

Franklin County

OPIATE CRISIS

COMMUNITY ACTION PLAN



August **2016** - July **2018**



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Planning Meetings

Five community meetings were held during April, May, and June 2016 to discuss the goals, outcomes, action steps, and deliverables in the plan. Numerous individuals from many organizations, in addition to those organizations represented on the Steering Committee, participated in these meetings. They offered their suggestions, ideas, and their perspective to the development of this plan. Dr. Ortiz wishes to thank the many individuals who attended those meetings, as well as those who have committed to working on the action steps associated with this plan over the course of the next year.

Bright View	Dublin Schools	Mount Carmel Health	Primary One Health
City of Columbus, Dept. of Public Safety	Equitas Health	System	Senator Sherrod Brown's Office
Columbus Fire Department	Franklin County Adult Probation	Mount Carmel West	SMART Recovery
Columbus Foundation	Franklin County Municipal Court	Nationwide Children's Hospital	State Medical Board of Ohio
Columbus Medical Association	Franklin County Prosecutor's Office	Netcare	State Representatives:
Columbus Police Dept.	Franklin County Public Defender	Ohio Citizen Advocates for Addiction Recovery	Hearcel Craig
Comp Drug	LLCHC	Ohio Health Riverside	Stonewall
DEA Tactical Diversion Squad	Maryhaven	OSU Collegiate Recovery Community	Southeast
Destiny House Recovery Center	MOBILE	OSU East Hospital	UWC
Dublin Police Department	The Addicts Parent United	OSU Wexner Medical Center	Veteran's Administration, Columbus
		Persons in Long-Term Recovery	

Additional Support

Special thanks to the Franklin County Commissioners, and The Franklin County Office of Homeland Security and Justice Programs for their support in the development of this plan.

Introduction to the Community Action Plan

Ohio is experiencing a significant challenge as it works to address the impact of addiction on the lives of its citizens, especially the addiction to opiates. Addressing this challenge begins by understanding of the scope of the problem at hand in order to strategize effective solutions. A good starting point is to understand the nature of addiction. According to the American Society of Addiction Medicine (ASAM), “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”¹ Thus, an individual in active addiction is battling with this “pathological pursuit” until he or she is able to find a pathway into recovery.

Addiction to opiates/opioids is no longer a hidden issue – it is in plain sight and has made its way into the public discourse through television and print media². Addiction to opiates is resulting in unprecedented overdose deaths. In recent years, Ohio has seen an increase in the rates of drug overdose deaths, 80% of which were opioid-related (2014). These numbers continue to rise in counties across the state, being further compounded by fentanyl overdose deaths. We are seeing a similar trend in Franklin County. The alarming nature of this situation has led Dr. Anahi Ortiz, Franklin County Coroner, along with many key community leaders and stakeholders to join together and address this public health issue.

Dr. Ortiz began the Drug Overdose Initiative (DOI) in March 2015. The purpose of the DOI was to gather agencies and offices involved in addiction to review cases from the Coroner’s office of those who had died of overdoses. This group met monthly and began to identify commonalities and trends. The group not only reviewed cases, they also shared information about existing programs, services, and resources in the community, including bringing in guest speakers to educate the group. Thus, the DOI became an avenue for Franklin County agencies to collaborate and learn together. Members of the DOI have included the Franklin County Sheriff’s Office, Ohio Attorney General’s Office, Drug Enforcement Agency (DEA), United State’s Attorney’s Office, Medical Board of Ohio, Pharmacy Board of Ohio, Columbus Police Department, Ohio High Intensity Drug Trafficking Areas Program (HIDTA), various local police departments, Franklin County Prosecutor’s Office, Franklin County Court of Common Pleas Adult Probation Services, Franklin County Public Defender’s office, Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH), Maryhaven, CompDrug, representatives from the Franklin County Commissioners Office, Franklin County Public Health, Columbus Public Health, Franklin County Office of Homeland Security and Justice Programs, and a representative from City Council Zach Klein’s office.

Through these collaborations, Dr. Ortiz spearheaded the planning and implementation of Franklin County’s first Opiate Crisis Summit in March 2016 as an effort to convene multiple disciplines for education, ideas, and collaboration to address the current opiate epidemic. The work from the Summit (detailed in the following section) laid the foundation for The Franklin County Opiate Crisis Community Action Plan.

¹ American Society of Addiction Medicine, <http://www.asam.org/quality-practice/definition-of-addiction>

² Quinones, S. (2015). *Dream Land: The true tale of America’s opiate epidemic*. New York: Bloomsbury Press.

Opiate Summit Summary

At the 2016 Franklin County Opiate Crisis Summit, Dr. Anahi Ortiz, MD, Franklin County Coroner, shared these statistics about overdose deaths in Ohio and in Franklin County.

- Nationally, drug overdose deaths have seen an increase since the early 2000's. In Ohio, The rate of overdose deaths has been higher than the national average since 2005.
- By 2007, the number of overdose deaths exceeded deaths from motor vehicle crashes.
- 2014 saw the highest increase of drug overdose deaths at 17% above that of 2013.
- Heroin-related deaths accounted for 47.4% of overdose deaths, and opiate related deaths accounted for 80% in 2014 for all of Ohio.

Of those who die in Franklin County, the typical decedent was white, male, in his forties, lived or died in one of these zip codes: 43207, 43223, 43228, and 43224. Data indicate that a majority of these individuals had contact with law enforcement or had been incarcerated some time in their lives, and about half had been in contact with a drug treatment facility.

The goals of the 2016 Summit included:

1. Bring together Franklin County agencies and offices involved in addiction in a collaborative forum.

Result: Over **400** professionals and concerned citizens came together the day of the Summit. The morning session began with opening remarks from Dr. Ortiz, followed by a parent's experience with addiction from Wayne Campbell, President of Tyler's Light. Dr. Mary DiOrio, Medical Director of the Ohio Department of Health provided the participants with data on Ohio's Opiate Epidemic, creating context for how this issue has impacted various areas of the state. Franklin County's experience with this crisis was discussed by Zach Scott, Franklin County Sheriff, Dr. Delaney Smith, System Chief Clinical Officer of the Franklin County ADAMH Board, Dr. Erin McKnight, MD, Adolescent Medicine Physician Team, Nationwide Children's Hospital, and Dr. Teresa Long, Columbus Public Health Commissioner. Vanessa Perkins closed the morning session by sharing her journey of recovery from addiction. Attendees then were able to choose among four areas of focus for the remainder of the day: (1) Law Enforcement, (2) Healthcare/Therapeutics, (3) Prevention and Education, and (4) Legislation.

2. Educate attendees on current evidence based practices in prevention and harm reduction in the addiction field.

Result: The Prevention/Education Learning Track consisted of four speaker sessions: (1) Implementing Evidence Based and Recommended Prevention Programs in Schools, (2) Project DAWN, (3) What is Harm Reduction? and (4) Addiction in Faith-Based Communities. The learning track concluded with a facilitated dialogue/action exercise. *Leading the planning and coordination of speakers for this track were Tia Moretti, Nancie Bechtel, Joe Mazzola, and Krysta Bennett.*

3. Review current legislation related to addiction and illegal drug use and educate attendees on possible areas where legislation may be required.

Result: The Legislative Learning Track consisted of three speaker sessions: (1) Legislative Discussion Panel, (2) Pending Opioid Related Legislation, and (3) Judicial Discussion Plan. The learning track concluded with a facilitated dialogue/action exercise.

Leading the planning and coordination of speakers for this track was Amy O’Grady.

4. Review law enforcement programs related to drug use and inform attendees on promising new programs.

Result: The Law Enforcement Learning Track included four sessions: (1) Federal Drug Enforcement and Prosecution- Tracking the Source of Heroin to Drug Cartels, Federal Prosecution, and Funding Mechanisms for Task Forces, (2) State of Ohio Board of Pharmacy – Pharmaceutical Compliance and Enforcement, (3) Heroin/Opiate Prevention and Education Task Force (HOPE), Franklin County Prosecutor’s Office – Collaborative Efforts and Prosecuting Traffickers in Overdose Cases, and (4) Operation Street Smart – Drug Education, Terminology, Trends, and Paraphernalia.

Leading the planning and coordination of speakers for this track was Rick MinerD.

5. Review the medical treatment of addiction, identify current resources for treatment, and identify gaps in our system; and Review psychotherapeutic practices and identify needs.

Result: The Healthcare/Therapeutics Learning Track consisted of four sessions: (1) Treatment Modalities for Opiate Addiction, (2) The Effects of Opiates on the Reward Pathways in the Brain, (3) Treatment Availability and Needs in Franklin County, and (4) Demographics of Opiate Prescriptions in Central Ohio. The learning track concluded with a facilitated dialogue/action exercise.

Leading the planning and coordination of speakers for this track were Dr. Delaney Smith, Betsy Walker, and Vincent Sabino.

