

# YEAR THREE-EXTENSION EVALUATION REPORT



August 2023

Prepared for Franklin County Public Health  
By Ohio University's Voinovich School  
of Leadership and Public Service

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## Acknowledgments & Citation

Ohio University's Voinovich School of Leadership and Public Service is conducting an evaluation of the Franklin County Overdose Data to Action (OD2A) project, which is funded through a grant received by Franklin County Public Health (FCPH) from the Centers for Disease Control and Prevention (CDC), Division of Overdose Prevention (DOP), National Center for Injury Prevention and Control (NCIPC). The lead evaluator, Dr. Lesli Johnson, oversees all evaluation activities including preparation of this report. Dr. Anirudh Ruhil oversees survey data development and methodologies. Daniel Kloepfer, MPP, serves as the evaluation coordinator, assists with data collection, conducts data analysis, and leads the preparation of this report. Dr. Jacob White, Robin Webb, MPA, Dr. Sam Belkin, and Cale Burke, MPA, assist with data collection and analysis and report writing. Kelli Schoen, MA, assists with data synthesis and visualizations. Peyton Ryba assists with data synthesis. The Voinovich School would like to thank Franklin County Public Health for its continued communication and assistance with the evaluation of the OD2A project. We also express our sincere gratitude to the numerous project partners that are working toward reaching the goal of reducing opioid overdoses in Franklin County.

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## Franklin County OD2A Project Introduction

Franklin County Public Health (FCPH), in cooperation with many local and regional partners, received the Overdose Data to Action (OD2A) award from the Centers for Disease Control and Prevention (CDC) in 2019. Initially, this was structured to be a three-year initiative; however, because of delays related to the COVID-19 pandemic, CDC extended the OD2A award an additional year, Year 3 Extension (YR3-EXT). This grant promotes systems change and community-wide collaboration to engage in surveillance and prevention of opioid abuse and opioid deaths. Ohio University's (OU) Voinovich School of Leadership and Public Service participated in the development of the evaluation plan in the original proposal and has continued to serve as the external evaluator for this four-year effort. This report documents the fourth and final year of project implementation and overall successes and achievements throughout the duration of the grant. Due to time constraints, data collection was only conducted in the first three quarters of YR3-EXT. This report covers a robust collaboration of programming and data sharing and collection among 9 project partners for this year, and 12 across the 4 years of the project. It selectively focuses on the specific initiatives supported through OD2A funding, and does not cover the wider array of services and programming each agency engages in to reduce opioid overdoses and improve the health and wellbeing of individuals across Franklin County.

## Evaluation Methods and Activities

OU's Voinovich School of Leadership and Public Service conducted a quasi-experimental evaluation using a mixed-methods approach that spanned all four years of FCPH's OD2A project funded by the CDC. The evaluation focused on implementation and short-term outcomes/outputs in Year 1 and on intermediate and long-term outputs in subsequent years. In YR3-EXT, the evaluation continued its emphasis on collaboration and data sharing within Franklin County, expansion and alteration to addiction services and linkages to care, and assistance with deploying the YR3-EXT Community Survey to document opinions related to opioid awareness and stigma. A variety of quantitative and qualitative data was collected and analyzed for this evaluation, including FCPH-specific primary sources as well as non-FCPH secondary sources. These data span multiple years (preceding the baseline year in some cases) and hence allow for careful statistical analyses that utilize the longitudinal nature of these data in later project years and future similar initiatives.

### Evaluation-Related Activities

In YR3-EXT, the OU evaluation team participated in numerous project meetings and conducted several primary data collection efforts among project partners and Franklin County residents. The list of activities is as follows:

- Conducted bi-weekly evaluation meetings with FCPH staff
- Attended monthly CDC conference calls with FCPH regarding evaluation updates
- Attended quarterly all-partner meetings and provided evaluation update presentations
- Attended a variety of CDC-related webinars and trainings
- Developed and administered the YR3-EXT Partner Data-Sharing Survey and created a

YR3-EXT interactive partner data-sharing map (submitted as an additional attachment to this report via Partners Portal)

- Administered the Wilder Collaboration Survey again in YR3-EXT, which included nine items specific to the OD2A project in Franklin County (Mattessich & Johnson, 2018, September)
- Conducted one focus group with the Columbus Fire Department’s RREACT team and one focus group with the RREACT alumni group. (the summaries for both of the focus groups are submitted as additional attachments to the report in the Partners Portal)
- Conducted one focus group with Franklin County Public Health (FCPH) Community Health Workers (CHWs). (the summary for this focus group are submitted as an additional attachment to the report in the Partners Portal)
- Administered the YR3-EXT Franklin County Community Opioid Awareness and Knowledge Survey in the spring of 2023 and created six individual data briefs describing findings (data briefs are submitted as additional attachments to this report)
- Attended, observed, and presented at statewide OD2A Quarterly Implementation Roundtable (QIR) meetings
- Met and discussed evaluation commonalities with other OD2A project evaluators within Ohio
- Developed and deployed a data collection instrument for partners to submit evaluation and program-related data
- Attended and presented at the CDC OD2A 2023 Recipient’s Meeting
- Participated in YR3-EXT mid-year partner site visits

### Partnership Development

FCPH staff continued to utilize their collaboration network to organize and secure partnerships with agencies and institutions within Franklin County to conduct the work of the OD2A project in YR3-EXT. There was some project partner reorganization, as Health Impact Ohio (formerly Healthcare Collaborative of Greater Columbus) was not an OD2A partner in YR3-EXT as in the previous years. Further, OSU Wexner Medical Center was a partner of the grant in Year 1 and Year 2, but discontinued the partnership on the grant in year three. FCPH was able to secure contractual relationships and develop data use agreements with **nine** individual partners, not including vendors or other non-contractual partners. Most partners assisted with multiple strategies for the OD2A project. These partners included

- African American Male Wellness Agency (AAMWA) – Strategy 9
- Columbus Division of Public Safety Rapid Response Emergency Addiction Crisis Team (RREACT) – Strategy 8
- Columbus Public Health (CPH) – Strategy 3
- Educational Service Center of Central Ohio (ESCCO) – Strategy 10
- Equitas Health (Equitas) – Strategy 6

- Franklin County Forensic Science Center (FCFSC) – Will return to doing business as Franklin County Coroner’s Office (FCCO) after YR3-EXT – Strategy 3
- Franklin County Office of Justice Policy and Programs (OJPP) – Strategy 6
- Ohio Association of Community Health Centers (OACHC) – Strategies 4, 6, 7, 10
- Ohio State University College of Public Health (OSUCPH) – Strategy 3

In Year 1 FCPH staff worked with the Columbus and Franklin County Addiction Plan (CFCAP) Steering Committee and members of its six subcommittees to identify priority populations and geographies to focus their OD2A-related efforts. In YR3-EXT FCPH continued to prioritize the following at-risk populations:

- Youth and young adults (ages 13–20 years old) with a history of alcohol and/or substance use that are involved in school-based intervention programs and their parents;
- Parents of youth participating in court diversion and juvenile justice programs with alcohol and/or substance use disorders;
- Opioid prescribers and pharmacists;
- Individuals with substance use disorder (SUD) who present to an emergency department (ED) or community health center;
- Individuals with substance use disorder involved in jail diversion or existing jail programs;
- Individuals at risk for sex trafficking and commercial sexual exploitation;
- Individuals identifying as part of the LGBTQ community who have substance use disorder, are injecting drugs, and may have HIV or the hepatitis C virus (HCV);
- Individuals, and their families, who have experienced a drug overdose and refused immediate transport to clinical services after being revived by first responders; and
- Reproductive-aged or pregnant women with substance use disorder.

In addition to the identified populations, FCPH focused on the following five priority zip code areas: 43204, 43207, 43211, 43223, and 43232; these geographic areas were selected on the basis of the highest 911 call rates and Emergency Medical Services (EMS) runs for overdose within Franklin County and were cross-referenced with 2017 overdose death data from FCFSC. These zip codes also align with areas of Franklin County that have a large population of individuals identifying as part of the LGBTQ community who have substance use disorder, are injecting drugs, and may have HIV or HCV as well as individuals at risk for sex trafficking and commercial sexual exploitation.

### Description of Franklin County

Below are various key indicators from secondary data sources being provided to help inform FCPH efforts and to allow for comparisons as measures of the OD2A project’s impact over time. Baseline data are presented, along with OD2A Year 1 (2020), Year 2 (2021), and Year 3 (2022) data when available. In 2023, Franklin County, Ohio, has a total population of **1,341,002** residents, which is just over **11.4 percent** of the population of the state of Ohio (Franklin County CARES, 2023) and is **51 percent** female, and **49 percent** male. The racial demographics of Franklin County are as follows: **58.36 percent** White, **23.63 percent** Black/African American,

0.37 percent American Indian and Alaska Native, 6.05 percent Asian, 0.04 percent Native Hawaiian and Other Pacific Islander, and 7.50 percent of two or more races. Also, 7.66 percent of the population is of Hispanic or Latino ethnicity.

Additional U.S. Census Bureau demographic data are provided for Franklin County as well as for the state of Ohio (Table 1). YR3-EXT demographic descriptors indicate Franklin County is similar to statewide measures with respect to the percentage of those aged 25 and over with a high school education or higher, percentage of population under 18 years of age, and percentage of population under the age of 65 without health insurance. However, the poverty rates in Franklin County are higher, and there are more residents who hold bachelor’s degrees and have higher household incomes in Franklin County, compared with statewide measures.

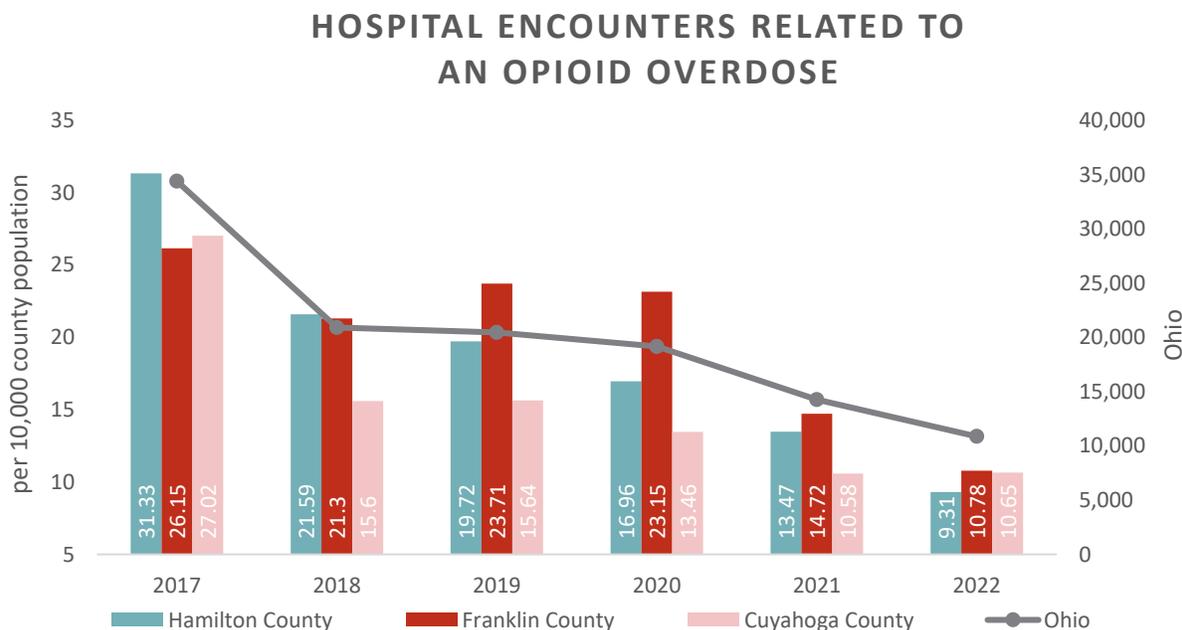
Table 1. Franklin County and Ohio demographic data

2019 – 2022 US Census County & State Data	Franklin County 2019 U.S. Census Bureau Data	Franklin County 2020 U.S. Census Bureau Data	Franklin County 2021 U.S. Census Bureau Data	Franklin County 2022 U.S. Census Bureau Data	Ohio 2019 U.S. Census Bureau Data	Ohio 2020 U.S. Census Bureau Data	Ohio 2021 U.S. Census Bureau Data	Ohio 2022 U.S. Census Bureau Data
Percent population in poverty	15.5%	13.5%	15.4%	14.3%	13.1%	13.1%	13.4%	13.4%
Percent of persons age 25 or over with high school education or higher	91.0%	91.2%	91.1%	91.5%	90.1%	90.4%	90.8%	91.1%
Percent population age 25 and over with bachelor’s degree or higher	39.3%	40.0%	40.4%	41.2%	27.8%	28.3%	28.9%	29.7%
Percent population under 18 years	23.2%	23.2%	23.3%	22.9%	22.1%	22.1%	22.1%	21.8%
Percent population age 65 years and over	12.4%	12.4%	12.7%	13.2%	17.5%	17.5%	17.8%	18.4%
Percent population under the age of 65 without insurance	8.9%	8.9%	9.5%	9.5%	7.8%	7.8%	7.8%	7.8%
Median household income	\$58,762	\$61,305	\$62,352	\$65,999	\$54,533	\$56,602	\$58,116	\$61,938

Source: (U. S. Census Bureau, 2023).

Ohio Hospital Association (OHA) data for hospital encounters related to an opioid overdose continue to be tracked for Franklin County to evaluate progress being made toward the overarching goal of the OD2A project to reduce opioid drug overdoses. Data from Hamilton County, Cuyahoga County, and the state of Ohio are included for comparison. OHA 2017–2021 data are included in Figure 1. The data indicate that Franklin County experienced a slight increase in hospital encounters related to opioid overdoses from 2018 to 2019; however, they show a decrease from 2019 to 2022, the period of time covering the first three years of the OD2A grant.

Figure 1. Hospital encounters related to opioid overdose



Source: (Ohio Hospital Association, 2023).

### Strategy 3: Implement Innovative Surveillance to Support NOFO Interventions

In YR3-EXT, FCPH continued its focus on the development of infrastructure for an innovative surveillance system aimed at integrating de-identified health information from local overdose-related surveillance systems with overdose data associated with risk/protective factors. Specifically, FCPH established a coalition for the provision of epidemiologic oversight and data sharing across OD2A partners. The primary goal of this coalition was to create an innovative, dynamic data surveillance system that integrates data from disparate sources to identify risk factors and social determinants of health (SDOH) for individuals experiencing SUD and/or overdose as well as their communities. Data sources include EMS, law enforcement, emergency departments, and other social service systems. To facilitate the creation of the data surveillance system, FCPH proposed three activities: (1) data monitoring and quality assurance, (2) use and

utility of surveillance data, and (3) dissemination and impact of surveillance data. In order to document and evaluate progress toward reaching this goal, several short-term indicators were considered. These indicators included:

- The number of data resources identified;
- The number of county overdose fatality review meetings where real-time data was shared;
- The number of partners participating in the regional surveillance initiative;
- The number of trainings on use of surveillance data;
- The number of evidence-based policy briefs and protocols available in the integrated database system;
- The amount of data submitted from EMS; and
- The quality of data submitted by EMS.

