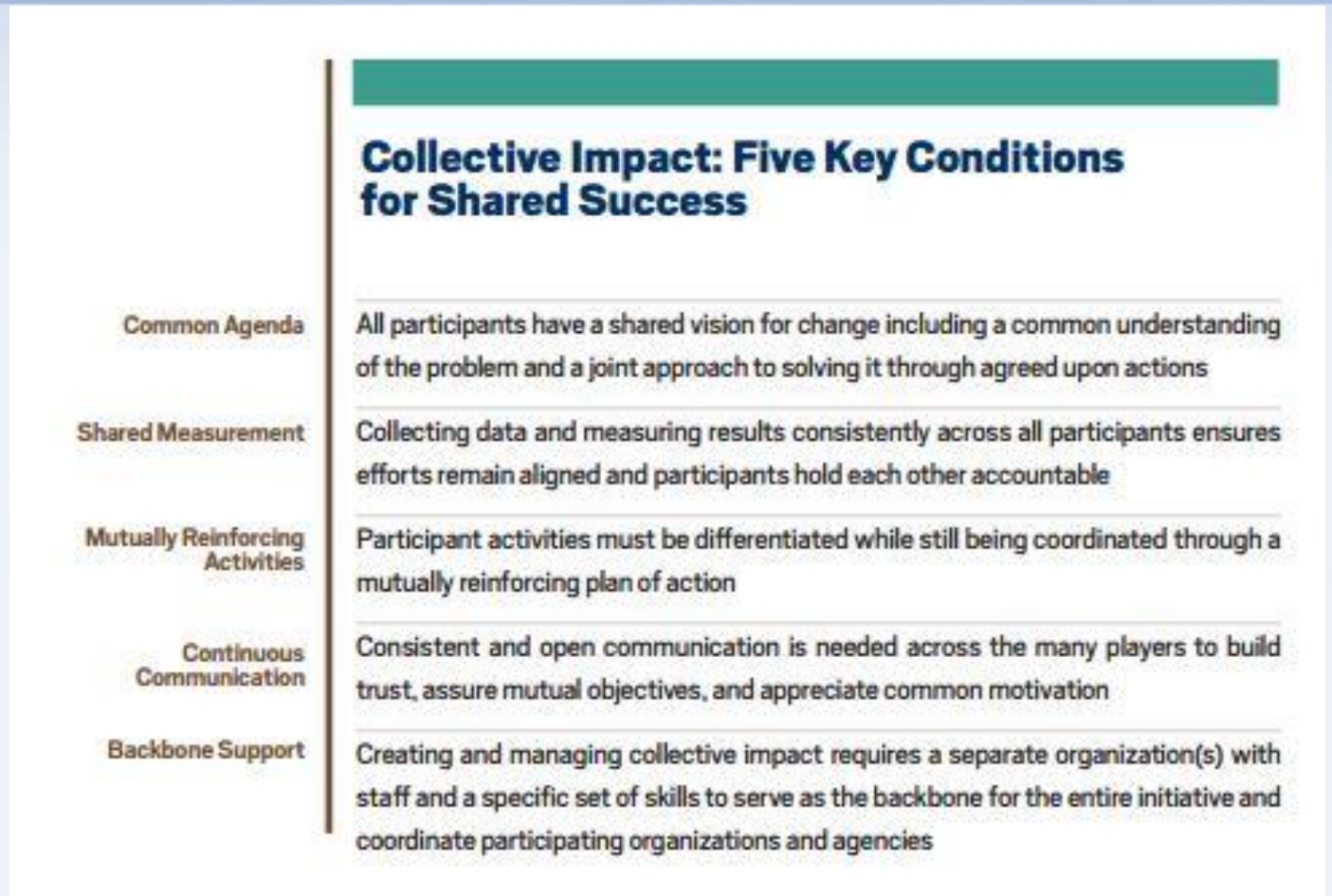


"... we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business."

