Embracing & Improving Collective Impact to Address the Opioid Crisis

Bill Barberg, President, Insightformation, Inc.
Introducing our Speaker

Bill Barberg, President/Founder, Insightformation, Inc.

2014

Quoted several times in the book.

Referred to as a “Global Thought Leader”

Called “simply unrivaled” in creating space for partner collaboration.

2017

Authored the highly acclaimed chapter

“Implementing Population Health Strategies”
Bill Barberg received the 2018 “Health System Transformation” Award from Communities Joined in Action, for his innovative work to advance collaboration around the opioid/heroin/fentanyl crisis.
Embracing & Improving Collective Impact to Address the Opioid Crisis

Bill Barberg, President, Insightformation, Inc.
Struggling with Complex Challenges

- Drop-outs
- Obesity
- Crime
- Chronic Disease
- Substance Abuse
- Pollution
- Depression
Declining Budgets and Overwhelmed Staff
Fragmentation Undermines Success

Will one more little arrow solve the problem?

Execution Gap

Goals
Opportunity to Collaborate around a Strategy

No Strategic Alignment

Execution Gap

Unmet Goals

Improved Community Outcomes

Health Depts

Other Public Agencies & Officials

Hospitals

Medical Practices

Social Service Providers

Employers

Schools

Community groups

Faith Communities

Families & individuals
HOW WE PROVIDE VALUE

TRAINING + TECH + TOOLS

Industry-leading training

Award-winning InsightVision software to plan, implement, and monitor strategy and performance

Templates, webinars, white papers, resource commons & more to accelerate implementation
Keys to Improved Community Teamwork

• Embrace Collective Impact
• Keep Working to Get Better At Collective Impact
• Co-Create a Shared Strategy Map Framework
• Adopt Supporting Technologies
  – Strategy Management System
  – Community Care Coordination System
  – Shared Knowledge & Resource Commons Platforms
About 130 People who are Dependent for Each Death

For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users

About 10 million to 12 million patients in the U.S. who have been on painkillers for years
Some of the Many Paths to Opioid Misuse

People Prescribed Opioids for Pain
People Stuck in Despair or Depression
Self-Medicating after Trauma or Toxic Stress
Youth Seeking “Kicks” or Experimenting
How do you Eat an Elephant?

What if you want to do it QUICKLY?

How do you break the opioid crisis “elephant” into a LOT of little bites?
Managing a Big Effort

Focus on Managing Sub-components of a Larger System
Question

Which Best Describes your Understanding of Collective Impact?

1. Very little exposure — beyond hearing the term.
2. Some exposure—I’ve reads articles and heard talks
3. Solid Understanding: I have a good understanding of the concept, but want to learn HOW do to it.
4. Advanced Practitioner on how to achieve Collective Impact
Introducing the Term “Collective Impact”

NONPROFIT MANAGEMENT

Collective Impact

Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

By John Kania & Mark Kramer | Winter 2011

Stanford Social Innovation Review
2011

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Learning a New Game
## Collective Impact: What is the New Game?

**Channeling Change: Making Collective Impact Work**

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<th>Collective Impact</th>
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<td>◆ Funders select individual grantees that offer the most promising solutions.</td>
<td>◆ Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.</td>
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<td>◆ Nonprofits work separately and compete to produce the greatest independent impact.</td>
<td>◆ Progress depends on working toward the same goal and measuring the same things.</td>
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<td>◆ Evaluation attempts to isolate a particular organization's impact.</td>
<td>◆ Large scale impact depends on increasing cross-sector alignment and learning among many organizations.</td>
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<td>◆ Large scale change is assumed to depend on scaling a single organization.</td>
<td>◆ Corporate and government sectors are essential partners.</td>
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<td>◆ Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.</td>
<td>◆ Organizations actively coordinate their action and share lessons learned.</td>
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**Source:** Channeling Change: Making Collective Impact Work  
By Fay Hanleybrown, John Kania, & Mark Kramer
Isolated Impact vs. Collective Impact

**Isolated Impact**
- Funders select individual grantees that offer the most promising solutions

**Collective Impact**
- Funders understand that social problems and their solutions arise from an interaction of many organizations (within a larger system)
Isolated Impact vs. Collective Impact

