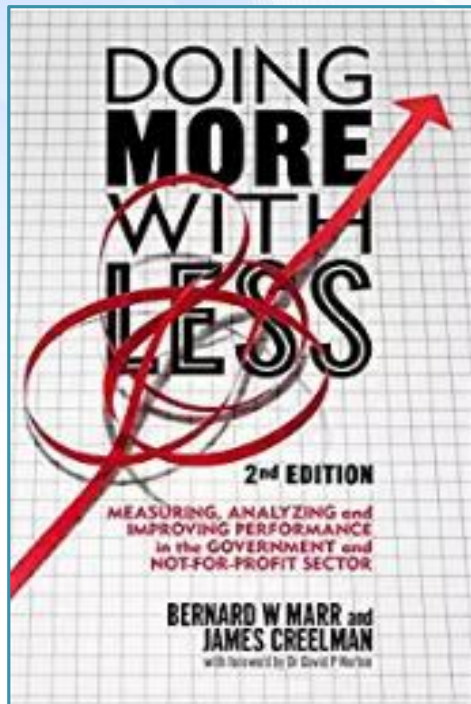


Embracing & Improving Collective Impact to Address the Opioid Crisis

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”

2018 Health System Transformation Award

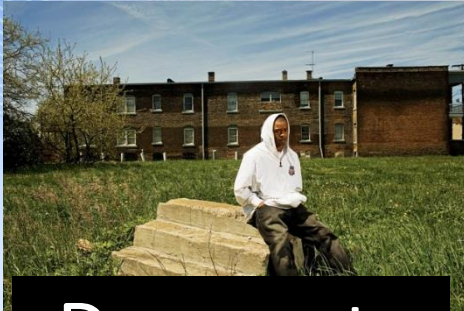
Bill Barberg received the 2018 “Health System Transformation” Award from Communities Joined in Action, for his innovative work to advance collaboration around the opioid/heroin/fentanyl crisis



Embracing & Improving Collective Impact to Address the Opioid Crisis

Bill Barberg, President, Insightformation, Inc.

Struggling with Complex Challenges



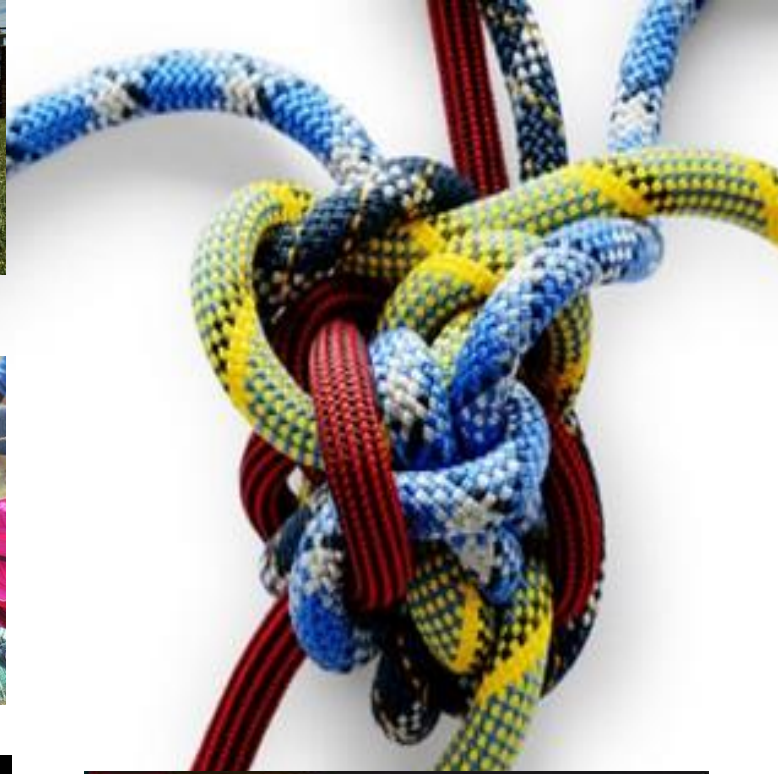
Drop-outs



Obesity



Crime



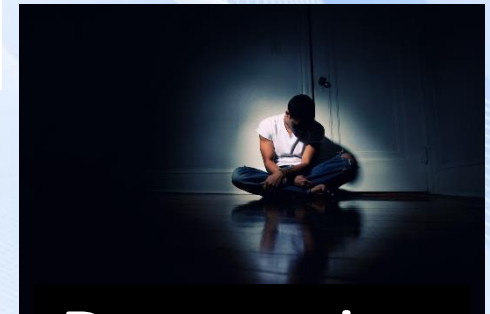
Chronic Disease



Substance Abuse



Pollution

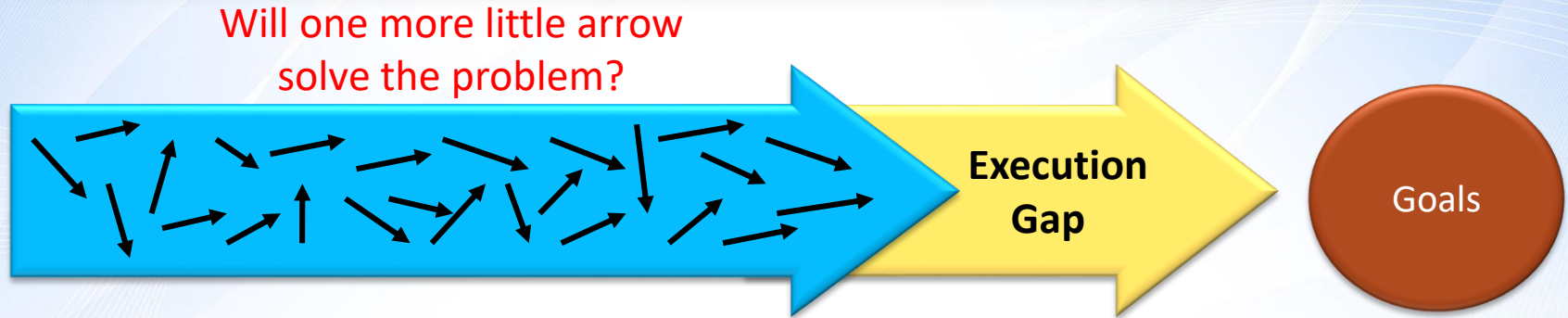


Depression

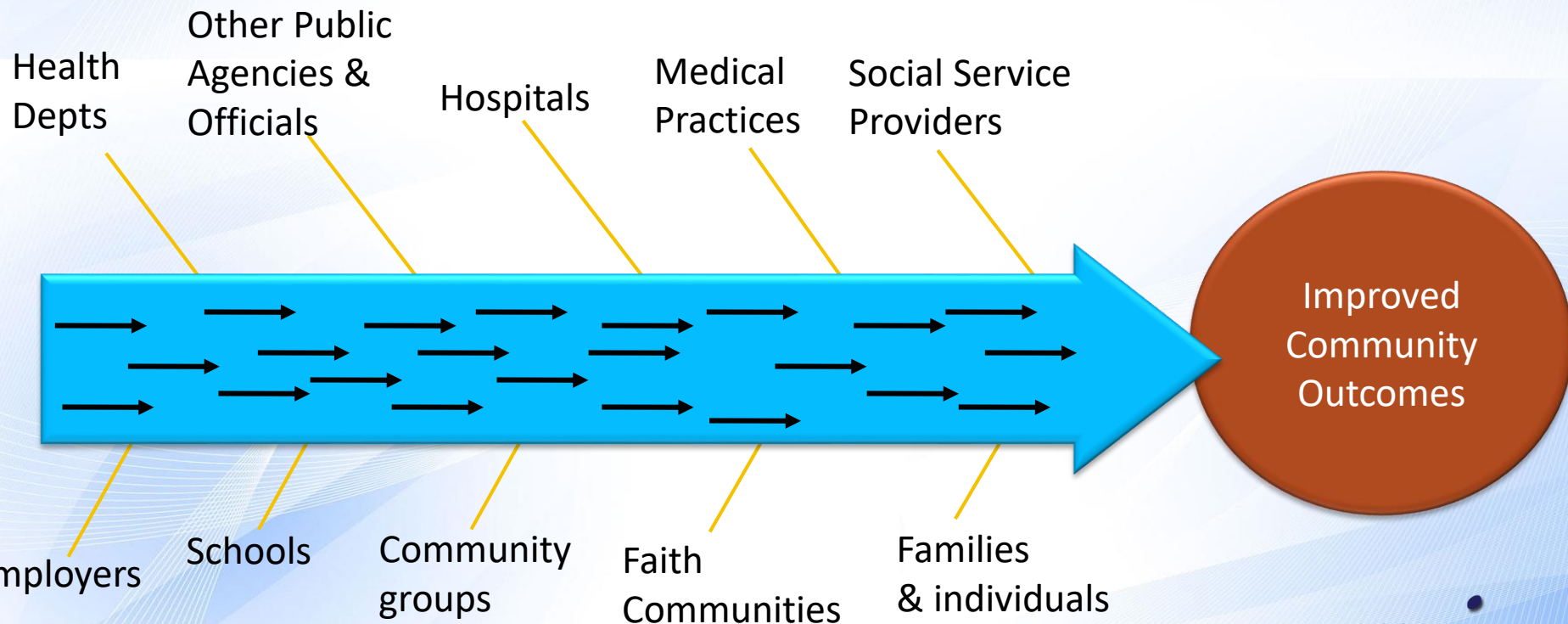
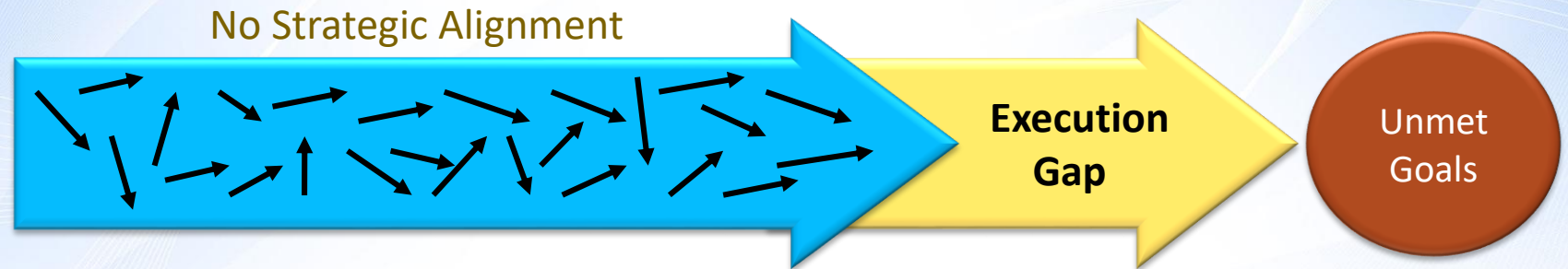
Declining Budgets and Overwhelmed Staff



Fragmentation Undermines Success



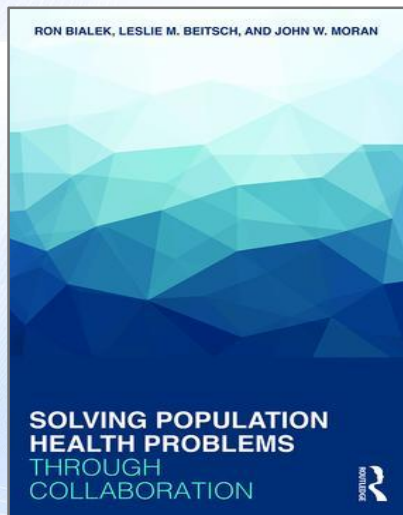
Opportunity to Collaborate around a Strategy



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*



**OPIOID
COALITION
RESOURCE
HUB**



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...