6. Collate information gathered during the Summit to develop a Franklin County Opiate Crisis Community Action Plan.

Result: The session closed with remarks from Ohio Attorney General Mike DeWine, followed by a Call to Action. Information gathered throughout the day was presented by the Steering Committee members who chaired each learning track: led by the Steering Committee members from each track: Rick MinerD (Law Enforcement), Amy O’Grady (Legislation), Delaney Smith (Healthcare/Therapeutics), and Tia Moretti (Prevention/Education). These Call to Action items were the foundation for the Community Action Plan.

For more information on the 2016 Opiate Crisis Summit, including the agenda, speakers, presentations, partners, and sponsors please visit:

<http://coroner.franklincountyohio.gov/opiate-crisis-summit/opiate-crisis-summit>

Development of the Opiate Crisis Community Action Plan

The development of the Community Action Plan (CAP) began at the Summit in March 2016, and evolved over the course of April, May, June and July 2016. Action items from the Summit learning tracks were modified into goals, with outcomes, action steps, and deliverables. Community meetings were held to

discuss each learning track, with members from organizations across Franklin County participating. Many meetings had over 35 people in attendance, offering feedback and asking meaningful questions. As the dialogue evolved, so did the outcomes and action steps as feedback, suggestions, ideas, and questions were incorporated. The result of these many hours of collaboration across systems, organizations, and individuals is this Community Action Plan. The hope of the Steering Committee, and all those involved in the work, is that we will be able to report back to the community the progress made on this plan at the 2017 Summit and that we will see a difference made in the prevention and treatment of this addiction. The Pew Charitable Trust writes, “Available research suggests that the most effective response to the growth in heroin abuse is a combination of law enforcement to curtail trafficking and limit the emergence of new markets; alternative sentencing to divert nonviolent drug offenders from costly incarceration; treatment to reduce dependency and recidivism; and prevention efforts that can help identify individuals at high risk for addiction. These strategies are most effective when tailored to the specific nature of the heroin problem in a given community. Research further suggests that increasing criminal penalties for heroin-related offenses is unlikely to reverse the growth in heroin use and tends to have a poor return on investment.”³ The CAP is designed with this information in mind, as we work toward an effective response to this crisis.

CAP Timeline: This CAP is designed as a two-year plan, providing broad system-level goals and specific outcomes for the community to work toward over the course of the next two years (2016-2018). Progress on these goals and outcomes will be provided during the annual Opiate Crisis Summit, as well as in an addendum to this report in July of 2017 and July of 2018.

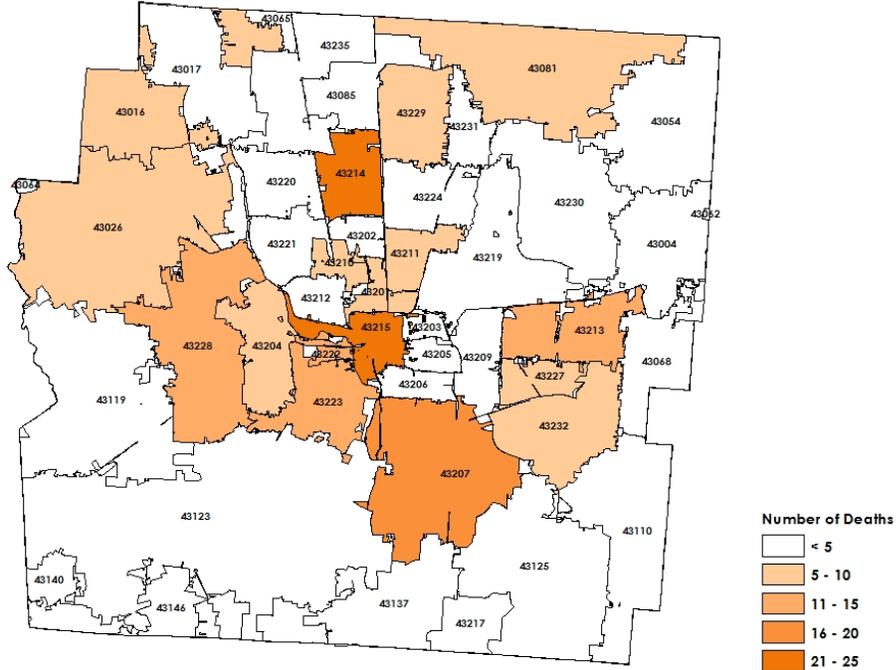
Data and Metrics: As is the case in many communities, data sharing across systems and organizations is challenging. Part of the work in the first year of this plan will focus on accessing existing data, determining where data collection gaps exist, analyzing that data and synthesizing it into useful information to help inform decision-making. When we convene in 2017, we will want to know what has changed in our community as it works to address opiate addiction and death from overdose. For example, have we seen changes in overall awareness of the dangers of opiate abuse and addiction in the community? Are fewer people dying from an overdose? Are more people accessing naloxone to prevent a death from overdose? Are more young people learning prevention and resistance skills? Are those in need of treatment gaining access? These are just a few of the metrics that we hope to monitor through the work of this plan.

Organization of the CAP: The CAP is organized by five goal areas: (1) Treatment; (2) Prevention and Education, (3) Law Enforcement, (4) Policy and Legislation, and (5) Recovery. The following pages contain Overdose Death Statistics from 2014-2015. Following these statistics are the goals, outcomes, action steps and deliverables of the CAP. A snapshot of community initiatives is found at the conclusion of the plan.

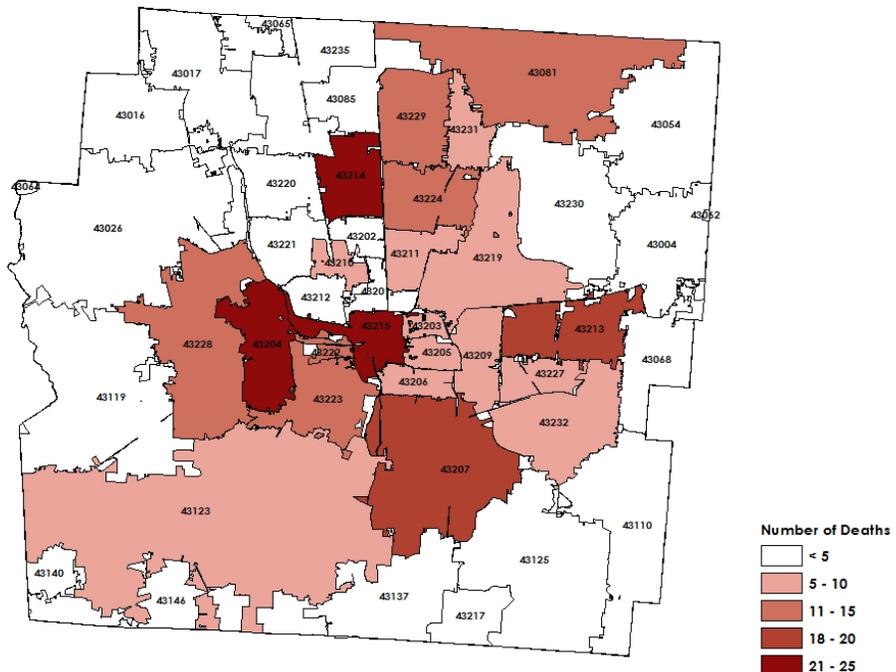
³ <http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2015/07/public-safety-aspects-of-the-heroin-abuse-epidemic>

Overdose Death Statistics 2014-2015

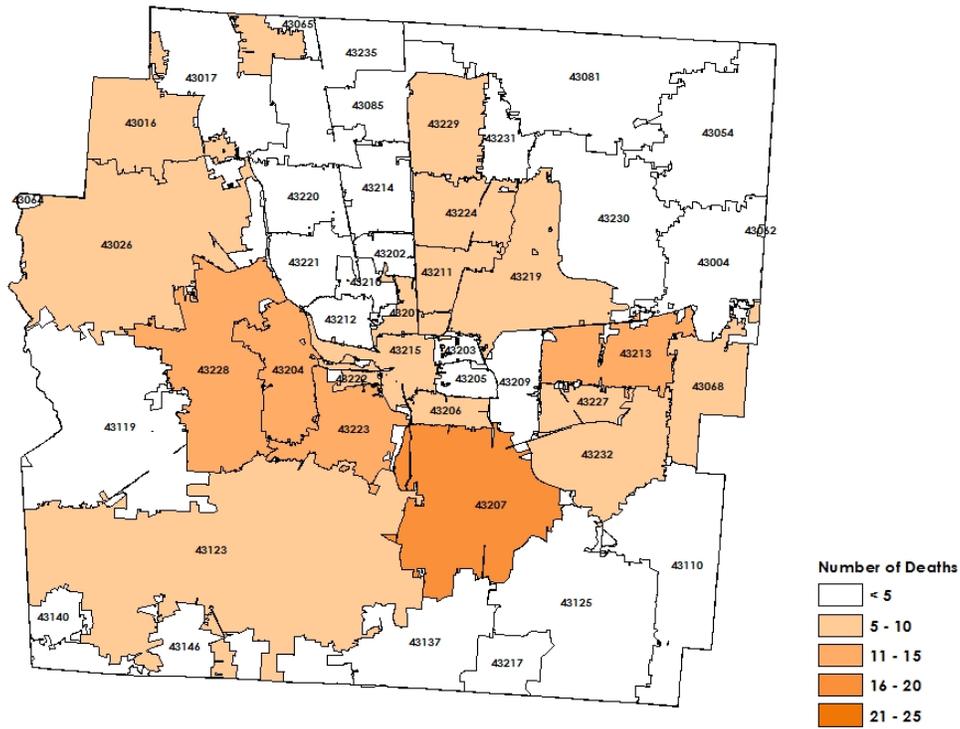
**Unintentional Opioid Related Overdose Deaths in Franklin County by Zip Code
2014**



