CCRPC Year End Status Report, Chittenden County Opioid Alliance (CCOA)
Date: May 24, 2017

Activity 1: Adopt Collective Impact Approach and Chittenden County Opioid Alliance Structure

The Chittenden County Opioid Alliance has solidly adopted a collective impact framework as its structure: backbone staff, constant communication, common agenda, shared measurement and reinforcing activities, as evidenced by its accomplishments. We have formalized our collaborative structure, initiated Action teams based on identified barriers, and all partners agree to an overarching commitment to collect, analyze and use data to inform the work of the Alliance.

Collective Impact Tenet	Accomplishment
Backbone staff	• The Chittenden County Regional Planning Commission is the fiscal agent and supports backbone staff • Project Director was hired May 2016 and Data Manager Sept 2016
Constant communication	• Team members share about the work they are doing in Action Team meetings • A newsletter is disseminated to all team members and contains information from partners and community organizations • Communication through emails/telephone calls and via in person, are regularly conducted • A CCOA website is established with all meeting agendas and minutes posted regularly: http://www.ecosproject.com/chittenden-county-opioid-alliance/alliance/agendas-minutes/
Common agenda	• **Mission**: Reduce the burden of opioids in our community by creating a coordinated system of care to prevent addiction, treat individuals and their families suffering from substance use disorder and support recovery. • **Vision**: A substance abuse prevention, treatment and recovery system of care, that is timely, coordinated and comprehensive.
Shared measurement	• The Data Manager collects, share and updates local data with key metrics in service of the Action Teams and the public • Data wish list items are now being collected and reported on the CCOA scorecard, located on its website, and will continue to grow: http://www.ecosproject.com/chittenden-county-opioid-alliance/scorecard-and-outcomes/ • The Data Manager is working collaboratively with local agencies and data analyst partners consistently to garner data points that will help us understand the problem-at-hand and contribute data • Data Team, comprised of key data officials from partners across the County, met once, with plans for meeting again in the summer 2017
Reinforcing activities	• Action Steps that each Action Team develop require collaboration between team members and sometimes other teams • Co-chairs meet quarterly to discuss activities happening in each Team and learn from each other • The Project Director shares at each Team reinforcing activities happening across the CCOA

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Activity 2: Implement Collective Impact Approach to Address the Burden of Opiates

As noted above, the CCOA has implemented all 5 components of the Collective Impact framework. Four Action Teams meet monthly and were formed on the premise to address barriers as identified in needs portion of the original proposal. Over the course of the year, each Action Team has developed team cohesiveness, rules of procedure, charters, and work on projects collaboratively with clearly identified action steps, based on the needs identified.

Treatment and Recovery Team- Applied for a grant with UVM MC to hire a Navigator position for working with people on the waitlist (denied); disseminated a survey to people on the waitlist to identify their needs/barriers; currently working on two project ideas to increase M.A.T. treatment capacity

CommStat- law enforcement partners increased to 6 Chittenden County police departments; identifying high risk community members who met criteria for high level needs; data informed meetings; cross partner collaboration between social service programs and the police departments

Prevention Team- Monthly, publicize the VT Dept. of Health's prevention messages- see table below; currently working on a prevention awareness and education campaign and augmenting parent programs in Chittenden County with prevention materials/outreach

Month	Jan	Feb	March	April	Total
Message	Parent UP- a resource for Vermont parents to help them talk with their teens about drug and alcohol use	Parent UP- focus on alcohol substance abuse- finding natural ways to talk with kids about drugs and alcohol can be challenging	March 2017- Parent UP- focus on marijuana substance abuse	Drug Take Back	
Social Media	6	6	6	9	**27**
Posters	14	14	1	5	**34**
Handouts/Brochures	53			5,025	**5,078**
FPF	4	3	6	66	**79**
Emails/Newsletter	5,650	7,200	5,179	2,263	**20,292**
Blog/Website				4	**4**
# people	6	7	6	9	**28**
				Total	**25,54:**

