the Fighting Back program.

In April 1991 the Robert Wood Johnson Foundation awarded a planning grant to the Boston University School of Public Health, where Rosenbloom was based, to develop a blueprint for a national resource center for local substance abuse initiatives. Rosenbloom and his team interviewed more than a hundred people across the country to get a sense of what the needs and priorities were and what resources were available.

There wasn't much. Community leaders told Rosenbloom that they felt isolated and that they didn't have access to current information about what was going on in the field. They were aware of some of the academic research on the effectiveness of various prevention and treatment interventions, but they didn't know how to apply those research findings within their communities. They needed help with everything from leadership and organizational development to strategic planning and fundraising. And, sure enough, they wanted to do whatever they could to improve the poor public policy environment within which they were trying to work.

By midsummer, the plan was ready, and in September the Foundation gave the Boston University School of Public Health a 20-month grant of nearly \$2 million to launch the new national resource center, soon to be given the name Join Together.

With the initial funding for Join Together in place, Rosenbloom quickly began recruiting a diverse staff with expertise in substance abuse research and policy, community mobilization, leadership development, communications, and—in a prescient move—the Internet. In the years to come, Join Together was to pioneer the use of the Internet as a powerful vehicle for informing and connecting the many thousands of local groups and individuals across the country working on substance abuse issues. With more than 7,000 individual visitors a day, Join Together Online is considered one of the field's premier Web sites, providing daily news updates, funding information, key facts and trend data, a search engine that can scan a database of more than 25,000 archived substance abuse studies and reports, and extensive links to other Web sites in the field. Along the way, Join Together also developed QuitNet, an interactive Web site now in active collaboration with eight state and seven county partners around the country, to help smokers overcome their addiction to tobacco.

In addition to its online service, Join Together produced and sent out numerous newsletters, reports, and monthly action kits to its rapidly growing mailing list, helping readers keep abreast of relevant trends and issues and offering guidance on specific actions that local leaders could take to address those issues in their communities. But, as useful as these services were, Join Together was designed to be more than simply a sophisticated information clearinghouse. There was, for example, the Join Together Fellows program, which eventually supported over 200 local leaders like Chicago's Susan Weed, creating linkages among them so that they could support and learn from one another.

Approximately 30 fellows were selected each year for the one-year fellowship. During that year, those fellows would be brought together three times, for four or five days at a time, for intensive sessions on leadership development, strategic planning, and a variety of relevant content areas, such as recent advances in prevention research and updates on new public policy developments in the field. In addition, the meetings allowed ample time for the fellows to get to know one another and to share experiences from their respective communities. Beyond these three core meetings, fellows were invited to special meetings on particular issues or topics relevant to their communities, and were often called upon to make presentations, to meet with policymakers in Washington and elsewhere, and to participate in Join

Together's technical assistance site visits to communities. Roberta Garson Leis, Join Together's program director, says of the fellows, "We wove them into everything we do."

To help them stay connected with Join Together and with one another beyond their one-year fellowships, Join Together developed a newsletter and an online listserv specifically for the fellows. Over time, Join Together hoped to build a nationwide network of trained, connected individuals who could provide continued leadership in helping to mobilize their communities against substance abuse.

There was also an ambitious hands-on technical assistance program, including a series of "Community Exchanges" through which community leaders could visit and learn from other communities face-to-face. These Community Exchange visits generally included both public forums and private meetings designed to share ideas and to promote broader participation in local efforts to address substance abuse.

Leis recalls a Community Exchange visit she made to Amherst, New York, a middle-class suburb of Buffalo. She brought with her a team of leaders from other communities who had dealt with some of the same issues facing Amherst. During the visit, the team met privately with local clergy, judges, and business leaders; and during the subsequent public forums, one of the clergy and one of the judges openly confronted the parents in the audience about their denial that substance abuse was, in fact, a real problem among Amherst's young people. Following up six months after the Community Exchange, Leis learned that Amherst had enacted new policies addressing underage drinking, that a drug court was being established, and that the number of business leaders in Amherst's substance abuse coalition had increased from three to 35.