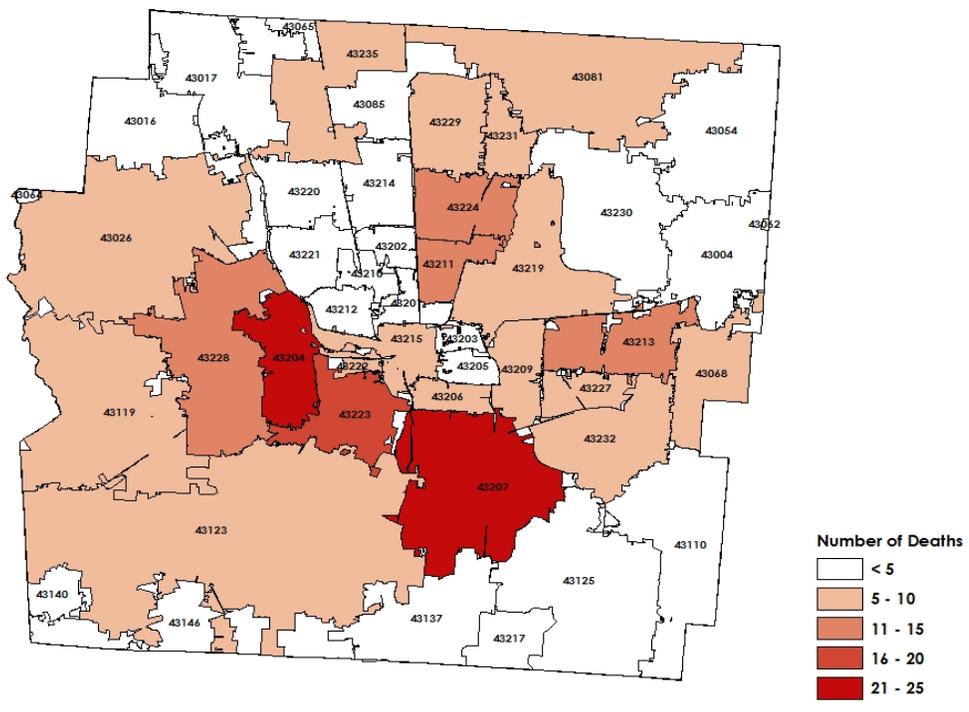
**Unintentional Opioid Related Overdose Deaths in Franklin County by Zip Code
2015**



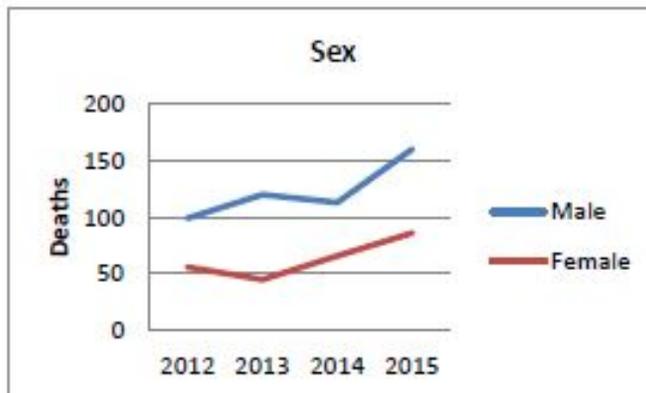
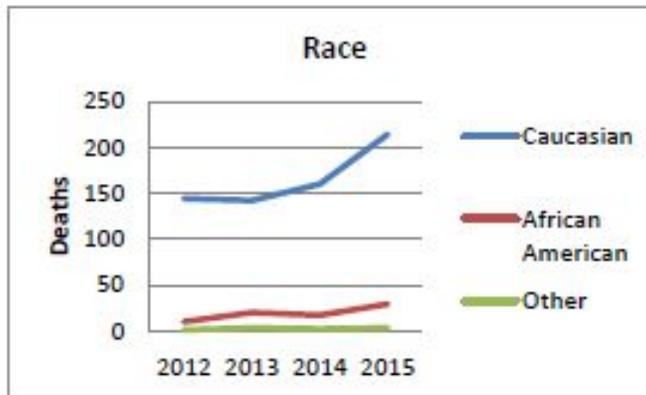
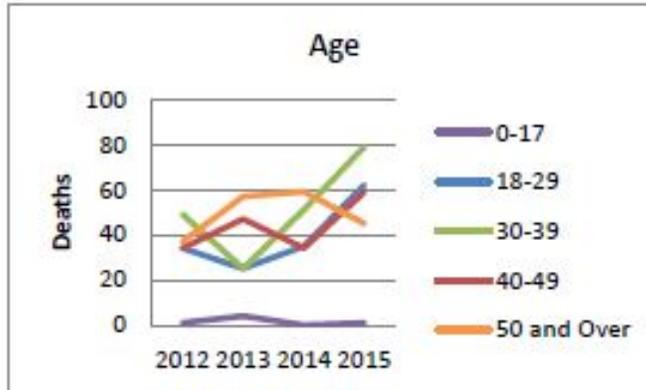
Unintentional Opioid Related Overdose Deaths by Last Known Address 2014

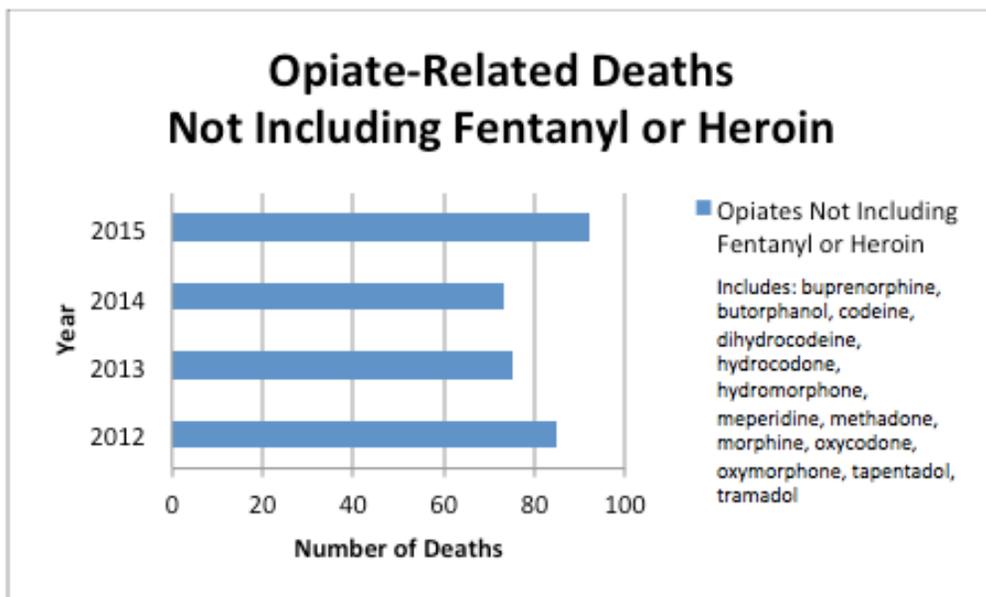
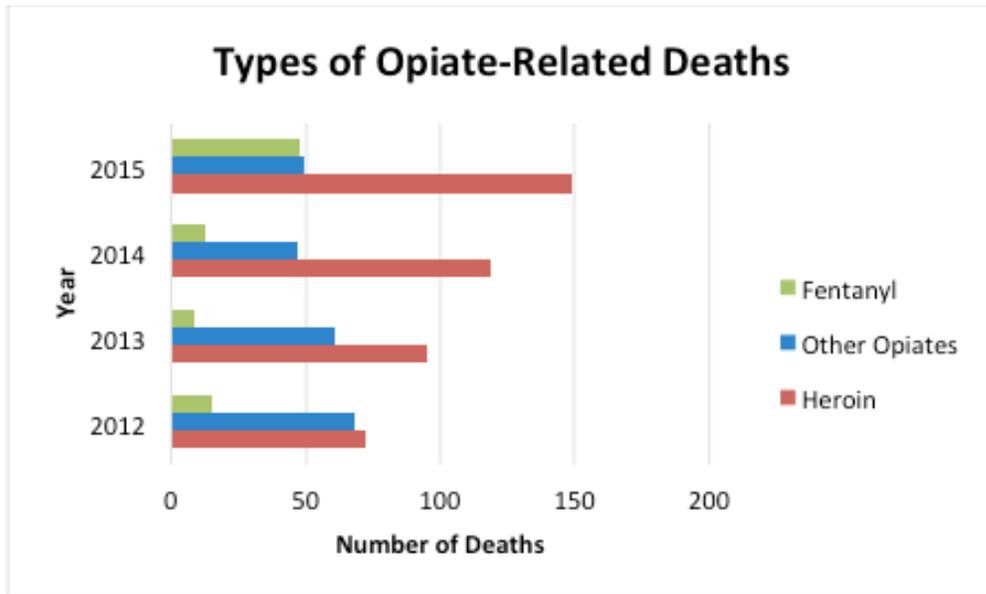


Unintentional Opioid Related Overdose Deaths by Last Known Address 2015



Opiate-Related Overdose Death Decedent Demographics





Goal 1: TREATMENT

All persons in need of treatment services will be able to **gain access to the level of care they need, including a continuum of services to ensure a pathway to recovery.**

Anticipated Result: Greater access to treatment will result in more persons who are assisted in finding a pathway to recovery from opiate and other drug addiction.