Workforce Development- Wrote a letter to newly elected Governor Scott about the key workforce development issues he should address including pay parity; CCOA members attended State Workforce Development Summit and have continued CCOA representation on State Working Teams; introduced Bill H.293 on developing a loan forgiveness incentive program for mental health and addiction workforce; laid out plan to work with Office of Professional Regulators to better coordinate with higher education course offerings for substance abuse workforce; currently working on a project to develop an educational pamphlet to outline the clear career pathways, including educational requirements, for people who are interested to work in the mental health and addiction professional jobs

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Activity 3: Measure Reduction in Opiate-Related Burden in Chittenden County

The CCOA Data Manager has determine lead data analysts across CCOA partners and community organizations and continues to identify new lead analysts as the need dictates. Much effort has been spent on developing relationships, trust, understanding and processes across partner organizations. Lead partners include the Emergency Department at the UVM Medical Center, the Blueprint for Health program of the Vermont Department of Health (VDH), the Department of Emergency Preparedness at the VDH, and Police Departments of Chittenden County (Burlington, South Burlington, Winooski, Colchester, Milton, and Essex) acting together through the CommStat team.

The Data Manager has also developed an understanding of the barriers to collective data sharing and they include:

Legal Barriers – Much of the data that direct service providers collect is protected by HIPAA regulation and involves a great deal of coordination to share in a legal manner. Organizations will often have to create specific Memorandums of Understanding (MOU) for recipients to sign upon receiving treatment so that they understand how their data is being shared and with whom. Additionally, data about prescriber practices are protected under Vermont state law, and may require legislative action in order to be used to inform a collective response to the over-prescription of opioids.

Technical – Some partners have very little operational bandwidth to collect information which they are not required to report, while others do not have the technical ability to capture data which is of interest to them even if they had the resources. Beyond such hurdles is the even greater challenge of providing a common neutral location where partners can securely report their data in a timely and efficient fashion. By working one on one with partners, the Data Manager has been able to train individuals on the tools needed to capture data in an efficient manner, and to provide the technical support when necessary. As data collection efforts increase, the Alliance will be in position to act as a central hub of data collection, and may even act as a neutral, secure, third party for storing partner data if necessary.

Cultural – Some partners fear a negative public response, or misunderstanding of their data, if they were to fully disclose it. Other partners believe the benefit of sharing would simply not outweigh the burden of collecting and disseminating data. These partners require a strong partnership, and a great deal of trust before they are willing to commit to a collective data sharing strategy. Additionally, having strong existing partners who are willing to act as public advocates of data sharing has been a boon to working with partners who are more hesitant.

Certain data infrastructures have been implemented to help overcome these barriers, including:
- Developing an Alliance data Scorecard, which allows partners to present their data to the public with strong historical context and coordinated messaging.
- Designing keyword searching scripts to help overcome the technical limitations of the database used by Chittenden County Police Departments to report on opioid-related incidents across departments.
- Acting as a central data hub for service providers to report non-mandated data, and providing a simple, easy to use dashboard report to contributors, allowing service providers to off-load their analytic needs and overcome operational limitations.
- Using Emergency Department, Law Enforcement, and Emergency Service Providers to create a data model to assess where individuals most likely drop out of the system of care after an opioid-related incident, while not encroaching on individuals' HIPAA protections.

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Activity 4: Outcomes & Evaluation

A. How much will you do?

The data summary table below contains most of the data points, once not included in the table, are listed below:

- # Partners participating in the Steering Committee – 45 partners/individuals
- # Partners participating in Action Teams – 103 partners/individuals

| Month	Hours Invested by Partners	Partner Meetings (#)	Partner's Resources Invested ($)	Average Participation	Backbone Staff Hours	Actions Initiated (#)	Collective Impact Training (Hours)
Feb-July	103.5	11	$5,175		216	95	11
Aug	82.5	10	$4,125	83%	128	61	5
Sept	248	13	$12,400	67%	312	73	12.5
Oct	87.25	9	$4,363	78%	328	40	44.5
Nov	112	7	$5,600	88%	296	50	41
Dec	173	7	$8,650	66%	288	32	4
Jan	154.5	8	$7,725	84%	320	50	6
Feb	160.5	9	$8,025	78%	304	35	7
March	205	10	$10,250	64%	352	49	1
April	173.5	8	$8,675	77%	288	40	4
Year Total	**1499.75**	**92**	**$74,988**		**2832**	**525**	**136**
Year Average	**149.975**	**9.2**	**$7,498.75**	**86%**	**257**	**52.5**	**13.6**