Also, to address the concerns that communities might be left in the lurch as the federal government began backing away from the substance abuse issue, Join Together launched a series of public policy panels, modeled after a Twentieth Century Fund (now The Century Fund) panel on which Rosenbloom himself had once served. These panels, which were chaired by prominent public figures and made up of experts and community leaders, developed recommendations that were widely disseminated to public officials and advocates. In an independent survey conducted in the late 1990s, readers of Join Together's many publications ranked the policy panel reports as among the most useful.

Finally, in 1994, Join Together became the national program office for the Fighting Back program.

CADCA

In November 1994, the same month that Susan Weed became Chicago's drug czar, another story was unfolding about two and a half hours southeast of Chicago in Noble County, Indiana. Noble County is a completely different place from Chicago in almost every respect imaginable. "Noble County is the heart of the Northeastern Indian lake area, and is composed of scenic rolling farmland and scattered lakes," says one of the Web sites describing the community. With only about 47,000 residents in the entire county—94 percent of them white—Noble County has fewer people than some city blocks in Chicago.

Yet, like Chicago, Noble County faced a very real substance abuse problem. One of the first community leaders to spot the problem was Judge Michael Kramer of the Noble Superior Court. "I was becoming more and more frustrated seeing the same people coming through the courts—sometimes whole families—and a lot of it because of drugs and alcohol," he recalls. "The fact is that we had nothing going on in the county as far youth goes, and so the predominant culture was drug use, especially among the young people. And it got worse, because it turned out we were on a major drug route."

Kramer had started attending meetings of the local substance abuse coalition, which at that point had only four or five members and some very modest funding provided through local court revenues. "As I became more frustrated, I became very outspoken at our coalition meetings," he says. "I felt we should be doing more. And so in November they elected me chair of the group. Unfortunately, at that time I didn't really know anything about coalitions."

Eventually, like Susan Weed, Kramer learned about Join Together, and today he is one of more than 21,000 subscribers to JTO-Direct, an e-mail service from Join Together Online. But Join Together was not where Kramer first turned for help.

"When I agreed to chair our local coalition, I wanted to see it succeed, but I didn't know what to do," Kramer recalls. "And then, out of the blue, I got a brochure in the mail about a big leadership forum in Washington, D.C., specifically for antidrug coalitions. It was very last minute, but I went anyhow. And when I got there, I just couldn't believe it. It was astounding to see what all these groups were doing all over the country. I went to every workshop I could and listened hard to what they had to say. I learned so much."

As Kramer discovered when he got there, the forum had been convened by another new national organization, also supported by the Robert Wood Johnson Foundation, called "Community Anti-Drug Coalitions of America"—or, as it is generally referred to in the field, "CADCA." It had been launched in October 1992, about a year after Join Together, and for much the same reason: to reduce the isolation of local substance abuse initiatives.

In many ways, CADCA was the brainchild of Alvah Chapman, the former chair and chief executive officer of the Knight Ridder newspaper chain. Chapman was a founder of the Miami Coalition, a group of business and civic leaders who had come together in response to Miami's drug crisis in the late 1980s. In 1989, he had joined the President's Drug Advisory Council.

Because of his involvement with the Miami Coalition, Chapman was asked to chair the council's committee on community coalitions. Shortly after becoming chair, he invited leaders from a dozen local coalitions to meet with his committee in Washington. They all said that they were working in splendid isolation. "There was a common thread to what they said, and that was the need to come together on a regular basis," Chapman recalls. "Getting them together was the best thing we could do."

The upshot was the November 1990 Washington conference. But clearly one conference was not enough. Chapman was keenly aware that the local leaders he had talked with wanted to get together at least once a year. Moreover, with new coalitions springing up every day and the field itself in rapid evolution, there had to be a way to continue to convene the coalitions in the years to come. But who could do it?

The President's Drug Advisory Council was slated to go out of existence in the near future, so that was not an option. The federal government might have done it, but there was a feeling that it would be better to have an independent organization that could not only convene the coalitions but also begin to represent their interests as a group. Join Together, which at that time was still in its formative stage, might have been an option, but Chapman and others on the President's Drug Advisory Council felt strongly that an organization representing the coalitions should be based in or near the nation's capital, not in Boston.

And so the decision was made to start from scratch with a brand-new organization: CADCA. Not only was CADCA to be independent, it was also to be established as a membership organization so that it

could legitimately claim to represent the interests of its member coalitions. CADCA set up shop in Alexandria, Va, just across the river from Washington, and Chapman became the first chair of its board.