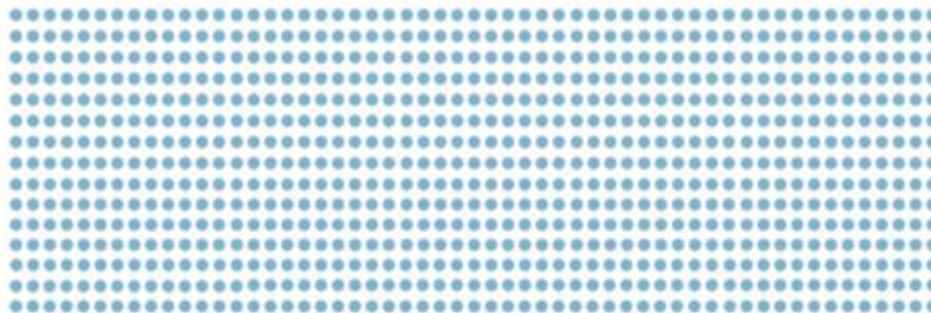
10 treatment admissions for abuse



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



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

SAMHSA NSDUH, DAWN, TEDS data sets

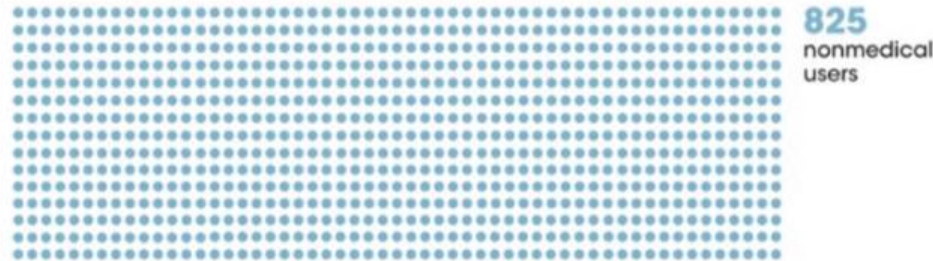
Coalition Against Insurance Fraud. Prescription for Peril.

<http://www.insurancefraud.org/downloads/drugDiversion.pdf> 2007.

Office of the
Governor



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”

Stanford SOCIAL INNOVATION REVIEW

NONPROFIT MANAGEMENT

Collective Impact

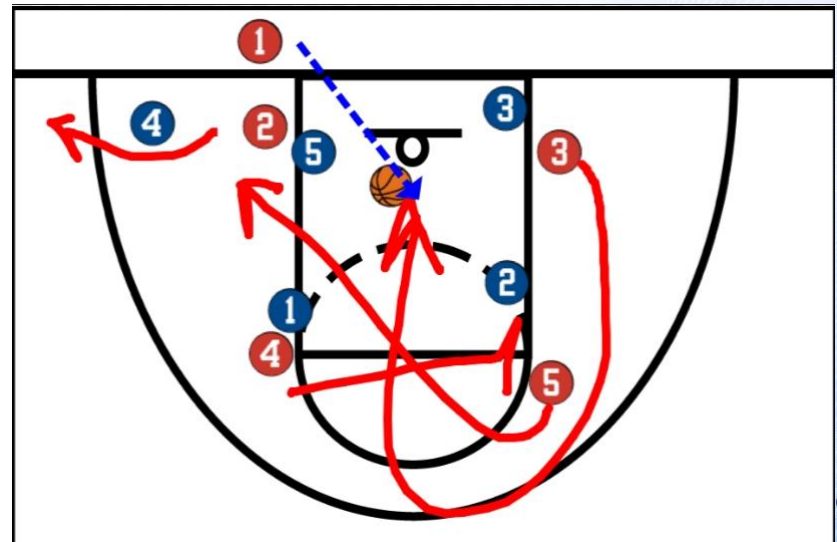
Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

By John Kania & Mark Kramer | 41 | Winter 2011

Stanford Social Innovation Review
2011

Copyright © 2011 by Leland Stanford Jr. University
All Rights Reserved

Learning a New Game



Collective Impact: What is the New Game?

Channeling Change: Making Collective Impact Work

Isolated Impact vs. Collective Impact

Isolated Impact	Collective Impact
<ul style="list-style-type: none">◆ Funders select individual grantees that offer the most promising solutions.◆ Nonprofits work separately and compete to produce the greatest independent impact.◆ Evaluation attempts to isolate a particular organization's impact.◆ Large scale change is assumed to depend on scaling a single organization.◆ Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.	<ul style="list-style-type: none">◆ Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.◆ Progress depends on working toward the same goal and measuring the same things.◆ Large scale impact depends on increasing cross-sector alignment and learning among many organizations.◆ Corporate and government sectors are essential partners.◆ Organizations actively coordinate their action and share lessons learned.

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)

VS.



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



VS.

Collective Impact

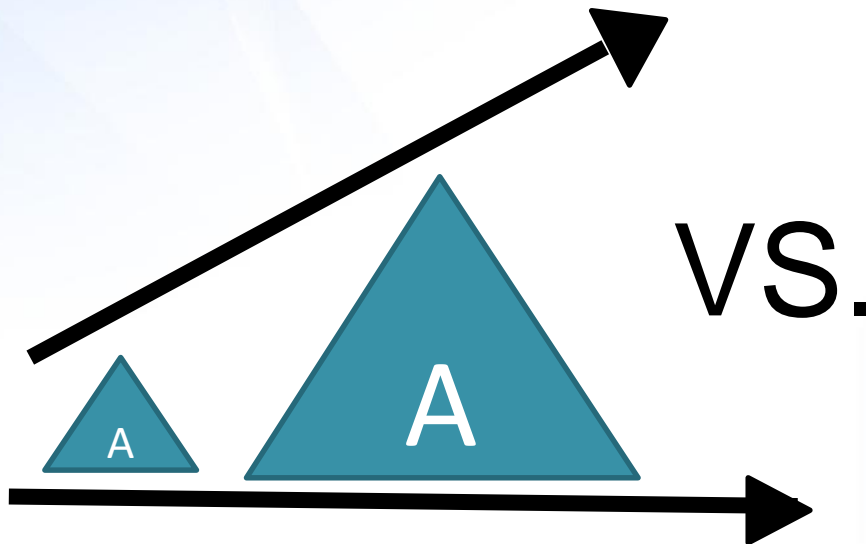
- Large scale impact depends on increasing cross-alignment in sectors and learning among organizations



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



What are the Rules of the New Game?

The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
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.

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
 - Spark Policy Institute & ORS Impact: New Study of 25 Collective Impact efforts
 - 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.

Raising the Bar for the Five Conditions

The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
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.

Source: 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**

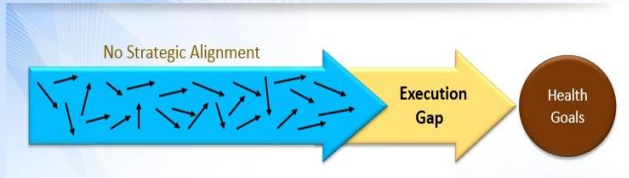
(But NOT Micro-managing)

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**

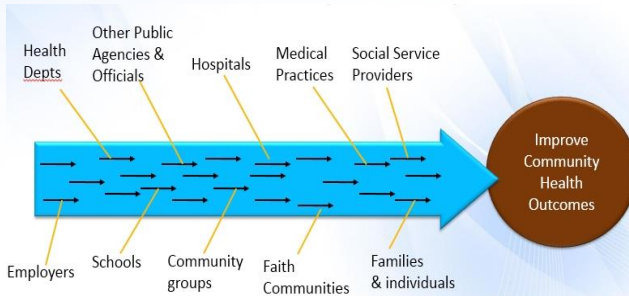
Defining the Term “Strategy” for Communities

Organization-Focused



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

Community-Focused

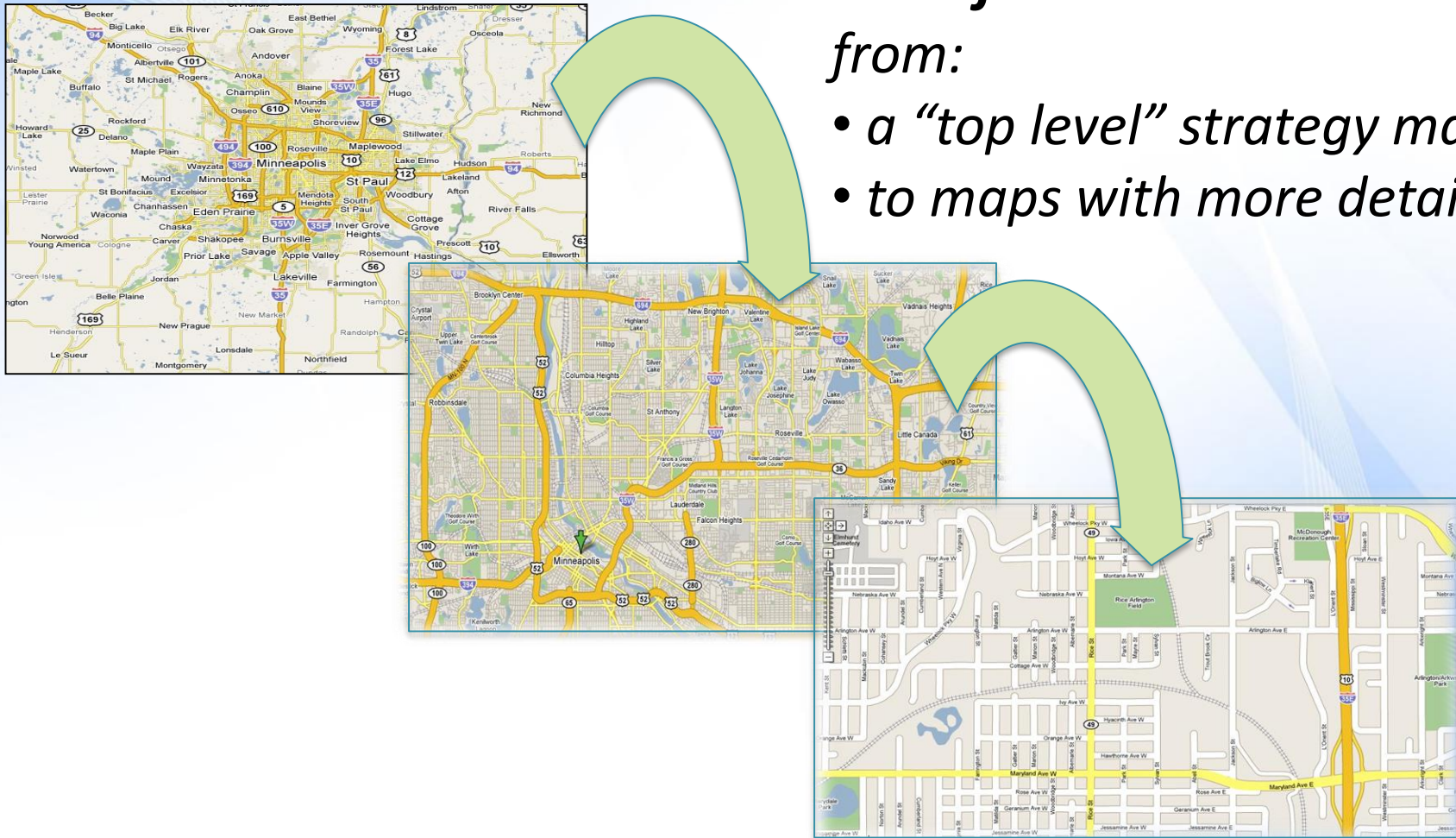


- **FRAMEWORK:** “A *zoomable* framework that will organize our **community-wide** efforts to enable success”

Taming Complexity with Zoomability

*You often need to “zoom in”
from:*

- a “top level” strategy map
- to maps with more details.



Building Blocks of a Strategy Map

Improve Treatment &
Enable Recovery for
People with SUDs



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.

