

Ohio's Community Collective Impact Model for Change (CCIM4C) Initiative

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21st Century CURES Act

- The 21st Century CURES Act was enacted by Congress in December 2016.
- The Act allocated \$1B in funding for the opioid epidemic.
- Ohio secured \$26M/year for two years through the State Targeted Response to the Opioid Crisis Grants program.



Purpose of the 21st Century CURES Act

- **Increase** access to treatment, reduce unmet treatment need, and reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities.
- **Supplement** current opioid activities undertaken by the state.
- **Support** a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments.



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Ohio's Areas of Focus

Medication
Assisted Treatment

Primary
Prevention

Screening, Brief
Intervention, and
Referral to
Treatment (SBIRT)

Recovery Supports

Trauma-Informed
Approaches for
Individuals &
Communities



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Ohio's Budget

- **Treatment & Recovery Supports –up to \$20M**
 - Workforce augmentation
 - Targeted, immediate increases to Tx capacity
- **Primary Prevention –up to \$5M**
 - Statewide training for evidence based practices
 - Targeted, immediate increases to prevention
- **Infrastructure/Administration –up to \$1.3M**
 - SBIRT
 - Vicarious/Secondary trauma
 - Public-facing engagement
 - Jail data demonstration

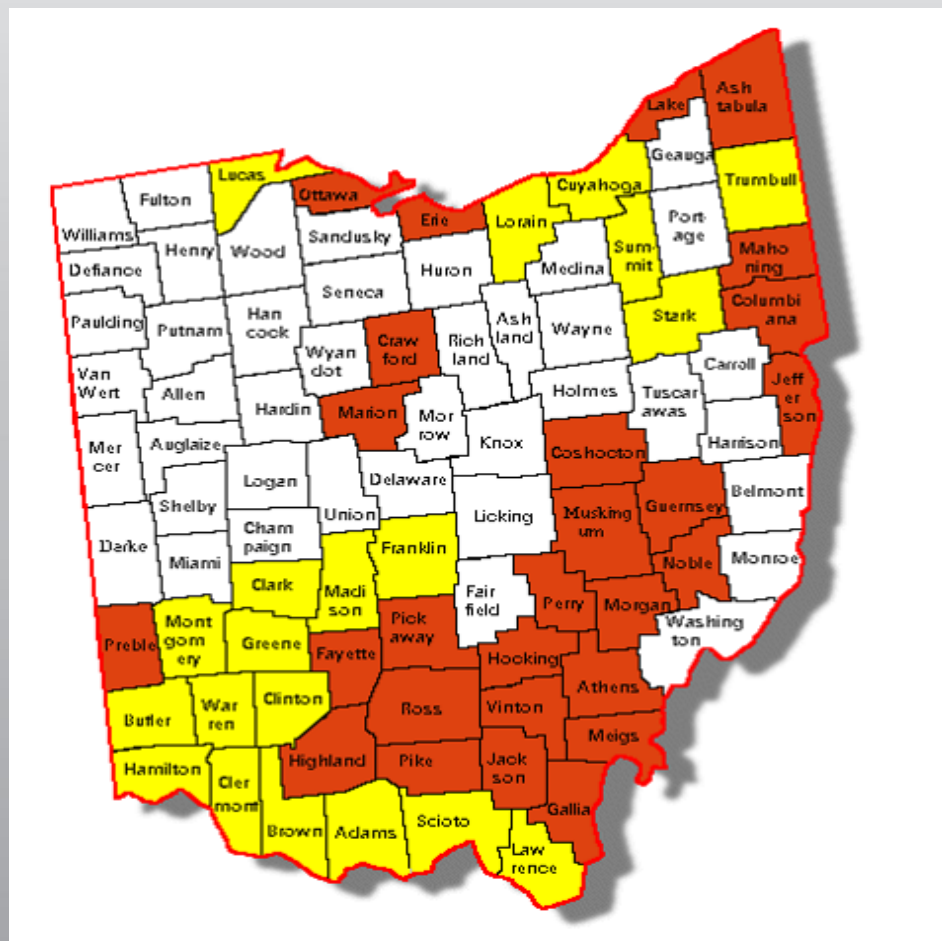


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Ohio's Priority Populations



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Ohio's Funding Tiers

- **Tier 1 (yellow):** Counties with the highest overdose death counts (2010-2015), rates (2010-2015), and fentanyl deaths (2015). Total number of residents in Tier 1 Counties: 7,030,825, or 61% of state population.
- **Tier 2 (orange):** Counties with the next highest overdose death rates (2010-2015), and need for treatment (NSDUH 2012-2014). Total number of residents in Tier 2 Counties: 1,678,383, or 14% of state population.
- **Tier 1 & Tier 2 totals:** 8,709,208 Ohioans, or 75% of the state's population, and 53% of counties and board areas

