



Ohio Department of Mental Health and Addiction Services

21st CENTURY CURES ACT

John R. Kasich, Governor
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Ohio's Funding Application Summary

The 21st Century Cures Act was passed by Congress and signed into law in late 2016. It is designed to modernize health care through enhanced innovation, research and communication, leading to better patient outcomes. The Act also makes available to states new funding to combat the prescription opioid and heroin crisis through the Substance Abuse and Mental Health Services Administration. SAMHSA will provide up to \$970 million to states and territories over the next two years, beginning in fiscal year 2017.

Ohio is eligible for up to \$26 million dollars in FY 2017. The Ohio Department of Mental Health and Addiction Services is the agency eligible to apply on behalf of the state. Based upon the feedback of more than 400 stakeholders and the evaluation of available data, OhioMHAS elected to focus all activity for this grant in six areas:

- medication-assisted treatment,
- workforce development,
- immediate access,
- primary prevention,
- Screening, Brief Intervention and Referral to Treatment (SBIRT),
- recovery supports, including peer services, and
- addressing secondary trauma among first responders

These focus areas represent high-impact opportunities to strengthen Ohio's comprehensive response to the state's opioid issues. View details about Ohio's Cures application on our website at mha.ohio.gov under the Funding tab.



Strategic Planning for Statewide Initiatives

Our project strategy is to develop a community system of care (prevention, early intervention, treatment and recovery support) that emphasizes service integration between physical health care, emergency health care, behavioral health care, criminal justice and child welfare. Actions taken will build upon Ohio's on-going efforts to address the opioid epidemic. They are designed to reduce overdose deaths and enhance the ability of individuals with opioid use disorder to receive treatment based on evidence-based practices.

A three-pronged approach is adopted:

1) all department-directed strategies and activities will be deployed statewide;

2) emphasis will be placed on Ohio counties with the highest opioid overdose deaths and treatment needs; and

3) local projects will be identified by the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards.

Workforce Development

OhioMHAS will provide free online trainings for Ohio physicians to obtain their [DATA 2000 Patient Limit](#) waiver, and learn more about [American Society of Addiction Medicine](#) multidimensional assessment and levels of care. One of the three proposed ECHOs (an interactive continuing education model) will provide continuing education and case review for all physicians statewide. A continuing education series will be deployed through the OhioMHAS e-based academy for professionals statewide to obtain free CEs/CMEs.



Primary Prevention

OhioMHAS will implement training and technical assistance for two evidence-based primary prevention interventions: PAX Good Behavior Game and Botvin Life Skills. The department will also offer assistance to entities implementing existing evidence-based practices for expansion.

OhioMHAS will enhance the infrastructure of SPF-Rx to support existing drug prevention efforts, and also encourage prevention activities and OARRS usage by targeted communities not included in the original SPF-Rx grant.

Furthermore, it will replicate CADCA's Grow Opportunity Action Locally MAT Project to implement programs that reduce community-level trauma and will mobilize around opioid overdose deaths without creating additional trauma.

Harm Reduction/Reducing Opioid Diversion

Ohio will establish a statewide drug takeback program operated by the Ohio Board of Pharmacy, in conjunction with the Ohio Department of Public Safety and the Ohio Department of Mental Health and Addiction Services, that enables local law enforcement agencies to deposit medication from their drug collection receptacles at Ohio Highway Patrol posts for transport to destruction sites.

Key Dates

Dec. 14, 2016 – Federal funding opportunity announced

Feb. 17, 2017 – Ohio's application submitted

Mid-April 2017 – Notice of award to Ohio

May 2017 – Funding received from SAMHSA

June 2017 – Funding distributed to local ADAMHS boards

Local Funding Approach

Data shows us that opioid abuse is a statewide problem; however, some communities are experiencing extremely high rates of overdose or death. In an effort to ensure that these limited one-time funds have maximum impact, Ohio is focusing a portion of the 21st Century Cures funding on areas of the state with the highest levels of need.

Funding Tiers

The number and rates of opioid-related overdose deaths were determined for each ADAMH board area. Areas with the highest overdose death counts (years 2010-2015), rates (years 2010-2015) and fentanyl deaths (2015) were classified as "Tier 1." The total number of residents in Tier 1 counties is 7,030,825, or 61 percent of the state population.

Counties with the next highest overdose death rates (2010-2015) and a high need for treatment ([National Survey on Drug Use and Health 2012-2014](#)) were classified as "Tier 2" areas. The total number of residents in Tier 2 is 1,678,383, or 14 percent of the state population.

Together, Tier 1 and Tier 2 areas equal 8,709,208 Ohioans or 75 percent of Ohio's population. This also equates to 53 percent of Ohio counties and board districts. These areas were invited to submit project level proposals for how they would use the 21st Century Cures funding to support a full continuum of care to combat opioid addiction. OhioMHAS is currently working with local the ADAMH boards in the Tier 1 and Tier 2 areas to evaluate their respective project proposals and determine specific board allocation levels.

In addition to board-led initiatives, OhioMHAS will fund state-led activities targeting the top tier counties.



Our mission is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

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