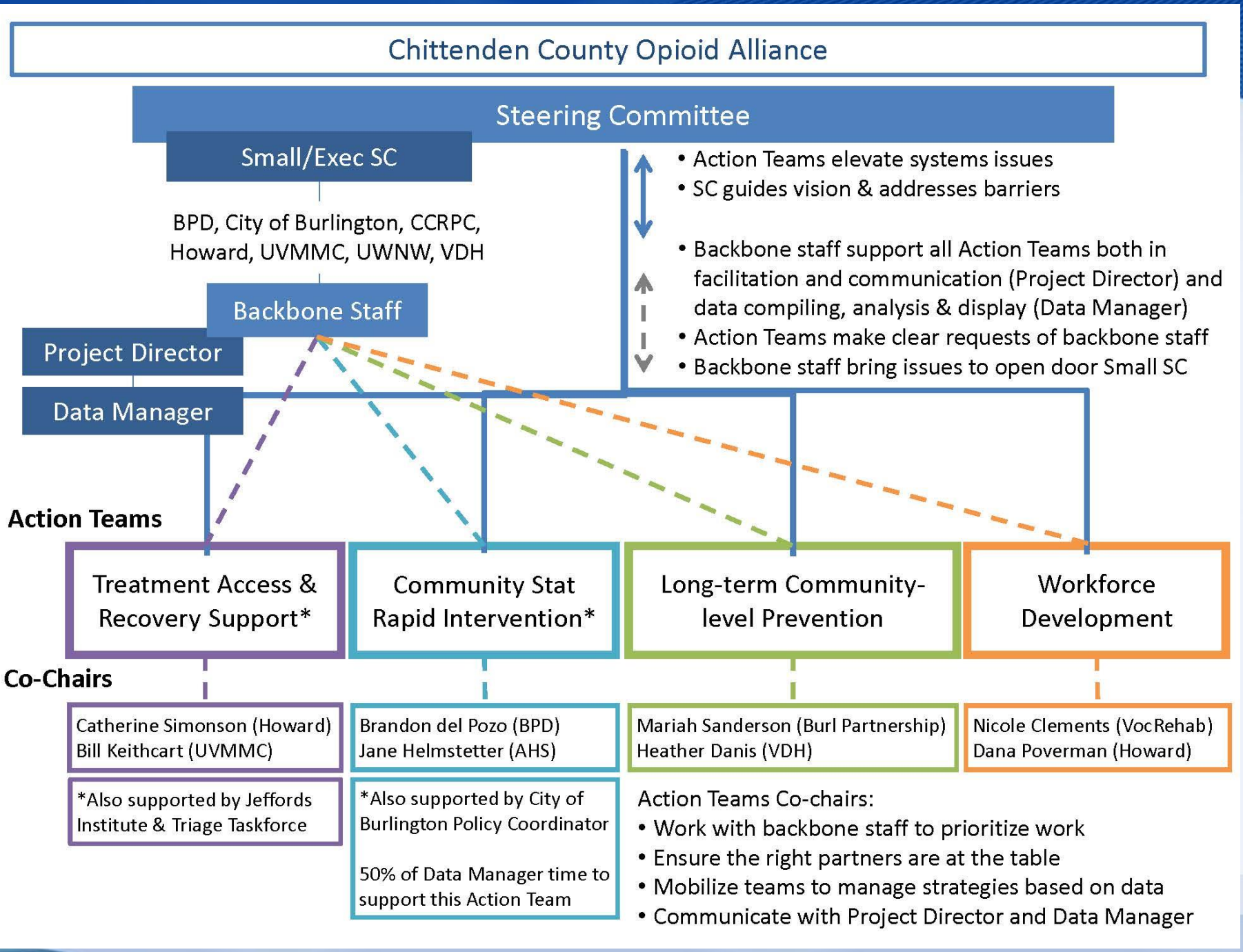
John Kania & Mark Kramer

Collective Impact

Graphic Source: FSG Presentation, Vermont Collective Impact Conference 2015

Achieving collective impact requires the fundamental mindset shifts…….. *who* is involved, *how* they work together, and *how* progress happens.

These shifts have significant implications for how practitioners design and implement their work, how funders incentivize and engage with grantees, and how policymakers bring solutions to a large scale.


Chittenden County Opioid Alliance
Steering Committee
Small/Exec SC
BPD, City of Burlington, CCRPC, Howard, UVMMC, UWNW, VDH
Backbone Staff
Project Director
Data Manager
• Action Teams elevate systems issues
• SC guides vision & addresses barriers
• Backbone staff support all Action Teams both in facilitation and communication (Project Director) and data compiling, analysis & display (Data Manager)
• Action Teams make clear requests of backbone staff
• Backbone staff bring issues to open door Small SC
Action Teams
Treatment Access & Recovery Support*
Community Stat Rapid Intervention*
Long-term Community-level Prevention
Workforce Development
Co-Chairs
Catherine Simonson (Howard)
Bill Keithcart (UVMMC)
Brandon del Pozo (BPD)
Jane Helmstetter (AHS)
Mariah Sanderson (Burl Partnership)
Heather Danis (VDH)
Nicole Clements (VocRehab)
Dana Poverman (Howard)
*Also supported by Jeffords Institute & Triage Taskforce
*Also supported by City of Burlington Policy Coordinator
50% of Data Manager time to support this Action Team
Action Teams Co-chairs:
• Work with backbone staff to prioritize work
• Ensure the right partners are at the table
• Mobilize teams to manage strategies based on data
• Communicate with Project Director and Data Manager

CommStat as a collaborative accountability tool

Citywide Opiate Policy Manager

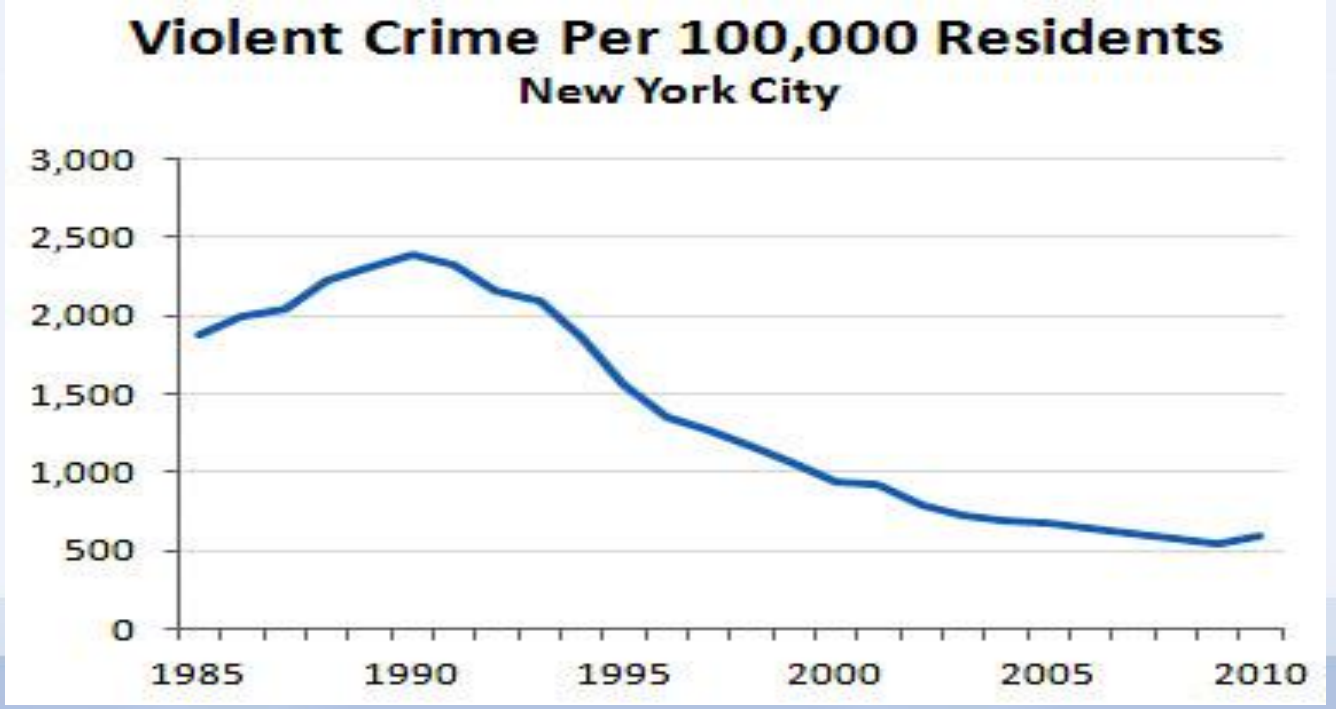
- Provides mayor and other city officials with the knowledge and to take responsibility for leading the city and its citizens through the opiate crisis.
- Devises policies and recommendations for the city's stakeholders to get the best results from coordinated work across a wide range of agencies
- Vets police department practices for the best possible public health outcomes.
- Scripts and runs the city's CommStat meetings.

