



Adopting Collective Impact to Address the Opioid Epidemic

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Session Objectives

- Describe the CCIM4C initiative and how it is being used to address the opioid epidemic and community trauma in Ohio.
- Identify the core concepts of the collective impact approach, as well as elements of other prevention frameworks that may enhance a collective impact approach.
- Discuss the successes, difficulties, and lessons learned from using a collective impact approach to address the opioid epidemic and the community-level trauma associated with it.

Funding for Ohio's CCIM4C Initiative:

OhioMHAS Funding: 3HB0-2018 Cures Opioid STR (336503); 4222D-Opiate Prevention

Ohio University Awards: Statewide Collective Impact Model for Change.

OhioMHAS Grants #1800552 & #1900584.

Objective 1

Describe the CCIM4C initiative and how it is being used to address the opioid epidemic and community trauma in Ohio.

21st Century CURES Act

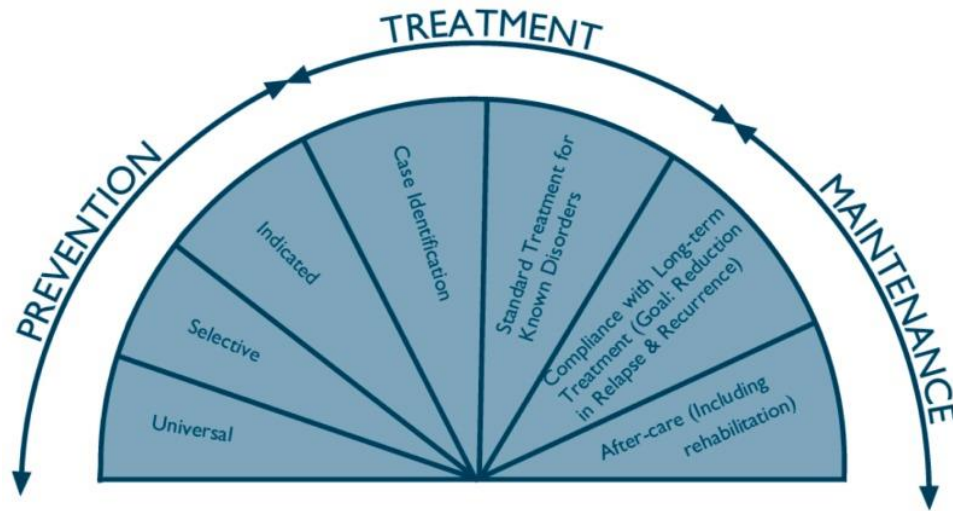
- The 21st Century CURES Act was enacted by Congress in December 2016.
- The Act allocated \$1B in funding for the opioid epidemic.
- Ohio secured \$26M/year for two years through the State Targeted Response to the Opioid Crisis Grants program.
- CURES Act money in Ohio is administered by the Ohio Department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



Goals of the State Targeted Response to the Opioid Crisis Grants Program

1. Reduction in OUD deaths as a result of increased collaboration between prevention, treatment, and recovery supports.
2. Increased access to OUD treatment, including medication-assisted treatment (MAT).

How can we work collectively at every stage of the continuum of care to impact the opioid epidemic?



Reference. Springer JF, Phillips JL. The Institute of Medicine framework and its implication for the advancement of prevention policy, programs and practice. EMT Associates, Inc; Folsom, CA: 2007.

Collective Impact (2011)

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

Illustration by Martin Jarrin

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Asterberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader after World War II the United States had the highest high school graduation rate in the world—the country now ranks 48th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unattainable. Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 35 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than

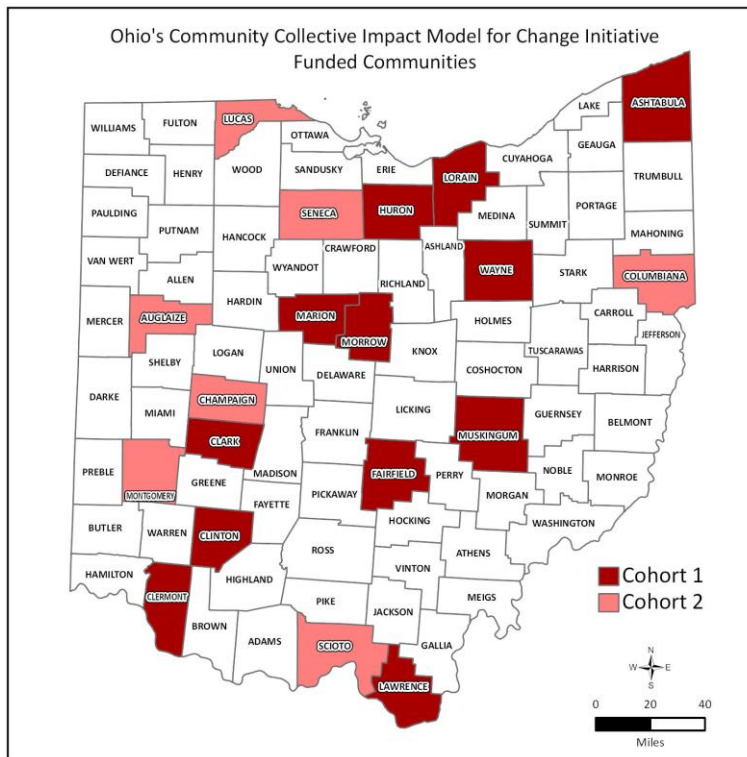
200 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-minded nonprofit and advocacy groups.