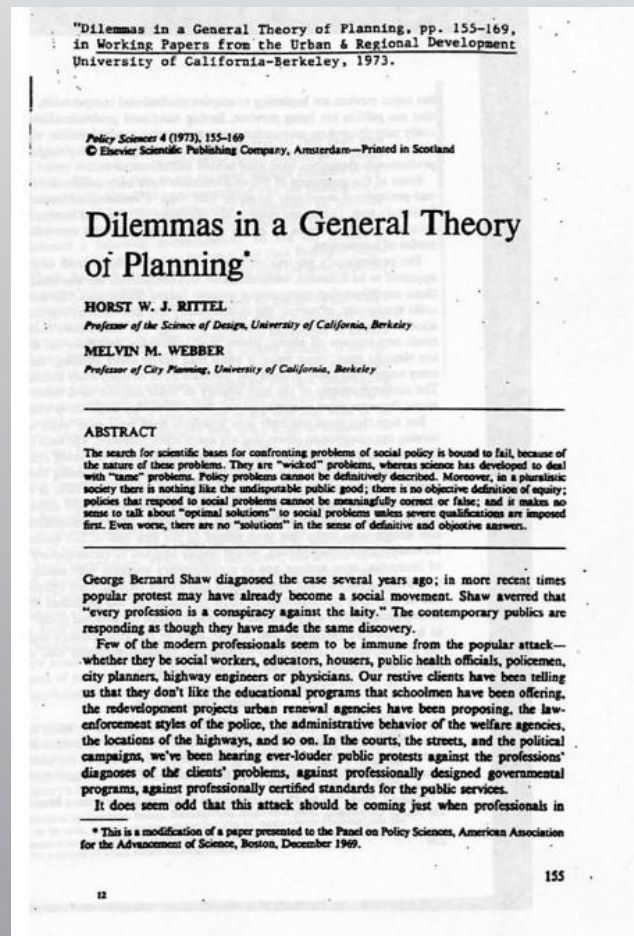


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The opioid epidemic is a wicked problem.



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Silos are where we started, but they can't be where we finish.

WHY WE LOVE (AND HATE) SILOS

Harness expertise

Hit goals quickly

Easy to manage

Create belonging

Build trust (in the team)

Provide focus

Encourage personal development



Resist change

Incestuous

Hoard talent

Hoard resources

Self protect

Don't network

Focus on individual good

We liked the idea of Collective Impact

Stanford **SOCIAL**
INNOVATION REVIEW

Collective Impact
By John Kania & Mark Kramer

Stanford Social Innovation Review
Winter 2011

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Stanford Social Innovation Review
Email: info@ssireview.org, www.ssireview.org



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Ohio needed more.

Collaborating for Equity and Justice: Moving Beyond Collective Impact

by Tom Wolff, Meredith Minkler, Susan M. Wolfe, Bill Berkowitz,
Linda Bowen, Frances Dunn Butterfoss, Brian D. Christens,
Vincent T. Francisco, Arthur T. Himmelman, and Kien S. Lee

While appealing in its simplicity, Collective Impact fails to embrace advocacy and systems change as core strategies, retains a hierarchical approach to community engagement, and does not address the root causes and contexts of social problems. Here, the authors offer six principles that “seek new ways to engage our communities in collaborative action that will lead to transformative changes in power, equity, and justice.”

THE UNITED STATES HAS HISTORICALLY struggled with how to treat all its citizens equitably and fairly while wealth and power are concentrated in a very small segment of our society. Now, in the face of growing public awareness and outcry about the centuries-long injustices experienced by African Americans, Native Americans, new immigrants, and other marginalized groups, we believe that our nation urgently needs collaborative multisector approaches toward equity and justice. For maximum effectiveness, these approaches must include and prioritize leadership by those most affected by injustice and inequity in order to effect structural and systemic changes that can support and sustain inclusive and healthy communities. Traditional community organizing and working for policy change will supplement the collaborative approach. We believe that efforts that do not start with treating community leaders and residents as equal partners

cannot later be reengineered to meaningfully share power. In short, coalitions and collaborations need a new way of engaging with communities that leads to transformative changes in power, equity, and justice.

To that end, a group of us have developed a set of six principles under the name “Collaborating for Equity and Justice.” Drawn from decades of research, organizing, and experience in a wide range of fields, these principles facilitate successful cross-sector collaboration for social change in a way that explicitly lifts up equity and justice for all and creates measurable change. We do not propose one specific model or methodology, recognizing that no single model or methodology can thoroughly address the inequity and injustices facing communities that have historically experienced powerlessness. Instead, we provide principles linked to web-based tools that can be incorporated into existing and emerging models and methodologies, toward

developing collaborations that will increase the likelihood of systemic and lasting change that ensures equity and justice for all community members.

The principles we developed were also in response to popular use of what we perceive to be a flawed model: Collective Impact (CI). Foundations, government agencies, health systems, researchers, and other actors in the past relied on sophisticated collaborative models, such as Frances Butterfoss and Michelle Kegler’s Community Coalition Action Theory, Tom Wolff’s Power of Collaborative Solutions Model, and Pennie Foster-Fishman and Erin Watson’s ABLe Change Framework.¹ However, some leading foundations and important government agencies eagerly sought a simpler way to create large-scale social change through multi-sector collaboration. When John Kania and Mark Kramer introduced their model of Collective Impact, its five core tenets and basic phases showed similarities to earlier models, but it was more appealing



Build on what we have.