CommStat, from CompStat

- A combination of leadership philosophy and management tools; named after the NYPD's accountability process (“Compare Statistics”).
- A dynamic approach to problem-solving and personnel/resource management
- Participants identify problem areas using extremely thorough analyses, and address those problems through the use of targeted, collaborative problem-solving.

The four principles of CompStat

1) Timely and accurate information and intelligence,
2) Effective tactics,
3) Rapid deployment of resources,
4) Relentless follow-up and assessment



Timely & Accurate Information

- **Information and intelligence from the full range of official and unofficial sources regarding all dimensions of the problem.**
- **Data is accurate and delivered as close to real-time as possible. This data is used to produce analyses that give a wide, evolving and comprehensive picture of the situation**
- **Leadership uses these information products to frame the problem, focus resources, and develop specific tactics.**

Effective Tactics

- Relying on past successes and appropriate resources, stakeholders develop tactics that will respond fully to the identified problem.
- These tactics involve government and community partners at the local, state, and federal levels in a collaborative response.
- CompStat meetings provide a collective process for developing tactics as well as accounting for their implementation.

Rapid deployment of resources

- CommStat meetings have both mid-level practitioners and upper-level executives in attendance, so there is comprehensive clarity about resource commitments
- The CommStat model strives to deploy resources to where there is a *developing* problem (e.g., upstream), or where they hold the most promise for outcomes given scarce resources

Relentless follow-up and assessment

- The CommStat meeting allows stakeholders to "check-in" on the success of current and past strategies in addressing identified problems
- Strategies are judged a success by a reduction in or absence of the initial problem
- Success or lack thereof provides knowledge of how to improve current and future planning and deployment of resources
- "If it works, do more. If not, do something else."

The CommStat Meeting

- **During their presentation, leadership asks all stakeholders probing questions about their collaborative work as well as about specific cases and initiatives they have undertaken to achieve success through action and coordination.**

- **Stakeholders are expected to demonstrate a detailed knowledge of the situation and challenges facing their agencies and to develop innovative and flexible tactics to address them.**

CommStat yields results

- A wide range of participants foster a team approach to problem solving
- Problems identified at the meeting can be immediately addressed through the development/implementation of comprehensive solutions and identifying action items to follow up on
- Stakeholders immediately commit resources: the obstacles and delays which often occur in bureaucratic organizations are minimized

The backbone of CommStat

1) Timely and accurate information or intelligence:

- **Opiate data analyst fed by transparent agencies**

2) Effective tactics:

- **Opiate policy Manager helped by clinicians, epidemiologists, etc.**

3) Rapid deployment of resources:

- **Opiate Policy Manager with the commitment of executive-level stakeholders**

4) Relentless follow-up and assessment:

- **Initiative leaders with vested authority**

Links to Videos

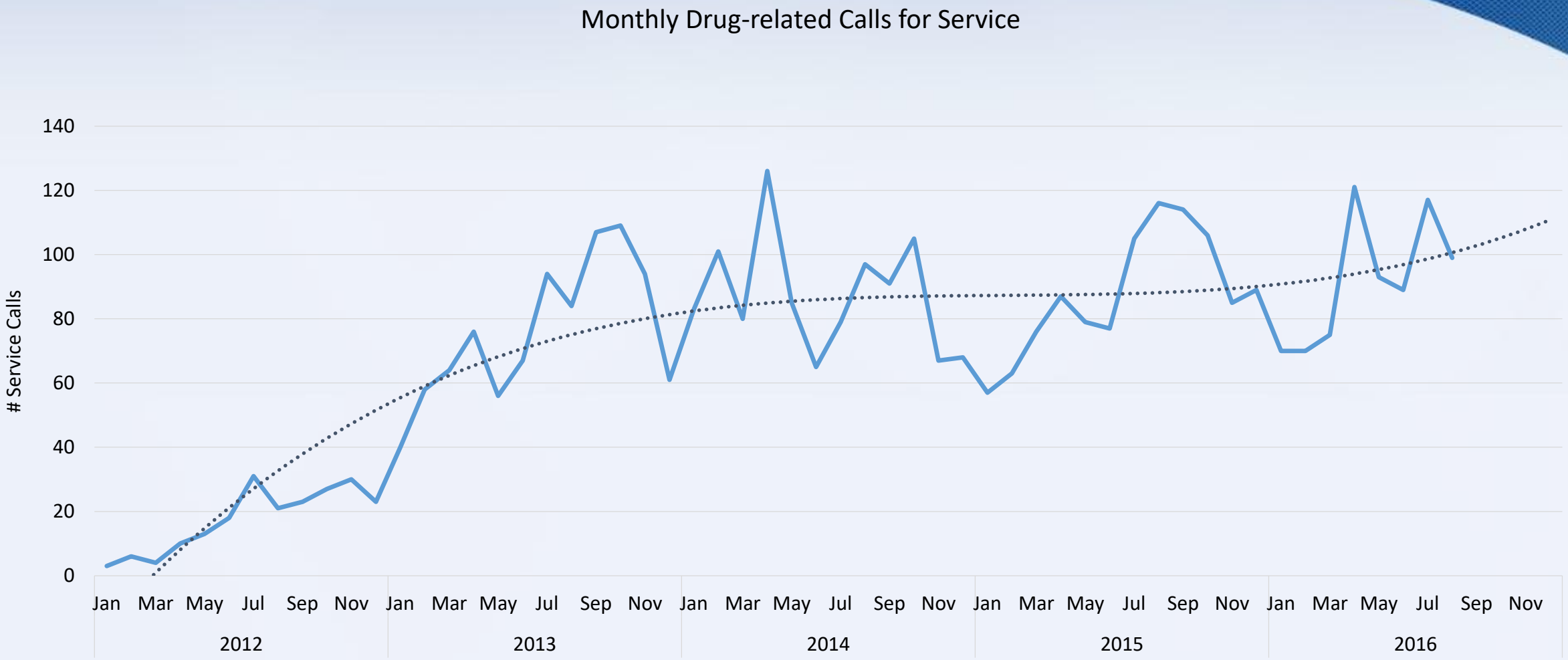
- I-Team: NYPD Compstat

CommStat

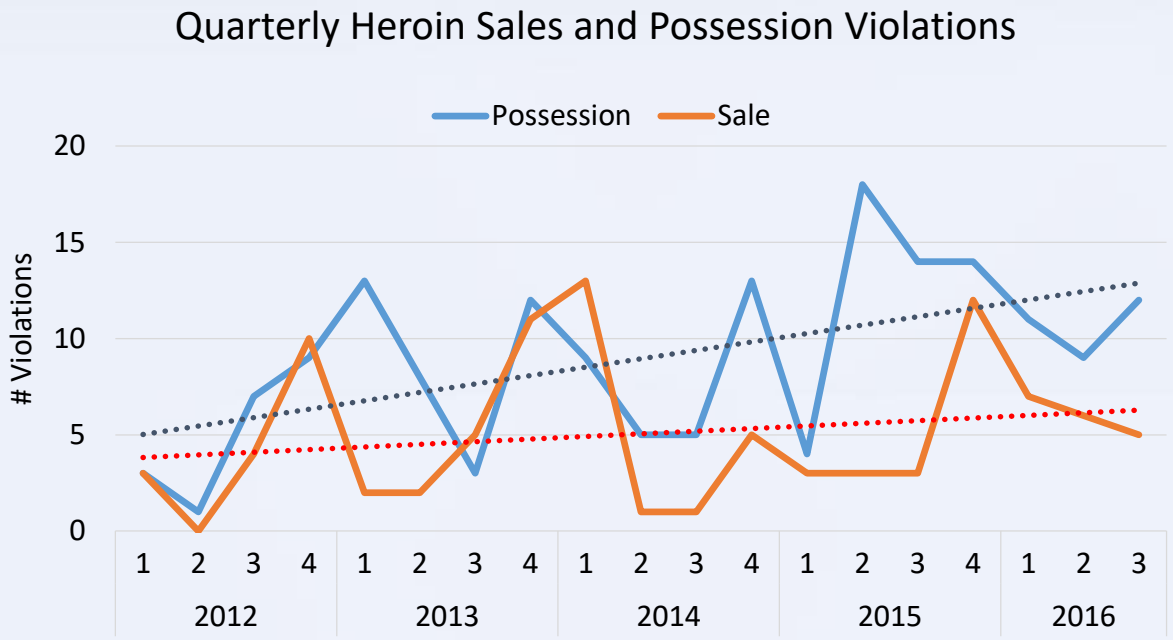
Community Statistics

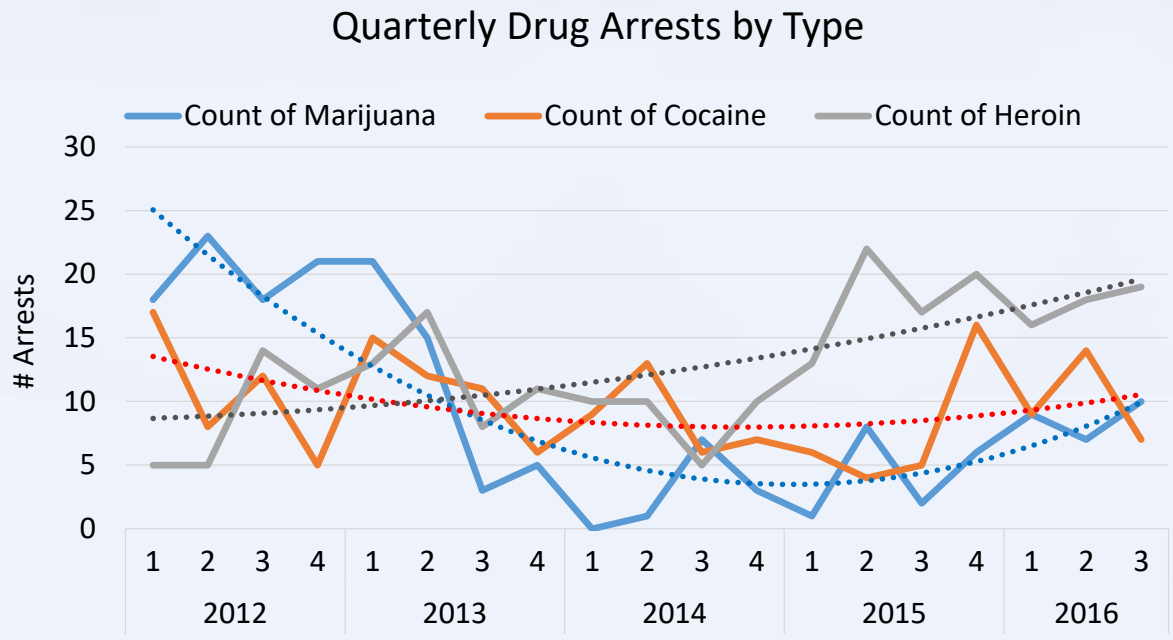
Viewing the Opioid crisis through a wider lens