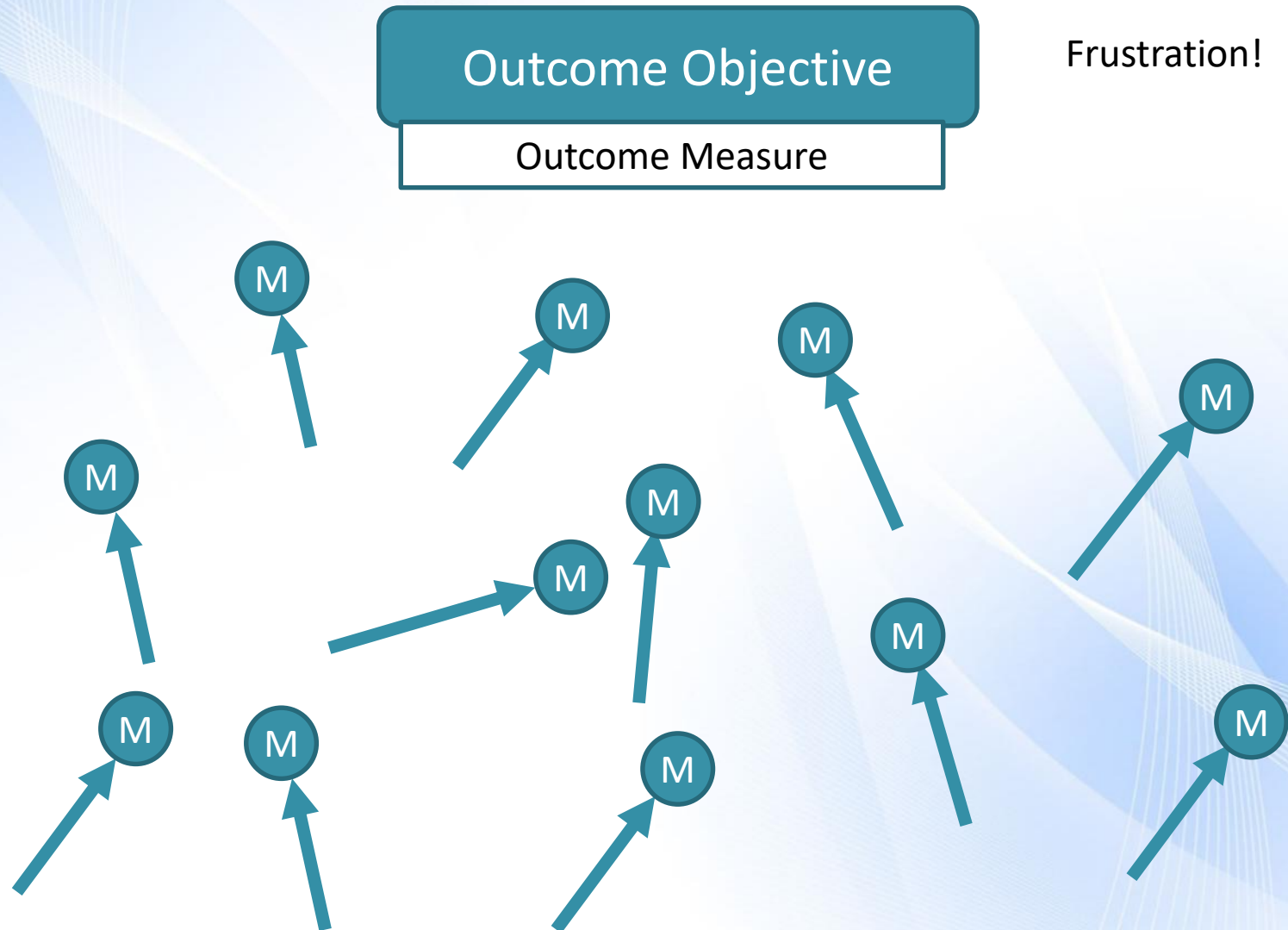


“Zoom in” to see an added layer of strategic objectives that provide more details

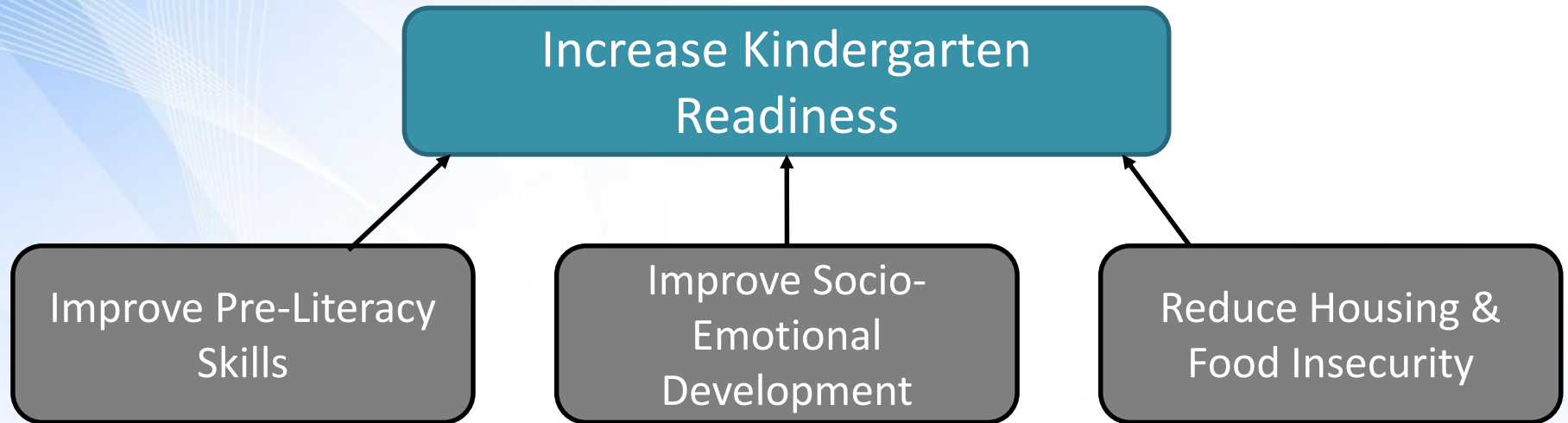


“Zoom out” icon to see the bigger picture.

Typical Approach to Measurement

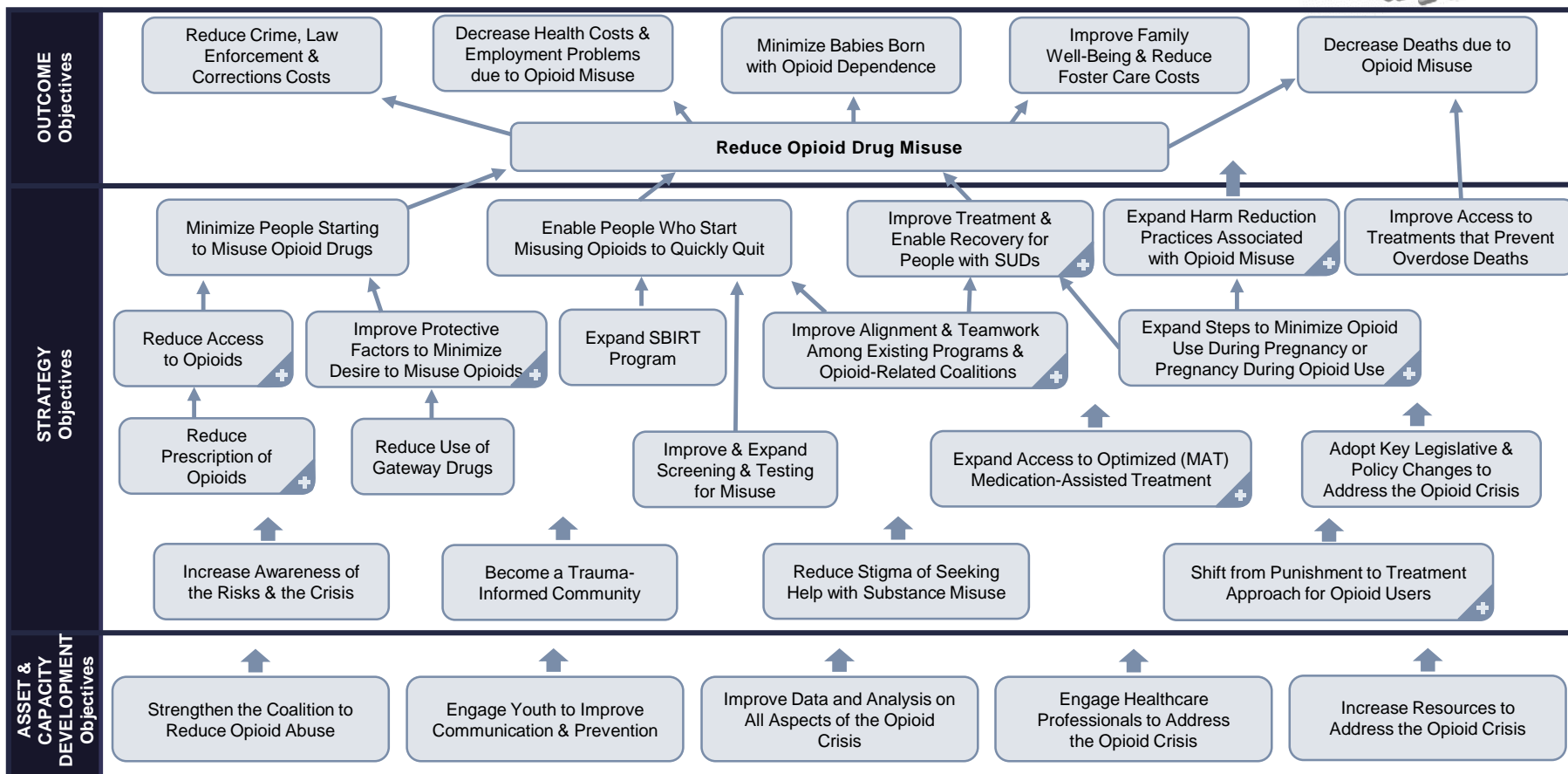


Define a Strategy that WILL be Sufficient

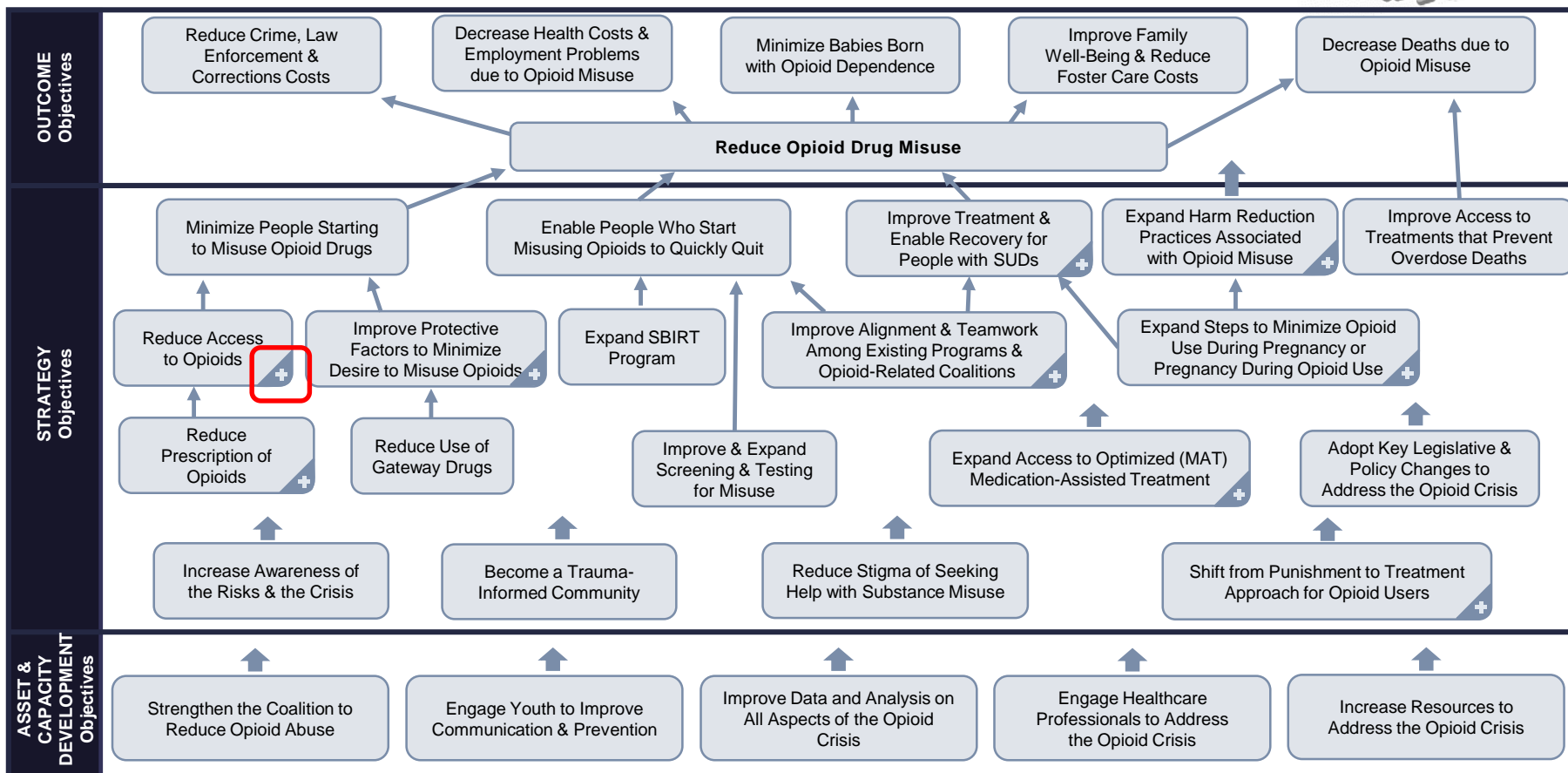


These Objectives are not specific organizations or programs, but they make up a **Community Strategic Framework** around which to align community efforts. (Common Agenda)