Below are progress summaries of YR3-EXT activities in Strategy 3.

### Data Monitoring and Quality Assurance

FCPH and partners worked to establish comprehensive data collection and utilization protocols, develop quality assurance strategies, and monitor data use agreements and data utilization throughout the project year. Progress was made toward this activity this year. The FCPH Epidemiology team's work is ongoing, developing and implementing standard operating procedures and data analysis guides to streamline surveillance data collection and ensure its future sustainability. Further, in YR3-EXT, FCPH secured eight new data sources and held 196 meetings, workgroups, or trainings pertaining to surveillance. OU evaluators also collected and analyzed partner surveys responding to current data-sharing practices from 9 partner organizations (including FCPH). These partners participate in regional surveillance initiatives and data contribution while also filling advisory and technical assistance roles.

### Use and Utility of Surveillance Data

Partner engagement and collaboration are key components to developing/implementing an innovative surveillance tool. In order to measure collaboration, an annual survey, the Wilder Collaboration Survey, was distributed to all YR3-EXT partners. The survey aimed to document successes and challenges as well as monitor changes that occurred within the project year. More detailed information regarding the Wilder Collaboration Survey is discussed in the section that addresses Strategy 9 efforts. Among the results detailed in the Strategy 9 summary, you will see the OD2A-specific factors of the Wilder survey results revealed substantial strength in the collaborative's capacity and ability to leverage infrastructure and integrate data from multiple sources to implement prevention and intervention strategies. A fourth annual survey that documented specific examples of interagency data sharing within the partnership was also distributed to all YR3-EXT partners. The Partner Data Sharing Survey on page 13 demonstrates significant progress was made toward enhancing the degree to which data is shared among partner agencies in Franklin County. Throughout the OD2A project, there has been an increased number of evidence-based policy briefs/protocols available in the integrated database system.

Based upon observable evidence in many sectors throughout the community, the data collected by EMS and FCFSC have allowed for a more robust surge detection, notification, and response protocol in Franklin County. In YR3-EXT, FCFSC enhanced the data being collected by the Overdose Death Surveillance System and continued to utilize the enhanced toxicology data they collected to identify trends in overdose deaths. FCFSC also made data pertaining to date/time of death, decedent demographics, cause(s) of death, and indicators of toxicology implicated in these deaths accessible to FCPH before being processed and published by ODH Vital Statistics.

During the first quarter of YR3-EXT, FCPH completed development of the [Franklin County Comprehensive Addiction and Recovery Evaluation System \(CARES\)](#) and launched it to the Franklin County community. The launch of this surveillance platform opens a wide array of data on overdose, addiction, SDOH, and community health for Franklin County, showcasing data collected from local sources through the OD2A grant. Data from Franklin County CARES was used in the second and third quarters of YR3-EXT to update and inform the direction of the 2023 Recover for Life Campaign. OD2A partners have also utilized Franklin County CARES to determine demographics and social determinants of health in the context of overdose outcomes when planning for delivery of services to their constituents.

FCPH epidemiologists developed and distributed two data-driven reports during the third quarter of YR3-EXT to inform responses to the overdose epidemic by OD2A partners and community stakeholders. The first report focused upon increases in overdose deaths among African American male residents of Franklin County. The second report was a risk profile of fatal and nonfatal overdose and system engagements among Franklin County women and girls aged 15–44. FCPH shared both of these reports with their OD2A partners at the third quarter Partner Meeting. Additionally, FCPH Epidemiologists were able to use data collected under Strategy 3 and contained within Franklin County CARES to fulfill several internal and external requests for data to inform program planning and implementation, direct overdose-focused communications efforts, and educate the community on risk factors specific to populations.

In an attempt to increase local capacity for sustainable surveillance efforts, Columbus Public Health (CPH) hired an additional epidemiologist. To provide epidemiologic support to FCPH and other OD2A partners, CPH responded to nine Epicenter alerts/surges through the first three quarters of YR3-EXT. CPH continues to provide updates on key overdose indicators including refinement and analysis of infectious disease and ODMAP data. Additionally, CPH obtained data from the Ohio Hospital Association on hospital encounters related to overdose and analyzed this data to assess comorbidities experienced by individuals presenting to in- and out-patient hospital settings with diagnoses related to substance use and overdose.

Lastly, OSUCPH staff report that they continued to make innovations related to FOCAL Map. FOCAL Map is a decision-making tool, designed to help local agencies utilize data to make more informed decisions related to overdose intervention and prevention programming. In YR3-EXT, OSUCPH continued to receive data from a variety of sources, streamlined data submission with a total of seven EMS agencies, automated data transfer from several sources, and updated

FOCAL Map's geolocating services. The geolocating services were updated with the aim of taking the user's input address and providing them with a list of treatment facilities, testing sites, public places, and food pantries. During the second quarter of YR3-EXT, OSUCPH started an evaluation activity to determine how FOCAL Map is used by certain users and how it could be improved over time. Finally, OSUCPH implemented FOCAL Map office hours to allow Secure FOCAL Map users to ask specific questions and receive training on the application.

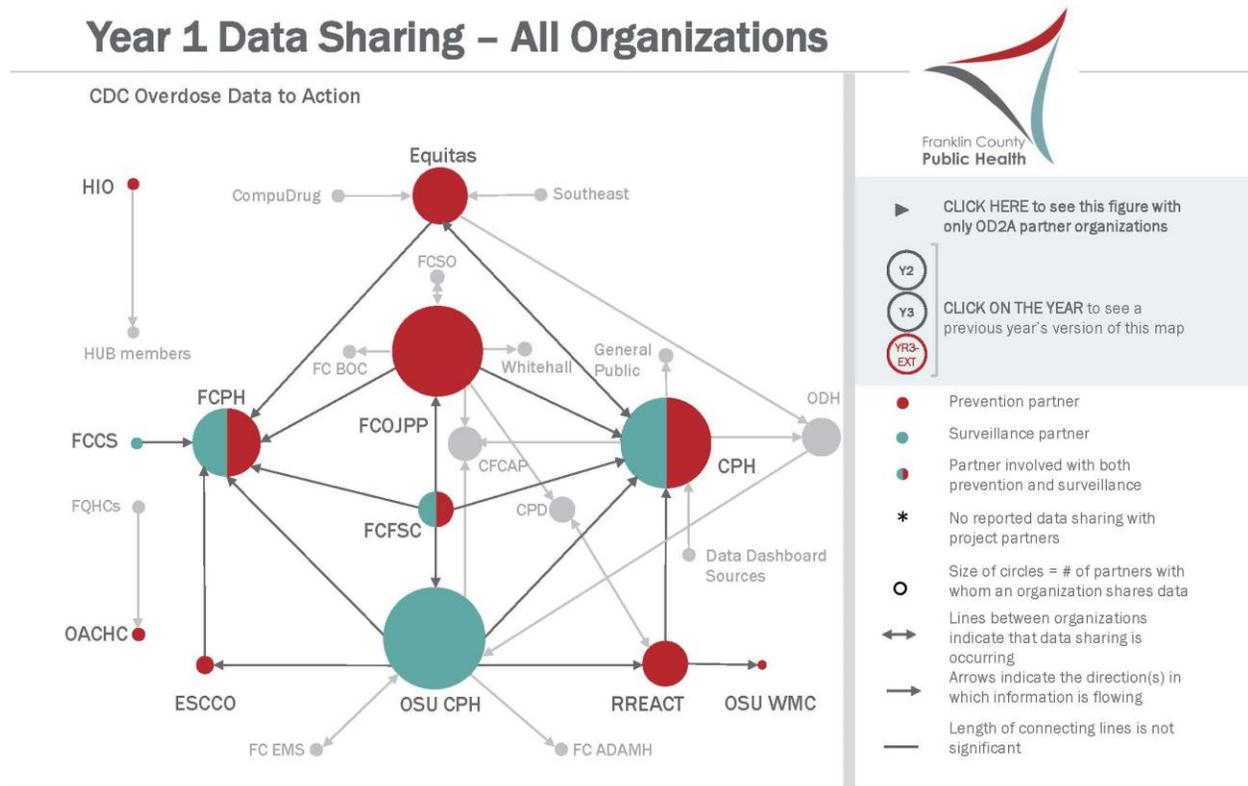
In YR3-EXT OSUCPH did report challenges onboarding the remaining Franklin County EMS agencies who are contributing overdose data to ODMAP. Through persistent dialogue, and collaboration across multiple OD2A partners, OSUCPH reported were able to overcome that challenge by working with Columbus Public Health to develop a template DUA to reference when engaging with the EMS agencies.

### Partner Data-Sharing Survey

In YR3-EXT, OU evaluators worked with FCPH staff to identify current data-sharing efforts among project partners, what their data needs were, and what barriers they faced in sharing or receiving data. Baseline data-sharing patterns were documented in Year 1 through the data-sharing survey, which was administered again in Years 2, 3, and the Year 3 Extension to document progress. The survey gathers data on the organizations with whom the agency is sharing opioid- and substance-abuse-related data (either providing or receiving the data), a description of the shared data, the duration and frequency of data sharing, the types of data still needed by the responding agency, and barriers to obtaining necessary data. The purpose of administering the survey is to document progress in data-sharing practices, but also to facilitate collaboration among OD2A partners and FCPH.

The results of the data-sharing survey allowed the OU evaluators to create YR3-EXT data-sharing maps, which visually display data-sharing occurrences within Franklin County. Examples of the all organizations maps from Year 1, Year 2, Year 3, and YR3-EXT can be seen in Figures 2, 3, 4, and 5 respectively. The data-sharing maps have helped FCPH document data-sharing practices and initiate conversations with project partners to catalyze further collaborations. Furthermore, the resulting survey data was used to identify the types of data collected by each partner and with whom they are sharing. The YR3-EXT data-sharing maps indicate that substantial data sharing continues to take place and has increased among grant partners as well as collaborating organizations relative to Years 1, 2, and 3. In Year 1, nine out of twelve partner agencies reported participating in data sharing activities with other members of the OD2A collaborative. By YR3-EXT, all nine, or one hundred percent of the project partners were sending or receiving data from other OD2A partner agencies. More impressive still, in Year 1, project partners reported they were engaging in data sharing activities with a total of 26 organizations throughout Franklin County. By YR3-EXT, that number had increased to over 100 agencies across all systems collaborating to create better outcomes for individuals living with SUD in Franklin County.

Figure 2. Year 1 data sharing among all organizations



CFD – Columbus Division of Fire • CPD – Columbus Division of Police • CFCAP - Columbus and Franklin County Addiction Plan • CPH – Columbus Public Health  
 • ESCCO – Educational Service Center of Central Ohio • FCADAMH – Franklin County Alcohol, Drug and Mental Health Board • FCBOC – Franklin County Board of Commissioners • FCCS – Franklin County Children Services • FCFSC – Franklin County Forensic Science Center • FCEMS – Franklin County Emergency Medical Services • FCOJPP – Franklin County Office of Justice Policy and Programs • FCPH – Franklin County Public Health • FCSO – Franklin County Sheriff's Office • FQHC – Federally Qualified Health Center • HIO – Health Impact Ohio • OACHC – Ohio Association of Community Health Centers • ODH – Ohio Department of Health • OSU CPH – The Ohio State University College of Public Health • OSU WMC – The Ohio State University Wexner Medical Center • FC Sheriff – Franklin County Sheriff's Office • RREACT – Columbus Division of Fire – Rapid Response Emergency Addiction Crisis Team

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Figure 3. Year 2 data sharing among all organizations