B. How will you measure how well you do it?

- The CCOA conducted a trust and relationship survey with all team members in Dec 2016. Another survey is slated for the summer 2017. The survey was completed by 49 respondents for a response rate of 39% and overall the findings were positive. See summary of survey results at the end of this report.
- Another key indicator of how well we do it is our average participation. As seen in the table above, the average participation rate, across all team meetings, was **86%**. This was calculated by dividing the total number of possible attendees by the total number of members participating. Some teams had better participation than others and different months had better attendance than others, but overall, we had a strong rate of participation and engagement.
- Dollar and value of resources from partners being invested through this coordinated, aligned response is **$74,998** in total and was calculated by the # hours in meetings x $50.
- Specific performance measures of the Action Teams are being developed as they work on the projects. Once they are refined, metrics will be added to the CCOA Scorecard.
- Metrics are being refined with data partners and are being reported on the Scorecard and as the metrics are continuously cultivated they will be added.
- Metrics like monthly fatal, and non-fatal, overdoses responded to by EMS providers and law enforcement personnel, monthly opioid-related emergency department visits, and quarterly prescriptions filled, in Chittenden County, have been identified as strong bellwethers for the opioid climate in the County. These metrics are now being collected in a standardized format and are being reported to the public, along with other useful information, through the CCOA Scorecard.

### C. How will you know if anyone is better off?

Below are some metrics we have used to help guide the work of the Alliance. Currently, only a few metrics are being tracked independently by the alliance, with most of them too recently to yield useful insight. Below, the average wait time among spoke and hub providers was tracked by the Alliance in one complete year. The rest of the metrics are VDH population level metrics, which are for now the best way for us to judge the climate of opioid use in Chittenden County overall.


Vermont Hub Average Treatment Volumes, 2014 - 2017
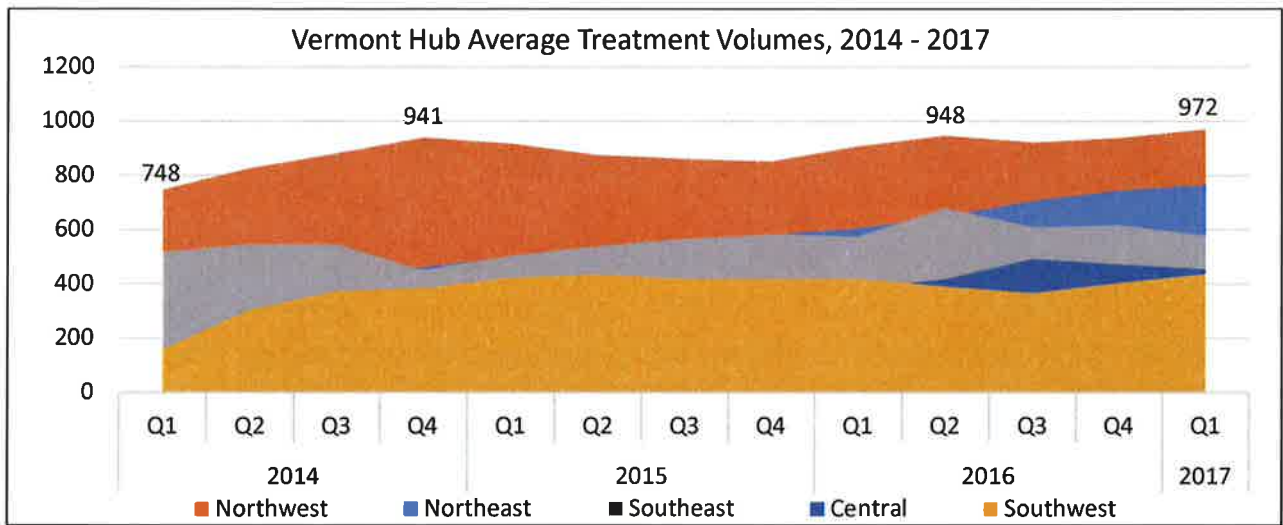
The Northwest Hub of Vermont serves Chittenden, Addison, and Grand Isle Counties. While the Northwest Hub has always provided treatment to the greatest number of recipients, it has also historically maintained the largest waitlist of all Hubs. Since mid-2016, however, treatment levels have increased to a new all-time high, a roughly **30% increase from Q1 2014**, while waitlist volumes have decreased in the same period. In Q1 2017, 30% of all Hub treatment in VT occurred at the Northwest Hub. This metric allows us to understand the scope of Hub level treatment in Chittenden County compared to the rest of the state, and to appreciate the level of demand our region is trying to accommodate. There are often calls to increase capacity at the hub, but this metric allows us to understand that capacity will likely need to be generated elsewhere, more likely at the Spoke level, as the Hub has now approached it's assumed maximum capacity of 1,000 recipients.