As a member of the board of the John S. and James L. Knight Foundation, Chapman was able to secure a grant from Knight, but more was needed. So the decision was made to approach the Robert Wood Johnson Foundation, which by that time was the largest philanthropic funder in the substance abuse arena. In October 1992, CADCA received an initial two-and-a-half-year grant of \$500,000 from the Robert Wood Johnson Foundation to "help establish an organizational base for the several hundred anti-drug community coalitions formed through the efforts of the Robert Wood Johnson Foundation, the federal Office of Substance Abuse Prevention, and the President's Drug Advisory Council."

The following month, with the ink barely dry on the legal paperwork that formally established it as a tax-exempt charitable organization, CADCA held its first annual National Leadership Forum. Initially, it was touch-and-go. Chapman recalls that two weeks before the meeting, only seventy people had registered. But at the last minute, they were overwhelmed: more than 600 people showed up. CADCA's National Leadership Forums have proved to be popular ever since. Attendance has steadily increased over the years, surging to a record 1,800 participants for the 2003 meeting.

Not everyone, however, has been a satisfied customer. Susan Weed, for example, brought a group from Chicago to a CADCA Forum in the mid-1990s and recalls that their reaction was "completely negative." She explains, "Our organizations were urban, mostly black and Latino. The presentations just didn't speak to them. So that was the end of our connection with CADCA."

Beverly Watts Davis, formerly the executive director of San Antonio's Fighting Back program and, since May 2003, the director of the federal government's Center for Substance Abuse Prevention, agrees that in its early years CADCA "did not truly reflect the face of America." But in her view there have been dramatic improvements, especially since Arthur Dean, a retired army major general, became CADCA's chair and chief executive officer in 1998. "He has turned the entire situation around," Davis says. "This year [2003] when I went to the conference, I was amazed at the diversity."

An independent survey of several hundred CADCA members and observers conducted in 2000 seems to support Davis's view. In the dry language of the report, "Respondents believe that CADCA maintains an appropriate balance between ... needs of urban versus suburban and rural areas."

From the outset, despite the obvious importance of its National Leadership Forums, CADCA saw itself as more than simply a convener of coalitions. Like Join Together, CADCA developed an array of services—including training and technical assistance, marketing and communications support, funding information, research updates, legislative alerts, and public policy support—that it believed would strengthen local coalitions. And groups like Kramer's fledgling coalition in Noble County soon began turning to CADCA for help.

"As I listened to what they had to say, it was really almost like a recipe," the judge says, recalling his first CADCA Forum in 1994. "It was a step-by-step process that CADCA helped us to get going on. And when I got back to Noble County, we took what little money we had and sent a teacher with 20 students to a PRIDE [Parents' Resource Institute for Drug Education] conference to do something about the drug culture in the schools. Today we've got about seven hundred students in the schools directly involved, mostly doing community service."

But that was only a first step. With CADCA's help and encouragement, Kramer was eventually able to bring new resources into the community, enabling the coalition to take a more comprehensive approach to reducing demand. "In 1998, we got funded by the federal government's Drug-Free Communities Program, which made it possible for us to get our first paid staff person—and CADCA helped us with that," he explained. "It helped us stabilize the PRIDE program, and now we're also working on treatment. For instance, one problem I had as a judge was the lack of halfway houses. At one point, there was a six-month wait. We now have three halfway houses in the area, and there's no wait anymore. We also helped to start a sliding scale outpatient drug treatment program at the mental health center, and that has helped a lot." He paused. "Don't get me wrong. We still have our problems. For instance, our treatment providers fight a lot."

Over the past decade, Noble County's coalition has gradually grown from the four or five individuals who used to get together over lunch when Kramer first became involved to more than ninety groups and individuals today, including school superintendents, teachers, counselors, large groups of youth, treatment agencies, recovery houses, mental health service providers, judges, probation officers, the county sheriff, local police, state police, parents, people from the local hospital, the county health department, a nurse, clergy, journalists, and the publisher of the local newspaper. Kramer is especially

proud of the degree of youth involvement, noting that a high school senior chairs the coalition's prevention committee.

