



# History & Progress

## 2015 • Columbus Opioid Epidemic

1,155 deaths were attributed to fentanyl, an increase from 503 people in 2014, creating what we know as the opioid public health crisis in Columbus and Franklin County. This was a 71% increase from 2012-2016.

## 2017 • Franklin County Opiate Action Plan Developed

The City of Columbus, Franklin County and community partners created the Franklin County Opiate Action Plan (FCOAP) in response to the opiate crisis, to stabilize the issue in the short term while offering important long-term prevention strategies.

## 2019 • Columbus Public Health Assumed Leadership of the FCOAP

Columbus Public Health assumed leadership of the FCOAP and it was renamed and restructured to better address the trend of not just opiate use, but all types of substances that lead to addiction. The FCOAP was renamed the Columbus and Franklin County Addiction Plan (CFCAP) in February 2019. A collective impact model was developed with elected and appointed officials in Columbus and Franklin County (Principal Committee) to develop a plan that was inclusive of all sectors of government, public and private human services organizations to have meaningful and effective measures of the coalition's work.

The new plan clarified its **objectives**, **intervention areas**, tactics and **goals** to address the changing landscape of addiction in our community.

The new plan utilizes five subcommittees and specific interventions to help accomplish the goals of the CFCAP.

## 2020 • Columbus and Franklin County Addiction 2020 Plan endorsed by local officials

The Columbus & Franklin County Addiction Plan is endorsed by Columbus City Mayor Andrew Ginther, Columbus City Attorney Zach Klein, the Franklin County Commissioners and Columbus Public Health Commissioner Dr. Mysheika Roberts.

**Moving Forward** • The CFCAP will be reviewed every two years by committee members to evaluate the effectiveness of interventions in place that help meet the goals of the plan.

### Goals

CFCAP goals represent the gains we expect to see as a result of our work along with measures of success.

**Goal 1:** Decrease drug overdoses by 15% as measured by EMS runs and emergency department visits for suspected overdoses.

**Goal 2:** Decrease drug overdose deaths by 15%.

**Goal 3:** Decrease incidence of blood borne infectious disease such as hepatitis C by 10%.

### Intervention Areas

The intervention areas of the CFCAP help organize our objectives into concrete actions and activities.

**Population Interventions**

**Health Equity Interventions**

**Health System Interventions**

### Objectives

The objectives of the CFCAP establish the focus areas of our work.

**Prevention Education**

**Schools & Community Centers**

**Decrease Stigma**

**Prevention Efforts**

**Ensure Equity & Increase Capacity**

## Subcommittees

### Education & Prevention

**Mission:** To work in partnership with community agencies and members to create, develop and implement evidence based prevention strategies related to addiction

**Objectives**

1. Increase broad community-based education
2. Identify school and community-affiliated education and gaps in service
3. Coordinate with partners and hospital systems to support education of prescribing professionals
4. Increase engagement and education to “vulnerable” populations

### Faith & Community

**Mission:** To change the culture of how faith based communities approach addiction and recovery

**Objectives**

1. Help increase outreach, address stigma and make the possibility of recovery more visible to those impacted by the disease of addiction
2. Connect individuals struggling with addiction to treatment and/or other supports
3. Facilitate understanding of what addiction, treatment and recovery are
4. Promote community partnerships between faith leaders and congregations with recovery and support services

### Healthcare & Risk Reduction

**Mission:** To advance harm reduction principles in community and hospital settings, practices and programs

**Objectives**

1. Promote wide distribution of naloxone, fentanyl test strips and clean syringes into our community
2. Provide harm reduction education and referrals to community members as it relates to addiction and its adverse effects
3. Mitigate overdose surges with action steps including prevention, treatment and referrals
4. Inform the local health care system as well as keep up-to-date on their efforts around harm reduction and substance use disorder

### Treatment & Recovery

**Mission:** To support individuals and families through treatment and recovery through a supportive system of care with the recognition that treatment & recovery supports are not separate events but an integrated process of care throughout one’s life

**Objectives**

1. Participate in and advocate for a recovery oriented system of care
2. Promote recovery supports as an equal part of the continuum of care for successful recovery

### Public Safety

**Mission:** To promote effective approaches for first responders and criminal justice representatives as they interact with individuals with substance use disorder and behavioral health issues

**Objectives**

1. Inventory services and technical needs for law enforcement and other first responders so they can quickly and effectively respond to a drug overdose or mental health crisis
2. Provide information about training and evidence based initiatives to address addiction
3. Examine access to diversion efforts to increase community behavioral health and social service options
4. Develop data collection strategies to assist with criminal justice reform initiatives

Special Workgroup:  
**Data Collection & Analysis**

**Mission:** To establish a data collection process and data repository for all subcommittees

**Objectives**

1. Measure progress
2. Synthesize, summarize and share findings
3. Develop intelligence for actionable strategies