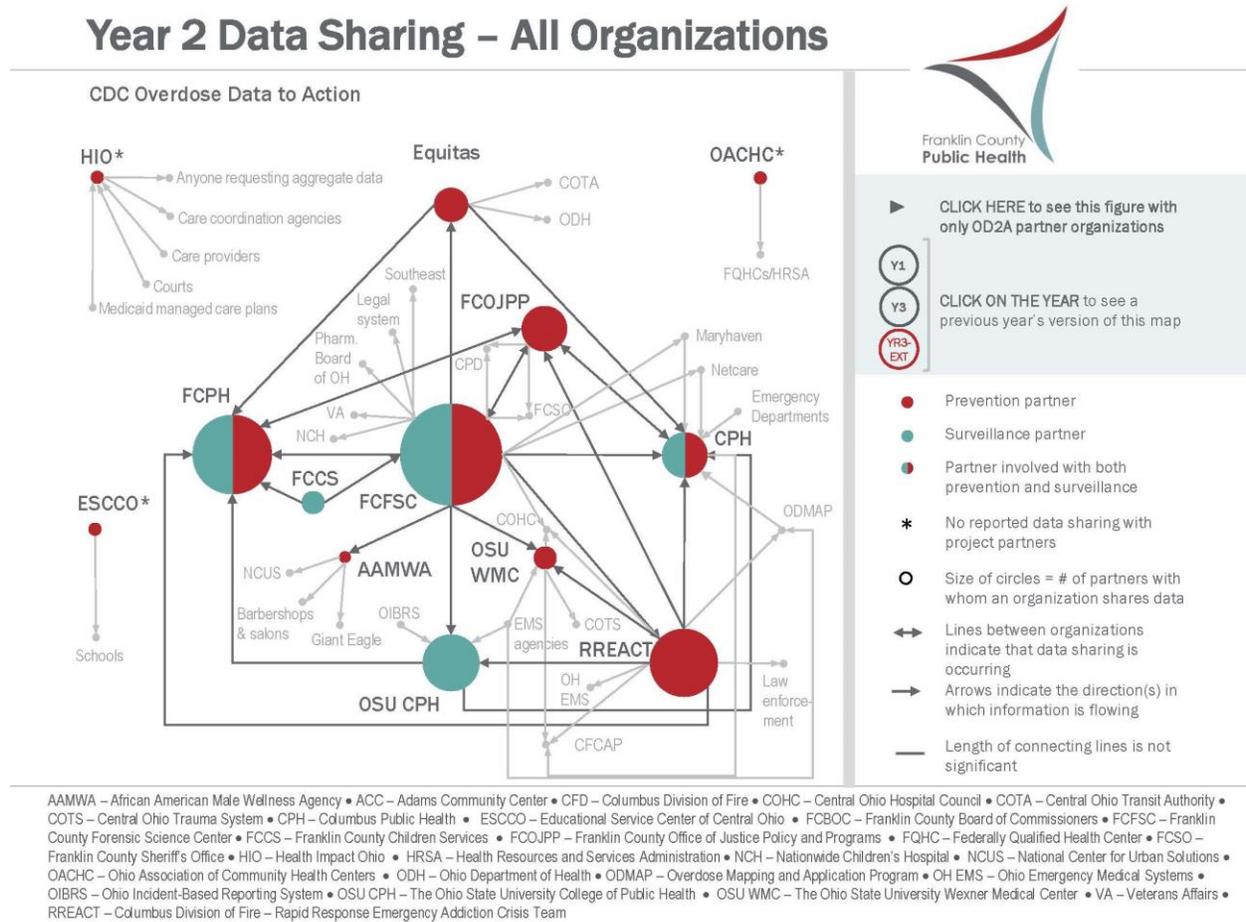


Figure 4. Year 3 data sharing among all organizations

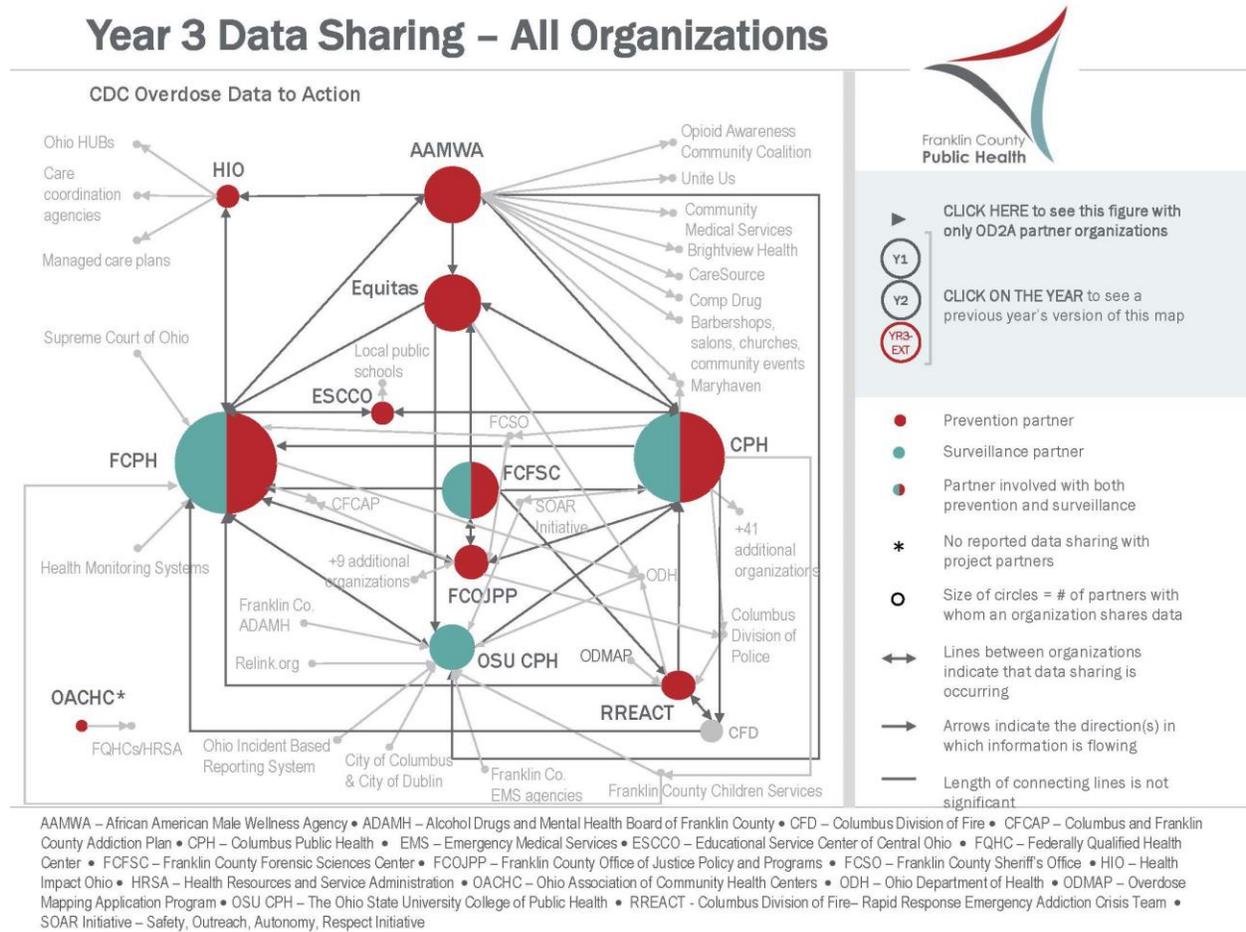
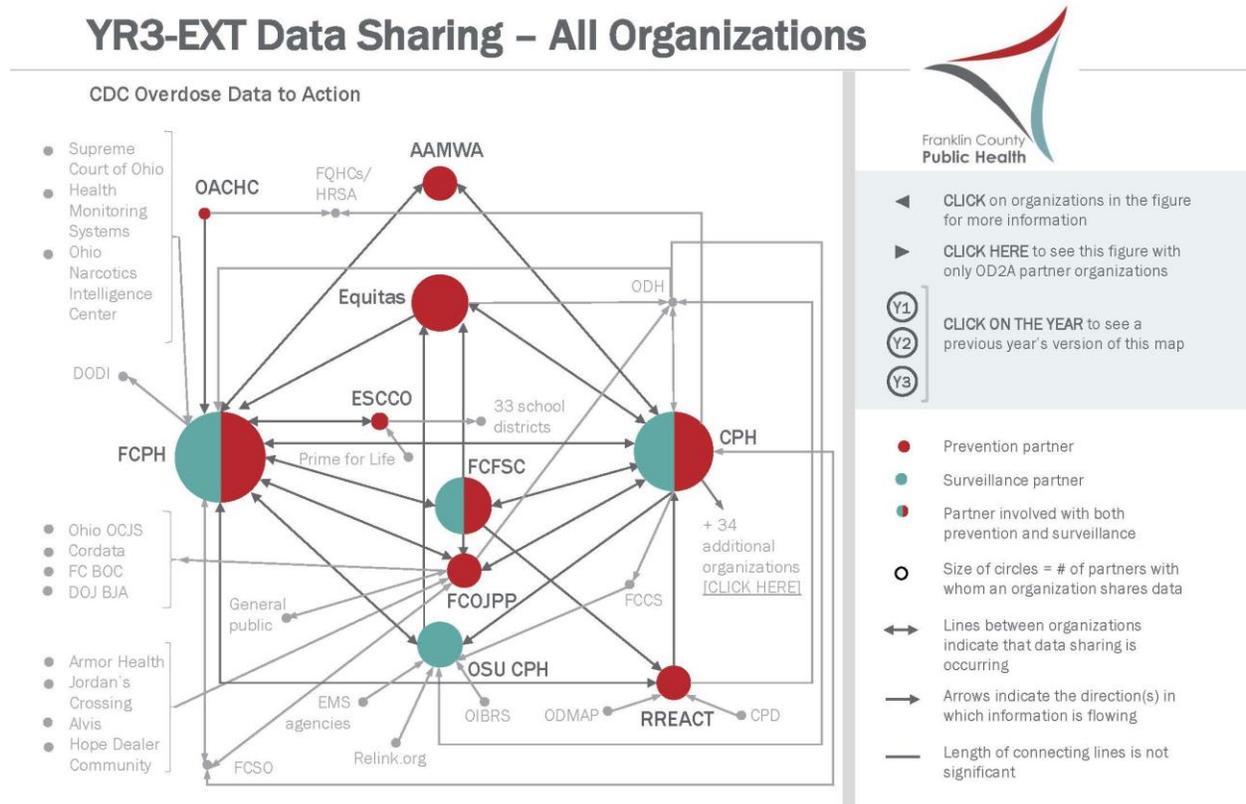


Figure 5. YR3-EXT data sharing among all organizations



AAMWA – African American Male Wellness Agency • CPD – Columbus Division of Police • CPH – Columbus Public Health • DODI – Drug Overdose Death Initiative • DOJ BJA – Department of Justice Bureau of Justice Assistance • EMS – Emergency Medical Services • ESCCO – Educational Service Center of Central Ohio • FCBOC – Franklin County Board of Commissioners • FCCS – Franklin County Children Services • FCFSC – Franklin County Forensic Sciences Center • FCSO – Franklin County Sheriff's Office • FCOJPP – Franklin County Office of Justice Policy and Programs • FCPH – Franklin County Public Health • FQHC – Federally Qualified Health Center • HRSA – Health Resources and Services Administration • OACHC – Ohio Association of Community Health Centers • ODH – Ohio Department of Health • ODMAP – Overdose Mapping Application Program • Ohio OCJS – Ohio Office of Criminal Justice Assistance • OIBRS – Ohio Incident-Based Reporting System • OSU CPH – The Ohio State University College of Public Health • RREACT – Columbus Division of Fire– Rapid Response Emergency Addiction Crisis Team

The complete YR3-EXT Partner Data Sharing Maps can be found as additional attachments to the report in the Partners Portal.

### Strategy 3 Conclusion

Looking at YR3-EXT as a whole, FCPH continued to better understand and develop data-sharing activities in Franklin County. Through partner engagement and the fourth iteration of the data-sharing survey, FCPH staff and associates were able to identify data connections and initiate conversations with partners to increase collaboration and secure data use agreements that included expanded data elements. Furthermore, FCPH increased the number of trainings/workshops related to surveillance data and its use compared to Year 1, Year 2, and Year 3. Finally, FCPH increased the number of data sources, partner organizations, and meeting frequency in YR3-EXT. Most significantly, by YR3-EXT, FCPH and their partners had grown the number of organizations sharing data in collaboration to decrease overdoses and link individuals to services to over 100; a significant increase from 26 organizations in Year 1.

Additionally, FCPH completed the development and launched Franklin County CARES, a one-stop resource for data on addiction, recovery, and the health environment of Franklin County.

The launch of this system opens a wide array of data on overdose, addiction, SDOH, and community health for Franklin County. FCPH used Franklin County CARES to update and inform the direction of the 2023 “Recover for Life” Campaign. OSUCPH also continued to refine data collection and implement geolocating services for FOCAL Map. OSUCPH also implemented FOCAL office hours to answer questions and provide trainings to Secure FOCAL Map users.

Finally, FCPH developed two data-driven reports: both focusing on overdose risks for specific populations in Franklin County. These reports provided an evidence base to identify and justify work in areas that are hit most heavily by both infectious disease and overdose. Though tremendous progress was made in YR3-EXT, data availability continues to be an area that could be improved. The development of Franklin County CARES and FCPH’s increasing data sources and partner organizations begin to address the issue of both state and local data availability.

#### Strategy 4: Prescription Drug Monitoring Programs (PDMPs)

In Year 3-EXT, FCPH continued to partner with OACHC to increase accurate prescription reporting, better assess patient risk, and decrease the misuse of controlled substances throughout Franklin County. To reach this goal OACHC promoted and provided needed resources to Federally Qualified Health Centers (FQHCs) for the implementation of a regional health information exchange (HIE) system, named CliniSync, and that partnership continued in YR3-EXT. Additionally, OACHC worked to promote and increase the use of the Ohio Automated Rx Reporting System (OARRS) among providers in Franklin County FQHCs. In YR3-EXT OACHC also partnered with Azara Healthcare to increase FQHC capacity to manage patients with opioid use disorder (OUD) and prescribe opiates. Throughout the course of the grant, several short-term indicators and/or outputs were considered to track progress toward reaching this goal. These short-term indicators included:

- The number of providers that are using and querying OARRS
- The number of FQHCs and hospitals implementing CliniSync that previously did not have OARRS integration
- The number of FQHCs identifying patient risk and patient behavior before prescribing a controlled substance
- The number of providers participating in trainings to help them better utilize the OARRS system
- The number of providers participating in training to help them understand Ohio prescribing rules and regulations

#### Opioid Prescribing Trends in Ohio and Franklin County

Historical and recent prescribing data accessed via OARRS (Ohio Board of Pharmacy, n. d.) is shown in Table 2 below (Hamilton and Cuyahoga counties are included for reference). A continued downward trend can be observed in the number of opioid doses dispensed, opioid doses dispensed per patient, and opioid doses dispensed per 100,000 residents statewide in

Ohio. From 2017 to 2022, there was a 44.6 percent decrease in the total amount of opioid doses dispensed when looking at the entire state of Ohio.

Table 2. Opioid prescribing trends in Ohio

		2017	2018	2019	2020	2021	2022	6 yr Δ
Opioid prescriptions per 100K residents	Ohio	74.2	62.2	56.1	52.5	51.7	47.9	-35.4%
	Hamilton	66.4	56.3	51	47.3	46.4	42.6	-35.8%
	Franklin	66.1	56.1	51.1	48.1	46.8	42	-36.5%
	Cuyahoga	57.3	45.9	41.4	38.1	37.5	34	-40.7%
Opioid doses dispensed (millions)	Ohio	587.7	467.9	401.8	373.7	356.1	325.5	-44.6%
	Hamilton	34.1	28.3	24.9	23.1	22	20	-41.3%
	Franklin	51.8	43	37.7	35.1	32.5	28.6	-44.8%
	Cuyahoga	43.5	33.8	28.3	25.8	24.4	21.3	-51.0%
Opioid doses per patient	Ohio	256.7	237.3	222.8	226.3	209.9	200.2	-22.0%
	Hamilton	228.3	220.1	210.8	214.3	200.7	192.3	-15.8%
	Franklin	234.7	225.3	214.2	217.4	192.2	178.5	-23.9%
	Cuyahoga	203.6	190.8	173.7	176.8	164.6	154.7	-24.0%
Opioid doses per 100K residents (millions)	Ohio	5.1	4.1	3.5	3.2	3.1	2.8	-45.1%
	Hamilton	4.3	3.5	3.1	2.9	2.7	2.5	-41.9%
	Franklin	4.5	3.7	3.2	3	2.8	2.5	-44.4%
	Cuyahoga	3.4	2.6	2.2	2	1.9	1.7	-50.0%

We also see similar downward trends in opioid prescribing practices when looking at data specific to Franklin County. In Franklin County, there was a nearly 45 percent decrease in the total amount of opioid doses dispensed from 2017 to 2022. We see a similar decrease in the total number of opioid doses per 100K residents during the same time period.

### Partner Engagement/Strategy Progress

To meet the goals in Strategy 4, OACHC staff focused their efforts on three general activities, which included: (1) Ensure that FQHCs are connected to an integrated PDMP within the Electronic Medical Record (EMR); (2) Provide trainings on safe and effective prescribing of opioids and MAT; and (3) Identify patient risk and patient behavior prior to prescribing a controlled substance.

In YR3-EXT OACHC continued to build off the success it experienced in Year 3. Last year OACHC staff reported they successfully addressed each of the previously listed activities as well as secured partnerships with CliniSync and the Ohio Society of Addiction Medicine (OHSAM) to provide health center trainings. In YR3-EXT OACHC continued its partnership with CliniSync, with seven out of the seven Franklin County FQHCs using CliniSync in some capacity.

Additionally, OACHC again partnered with CliniSync to provide training to the health centers as well as to conduct monthly connection calls to ensure FQHC compliance and understanding of utilizing PDMPs.