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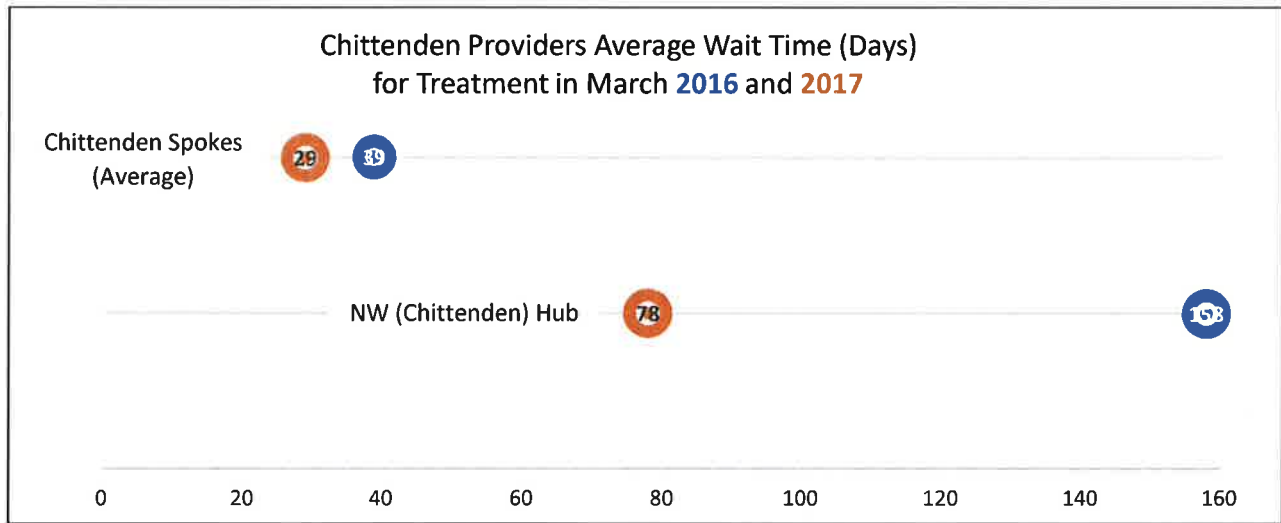**Date:** May 24, 2017
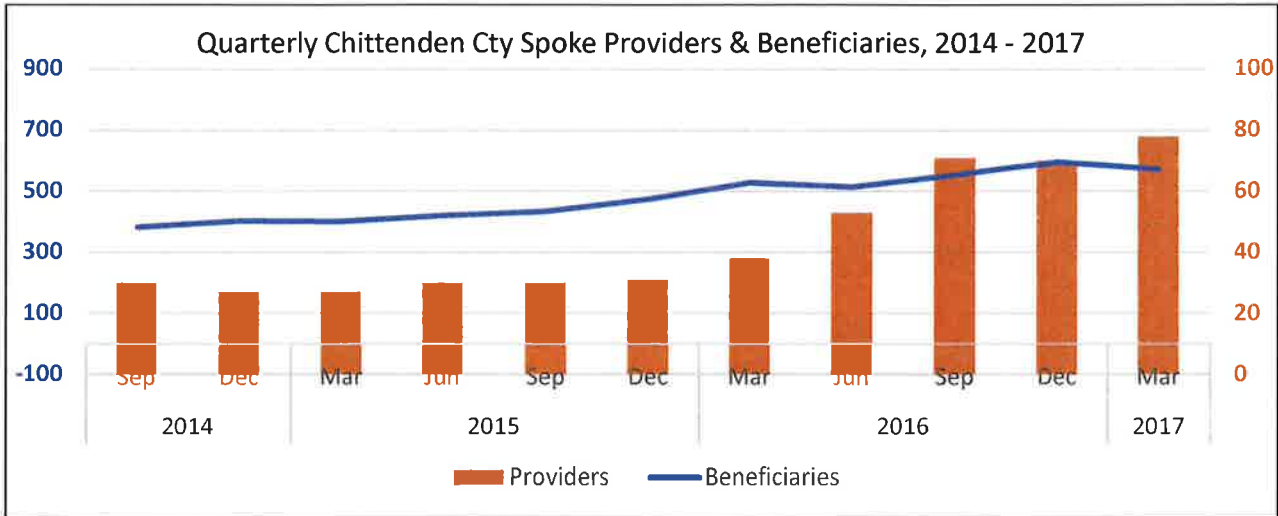
Historically, Chittenden County had difficulty increasing their spoke treatment provider base, due in part to slow growth in the Substance Abuse Treatment workforce and a culture of resistance among existing medical professionals in the area. The University of Vermont Medical Center has been diligently addressing this cultural hurdle, and **between March 2016 and March 2017 spoke provider numbers have 105%**. This