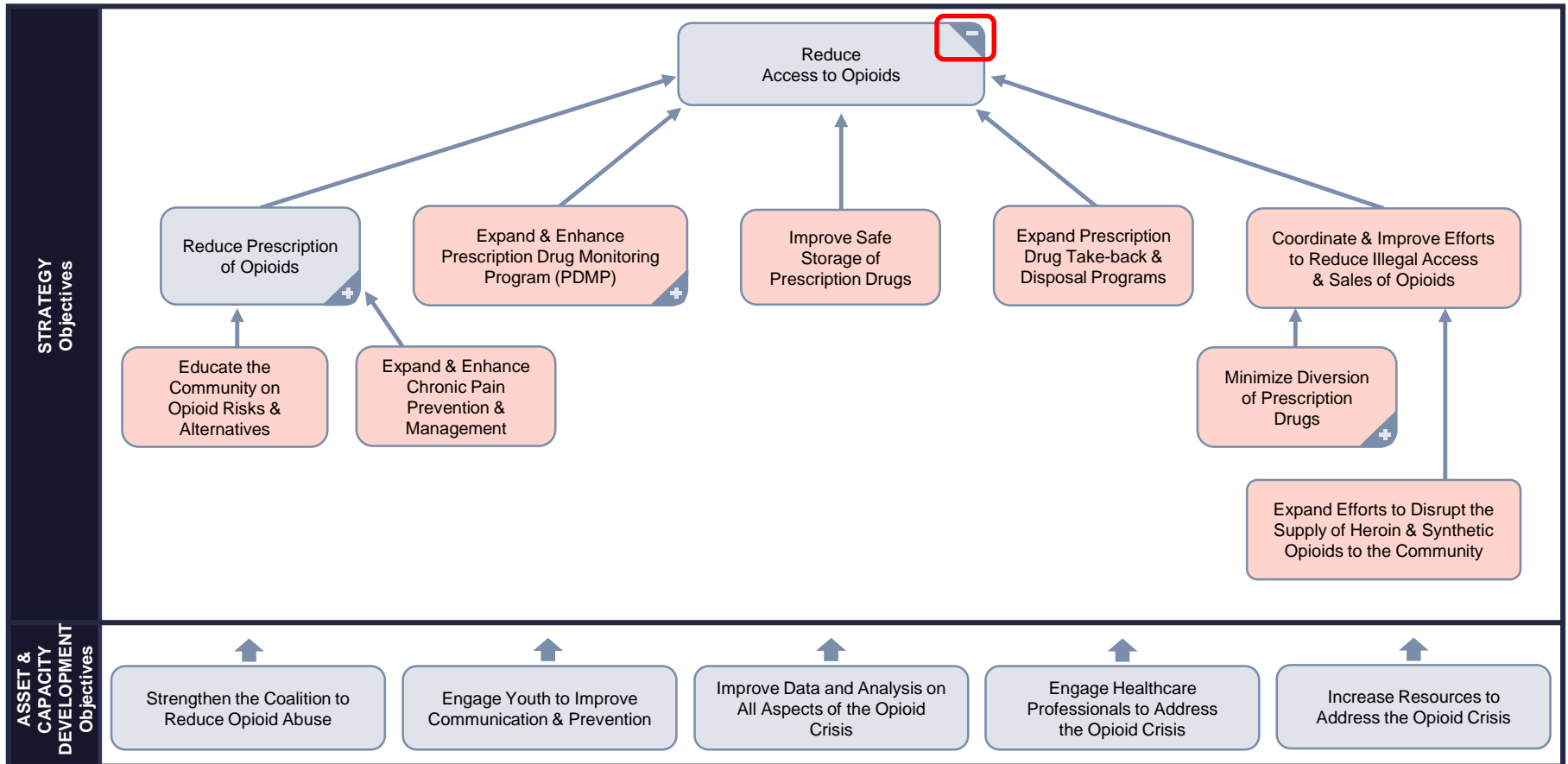
COMPREHENSIVE STRATEGY to address the Opioid, Heroin & Fentanyl Crisis



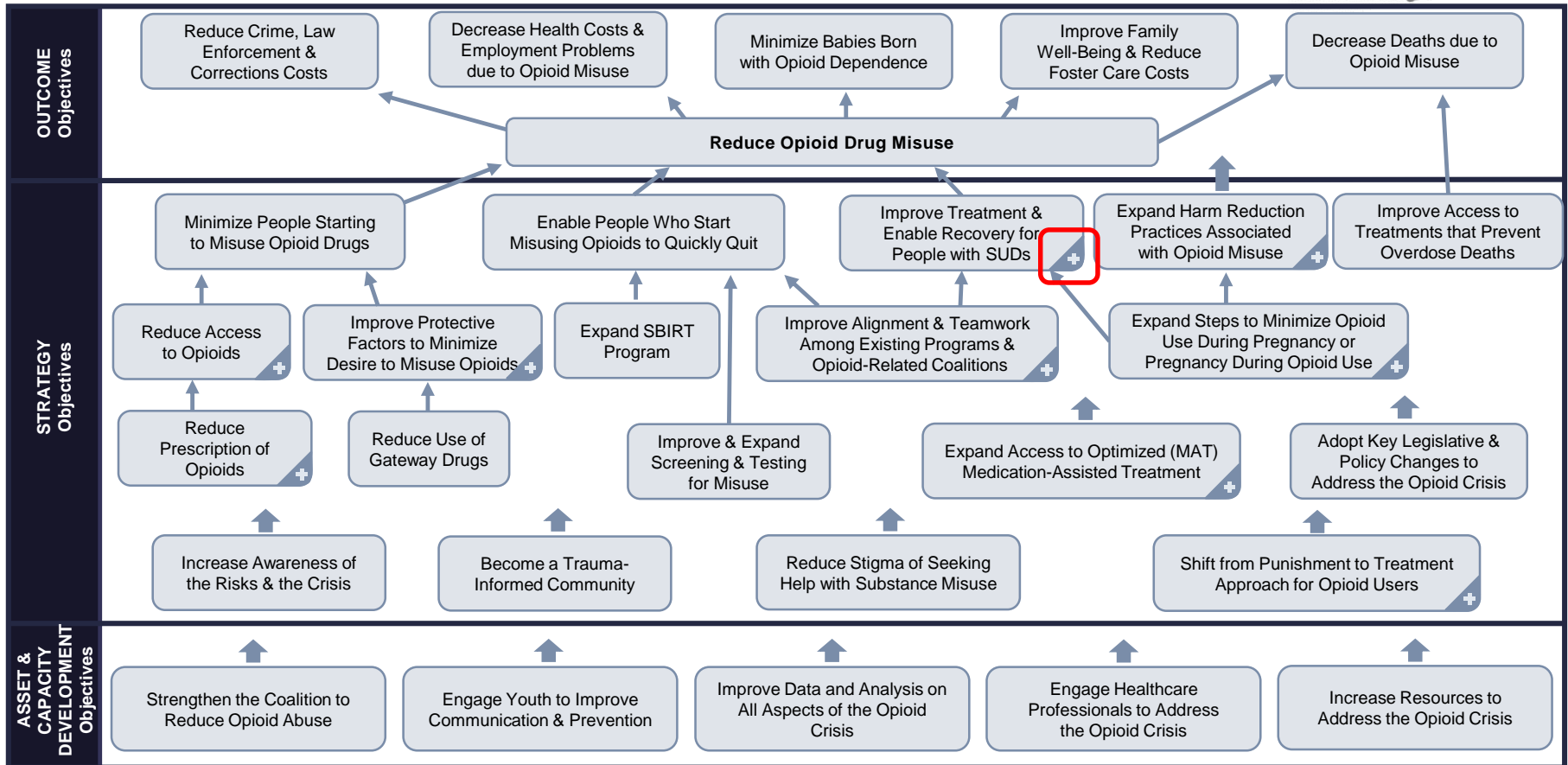
COMPREHENSIVE STRATEGY to address the Opioid, Heroin & Fentanyl Crisis