Rationale: Substance abuse treatment, similar to other healthcare treatments, has recommended levels of care based on information gathered about an individual during his or her comprehensive bio-psycho-social assessment. Levels of care recognized in Ohio, and nationally, are set forth by the American Society of Addiction Medicine (ASAM), and include Prevention and Education, Outpatient, Intensive Outpatient, Inpatient/Partial Hospitalization, Residential, and Detoxification (<http://asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>).

Ideally, the information gathered in the assessment should determine which level of treatment is best-suited to address an individual's addiction based on the severity of his or her disease; after the assessment an individual would then be referred to the type of treatment that corresponds with that level of care. However, in many communities, the levels of care are not represented or are very limited in capacity. Therefore, persons in need of treatment may receive services that are not reflective of the level of care needed. Increased capacity must include not only "more space to treat" but also more treatment across the levels of care. Strategies to increase capacity and engage people in treatment are the first steps to opening the door to a pathway to recovery. Strategies to sustain recovery are discussed in Goal 5 of the CAP.

Outcome 1: Assess existing treatment capacity for adults and adolescents and determine gaps in care.

Action Steps to Achieve Outcome 1:

1. Examine existing treatment capacity, including the number of state certified providers in Franklin County, those in private practice who may or may not be certified by the state for treatment services.
 - 1.1. **Deliverable:** Develop a comprehensive list of existing resources for treatment services, including information on eligibility requirements, services offered, payment accepted, and contact information.
 - 1.1.1. Gather information on number of beds/slots, requirements for admission, and number of persons on wait lists or those being turned away or denied care to determine the need.
 - 1.1.2. Examine the Summit County Opiate Task Force Data Dashboard to compare indicators used to determine treatment capacity/average wait time for residential treatment and detox services⁴.

⁴ <http://www.summitcountyopiatetaskforce.org>

2. Examine potential revenue sources to support the expansion of existing services either through increased bed capacity (for detox, inpatient, residential service providers, crisis response, etc.), and/or increased service capacity (engaging existing providers to expand upon their continuum of care).
 - 2.1. **Deliverable:** Develop a list of potential revenue sources and their eligibility requirements.
3. Assist providers in taking the necessary steps to increase their capacity to either provide more of their existing services or to add to their continuum of care.
 - 3.1. **Deliverable:** Make providers aware of the steps to take to increase capacity by providing links to websites or links to other resources.
4. Examine treatment capacity issues to determine barriers to treatment expansion that are policy-related.
 - 4.1. **Deliverable:** Determine barriers related to expansion that are connected to legislative policy (e.g. the IMD rule limiting capacity to 16 beds, funding restrictions, caps on length stay, etc.)
5. Examine insurance parity issues that limited access to treatment and advocate for improved parity.
 - 5.1. **Deliverable:** Determine key parity issues and discuss strategies to address these issues.

Outcome 2: Assess the existing capacity for family*-centered treatment and/or support for those coping with someone with an opioid addiction or someone in recovery from addiction (adolescent and adults). *Family may include relatives or other persons that are considered as support people.

Action Steps to Achieve Outcome 2:

1. Examine existing treatment capacity, including the number of providers or organizations who offer family-centered treatment or family-centered support in Franklin County.
 - 1.1. **Deliverable:** Develop a comprehensive list of existing resources for treatment services, including information on eligibility requirements, services offered, payment accepted, and contact information.
2. Develop a list of Frequently Asked Questions (FAQs) or key points of education for family members who may be living with someone in active addiction or someone in recovery.
 - 2.1. **Deliverable:** Engage with the GAP network of Drug-Free Action Alliance and other community and family engagement groups/organizations to develop information for family members and support persons.

Outcome 3: Assess the capacity of organizations that can provide integrated care that includes physical, mental health, and substance abuse treatment for adults and for adolescents.

Action Steps to Achieve Outcome 3:

1. Examine existing capacity for integrated care, including the number of integrated care providers in Franklin County and those interested in providing integrated care services.
 - 1.1. **Deliverable:** Develop a list of existing providers of integrated care and those who are interested in providing additional services to determine need and gaps in care.

2. Examine potential revenue sources to support the expansion of existing services either through increased bed capacity (for detox, inpatient, and residential service providers), and/or increased service capacity (engaging existing providers to expand upon their continuum of care).

2.1 Deliverable: Develop a list of potential revenue sources and their eligibility requirements.

3. Promote treatment services that are holistic and values-free to reduce stigma for those seeking assistance.

3.1 Deliverable: Provide opportunities for treatment professionals to gather together and discuss the provision of holistic and de-stigmatizing care.

Outcome 4: Assess the needs of local hospitals to address overdose situations, including barriers to accessing treatment for patients.

Action Steps to Achieve Outcome 4:

1. Examine the needs of local hospitals, especially Emergency Room Departments, to determine the resources they need (e.g. education, resource lists, partnership, etc.) to best address an overdose situation.
 - 1.1. **Deliverable:** Explore the potential for direct collaborations between local hospitals and treatment agencies, including funding strategies for the co-location of an addiction specialist within the ER from a local treatment agency.
 - 1.2. **Deliverable:** Provide hospitals with information on best practices for services after naloxone has been administered to ensure that all hospitals follow a similar process.

Outcome 5: Assess the use of evidence-based or evidence-informed services within the existing treatment provider community and determine service gaps.

Action Steps to Achieve Outcome 5:

1. Examine existing use of evidence-based or evidence-informed services within existing treatment providers in Franklin County.
 - 1.1. **Deliverable:** Survey Franklin County treatment providers (adult providers and adolescent providers) on which practices and programs they are utilizing to treat opiate dependence, including persons with comorbidities.
2. Identify at least one evidence-based or evidence-informed treatment/practice that is needed to address opiate dependence and provide training opportunities for providers interested in adopting this treatment/practice.
 - 2.1. **Deliverable:** Provide at least one training opportunity for providers interested in adopting the identified evidence-informed or evidence-based practice.

Outcome 6: Provide continuing education to physicians, nurses, social workers, and other health care professionals on opioid use, addiction, and treatment.

Action Steps to Achieve Outcome 6:

1. Engage community partners to plan training offerings and assist with the implementation (e.g. location, costs, speaker, marketing, etc.).
 - 1.1. **Deliverable:** Develop a list of topics and determine a schedule of training offerings.
2. Continue to educate prescribers on pain management strategies that do not involve opiates.
 - 2.1. **Deliverable:** Host an educational event that focuses on “Innovative Methods of Pain Management” targeted at prescribers who may still be utilizing opiates as the main strategy for pain management.
3. Explore how to make these trainings available digitally in an effort to reach more professionals in an ongoing manner.
 - 3.1. **Deliverable:** Determine costs for record each topic area for digital reproduction and downloading, if possible. Pursue potential community partners to assist.

Goal 2: PREVENTION and EDUCATION

The Franklin County community will reduce opiate abuse through targeted education and harm reduction strategies that are relevant and meaningful to persons across the lifespan.

Anticipated Result: Targeted education that is delivered within a broad range of settings (e.g. elementary, middle, and high schools, community centers, churches, etc.) will reach more persons who may be at-risk or already impacted by opiate abuse and PREVENT further use, escalation or progression. Harm reduction strategies that are tailored to the characteristics and needs of at-risk communities (or at-risks groups of people) will prevent the exacerbation of the current condition and or other comorbid conditions (e.g. transmission of disease, further injury or illness, etc.). The end results are increased knowledge and changed attitudes about all drug use, especially opiates.

Rationale: The Office of National Drug Control Policy indicates, “children are less likely to use illegal drugs or illicit substances if such activity is discouraged throughout society. Prevention programs in schools, workplaces, and communities have already demonstrated effectiveness in reducing drug use.” Direct education in the classroom is one avenue for reaching youth, parents, and other adults in the community; additionally, “anti-drug messages conveyed through multiple outlets have proven effective in increasing knowledge and changing attitudes about drugs. The trend over the past six years of a decreased perception of risk connected to drug use among all adolescents correlates with a drop in the frequency of anti-drug messages in the media and an increase in images that normalize drug use.”⁵

Reduction of harm is also a function of prevention for those who are misusing or addicted to opiates. Harm Reduction International’s position statement defines harm reduction as “policies, programs, and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.”⁶

Outcome 1: Prioritize opiate overdose as a public health issue by educating the public (e.g. policy makers, professionals, citizens, etc.) about the dangers of use and abuse.