metric allows us to track not only the rise and fall of spoke providers, but also the effectiveness of providers in Chittenden County. We can conclude that there is still work to be done, as Chittenden County has not yet reached a rate of 10 beneficiaries per provider, despite running a waitlist for treatment. The state average was 14.3 beneficiaries per provider in December 2016, and many medical providers have suggested the ideal number of beneficiaries per provider is closer to 30.
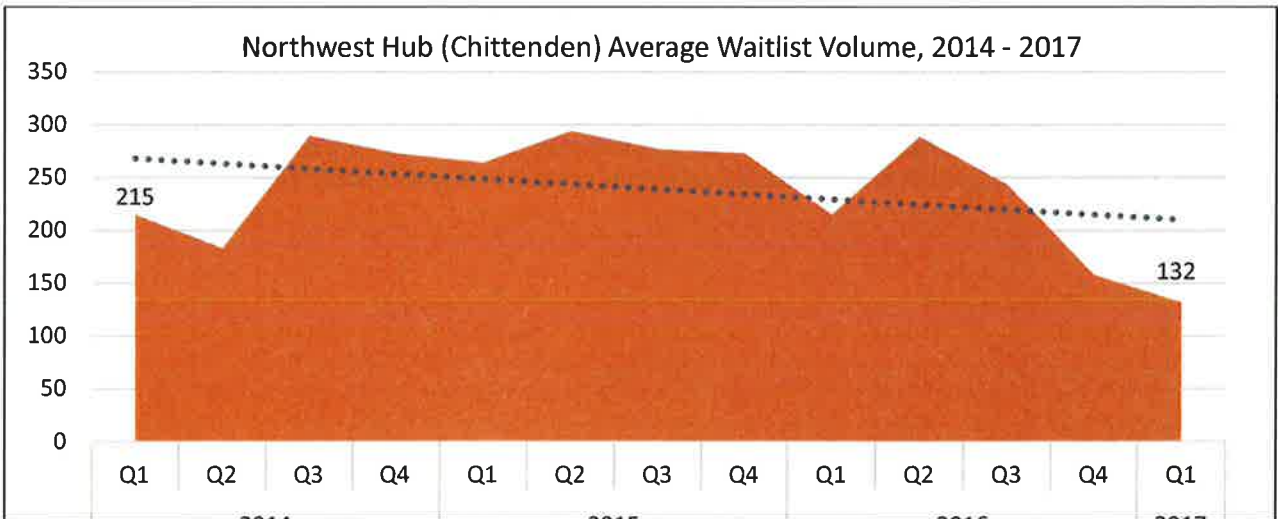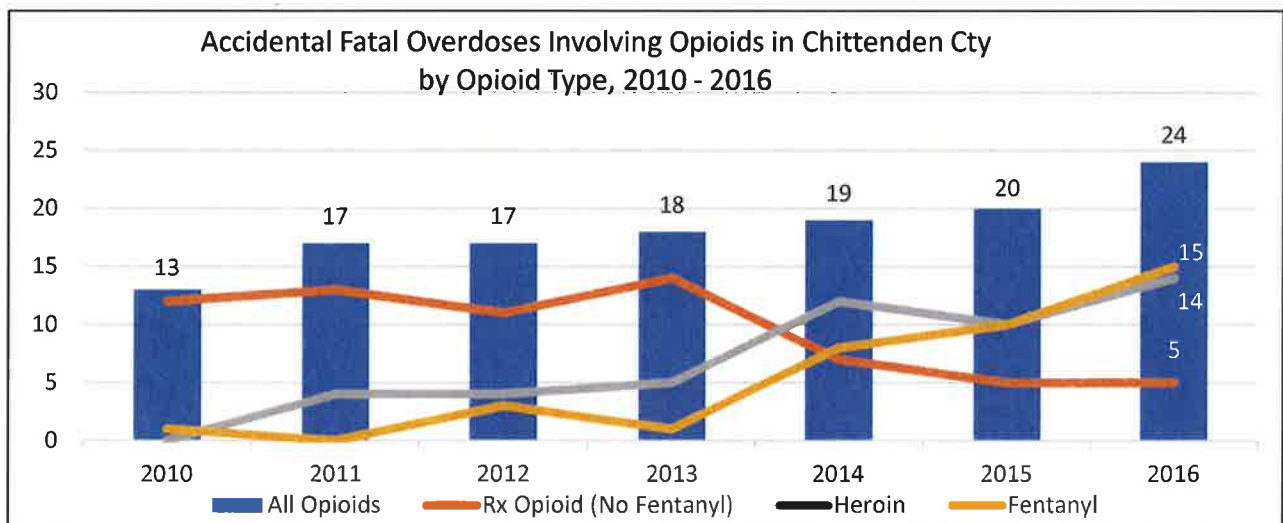