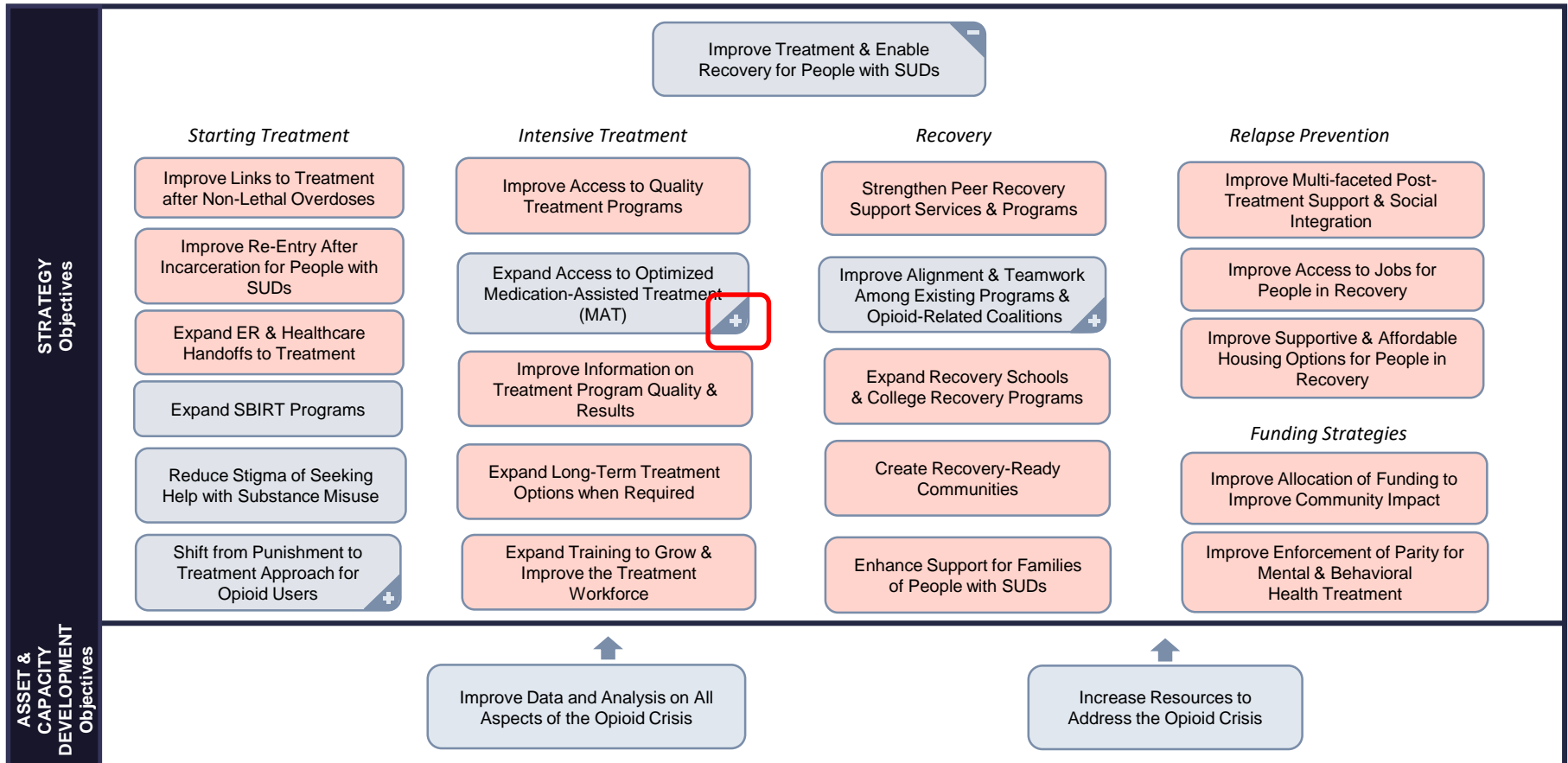
STRATEGY to reduce access to opioids



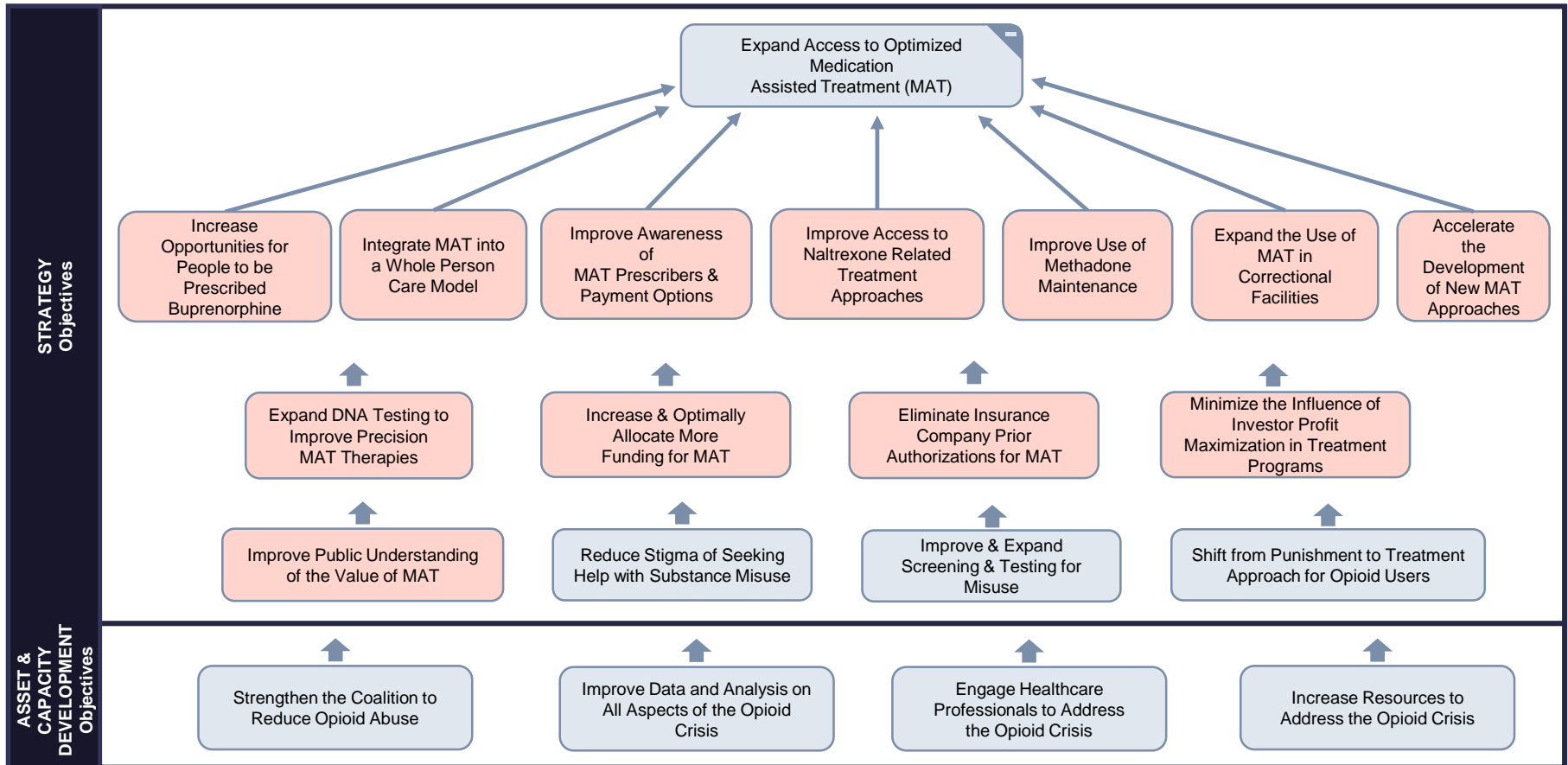
COMPREHENSIVE STRATEGY to address the Opioid, Heroin & Fentanyl Crisis



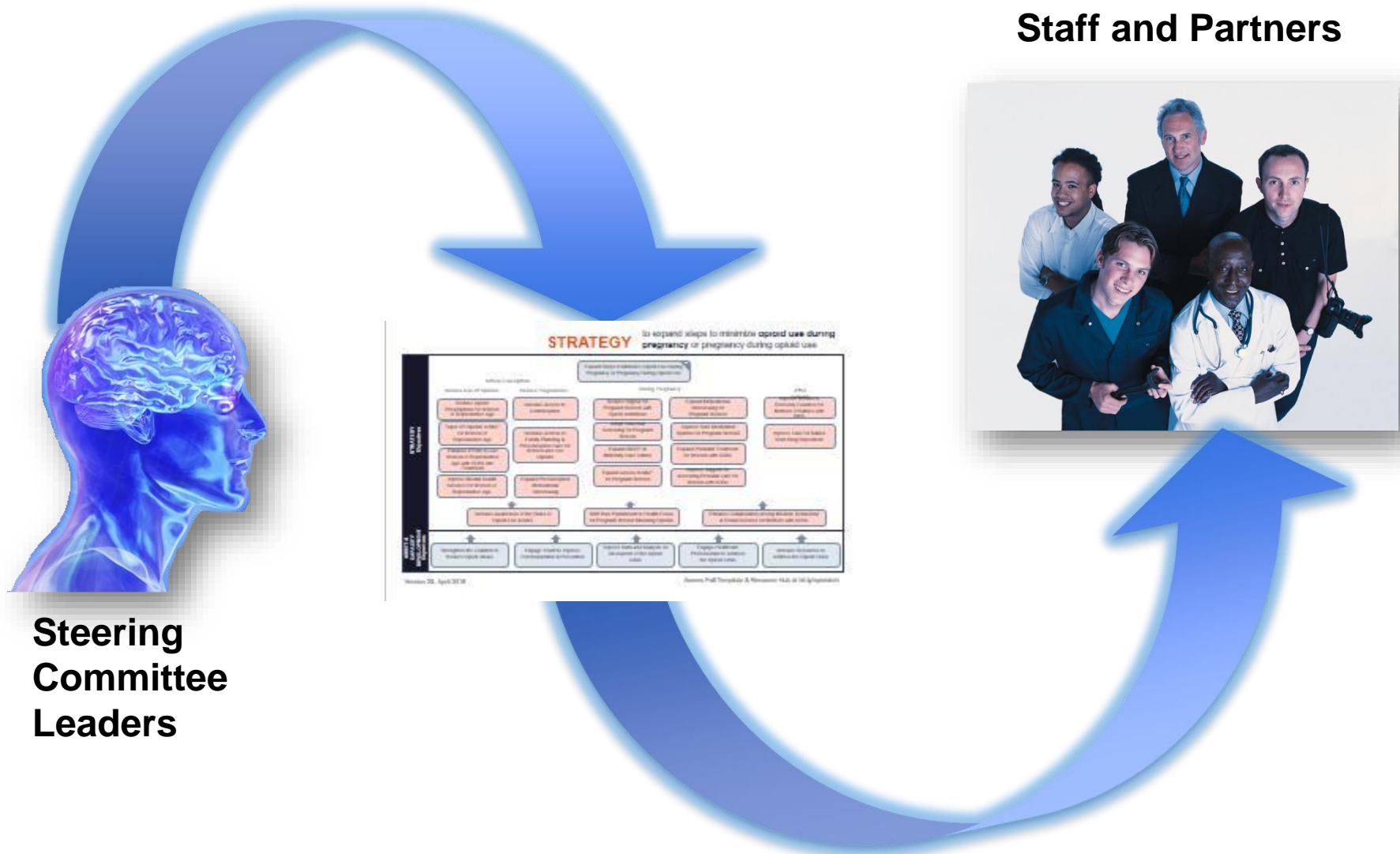
STRATEGY to improve treatment & enable recovery for people with SUDs



STRATEGY to expand access to optimized medication assisted treatment (MAT)



Use Strategy Maps to Clarify and Communicate

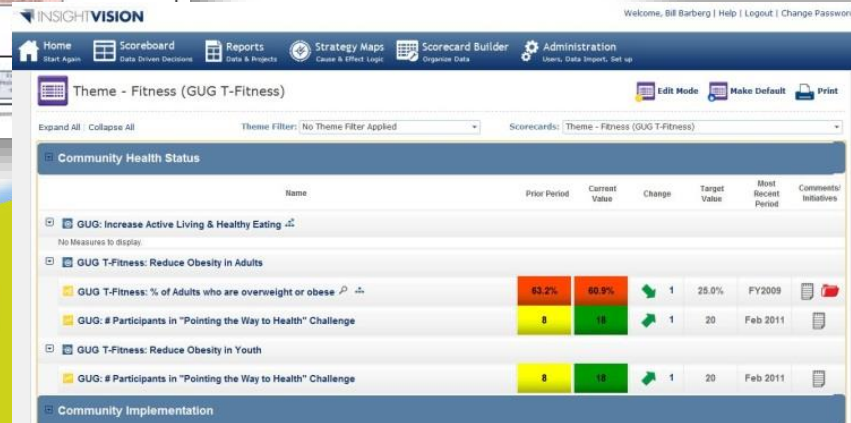


Strategy Maps Promote Communication

*At operating level
across partner
organizations, not
just executive level*



**Steering
Committee
Leaders**



The Power of Aligning Around Strategy Maps

“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**



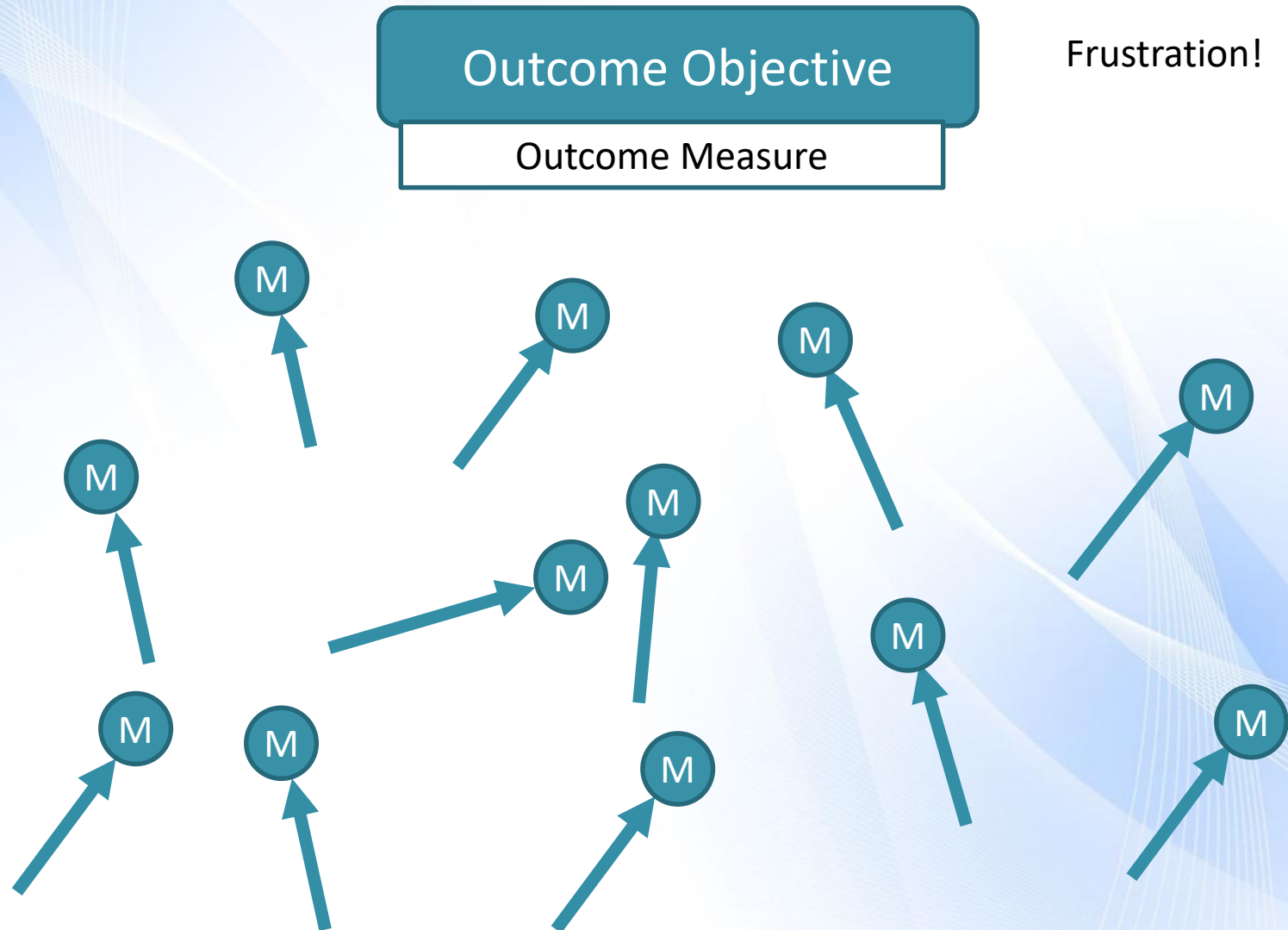
Improved Practices for “Shared Measurement”