Action Steps to Achieve Outcome 1:

1. Elevate the status of the issue of opiate misuse and abuse to that of a public health concern by establishing a community-wide structure of leadership and accountability.
 - 1.1. **Deliverable:** Identify consistent objectives between agencies working on opiate abuse and death prevention.
 - 1.2. **Deliverable:** Identify drug prevention services and resources in grant opportunities, organizational, and project budgets to indicate that the issue is a priority.
 - 1.3. **Deliverable:** Utilize social media as a means of raising awareness and the priority of this issue by creating a single hash tag for use on Facebook, Twitter, etc.

⁵ <https://www.ncjrs.gov/ondcppubs/publications/drugabuse/2c.html>

⁶ <http://www.ihra.net/what-is-harm-reduction>

- 1.4. **Deliverable:** Engage state representatives, city council members, township trustees, and those persons running for elected office a legislative conference about this issue.
2. Develop a shared language between disciplines to ensure effective communication about prevention.
 - 2.1. **Deliverable:** Define terminology that explains the relevant issues, including RISK and PROTECTIVE factors related to addiction; Use that terminology in an awareness campaign to reach professionals to educate them on effective prevention strategies; include terminology that moves away from further stigmatizing individuals and families.
 - 2.1.1. Prevention Language differs among the following disciplines: Medical, Public Health, Prevention Specialists, Law Enforcement, Policy Makers, and the General Public; therefore, a Glossary of Terms will need created. This glossary should contain a cross-walk of terminology between disciplines.
 - 2.1.2. Examine the idea of language across a continuum from: (a) the time prior to dependence; (b) to the time of intervention; and (c) to the time of death prevention.
 - 2.1.3. Add this Glossary of Terms to a Resource Guide to be developed by the Steering Committee.
3. Work to reduce stigma in the community (value judgments) about those in need of care or those impacted by addiction to encourage more individuals to seek needed services. (“Community” includes the professional and lay communities).
 - 3.1. **Deliverable:** Convene community dialogues (town hall meetings) to engage the local community in addressing the issue.
 - 3.2. **Deliverable:** Convene discussions with policy makers and key decision-makers (e.g. mayors, council, commissioners, etc.).
 - 3.3. **Deliverable:** Create a Speaker’s Bureau from the Steering Committee and other key community members who are knowledgeable about the issue.
 - 3.3.1. Develop a process for selecting and scheduling speakers, including a central contact person.
 - 3.3.2. Develop “canned” presentations and materials for speakers broken into the five areas of focus from the CAP: Prevention/Harm Reduction, Treatment, Recovery, Law Enforcement, and Policy.

Outcome 2: Assess the provision of education and resources that are specific to the developmental and social needs of youth in Kindergarten through 12th grade (K-12), and young adults (ages 18-24).

Action Steps to Achieve Outcome 2:

1. Examine existing prevention-focused educational offerings and resources available in Franklin County and identify gaps.
 - 1.1. **Deliverable:** Develop a comprehensive list of existing prevention education offerings and resources, including information on eligibility requirements, access information, and level of evidence (e.g. emerging, trending, evidence-informed, evidence-based, etc.).
 - 1.1.1. Gather information on number prevention education programs and resources, requirements for accessing the program or resource, and contact information for provider organizations to create a comprehensive list for community distribution.

- 1.1.2. Determine gaps that exist within the existing prevention offerings and identify strategies to address those gaps, including potential sources of funding for increased resources.
2. Identify key topics for education, including: pathways into addiction, early onset use, trauma/adverse childhood experiences, and general education about addiction.
 - 2.1. **Deliverable:** Incorporate these topics into prevention education and resource offerings by providing training sessions to educate prevention providers, including school nurses.
3. Identify existing educational resources for college students, parents, family members, children of addicts, senior citizens, and those in recovery from addiction.
 - 3.1. **Deliverable:** List existing resources in a Community Resource Guide; where none exist, work toward the development of these resources.
4. Engage Youth Sports Leagues (e.g. Ohio High School Athletic Association, Youth Soccer Leagues, Athletic Officials, etc.) to provide coaches, officials, and parents with information on sports injuries and the use of non-opiate medication as an alternative to opiate use.
 - 4.1. **Deliverable:** Create a list of Youth Sports Leagues in Franklin County, including key contact people.
 - 4.1.1. Draft a letter to send to key contact people that includes a packet of information AND an invitation to provide an educational session to their respective league via the Speakers Bureau.
5. Explore the availability of Youth Mentoring Programs in Franklin County.
 - 5.1. **Deliverable:** Develop a list of Youth Mentoring Programs.
 - 5.1.1. Draft a letter to send to key contact people of the Mentoring Programs with information about this issue.
 - 5.1.2. Identify the gaps (e.g. number of mentors, types of mentors, geographic or language barriers, etc.) that exist in Youth Mentoring in Franklin County.

Outcome 3: Increase the number of permanent drop boxes for prescription drugs, the capacity of needle exchange programs/services, and other strategies for safe disposal of drugs and/or drug paraphernalia.

Action Steps to Achieve Outcome 3:

1. Define the process for organizations to offer syringe access and exchange (e.g. Safe Point at Equitas Health).
 - 1.1. **Deliverable:** Develop a simplified application process for organizations who wish to offer syringe access and exchange.
2. Increase the capacity of existing services (e.g. Safe Point) to allow for increased hours, more locations, more staff persons, etc.
 - 2.1. **Deliverable:** Examine potential revenue sources to support the increased capacity of services.
3. Provide education to the general public and key stakeholders on the basics of needle exchange programs (e.g. costs, benefits, outcomes, etc.) to ensure the public has accurate information.

- 3.1. **Deliverable:** Develop a Fact Sheet and Frequently Asked Questions (FAQ) on needle exchange programs; Develop information for the Speakers Bureau; include this information in any media or awareness campaigns.
4. Improve strategies to screen for and treat persons with Hepatitis C and HIV who are active syringe users who come to the attention of service providers.
 - 4.1. **Deliverable:** Utilize data to determine current need and develop strategies to improve access to testing (including confirmatory testing) and treatment options for those with Hep C and HIV who may or may not be sober.
5. Determine the efficacy of Red Med Boxes (boxes designed for **medication** drop off) and identify if an increase in the number of boxes is needed. (www.redmedbox.com).
 - 5.1. **Deliverable:** Coordinate efforts with Columbus Public Health as they conduct their efficacy study on Red Med Boxes.
 - 5.2. **Deliverable:** Identify barriers associated with obtaining and operating a Red Med Box including cost, regulations for observation and maintenance, costs for destruction of medications, etc.
6. Increase awareness of and options for safe drug disposal including permanent drop boxes, envelope mail back programs, Deterra Drug Deactivation System (www.deterrasystem.com), and community take back days.
 - 6.1. **Deliverable:** Identify barriers associated with each option (e.g. costs, community capacity, etc.) and develop strategies to address each barrier.
 - 6.2. Consider other options for drug disposal including a traveling drug disposal truck, disposal days at major events, disposal at the COSI Generation Rx Lab, etc.

Outcome 4: Increase the availability of naloxone (Narcan) in schools, in organizations that serve at-risk populations, and first responders.

Action Steps to Achieve Outcome 4:

1. Examine existing availability of naloxone in schools, organizations that serve at-risk populations, and first responders, and work to increase access.
 - 1.1. **Deliverable:** Determine barriers faced by schools in accessing naloxone and work to provide resources to increase access.
 - 1.1.1. Work to develop a strategy similar to other universal precautions like AED machines, Epinephrine Auto Injectors/ EpiPen, etc. for naloxone as forms of “death prevention.”
 - 1.2. **Deliverable:** Determine barriers faced by organizations in accessing naloxone and work to provide resources to increase access.
 - 1.2.1 Identify barriers including “terminal distribution license” and other regulations that may hinder organizations in obtaining naloxone for distribution.
 - 1.3. **Deliverable:** Determine barriers faced by first responders in accessing naloxone and work to provide resources to increase access.
2. Explore the potential of including naloxone administration as a part of CPR and First Aid Training.
 - 2.1. **Deliverable:** Draft a letter to the American Red Cross Ohio Buckeye Region and other providers of education/certification for First Aid and CPR to explore the inclusion of naloxone in training.

Outcome 5: Develop a rapid response team to examine any urgent situations (e.g. an acute increase in overdoses and/or deaths, etc.) that arise related to the opiate crisis in Franklin County.

Action Steps to Achieve Outcome 5:

1. Develop a list of key people who can assess the situation and devise a short-term intervention or response.
 - 1.1. **Deliverable:** Develop a list of key people and invite them to convene.
 - 1.2. **Deliverable:** Determine how this group will communicate about urgent situations and begin plans for how the team will convene and begin strategizing how they will take action.
2. Develop an immediate community response action plan.