As noted above, Hub-level treatment has increased steadily since mid-2016, resulting in a decline in average Hub waitlist volume. **Between the 2ⁿᵈ quarter 2016 and 1ˢᵗ quarter 2017 the average Hub waitlist decreased by 54%.** While it is well understood that Hub-level treatment is not, and should not be, the only treatment being presented to individuals in need of service, it remains a bellwether metric when assessing the demand for service within the region, as it is reliably tracked and easy to understand. This metric will be important to monitor as Spoke capacity increases, for instance, to judge if demand for service has leveled out, or if it is still on the rise.

Chittenden Providers Average Wait Time (Days)
for Treatment in March 2016 and 2017

Chittenden Spokes (Average): 2017 = 29, 2016 = 39

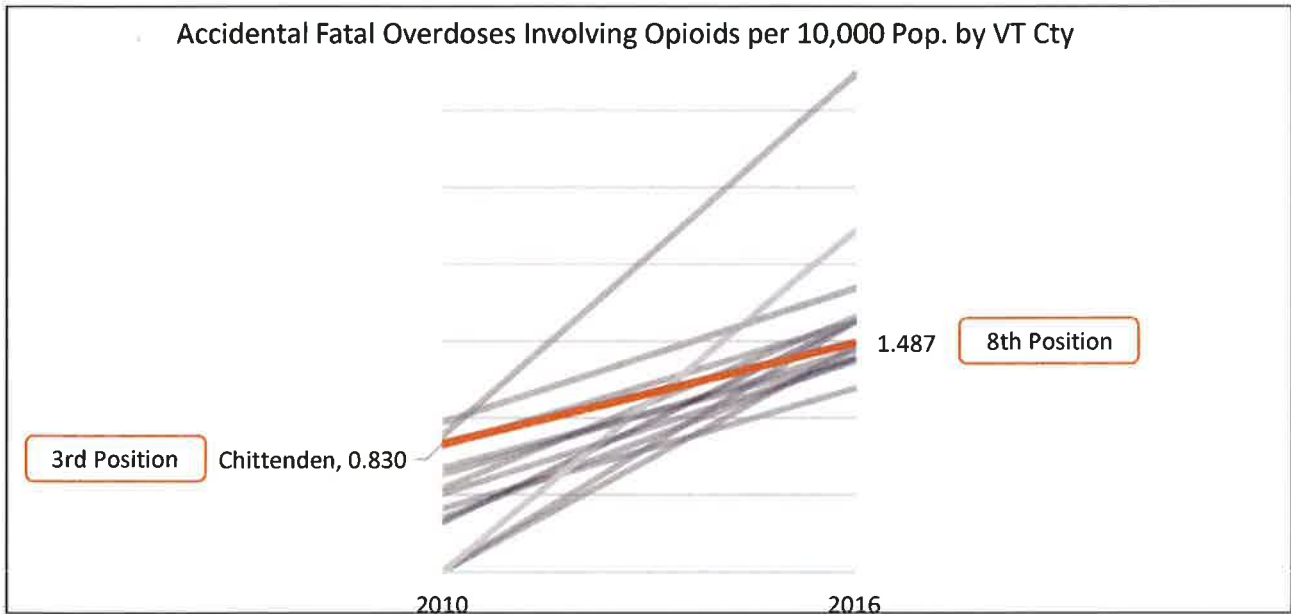NW (Chittenden) Hub: 2017 = 78, 2016 = 153