What do we Observe from Existing BPD Data Points

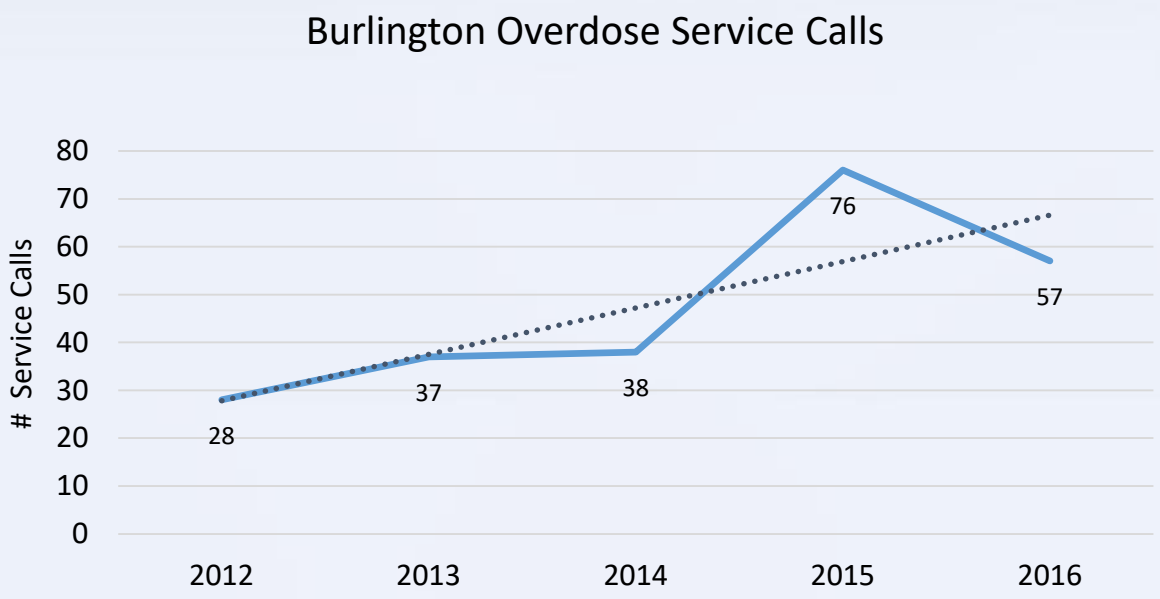


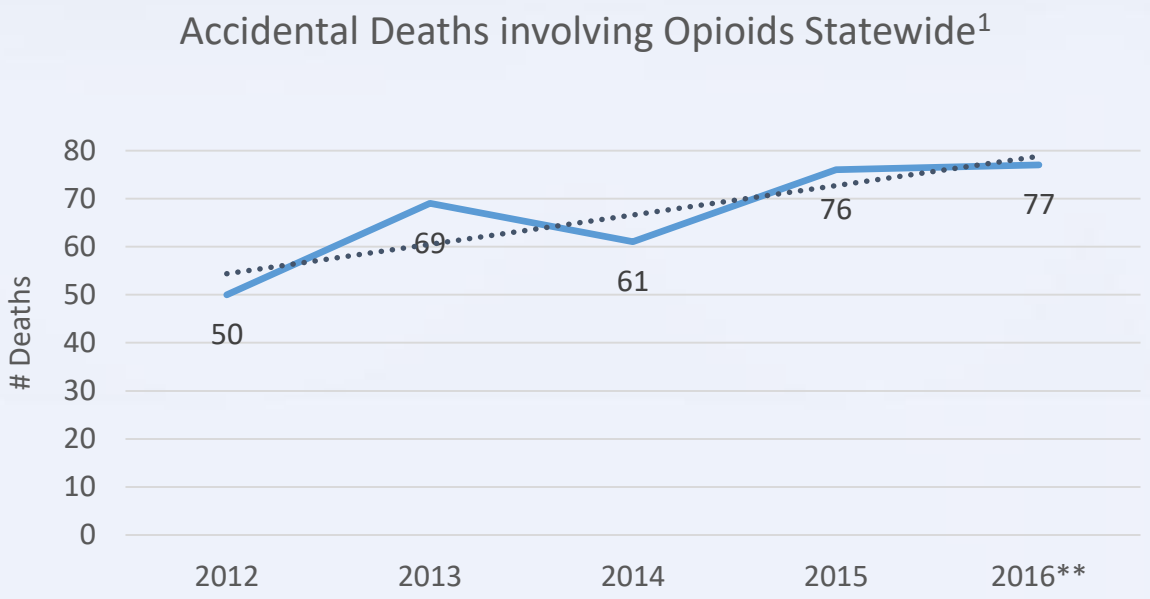
What do we Observe Specific to Heroin





Hurdles to Measuring Opioid Use

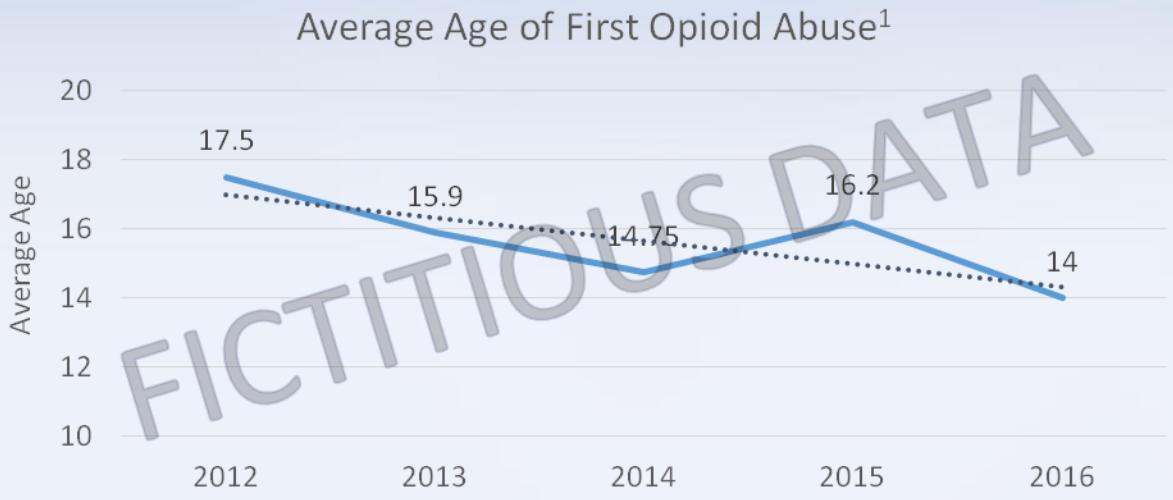