- Focus on Strategy Clarification first

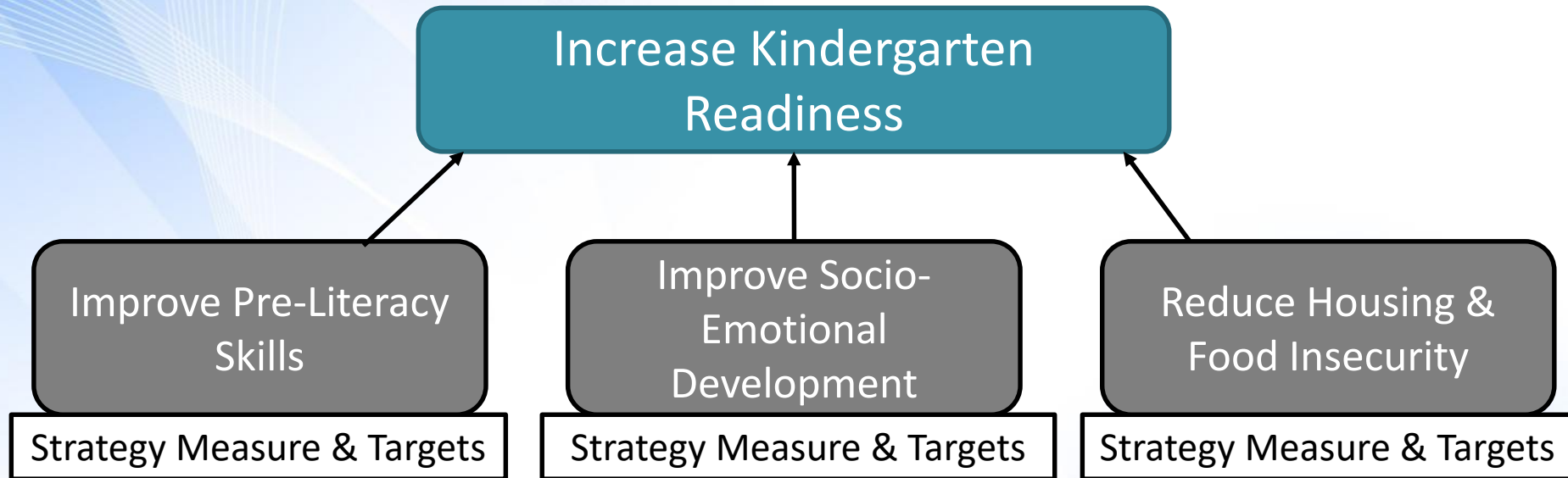
“Often people rush to discussions of shared measurement without having first been a little more clear about their strategy.”

- 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

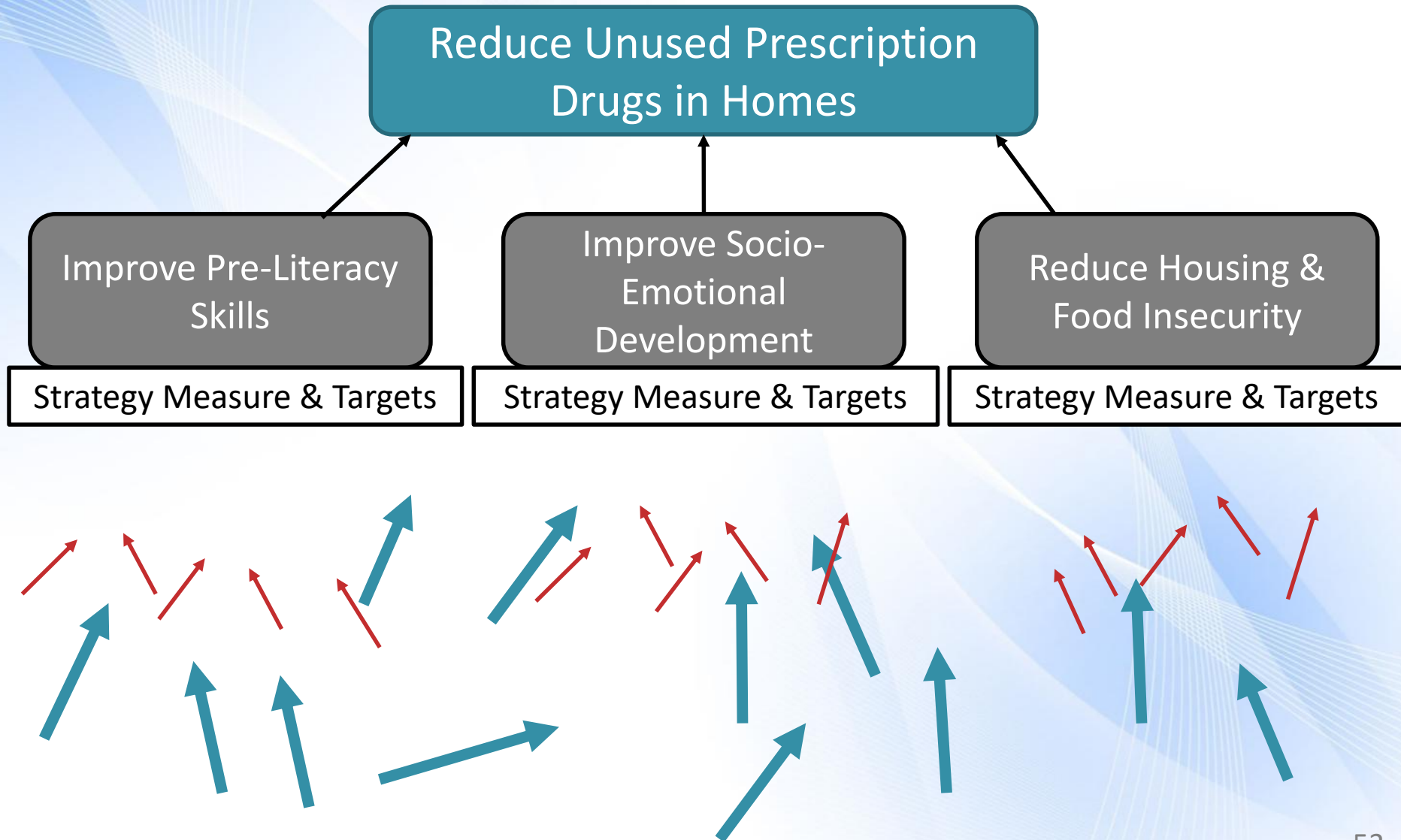


Define a Strategy that WILL be Sufficient



**New Community Measures that
Require Teamwork!**

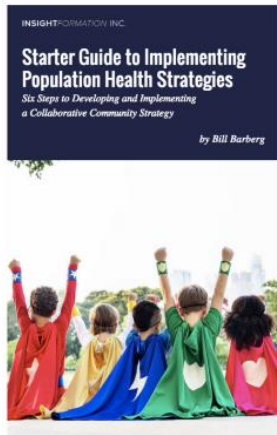
Align & Improve Efforts to Hit Targets



Learning More on Measurement

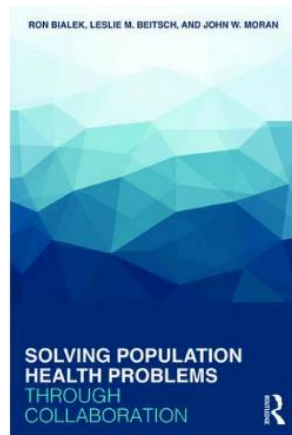
LEARN A BETTER WAY TO IMPLEMENT POPULATION HEALTH STRATEGIES

GET OUR FREE STARTER GUIDE TODAY



Free!

www.insightformation.com



\$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

Scorecards: Albany County Needs Assessments

CATEGORY: Needs Assessments

- Wyoming Statewide Needs Assessments Scorecard
- Albany County Needs Assessments**
- Big Horn County Needs Assessments
- Campbell County Needs Assessments
- Carbon County Needs Assessments
- Converse County Needs Assessments
- Crook County Needs Assessments
- Fremont County Needs Assessments
- Goshen County Needs Assessments
- Hot Springs County Needs Assessments
- Johnson County Needs Assessments

Prior Value

Needs Assessment Scorecards for Each of 23 Counties (or 49 Wards)

INSIGHTVISION

Home

Scorecards

Reports

Strategy Maps

Scorecard Builder

Administration

Welcome, IFI (CEO) Bill Barberg

Help

Logout

Change Password

Albany County Needs Assessments

Create Data Import CSV

Edit Mode

Print

Expand All

Collapse All

Theme Filter: Drug Use

Scorecards: Albany County Needs Assessments

Consequences

Name	Prior Value	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
Albany: Consequences of Drug Use/Abuse						
Albany: Age-Adjusted Overdose Death Rate per 100,000	8.92	14.60	2	0.00	2015	
Albany: Adult Drug Abuse Violation Rate (Age 18+) per 100,000	775.7	763.6	2	0.0	2015	
Albany: Youth Drug Abuse Violation Rate (Under 18) per 100,000	236.9	319.3	2	0.0	2015	
Albany: % of Arrests Involving Drugs	16.5%	29.0%	5	0.0%	2016	
Albany: % of DUI Arrests Involving Drugs	84.2%	78.7%	3	0.0%	2016	
Albany: % of Underage DUI Arrests Involving Drugs	35.5%	32.0%	1	0.0%	2016	
Albany: % of Arrests Involving Meth	2.2%	5.3%	5	0.0%	2016	
Albany: % of Arrests Involving Marijuana	13.5%	20.4%	2	0.0%	2016	
Albany: % of Domestic Violence Arrests Involving Drugs	4.7%	2.0%	1	0.0%	2016	

One Click to See Trends, Data Table, Definitions, Sources, etc.



Each County Has Strategy Scorecards for Priority Topics

Scorecards: Albany County Needs Assessments

- CATEGORY: County Strategy Scorecards
 - + CPD - Mark Hicks
 - CPD - Carol Hall
 - + COUNTY: Campbell
 - + COUNTY: Converse
 - + COUNTY: Crook
 - COUNTY: Hot Springs
 - Hot Springs County Reduce Underage Drinking Scorecard
 - Hot Springs County Reduce Adult Overconsumption Scorecard
 - Hot Springs Reduce Tobacco Use Scorecard
 - Hot Springs County Reduce Opioid Abuse Scorecard**
 - Hot Springs County End Suicides Scorecard

Community Strategy Scorecard for Weston County, WY

Welcome, IFI (CEO) Bill Barberg | Help | Logout | Change Password

[Home](#)
[Scorecards](#)
[Reports](#)
[Strategy Maps](#)
[Scorecard Builder](#)
[Administration](#)

[Edit Mode](#)
[Make Default](#)
[Print to PDF](#)
[Print to PPT](#)

[Expand All](#) | [Collapse All](#)

Scorecards: Weston County Reduce Opioid Abuse Scorecard

Outcomes

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

Strategies

Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
Weston: Increase Safe Storage and Disposal of Prescription Drugs						
Weston: # of Community Organizations Engaged in Distributing Deterra Kits	0	3	➡ 1	25	FY16Q4	
Weston: Expand & Promote Prescription Drug Take-Back Events and Options						
Weston: # of Community Organizations Engaged in Promoting Take-Back Events	5	8	➡ 1	100	FY 2016	
Weston: # of Disposal Options in the Community	2	2	➡ 1	100	FY 2016	
Weston: # of Pounds of Medication Collected at Take-Back Events and LE Dropbox(es)	65.00	27.50	➡ 2	150.00	FY 2017	
Weston: # of Take-Back Events Held	3	1	➡ 1	5	FY 2017	
Weston: Educate the Community about the Problem and Harms of Opioid Misuse/Abuse						

Details on Each Strategic Objective

Outcomes

Weston: Decrease Prescription Drug Take-Back Events and Options

Weston: # of Reported Schedules

Weston: % of Youth Reporting

Weston: Treatment Admissions

Weston: Treatment Admissions

Strategies

Weston: Increase Safe Storage and Disposal Options

Weston: Expand & Promote Prescription Drug Take-Back Events and Options

Weston: # of Community Organizations Engaged in Promoting Take-Back Events

Weston: # of Disposal Options in the Community

Weston: # of Pounds of Medication Collected at Take-Back Events and LE Dropbox(es)

Weston: # of Take-Back Events Held

Weston: Educate the Community about Safe Storage and Disposal Options

Weston: # of Research-Based Interventions

Weston: # of Stakeholders Engaged in the Process

Weston: # of Trainings Held

Objective Presentation

Weston: Expand & Promote Prescription Drug Take-Back Events and Options

Description

From-To Gap

Evidence

Activities & Ideas

Community Conditions

Short-Term Evaluation

Expand & Promote Prescription Drug Take-Back Events and Options

Provide adequate Take-Back Events and options countywide.