Goal 3: LAW ENFORCEMENT

The crisis of opiate misuse and addiction will be addressed through public safety, including a reduction in the supply of opiates in Franklin County.

Anticipated Result: The Police Executive Research Forum (2014) explained the epidemic of heroin use on law enforcement as causing some fundamental changes, explaining, “Here’s the part that suggests a fundamental shift in attitude: While police are still focusing on the major drug dealers and traffickers of heroin for arrest and prosecution, what has changed is that they recognize that the users will continue using if they don’t get treatment. Simply arresting them over and over again is not working. So police are now recognizing the public health issues associated with heroin addiction” (p.2).⁷ The outcomes in this section focus on an approach to help reduce both demand and supply of opiates, as well as an increase in awareness for communities as they work with law enforcement to address this issue. Additionally, this section focuses on the educational needs and others supports needed by law enforcement and others working in public safety to effectively respond to this issue.

Rationale: Law enforcement plays a vital role in the efforts to address opiate misuse, abuse, and addiction. Professionals in law enforcement are often the first to intercept or intervene in a community when they are called out to address a concern. They are witnessing many sides of the issue in their daily work of public safety; for example, (1) they encounter those who are grappling with addiction, whether through arrest, death prevention, or through the court or probation systems; (2) they encounter those who are engaged in the sale of drugs, both legally and illegally; and (3) they encounter professionals across systems as they work to address the issues they face in the community. Thus, the use of public safety as a means to reduce misuse and addiction is something law enforcement cannot do alone. While they are charged with enforcing existing laws, the acknowledgement that “we cannot arrest our way out of this problem” has been made by law enforcement professionals at the Federal, state, and local levels of government. Thus, to reduce supply, one must also reduce demand, which calls upon the efforts of those working in prevention, treatment, and policy.

The Office of National Drug Control Policy emphasizes the importance of collaboration across multiple agencies as critical to improving drug control outcomes. They write, “Leveraging resources from the law enforcement and drug prevention fields allows for a more holistic and productive approach to reducing drug use. While many communities have already taken action, additional collaboration among police, prosecutors, judges, probation officers, corrections officials, and their counterparts in the prevention field is needed.”⁸

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http://www.policeforum.org/assets/docs/Critical_Issues_Series_2/a%20heroin%20epidemic%20and%20changing%20attitudes%20toward%20marijuana.pdf.

⁸ <https://www.whitehouse.gov/ondcp/law-enforcement-resource-portal>.

Outcome 1: Improve enforcement of existing laws and regulations for prescribing, distribution, and illegal sale of opiates by continuing to advocate for a reduction in prescribing opiates.

Action Steps to Achieve Outcome 1:

1. Link data on the delivery of naloxone (Narcan) as the result of an overdose with the OARRS data system to allow Law Enforcement and EMS to report when naloxone has been administered in an effort to prevent further prescribing of opiates to someone who has recently overdosed.
 - 1.1. **Deliverable:** Examine the steps that would be needed to allow Law Enforcement to enter or transfer data into the OARRS system to alert prescribers of a recent administration of naloxone.
 - 1.2. **Deliverable:** Write a letter in support of the linking of naloxone administration data by law enforcement and EMS personnel with the OARRS system.

Outcome 2: Increase the capacity of communities to address drug sales and trafficking by encouraging the formation of community coalitions in cities and townships where none exist. Encourage community coalitions to host a session of Operation Street Smart.

Action Steps to Achieve Outcome 2:

1. Develop a list of existing community coalitions that are formed either to directly address drug use and prevention and/or those that are addressing this issue as a part of a larger mission/focus.
 - 1.1. **Deliverable:** Determine which communities are lacking a coalition; work with local officials in those communities to develop a coalition.
 - 1.2. **Deliverable:** Work with local officials in communities where a coalition does not exist to gauge the feasibility of developing a coalition.
 - 1.3. **Deliverable:** Provide information on Operation Street Smart to local coalitions and make them aware of how to schedule a presentation.
2. Collaborate with local coalitions on strategies to report suspected drug activity to local law enforcement.
 - 2.1. **Deliverable:** Educate local coalitions on what type of information is most helpful for law enforcement when reporting a suspected drug-related activity.
3. Assist local communities with a reduction in supply within their homes by coordinating community take back days.
 - 3.1. **Deliverable:** Increase the number of community take back days in Franklin County. *(Please cross-reference with Prevention/Harm Reduction Outcomes).*

Outcome 3: Increase diversion from jail to treatment for those who are addicted to opiates and other substances by working with local law enforcement, Franklin County Court of Common Pleas, Franklin County Municipal Court, Franklin County Adult Probation Services, Franklin County Office of Homeland Security and Justice Programs, and local treatment providers.

Action Steps to Achieve Outcome 3:

1. Collaborate with local initiatives currently aimed at reducing the number of persons in the Franklin County jail with dual diagnosis (i.e. mental health and substance use disorders), including those seeking to divert persons to treatment in lieu of jail.

- 1.1. **Deliverable:** Include those organizations currently overseeing projects related to diversion to steering committee and/or future planning meetings; ask them to provide updates on their respective initiatives.
- 1.2. **Deliverable:** Utilize the pre-sentence investigation process already in place at the Franklin County Court of Common Pleas as a model for Municipal court to assist with identification of persons who would benefit from treatment versus incarceration.
2. Provide education on substance use disorders, and persons with dual diagnosis, for the 17 judges and 70 probation officers working with the specialty dockets or other dockets who may encounter persons with substance use disorders.
 - 2.1. **Deliverable:** Provide training on the disease of addiction, options for treatment, including levels of care available in Franklin County, and supports needed for long-term recovery to encourage a shift in philosophy from punishment to rehabilitation.
 - 2.2. **Deliverable:** Provide a forum for treatment providers to explain the services they have to offer as a potential avenue for diversion sentencing to Judges and Probation Officers.
3. Improve communication between treatment providers and Adult Probation Services regarding shared clients to reduce the rate of absconding.
 - 3.1. **Deliverable:** Develop a strategy for treatment providers and Probation Officers to readily communicate regarding shared clients.
4. Implement the use of naltrexone (Vivitrol) in the jails as persons prepare to exit jail and enter treatment to reduce rates of relapse and improve entry into treatment.
 - 4.1. **Deliverable:** Identify barriers associated with obtaining and delivering naltrexone in the jail setting.

Outcome 4: Improve education for law enforcement and first responders on mental health and substance abuse.

Action Steps to Achieve Outcome 4:

1. Offer education on substance use disorders and mental health disorders at the police training academies.
 - 1.1. **Deliverable:** Determine what type of information law enforcement recruits would benefit from as a part of their training academy; Develop this training and plan for the delivery.
2. Offer continuing education on substance use disorders and mental health disorders to existing officers in Franklin County.
 - 2.1 **Deliverable:** Determine what type of information law enforcement officers would benefit from as a part of their continuing education; Develop this training and plan for the delivery.
3. Expand Crisis Intervention Training (CIT) training to jurisdictions in Franklin County that have less than 10% of staff trained as CIT officers.
 - 3.1. **Deliverable:** Determine which jurisdictions are in need of training and begin planning discussion.

Outcome 5: Continue to provide Operation Street Smart (OSS) Adult Education in Franklin County. Expand Operation Street Smart (OSS) to target young adults and youth.

Action Steps to Achieve Outcome 5:

1. Collaborate with Superintendents in Franklin County in both public and private schools to provide OSS education to youth.
 - 1.1. **Deliverable:** Write a letter from the Steering Committee to all Superintendents emphasizing the need for education on opiates and other drugs through OSS. Convene a meeting for Superintendents to discuss offering OSS in schools.
2. Collaborate on the implementation of House Bill 367, Opioid Abuse Prevention by attending planning meetings in 2016 and 2017. Note: *This bill requires the Governor's Cabinet Opiate Action Team to make recommendations for instruction in prescription opioid abuse prevention and submit those recommendations to the Department of Education to publish the recommendations online. This legislation requires the board of education of each local district to select a health curriculum that includes instruction on the dangers of prescription opioid abuse.*
 - 2.1. **Deliverable:** Provide an overview of Operation Street Smart as a potential educational curriculum for students in Franklin County.

Outcome 6: Continue to expand the partnerships within the Heroin Overdose Prevention and Education (HOPE) Task Force.

Action Steps to Achieve Outcome 6:

1. Collaborate with law enforcement agencies and treatment providers in Franklin County who are not currently engaged with the HOPE Task Force in order to expand the group.
 - 1.1 **Deliverable:** Expand participation in the three (3) major components of the HOPE initiative.
 - 1.1.1 **Enforcement:** Develop a team of investigators with experience in both crimes against persons and narcotics investigations working together to initiate investigations with the primary goal being immediate source of supply target acquisition in a Heroin Overdose Death event, and prosecution of the source of supply for State or Federal level Manslaughter charges.
 - 1.1.2 **Treatment: Strengthen referral to treatment** by partnering with Southeast Inc., and other similar local agencies, to link relatives and/or friends of overdose death victims with Medical Professionals and Mental Health specialists to assist with detoxification, medically assisted treatment programs, and counseling.
 - 1.1.3 **Prevention/Education:** Continue the collaboration between The HOPE Task Force with the already established Operation Street Smart Program, which offers narcotics and overdose education to the general public. By working closely with the Street Smart operation, surviving Families would continually be offered educational seminars free of charge.