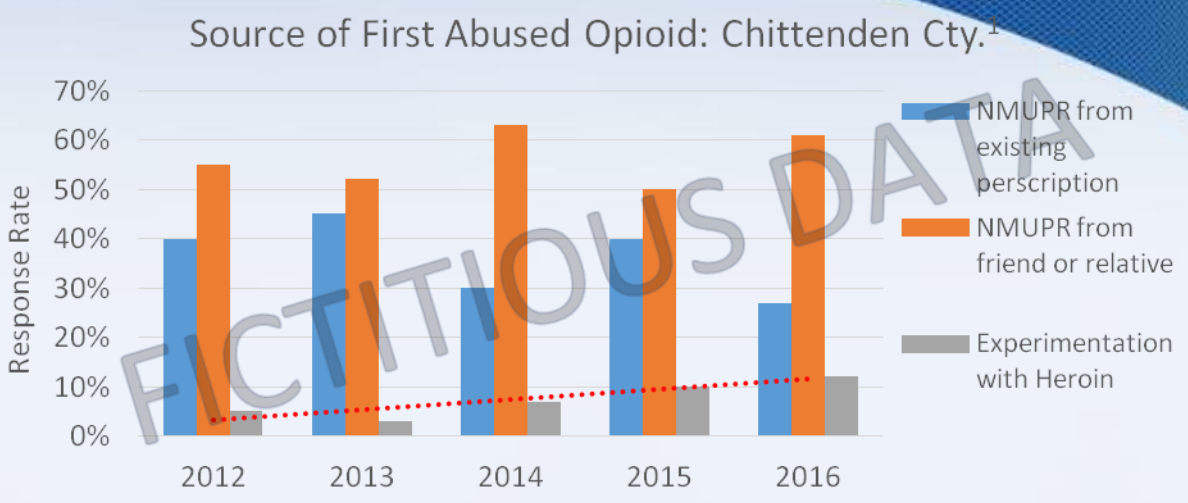


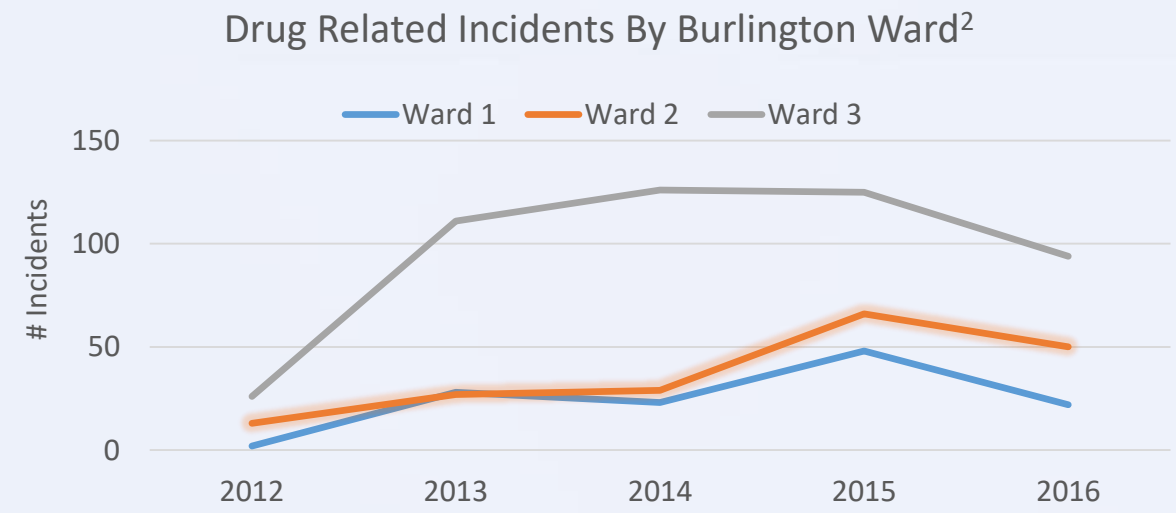
1: http://healthvermont.gov/adap/dashboard/opioids.aspx

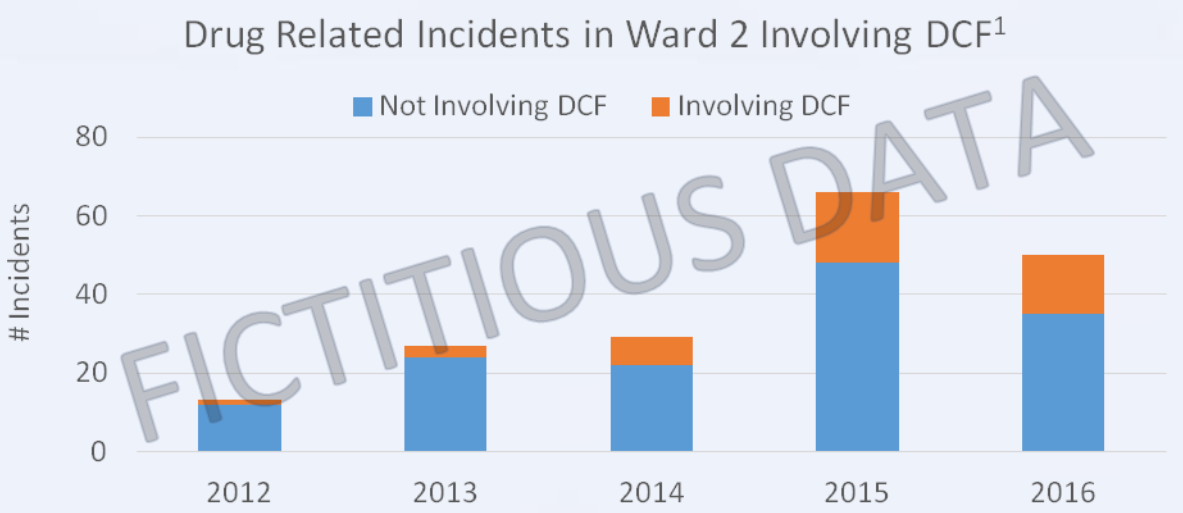
** 2016 values not yet posted to public. Values here estimated using normal linear regression model