Lead Advocate: Kristi Lipp, 307-746-5457, klipp@pmowyo.org

Action Team: Newcastle PD Chief Jim Owens, WC Sheriff Bryan Colvard, Jennifer Hinkhouse

Return to Reduce Opioid Abuse Strategy Map

Return to Reduce Access to Opioids Strategy Map

Edit

Print to PDF

Measures

Line

Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
Weston: # of Community Organizations Engaged in Promoting Take-Back Events	5	8	1	100	FY 2016	
Weston: # of Disposal Options in the Community	2	2	1	100	FY 2016	
Weston: # of Pounds of Medication Collected at Take-Back Events and LE Dropbox(es)	65.00	27.50	2	150.00	FY 2017	
Weston: # of Take-Back Events Held	3	1	1	5	FY 2017	

Actions

View By: All | Active

Prefix	Name	Status	% Complete	Assigned To	Due Date
--------	------	--------	------------	-------------	----------

Target Value	Most Recent Period	Comments/ Actions
0.0	2015	
0.0%	2016	
0.00	FY 2016	
0.00	FY 2015	

Target Value	Most Recent Period	Comments/ Actions
25	FY16Q4	
100	FY 2016	
100	FY 2016	
150.00	FY 2017	
5	FY 2017	
N/A	N/A	
100	FY17Q4	
2	FY 2016	

61

Details on Each Measure – One Click Away

INSIGHTVISION Welcome, IFI (CEO) Bill Barberg | Help | Logout | Change Password

Home Scorecards Reports Strategy Maps Scorecard Builder Administration

Weston County Reduce Opioid Abuse Scorecard Edit Mode Make Default Print to PDF Print to PPT

Expand All | Collapse All Scorecards: Weston County Reduce Opioid Abuse Scorecard

Outcomes

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

Strategies

Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
Weston: Increase Safe Storage and Disposal of Prescription Drugs						
Weston: # of Community Organizations Engaged in Distributing Deterra Kits	0	3	➡ 1	25	FY16Q4	
Weston: Expand & Promote Prescription Drug Take-Back Events and Options						
Weston: # of Community Organizations Engaged in Promoting Take-Back Events	5	8	➡ 1	100	FY 2016	
Weston: # of Disposal Options in the Community	2	2	➡ 1	100	FY 2016	
Weston: # of Pounds of Medication Collected at Take-Back Events and LE Dropbox(es)	65.00	27.50	➡ 2	150.00	FY 2017	
Weston: # of Take-Back Events Held	3	1	1	5	FY 2017	
Weston: Educate the Community about the Problem and Harms of Opioid Misuse/Abuse						

Measure at a Glance Screen

Weston County Reduce

Expand All | Collapse All

Outcomes

- Weston: Decrease Prescription D
- Weston: # of Reported Sch
- Weston: % of Youth Report
- Weston: Treatment Admiss
- Weston: Treatment Admiss

Strategies

- Weston: Increase Safe Storage a
- Weston: # of Community
- Weston: Expand & Promote Pres
- Weston: # of Community
- Weston: # of Disposal Op
- Weston: # of Pounds of M
- Weston: # of Take-Back E
- Weston: Educate the Community

Measure at a Glance

Weston: Expand & Promote Prescription Drug Take-Back Events and Options

Weston: # of Pounds of Medication Collected at Take-Back Events and LE Dropbox(es)

Display Settings

Edit Print Embed

Fiscal Year	Actual Value	Target Value
FY 2013	30.00	150.00
FY 2014	70.00	150.00
FY 2015	73.00	150.00
FY 2016	65.00	150.00
FY 2017	27.50	150.00

Time Period	Target Value	Actual Value
FY 2017	150.00	27.50
FY 2016	150.00	65.00
FY 2015	150.00	73.00
FY 2014	150.00	70.00
FY 2013	150.00	30.00

About Actual Values

Time Period	Target Value	Actual Value	Notes	Created By	Created On	Edit
FY 2017	150.00	27.50	27.5 # collected at National Take Back Event on 4/29 at Weston County LE Center	Kristi Lipp	05/03/2017	
FY 2016	150.00	65.00	Includes pounds from Take Back Events and Drop Box at LE Center.	Kristi Lipp	03/20/2017	
FY 2015	150.00	73.00	Includes pounds from Take Back Events and Drop Box at LE Center.	Kristi Lipp	03/20/2017	
FY 2014	150.00	70.00	Includes poundage from Take Back Events and Drop Box at LE Center.	Kristi Lipp	03/20/2017	
FY 2013	150.00	30.00	This data only includes pounds disposed at Take Back Events (this was prior to Drop Box installation).	Kristi Lipp	03/20/2017	

Integrated Access to the Actions

Weston: Expand & Promote Prescription Drug Take-Back Events and Options						
<div><div></div></div>	<div><div></div></div> Weston: # of Community Organizations Engaged in Promoting Take-Back Events <div></div>	5	8	<div><div></div></div> 1	100	FY 2016
<div><div></div></div>	<div><div></div></div> Weston: # of Disposal Options in the Community	2	2	<div><div></div></div> 1	100	FY 2016

Integrated Access to the Actions (Expanded)

Weston: Expand & Promote Prescription Drug Take-Back Events and Options									
Weston: # of Community Organizations Engaged in Promoting Take-Back Events			5	8	1	100	FY 2016		
Name			Status	%Complete	Assigned To		Notes & Sub Actions		
Collaborate with Upton Town Officials and healthcare providers to offer a National Take-Back Event			On Track	10%	Megan Zaharas				
Promote take-back events in the county			Approved but Not Started	0%	Sylvestri -				
Weston: # of Disposal Options in the Community			2	2	1	100	FY 2016		

Up-to-Date Details on All the Actions

Outcomes

Weston: Decrease the Harmful Conse

Weston: Decrease Prescription Drug

Strategies

Weston: OVERARCHING OBJECTIV

Weston: Increase Safe Storage and

Collaborate with social ser

Promote all existing and ne

Weston: Expand & Promote Prescri

Collaborate with Upton Tow

Event

Create and implement educ

Promote take-back events

Weston: Educate the Community ab

Create and implement educ

Educate Task Force memb

of opioids

Train Task Force members

Asset & Capacity Development

Weston: Strengthen Community En

Weston: Gather and Share Data on

Action Presentation

Weston:Create and implement educational campaign about the importance of safe storage and disposal

Comments Edit Status Edit Print to PDF

Description

Develop and share a series of talking points, a media campaign and supporting materials to improve awareness of the importance of safe storage and disposal of prescription drugs.

Status On Track

Start Date 11/01/2016

End Date 06/30/2017

Percent Complete 20%

Assigned To Newsletter Journal -

Assigned By Kristi Lipp

Last Updated 08/23/2017 : 07:41 by IFI (CEO) Bill Barberg

Status Update History

Updated At	Updated Status	Updated By	% Completed	Status
5/4/2017 2:39:26 PM	Continuing to work on developing media campaign. After determining talking points, workgroup decided that we ...	Kristi Lipp	20%	On Track
5/4/2017 2:32:33 PM	4/11/17- Talking points have been selected and print ads are being worked on. 5/4/17- Continuing to work on d...	Kristi Lipp	20%	On Track
4/11/2017 10:06:06 AM	Talking points have been selected and print ads are being worked on.	Kristi Lipp	20%	On Track

Attached Documents

Actions

File Name Document Type

Select

Target Value Most Recent Period Comments/ Actions

Notes & Sub Actions

Notes & Sub Actions

Notes & Sub Actions

Notes & Sub Actions

Target Value Most Recent Period Comments/ 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

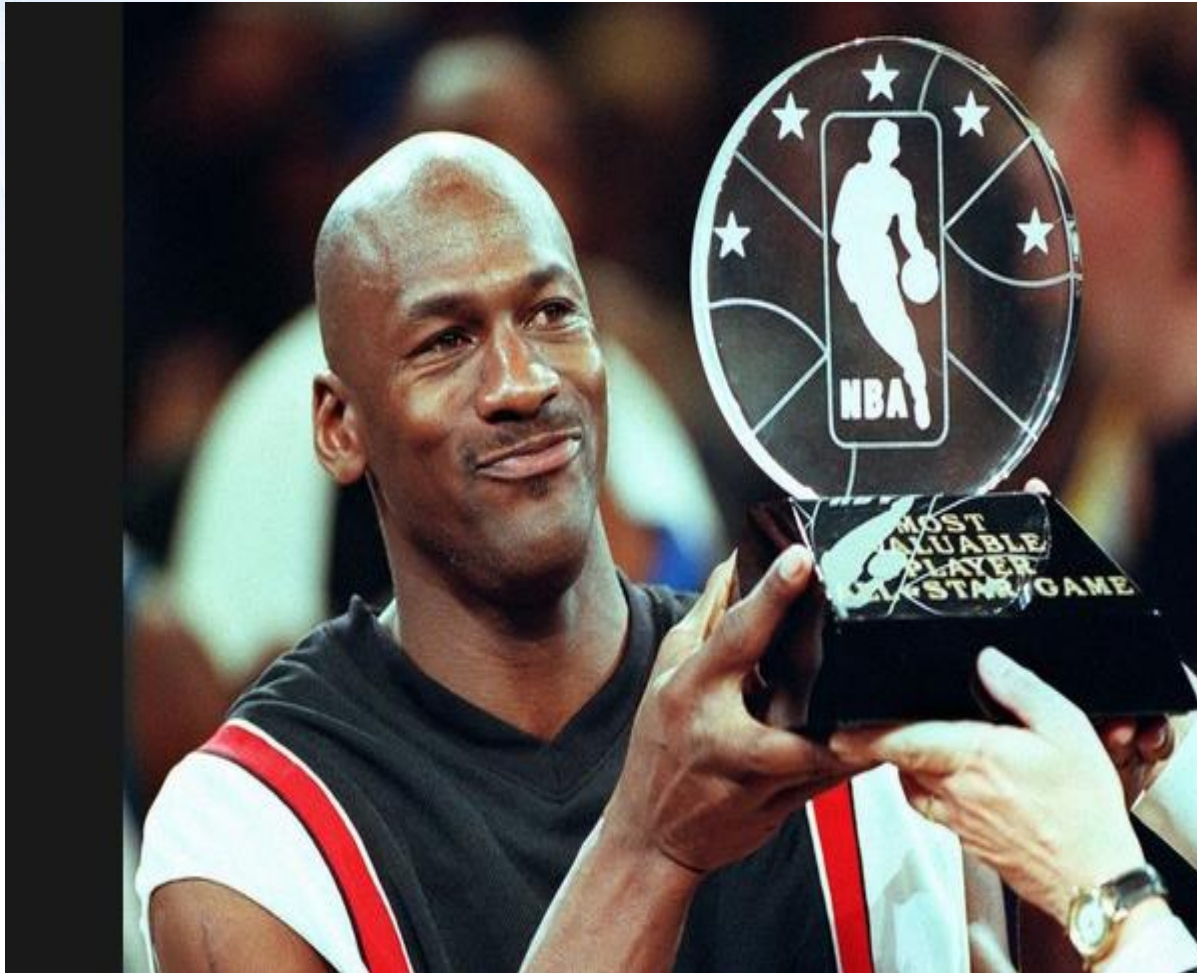


Improved Practices for “Mutually Reinforcing Activities”

- 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

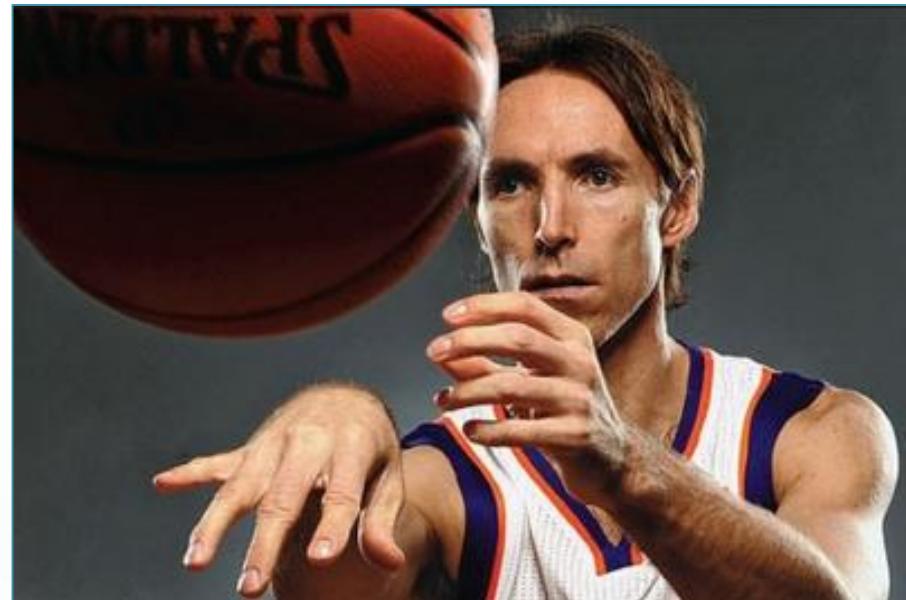
15,806 Assists

(3,000 more than #2)