**Isolated Impact**
- Nonprofits work separately and compete to produce the greatest independent impact

**Collective Impact**
- Progress depends on working on the same goals and measuring the same things
Isolated Impact vs. Collective Impact

**Isolated Impact**
- Evaluation tries to isolate a organization’s particular impact

**Collective Impact**
- Large scale impact depends on increasing cross-alignment in sectors and learning among organizations
Isolated Impact vs. Collective Impact

**Isolated Impact**
- Large scale change is dependent on scaling a single organization

**Collective Impact**
- Organizations actively coordinate their actions and share their lessons
### The Five Conditions of Collective Impact

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<td><strong>Mutually Reinforcing Activities</strong></td>
<td>Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.</td>
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<td>Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.</td>
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<td>Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.</td>
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Source:
*Channeling Change: Making Collective Impact Work*  
By Fay Hanleybrown, John Kania, & Mark Kramer
The Field is Maturing – Grow with it!

- The early writings on Collective Impact were never intended to be the final word.
- There has been a lot of learning and much room for experimentation remains.
- Summary of New Insights
  - Tamarack Institute: Collective Impact 3.0
  - Collective Impact Forum: Principles of Practice
  - InsightFormation’s cutting-edge work & tools

Request Information on the Form
Is Your Community “Doing” Collective Impact?

• Yes – For the Opioid Crisis (or substance abuse)
• Yes – For Addressing Homelessness
• Yes – For Community Health Improvement Plan (CHIP)
• Not to My Knowledge
About Being the Backbone Organization...

• Problems with non-profits jockeying to become the “Backbone Organization”
• Problems with Fragmentation and Overlapping Collective Impactive Efforts – Collaboration Fatigue – Example in Monterey County
• Shift from “Backbone Organization” to “Backbone Support” in 2012 article
• “Give examples and explanation on how health centers be the ‘backbone organization’ to address the opioid epidemic and other social change initiatives.”
Re-Framing the Question

• How can health centers embrace a Collective Impact approach for addressing the opioid crisis or other social issues?

• How can a health center improve Backbone Support to enhance Collective Impact efforts in their community?
  – Try to build on and enhance existing CI efforts
  – Become part of the steering committee
  – Encourage “distributed backbone support” if one organization is too much in control
  – Bring improved techniques and tools to make them better
  – Volunteer to be “Champions” for certain topics

• Help position your community to get new opioid funding
Show Me the Money!

- Billions of new dollars for addressing the opioid crisis
- Grants will be competitive – Get Ready NOW!
- Infrastructure & training to address the opioid crisis can be used to address homelessness, CHIPs, etc.
## The Five Conditions of Collective Impact

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Channeling Change: Making Collective Impact Work
By Fay Hanleybrown, John Kania, & Mark Kramer
Shared Goal – but No Strategy for Teamwork
Professional Soccer Players Know their Roles...
...Because They Understand the Strategy
Upgrading the Five Conditions

Condition One: **Common Agenda**
- All participants have a shared vision for change including a common understanding of the problems and a joint approach to solving it through agreed upon actions

Upgraded to: **A Shared (Co-Created) Strategic Framework**

(But NOT Micro-managing)
Improved Practices for a “Common Agenda”

• Develop a **shared strategy** that is co-created by a cross-sector collaboration
• Have authentic **community engagement**
• Work toward a **shared aspiration**
• Build consensus on the many “**driver**” changes that contribute to the desired “outcome” changes
• Create a “zoomable” **strategy map**
Defining the Term “Strategy” for Communities

**FOCUS:** “The few things our organization will pick to do with our limited resources”

**FRAMEWORK:** “A zoomable framework that will organize our community-wide efforts to enable success”
You often need to “zoom in” from:
- a “top level” strategy map
- to maps with more details.
The building blocks of a Strategy Map are **Objectives**. Each Objective describes an intentional change—either in an outcome or one of the drivers of that outcome.

“Zoom in” to see an added layer of strategic objectives that provide more details.