Goal 4: POLICY and LEGISLATION

Franklin County, in cooperation with state and local government, will work to ensure that legislation and policies support the work of preventing and reducing the harm created by opiate misuse and abuse, and support efforts to provide treatment and recovery opportunities for those in need.

Anticipated Result: Public policy can set the stage for effective prevention and intervention efforts. Therefore, the work of this sub-committee is to examine existing legislation, pending legislation, and funding opportunities, and other regulations related to opiates and heroin. This dialogue about policy and legislation allows Franklin County to consider the implications for treatment, prevention, law enforcement, medical care, and emergency response.

Rationale: Franklin County is taking a comprehensive look at the role of policy and legislation as both the foundation and the guidepost for addressing this issue. Our work compliments the work occurring at the federal level to address this epidemic. The Office of National Drug Control Policy's 2015 National Drug Control Strategy⁹ includes seven areas of focus:

- (1) ***Emphasizing prevention over incarceration***, including the expansion of national and community-based programs to reach young people in schools, on college campuses, and in the workplace;
- (2) ***Seeking early intervention opportunities in healthcare***, including the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) to help healthcare professionals detect and treat early onset addiction;
- (3) ***Integrating treatment for substance use disorders into health care and supporting recovery*** to address the reality that only 1 in 10 people in need of treatment receive it. Expansion of coverage for treatment through the Affordable Care Act, as well as other legislative efforts to increase capacity for treatment. Additionally, Americans in recovery need opportunities to access housing, employment, and other essential services.
- (4) ***Breaking the cycle of drug use, crime, and incarceration***, focusing on diverting those in need of treatment to services, rather than going to jail, and expansion of specialized courts to divert non-violent drug offenders;
- (5) ***Disrupting domestic drug trafficking and production*** by ensuring federal enforcement initiatives are coordinated with state, local, and tribal partners by improving intelligence exchange and information sharing, along with other efforts designed to secure the U.S.;
- (6) ***Strengthening international partnerships*** to reduce the availability of foreign-produced drugs in the United States; and
- (7) ***Improving information systems to better address drug use and its consequences***, seeking to improve existing data systems and identify alternatives to assist government in making data-informed decisions.

The outcomes developed in this section of the Community Action Plan target many of these areas discussed in the 2015 National Policy, with specific attention to Ohio and Franklin County.

⁹ https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_drug_control_strategy_0.pdf

Outcome 1: Conduct a legislative review of issues related to funding for prevention, treatment, and law enforcement as it pertains to addressing the opiate crisis in Franklin County.

Action Steps to Achieve Outcome 1:

1. Examine existing funding for prevention and education, including restrictions, to allow for expansion of prevention and education efforts in Franklin County.
 - 1.1. **Deliverable:** Gather information on the prevention programs that are currently offered within schools, including restrictions and barriers to determine gaps related to funding or other regulations. Gather information on Ohio's Health and Education Standards as a part of this work.
2. Examine existing funding for needle exchange programs, including restrictions, to allow for expansion of this service in Franklin County. Support pending legislation to support needle exchange programs.
 - 2.1. **Deliverable:** Examine data from Safe Point, the [current][existing] needle exchange program in Franklin County, to understand trends in use, exchange, and referral to treatment services.
 - 2.2. **Deliverable:** Provide education to the public to ensure they understand how needle exchange works, including safety concerns about needle disposal, etc. Ensure education is contextual and culturally appropriate to help with community engagement.
 - 2.3. **Deliverable:** Determine additional locations in Franklin County for potential needle exchange programs.
3. Examine funding for special training for first responders to create community paramedics and opportunities to collaborate with the Central Ohio Hospital Council to develop a centralized Community Paramedic Program.
 - 3.1. **Deliverable:** Gather detailed information from the Central Ohio Hospital Council on the Community Paramedic Program, including projected costs, implementation plan, and evaluation of the use of the services.
4. Work with Ohio Recovery Housing to determine the number of recovery residences in Franklin County; provide detail on who has passed the quality standards set forth by ORH.
 - 4.1. **Deliverables:** Examine funding opportunities to support recovery housing either through rent and utility subsidies for those needing to gain access to recovery housing, or through general operating support for recovery housing providers.

Outcome 2: Support funding for naloxone to be available to first responders and organizations working with at-risk populations.

*Note regarding naloxone: **House Bill 64** provides limited liability protection to law enforcement and fire/EMS agencies to use these materials.*

- Per **Ohio Revised Code Section 2925.61(D)** a peace officer... is not subject to ...criminal prosecution if the peace officer ...administers the naloxone to an individual ...experiencing an opioid-related overdose.*
- Per **Ohio Revised Code Section 4729.51** permits law enforcement agencies to purchase naloxone from wholesalers or other terminal distributors without a license by the State of Ohio Board of Pharmacy.*

Action Steps to Achieve Outcome 2:

1. Advocate for continued funding for naloxone to first responders and organizations working with at risk-populations by gathering data and information on the distribution and use.
 - 1.1: **Deliverable:** Build upon Franklin County Public Health’s tracking of naloxone use and determine where an increased availability of naloxone is needed.
 - 1.2. **Deliverable:** Examine the possibility for obtaining naloxone that has been donated.

Outcome 3: Determine the issues faced by those working in criminal justice and advocate for policies and funding that support their work in the community, within jails, and within the court system.

Action Steps to Achieve Outcome 3:

1. Assess the current issues faced by judges working in specialty and non-specialty dockets who are seeing individuals with substance use disorders.
 - 1.1. **Deliverable:** Determine which specialty dockets are seeing persons with opiate addictions and what their projected capacity and funding needs as the consider expansion.
 - 1.2. **Deliverable:** Survey judges working in non-specialty dockets to better understand sentencing patterns and treatment options they currently utilize when dealing with persons with substance abuse issues, especially opiate addictions.
2. Assist the Franklin County Sheriff’s Office in their plan to objectively classify persons with substance abuse and/or mental health disorders who are in the jail, as well as their efforts to provide services to persons while in the jail and to divert non-violent persons from the jail who are in need of treatment.
 - 2.1. **Deliverable:** Collaborate with the Franklin County Sheriff’s Office on their efforts and determine how to assist them especially in jail diversion efforts through linkage to treatment services, including assistance with determining benefits eligibility (i.e. Medicaid).
3. Advocate for improved civil liability protection for law enforcement.
 - 3.1. **Deliverable:** Examine where gaps in civil liability exist and begin to advocate for improved protections.

Outcome 4: Integrate disparate data and information systems (e.g. autopsy, birth and death records, criminal justice, law enforcement, public health, mental health, primary care and disease registries) to identify trends, inform analytics and contribute to policy recommendations.

Action Steps to Achieve Outcome 4:

1. Identify systems where data are being collected and identify which types of data are desired for cross-system collection and data sharing.
 - 1.1 **Deliverable:** Develop a comprehensive list of available data and a list of desired data elements that are not readily available. Example of a data list: Summit County Opiate Task Force Data Dashboard (www.summitcountyopiatetaskforce.org).
2. Assess the feasibility of data sharing between these systems, or the possibility of data integration through a shared site.
 - 2.1. **Deliverable:** Utilize the data element list developed in Outcome 5, Action Step 1 to begin the assessment of the feasibility of data-sharing and/or data integration.

Goal 5: RECOVERY

All persons in recovery from opiate addiction will find the supports they need to sustain their recovery journey.

Anticipated Result: A community that recognizes the importance of recovery understand that the journey is life-long and one that needs support and opportunities for recovering persons to thrive.

Rationale: The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as, “as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.”¹⁰

SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- **Home**—having a stable and safe place to live
- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love, and hope

SAMHSA further explains the foundational component of recovery as “hope: the belief that these challenges and conditions can be overcome.” Recovery is a personal journey, supported by community. An individual in recovery must rely on his/her own strengths, talents, coping abilities, resources, and values. Thus, recovery is holistic in nature and focuses on the components that generate a life lived in recovery. Pathways into recovery are diverse and may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one’s health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

Recovery Support: SAMHSA defines recovery supports as services and programs that support recovery and wellness, including housing to support recovery; employment and education services, and social supports. Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.¹¹

¹⁰ <http://www.samhsa.gov/recovery>

¹¹ <http://www.samhsa.gov/recovery>

Outcome 1: Assess the capacity of organizations to provide Peer Recovery Support in conjunction with addiction treatment and/or recovery housing for adults and for adolescents.