What It Could Look Like to Work Collaboratively



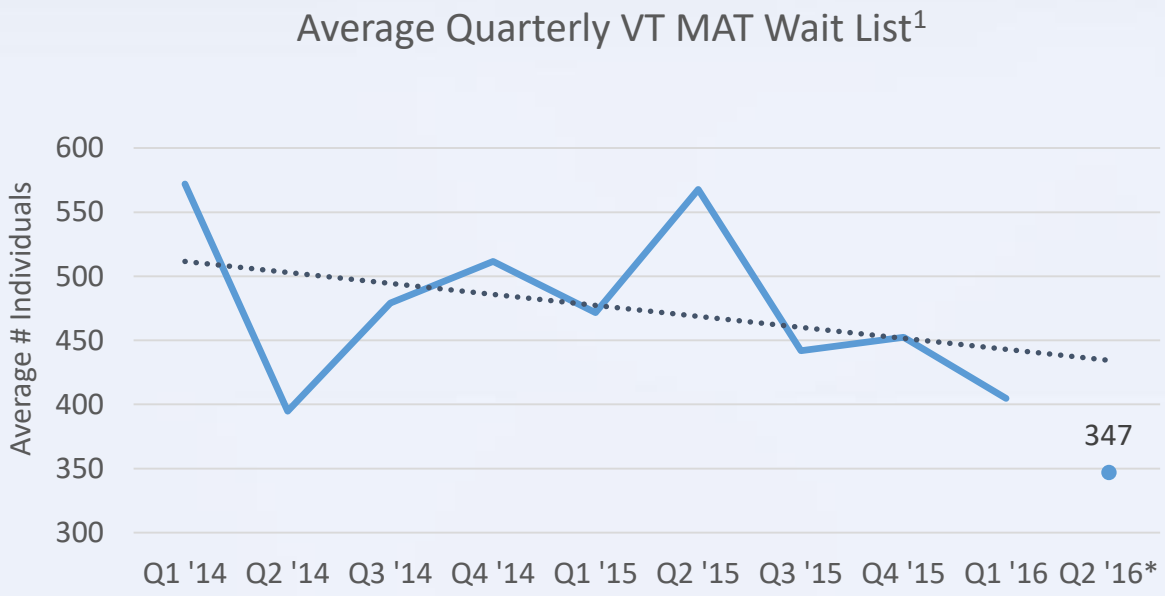


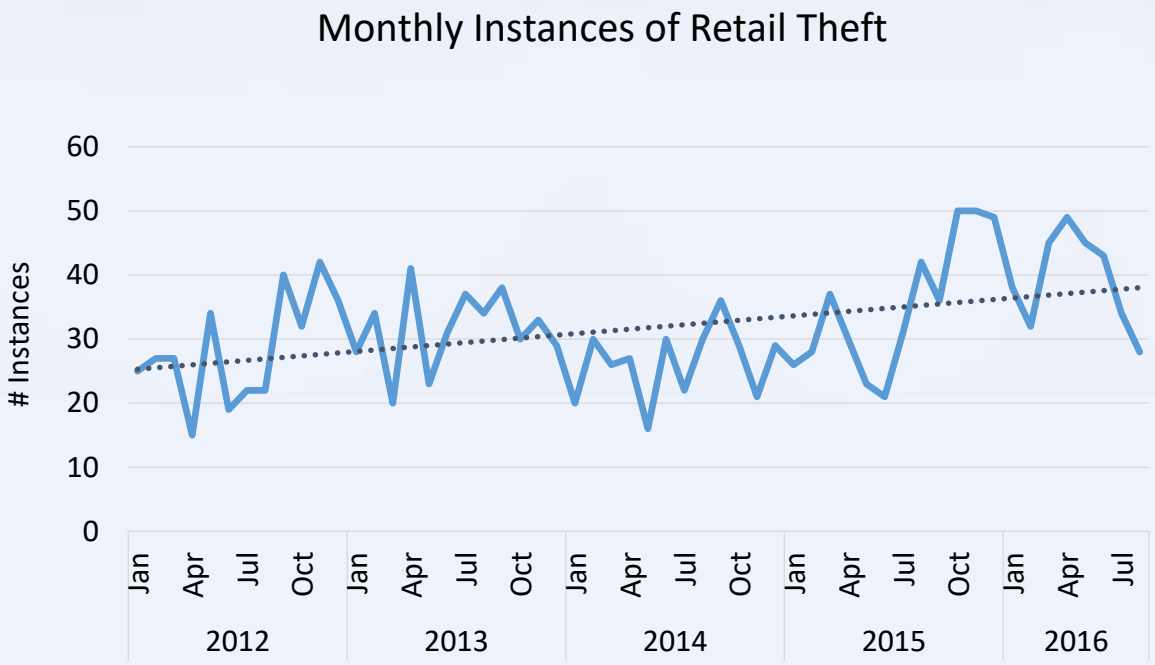




1: Data is hypothetical, used here to illustrate the power of collaborative data mining between VT agencies
2: Source, BPD 2012-2016