“Zoom out” icon to see the bigger picture.
Typical Approach to Measurement

Outcome Objective

Outcome Measure

Frustration!
Define a Strategy that WILL be Sufficient

Increase Kindergarten Readiness

- Improve Pre-Literacy Skills
- Improve Socio-Emotional Development
- Reduce Housing & Food Insecurity

These Objectives are not specific organizations or programs, but they make up a Community Strategic Framework around which to align community efforts. (Common Agenda)
COMPREHENSIVE STRATEGY to address the Opioid, Heroin & Fentanyl Crisis

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Version 25, April 2018

Access Full Template & Resource Hub at bit.ly/opioidcrh
STRATEGY to reduce access to opioids

**STRATEGY Objectives**

- Reduce Prescription of Opioids
- Expand & Enhance Prescription Drug Monitoring Program (PDMP)
- Improve Safe Storage of Prescription Drugs
- Expand Prescription Drug Take-back & Disposal Programs
- Coordinate & Improve Efforts to Reduce Illegal Access & Sales of Opioids
- Minimize Diversion of Prescription Drugs
- Expand Efforts to Disrupt the Supply of Heroin & Synthetic Opioids to the Community
- Educate the Community on Opioid Risks & Alternatives
- Expand & Enhance Chronic Pain Prevention & Management
- Improve Data and Analysis on All Aspects of the Opioid Crisis
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**ASSET & CAPACITY Development Objectives**

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COMPREHENSIVE STRATEGY to address the Opioid, Heroin & Fentanyl Crisis

OBJECTIVES

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- Reduce Crime, Law Enforcement & Corrections Costs
- Decrease Health Costs & Employment Problems due to Opioid Misuse
- Minimize Babies Born with Opioid Dependence
- Improve Family Well-Being & Reduce Foster Care Costs
- Decrease Deaths due to Opioid Misuse

STRATEGY Objectives
- Minimize People Starting to Misuse Opioid Drugs
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Improve Family Well-Be
STRATEGY to improve treatment & enable recovery for people with SUDs

Improve Treatment & Enable Recovery for People with SUDs

**STRATEGY Objectives**

- **Starting Treatment**
  - Improve Links to Treatment after Non-Lethal Overdoses
  - Improve Re-Entry After Incarceration for People with SUDs
  - Expand ER & Healthcare Handoffs to Treatment
  - Expand SBIRT Programs
  - Reduce Stigma of Seeking Help with Substance Misuse
  - Shift from Punishment to Treatment Approach for Opioid Users

- **Intensive Treatment**
  - Improve Access to Quality Treatment Programs
  - Expand Access to Optimized Medication-Assisted Treatment (MAT)
  - Improve Information on Treatment Program Quality & Results
  - Expand Long-Term Treatment Options when Required
  - Expand Training to Grow & Improve the Treatment Workforce

- **Recovery**
  - Strengthen Peer Recovery Support Services & Programs
  - Improve Alignment & Teamwork Among Existing Programs & Opioid-Related Coalitions
  - Expand Recovery Schools & College Recovery Programs
  - Create Recovery-Ready Communities
  - Enhance Support for Families of People with SUDs

- **Relapse Prevention**
  - Improve Multi-faceted Post-Treatment Support & Social Integration
  - Improve Access to Jobs for People in Recovery
  - Improve Supportive & Affordable Housing Options for People in Recovery
  - Improve Allocation of Funding to Improve Community Impact
  - Improve Enforcement of Parity for Mental & Behavioral Health Treatment

**ASSET & CAPACITY DEVELOPMENT Objectives**

- Improve Data and Analysis on All Aspects of the Opioid Crisis
- Increase Resources to Address the Opioid Crisis

Access Full Template & Resource Hub at bit.ly/opiodcrh
STRATEGY to expand access to optimized medication assisted treatment (MAT)

- Strengthen the Coalition to Reduce Opioid Abuse
- Engage Healthcare Professionals to Address the Opioid Crisis
- Increase Resources to Address the Opioid Crisis
- Improve Data and Analysis on All Aspects of the Opioid Crisis
- Engage Healthcare Professionals to Address the Opioid Crisis
- Increase & Optimaly Allocate More Funding for MAT
- Improve & Expand Screening & Testing for Misuse
- Shift from Punishment to Treatment Approach for Opioid Users
- Minimize the Influence of Investor Profit Maximization in Treatment Programs
- Improve Use of Methadone Maintenance
- Expand the Use of MAT in Correctional Facilities
- Accelerate the Development of New MAT Approaches
- Expand DNA Testing to Improve Precision MAT Therapies
- Improve Public Understanding of the Value of MAT
- Reduce Stigma of Seeking Help with Substance Misuse
- Improve & Expand Screening & Testing for Misuse
- Increase Opportunities for People to be Prescribed Buprenorphine
- Integrate MAT into a Whole Person Care Model
- Improve Awareness of MAT Prescribers & Payment Options
- Improve Access to Naltrexone Related Treatment Approaches
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- Minimize the Influence of Investor Profit Maximization in Treatment Programs
- Shift from Punishment to Treatment Approach for Opioid Users