These leaders realized that fulgurate point on the educational continuum—such as better after school programs—wouldn't make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their individual missions became coordinated investments at every stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead, through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of collective impact, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most

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

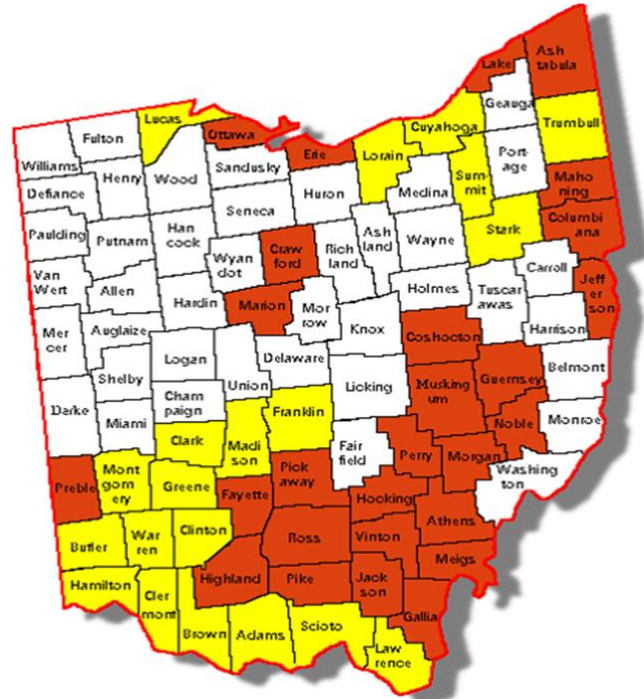


Cohort 1 (N=12)
“July” 2017-April 2019

Cohort 2 (N=7)
January 2019 – April 2019

Ohio's Opioid Burden

- **Tier 1 (yellow):** Counties with the highest overdose death counts (2010-15), rates (2010-15), and fentanyl deaths (2015). Total residents in Tier 1 Counties: 7,030,825, or 61% of state population.
- **Tier 2 (orange):** Counties with the next highest overdose death rates (2010-15), and need for treatment (NSDUH 2012-14). Total 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



Level of Opioid Burden in CCIM4C Communities

Cohort 1

(“July” 2017–April 2019)

Tier 1 (Highest Rates)



Tier 2 (Next Highest Rates)



Tier 3 (Remaining Counties)



(N=12)

Cohort 2

(January 2019–April 2019)

Tier 1 (Highest Rates)



Tier 2 (Next Highest Rates)



Tier 3 (Remaining Counties)



(N=7)

Types of Organizations Leading CCIM4C Community Initiatives

Cohort 1

(“July” 2017–April 2019)

Community-based Prevention Provider



County MHRSB/ADAMHS Board



Local Health Department



Community-based Coalition



(N=12)

Cohort 2

(January 2019–April 2019)

Community-based Prevention Provider



County MHRSB/ADAMHS Board

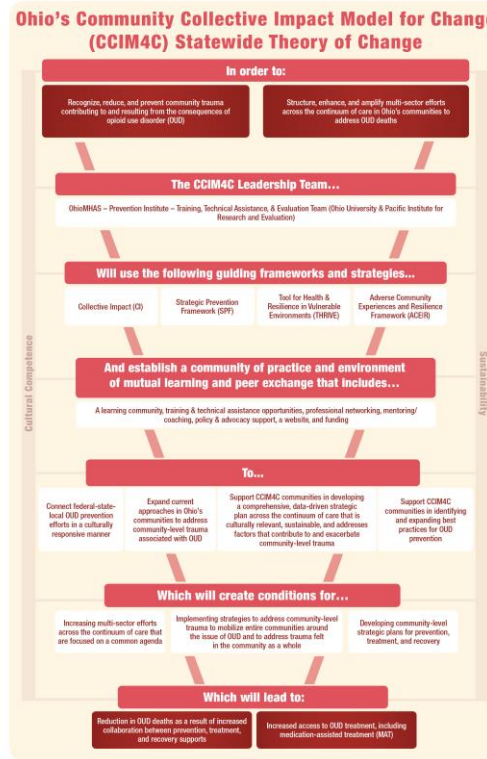


Community Action Agency



(N=7)

Ohio's CCIM4C Approach: Theory of Change



Ohio's CCIM4C Approach: "Wrap Around" Support Team



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Ohio's CCIM4C Approach: Guiding Frameworks & Strategies



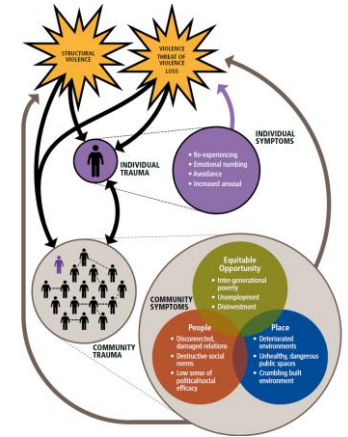
Collective Impact
(Kania & Kramer, 2011)



Strategic Prevention
Framework
(SAMHSA)



THRIVE
Tool for Health & Resilience in Vulnerable
Environments
(Prevention Institute)



ACE|R
Adverse Community
Experiences and
Resilience Framework
(Prevention Institute)

Ohio's CCIM4C Approach: Community of Practice

A community of practice and environment of mutual learning and peer exchange that includes a learning community, training and technical assistance opportunities, professional networking, mentoring/coaching, a website, and funding.



Ohio's CCIM4C Approach: Statewide Goals

1. Connect federal-state-local OUD prevention efforts in a culturally responsive manner
2. Expand current approaches in Ohio's communities to address community-level trauma associated with OUD
3. Support CCIM4C communities in developing a comprehensive, data-driven strategic plan across the continuum of care that is culturally relevant, sustainable, and addresses factors that contribute to and exacerbate community-level trauma
4. Support CCIM4C communities in identifying and expanding best practices for OUD prevention

Ohio's CCIM4C Approach: Creating Conditions in Ohio Communities for...

1. Increasing multi-sector efforts across the continuum of care that are focused on a common agenda
2. Implementing strategies to address community-level trauma to mobilize entire communities around the issue of OUD and to address trauma felt in the community as a whole
3. Developing community-level strategic plans for prevention, treatment, and recovery

Ohio's CCIM4C Approach: Outcome Indicators

1. Reduction in OUD deaths as a result of increased collaboration between prevention, treatment, and recovery supports
2. Increased access to OUD treatment, including medication-assisted treatment (MAT)

Objective 2

Identify the core concepts of the collective impact approach, as well as elements of other prevention frameworks that may enhance a collective impact approach.

What is collective impact?

Collective Impact: In the beginning
(2011)



Reference. Kania, John, and Mark Kramer. "Collective Impact." *Stanford Social Innovation Review* 9, no. 1 (Winter 2011): 36–41.

A Framework for Collective Impact



Collective Impact – Continuously Evolving

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.