In contrast to the kind of intensive, on-site technical assistance that Amherst, New York, received through Join Together's Community Exchange program, CADCA staff did not come to Noble County to provide technical assistance. Instead, in addition to the National Leadership Forum in Washington, Kramer and his colleagues attended several regional CADCA workshops and training sessions, including a two-day workshop in Indianapolis. Also, there was a great deal of what the judge describes as "informal contact with all the people at CADCA," including frequent telephone calls to "ask for advice and bounce ideas off them."

CADCA's publications were also helpful, especially *Strategizer*, a monthly technical assistance report organized around hot topics in the field that presents various approaches to coalition building, and *Practical Theorist*, a series of reports sponsored by the National Institute on Drug Abuse that summarizes the latest findings from scientific research.

While Kramer and his fellow coalition members appreciate CADCA's guidance and support, in the beginning one of CADCA's most important contributions probably wasn't even visible to most members of Noble County's coalition. And that was CADCA's successful advocacy on Capitol Hill to promote federal funding for substance abuse coalitions—including the Drug-Free Communities Act that provided Noble County's pivotal federal grant in 1998.

Sue Thau, a consultant to CADCA paid solely from membership dues, is widely credited with almost single-handedly leveraging over a billion dollars in federal support for local substance abuse initiatives and for substance abuse prevention, treatment, and research. Before her work in the substance abuse field, Thau spent fifteen years working on appropriations issues at the Office of Management and Budget. According to an independent assessment of CADCA conducted for the Robert Wood Johnson Foundation by Patrizi Associates, "Without question, no other aspect of CADCA's work is more highly regarded than Thau's advocacy activities."

NOT A NATURAL ACT

At a 2003 meeting of grantees funded under the Fighting Back program, Beverly Watts Davis, the former executive director of the Fighting Back initiative in San Antonio, commented that collaboration—whether to fight a community's substance abuse problem or any of the many other complex health and social

challenges currently confronting local leaders—is "not a natural act." That is because true collaboration requires people representing different constituencies and organizations to set aside some of their own immediate factional or institutional self-interests—as well as any historical tensions—in order to achieve a greater common good. Usually, when collaboration does occur, it is short-term, and it is triggered by an especially urgent crisis that affects all parties—a flood, an earthquake, a terrorist attack.

But forging and sustaining collaboration for the long haul in response to a complex, deeply rooted problem such as substance abuse is, as Davis put it, "a very different kettle of fish." It is extraordinarily difficult, often demoralizing work on a problem that many in the community may not even be willing to acknowledge, much less do anything about, and progress can be painfully slow and hard to measure. Recognizing this, since 1991 the Robert Wood Johnson Foundation has invested more than \$45 million in Join Together (\$33.6 million) and CADCA (\$12.3 million) to support, inform, and connect what have now grown to be thousands of local substance abuse initiatives and coalitions nationwide.

From the outset, this has been a hugely ambitious undertaking for both organizations. It is no surprise, therefore, that just as Chicago's Susan Weed and Noble County's Michael Kramer often found themselves in uncharted territory as they worked to mobilize their communities against substance abuse, so, too, Join Together and CADCA have been on a continual learning curve as they have tried to determine how best to support those thousands of local leaders and coalitions on the front lines. Their task has been complicated by the inherently fluid, and often messy, nature of local collaboration and by the fact that substance abuse remains such a highly charged, stigmatized, and underfunded field.

Despite these complications, both organizations have learned and matured over time, and their experiences in managing some of the issues they encountered during their first dozen years of operation may be instructive to others seeking to support local activity directed at tough health and social problems.

Staying on Mission

Among the most vexing issues that emerged for both Join Together and CADCA during the 1990s was the question of how to remain focused in the face of so many demands from so many different directions. CADCA vice president Mary Elizabeth Larson recalls that when she started working for CADCA in 1997, "We were a fly-by-the-seat-of-your-pants, don't-say-no-to-anybody kind of organization. It was 'love all, serve all.' Unfortunately, when you do that, it takes you off your mission."

This was the issue that faced Arthur Dean when he took the helm as CADCA's chair and chief executive officer in 1998. One of the most important things Dean feels that he has done is to make sure that CADCA stays focused on its primary mission of creating and strengthening the capacity of community coalitions to create safe, healthy, and drug-free communities. This emphasis on strengthening capacity means that, for CADCA, quality has become more important than quantity—or, as Dean puts it, "While growing the coalition field is very important, what is even more important is increasing the effectiveness of each coalition."