Access Full Template & Resource Hub at bit.ly/opioidcrh
Use Strategy Maps to Clarify and Communicate
Strategy Maps Promote Communication

At operating level across partner organizations, not just executive level

Steering Committee Leaders
“It used to be like people having discussions in a crowded restaurant... lots of noise.

Now, it’s like being in a theater with surround sound.”

Dr. Mark Wallace, CEO of the North Colorado Health Alliance, Leader of the Weld County Health Department Sept. 2014 at the PH in the Rockies Conference
Upgrading the Five Conditions

Condition Two: **Shared Measurement**

- Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

Upgrade to:
A Shared Measurement System
Improved Practices for “Shared Measurement”

- Focus on Strategy Clarification first
  
  “Often people rush to discussions of shared measurement without having first been a little more clear about their strategy.”
  
  - Mark Cabaj (Tamarack Institute) in webinar on Collective Impact 3.0

- Think of Measures as part of a Strategic Learning Process (not just evaluation)

- Adopt valuable practices from the Balanced Scorecard (BSC) methodology

- Adopt a Shared Measurement System (Platform)
Typical Approach to Measurement

Outcome Objective

Outcome Measure

Frustration!
Define a Strategy that WILL be Sufficient

Increase Kindergarten Readiness

- Improve Pre-Literacy Skills
- Improve Socio-Emotional Development
- Reduce Housing & Food Insecurity

Strategy Measure & Targets

New Community Measures that Require Teamwork!
Align & Improve Efforts to Hit Targets

Reduce Unused Prescription Drugs in Homes

- Improve Pre-Literacy Skills
- Improve Socio-Emotional Development
- Reduce Housing & Food Insecurity

Strategy Measure & Targets
LEARN A BETTER WAY TO IMPLEMENT POPULATION HEALTH STRATEGIES

GET OUR FREE STARTER GUIDE TODAY

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$54.65

PopHealth Impact Training

Changing the way we tackle the world's most challenging problems

Low-Cost E-Learning Course
Using Technology to Manage a Comprehensive Collective Impact Strategy
Needs Assessment Scorecards for Each of 23 Counties
Needs Assessment Scorecards for Each of 23 Counties (or 49 Wards)

### Albany County Needs Assessments

#### Consequences

<table>
<thead>
<tr>
<th>Name</th>
<th>Prior Value</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/ Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Albany: Age-Adjusted Overdose Death Rate per 100,000</strong></td>
<td>8.92</td>
<td>14.60</td>
<td>2</td>
<td>0.00</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td><strong>Albany: Adult Drug Abuse Violation Rate (Age 18+) per 100,000</strong></td>
<td>775.7</td>
<td>763.6</td>
<td>2</td>
<td>0.0</td>
<td>2015</td>
<td></td>
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<tr>
<td><strong>Albany: Youth Drug Abuse Violation Rate (Under 18) per 100,000</strong></td>
<td>236.9</td>
<td>319.3</td>
<td>2</td>
<td>0.0</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td><strong>Albany: % of Arrests Involving Drugs</strong></td>
<td>16.5%</td>
<td>29.0%</td>
<td>5</td>
<td>0.0%</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td><strong>Albany: % of DUI Arrests Involving Drugs</strong></td>
<td>84.2%</td>
<td>78.7%</td>
<td>3</td>
<td>0.0%</td>
<td>2016</td>
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<tr>
<td><strong>Albany: % of Underage DUI Arrests Involving Drugs</strong></td>
<td>35.5%</td>
<td>32.0%</td>
<td>1</td>
<td>0.0%</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td><strong>Albany: % of Arrests Involving Meth</strong></td>
<td>2.2%</td>
<td>5.3%</td>
<td>5</td>
<td>0.0%</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td><strong>Albany: % of Arrests Involving Marijuana</strong></td>
<td>13.5%</td>
<td>20.4%</td>
<td>2</td>
<td>0.0%</td>
<td>2016</td>
<td></td>
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<tr>
<td><strong>Albany: % of Domestic Violence Arrests Involving Drugs</strong></td>
<td>4.7%</td>
<td>2.0%</td>
<td>1</td>
<td>0.0%</td>
<td>2016</td>
<td></td>
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</table>
One Click to See Trends, Data Table, Definitions, Sources, etc.