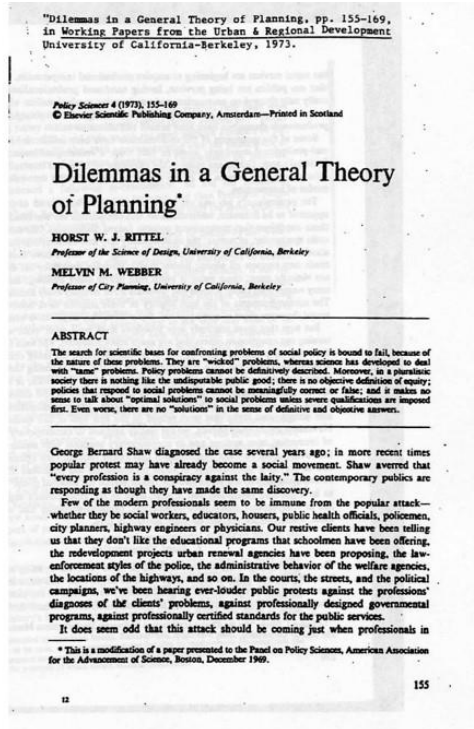
To that end, a group of us have developed a set of six principles under the name “Collaborating for Equity and Justice.” Drawn from decades of research, organizing, and experience in a wide range of fields, these principles facilitate successful cross-sector collaboration for social change in a way that 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 injustice 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 Pernie Foster-Fishman and Erin Watson’s ABLe Change Framework. However, some leading foundations and important government agencies eagerly sought a simpler way to create large-scale social change through multisector 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

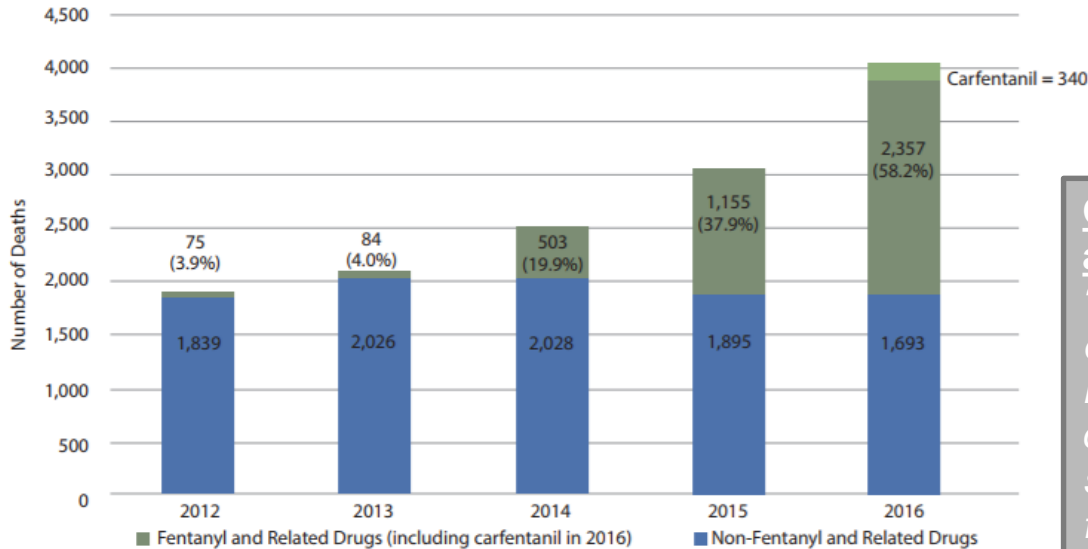
When is collective impact appropriate?

Communities are increasingly facing “wicked” problems.



Opioid use and abuse is a wicked problem.

Figure 1. Number of Fentanyl and Related Drug Deaths and Percentage of Unintentional Overdose Deaths, by Year, Ohio, 2012-2016



Ohio 2016 overdose deaths are up 36% from 2015

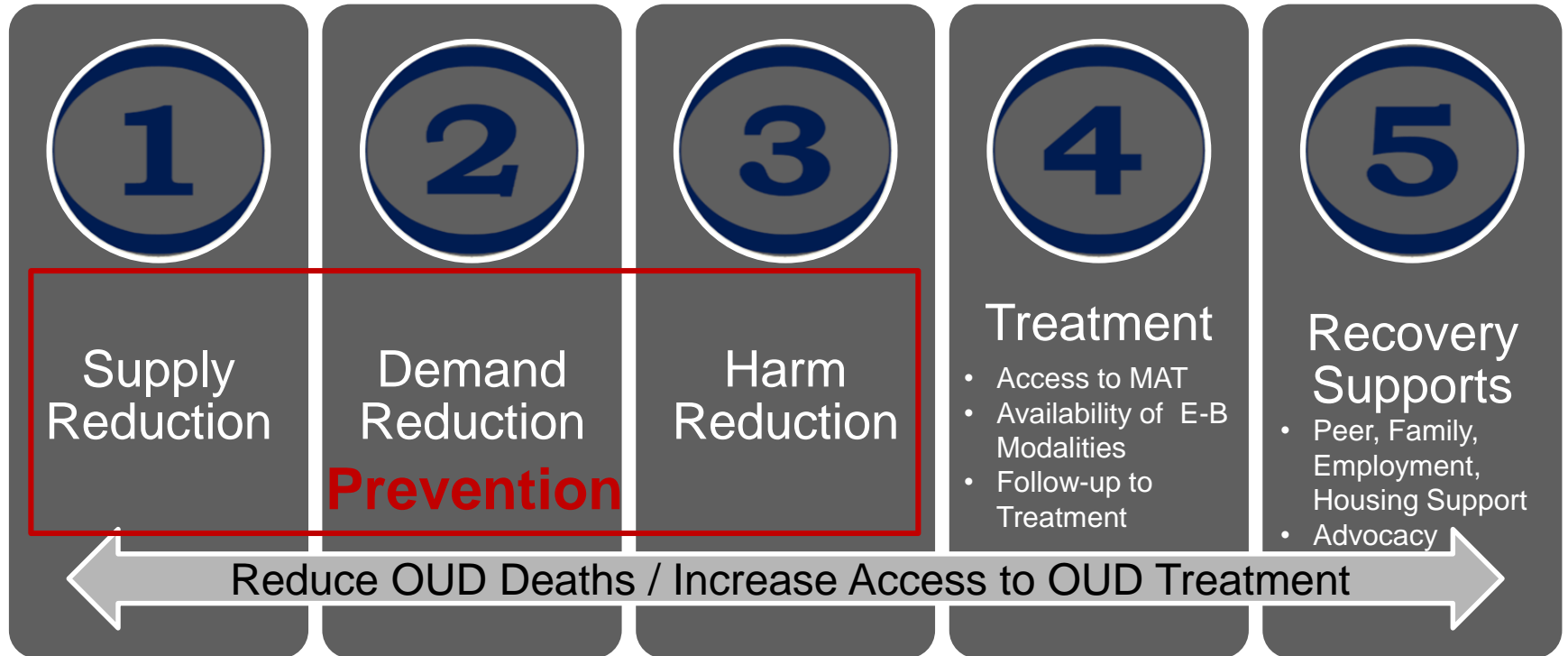
“An average of 11 people died each day in 2016 from heroin, fentanyl, carfentanil or other drugs... many coroners say their overdose fatalities for 2017 are outpacing the grim toll from 2016” (Johnson & Candisky, 2017)

Properties of Wicked Problems – Part 1

The existence of a discrepancy representing a wicked problem can be explained in numerous ways. The choice of the explanation determines the nature of the problem's resolution.