In another important respect, however, CADCA has broadened its focus. In contrast to Join Together, which from the outset defined substance abuse broadly and dealt with treatment as well as prevention, CADCA had initially limited its focus to illegal drug abuse and to prevention. "But," says Dean, "when I traveled to coalitions around the country, I became aware of the need to expand our focus to the total demand reduction effort—including treatment, and including alcohol and tobacco." He quickly adds, "Of course, we have kept the focus on *underage* drinking, which is illegal."

Dean's decision to expand CADCA's focus to "the total demand reduction effort" after visiting member coalitions points up a delicate balance that CADCA, as a membership organization, now tries to maintain between "staying on mission" on the one hand while on the other hand staying keenly attuned to the needs and concerns on the front line. Not only does Dean personally continue to spend a good deal of time on the road visiting coalitions, but he has also established a formal advisory committee of a dozen seasoned coalition leaders who meet with CADCA staff every six months to provide input and feedback from the field. And, in what he sees as an especially important move, Dean has appointed a well-respected coalition leader to the position of vice chair for coalition affairs on CADCA's largely corporate board: "to make sure we hear from the coalitions, that we listen to them, and that we look like them."

Like CADCA, Join Together struggled to stay focused during the 1990s. Lack of focus was, in fact, a major theme in an independent assessment of Join Together conducted by Patrizi Associates for the Robert Wood Johnson Foundation in 2000. The report stated, "Join Together is spread too thin," and went on to suggest that Join Together consider taking on the issue of substance abuse treatment as a primary focus.

As it turned out, Join Together director David Rosenbloom had been thinking along the same lines. In 1998, Rosenbloom had approached the Robert Wood Johnson Foundation with the idea of having Join Together do something to expand treatment. Rosenbloom said that he had initially envisioned Join Together simply as a resource center that was there to be responsive to the needs of people in the field. But, as it turned out, people's needs were all over the map. And his work with the Fighting Back communities had convinced him of the importance of doing something about treatment.

Inevitably, the decision to sharpen its focus on treatment forced Join Together to make some difficult trade-offs. For example, as the centerpiece of its enhanced commitment to treatment, Join Together launched a new initiative, named Demand Treatment!, which provided training and technical assistance, together with grants of \$60,000, to try to catalyze treatment expansion in 29 cities around the country. At the same time, it phased out the popular Join Together Fellows program, which had been such a boon to Susan Weed and many other community leaders.

A second, obvious trade-off was that more attention to treatment meant less attention to prevention. "While I don't believe that our taking a position on treatment has affected our objectivity and our credibility, it has focused our attention," he says. "And as a result, we are probably spending less time on pure prevention issues. Of course, not everybody is happy about that."

In a sense, Join Together and CADCA have converged on a kind of middle ground in terms of their areas of focus: although CADCA has become far more disciplined about staying on mission, it has broadened its focus to include treatment as well as prevention within its purview, while Join Together, although not abandoning prevention, has narrowed its focus somewhat in order to actively promote treatment. Both Dean and Rosenbloom made these decisions based, at least in part, on what they saw and heard on the front lines—Dean in his visits to member coalitions, Rosenbloom in working with the Fighting Back grantees. The fact that both organizations seem to have picked up similar signals from the field suggests that they are now probably more or less on track.

Meeting the Demand for Technical Assistance

Along with the challenge of staying focused, the second major issue that both CADCA and Join Together ran into almost immediately was how to keep up with the nearly overwhelming demand for technical assistance. Not that it should have come as a surprise.

It wasn't until their technical assistance staffs got out into the field and started working with real, live communities, however, that the immensity of the challenge became clear. As the report of Patrizi Associates notes, "The sheer issue of scale—that is, delivering sufficient services to a large enough number of coalitions in appropriate magnitude that would allow one to see observable changes in the community—is daunting." In its earlier years, CADCA's technical assistance teams were on the road almost every week of the year, leading to burnout of the technical assistance staff and CADCA's withdrawing from the field.

Things were not much better, if at all, at Join Together. Like CADCA, Join Together in its early years tried the hands-on retail approach to technical assistance, including the popular Community Exchange visits—like the one Roberta Garson Leis and her team conducted in Amherst, New York—in which local leaders visited one another's communities to share experiences and insights.