Measure at a Glance

Albany: Age-Adjusted Overdose Death Rate per 100,000

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Target Value</th>
<th>Actual Value</th>
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<tbody>
<tr>
<td>2015</td>
<td>0.00</td>
<td>14.60</td>
</tr>
<tr>
<td>2010</td>
<td>0.00</td>
<td>8.92</td>
</tr>
<tr>
<td>2005</td>
<td>0.00</td>
<td>1.92</td>
</tr>
</tbody>
</table>

Description

Age-adjusted drug overdose death rate per 100,000 for all drug overdoses, accidental and intentional. Data for this measure reflects a five-year rolling average. If the time period is 2015, for example, the data reflects 2011-2015 average.

Data Source: Wyoming Vital Records
Each County Has Strategy Scorecards for Priority Topics
Community Strategy Scorecard for Weston County, WY

### Westo County Reduce Opioid Abuse Scorecard

#### Outcomes

<table>
<thead>
<tr>
<th>Name</th>
<th>Prior Period</th>
<th>Current Value</th>
<th>Change</th>
<th>Target Value</th>
<th>Most Recent Period</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weston: Decrease Prescription Drug Misuse/Abuse Among Youth and Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weston: # of Reported Schedule II Prescriptions Filled per Capita</td>
<td>0.6</td>
<td>0.6</td>
<td>1.9%</td>
<td>1</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>Weston: % of Youth Reporting Misuse/Abuse of Prescription Drugs in Past 30 Days-HS</td>
<td>1.7%</td>
<td>2</td>
<td>0.0%</td>
<td>2</td>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>Weston: Treatment Admissions for Primary Presenting Problem of Opiates per 100,000 (Age 18+)</td>
<td>97.43</td>
<td>69.12</td>
<td>0.00</td>
<td>2</td>
<td>FY 2016</td>
<td></td>
</tr>
<tr>
<td>Weston: Treatment Admissions for Primary Presenting Problem of Opiates per 100,000 (Under 18)</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>2</td>
<td>FY 2016</td>
<td></td>
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### Strategies

<table>
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<tbody>
<tr>
<td>Weston: Increase Safe Storage and Disposal of Prescription Drugs</td>
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<td>FY18Q4</td>
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<tr>
<td>Weston: # of Community Organizations Engaged in Distributing Dolora Kits</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>25</td>
<td>FY18Q4</td>
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<tr>
<td>Weston: Expand &amp; Promote Prescription Drug Take-Back Events and Options</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FY18Q4</td>
<td></td>
</tr>
</tbody>
</table>

- Weston: Expand & Promote Prescription Drug Take-Back Events and Options
- Weston: Educate the Community about the Problem and Harms of Opioid Misuse/Abuse
Details on Each Strategic Objective
## Details on Each Measure – One Click Away

### Outcomes

<table>
<thead>
<tr>
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<td>0.00</td>
<td>FY 2016</td>
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<tr>
<td>Weston: Treatment Admissions for Primary Presenting Problem of Opiates per 100,000 (Under 18)</td>
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<td>0.00</td>
<td>2</td>
<td>0.00</td>
<td>FY 2015</td>
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<tr>
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<td>0</td>
<td>3</td>
<td>1</td>
<td>25</td>
<td>FY18Q4</td>
<td></td>
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<tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td>Weston: # of Community Organizations Engaged in Promoting Take-Back Events</td>
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<td>8</td>
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<td>100</td>
<td>FY 2016</td>
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<td>Weston: # of Disposal Options in the Community</td>
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<td>1</td>
<td>100</td>
<td>FY 2016</td>
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<td>Weston: # of Pounds of Medication Collected at Take-Back Events and LE Dropbox(es)</td>
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<td>160.00</td>
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<td>1</td>
<td>1</td>
<td>5</td>
<td>FY 2017</td>
<td></td>
</tr>
</tbody>
</table>

| Weston: Educate the Community about the Problem and Harms of Opioid Misuse/Abuse |              |               |        |              |                    |                  |
Measure at a Glance Screen
Integrated Access to the Actions
Integrated Access to the Actions (Expanded)
Up-to-Date Details on All the Actions
Awards & Accolades