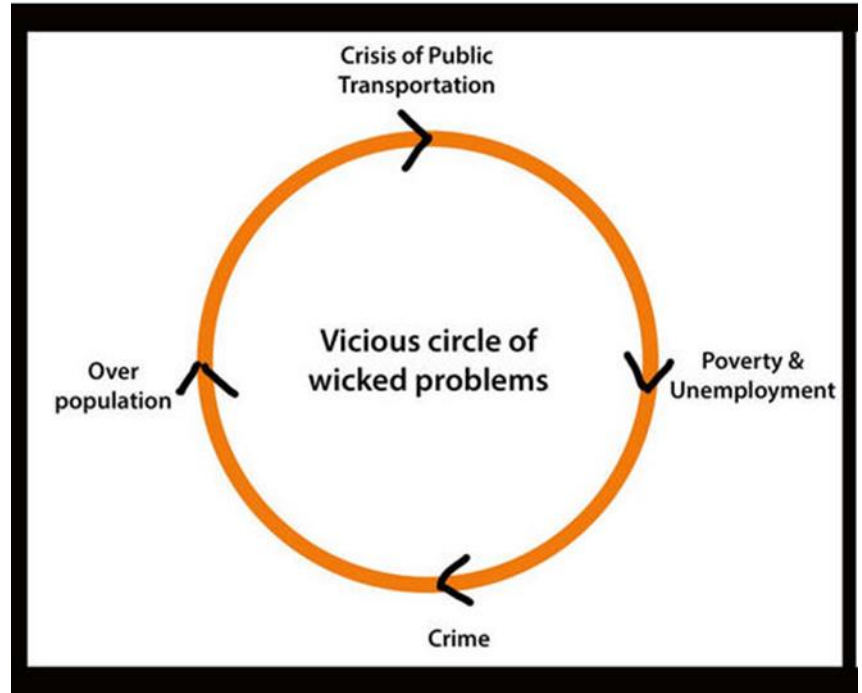


Frame that Wicked Problem!

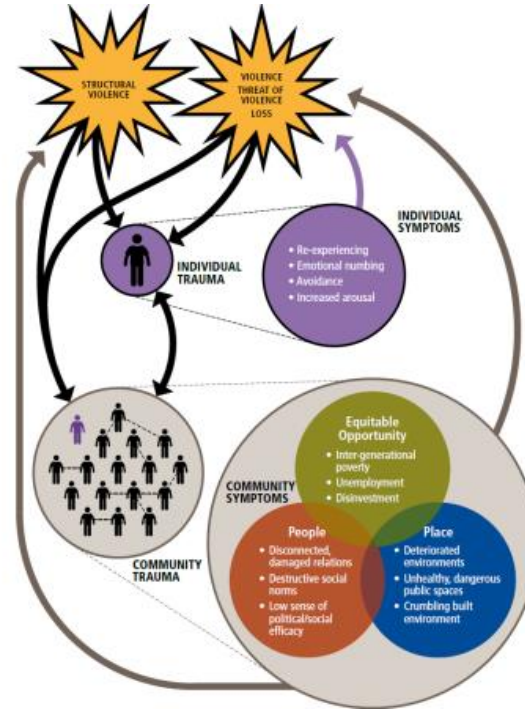


Properties of Wicked Problems – Part 2

Every wicked problem can be considered to be a symptom of another problem.



Communities are also facing community-level trauma.



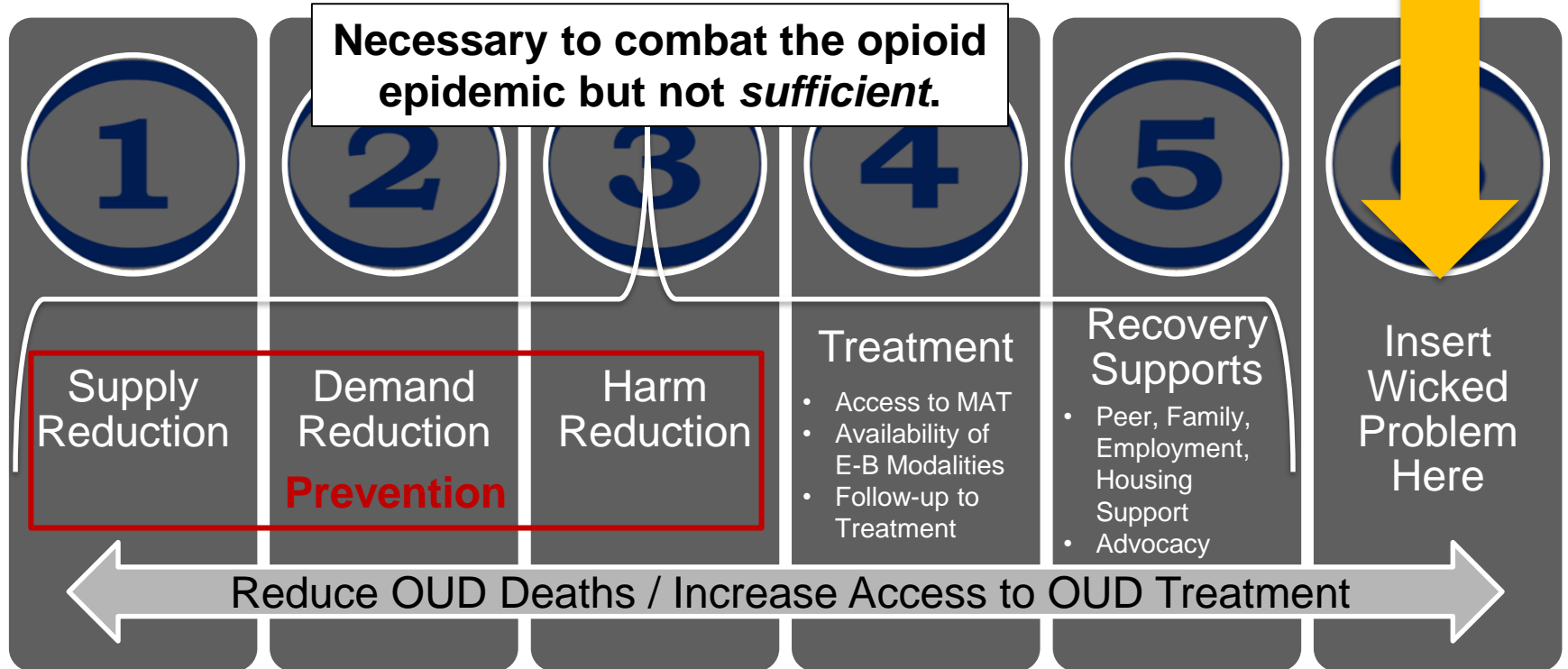
Reference. Adverse Community Experiences and Resilience Framework (ACE|R). Prevention Institute.