But Rosenbloom and his staff, too, soon discovered that such an approach was far too labor intensive for a market as big as Join Together's and that new methods would have to be found—if not to replace the site visits, then certainly to supplement them. While CADCA, with its constituency limited to community coalitions, today has just over five thousand dues-paying and associate members, Join Together's master mailing list of local officials, agencies, organizations, and coalitions of all shapes and sizes currently includes upward of 80,000 names.

Enter the Internet. From the beginning, when he was working on the initial blueprint for Join Together, Rosenbloom had become fascinated by the potential of this new communications technology. But he kept his aspirations modest initially. "When we started, nobody knew what we were talking about," he says. "Our original goal was that at the end of the first five years, 800 people would use our electronic information." Today, 12 years later, Join Together has 21,000 subscribers to its electronic newsletter alone, and more than 7,000 people visit Join Together's Web site each day. In addition, content from Join Together Online is syndicated to approximately 300 other Web sites (including CADCA's), greatly expanding its reach.

What has made this seismic shift possible is not just improvements in the technology but also what Rosenbloom describes as a fundamental change in user attitudes and behavior. "In the beginning, we literally had to pay people's fees for them to use this stuff," he says. "Now people have become more self-sufficient and self-directed. So technical assistance that in the beginning required several full-time staff

members and only helped a few people a day is now largely self-directed by people's ability to search our Web site and others. Our Web site is constructed so that every time someone gets information from it, links to other information on the same topic appear. All of this means that we can help thousands of people a day instead of just a few."

Despite the huge surge in its delivery of online technical assistance, Join Together has not cut back its traditional hands-on technical assistance capacity. "We still have five staff people who do site visits and use the telephone and e-mail and snail mail, and we still get about a hundred requests a month, the same as before. We tried to phase it out, but they just kept calling," Rosenbloom says wistfully.

In contrast, CADCA did phase out its hands-on technical assistance operation in the mid-1990s, largely as a result of staff burnout. However, shortly after Dean's arrival in 1998, CADCA made an abrupt about-face and rebuilt its technical assistance capability. Convinced that technical assistance was vital to CADCA's mission of strengthening the capacity of coalitions, Dean brought on new staff members and charged them with developing new ways of getting help to those who needed it.

As a result, CADCA, in partnership with the National Guard, began using distance learning technology to deliver technical assistance through more than 3,000 satellite downlink sites around the country. CADCA also significantly upgraded its Web site as a vehicle for technical assistance, although, as Dean notes, "We don't rival Join Together Online because we focus on serving our members, not the field as a whole."

In addition, CADCA began making greater use of sessions and workshops at its National Leadership Forum as technical assistance opportunities. And finally, recognizing—as Join Together did—that there were continuing requests for hands-on aid, CADCA restored at least some of its capacity to provide technical assistance by telephone and on-site, albeit with a less grueling site visit regimen than in the past.

These changes, however, were only a first step. In September 2002, CADCA was awarded a \$2 million federal grant—its first ever—to establish a new National Community Anti-Drug Coalition Institute. Making use of trained mentors, state and regional training sessions, partnerships with key federal agencies, and a panel of scientific advisers, the institute focuses its efforts on improving the way coalitions use data for strategic planning purposes, strengthening their leadership and operations,

supporting their use of sound coalition principles and evidence-based interventions, and enhancing their ability to track the impact they are having.

How the new institute will pan out remains to be seen. There is no question, however, that both CADCA and Join Together have already taken major steps during their first decade of operations to revamp their initial retail approach to technical assistance. Although there are obvious differences in some of the specific elements of their technical assistance programs, both organizations have pursued the same basic strategy of moving to more of a wholesale approach, and both have capitalized on technological advances such as the Internet and satellite communications to help them do so.

Yet, at the same time, neither organization has so far felt comfortable completely abandoning the traditional hands-on approach. Not only is there still a demand in the field for the human touch, but—as the leaders of both organizations have themselves discovered—being out in the field remains an indispensable way for any organization to keep its ear to the ground.