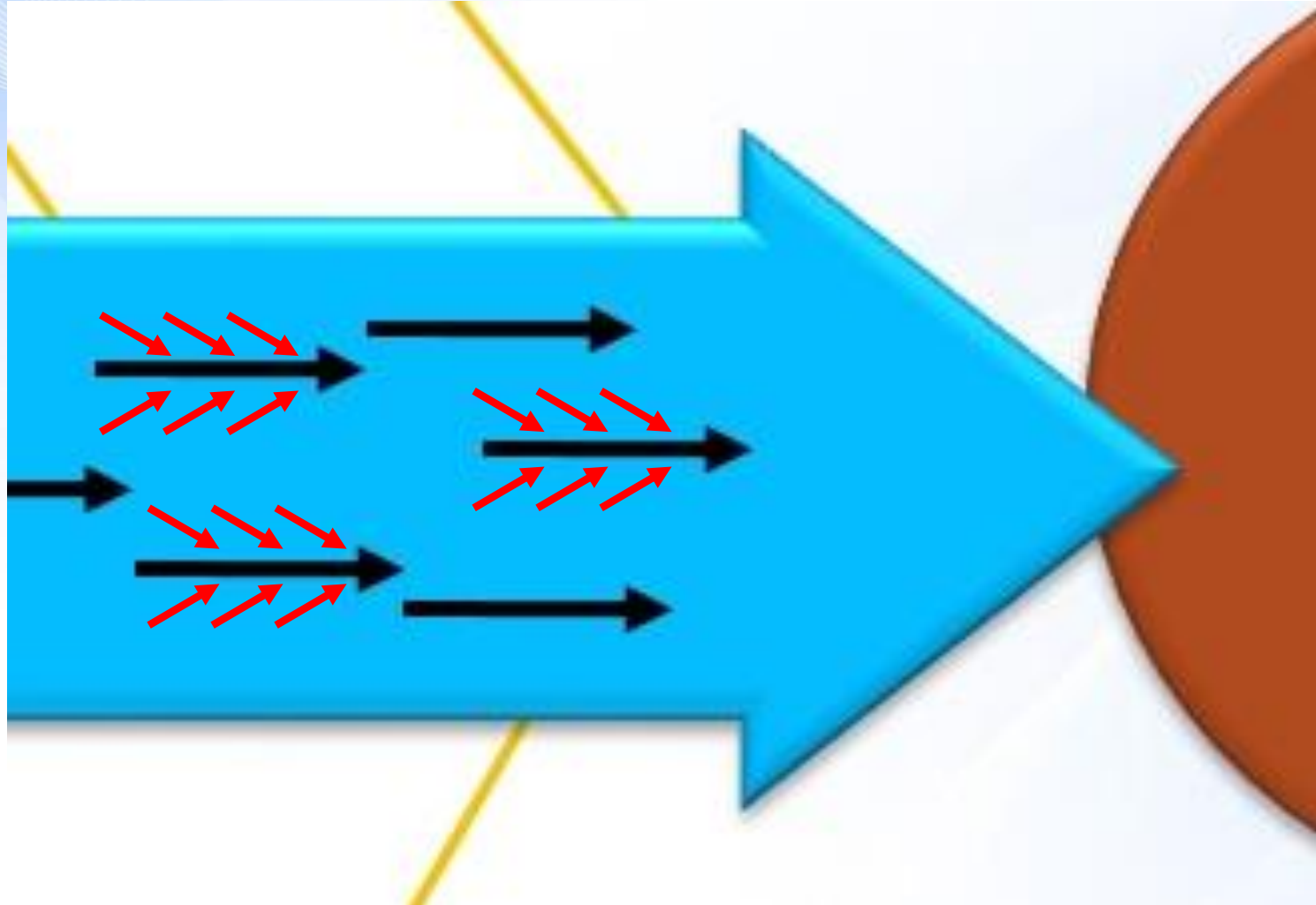
9x NBA Assists Leader

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

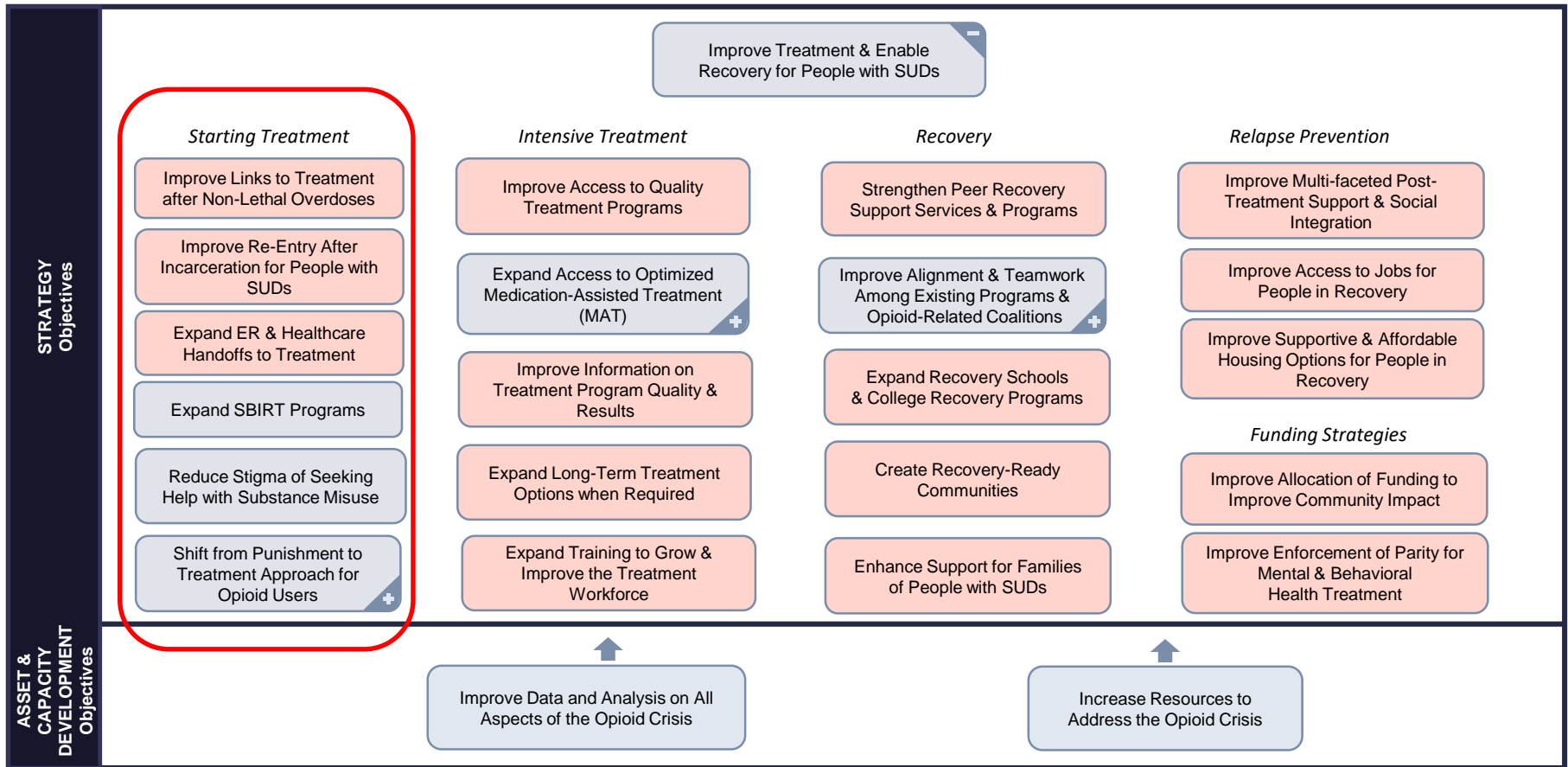


Improve Each Program with “Assists”



Mutually Reinforcing Objectives

STRATEGY to improve treatment & enable recovery for people with SUDs



Mutually Reinforcing Activities for Each Objective

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

- 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?



Upgrading the Five Conditions

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?”



Static Documents are Insufficient for Implementation

- *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
- Use a Shared Resource Hub (Opioid Coalition Resource Hub)
<http://bit.ly/opioidcrh>

Communicate & Share with Peers Around the Country

OPIOID COALITION RESOURCE HUB

- Wiki Home
- Recent Changes
- Pages and Files
- Members
- Settings

Search

Site Introduction
Background on the Problem

Opioid Strategy Maps

Objective List

Partner Roles

About the OCRH
Other Existing Plans &
Programs
Resources to Investigate
Wiki How-to Guide

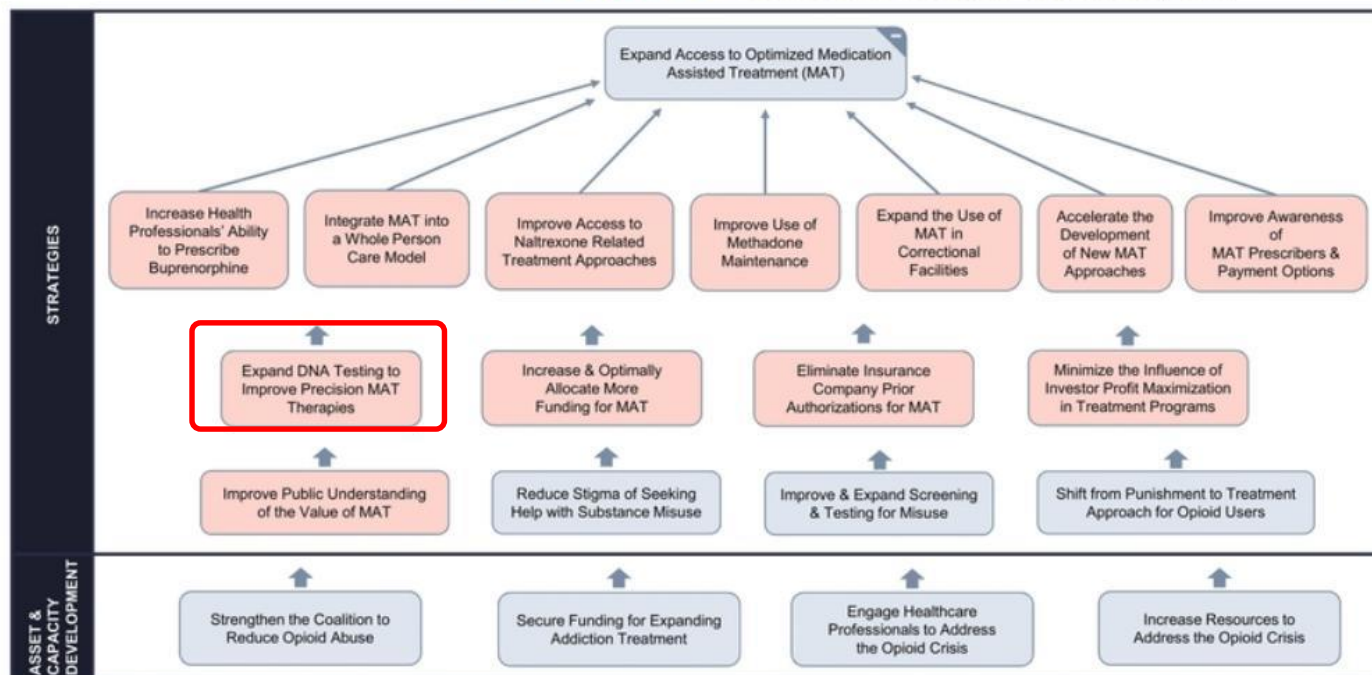
Contact Us

☆ 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)



Version 23, December 2017

Access Full Template & Resource Hub at bit.ly/opioidcrh



Expand DNA Testing to Improve Precision MAT Therapies

Edit 0 26 ...

Return to the Zoom Map (Expand Access to Optimized MAT) or Expand Access to Optimized Medication-Assisted Treatment

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^{[6] [7]}
- In the past, physicians have had limited tools when it comes to evaluating options or dosages for Medication Assisted Treatment Plans ^[8].
- 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](#) ^[9]
- 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 ^[9]

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 approximates 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 an integrated care model combining genetic testing, interactive genetic reporting, and pharmacy consultation. They offer this program under the

Table of Contents

- Background
- The Opportunity with Precision MAT
 - Genetic Tests
 - Tools & Resources
 - Scorecard Building
 - Resources to Investigate
 - Sources

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

36



Supports Opioid Early Intervention Model

High-level Process Overview



Coordinated Information on Individuals



Supports
“Hub and Spoke”
Recovery Oriented
Systems of Care
(ROSC)



The Five Conditions of Collective Impact

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

INSIGHT*FORMATION* INC.

[Why IFI](#)

[Team](#)

[Solutions](#)

[Resources](#)



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