<https://www.preventioninstitute.org/projects/adverse-community-experiences-and-resilience-understanding-addressing-and-preventing>

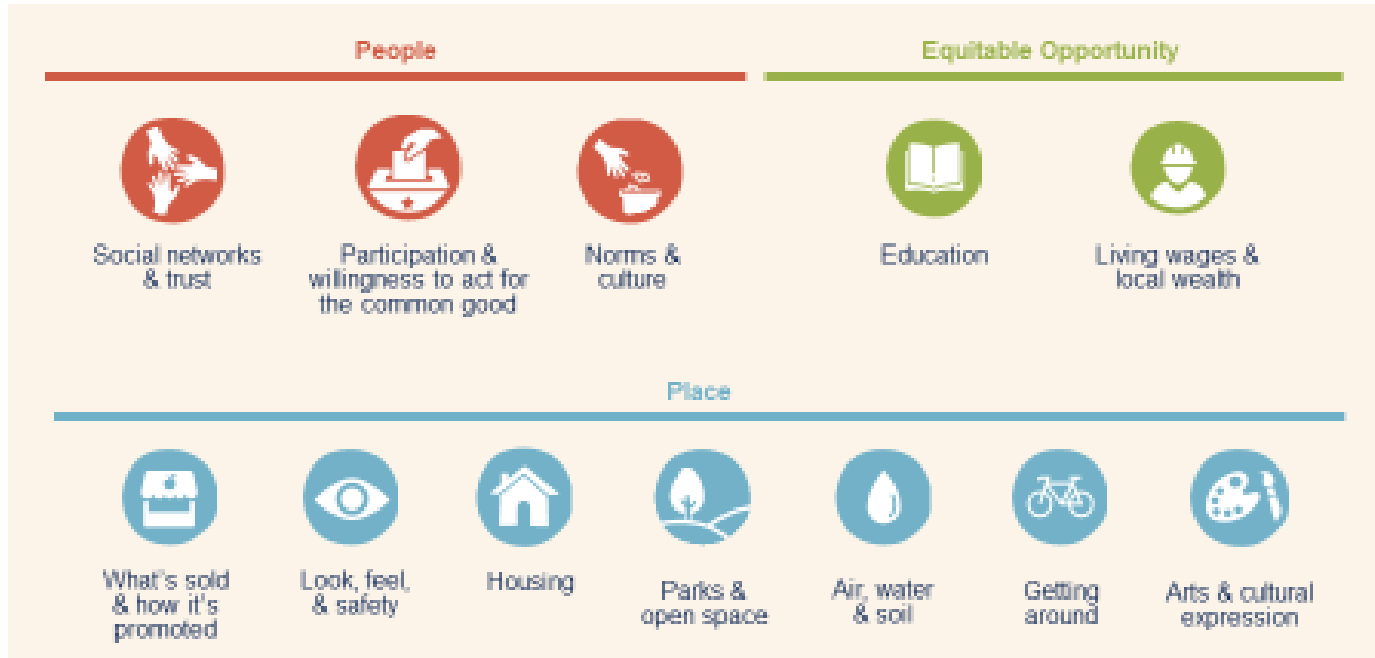
Which introduces yet another wicked problem...



What we learned: When addressing wicked problems...



We must get representation and participation from multiple sectors...



... and capitalize on existing individual expertise while working together toward a common goal ...