SAMHSA

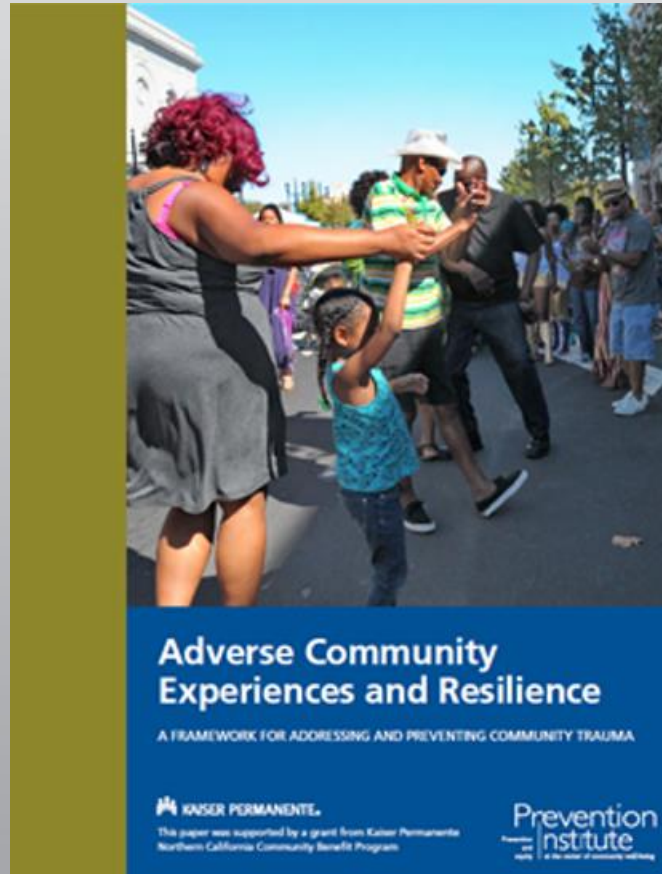


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Be responsive to the current situation: community trauma.



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Add a new “lens.”



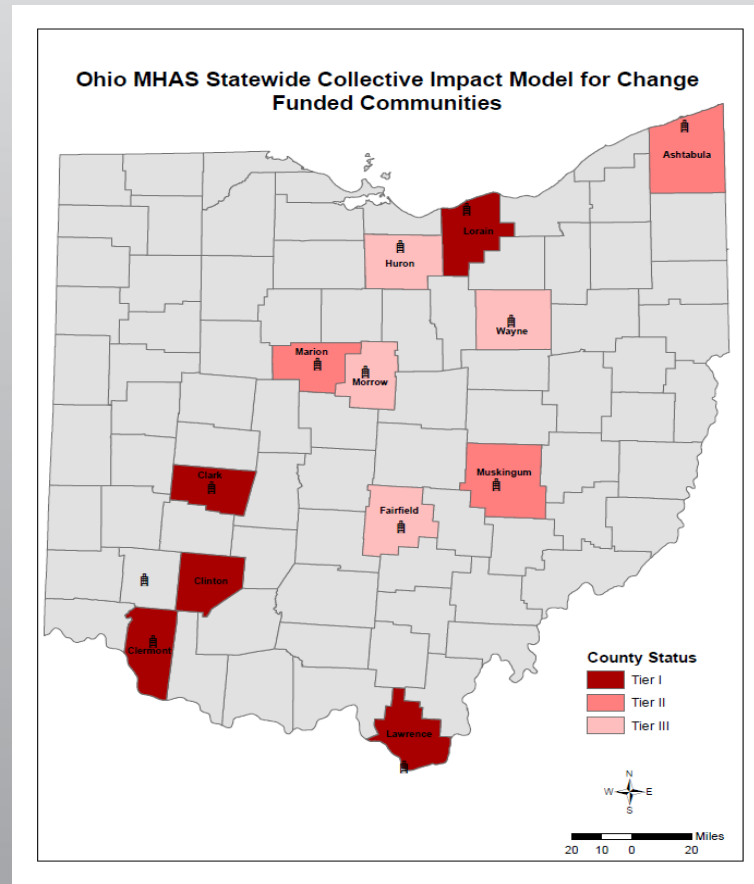
Prevention Institute



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We funded 12 Ohio Communities



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LOCAL SUPPORT

MULTI-SECTOR
RELATIONSHIPS

TWELVE FUNDED COMMUNITIES

Where are we today?

WORK in PROGRESS

...is still a work in progress.

...but there's a demo ready!