• “Finalist” 21st Century Communities Technology Challenge
  Winter Innovation Summit, 2017

• 2016 “Achievement Award” to San Diego County
• “Deployment of an Application to Capture Collective Impact”
  National Association of Counties

• “Technical Innovation in Public Health” to North Colorado
  Health Alliance
• Public Health in the Rockies Conference, 2016

• “Pacesetter Community” to the North Colorado Health Alliance
• 100 Million Healthier Lives Campaign, 2015

• “Promising Practice” to Weld County, 2015
  National Association of County and City Health Officials (NACCHO)
Upgrading the Five Conditions

Condition Three: **Mutually Reinforcing Activities**

Upgrade to **Mutually Reinforcing and Mutually Beneficial Activities**

The Real Source of Power for Collective Impact
Improved Practices for “Mutually Reinforcing Activities”

• Take *Systems* Approach
• Look for High Leverage Opportunities
• Build Community Teamwork
• Recruit new partners to provide “Assists”
Who Scored More Career Points than This Guy?

32,292 Points

Michael Jordan
Who Is This Guy?

36,928 Points

Karl Malone
What made the Difference for Karl Malone?

36,928 Points

Karl Malone
The Power of Teamwork!

36,928 Points

Karl Malone  John Stockton

15,806 Assists

(3,000 more than #2)

9x NBA Assists Leader
Recommendations for Recruiting Partners

• Focus on engaging the **people you’re trying to help**—not just as voices, but as **Co-Producers** of the solution.

• Public Libraries

• Faith Communities

• Universities and Colleges

• Social Entrepreneurs
Improve Each Program with “Assists”
Mutually Reinforcing Objectives

STRATEGY to improve treatment & enable recovery for people with SUDs

STRATEGY Objectives

Starting Treatment
- Improve Links to Treatment after Non-Lethal Overdoses
- Improve Re-Entry After Incarceration for People with SUDs
- Expand ER & Healthcare Handoffs to Treatment
- Expand SBIRT Programs
- Reduce Stigma of Seeking Help with Substance Misuse
- Shift from Punishment to Treatment Approach for Opioid Users

Intensive Treatment
- Improve Access to Quality Treatment Programs
- Expand Access to Optimized Medication-Assisted Treatment (MAT)
- Improve Information on Treatment Program Quality & Results
- Expand Long-Term Treatment Options when Required
- Expand Training to Grow & Improve the Treatment Workforce

Recovery
- Strengthen Peer Recovery Support Services & Programs
- Improve Alignment & Teamwork Among Existing Programs & Opioid-Related Coalitions
- Expand Recovery Schools & College Recovery Programs
- Create Recovery-Ready Communities
- Enhance Support for Families of People with SUDs

Relapse Prevention
- Improve Multi-faceted Post-Treatment Support & Social Integration
- Improve Access to Jobs for People in Recovery
- Improve Supportive & Affordable Housing Options for People in Recovery
- Improve Enforcement of Parity for Mental & Behavioral Health Treatment

Funding Strategies
- Improve Allocation of Funding to Improve Community Impact
- Improve Enforcement of Parity for Mental & Behavioral Health Treatment

ASSET & CAPACITY DEVELOPMENT Objectives

- Improve Data and Analysis on All Aspects of the Opioid Crisis
- Increase Resources to Address the Opioid Crisis

Access Full Template & Resource Hub at bit.ly/opioidcrh
Mutually Reinforcing Activities for Each Objective

**Starting Treatment**

- Improve Links to Treatment after Non-Lethal Overdoses
- Improve Re-Entry After Incarceration for People with SUDs
- Expand ER & Healthcare Handoffs to Treatment
- Expand SBIRT Programs
- Reduce Stigma of Seeking Help with Substance Misuse
- Shift from Punishment to Treatment Approach for Opioid Users

- Healthcare & First Responders
- Community Care Coordination Technology
- Access to, and Training on, using Naloxone
- Expanding high quality treatment options
- Law Enforcement & Probation Officers
- Judicial Leaders
- Community Organizations
- Hospitals & Health System
- Treatment Providers
- Various Healthcare Providers
- Schools
- Social Service Organizations
- Faith Communities
- Employers & HR
- Community Organizations
How Can We Manage All That?
Condition Four: **Continuous Communication**

- Consistent and open communications is needed across the many players to build trust, assure mutual objectives and create common motivation.