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

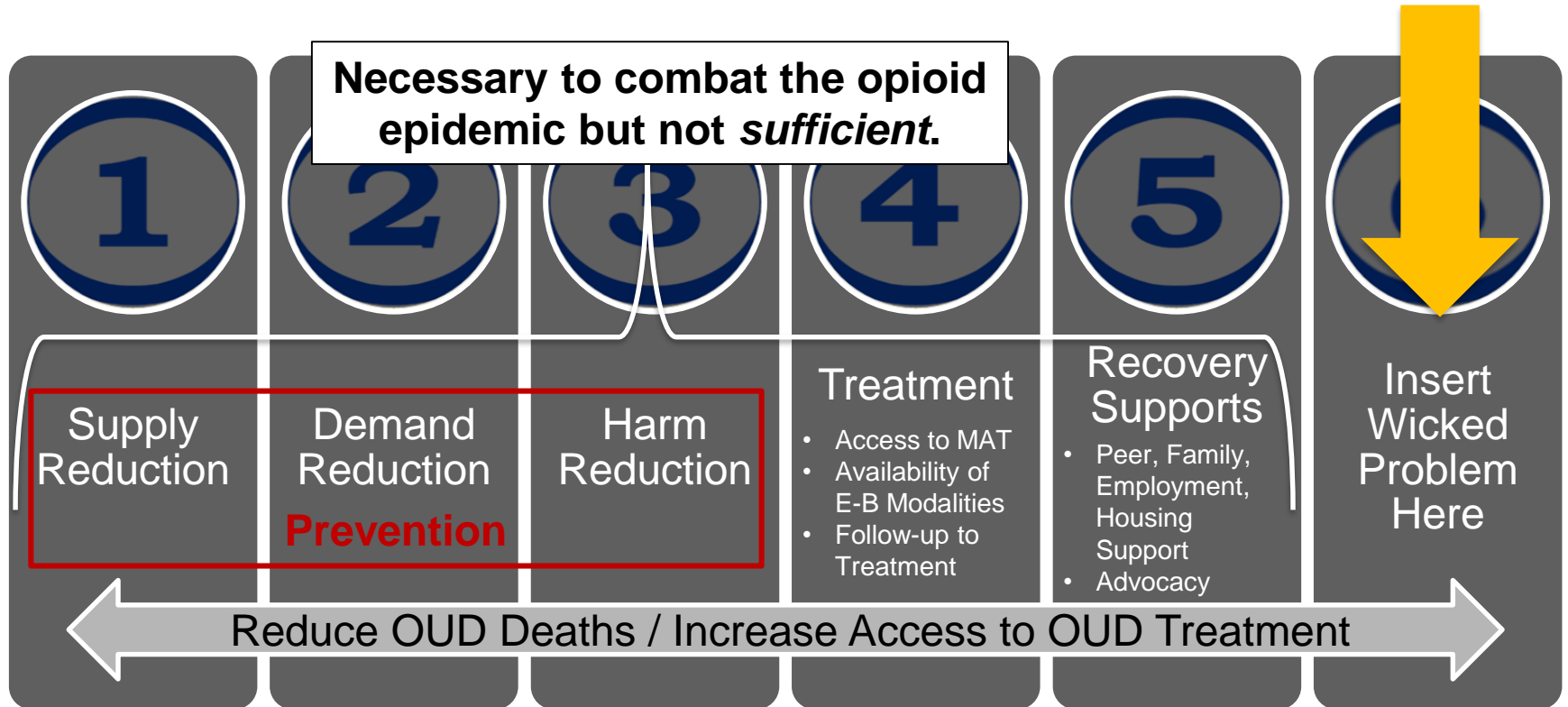
Hoard resources

Self protect

Don't network

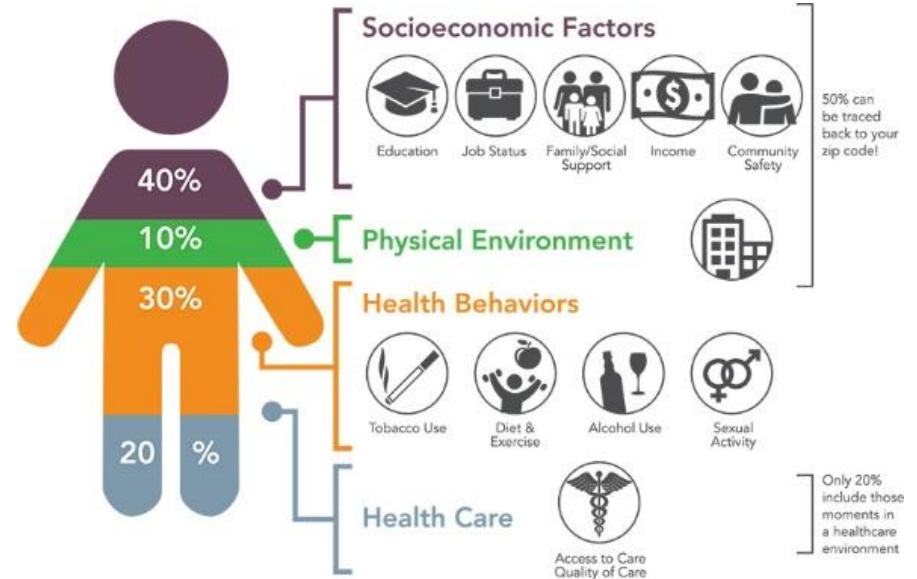
Focus on individual good

...because there is a LOT of work to do.



We also learned a little more about that “additional wicked problem” ...

The “additional wicked problem” that must be addressed in our communities was always related to **social determinants of health** (SDOH).



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Reference.

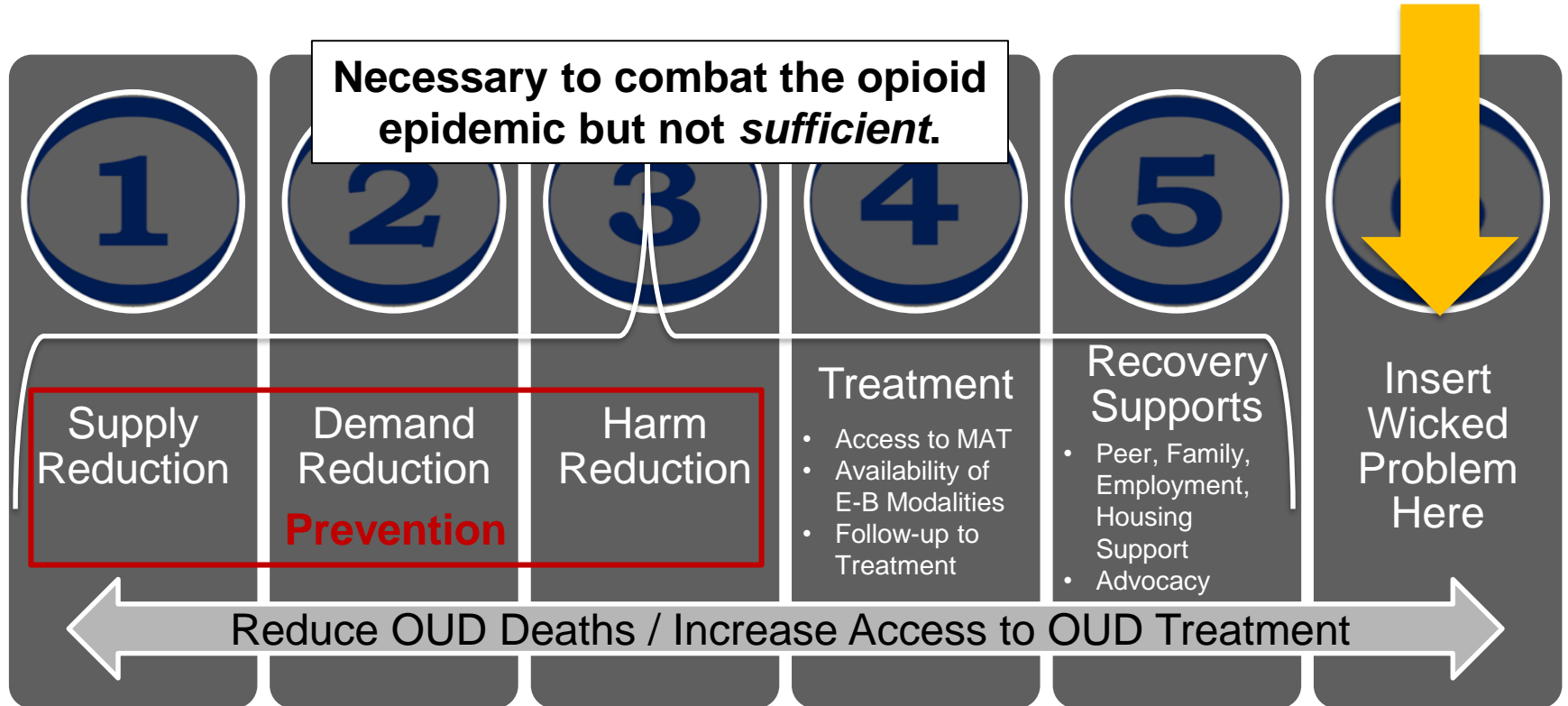
Graphic: <https://www.promedica.org/socialdeterminants/pages/default.aspx>