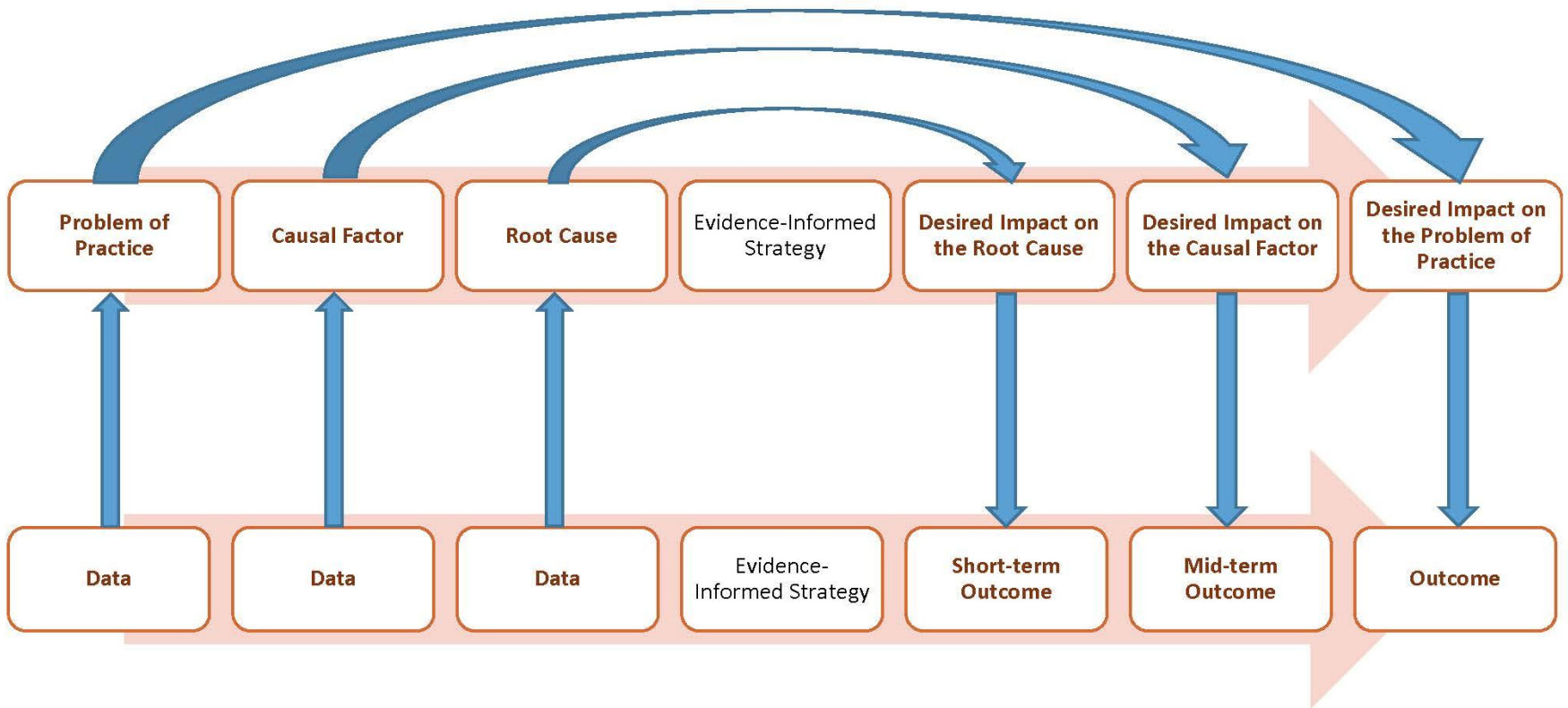


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CCIM4C Logic Chain Quick Guide



Articulating the CCIM4C Logic Chain as a Series of “If-Then” Statements

- **If** we implement [insert evidence-informed strategy here], **then** we can expect [insert expected outcome on root cause here] as evidenced by [insert data source here].
- **If** we [insert expected outcome on root cause here] **then** we can expect [insert expected outcome on causal factor here] as evidenced by [insert data source here].
- **If** we [insert expected outcome on causal factor here], **then** we can expect a reduction in [insert OUD outcome] as evidenced by [data points].

**CCIM4C Strategic Plan Map: Demand Reduction
Fairfield County**

Statement of how the plan is related to *at least one* of Ohio's CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

By addressing demand reduction of opiates in Fairfield County it will lead to reducing opioid use disorder deaths.

Population of Focus:

The population of focus will be Fairfield County adults and youth.

Theory of Community Change:

If we increase knowledge of how to safely dispose of unused prescription medications then we can expect a reduction in the number of youth reporting access to prescription drugs as evidenced by the Fairfield County Youth Behavior Survey.
If we reduce the number of youth reporting access to prescription drugs then we can expect a reduction in Opioid Use Disorder deaths as evidenced by the Ohio Department of Health, Fairfield County unintentional opioid overdose death rates.