Perhaps more important than the decline in average waitlist volume is the decrease in wait time for treatment in Chittenden County. Service providers reported in March of this year and last year the average number of days from the time an individual requests services to the time an individual receives an evaluation by the provider. In that period, the **Hub wait time decreased by 51% and the average among Spoke providers decreased by 25%.** The Alliance has made "treatment without delay" one of its primary goals, and it is by this metric that we will be able to assess our efforts. Currently, there is still considerable work to be done in this regard.

Accidental Fatal Overdoses Involving Opioids in Chittenden Cty by Opioid Type, 2010 - 2016

All Opioids: 2010 = 13, 2011 = 17, 2012 = 17, 2013 = 18, 2014 = 19, 2015 = 20, 2016 = 24

2016 line values: Heroin = 15, Fentanyl = 14, Rx Opioid (No Fentanyl) = 5

Legend: All Opioids, Rx Opioid (No Fentanyl), Heroin, Fentanyl

Accidental opioid-related overdose fatalities exclude opioid-related suicide deaths and opioid-related deaths of undetermined nature. Chittenden County has seen an increase in such fatalities in every year but one between 2010 and 2016, when fatalities remained level in 2012. **Accidental opioid-related fatalities have increased by roughly 85% from 2010 to 2016 in Chittenden County.** Chittenden County experiences the most such fatalities volumetrically, but is also the most populous of all Vermont counties. Understanding the involvement of heroin, Fentanyl, and prescription opioids allows Alliance members to target their prevention and emergency response resources in a way to best address the current needs of the population. Additionally, it is important to know that fatalities continue to rise year after year, and that we cannot claim success until the data shows otherwise.

Accidental Fatal Overdoses Involving Opioids per 10,000 Pop. by VT Cty

1.487 | 8th Position |

| 3rd Position | Chittenden, 0.830

2010   2016

Some context is added to the steady increase in accidental opioid-related overdose fatalities in Chittenden County when such fatalities are considered as a rate per 10,000. **In 2010, Chittenden County ranked 3rd, behind Rutland County and Windsor County, for most accidental opioid-related fatal overdoses, but has since moved to 8th position in 2016.** Observing fatal overdoses as a rate allows us to assess the growth of fatalities compared to the growth of prevention efforts, treatment, and emergency response resources using a common scale. We can determine if the rates are rising and falling in an inverse manner, as would be ideal, or if the rate of fatalities outpaces the other rates.

Project Timeline and Deliverables: Chittenden County Opioid Alliance Project Timeline