Paper: <http://www.nrhi.org/uploads/going-beyond-clinical-walls-solving-complex-problems.pdf>

SDOH are essential for health equity – health for ALL.



Ohio's CCIM4C Initiative – Final Model



Objective 3

Discuss the successes, difficulties, and lessons learned from using a collective impact approach to address the opioid epidemic and the community-level trauma associated with it.

What are the strengths of collective impact?



- Identify gaps and duplicative efforts
- Pursue activities that complement, rather than compete with, one another
- Move toward a common goal that everyone understands and is working toward
- Know how to measure success and have a shared language amongst members with different backgrounds
- Involve a broad base of expertise so coalition can cast a wider net (can be good at many things, rather than good at a couple of things)
- Take advantage of expertise within silos, but ensure constant communication to leverage this expertise between silos
- Access new resources that can be shared at no or low cost, such as data

What are the challenges of collective impact?

- Hard work!
- Turfism
- Differing agendas/goals/funders
- Logistics – a well-functioning structure and ecosystem can be difficult to set up and maintain
- Engaging and maintaining active partners to share the work
- Continuous communication
- Buy-in
- Trust – sharing of data, resources, personnel, etc.



How does collective impact work with other planning processes?



<http://www.collaborationforimpact.com/collective-impact/>



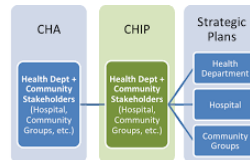
Whole School, Whole Community, Whole Child Model
<https://www.cdc.gov/healthyschools/wscc/index.htm>



Strategic Prevention Framework
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

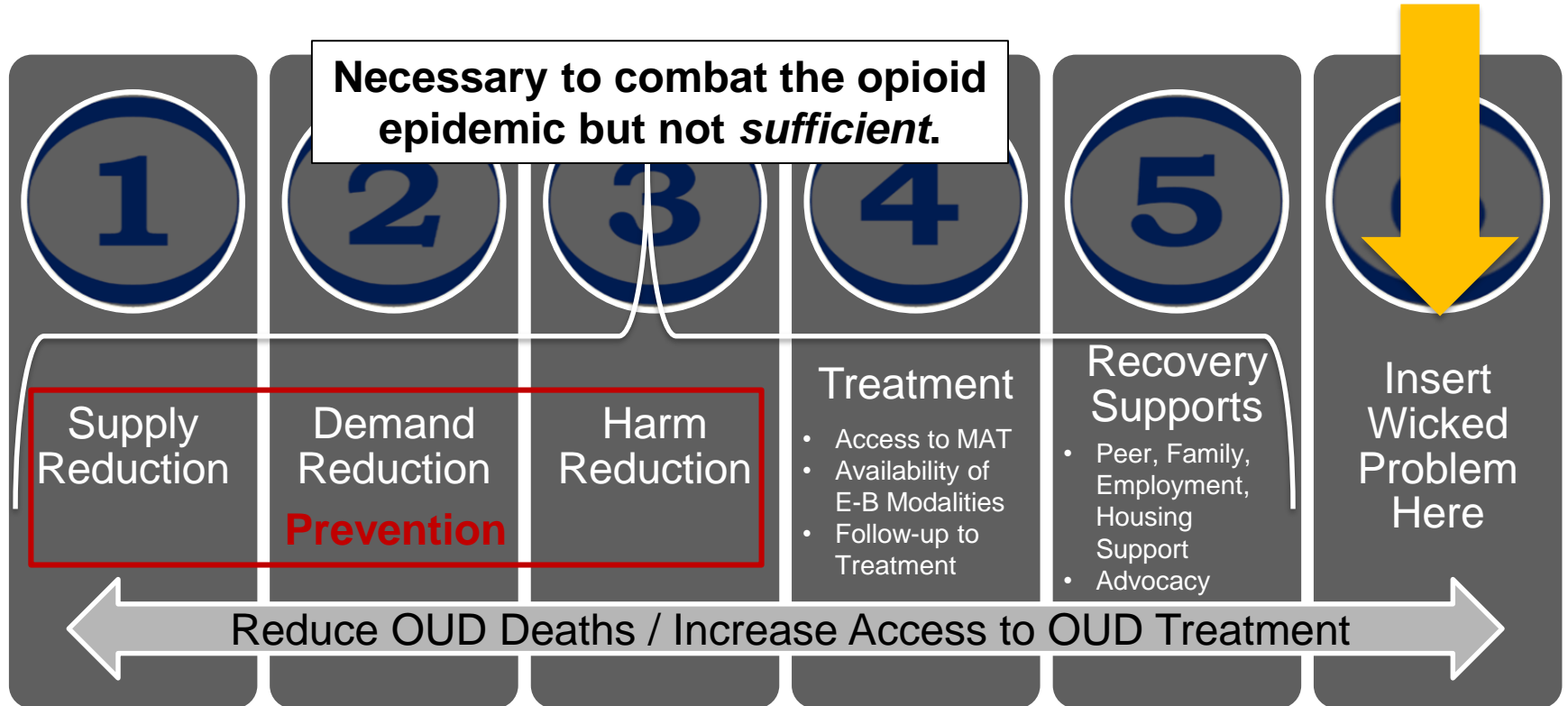


Positive Behavioral Interventions and Supports
<https://www.pbis.org/>



Community Health Assessment (CHA)
Community Health Improvement Plan (CHIP)
<https://www.naccho.org/>