Upgraded with **On-Line, Dynamic Information Management for Communities & Individuals**
Management By Big Documents (MBBD) Doesn’t Work!

No wonder collaboration is so difficult!
“Where Did We Put the Strategic Plan?”
Monmouth Medical Center has developed a 24-hour medical triage service, which has resulted in a measurable reduction in emergency room visits.

CentraState hosted a transportation summit after this was found to be a barrier and established a new public transportation route. CentraState also invited a member of the MAPP Steering Committee to speak to its management team regarding the MAPP process within Monmouth County.

Meridian Health is exploring options for increasing the use of mobile clinics.

Planned Parenthood was faced with an urgent need for transporting clients and therefore developed contracts with private services for transportation.

The Regional Perinatal Consortium of Monmouth and Ocean Counties has built transportation costs for clients into grant applications and funding.

The VNA has established a school-based health clinic in Keansburg aimed at keeping kids in school.

The Monmouth County Health Department has coordinated a health clinic with social services clients.

Prevention First has coordinated a clergy advisory committee that has models of faith-based programs for substance abuse treatment.

Area hospitals have moved in the direction of customer service training where employees embrace a welcoming attitude and a “Can I do anything for you?” approach to customer service.

The third bullet point on page 25
Improved Practices for “Continuous Communication”

• Prioritize authentic community engagement
• Use technology to support more efficient communication
• Move beyond big documents (reports) to dynamic information platforms
• Support individual-centered plans with care coordination software
Communicate & Share with Peers Around the Country

**ZOOM Map - Expand Access to Optimized MAT**

Return to Opioid Top-Level Strategy Map or Expand Access to Optimized MAT

View Improve Treatment & Enable Recovery for People with SUDs

---

**STRATEGY**

to expand access to optimized
medication assisted treatment (MAT)

---

- Expand Access to Optimized Medication Assisted Treatment (MAT)
- Increase Health Professionals’ Ability to Prescribe Buprenorphine
- Integrate MAT into a Whole Person Care Model
- Improve Access to Naloxone Related Treatment Approaches
- Improve Use of Methadone Maintenance
- Expand the Use of MAT in Correctional Facilities
- Accelerate the Development of New MAT Approaches
- Improve Awareness of MAT Prescribers & Payment Options
- Expand DNA Testing to Improve Precision MAT Therapies
- Increase & Optimaly Allocate More Funding for MAT
- Eliminate Insurance Company Prior Authorizations for MAT
- Minimize the Influence of Investor Profit Maximization in Treatment Programs
- Improve Public Understanding of the Value of MAT
- Reduce Stigma of Seeking Help with Substance Misuse
- Improve & Expand Screening & Testing for Misuse
- Shift from Punishment to Treatment Approach for Opioid Users

---

**ASSET & CAPACITY DEVELOPMENT**

- Strengthen the Coalition to Reduce Opioid Abuse
- Secure Funding for Expanding Addiction Treatment
- Engage Healthcare Professionals to Address the Opioid Crisis
- Increase Resources to Address the Opioid Crisis

---

Version 23, December 2017

Access Full Template & Resource Hub at bit.ly/opioidcrh
Expand DNA Testing to Improve Precision MAT Therapies

Background

- Individuals all process and metabolize drugs in differing ways. [1]
- Someone's genetic makeup, the amount of enzymes, and specific receptors they have contribute to how a person can metabolize medicine. [2]
- A person's genetic makeup also impacts how certain foods will affect how drugs are metabolized. [3]
- Genetic testing reveals information that can help us accurately tailor medications on a patient-to-patient basis. [4] [5] This is called Precision or Personalized Medicine. [1]
- In the past, physicians have had limited tools when it comes to evaluating options or dosages for Medication Assisted Treatment Plans. [6]
- The result is that Medication Assisted Treatment plans have been "hit or miss" and are largely based on "recommended" dosing from the FDA or the pharmaceutical industry without the ability to optimize the plan for each patient.
- When ineffective MAT occurs, the patient either receives no benefit from the medication or has side effects or adverse drug reactions. See Addictive Behaviors Reports, June 2017 [7]
- The inconsistent impact of MAT is a contributing factor to the high relapse rates in opioid addicted patients. Even for those receiving MAT, the relapse rate is over 75% nationally. [8]