Action Steps to Achieve Outcome 1:

1. Examine existing capacity, including the number of certified Peer Recovery Supporters working in either addiction treatment and/or recovery housing. Determine barriers to obtaining training (e.g. exclusions based on convictions, etc.).
 - 1.1. **Deliverable:** Provide training opportunities and/or support for those interested in becoming certified Peer Recovery Supporters.
2. Increase organizational awareness of the process for certification for Peer Recovery Supporters through the Ohio Department of Mental Health and Addiction Services (OMHAS).
 - 2.1. **Deliverable:** Share the current requirements and costs for Peer Supporter certification with interested organizations and individuals. (*Peer Recovery Supporters in an all-inclusive term consisting of peer specialists, recovery coaches, and peer supporters. In order to have a formal certification, individuals delivering peer services needed to have one title for consistency.*)¹²
3. Determine the capacity of existing treatment providers, recovery housing operators, probation/parole, jails, courts, etc. to hire certified Peer Recovery Supporters as a part of their staff.
 - 3.1. **Deliverable:** Examine potential revenue sources that support the employment of certified Peer Recovery Supporters, including potential billable services (i.e. Medicaid Codes of Peer Recovery Supporters).
 - 3.2. **Deliverable:** Offer training to operators on how to utilize these revenue sources.
4. Identify Peer Recovery Supporters who could provide expertise as part of the Speaker's Bureau, etc. to assist those working on addressing opiate addiction (e.g. The HOPE Task Force, Law Enforcement, Community Groups, Prevention, etc.).
 - 4.1. **Deliverable:** Develop a contact list of Recovery Peer Supporters and talking points/materials.

Outcome 2: Assess the capacity of recovery housing operators in Franklin County to determine the number units available for men, women, and adolescents across Ohio Recovery Housing's three levels of care (i.e. Level I, Level II, and Level III).

Action Steps to Achieve Outcome 2:

1. Work with Ohio Recovery Housing to determine the number of recovery houses in Franklin County, including population served, eligibility requirements, and other factors for admission. Determine which level each house is per the Quality Standards set forth by Ohio Recovery Housing;¹³ Ensure that the existing operators are meeting the quality standards set forth by Ohio Recovery Housing.
 - 1.1. **Deliverable:** Develop a list of available recovery houses in Franklin County to share with treatment providers and other community stakeholders. Include information on eligibility, population served, MAT acceptance, etc.

¹² <http://mha.ohio.gov/Default.aspx?tabid=713#31371377-ohio-peer-recovery-supporter-certification-process>

¹³ www.ohiorecoveryhousing.org

2. Examine revenue sources to assist existing providers in increasing capacity or to assist new operators in opening a recovery house.
 - 2.1. **Deliverable:** If revenue sources exist, provide a mechanism for distribution (e.g. a grants-making process).

Outcome 3: Increase the visible presence of youth in recovery through awareness-raising, participation, and organization of youth-led recovery organizations.

Action Steps to Achieve Outcome 3:

1. Collaborate with The Columbus Recovery High School Initiative to work toward establishing a recovery high school.
 - 1.1. **Deliverable:** Participate in planning meetings with The Columbus Recovery High School leadership.
2. Determine the availability or capacity for after-school and summer programs that are focused on the needs of youth in recovery
 - 2.1. **Deliverable:** Develop a list of existing programs that provide recovery-focused programming for youth.

Outcome 4: Improve collaboration and communication between the treatment community and the 12-step and/or greater recovery community by offering opportunities to convene and connect by hosting a recovery forum in conjunction with the annual Opiate Crisis Summit.

Action Steps to Achieve Outcome 4:

1. Engage persons in long-term recovery as members of the Planning Committee.
 - 1.1. **Deliverable:** Host a recovery forum in conjunction with the annual Opiate Crisis Summit. Potential Focus for Summit: Defining recovery/describing recovery per the definition provided by SAMHSA to help educate persons on what long-term recovery looks like, etc.
2. Engage persons in long-term recovery as members of the Steering Committee.
 - 2.1. **Deliverable:** Invite at least two persons in long-term recovery to join the Steering Committee.

Outcome 5: Gather information on what has worked in other communities facing this problem, including what has worked for people in recovery.

Action Steps to Achieve Outcome 5:

1. Conduct an Internet Search on Community Action Plans and other community strategies to examine what has worked and how it has worked. This search will include a review of published literature.
 - 1.1. **Deliverable:** Develop a summary of key points on “what works” to share with the Steering Committee and other key stakeholders.
2. Reach out to at least two other communities that have had success in addressing this issue.
 - 2.1. **Deliverable:** Host at least two conversations (via conference call, web-cam, or in-person) with communities who have successfully addressed this issue.

Next Steps

Next steps for the CAP include convening the Opiate Crisis Task Force, which contains four sub-committees:

1. Treatment
2. Prevention and Education
3. Law Enforcement/Policy
4. Recovery

Dates for these meetings are currently set; if you wish to become involved in the work of the plan through participation on a sub-committee, please email: OCTF@franklincountyohio.gov

Thank you for your interest in The Franklin County Opiate Crisis Community Action Plan.

Community Initiatives

Franklin County HOPE Task Force: HOPE (Heroin Overdose Prevention and Education) Task Force is a collaboration between the Franklin County Sheriff's Office, the Franklin County Prosecutor Ron O'Brien's Office, Franklin County Coroner's Office, Ohio Attorney General's Office, State of Ohio Board of Pharmacy, Southeast Healthcare Services, Franklin County ADAMH Board, Drug Enforcement Administration, and Truro Township Fire Department. The HOPE Task Force works to offer treatment, education, and literature.

Website: www.HOPETaskforce.com

Governor's Cabinet Opiate Action Team (GCOAT): In 2011, Ohio Gov. John R. Kasich announced the establishment of the Governor's Cabinet Opiate Action Team to fight opiate abuse. Ohio is combatting drug abuse through many initiatives on several fronts at the state and local levels involving law enforcement, public health, addiction and treatment professionals, healthcare providers, educators, parents and many others. It will take some time for their full impact to be reflected in reducing the number of drug overdose deaths.

Website: <http://mha.ohio.gov/Default.aspx?tabid=779>

Project DAWN (Deaths Avoided with Naloxone): Project DAWN is a community-based overdose education and naloxone distribution program. Project DAWN participants receive training on:

- Recognizing the signs and symptoms of overdose
- Distinguishing between different types of overdose
- Performing rescue breathing
- Calling emergency medical services
- Administering intranasal naloxone

Website: <http://www.healthy.ohio.gov/vipp/drug/projectdawn.aspx>

Operation Street Smart (OSS): The Franklin County Sheriff's Office created Operation Street Smart in July 2002 as a way to take community oriented policing to a new level. Street Smart is a collaborative effort between D.A.R.E. and the Special Investigations Unit (SIU), which is the Sheriff's Office undercover narcotics branch. The goal of Street Smart is to provide current and up-to-date narcotics information on trends, terminology, paraphernalia, and physiological effects to those individuals who deal with today's youth on a daily basis.

Website: <https://sheriff.franklincountyohio.gov/programs/operation-street-smart-drug-education.cfm>

Franklin County Network of Care: This Web site is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features. Regardless of where you begin your search for assistance with behavioral health issues, the Network of Care helps you find what you need - it helps ensure that there is "No Wrong Door" for those who need services. This Web site can greatly assist in our efforts to protect our greatest human asset - our beautiful minds.

Website: <http://franklin.oh.networkofcare.org/mh/>

State of Ohio Network of Care: The state of Ohio Network of Care Public Health site is designed to provide local health departments, hospitals, payers, providers, public health professionals, universities, individuals and other organizations a platform to display and track public health assessment and planning data. This site gives Ohio a dynamic and integrated platform to track key public-health

indicators, model practices and collaboration tools from around the nation. The site integrates statistics from national, state and other sources into a collection of health and quality-of-life indicators specific for each health jurisdiction and the state of Ohio. Indicators also include Healthy People 2020 targets, historical data per counties and evidence-based intervention. This allows local communities to focus their efforts on areas of greatest need, and to more efficiently use limited health assessment funds.

Website: <http://ship.oh.networkofcare.org/ph/index.aspx>

A link to the State Health Improvement Plan Addendum for 2015-2016 can be found here:

<http://ship.oh.networkofcare.org/ph/content.aspx?cid=2785>

Ohio Attorney General Mike DeWine's Office: In 2013, Ohio Attorney General Mike DeWine developed the Heroin Unit to go after opiate traffickers and to work with communities affected by the opiate epidemic. The unit combines the skills of the Ohio Organized Crime Investigations Commission (OOCIC), the Ohio Bureau of Criminal Investigation (BCI), the Special Prosecutions Section and drug abuse outreach specialists.

Website: <http://www.ohioattorneygeneral.gov/DrugAbuse>

Hope over Heroin: Hope Over Heroin unites Churches and cities to pray together. We begin active street evangelism in areas most impacted, raising real Kingdom awareness to collective addiction problems that surround us. Our heart is connecting people to practical redemptive ministries by providing an outreach bridge for a dying generation and bringing it Hope. Hope Over Heroin is much more than a weekend outreach. We unite regional faith-based, non-faith based, addiction recovery and grief resources at one place, most often for the first time, and connect those hurting the most with long term support and resources.

Website: <http://www.hopeoverheroin.com/>