Date Range	Deliverables	Status
March-June 2016	• Convene Steering Committee quarterly	Completed
	• Develop position descriptions and hire backbone staff; identify the public "Chair(s)" of the Alliance;	Completed
	• Orient all Action Teams to Collective Impact approach and responsibilities to the collective;	Completed
	• Each month, facilitate process of teambuilding to build relationships *and* get everyone on the same page, build agreement on language of shared agenda and increase awareness as needed of how collective impact works.	Completed
May-September 2016	• Develop metrics collection and analysis process and product by 9/30/16;	Completed
	• Development of action plan with specific performance measures by 9/30/16;	In Progress
	• Convene Steering Committee once a quarter (twice between May-September 2016).	Completed
September-December 2016	• Develop timelines for monitoring and evaluation of both outcomes and how the process of working collectively is going by 9/30/16.	In Progress
	• Convene Steering Committee once during the quarter.	Completed
	• Provide final report of the project within 30 days of end of this agreement.	Completed
Jan 2017	All of the above "In Progress" status deliverable	
Feb 2017		
Current & Ongoing	• Action Team implementation activities to be determined as they develop ideas for action.	In Progress
	• Provide monthly reports with invoices. The monthly reports shall include information regarding the progress made towards deliverables and include outcomes and evaluation information.	Completed

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Chittenden County Opioid Alliance
Trust and Confidence Survey Findings
December 15th, 2016

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Overview

To meet grantor requirements, and as a tool for improvement, the Chittenden County Opioid Alliance (CCOA) Backbone Staff designed a survey to measure the levels of trust and confidence that CCOA constituents have in various elements of the Alliance. This survey was administered to CCOA members and community partners, who all responded anonymously. Results of the survey were overwhelmingly positive with very few, but specific, critiques among individual respondents. Respondents most strongly agreed that they would rather work with members of the CCOA than not, and that the community is better off because the CCOA exists. The least positive feedback was related to the ability to find information about the CCOA, and the belief that those who wish to contribute to the CCOA are given the time and space to do so.

Response Rate

The survey was completed by 49 respondents for a response rate of 39%. As seen in the table below, the distribution of respondents by role within the CCOA largely mirrors the composition of the Alliance. The survey was active from December 1st to the 15th. In that time, there were 46 responses completed online and 3 responses completed using a paper version of the survey. Due to the relatively low sample size, differences in levels of trust due to the respondent's role can only be considered as anecdotal, as the result of any analysis would be statistically insignificant.

In what role are you most actively involved with the CCOA?		
Answer Options	**Response Percent**	**Response Count**
Steering Committee member	30.6%	15
Action Team member	57.1%	28
Community member not associated with a specific team	12.2%	6
answered question		49

Methodology & Findings

Respondents used a five point Likert scale, with 1 indicating they "Strongly Disagree," and 5 indicating they "Strongly Agree," to rate their level of agreement to statements about their trust of, and confidence in, the CCOA and its functional teams. **Overall, no question received an average rating below 4.0**, however there were some standouts when considering scores in a relative manner:

Statements *"I would rather work together, than not, with...[CCOA Teams]"* 4.46
"The community is better off because the CCOA exists" 4.39
Qualitative feedback indicated that even though some respondents were unsure, or felt they did not have enough experience to judge the statement currently, they still *believed* the statements *would* be true and thus agreed with them (4 or 5) in place of a neutral rating (3).

Overall, the statements *"If I wanted additional information about the CCOA, and its current initiatives, I could find it easily,"* and *"Those who want to contribute to the CCOA are given the time and space to do so,"* received the lowest average ratings at 4.15 each. The statement regarding seeking additional information garnered the most "negative" qualitative feedback, indicating it's something that could be improved, while the statement regarding contribution to the CCOA received the some feedback indicating respondents simply had not had an experience related to this aspect of trust.

- When broken out by respondent's role, the only statement to receive a score **under 4.0** was *"Overall, I have confidence the CCOA is pursuing a plan to achieve the goal of reducing opioid abuse and the burdens it brings to our community,"* which received an average score of 3.96 by Action Team members.
- Regardless of respondent's role, or the proposed statement, respondents on average rated their trust of the Backbone Staff higher than their trust of the Steering Committee or the Action Teams. This may be due to the level of visibility the Backbone Staff has among all roles in the Alliance. The one exception to this is the Steering Committee members segment, which under the statement, *"I feel confident in the skills of..."*rated the Steering Committee higher than the Action Teams or the Backbone Staff.
- On average, Community Members provided the highest ratings, while Action Team members provided the lowest.

The themes of the most positive feedback centered on satisfaction with the progress made so far, and excitement to become more involved and contribute further. The themes of the most negative feedback were regarding an uncertainty of what other roles were working on in the alliance, and what they were capable o