Community Logic Model – Theory of Change

Theory of Action

Measurable Outcomes

Opioid Use Disorder Outcome (There may be ONLY one OUD outcome listed!)	Causal Factor (There may be ONLY one causal factor listed!)	Root Causes (There may be MORE than one root cause listed!)	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
<p>Description of Opioid Use Disorder Outcome</p> <p>Fairfield County will reduce opioid use disorder deaths.</p> <p>Data to Support Opioid Use Disorder Outcome:</p> <p>Fairfield County unintentional opioid overdose deaths rates are: 23 deaths in 2016, 16 deaths in 2015, 15 deaths in 2014 as reported by the Ohio Department of Health.</p>	<p>Description of Causal Factor (In Words)</p> <p>Fairfield County youth report easy access to prescription drugs.</p> <p>Data to Support Causal Factor:</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>As reported in the 2016 Fairfield County Youth Behavior Survey, 37.8% of Fairfield County High School Seniors know how to obtain prescription drugs</p>	<p>Description of Root Cause #1 (In Words)</p> <p>Lack of proper prescription medication disposal with adults in Fairfield County</p> <p>The root cause must be directly related to the causal factor.</p> <p>Data to Support Root Cause #1</p> <p>2016 Community Health Status Assessment, Fairfield County Adults reported they did the following with their prescription medications: 19% threw in the trash 18% took as prescribed 16% flushed down the toilet 14% kept it 8% took to a medication collection program 4% took to Take Back Days 3% took to Sherriff's office 2% kept in a locked cabinet 1% sold it</p>	<p>Insert the evidence-informed strategy(ies) the team has selected to address Root Cause #1. There should be 1:1 correspondence between Root Cause #1 and strategy.</p>	<p>Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy for Root Cause #1. There should be a 1:1 correspondence between Root Cause #1, strategy, and the lead partner & budget.</p>	<p>Identify the approximate timeline for the strategy to be implemented. There should be a 1:1 correspondence between Root Cause #1, strategy, lead partner & budget, and timeline.</p>	<p>This column should have 1:1 correspondence with the root causes column(s) + <i>as measured by _____</i>.</p> <p><i>ALL root causes should directly impact the causal factor.</i></p> <p>Increase community education on proper disposal of prescription medications as measured by the Fairfield County Community Health Status Assessment.</p>	<p>This column should have 1:1 correspondence with the causal factors column + <i>as measured by _____</i>.</p> <p><i>The causal factor should directly impact the OUD outcome.</i></p> <p>Reduce the percentage of youth reporting that they know how to access prescriptions drugs as measured by the Fairfield County Youth Behavior Survey</p>	<p>This column should focus on one or both of the OUD Outcomes goals: Reduce OUD deaths / Increase access to OUD treatment, including MAT + <i>as measured by _____</i>.</p> <p>The outcome goal is to reduce opioid use disorder deaths in Fairfield County as measured by the Ohio Department of Health.</p>

**CCIM4C Strategic Plan Map: Supply Reduction
Fairfield County**

Statement of how the plan is related to *at least one* of Ohio's CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

By addressing supply reduction of opiates in Fairfield County it will lead to reducing opioid use disorder deaths.

Population of Focus:

The population of focus will be Fairfield County adults.

Theory of Community Change:

If we increase education to physicians regarding opioid prescriptions written then we can expect a reduction in the number of opioid doses dispensed measured by OARRS. If less opiate prescriptions are dispensed then Opioid Use Disorder deaths will decrease as evidenced by the Ohio Department of Health, Fairfield County unintentional opioid overdose death rates.

Community Logic Model – Theory of Change

Theory of Action

Measurable Outcomes

Opioid Use Disorder Outcome (There may be ONLY one OUD outcome listed!)	Causal Factor (There may be ONLY one causal factor listed!)	Root Causeg (There may be MORE than one root cause listed!)	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
<p>Description of Opioid Use Disorder Outcome (In Words)</p> <p>Fairfield County will reduce opioid use disorder deaths.</p> <p>Data to Support Opioid Use Disorder Outcome:</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>Fairfield County unintentional opioid overdose deaths rates are: 23 deaths in 2016, 16 deaths in 2015, 15 deaths in 2014 as reported by the Ohio Department of Health.</p>	<p>Description of Causal Factor (In Words)</p> <p>In Fairfield County there is a higher than County average of opiate prescriptions dispensed.</p> <p>Data to Support Causal Factor:</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>The number of opioid doses dispensed per patient in 2017, quarter 4, was 136.22 – County average Compared to: 142.46 Fairfield County average</p>	<p>Description of Root Cause #1 (In Words)</p> <p>Fairfield County physicians need to reduce the amount of opioid prescriptions written.</p> <p>The root cause must be directly related to the causal factor.</p> <p>Data to Support Root Cause #1</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>The number of opioid doses dispensed per patient in 2017, quarter 4 was higher than the county average. OARRS 136.22 – County average 142.46 – Fairfield County Average</p>	<p>Insert the evidence-informed strategy(ies) the team has selected to address Root Cause #1. There should be 1:1 correspondence between Root Cause #1 and strategy.</p>	<p>Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy for Root Cause #1. There should be a 1:1 correspondence between Root Cause #1, strategy, and the lead partner & budget.</p>	<p>Identify the approximate timeline for the strategy to be implemented. There should be a 1:1 correspondence between Root Cause #1, strategy, lead partner & budget, and timeline.</p>	<p>This column should have 1:1 correspondence with the root causes column(s) + as measured by ____.</p> <p>ALL root causes should directly impact the causal factor.</p> <p>If physicians write less opioid prescriptions, there will be a decrease in opiate prescriptions dispensed as measured by OARRS (Ohio Automated RX Reporting System)</p>	<p>This column should have 1:1 correspondence with the causal factors column + as measured by ____.</p> <p>The causal factor should directly impact the OUD outcome.</p> <p>The number of opioids prescribed will decrease as measured by OARRS</p>	<p>This column should focus on one or both of the OUD Outcomes goals: Reduce OUD deaths / Increase access to OUD treatment, including MAT + as measured by ____.</p> <p>The outcome goal is to reduce opioid use disorder deaths in Fairfield County as measured by the Ohio Department of Health.</p>

CCIM4C Strategic Plan Map: Overdose Reversal (Naloxone)
Insert CCIM4C Fairfield County

Statement of how the plan is related to at least one of Ohio's CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

By addressing overdose reversal (Naloxone) of opiates in Fairfield County it will lead to reducing opioid use disorder deaths.