Opioid Epidemic



Increasing Community Connectedness



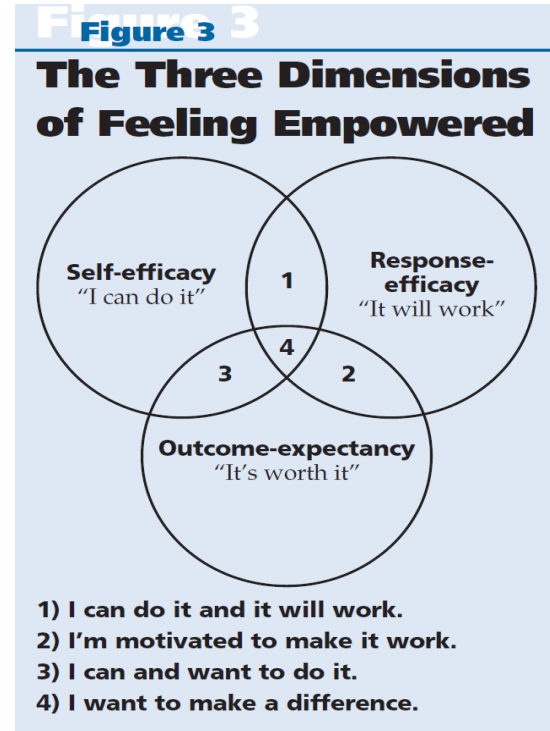
If you can mitigate the challenges and capitalize on the strengths/synergies of collective impact:

- It can be used to address any pressing issue in a community, especially those 'wicked problems'
- The structure and relationships can transcend the ever-changing landscape of community work

Is collective impact the right approach at the right time for this issue in my community?

When faced with a new initiative, framework, idea, etc. ... ask:

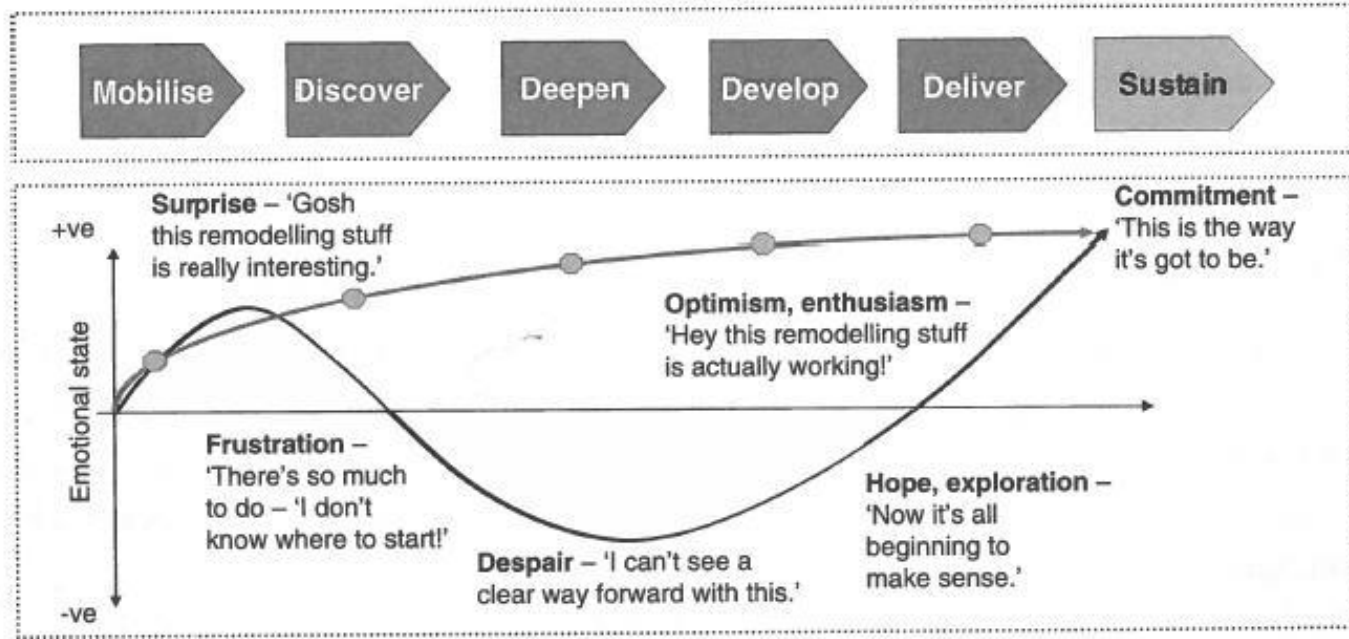
1. Can I do it?
2. Will it work?
3. Is it worth it?



Reference. Gellar, ES. People-Based Leadership Enriching a Work Culture for World-Class Safety.

https://www.researchgate.net/publication/254508297_People-Based_Leadership_Enriching_a_Work_Culture_For_World-class_Safety

How difficult is it to engage in collective impact?



Reference. Collarbone, P. (2009). *Creating tomorrow: Planning, developing, and sustaining change in education and other public services*. London: Bloomsbury.

How do I lead collective impact?

1. Bring the whole system to the table.
2. First job is not to solve problem, but to build and sustain trust.
3. Next job is ensuring short-term wins for all, on the way to longer term solution.
4. Build ongoing, adaptive learning into the process.
5. Be aware of your power, and share it responsibly.
6. Manage relationships at home in tandem with those of your problem-solving community.

Reference. Manville, B. (2016). Six Leadership Practices for 'Wicked' Problem Solving.

<https://www.forbes.com/sites/brookmanville/2016/05/15/six-leadership-practices-for-wicked-problem-solving/#46f77b88506b>

Where do I start?

MARGARET WHEATLEY | DEBORAH FRIEZE

**WALK
OUT
WALK
ON**

A LEARNING JOURNEY INTO COMMUNITIES
DARING TO LIVE THE FUTURE NOW

By the bestselling author of *Leadership and the New Science*

This [quote] has guided me in almost all of my works ... It is as follows, **“start anywhere, follow it everywhere.”** ... It’s the idea of **really working actively with emergence.** You don’t have to have the answers now; **you have to start with what’s in front of you**, and then you have to **actively notice where it is leading you and follow it.”**

- Deborah Frieze



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