What Additional Value Could We Gain

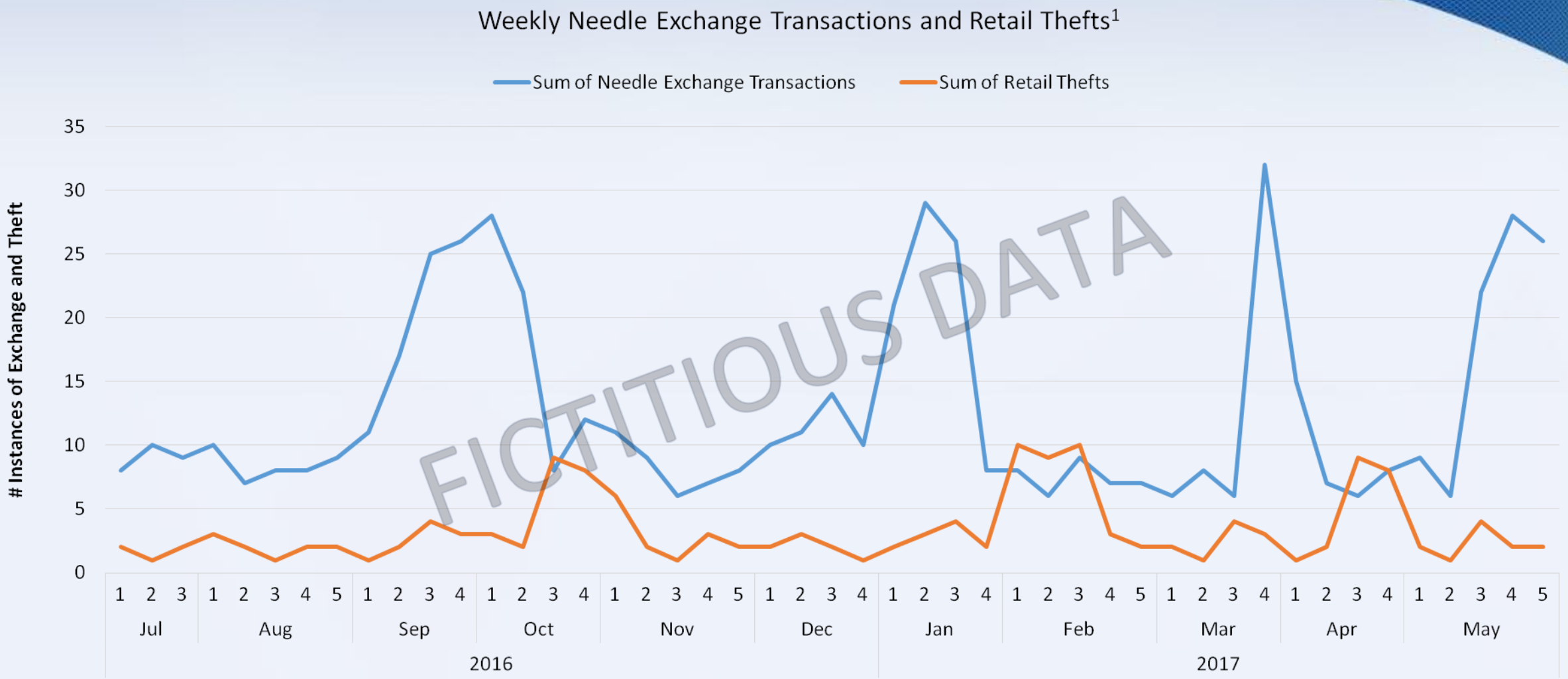




1: http://healthvermont.gov/adap/dashboard/opioids.aspx

* Quarter 2, 2016 wait list data is incomplete

Possible Predictive Models may be Achieved Through Collaboration



1: Needle exchange data is hypothetical, used here to illustrate a potential predictive model.

Two Police Stories

8/31/2016

1) CS reports "Rocko" back in Burlington area selling heroin and cocaine. Performs controlled purchase from him.

3

2) Officers conduct surveillance of "Rocko", follow him to 51 Bright St., Apt. B. Shortly thereafter, officers observe Person A meet various individuals & provide drugs to them.

3) Officers obtain search warrant for 51 Bright St., Apt. B

BPD Cooperating Subject ("CS") performs four controlled purchases of cocaine from a male subject known as "Rocko" at various locations around Burlington.

Jan-Feb/2016

1

2016 Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep 2016

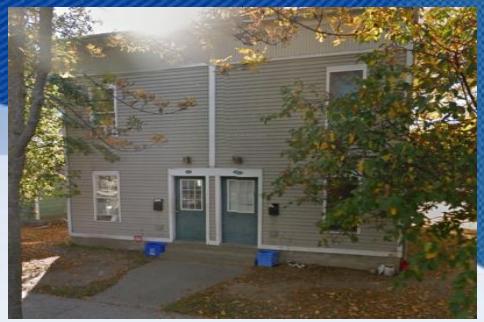
2

7/26/2016

BPD Detectives conduct surveillance of known drug supplier, follow him to 51 Bright St. where he meets Person A.

Officers contact Person A, find him in possession of heroin obtained from the suspected drug supplier

51 Bright St. Search



- “Rocko” discards a package out of the window
- Package determined to be ~ four ounces of cocaine and 21 grams of Fentanyl
  - Fentanyl - synthetic opiate, several more times potent than heroin
  - largest Fentanyl seizure to in Vermont to date
- 51 Bright St., Apt. B legal resident: Person B
  - Section 8 voucher with the Burlington Housing Authority
  - Only legal other person that is supposed to be living there is Person B’s eighteen year old son
  - Person B not at residence during the execution of the warrant
    - Seen arriving at and leaving the residence during the time drug activity was occurring

- BPD Cooperating Subjects performs controlled purchases of heroin from Person C on May 29, 2016 and June 5, 2016
- June 3, 2016, Person C found unresponsive in the bathroom of the Pine St., he appeared blue and was being given rescue breaths by his female companion. Burlington Police and Fire respond and administer Narcan. After being revived, Person C asked his female companion if she "got the heroin." The female was found to be in possession of heroin, but no charges were filed due to the good samaritan law. Person C has two other lower level overdoses at two different locations in Burlington during this time.
- June 21, 2016, Person C is arrested and charged with two counts of Sale of Heroin.

- August 4, 2016, Person C was contacted after being observed leaving Burlington and making a short duration stop at the Motel 6 in Colchester. Person C was found to be in possession of heroin and arrested for Possession of Heroin.
- August 7, 2016 (week of), BPD Cooperating Subjects performs two controlled purchases from Person C.
- August 14, 2016, Person C attends rehabilitation at Serenity House in Wallingford, VT. While there, he communicates with the CS and directs him to meet with his roommate to obtain heroin. The CS subsequently performs a controlled purchase from Person C's roommate, Person D.
- August 24, 2016, Person C concludes his rehab at the Serenity House and returns to Burlington.
- August 28, 2016, Burlington P.D. CS performs another controlled purchase from Person C.
- September 7, 2016, Person C arrested while engaging in a drug transaction with another individual. During the transaction, which was interrupted, Person C was trading Person D's suboxone for heroin. Person C was subsequently charged with Sale and Possession of Heroin.