Population of Focus:

Fairfield County First Responders

Theory of Community Change:

If we increase First Responders of knowledge regarding the disease of addiction including recovery and relapse we will increase the use of Naloxone administered to persons with opioid use disorder with repeated episodes of overdose. If we increase the use of Naloxone then we will reduce opioid use disorder deaths in Fairfield County as measured by the Ohio Department of Health, Fairfield County unintentional opioid overdose death rates.

Community Logic Model – Theory of Change			Theory of Action			Measurable Outcomes		
Opioid Use Disorder Outcome (There may be ONLY one OUD outcome listed!)	Causal Factor (There may be ONLY one causal factor listed!)	Root Cause _s (There may be MORE than one root cause listed!)	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
<p>Description of Opioid Use Disorder Outcome (In Words) Fairfield County will reduce opioid use disorder deaths.</p> <p>Data to Support Opioid Use Disorder Outcome:</p> <p>Please include the source of the data and the year(s) the data was collected. Fairfield County unintentional opioid overdose deaths rates are: 23 deaths in 2016, 16 deaths in 2015, 15 deaths in 2014 as reported by the Ohio Department of Health.</p>	<p>Description of Causal Factor (In Words) We need to increase first responders' knowledge as it relates to repeated episodes of use of Naloxone on a person with opioid use disorder.</p> <p>Data to Support Causal Factor:</p> <p>Please include the source of the data and the year(s) the data was collected. 2015 - 85 doses of Naloxone administered</p> <p>2016 - 181 doses of Naloxone administered by City of Lancaster, Violet Township, Diley Ridge Hospital, Sheriff's Office Data collected by the Fairfield, Hocking, Athens Major Crimes Unit</p>	<p>Description of Root Cause #1 (In Words) First responders do not understand the disease of addiction including recovery and relapse as it relates to repeated episodes of use of Naloxone on a person with opioid use disorder. The root cause must be directly related to the causal factor.</p> <p>Data to Support Root Cause #1 Data is anecdotal from meeting and talking with first responders.</p> <p>Please include the source of the data and the year(s) the data was collected.</p>	<p>Insert the evidence-informed strategy(ies) the team has selected to address Root Cause #1. There should be 1:1 correspondence between Root Cause #1 and strategy.</p>	<p>Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy for Root Cause #1. There should be a 1:1 correspondence between Root Cause #1, strategy, and the lead partner & budget.</p>	<p>Identify the approximate timeline for the strategy to be implemented. There should be a 1:1 correspondence between Root Cause #1, strategy, lead partner & budget, and timeline.</p>	<p>This column should have 1:1 correspondence with the root causes column(s) + as measured by ____.</p> <p><i>ALL root causes should directly impact the causal factor.</i></p> <p>Educate First Responders on the disease of addiction including recovery and relapse measured by documentation of educational classes and a survey on increase of knowledge on the disease of addiction.</p>	<p>This column should have 1:1 correspondence with the causal factors column + as measured by ____.</p> <p><i>The causal factor should directly impact the OUD outcome.</i></p> <p>Reduce First Responders resistant attitudes regarding the repeated use of Naloxone on a person with opioid use disorder as measured by the number of doses of Naloxone administered from the Fairfield, Hocking, Athens County Major Crimes Unit</p>	<p>This column should focus on one or both of the OUD Outcomes goals: Reduce OUD deaths / Increase access to OUD treatment, including MAT + as measured by ____.</p> <p>The outcome goal is to reduce opioid use disorder deaths in Fairfield County as measured by the Ohio Department of Health.</p>

CCIM4C Strategic Plan Map: Treatment

Insert CCIM4C Fairfield County

Statement of how the plan is related to *at least one* of Ohio's CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

By addressing treatment of opiates in Fairfield County it will lead to increasing access to treatment including MAT.

Population of Focus:

The population of focus is Fairfield County Physicians

**Theory of Community Change:
Insert "If-Then Proposition(s)" here.**

If we educated physicians regarding the need for more MAT prescribers in Fairfield County then we will increase MAT prescribers. If we have more physicians in Fairfield County that will prescribe MAT we will increase access to Opiate Use Disorder treatment including MAT as evidenced by Fairfield County ADAMH providers of people in treatment and the number of prescribers.