Relating to OARRS querying, OACHC reported that all six participating FQHCs have OARRS integration in YR3-EXT and have been able to provide data on their providers querying OARRS. At the close of quarter 3 in YR3-EXT, **132** providers were using and querying OARRS to help make prescribing decisions. In March OACHC hosted a training for providers to review best practices for patients at risk for OUD prior to prescribing and to review the opioid screening tool. Representatives from all **seven** health centers attended. In May OACHC facilitated a training on the Azara Healthcare Controlled Substance Module. Azara tools reportedly can enhance FQHCs' population health data collection and records management and increase health centers capacity to treat patients with OUD. OACHC extended an opportunity to FQHCs where they will provide support and financial assistance to the health centers to implement and utilize the Azara DRVS Controlled Substance Module, and/or to enhance their current population health tool to better integrate OARRS or screening tools into their specific EHRs. Currently, three of the seven health centers in this project utilize Azara. OACHC continues to facilitate discussion with all FQHCs via its monthly connection calls with the six participating FQHCs. OACHC reported that six out of six participating FQHCs are screening for SDOH prior to prescribing medications and noted that **21,888** patients were screened through the third quarter of the YR3-EXT.

Although OACHC staff reported many great successes through the third quarter of this final year of the OD2A grant, they did experience some challenges too. They reported that the high demands of patient care often limit the participation of health center representatives in their monthly calls, impeding consistent communication. They responded to that challenge by recording all meetings, sharing resources, and maintaining an online portal for easy access to materials. They also reported that in the previous year their partnering health centers reported no referrals from Emergency Departments (EDs) in Franklin County hospital systems, limiting patient reach. In YR3-EXT they addressed this issue through facilitated discussions, strategizing improved communication with local hospitals, and updating the Medication-Assisted Treatment (MAT) details sheet. Further, they're piloting a digital platform to facilitate communication between Franklin County EDs and FQHCs about MAT/MOUD appointments, overdose concerns, labs, and testing, while aiding secure referrals to community partners. OACHC began receiving referrals from EDs in Quarter 4 thanks to these efforts.

#### Strategy 4 Conclusion

Over the past four years, FCPH and its partners have made considerable strides in improving prescription reporting, assessing patient risk, and reducing misuse of controlled substances across Franklin County as part of Strategy 4. In Year 1, the groundwork was laid through identification of the needs of FQHCs regarding their use of CliniSync and OARRS to assist with opioid prescribing practices. Training sessions were tailored according to feedback received from FQHCs, and a plan was formulated to improve prescribing practices. Despite losing a

partner and the onset of COVID-19 challenges, all seven FQHCs started implementing Peer Review QI processes related to opioid prescribing and started using and querying OARRS in some capacity. Year 2 saw positive progress, with six out of the seven FQHCs using CliniSync and the implementation of 15 new modules. Ohio State University Wexner Medical Center made notable strides in developing and implementing opioid prescribing alert systems. However, challenges arose in accessing specific data from OARRS and in providing OARRS-specific training. Funding issues were also faced related to drug disposal bags.

By Year 3, FCPH and OACHC had helped two FQHCs fully integrate all CliniSync tools and made progress toward full integration in two more. Successful partnerships with CliniSync and OHSAM facilitated training for providers related to OARRS and prescribing rules. However, tracking patient medicine compliance and risk behaviors proved challenging, and COVID-19 continued to cause high staff turnover within the FQHCs. In YR3-EXT, the important work of Strategy 4 continued, with seven out of the seven FQHCs using CliniSync. Training was conducted for Azara Healthcare's Controlled Substance Module to enhance the health center's EHRs, and funding was provided to health centers for its implementation. We also continue to see a downward trend in opioid dispensation across Franklin County.

Overall, the last four years have seen consistent progress in adoption and use of tools like Clinisync and OARRS, establishment of key partnerships, and successful implementation of educational programs. Although various challenges were encountered, the continued commitment and adaptability demonstrated by FCPH and its partners have resulted in notable improvements in opioid prescribing practices in Franklin County.

## Strategy 5: Integration of State and Local Prevention and Response Efforts

In YR3-EXT, FCPH engaged its epidemiology department, which has served as a thought leader among other Ohio county health departments on topics related to coordinated data infrastructure and data-informed decision making. FCPH allocated OD2A funds to help staff share best practices and concepts for innovations, as well as coordinating technical assistance requests. The purposes of these funds were to increase the amount of data shared via overdose fatality review (OFR) and improve efforts related to prevention, education, and healthcare planning. The OD2A funding opportunity announcement identified the Ohio Department of Health and the counties of Cuyahoga, Franklin, and Hamilton as eligible applicants for funding. Given the high level of coordination among these three major population areas and ODH on a wide range of public health issues, FCPH strived to strengthen its consultation ties specifically between these organizations. To document progress toward better integrating state and local prevention and response efforts, several short-term indicators were considered, which included:

- Increase the amount of OFR data shared with county partners;
- Develop consistent indicators for dashboards for comparisons across regions;
- Increase learning across agencies and jurisdictions; and,

- Improve efforts related to prevention, education, and healthcare planning in Franklin County.

### Partner Engagement/Strategy Progress

FCPH cooperated with other OD2A-funded counties in Ohio (Hamilton and Cuyahoga) and ODH to expand inter-county consultation in the areas of surveillance, prevention, and evaluation with the use of Quarterly Implementation Roundtables (QIRs). These meetings aimed to facilitate discussions pertaining to objectives, activities, and data collection for the OD2A project. Furthermore, the QIR discussions allowed staff to share progress on activities as well as implementation challenges. After a pause during Year 1, due to COVID-related restrictions, the QIRs were reestablished during Year 2 and continued through Year 3 and YR3-EXT. In YR3-EXT, significant progress continued to be made toward this activity. ODH resumed its efforts to share updates on the statewide coalition, Ohio Injury Prevention Partnership, and its subgroup, the Ohio Overdose Prevention Network. This coalition has various relevant goals including dissemination and utilization of data, prescribing practices, harm reduction practices, and policies around overdose prevention. At the time of this report, three QIR meetings were held in YR3-EXT, including an in-person convening hosted by FCPH. The quarterly meetings occurred on November 8, February 13, and April 28.

Additionally in YR3-EXT, subcommittees of the QIR (surveillance, prevention, evaluation, grant management, and budget) were created and continued to convene separately from the full QIR meetings. The surveillance subcommittee focused on dashboards, data access and sharing, alerts, usage of EMS/Fire overdose data, and law enforcement drug seizure data. The prevention subcommittee focused on community prevention efforts, challenges with PDMP work, utilization of peer supporters, and engagement with business partners. The evaluation subcommittee focused on similar activities being evaluated by each county agency, major findings, and suggestions for enhanced evaluation in the next round of CDC funding (OD2A LOCAL). The administration/finance subcommittee focused on a sustainability plan, efforts to fund peer recovery specialists outside of grant dollars such as dual Community Health Worker Certification and Medicaid billing, and opportunities for future collaborations. Select presentations were also provided at the full QIR meetings, including an overview of a newly developed SUD treatment finder, successes and challenges in data sharing between health departments and coroner's offices, and an overview of a geospatial mapping platform for SUD-related data.

FCPH completed development of the [Franklin County Comprehensive Addiction and Recovery Evaluation System \(CARES\)](#), a public-facing communal platform for data collection, discussion, and presentation across Ohio regions. The platform was completed and launched to the Franklin County community early in YR3-EXT and, among other functions, serves as a platform to collect and report standardized data comparisons across jurisdictions. FCPH reported that all of the indicators on Franklin County CARES using the 2010 census tracts were shifted or started shifting to the latest 2020 census tracts delineated during the 2020 Decennial Census. The shift will initially complicate comparisons within regions over time; however, the shift will allow

Franklin County's data to be comparable to other geographies that are using the 2020 census tracts. Further information about Franklin County CARES is discussed in Strategy 3.

FCPH successfully took over mediation of the Overdose Fatality Review from FCFSC during Year 3 and continued these efforts throughout YR3-EXT. At the time of this report, FCPH had held three OFR meetings during YR3-EXT with a total of 55 participants. During the first quarter, FCPH facilitated a meeting in September, where in addition to FCPH, 13 participants from 11 agencies actively participated in the meeting. No meetings were held during the second quarter, and two meetings took place during the third quarter. The meetings occurred on March 27 and May 22. In addition to FCPH, the March 27 meeting was attended by 13 participants from 11 organizations, and the May 22 meeting had 24 participants representing 18 agencies.

While significant progress was made toward the Strategy 5 goals, the collaborative did experience challenges in YR3-EXT as well. As reported in Year 3, FCFSC had been engaged as a partner in Strategy 5 to conduct social history narratives with family and friends of decedents. At the end of Year 3 FCFSC experienced staff turnover and workforce shortages that affected their capacity to continue to conduct social history interviews. Consequently, this activity was discontinued in YR3-EXT.

### Strategy 5 Conclusion

Over the past four years, FCPH and partners made significant progress toward increasing the amount of data shared with county partners; developing consistent indicators for dashboards for comparisons across regions; increasing learning across agencies and jurisdictions; and improving efforts related to prevention, education, and healthcare planning. Key accomplishments across the years include an increased volume of data shared with county partners, an essential step toward building collective knowledge and consistent metrics for comparison across regions. The utilization of Quarterly Implementation Roundtables (QIRs) across all years fostered learning across agencies and jurisdictions and supported the development of consistent indicators for regional comparisons.

In conclusion, FCPH and its partners have overcome substantial obstacles to make notable progress toward the goals of Strategy 5, establishing robust data-sharing protocols, fostering learning across agencies, and significantly improving preventive, educational, and healthcare planning efforts.

### Strategy 6: Establishing Linkages to Care

FCPH staff, through collaboration with community partners, focused on increasing and strengthening linkages to care within Franklin County. These partners included Equitas, OJPP, and OACHC. These partners sought to promote and increase efficient and effective linkages to care for individuals with substance use disorder by working to utilize shared program data to enhance programs and policies. FCPH aimed to provide targeted support to address key linkage gaps via community health workers (CHWs). Additionally, OJPP utilized Peer Supporters to

increase access to harm reduction resources and referrals for justice-involved individuals in Franklin County. Finally, Equitas hoped to support street outreach and engagement efforts with individuals at greatest risk for overdose and death due to opioid abuse: those being sexually exploited through sex trafficking on the west side of Columbus in the Hilltop and Franklinton.

To document progress toward reaching these goals, several short-term indicators were considered. Those indicators include:

- The number of individuals receiving services from previously underserved regions
- The number of individuals served by the Rapid Resource Center and through the Pathways program
- The number of justice-involved individuals receiving linkage to care services
- The number of FQHC patient visit types
- The number of individuals provided services at Safe Point Expansion sites
- The number of naloxone kits, fentanyl test strips, and first aid kits/sexual health kits distributed via street outreach
- The number of naloxone and/or fentanyl test strips provided via mail order distribution

### Partner Engagement/Strategy Progress

In YR3-EXT, FCPH again partnered with several agencies to accomplish the work related to Strategy 6 and improving linkages to care. These partners included Equitas, OJPP, and OACHC. These organizations expanded their reach, established new partnerships, and improved their services, targeting diverse communities and individuals in need. Initiatives such as community outreach, overdose alerts, distribution of harm reduction resources, and data-driven practices have significantly increased community agencies' ability to link individuals with substance use disorder to care.

Equitas continued to work diligently in YR3-EXT to grow its partnership network, expand its reach, and strengthen its collaboration efforts with CPH, FCCO, and OJPP. Equitas continued to enhance its community engagement at the OD2A Outreach expansion sites that opened in Year 2. Through the Safe Point Expansion sites, a total of **33** individuals received services at site 1, and **42** individuals received services at site 2. Further, in YR3-EXT, Equitas staff reported that they were able to provide services to **76** individuals from previously underserved regions within Franklin County. Staff continued to conduct public naloxone trainings, engaged in street outreach community events with CPH and FCCO, and provided information regarding services to those within LGBTQ communities through targeted outreach efforts. Through these combined efforts, so far through quarter 3 in YR3-EXT, Equitas distributed **1,204** naloxone kits, **4,525** fentanyl test strips, and **220** first aid kits. Equitas continued their collaboration with FCCO started in Year 2 to push overdose surge alerts through its Instagram accounts to reach a wider audience. Through quarter 1 of YR3-EXT, Equitas staff shared **two** overdose surge notifications to reach **440** impressions. Furthermore, they conducted **two** outreach events during overdose surges and provided FCCO with **32** Overdose Scene Kits through quarter 3 of YR3-EXT.

Equitas staff continued to advocate for harm reduction best practices in community efforts and respond to issues impacting target populations. They report they believe their collaborative efforts have led to a growing acceptance of harm reduction strategies in the community. Significant progress has been made in launching mobile syringe services, indicating dedication to substance abuse prevention and public health concerns among Franklin County jurisdictions.

Equitas reported challenges in YR3-EXT, which included missing surge alerts from the Franklin County Coroner's Office, which are vital for immediate responses to fatal overdose spikes in the community, and vandalism of a newly installed harm reduction vending machine at the Safe Point location, which caused damage and delays. To overcome these barriers, the Coroner's Office staff have committed to sharing all overdose surge alerts with Equitas Health, and discussions are underway with Columbus Public Health to repair and potentially relocate the vandalized vending machine indoors to prevent further damage.

In YR3-EXT, the Franklin County Office of Justice Policy and Programs (OJPP) encountered a significant challenge on the outset, as Hope Resource Center (HRC), one of OJPP's primary partners for the OD2A initiative, was forced to cease operations. In response, a new non-profit, The Hope Dealer Community (HDC), took over the efforts of HRC and has, despite a small staff, been effective in providing treatment linkages and hosting community events. The HDC team has also established new partnerships for harm reduction, and many former clients have returned to the center to volunteer or engage with the Hope Community Gathering group. In YR3-EXT, after the restoration of services, through quarter 3, the HDC served a total of **809** community members, linking them to SUD and mental health treatment, and medical and transportation assistance. Of those, **137** were justice-involved individuals. Further, the HDC team provided transporting assistance to **176** individuals. The HDC distributed **2,147** personal hygiene kits, **459** wound care kits, and **628** naloxone kits through the third quarter of YR3-EXT. Further, OJPP reported that a combined **1,628** naloxone education sessions were provided so far in YR3-EXT. Finally, OJPP reported the Rapid Resource Center (RCC) hired **eight** new PEER supporters by using OD2A funding. According to reporting from OJPP, the RCC did not disclose any challenges. While the final year started with a significant barrier for OJPP with the HRC ceasing operations, they quickly pivoted and, with leadership and guidance from FCPH, developed a new community partner to link individuals with SUD to care in Franklin County.

OACHC also made progress in YR3-EXT linking individuals to care through the FQHCs. In YR3-EXT, OACHC reported all **seven** health centers were provided training and technical assistance as well as curbside consults. Further, all six FQHCs continued participating in monthly meetings to collaborate with other health centers and share best practices. This year OACHC presented a guide created to help the FQHCs understand different models of care and better implement Medication-Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD) services. The guide includes an overview of models for psychiatry, counseling, and SUD care, discussing their pros, cons, and billing methodologies. It also provides resources to further understand each model. OACHC plans to pilot a method for communication between Franklin County hospitals and FQHCs about MAT appointments and overdose patient concerns later this year.

The goal is to increase referrals from hospital EDs to health centers to enhance patient care access and prevent potential overdoses due to ineffective care coordination. Furthermore, OACHC has collaborated with Franklin County's Healing Communities grant program to help health centers connect with Mount Carmel Health System for referrals. The staff are currently updating their MAT details sheet to share with Mount Carmel to address referral needs.