The Opportunity with Precision MAT

- With today's more refined analysis of the human genome map, there is a growing database of variability of gene alleles and how they account for changes in drug metabolism.
- A clinical genomic test can be performed and a report can be created that displays the expected benefits and risks the patient has if they receive any one of over 200 medications (in this case with a focus on the drugs being used to treat opioid addiction), and how the patient's dietary regimen can affect medications they may be taking or will take in the future to treat their addiction and potential related diseases. (This reporting is similar to what is being used in the cancer treatment programs that rely on genomic testing to help guide post-diagnostic clinical care.)
- Such dynamic, interactive reports can then be used by physicians and other medical providers such as nurse practitioners, pharmacists, therapists, dietitians and other social service professionals to develop more precise treatment plans of care for the individual patient.
- An on-going research study is showing that more precise dosing in Medication Assisted Treatment, based on more accurate analysis of gene allele variability, has decreased relapse rates in opioid addicted patients down to 25% over an 18 month tracking period. [10]

Genetic Tests

- A genetic test is performed by obtaining a simple cheek swab that collects DNA from the cells on the inside of a person's mouth. The specimen collection can be performed by an appropriately trained individual and the report results available in 1-2 weeks.
- Using a cheek swab is one of the two most popular ways to do DNA tests. [11]
- Insurance coverage varies for this test which costs approximately between $500 and $1,200 based on whether annual pharmacy consultative services are included.
- Medicare is the most reliable payer and the commercial carriers range in reliability of payment. Few Medicaid carriers are currently paying for these tests today but with the significant funding being made available to individual states to address the opioid addiction crisis, the anticipation is that the state based Medicaid plans will begin to address this coverage gap.
- Premier DNA is a genetics testing company that has created a integrated care model combining genetic testing, interactive genetic reporting, and pharmacy consultation. They offer this program under the...
Two Levels of Community Collaboration

Big-Picture Strategy Communication

Community Care Coordination for Individuals
Coordinated Information on Individuals

An Introduction to Opioid Care Community
Coordinated Information on Individuals

Supports Opioid Early Intervention Model

High-level Process Overview

1. **Program Starts**
   Care team receives the patient information from the hospital ER (phone or secure direct mail preferred to keep costs down)

2. **Patient Assessment**
   Comprehensive assessments are performed to establish patient needs

3. **Community Resources**
   Matching the patient's needs with available community resources

4. **Care Pathway**
   The development of a personal success pathway

5. **Make Referrals**
   Make and coordinate all referrals and service orders

6. **Track Progress**
   Track progress and trigger interventions
Coordinated Information on Individuals

Supports “Hub and Spoke” Recovery Oriented Systems of Care (ROSC)
Conditions Five: **Backbone Support**

Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Better Yet, **Distributed Backbone Support using Digital Backbone Technologies**
How Would an Existing Backbone Organization Feel?

- “We’re going to be the Backbone Organization.

- “We’d like to help to improve Backbone Support
Practice Test!

Common Agenda

Continuous Communication

Shared Measurement

Backbone Support

Mutually Reinforcing Activities
We All Have a Role to Play in Solving This

We must examine & upgrade our practices to support collective impact.
Community Coalition Accelerator

Uniting Communities to Address the Opioid Crisis

Bring World-Class Training to and Facilitation to Your Community (Easy and Affordable)
Funders Can Drive Improved Collaboration

• Reward and Expect Real Collaboration
• Encourage (and Require) Sharing of Resources & Ideas
• Support Centralized Grant-Seeking
• Minimize Re-work
• Fund Infrastructure that can be Shared
• Provide Templates
• Allow Adjustments

Ask for our New White Paper for Funders!
For More Information

bill.barberg@insightformation.com
www.insightformation.com