Community Logic Model – Theory of Change			Theory of Action			Measurable Outcomes		
Opioid Use Disorder Outcome (There may be ONLY one OUD outcome listed!)	Causal Factor (There may be ONLY one causal factor listed!)	Root Cause (There may be MORE than one root cause listed!)	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
<p>Description of Opioid Use Disorder Outcome (In Words)</p> <p>Fairfield County will increase access to treatment including MAT.</p> <p>Data to Support Opioid Use Disorder Outcome:</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>Fairfield County Treatment including MAT data from ADAMH providers: The Recovery Center 197 people, 2 prescribers New Horizons – 4 people, 1 prescriber Ohio Guidestone -10 people, 1 prescriber July 2017 – January 2018</p>	<p>Description of Causal Factor (In Words)</p> <p>To increase access to treatment including MAT we need to address the lack of certified providers to provide MAT services in Fairfield County.</p> <p>Data to Support Causal Factor:</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>Fairfield County Treatment including MAT (suboxone) data from ADAMH providers: The Recovery Center 197 people, 2 prescribers New Horizons – 4 people, 1 prescriber Ohio Guidestone -10 people, 1 prescriber O – Vivitrol O – Methadone July 2017 – January 2018</p>	<p>Description of Root Cause #1 (In Words)</p> <p>To increase access to treatment including MAT providers, we need to educate physicians on MAT and community behavioral health services available in the County. The root cause must be directly related to the causal factor.</p> <p>Data to Support Root Cause #1</p> <p>Fairfield County prescribers from ADAMH providers. 4 prescribers from July 2017 – January</p> <p>Please include the source of the data and the year(s) the data was collected.</p>	<p>Insert the evidence-informed strategy(ies) the team has selected to address Root Cause #1. There should be 1:1 correspondence between Root Cause #1 and strategy.</p>	<p>Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy for Root Cause #1. There should be a 1:1 correspondence between Root Cause #1, strategy, and the lead partner & budget.</p>	<p>Identify the approximate timeline for the strategy to be implemented. There should be a 1:1 correspondence between Root Cause #1, strategy, lead partner & budget, and timeline.</p>	<p>This column should have 1:1 correspondence with the root causes column(s) + as measured by _____.</p> <p><i>ALL root causes should directly impact the causal factor.</i></p> <p>We need to educate physicians regarding the need for more physicians to become certified to provide MAT services as measured by the number of educational opportunities for prescribers for MAT services in Fairfield County.</p>	<p>This column should have 1:1 correspondence with the causal factors column + as measured by _____.</p> <p><i>The causal factor should directly impact the OUD outcome.</i></p> <p>An increase in MAT prescribers in Fairfield County as measured by the number of prescribers in the Fairfield County ADAMH Network of Care.</p>	<p>This column should focus on one or both of the OUD Outcomes goals: Reduce OUD deaths / Increase access to OUD treatment, including MAT + as measured by _____.</p> <p>The outcome goal is to increase access to Opiate Use Disorder treatment including MAT as measured by Fairfield County ADAMH providers of people in treatment and number of prescribers.</p>

**CCIM4C Strategic Plan Map: Recovery Supports
Fairfield County**

Statement of how the plan is related to *at least one* of Ohio's CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

By addressing Recovery Supports in Fairfield County it will led to decreasing opioid overdose deaths.

Population of Focus:

The population of focus will be adults living in Fairfield County.

Theory of Community Change:
Insert "If-Then Proposition(s)" here.

If we offer Recovery Support information to Fairfield County community members then we will increase knowledge of available community recovery supports to reduce the number of opioid overdose deaths in Fairfield County as evidenced by the statistics from the Ohio Department of Health, Fairfield County unintentional opioid overdose death rates.

Community Logic Model – Theory of Change

Theory of Action

Measurable Outcomes

Opioid Use Disorder Outcome (There may be ONLY one OUD outcome listed!)	Causal Factor (There may be ONLY one causal factor listed!)	Root Cause(s) (There may be MORE than one root cause listed!)	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
<p>Description of Opioid Use Disorder Outcome (In Words)</p> <p>Fairfield County will reduce opioid use disorder deaths.</p> <p>Data to Support Opioid Use Disorder Outcome:</p> <p>Fairfield County unintentional opioid overdose deaths rates are: 23 deaths in 2016, 16 deaths in 2015, 15 deaths in 2014 as reported by the Ohio Department of Health.</p>	<p>Description of Causal Factor (In Words)</p> <p>In order to increase recovery supports in Fairfield County we need to address the lack of information dissemination on available resources.</p> <p>Data to Support Causal Factor:</p> <p>Please include the source of the data and the year(s) the data was collected.</p> <p>Information from the 2016 Recovery Oriented Systems of Care Survey included: 78.8% strongly disagreed and disagreed that recovery supports are available in the community including peer support, housing and transportation. 71.2% indicated strongly disagree and disagree that there are workforce programs and supports available to help individuals get back to work.</p>	<p>Description of Root Cause #1 (In Words)</p> <p>Fairfield County community members are not aware of the recovery supports that are available in Fairfield County</p> <p>The root cause must be directly related to the causal factor.</p> <p>Data to Support Root Cause #1</p> <p>Information from the 2016 Recovery Oriented Systems of Care Survey included: 78.8% strongly disagreed and disagreed that recovery supports are available in the community including peer support, housing and transportation. 71.2% indicated strongly disagree and disagree that here are workforce programs and supports available to help individuals get back to work.</p>	<p>Insert the evidence-informed strategy(ies) the team has selected to address Root Cause #1.</p> <p>There should be 1:1 correspondence between Root Cause #1 and strategy.</p>	<p>Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy for Root Cause #1. There should be a 1:1 correspondence between Root Cause #1, strategy, and the lead partner & budget.</p>	<p>Identify the approximate timeline for the strategy to be implemented. There should be a 1:1 correspondence between Root Cause #1, strategy, lead partner & budget, and timeline.</p>	<p>This column should have 1:1 correspondence with the root causes column(s) + as measured by _____.</p> <p>ALL root causes should directly impact the causal factor.</p> <p>Offer recovery support information in different ways, different times, and venues as measured by tracking information on sessions offered and knowledge gained about recovery supports.</p>	<p>This column should have 1:1 correspondence with the causal factors column + as measured by _____.</p> <p>The causal factor should directly impact the OUD outcome.</p> <p>Provide information on recovery supports to the community as measured by future Recovery Oriented Systems of Care Survey</p>	<p>This column should focus on one or both of the OUD Outcomes goals: Reduce OUD deaths / Increase access to OUD treatment, including MAT + as measured by _____.</p> <p>The outcome goal is to reduce opioid use disorder deaths in Fairfield County as measured by the Ohio Department of Health.</p>