In YR3-EXT FCPH added a focus group with their OD2A funded CHWs to their evaluation activities. During the second quarter, evaluators from Ohio University led a focus group with FCPH CHWs to discuss their roles, challenges, and experiences. The primary agenda was understanding their involvement in the OD2A project, focusing on linkages to care programs in Franklin County. Most CHWs had served at FCPH for 2-4 years and dealt with myriad client issues, including housing, food access, and utility assistance. Notably, while many clients grappled with substance use, this issue often surfaced only after establishing trust with the CHWs. Furthermore, CHWs reported the pandemic posed challenges in building this trust due to the shift to remote interactions. When describing that challenge, and how they overcame it, one focus group participant shared, *"They open up with so many small issues. What's going on with them, so we get a little superficial. I mean relationship is really important in building that relationship and getting that trust"*. Despite these challenges, it is evident the OD2A funded CHWs provide an important link between the community and health care and play a central role in addressing the life circumstances that make healthy living a challenge in Franklin County.

### Strategy 6 Conclusion

Over the past four years, FCPH and its partners have demonstrated remarkable resilience and adaptability in the face of challenges, notably those posed by COVID-19, to increase the provision of services related to opioid use disorder in Franklin County. The strategies, focused on efficient and effective linkages to care, targeted support via community health workers, utilization of Peer Supporters, and strategic outreach to vulnerable individuals, have led to substantial positive progress each year. In Year 1, despite COVID-related setbacks, significant partnership development and service restructuring took place, ensuring the continuity of services moving forward. Notably, Equitas provided services through an outside-facing window and Healthcare Collaborative of Greater Columbus (HCGC, also did business as Health Impact Ohio in Year 3) developed an online referral system. In Year 2, partners made tremendous progress and adapted to ongoing COVID-related challenges. HCGC refined its online referral system, which led to increased referrals. Equitas expanded its services and secured a partnership to open an additional location. Additionally, HCGC increased the number of community health workers, even providing certification courses to expand the workforce. OACHC notably improved its capacity to screen for SDOH, providing more referrals and warm handoffs. Year 3 brought further innovation in utilizing data to enhance service provision, evidenced by OJPP's identification of a gap in "after-hours" referral partners and Equitas's targeted use of FCFSC overdose surge alerts. These initiatives resulted in significant increases in individuals receiving services from community health workers and Peer Supporters, with notable gains in previously underserved regions and among justice-involved individuals. In YR3-EXT, despite closure of crucial partners and incidents of vandalism, FCPH and its partners

demonstrated unwavering commitment to their mission. The collective efforts in training, communication, referral, and harm reduction strategies have shown promising progress, leading to a substantial increase in linkage to individuals with substances use disorder.

Overall, throughout the four-year period, FCPH and their Strategy 6 partners demonstrated continuous growth, innovation, and resilience, which has resulted in expanded and improved services for individuals with opioid use disorder in Franklin County.

## Strategy 7: Providers and Health Systems Support

In YR3-EXT, FCPH continued its partnership with OACHC to provide support to local health systems regarding medication-assisted treatment (MAT) and to implement model protocols, policies, and procedures among FQHCs in Franklin County. Because OACHC had met many of the Strategy 7 project goals in previous project years, in YR3-EXT OACHC focused its work on this strategy on providing clinical education and training in evidence-based opioid prescribing to all seven participating health centers, as well as assistance and training in accessing resources from Harm Reduction Ohio.

### Partner Engagement/Strategy Progress

Throughout the first three years of the OD2A project, OACHC experienced several noted successes related to its work on Strategy 7. Among them, OACHC established a partnership with Harm Reduction Ohio in order to conduct harm reduction training with FQHCs, which has continued into YR3-EXT. From this partnership, OACHC reported that all seven participating FQHCs were provided training on harm reduction as well as sustainable ways to access fentanyl test strips. Another success from Year 3 that carried over was the FQHCs' success in increasing referrals from area hospitals to provide MAT services. Through updating the MAT details sheet and intentional outreach efforts with area hospitals, the FQHCs went from zero referrals during the first quarter of Year 1 to over 150 by the end of project Year 3. That success has continued exponentially throughout YR3-EXT, with OACHC staff reporting 2,502 receiving MAT services through the end of the third quarter. Additionally, during YR3-EXT, OACHC provided an overview for FQHC providers on the CDC Guideline for Opioid Prescribing for Chronic Pain, the Scope of Pain training, and the Opiate Prescriber Resources from Franklin County. Further, OACHC partnered with Harm Reduction Ohio to provide harm reduction training with a focus on identifying sustainable ways for participating health centers to access harm reduction resources including fentanyl test strips. This training also reviewed rising xylazine concerns, as well as ongoing anti-stigma efforts health centers can practice.

### Strategy 7 Conclusion

Over the past four years, FCPH and its partners have seen continuous and remarkable progress in Strategy 7, providing support to local health systems regarding medication-assisted treatment and implementing model protocols, policies, and procedures among FQHCs in Franklin County. This has included the development of standard protocols, policies, and procedures for addressing patients post-overdose, specifically through training and supporting

FQHCs. Starting in Year 1, important steps were made in initiating a collaboration of FQHCs and providing MAT training at Mount Carmel. Further, as an OD2A partner in Year 1 & Year 2, Ohio State University Wexner Medical Center sought to increase the development and implementation of model policies for post-overdose care. By Year 2, OACHC began conducting MAT Emergency Department referral meetings to better align their efforts, and policies and procedures were developed and implemented to address post-overdose needs. Year 3 saw further advances in training and support for FQHCs, including a significant increase in the number of MAT referrals from local hospitals. These strides were credited to targeted outreach and updating the MAT details sheet. In the fourth year, OACHC provided the FQHCs with significant clinical education and training on opioid prescribing. Further, through quarter 3 of YR3-EXT, OACHC reported a significant increase in MAT referrals and resource access from Harm Reduction Ohio. Moreover, a remarkable increase in the number of individuals receiving MAT services was noted, an achievement largely attributed to improved communication, outreach efforts, and harm reduction training. Overall, the focus on clinical education, harm reduction training, and resource accessibility has enhanced the capacity of the health centers to provide evidence-based care and support for individuals affected by opioid use disorder in Franklin County.

### Strategy 8: Partnerships with Public Safety and First Responders

In the final year of the project FCPH continued its partnership with the Columbus Division of Public Safety. The Rapid Response Emergency Addiction Crisis Team (RREACT) program provides outreach to individuals who refuse transport to treatment after experiencing nonfatal overdose, with the primary goal of linkage to treatment for SUD. The Columbus Fire Department leads the RREACT program with a team of individuals composed of a SUD Ohio Mental Health and Addiction Services (OhioMHAS) certified peer supporter, a paramedic, and a law enforcement officer. RREACT focuses on connecting individuals who are seeking recovery services with treatment facilities, following up with people who experienced nonfatal overdoses within 72 hours of the events, and community outreach. In YR3-EXT, RREACT strived to increase follow-ups with individuals who have overdosed, decrease repeat overdose incidents for those served by RREACT, and increase community partnerships to previously underserved regions.

To document progress toward reaching these goals, several short-term markers were considered. These indicators included:

- The number of people served by RREACT;
- The number of follow-up visits conducted;
- The number of referrals made;
- The number of people participating in the RREACT alumni group;
- The number of referrals from previously underserved regions made by RREACT;
- The number of individuals from previously underserved regions that were connected with RREACT;
- The number of individuals identified as having repeat overdoses;

- The number of individuals linked to treatment by RREACT;
- The number of individuals linked with case management by RREACT;
- The number of meetings hosted with law enforcement agencies across the county to discuss Columbus Public Safety successes and research supporting use of Narcan;
- The number of individuals attending meetings with law enforcement agencies across the county; and,
- The number of jurisdictions that have implemented first responder Narcan protocols.

### Emergency Department Visits in Franklin County Related to Opioid Misuse

Data gathered from ODH show a continued increase in the number of emergency department visits due to suspected opioid overdose in Franklin County from 2017 through 2021 (Ohio Department of Health, 2022) before decreasing in 2022. However, the ED visit rate due to opioid misuse tells a slightly different story, with Franklin County showing increases in rate from 2017 to 2020 and experiencing a decrease from 2020 to 2022.

Table 3. Opioid-related emergency department visits

	2017	2018	2019	2020	2021	2022
ED visits due to opioid misuse (count)	4,620	4,004	4,513	4,566	4,664	4,130
ED visits due to opioid misuse (rate per 10,000 ED visits)	81.1	70.8	80.9	95.3	90.3	78.1

### Partner Engagement/Strategy Progress

In YR3-EXT, FCPH and RREACT continued to make tremendous progress toward addressing the goals of Strategy 8 and expanding RREACT services to regions previously not served by RREACT. In this fourth year, RREACT expanded its services to include the townships of Fairfield, Truro, Jefferson, and Madison. This was done by educating EMS peers throughout Franklin County on the RREACT model. After these education sessions, township EMS teams were able to refer community members to RREACT after responding to an overdose. In Year 3 RREACT developed and enhanced presentations using feedback received from previous trainings on both harm reduction strategies and naloxone training and distributions and continued to use those to develop and foster community relationships with township EMS and law enforcement agencies. The team hosted meetings to share research supporting use of naloxone as an effective harm reduction strategy and public safety tactic. Additionally, in YR3-EXT, RREACT continued to conduct community outreach events to increase access to naloxone and provide education on harm reduction strategies to opioid users in Franklin County.

Listed below are all the short-term indicators RREACT reported through quarter 3 of YR3-EXT:

- RREACT served a total of **1,633** individuals
- The team conducted **3,958** follow-up visits
- **2,931** referrals for services were made to the RREACT program
  - **1,633** referrals from previously underserved regions were made to the RREACT program
- **1,074** individuals from previously underserved regions connected with RREACT
- **135** total individuals reported having repeated overdoses
- **197** individuals were linked to treatment by RREACT
- **100** individuals were linked with case management by RREACT
- A total of **748** individuals participated in the RREACT alumni support group
- **7** trainings were hosted with law enforcement agencies across the county to discuss Columbus Public Safety successes and research supporting use of Narcan, with over **95** individuals attending these trainings.
- **9** jurisdictions have implemented first responder Narcan protocols.

In addition to the indicators above, in the fourth year of this project the Ohio University evaluation team had the opportunity to conduct focus groups with current RREACT members as well as the alumni group, in two separate discussions. The summaries for both of the focus groups can be found as additional attachments to the report in the Partners Portal.

Participants were asked about their experiences on or with RREACT, including perceived facilitators and barriers to implementing RREACT services. The RREACT team members reported they believed any success they have achieved in the community has been through building partnerships and relationships with local stakeholders through community outreach and consistent engagement and follow-up activities. The team members identified strong teamwork and diverse skills for adaptable problem-solving as facilitators for their success, and compassion was reported as the most important characteristic they look for when vetting team members. The participants from the alumni group reported they perceived persistence as critical to RREACT's success. They perceive RREACT members as being committed to helping individuals across the entire spectrum of active substance use disorder and recovery. Additionally, participant comments suggested that compassion on the part of the RREACT members leads to positive community perceptions. One alumni group member said, *"[T]hey just don't ever, ever give up. It's just crazy. I've never seen anybody do that. . .when they love you, they love you."*

Though the data indicates RREACT continues to be a positive resource in the community, linking individuals to harm reduction resources and treatment options, current team members did report some barriers to their work in YR3-EXT. Among those, they reported that in the City of Columbus there are limited treatment options for patients with multiple diagnoses. Further, they reported that treatment facilities had limited staff availability and hours of operations, which was a barrier for the team when trying to link a patient in a timely manner. To overcome this challenge, RREACT has worked to develop and expand partnerships and relationships with

community agencies and treatment facilities to ensure that patients have a variety of treatment options available when they are ready.

As reported in Year 3, RREACT reported were again limited by the data collection capabilities though they are working closely with their software team to improve upon this barrier moving forward. To support that effort, in YR3-EXT they hired an Epidemiologist through funding support from the CDC Foundation. They are aiming to increase data collection capacity, establish cross-agency data sharing, and build an intuitive and predictive analysis model to identify factors related to repeat overdoses. Since this Epidemiologist was hired, they have worked to develop a Standard Operating Procedure Manual for RREACT, cataloguing the various ways in which all RREACT team members gather, enter, interpret, and use data in their day-to-day work. This manual also provides instruction on how data can be pulled for various specific purposes, such as to inform daily outreach and to evaluate program delivery.

Finally, in YR3-EXT, FCPH partnered with Mighty Crow Media who developed three reports detailing the operations of the RREACT outreach team within FCPH jurisdictions for the first three years of the OD2A grant, as well as a report showing year-over-year trends in key performance-related variables. These reports complement prior analysis of Year 3 data. Collectively, they provide FCPH with insights into RREACT's growth and targeted outreach activities. This comprehensive view enables FCPH to conduct a detailed assessment of how both FCPH and RREACT are addressing the needs of their jurisdiction.

### Strategy 8 Conclusion

Over the past four years, FCPH, through a partnership with the Columbus Division of Public Safety RREACT program, has made substantial progress in addressing the issue of opioid overdoses in Franklin County, particularly targeting those who experienced an overdose and refused transport to clinical services. Despite challenges posed by the COVID pandemic and limitations in data collection and resources, RREACT successfully expanded its service areas, including previously underserved regions, and dramatically increased the number of individuals served from Year 1 through the final project year. The team provided essential services such as training, educational events around naloxone and RREACT services, and transportation to treatment centers or emergency departments. The commitment to community education, harm reduction strategies, and naloxone training was a key factor in the program's success, leading to an increase in positive perceptions and trust within the community.

There was a consistent increase in the amount and depth of data shared by RREACT with project partners year over year, driven by the implementation of new data modules and the hiring of an Epidemiologist through funding from the CDC Foundation in YR3-EXT. In addition, the RREACT program fostered and developed new partnerships across various agencies and jurisdictions, showcasing an increase in learning and collaboration. RREACT has demonstrated resilience and adaptability, finding innovative ways to deliver its services. The team serves as an inspiring model for other communities grappling with similar public health crises, illustrating the potential for innovative, compassionate, and community-focused solutions to affect substantial change in the fight against substance use disorder.

## Strategy 9: Empowering Individuals to Make Safer Choices

FCPH continued to build on the successes from the previous two years partnering with the African American Male Wellness Agency (AAMWA). AAMWA worked toward the goals of Strategy 9 by focusing its efforts on equitable distribution of information with primary outreach to African American men and their families in Franklin County. Additionally, in YR3-EXT, FCPH again partnered with the OU evaluation team to document and understand opioid-related knowledge and stigma within Franklin County through the administration of a community-wide survey for the fourth year. Lastly, the OU evaluation team also deployed a collaboration survey of the OD2A contracted partners within Franklin County to document opinions related to collaboration efforts within the county. This was the fourth year for that survey as well.