Advancing Public Policy

CADCA and Join Together have been active on the public policy front almost from the beginning. Both organizations have consistently viewed public policy as a critically important dimension of their work. However, there was—and to a large extent there still is—a fundamental difference in their focus and their approach. CADCA's primary public policy emphasis has been on funding—with particular attention to federal funding for local antidrug coalitions—while Join Together's emphasis has been on a wide range of contextual policy issues that community leaders have identified as especially relevant to their local substance abuse efforts, such as underage drinking statutes and criminal justice policies.

Although there is some overlap in practice, the basic difference in emphasis is likely to persist. As a membership organization, CADCA can legitimately speak for the interests of its members, including their financial interests. On issues like underage drinking and criminal justice, on the other hand, Join Together's status as an objective, university-based resource center that does not officially represent any particular constituency gives it a kind of credibility that a membership organization generally does not have.

At one point in the mid-1990s, there was some discussion at the Robert Wood Johnson Foundation about encouraging Join Together and CADCA to merge into a single organization, primarily for reasons of economic efficiency. One of the principal reasons the Foundation ultimately decided not to go down

that road was the recognition that both organizations played important roles in the substance abuse policy arena, but they were roles that could not be combined within a single organization.

Building the Substance Abuse Field

Finally, a pervasive and inescapable issue that both Join Together and CADCA have faced from day one—the proverbial elephant in the middle of the room—has been the state of the substance abuse field itself.

When talking about CADCA's constituents, Dean makes the point that "these communities are working on America's number one health problem." But it is a problem that many Americans are unwilling to acknowledge, either within their own lives or within their communities, largely because of the profound social stigma that is still associated with substance abuse. This same stigma affects many of those who choose to work in the substance abuse field, in terms of both professional status and earnings—a fact that has kept many of the best and the brightest from considering careers in the field. And, to top it off, the field remains bitterly divided at almost every level: supply reduction versus demand reduction; prevention versus treatment; even one form of treatment versus another.

Yet while these realities have clearly made things much more difficult for everyone in the field, including Join Together and CADCA, it may turn out in the long run that one of the most important contributions to emerge from the work of Join Together and CADCA will be the ways in which their various programs and activities have helped to build and strengthen the substance abuse field itself: increasing its funding; enhancing its legitimacy on Capitol Hill; raising its technological sophistication; drawing hundreds of new leaders into the field; strengthening interorganizational linkages; and supporting and encouraging the many thousands of individuals fighting the substance abuse problem in their home communities.

What makes this field-building aspect of their work especially important is the fact that substance abuse—perhaps in contrast to some of the other issues facing local leaders—is such a stubborn, deeply rooted problem. Even when there is progress against one kind of substance abuse, sooner or later another equally dangerous substance crops up, and the battle starts all over again. It is not a field that lends itself to quick and easy solutions, and consequently, whatever can be done to strengthen capacity and leadership for the long haul is likely to yield significant dividends in the years to come.

THE FUTURE

Reflecting on the experiences of Join Together to date, Rosenbloom says, "I believe we've demonstrated that there is a need and a role for this kind of capacity to support what communities are doing. That doesn't mean that we have to be the ones to do it, but the response we've gotten suggests clearly that we're providing services that people want and need."

"However," he adds, "it is also clear that the field is not yet strong enough to support this kind of activity on its own—especially when you still have secretaries who make more money than many of the people who work full-time providing treatment and prevention services."

While CADCA's funding base is considerably more diversified than Join Together's, Dean acknowledges that with only 7 percent of its revenues coming from membership dues (although he hopes to raise it to 12 percent), CADCA, too, will remain dependent on external funders for the foreseeable future.

In other words, while capacity-building organizations like Join Together and CADCA clearly are valued by those they serve, the fact that their constituents do not have sufficient resources to support them on their own means that there can be no guarantees about the future.

Whatever the ultimate future of Join Together and CADCA, the question of how best to support local problem solving and collaboration is likely to resurface with increasing frequency in the years to come as more of the nation's health and social problems are left to communities to resolve for themselves—including everything from the current obesity epidemic to preparedness for a possible bioterrorist attack. Like Susan Weed and Michael Kramer, those community leaders who are on the front lines struggling to cope with these challenges will undoubtedly need ways to get access to information, to navigate the policy shoals, and to support and learn from one another. Perhaps the experiences of CADCA and Join Together can help point the way.