Fairfield County

CCIM4C Strategic Plan Map: BHAG for Thriving and Resilient Communities for Homelessness

Statement of How the BHAG for Thriving and Resilient Communities is related to at least one of Ohio's CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):

By addressing homelessness for people in recovery we will decrease opioid use disorder deaths

Population of Focus:

The population of focus will be individuals and families with opioid use disorder who are homeless.

Statement of How the BHAG for Thriving and Resilient Communities is related to at least one of your community's Prevention, Treatment, or Recovery Plans.

By addressing homelessness of people with opioid use disorder we will increase successful recovery which will decrease opioid use disorder deaths.

Theory of Community Change Related to the BHAG for Thriving and Resilient Communities:

If we increase safe, affordable permanent support housing in Fairfield County then we will increase the number of individuals and families in recovery in permanent supportive housing. If we increase the number of individuals and families in recovery in supportive housing we will decrease the number of opioid use disorder deaths.

Community Logic Model – Theory of Change

Theory of Action

Measurable Outcomes

BHAG	Causal Factor	Root Cause (There may be more than one listed!)	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Cause (Shorter-term)	Outcome for the Causal Factor (Mid-term)	BHAG Outcome (BHAG)
<p>Description of BHAG (In Words) Fairfield County will reduce opioid use disorder deaths.</p> <p>Data to Support BHAG:</p> <p>Please include the source of the data and the year(s) the data was collected. Fairfield County unintentional opioid overdose deaths rates are: 23 deaths in 2016, 16 deaths in 2015, 15 deaths in 2014 as reported by the Ohio Department of Health.</p>	<p>Description of Causal Factor (In Words) The need has increased in Fairfield County for safe, affordable permanent supportive housing in Fairfield County</p> <p>Data to Support Causal Factor:</p> <p>Please include the source of the data and the year(s) the data was collected. Permanent supportive house in Fairfield County used by individuals: 2017 272 2016 293 2015 216 Bed Inventory 2017 – 109 beds Source - Point In-Time Count, Lancaster-Fairfield Community Action, 2017</p>	<p>Description of Root Cause #1 (In Words) The increase in people with opioid use disorder that are in recovery that are homeless. The root cause must be directly related to the causal factor.</p> <p>Data to Support Root Cause #1 As of June 2017, there were 32 households on the wait list for Pearl House (supportive housing) and 144 families on the wait list for Rutherford House (supportive housing) 2016 – Lancaster Fairfield Community Action Agency's family shelter had 87 homeless families on the wait list. Source: Homeless Point-In-Time Count, Lancaster-Fairfield Community Action Agency 2017 d.</p>	<p>Insert the evidence-informed strategy(ies) the team has selected to address Root Cause #1. There should be 1:1 correspondence between Root Cause #1 and the strategy.</p>	<p>Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy. There should be a 1:1 correspondence between Root Cause #1, strategy, and the lead partner & budget.</p>	<p>Identify the approximate timeline for the strategy to be implemented. There should be a 1:1 correspondence between Root Cause #1, lead partner & budget, and timeline.</p>	<p>This column should have 1:1 correspondence with Root Cause #1 + as measured by ____.</p> <p>ALL root causes should directly impact the causal factor.</p> <p>Increase housing for people in recovery as measured by the wait list for supportive housing Point-In-Time Count, Lancaster-Fairfield Community Action Agency</p>	<p>This column should have 1:1 correspondence with the causal factors column + as measured by ____.</p> <p>The causal factor should directly impact the BHAG outcome.</p> <p>Increase safe affordable permanent support housing in Fairfield County as measured by the Point-In-Time County, Lancaster-Fairfield Community Action</p>	<p>This column should focus on your community's BHAG + as measured by ____.</p> <p>The outcome goal is to reduce opioid use disorder deaths in Fairfield County as measured by the Ohio Department of Health.</p>

What other BHAGs do Ohio's communities have?

- Social isolation and a lack of connectedness
- Adverse Childhood Experiences (ACEs) x 4
- Supportive housing
- Economic burden as a result of the opiate crisis
- Transportation or lack of foster care families (still deciding)
- Undecided



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What's coming next?

- Strategy selection
- Focus on BHAG
- Community organizing
- Implementation of strategies
- Evaluation: built in with the logic model



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Resources

Ohio's CURES homepage

<http://mha.ohio.gov/Funding/Cures-Act>

CCIM4C homepage

<http://collectiveimpact.mha.ohio.gov/>



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Partners

- 12 CCIM4C Communities
- OhioMHAS ● <http://mha.ohio.gov/>
- Ohio University's Voinovich School of Leadership and Public Affairs
<https://www.ohio.edu/voinovichschool/>
- Pacific Institute for Research and Evaluation
<http://www.pire.org/>
- Prevention Institute
<https://www.preventioninstitute.org/>



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Questions

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