Additionally in YR3-EXT, FCPH's Communication department engaged in internal initiatives to sustain and enhance the "Recover for Life" campaign. To reach these goals and empower individuals to make safer choices within Franklin County regarding opioid use and misuse, FCPH and partners employed several strategies, including:

- Continued to execute the Recover for Life, campaign and make go-kits and other marketing materials available to OD2A partner agencies
- Conducted interviews with OD2A partners to generate feedback regarding strengths, areas of improvement, and resource development for the Recover for Life campaign
- Created opioid epidemic awareness within underserved communities; and
- Developed and distributed a toolkit for partners to share with people about resources and supports.

To document progress toward reaching these goals, several short-term indicators were considered. These indicators included:

- The number of partners involved in campaign development;
- Documentation of the Wilder Collaboration Survey results;
- The number of campaign website hits;
- The number of toolkits utilized by project partners;
- The number of meetings held by the Opioid Awareness Community Coalition and the number of members attending these meetings;
- The number of community partners who hosted Narcan trainings and the number of individuals in attendance;
- The number of opioid awareness pledges collected;
- The number of local community organizations that AAMWA partnered with for distribution of opioid abuse awareness information;
- The number of hot cards, yard signs, and billboards distributed in targeted zip code areas; and,

- Decrease in opioid-related stigma of Franklin County residents as measured by the Community Survey.

### Partner Engagement/Strategy Progress

In YR3-EXT, FCPH continued to make progress with AAMWAs' Opioid Epidemic Awareness efforts within Underserved Communities. AAMWA reported that in YR3-EXT, it distributed over 15,000 Opioid Awareness and Narcan Training promotional hot cards throughout Franklin County, including targeted zip codes, to help create more opioid awareness within the African American community in Franklin County. AAMWA reported, "the response from barbershops and salons is loud, and people continue to express gratitude for our presence in the neighborhood despite worrisome data on African American overdose deaths in Franklin County."

Early in YR3-EXT, OU evaluators again distributed the Wilder Collaboration Survey to measure partner opinions surrounding the collaborative environment within Franklin County to address the opioid epidemic. FCPH further executed the Recover For Life campaign and in YR3-EXT developed additional campaign materials. Further, FCPH gathered YR3-EXT data related to knowledge of opioid-related stigma within Franklin County through the deployment of the Community Awareness survey conducted by the OU evaluation team.

### Public Education Campaign

The Recover For Life media campaign saw considerable achievements over the first three quarters of YR3-EXT, successfully disseminating its message to a large audience via digital and out-of-home media buys. The campaign split its focus between anti-stigma and harm reduction messages, with anti-stigma messages financed by ADAMH and harm reduction messages by OD2A. The efforts yielded millions of impressions and thousands of new website users for both focus areas. The total digital impressions for anti-stigma and harm reduction combined were 3,943,728 coming from 14,387 new users. The campaign expanded its harm reduction program and updated its website to reflect this. As a result, website engagement saw a positive trend, with users spending more time on the site and visiting multiple pages. Additionally, efforts were made to debut the next phase of the campaign, which features images and stories from people in recovery in Franklin County and includes messages of harm reduction, treatment, and anti-stigma. A new handout to promote Narcan vending machines was developed during YR3-EXT and will continue to be distributed. Further, additional resources were developed for the Recover for Life campaign specifically for FCPH's Behavioral Health and Addiction services team. Finally, the campaign partnered with the Ohio High School Athletic Association to implement a short-term campaign focused on youth mental health, and substance use prevention. This collaboration gave the Recover for Life campaign additional visibility.

### Opioid Epidemic Awareness within Underserved Communities

In YR3-EXT, FCPH staff continued to strengthen the partnership developed in Year 2 with AAMWA to help raise opioid epidemic awareness within underserved communities. They

continue to target specific zip codes (43203, 43205, 43206, 43207, 43213, 43211, 43219), with a particular focus on African American males and their families for education and service provision.

Throughout YR3-EXT, AAMWA partnered with over **155** barbershops, salons, churches, and other community organizations, to distribute opioid abuse awareness information, including Narcan Training promotional hot cards, Opioid Awareness hot cards, and Opioid Awareness Community Conversation hot cards. Through the third quarter of YR3-EXT, AAMWA distributed a total of **15,000** hot cards throughout Franklin County including the targeted zip codes referenced above. Additionally, AAMWA distributed **200** Opioid Awareness yard signs, and **300** Opioid Awareness Community Resource Guides, which were developed in YR3-EXT.

Additionally, the agency also placed **five** new billboards in targeted zip codes, resulting in 1.6 million impressions. Further, through three quarters in YR3-EXT, its community partners hosted **nine** Narcan trainings to a total of **149** individuals. In Year 3, AAMWA hosted two Tobacco Prevention and Education Sessions at The Academy for Urban Scholars and two Tobacco Education sessions in partnership with FCPH for a total of 39 students.

Through the Community Conversation event, AAMWA heard testimonials from community members who have attended the events, many with lived experience. In addition to the Community Conversations, AAMWA facilitated an opportunity for members of the community to participate in a focus group as an opportunity to provide feedback and help inform and shape the way treatment services are rolled out in their community. AAMWA reported they received positive feedback from the community that included hearing many more testimonials from members of the population they intended to reach, African Americans with lived experience with SUD in Franklin County. Providing the space and opportunity for the community to share their experience and participate in how they can work together to respond to the public health crisis has proven to be an effective facilitator for success in increasing public awareness. As a result of these engagement efforts, AAMWA reported their program manager received invitations to deliver presentations at the Franklin County Sheriff's Office and the Harm Reduction Syringe Service Conference on health equity within the realm of harm reduction. They added that this endeavor was supported by data provided by the FCPH team. In Year 3, AAMWA established the Opioid Awareness Community Coalition, which continued into YR3-EXT, holding **six** meetings, with representatives from 15 organizations attending each meeting.

### Wilder Collaboration Survey

As in previous years, all OD2A partners completed the Wilder Collaboration Factors Inventory (Mattessich & Johnson, 2018, September) in the spring of YR3-EXT. The Wilder Collaboration Factors Inventory contains 40 statements divided into 20 factors linked to successful collaboration. Researchers identified these 20 factors through a meta-analysis of case studies from previous successful collaborations. In the first year of the project, the OU evaluation team

collaborated with FCPH to create nine additional OD2A-specific statements for measuring factors unique to the OD2A project in Franklin County. Each of the 40 Wilder Factors Inventory and nine OD2A-specific statements received a score on a Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral/No opinion, 4 = Agree, 5 = Strongly Agree, 6 = Don't Know). The average Likert scores for each factor make up the factor scores and help identify strengths (i.e., factors with average scores of 4.00 or higher), borderline areas needing attention (i.e., factors with average scores between 3.00 and 3.99), and areas of concern (i.e., factors with average scores below 3.00). After discussing with FCPH, the team added the 'Don't Know' response option to the survey for increased flexibility. All "Don't Know" responses have been removed from the analysis in the tables below to maintain consistency with the original scoring.

The results of the Wilder Collaboration Factors Inventory can be found by project year in Table 4. In general, these results demonstrate that collaboration is not only a strength of the OD2A project but has also improved over its duration. In Year 1, survey results revealed that eight factors were considered strengths of the collaboration, while 12 were borderline areas that might need attention. In Year 2, the number of factors considered strengths dropped slightly to seven, with 13 factors considered borderline areas needing attention. In Year 3, the number of factors considered strengths increased from seven to 11.

In YR3-EXT, the number of factors considered strengths decreased slightly to nine. Among the remaining 11 factors considered borderline areas needing attention, four scores were very close to four (3.9 or higher) and almost considered strengths. For example, the *Multiple layers of participation* factor score reached 3.92 and has increased for the last two years, trending toward becoming a strength in the Year 3 Extension. Additionally, the *Development of clear roles and policy guidelines* factor maintained its score of 3.9 from Year 3 to Year 3-EXT. Most strikingly, no factors were identified as areas of concern in any of the four project years. What stands out further is that five factors were consistently considered strengths throughout all four project years: (1) *Favorable political and social climate*, (2) *Members seeing collaboration as in their self-interest*, (3) *Members sharing a stake in both process and outcome*, (4) *Shared vision*, and (5) *Unique purpose*.

Furthermore, in the fourth year (Year 3-EXT), two factors, (1) *History of collaboration or cooperation in the community* and (2) *Ability to compromise*, increased from a borderline factor to a strength, while two factors decreased from a strength to a borderline factor. However, the factors that decreased from Year 3 to Year 3-EXT (*Collaborative group seen as a legitimate leader in the community and established informal relationships and communication links*) only experienced a slight decrease.

With only three factors scored below 3.8 and 17 scores that are strengths or borderline strengths over 3.9 in YR3-EXT, it is evident that collaboration remained a consistent strength of the OD2A initiative throughout all four years of the project.

Table 4. Wilder Collaboration Factors Inventory

Factor (N = number of survey respondents)	Average Score			
	YR 1 (N=17)	YR 2 (N=14)	YR 3 (N=21)	YR 3- EXT (N=20)
History of collaboration or cooperation in the community	4.22	3.69	3.95	4.08
Collaborative group seen as a legitimate leader in the community	4.23	3.88	4.03	3.89
Favorable political and social climate	4.5	4.22	4.1	4.2
Mutual respect, understanding, and trust	3.97	3.93	4.03	3.93
Appropriate cross section of members	3.81	3.92	3.9	3.6
Members see collaboration as in their self-interest	4.38	4.1	4.4	4.55
Ability to compromise	3.92	4	3.95	4.2
Members share a stake in both process and outcome	4.5	4.23	4.07	4.24
Multiple layers of participation	3.65	3.42	3.83	3.92
Flexibility	3.96	3.89	4.07	3.98
Development of clear roles and policy guidelines	3.4	3.32	3.9	3.9
Sustainability	3.61	3.96	3.98	3.81
Appropriate pace of development	3.73	3.82	3.69	3.66
Open and frequent communication	3.8	3.46	3.9	3.88
Established informal relationships and communications links	3.81	4.07	4.24	3.88
Concrete, attainable goals and objectives	3.95	3.8	4.33	4.07
Shared vision	4.37	4.15	4.17	4.11
Unique purpose	4.17	4.15	4.05	4.06
Sufficient funds, staff, materials, and time	3.88	3.54	3.95	3.45
Skilled leadership	4	3.77	4.2	4.2

 = strength  = borderline area that may need attention

### OD2A-Specific Items

Tables 5 and 6 display the results of the OD2A-specific statements related to Franklin County and the OD2A collaborative by project year. These results reveal that the collaborative achieves a primary goal of the OD2A project: increasing data usage to address the opioid crisis.

Regarding the four Franklin County factors, we see that from Year 3 to Year 3-EXT, two factors, *Franklin County has the infrastructure to support the integration of data and information from multiple sources in a manner that allows for effective planning and the implementation of effective interventions to address the opioid crisis* and *Franklin County has the capacity to develop, implement and expand evidence-based prevention strategies to address substance use and abuse*, improved their score from borderline to areas of strength, resulting in each score above 4, demonstrating significant strengths in Franklin County’s capacity, infrastructure, and cultural awareness necessary to effectively carry out OD2A project objectives.

Although the scores in Table 6, OD2A collaboration-specific items, suggest two borderline areas, the scores remain high, indicating the collaborative has remained consistent in the utilization of evidence-based prevention strategies, scoring 3.95 in both YR3 and YR3-EXT. Further, the decrease in the score related to implementing new strategies in prevention was minimal, dropping from 4.1 to 3.89 from YR3 to YR3-EXT. This could be expected, as this is the fourth and final year of the project, where new projects are less likely to be proposed and implemented. The remaining three OD2A collaborative-specific factors all scored over 4, indicating significant strength in the partnership and its ability to execute and implement the shared OD2A goals.

We see that the collaborative scored above 4 in the factors related to the *increased cultural awareness of opioid addiction, education, and prevention* across all four years of the project. We also saw consistent strength across all four years in the factor related to *Franklin County’s capacity to develop, implement, and expand evidence-based intervention strategies to address substance use and abuse*. As seen in Tables 5 and 6, seven out of nine factors scored above 4; with the remaining two both being 3.89 or higher, the OD2A-specific factors indicate substantial strength in the collaborative’s capacity and ability to leverage infrastructure and integrate data from multiple sources to implement prevention and intervention strategies.

Table 5. OD2A Franklin-County-specific items

Factor  (N = number of survey respondents)	Average Score			
	YR 1 (N=17)	YR 2 (N=14)	YR3 (N=21)	YR3-EXT (N=20)
Franklin County has the infrastructure to support the integration of data and information from multiple sources in a manner that allows for effective planning and the implementation of effective interventions to address the opioid crisis.	3.42	3.46	3.79	4.1
Franklin County has the capacity to develop, implement, and expand evidence-based prevention strategies to address substance use and abuse.	4.07	4.25	3.9	4.2
Franklin County has the capacity to develop, implement, and expand evidence-based intervention strategies to address substance use and abuse.	4.21	4	4.1	4.15
Franklin County demonstrates high levels of cultural awareness about opioid addiction, education, and prevention.	4.08	3.5	4.1	4.25

 = strength  = borderline area that may need attention

Table 6. OD2A collaboration-specific items

Factor (N = number of survey respondents)	Average Score			
	YR 1 (N=17)	YR 2 (N=14)	YR3 (N=21)	YR3-EXT (N=20)
The collaboration/partnership that I am participating in has effectively influenced the development of an integrated data and information system.	3.3	3.82	4.1	4.2
The collaboration/partnership that I am participating in has effectively utilized shared data to plan and implement new strategies in prevention and intervention.	3.33	3.5	4.1	3.89
The collaboration/partnership that I am participating in has increased the utilization of evidence-based prevention strategies.	4.09	3.77	3.95	3.95
The collaboration/partnership that I am participating in has increased the utilization of evidence-based intervention and treatment strategies.	4.37	3.65	4.1	4
The collaboration/partnership that I am participating in has increased cultural awareness of opioid addiction, education, and prevention.	4	4.14	4.15	4.21

 = strength  = borderline area that may need attention

### Franklin County Community Opioid Awareness and Knowledge Survey

As in the previous three project years, in YR3-EXT Ohio University evaluators, with assistance from FCPH and the CDC, administered the Franklin County Community Opioid Awareness and Knowledge Survey to gauge the community’s opinions and knowledge related to opioids, naloxone, and opioid-related stigma. Survey items were adopted from established research and with assistance from FCPH and the CDC. Between April 14, 2023, and April 25, 2023, a total of 504 respondents completed the survey. Responses were collected by a third-party vendor, Qualtrics, using established survey panels. All the survey respondents indicated that they currently reside in Franklin County. Post-stratification survey weights derived from population data for Franklin County were used to provide a more representative sample based upon age and race. Using results from this survey, the following six data briefs were developed:

1. 2023 Franklin County OD2A Community-Wide Demographics & Methodology
2. 2023 Opioid-Related Stigma in Franklin County
3. 2023 Opioid Overdose Signs, Symptoms, Response, & Treatment
4. 2023 Opioid Knowledge and Opinions in Franklin County
5. 2023 Naloxone Knowledge and Opinions in Franklin County
6. 2023 Franklin County Opioid Messaging Campaign

These data briefs can be found as additional attachments to the report in the Partners Portal.

Additionally, to demonstrate trends over Year 1, Year 2, Year 3, and YR3-EXT Extension, the evaluation team also produced a Year-to-Year Data Brief that will also be added as an additional attachment in Partners Portal.

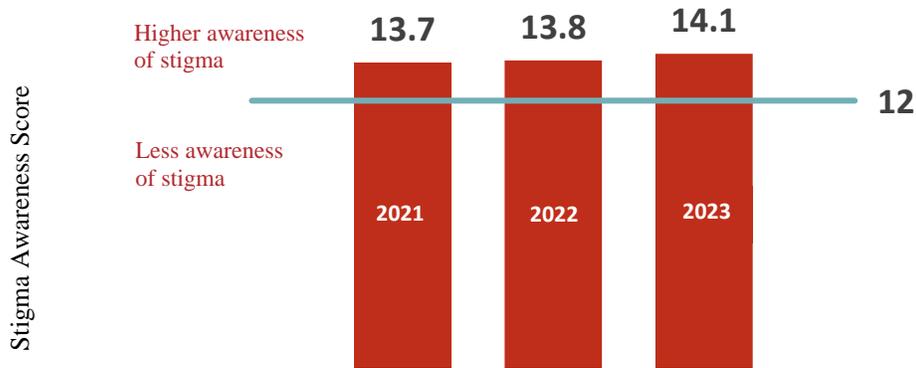
Over half (66.1%) of the respondents reported their sex at birth as female, 0.73 percent were non-binary, 0.53 percent were Trans men, and 0.26 percent were Trans women. Nearly a quarter (23.8%) of the respondents were in the 25–34 age bracket. Regarding race, 71.0 percent were White, 22.9 percent were Black/African American, 6.0 percent were Asian, and 0.16 percent were American Indian/Alaskan Native. Further, 95.7 percent reported that they were not Hispanic, 2.1 percent were Hispanic, and 2.2 percent chose not to answer. Household income levels were also reported by the respondents, with a majority (63.8%) reporting less than \$75,000. In terms of education, 25.3 percent of the respondents reported having a bachelor's degree, and 11.5 percent reported having a graduate degree or higher. However, a majority of respondents reported having some college with no degree, an associate degree, or a high school education. Lastly, 81.2 percent of the respondents indicated that they were heterosexual, 9.9 percent bisexual, 1.5 percent gay, 1.0 percent pansexual, 2.6 percent lesbian, 0.8 percent not sexually active, 1.1 percent queer, 0.1 percent questioning, 0.7 percent asexual, and 1.0 percent did not respond. Demographics of the weighted sample are representative of population data for Franklin County by race and age.

The stigma scale used in the community survey was developed by Yang et al. (2019) and reported in the Journal of Substance Abuse Treatment. This scale was modified from the Self-Stigma of Mental Illness Scale that was created by Corrigan et al. (2016). The scale created by Corrigan et al. was used in this case to assess: (1) Stereotype awareness (Stigma awareness), or the extent to which individuals perceive community members to believe OUD-related stereotypes; and (2) Stereotype agreement (Stigma agreement), or the endorsement of stigmatizing beliefs of individuals who use opioids. Respondents were asked to rate their agreement with eight items, four each for “Stigma Awareness” and “Stigma Agreement,” on a Likert scale, where 1 = Strongly disagree, 2 = Somewhat disagree, 3 = Unsure, 4 = Somewhat agree, 5 = Strongly agree. The range for both scales' totals is from 4 to 20, where a total of 20 indicates the most awareness of or agreement with socialized stigma surrounding opioid users. A total score below 12 indicates that the respondent does not perceive that there is opioid stigma in their community or that they do not hold stigmatizing beliefs about opioid users.

Regarding the first scale that measures awareness of stigma held against those addicted to opioids, we find that the average “Stigma Awareness” score was 14.1, as shown in Figure 6. Because this is over a score of 12, it shows that respondents generally report that they are aware that stigma exists regarding those with opioid use disorder. Further, the three years of data indicate that the level of stigma awareness in Franklin County is increasing.

Figure 6. Stigma awareness YR2-YR3-EXT

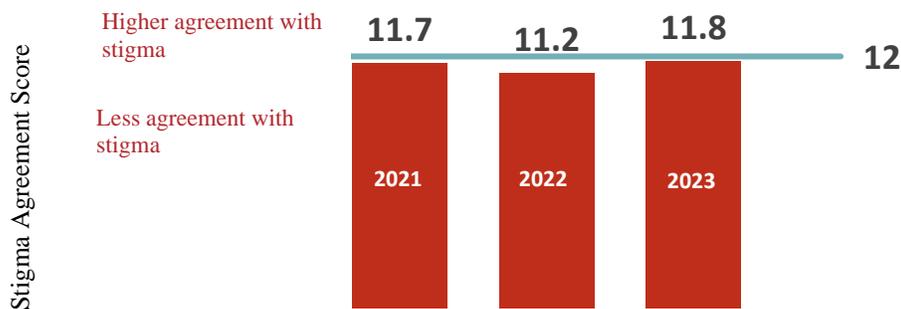
Survey results suggest that perceived stigma against those who use opioids has **slightly increased** with Franklin County residents



Regarding the second scale, which gauges the agreement with stigma held against those addicted to opioids, we find that the average “Stigma Agreement” score was 11.8. Because this is under a score of 12, it shows that respondents do not hold stigmatized beliefs against those with opioid use disorder. This is up from last year’s score of 11.2, indicating that agreement with stigma has increased. The results from both scales suggest Franklin County residents perceive that others hold more stigma against those who abuse opioids than they report personally agreeing with.

Figure 7. Stigma agreement YR2-YR3-EXT

Survey results suggest that Franklin County residents **do not agree** that they personally hold stigma against those who abuse opioids



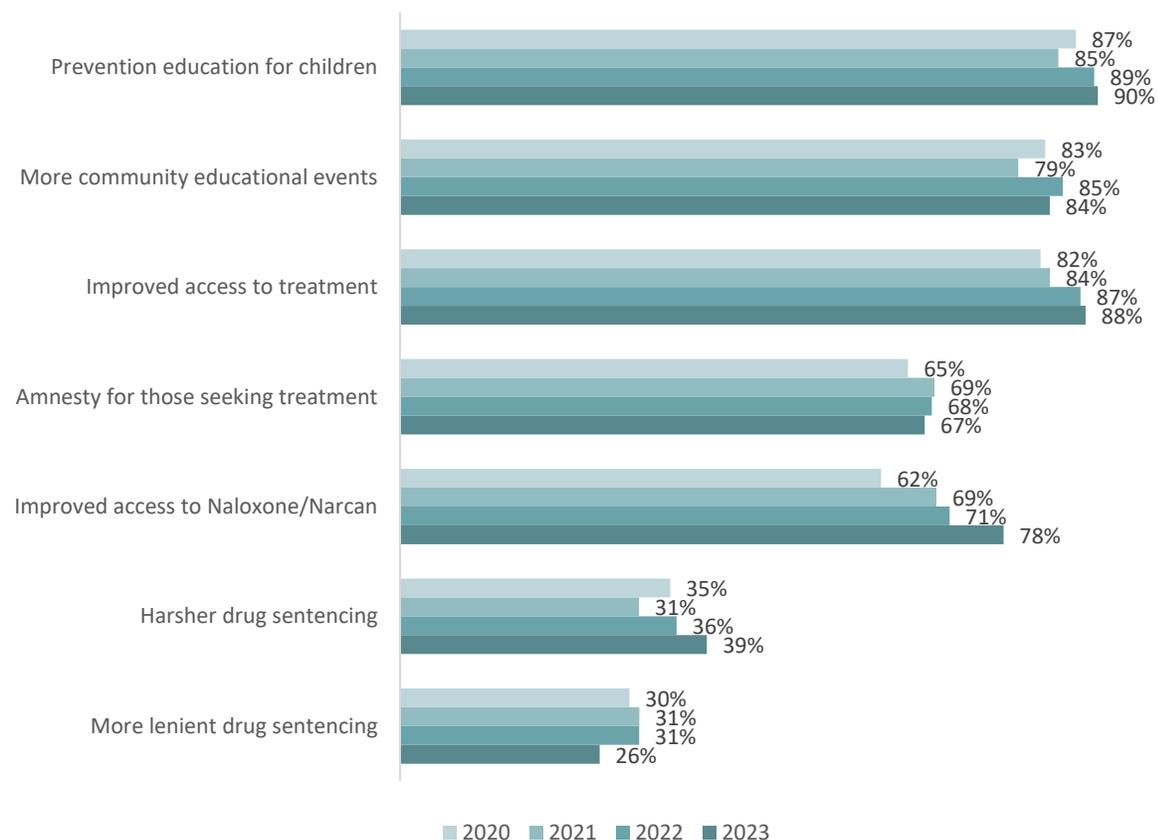
## Opioid Use Disorder Treatment Year-to-Year Comparison

Respondents were also asked whether or not they supported a variety of actions to combat the opioid epidemic.

When comparing these data from each year in Figure 8, we see several trends. Large majorities of respondents consistently support education (for children and through community educational events) across all four years. A majority of the actions provided have larger percentages of support in the fourth year of the survey, compared to the first three. Support for improved access to naloxone/Narcan has consistently increased. A higher percentage of respondents in Years 3 and YR3-EXT supported harsher drug sentencing compared to the first two years.

Figure 8. Support for actions to combat the opioid epidemic

### Support for actions to combat the opioid epidemic



## Strategy 9 Conclusions

FCPH and its partners have made substantial progress in their Strategy 9 initiatives, leveraging data to inform public awareness campaigns over the past four years. In Year 1, FCPH worked

with partners to collect baseline data on partner collaboration and public stigma and awareness related to opioids, initiated a public awareness campaign, and secured contracts with 12 partners. The FCK Addiction campaign reached nearly 70 percent of the county's population, despite COVID-19 restrictions. The subsequent Recover for Life campaign was designed to reach a larger audience. Year 2 saw further progress, with FCPH gathering second-year data and expanding its public education and awareness campaign in collaboration with 13 partners. The Recover for Life campaign gathered significant public impressions, and the African American Male Wellness Agency (AAMWA) joined the effort. AAMWA made considerable strides in community engagement, increasing its partnerships and community outreach, which led to improved opioid awareness within the African American community. Additionally, community survey results showed less stigmatization of opioid users compared to Year 1. In Year 3, FCPH continued to expand its public education and awareness campaign, seeking feedback from partners for campaign improvement. AAMWA further increased its community engagement efforts, building partnerships with over 140 entities, conducting community events, and distributing educational materials. AAMWA also formed the Opioid Awareness Community Coalition and developed a community resource guide.

YR3-EXT demonstrated more success in achieving Strategy 9 goals. The partnership with AAMWA resulted in significantly increased opioid awareness, especially in underserved communities. The collaboration with the Ohio High School Athletic Association enhanced the visibility of the Recover for Life campaign among young people. The Wilder Collaboration Survey showed consistent strengths in the collaborative approach and shared vision. Additionally, the community exhibited increased awareness and knowledge about opioids, naloxone, and opioid-related stigma, with a reduction in agreement with stigmatized beliefs about individuals with opioid use disorder.

In conclusion, across these four years, FCPH's Strategy 9 initiatives have successfully driven improvements in community awareness, decreased stigmatization, and increased collaboration to address the opioid epidemic in Franklin County. The continuous, data-driven approach and evolving public campaigns demonstrate the commitment to fostering a community of individuals informed and empowered to address opioid use disorder in their own neighborhoods.

## Strategy 10: Prevention Innovation Projects

In YR3-EXT, to reach the goals in Strategy 10, as in previous years, FCPH maintained its focus on children, youth, and young adult initiatives, but also expanded focus to include providing support for health providers and systems. FCPH again partnered with the ESCCO and built upon Year 3 efforts to utilize and strengthen its data integration efforts to work with school-based and child services partners. The intended long-term outcome is to increase capacity and efficacy of school personnel to lead and implement Prime for Life (PFL) strategies and successfully support and intervene with adolescents (ages 13–20) exhibiting high-risk behaviors.

Further, in YR3-EXT FCPH expanded its partnership with OACHC to work on Strategy 10 as well. In this fourth year, OACHC focused on initiatives to increase provider and health system support by providing resources and programs to support concerns with secondary trauma to overdose and general provider burnout.

To document progress toward reaching these goals, several short-term indicators were considered. These indicators included:

- The number of partners engaged;
- The number of youth receiving prevention services;
- The number of school representatives contacted for the purpose of recruiting new high schools;
- The number of new high schools successfully recruited and committed to offering school-based services;
- The number of families in the Substance Abuse Family Engagement (SAFE) program
- The number of new student accounts created on the Positiv.ly app; and,
- The development, sharing, and utilization of data for reviewing school-based outcomes.

### Partner Engagement/Strategy Progress

In YR3-EXT, FCPH and ESCCO continued to make progress toward engaging school districts and increasing the implementation of Prime for Life (PFL), including Substance Abuse Family Education (SAFE), and the Positiv.ly app within Franklin County. The ESC PFL coordinator continued to successfully market and promote PFL and SAFE and procure supplies for PFL school-based classrooms. Furthermore, pre/post PFL and SAFE data indicates that there is an increase in student knowledge, with a reported **90%** of students passing the post-test after participating in the intervention program.

Through quarter 3 of YR3-EXT, ESCCO successfully secured partnerships with **three** new high schools in Franklin County to host PFL school-based services. It has also assisted three additional school districts within Franklin County to implement PFL and SAFE programming. ESCCO staff trained over **six** school-based coordinators and ESC consultants in the PFL train-the-trainer program. These newly trained coordinators came from The Graham Family of Schools and Eastland Fairfield Career Center. Further, the ESCCO staff reported the PFL coordinator developed and distributed FCPH-approved marketing materials promoting PFL programming to local districts. Updated marketing materials were distributed to Franklin County principals and school counselors to demonstrate the impact of PFL strategies on student outcomes and the evidence and research that supports it.

Building upon their work in Year 3, ESCCO staff continued to collaborate with Ascend-Innovations to improve their real-time prevention communication strategy to the thousands of teens seeking help for themselves, their family, or their friends via the Positiv.ly mobile app. Positiv.ly is an app that teens can access from any mobile device, laptop, or desktop computer

and helps students find and share resources for assistance. The app also promotes prevention through SAFE and PFL and will help improve access to community and school resources and peer support for Franklin County youth. This app was built in partnership with the local ADAMH board in Year 2 and refined in Year 3 to place easily searchable mental health, wellness, and crisis services at the fingertips of teens.

Currently, ESCCO reports that through quarter 3 of YR3-EXT 74 new student accounts were created on the Positive.ly app, which adds to the more than 250 students who were using the app at the end of Year 3. Through quarter 3 of YR3-EXT, the most searched for terms were (1) anxiety and depression, (2) hotlines, (3) studying, and (4) food and housing. The search results helped the ESCCO team seek and identify additional resources in the areas that had the highest number of searches. Early in YR3-EXT, Positiv.ly hosted focus groups of youth, school administrators, and mental health professionals to gain feedback on resources and content provided in the app. They hoped to use the information gained in the focus groups to tailor the app to better serve youth, however ESCCO encountered a significant barrier that prevented them from continuing with the Positiv.ly app. Ascend Innovations, the platform that hosts the Positiv.ly app, underwent a leadership transition and the incoming CEO's new vision deviated from the original plan proposed by ESCCO, which emphasized a substance-focused resource directory. This shift no longer aligned with ESCCO's OD2A goals and the collaboration with Ascend Innovations was subsequently terminated.

Through quarter 3 in YR3-EXT, ESCCO reported the following indicator progress:

- 32 partners were engaged in school-based prevention and education activities
- 742 students participated in PFL services
- 67 families participated in SAFE
- 32 school representatives were contacted for the purpose of recruiting new high schools for school-based PFL services;
- 3 new high schools were successfully recruited and committed to offering school-based services;
- 74 new student accounts were created on the Positiv.ly app;
- PFL pre/post data show students are increasing their knowledge and understanding through these trainings, and schools report a 0% recidivism rate among students who participate in PFL and SAFE.

One challenge that was reported by ESCCO staff in YR3-EXT was related to the end of the OD2A grant and consequently the end of supplemental funding to the local school districts for SAFE programming. The school districts are faced with having to find alternative funding to maintain the program. To assist districts in overcoming this challenge, ESCCO staff sent out a survey to districts using the PFL program to gauge their interest and ability to fund the program after OD2A funds are discontinued. While that survey and analysis remains ongoing through quarter

4 of YR3-EXT, ESCCO reported that the largest consumer of the program, South Western City Schools, committed to continuing the PFL intervention program into the next school year.

OACHC was a new addition to Strategy 10 in YR3-EXT, aiming its efforts at enhancing support for providers and health systems dealing with traumatic cases, including substance use disorder (SUD) and opioid use disorder (OUD). This year, OACHC introduced the Curbside for Critical Incident Support, a provider-to-provider program designed to enhance resilience skills, manage work-related stressors, and prevent burnout. It also facilitated monthly discussions around case concerns and mental health support activities at various health centers.

OACHC reported limited participation in the critical incident support and low engagement during their "support moment" sessions as a barrier they experienced in YR3-EXT. To address these challenges, OACHC emphasized the importance of the grant's opportunities in health center calls, encouraged centers to frequently remind their teams of the resources available, and urged contact points at these centers to proactively collect and present success stories and concerns during monthly meetings. OACHC also consistently reintroduced the "support moment" in monthly agendas to ensure its visibility. Looking forward, they plan to introduce a critical incident resource from the Health Resources and Services Administration (HRSA), hoping to underscore its importance and spur greater engagement. Though the Curbside initiative is yet to be fully utilized, it has positively influenced the content of health center calls, with discussions often highlighting successful hiring processes and efforts to expand medication for opioid use disorder (MOUD) and behavioral health services.

OACHC further addressed the issue of stigma associated with patient care and presented on the StigmaFree Patient Care initiative, part of an ongoing campaign that also includes the release of a second edition of its toolkit. This toolkit, along with various trainings and resources, forms part of OACHC's comprehensive effort to support providers and health systems. These resources include the "Well-Being CARE Service," a collaborative project with the Ohio Physicians Health Program and the American Foundation for Suicide Prevention, among others. Ultimately, through these initiatives and resource-sharing efforts, OACHC aims to alleviate secondary trauma and provider burnout, while promoting an anti-stigma approach to patient care.

### Strategy 10 Conclusion

Over the past four years, FCPH and ESCCO, in collaboration with various partners, have made significant strides in Strategy 10: Prevention Innovation Projects. Despite COVID-related challenges in Year 1 and Year 2, they successfully expanded the number of school partnerships and trained school-based coordinators for the Prime for Life (PFL) and Substance Abuse Family Education (SAFE) programs. Notably, however, in-person trainings had to be halted and data collection for surveillance use was stalled in Year 1. In Year 3, they not only continued to increase the number of school-based partnerships and trainees, but also engaged additional partners in prevention and education activities. There was a notable increase in youth

participation in PFL services and a 0% recidivism rate among participating students. In YR3-EXT FCPH expanded the focus of its Strategy 10 work to encompass wider age groups of students, as well as the health and well-being of healthcare providers dealing with secondary trauma and burnout. Their efforts led to increased student knowledge and recruitment of new schools for offering services. OACHC joined in Y3-EXT, providing resources and training to enhance resilience among healthcare providers and fight the stigma associated with patient care. In summary, the four years of Strategy 10 have demonstrated progressive growth and innovation in prevention efforts, with successful expansion of partnerships, development of impactful programs, and enhanced access to mental health resources, despite initial setbacks due to the COVID-19 pandemic. FCPH and its partners have demonstrated a steadfast commitment to fulfilling the needs of Franklin County's youth and healthcare professionals, using comprehensive and innovative strategies.

## Recommendations and Conclusion

The achievements over the last four years of the Franklin County OD2A project have been exemplary and inspiring. FCPH demonstrated innovative problem-solving and a commitment to excellence while providing OD2A partner agencies with the leadership and support they needed to meet their goals throughout an unprecedented and competing public health crisis. To build on the achievements and successes from the past four years, the evaluation team offers the following recommendations for consideration. A recurring challenge that was reported by OD2A partners indicates ongoing workforce turnover and capacity issues, at times resulting in the discontinuation of OD2A strategic activity. To address this challenge FCPH could support agencies by developing capacity-building initiatives for partners that could involve regular training, sharing of best practices, and knowledge exchange sessions and better facilitate the continuity of initiatives, even in the face of staff turnover. Further feedback collected from OD2A partners indicates that data availability continues to be a barrier. FCPH should consider additional strategies, like continuing to strengthen and build upon partnerships established during the OD2A initiative, to further improve real-time data accessibility from local sources. Additionally, we recommend FCPH develop an ongoing strategy to collect user feedback on surveillance tools, including Franklin County CARES. It would likely prove beneficial to regularly solicit user feedback on its effectiveness, usability, and areas for improvement. Finally, the evaluation team encourages FCPH and its partners to continue to seek input from individuals with lived experience with SUD to inform programming and outreach activities.

In conclusion, the Franklin County OD2A project has showcased remarkable dedication and tenacity in addressing a complex public health challenge over the past four years. Though this cycle of the Franklin County OD2A partnership is concluding, the commitment to preventing overdose deaths and connecting individuals with substance use disorder treatment in Franklin County will continue.

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## Appendix A. Franklin County OD2A Community-Wide Survey

### Franklin County OD2A Community-Wide Survey

#### Screener Questions

1. In which state do you currently reside?
  - a. Drop down list of all 50 states
  
2. What county do you live in?
  - a. Adams County
  - b. Brown County
  - c. Darke County
  - d. Franklin County
  - e. Harrison County
  - f. Hocking County
  - g. Noble County
  - h. Paulding County
  - i. Pike County
  - j. Vinton County
  - k. Other
  
3. How do you describe your gender?
  - a. Female
  - b. Male
  - c. Non-binary
  - d. Trans man
  - e. Trans woman
  - f. Genderqueer
  - g. No Response
  
4. What is your age?
  - a. Under 18
  - b. 18-24
  - c. 25-34
  - d. 35-44
  - e. 45-54
  - f. 55-64
  - g. 65-74
  - h. 75 or older
  
5. What is your race?
  - a. White/Caucasian
  - b. Black/African American
  - c. Asian
  - d. American Indian/Alaskan Native
  - e. Native Hawaiian or Other Pacific Islander
  - f. Two or more races
  - g. Some other race
  - h. Choose not to answer
  
6. What is your ethnicity?
  - a. Hispanic or Latino

- b. Not Hispanic or Latino
- c. Choose not to answer

**OPIOID Knowledge<sup>1</sup>**

- 7. Which of the following four things do you think is a bigger health concern in Franklin County?
  - a. Opioid use (prescription and other types like heroin)
  - b. Methamphetamine use
  - c. Alcohol use
  - d. Cocaine use
  
- 8. To your knowledge, are any of the following listed drugs considered Opioids? (yes, no, don't know options for each drug)
  - a. Heroin
  - b. Cocaine
  - c. Marijuana or weed
  - d. Oxycontin or "oxy"
  - e. Fentanyl
  - f. Methamphetamine or "meth"
  
- 9. How big of a problem are opioids/opioid drug use (prescription opioids and other types like Heroin) in Franklin County?
  - a. Not at all a problem
  - b. A minor problem
  - c. A major problem
  - d. Don't know
  
- 10. Would you say **prescription** opioid misuse is an extremely serious problem in Franklin County?
  - a. Yes
  - b. No
  
- 11. Do you believe opioids to be readily available in your community?
  - a. Yes
  - b. No
  
- 12. (if yes to #11) Please select which of the following opioids you believe are readily available in your community?
  - a. Heroin
  - b. Fentanyl (including acetylfentanyl and carfentanil)
  - c. Prescription Opioids (e.g. oxycodone, hydrocodone, morphine, and methadone)
  - d. Other, please list

**Naloxone Knowledge**

- 13. Have you heard of Naloxone/Narcan?
  - a. Yes
  - b. No
  - c. Don't know

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<sup>1</sup> Harding, A., Kim, J., & Orkis, L. (2018). *Community assessment for public health emergency response (CASPER): Drug overdose awareness in Allegheny County*. Allegheny County Health Department Bureau of Assessment, Statistics, and Epidemiology.

14. Naloxone/Narcan is an overdose reversing drug that can save lives.
  - a. True
  - b. False
  - c. Don't know
  
15. Do people need a prescription to get Naloxone/Narcan in Ohio?
  - a. Yes
  - b. No
  - c. Don't know
  
16. If you give Naloxone/Narcan to a person who is unconscious but isn't overdosing, do you think it will hurt them?
  - a. Yes
  - b. No
  - c. Don't know
  
17. For each of the following do you think they should carry Naloxone/Narcan? (yes, no, don't know for each)
  - a. People who use opioids
  - b. Family and friends of people who use opioids
  - c. First Responders (e.g. EMS, Police Officers, Firefighters)
  - d. Social Workers
  - e. Workers at shelters (individuals caring for men/women who are homeless)
  - f. Healthcare practitioners
  - g. Bar and restaurant staff
  - h. Hotel/motel staff
  - i. School nurses and/or office staff
  - j. Everyone
  - k. Other
  - l. Don't know

**Overdose Response**

18. Are any of the following signs and symptoms of an overdose? (yes, no, don't know for each)
  - a. Unable to wake
  - b. Breathing is very slow and shallow, irregular, or has stopped
  - c. For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen
  
19. If you saw someone overdosing, would you do any of the following? (yes, no, don't know for each)
  - a. Call 911
  - b. Give them Naloxone/Narcan if you had it on hand
  - c. If you saw someone overdosing who did not have a pulse, would you perform chest compressions?
  - d. If you saw someone overdosing who was not breathing, would you perform mouth-to-mouth resuscitation or rescue breathing?

**Opioid Use Disorder Treatment**

20. If someone you care about was addicted to opioids or other substances, how confident are you that you would know how to help them?
  - a. Very confident
  - b. Somewhat confident
  - c. Not at all confident

- d. Don't know
21. Do you think there are enough drug and alcohol treatment options for people who need them in Franklin County?
- a. Yes
  - b. No
  - c. Don't know
22. Which level of government is most responsible for fighting the problem of addiction to opioids and other drugs?
- a. Federal
  - b. State
  - c. Local
  - d. Other
23. Would you support having a place for people to recover, like a recovery house, for people with substance use disorder in your neighborhood?
- e. Yes
  - f. No
  - g. Don't know
24. Which of the following actions should be taken in your community to combat the opioid epidemic? (yes, no, don't know for each)
- a. Improved access to treatment
  - b. More options for treatment
  - c. Prevention education for youth
  - d. Harsher drug sentencing
  - e. More lenient drug sentencing
  - f. More community educational events
  - g. Improved access to Naloxone/Narcan
  - h. Amnesty for those seeking treatment
  - i. Don't know
25. How effective would reducing the social stigma around addiction be at preventing opioid misuse? [stigma = feelings of shame, etc.]
- a. Very effective
  - b. Somewhat effective
  - c. Not very effective
  - d. Not at all effective
26. How effective do you think public education and awareness campaigns are or would be at preventing opioid misuse?
- a. Very effective
  - b. Somewhat effective
  - c. Not very effective
  - d. Not at all effective
27. Do you personally know someone who has overdosed on opioids or other substances?
- a. Yes
  - b. No
  - c. Don't know

28. Do you recall seeing or hearing any media campaigns about opioids recently (within last 3 months)?
- Yes, please describe the message you recall
  - No
29. Currently, there is an opioid awareness campaign running in the Columbus area called "Recover For Life". What is your overall impression of this campaign?
- Very positive
  - Somewhat positive
  - Neutral
  - Somewhat negative
  - Very negative
  - Not familiar with the campaign



**Stigma Scale<sup>2</sup>**

30. Please indicate your level of agreement with the following statements. (strongly disagree, somewhat disagree, unsure, somewhat agree, strongly agree for each statement)
- Most people believe that a person who is addicted to opioids cannot be trusted.
  - Most people believe that a person who is addicted to opioids is dangerous.
  - Most people think that a person who is addicted to opioids is to blame for his or her problems.
  - Most people believe that a person who is addicted to opioids is lazy
  - I believe that a person who is addicted to opioids cannot be trusted.
  - I believe that a person who is addicted to opioids is dangerous.
  - I think that a person who is addicted to opioids is to blame for his or her problems.
  - I believe that a person who is addicted to opioids is lazy
31. I think the stigma associated with people who are addicted to opioids is getting
- More negative
  - Less negative
  - Is about the same

**Demographics**

32. What is your sexual orientation?
- Heterosexual / Straight
  - Asexual
  - Bisexual
  - Gay
  - Lesbian
  - Pansexual
  - Queer
  - Questioning
  - Not Sexually Active
  - No Response
33. What is your household income level?

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<sup>2</sup> Yang, L. H., Grivel, M. M., Anderson, B., Bailey, G. L., Opler, M., Wong, L. Y., & Stein, M. D. (2019). A new brief opioid stigma scale to assess perceived public attitudes and internalized stigma: Evidence for construct validity. *Journal of Substance Abuse Treatment*, 99, 44–51. doi: 10.1016/j.jsat.2019.01.005

- a. Under \$10,000
- b. \$10,000-\$14,999
- c. \$15,000-\$24,999
- d. \$25,000-\$34,999
- e. \$35,000-\$49,999
- f. \$50,000-\$74,999
- g. \$75,000-\$99,999
- h. \$100,000-\$149,999
- i. \$150,000-\$199,999
- j. \$200,000 or more
- k. Choose not to answer

34. What is your education level?

- a. Less than High School
- b. High School graduate (includes GED)
- c. Some college, no degree
- d. Associate's degree
- e. Bachelor's degree
- f. Graduate degree or higher
- g. Choose not to answer

35. What is your zip code?

- a. Please list