

# 21<sup>ST</sup> CENTURY CURES ACT

## Ohio Application Summary

### TIMELINE / KEY DATES

Federal Funding Opportunity Announced – December 14<sup>th</sup>, 2017

Ohio's application submitted - February 17<sup>th</sup>, 2017

Notice of award to Ohio – Mid April, 2017

Funding received from SAMHSA – May, 2017

Funding distributed to local ADAMH boards – June 2017

### OVERVIEW

The 21<sup>st</sup> Century Cures Act was passed in late 2016, and is designed to make available to states new funding to combat the prescription opioid and heroin crisis. The funds, made available 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. As Ohio's single state agency (SSA), the Ohio Department of Mental Health and Addiction Services is the agency eligible to apply on behalf of the state.

### Ohio's Areas of Focus

Based on feedback of over 400 stakeholders and evaluation of available data OhioMHAS elected to focus all activity for this grant in six key areas:

- Medication assisted treatment
- Workforce development
- Immediate access
- Primary prevention
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Recovery supports, including peer
- Addressing secondary trauma amongst first responders

These focus areas represent high-impact opportunities to strengthen Ohio's comprehensive response to the state's opiate issues.

### STRATEGIC PLANNING

Ohio's strategic project goals focus on building 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.

Strategies and activities undertaken for this effort build upon Ohio's on-going efforts to address the opioid epidemic and are designed to reduce overdose deaths and enhance the ability of individuals with opioid use disorder to receive treatment using evidence-based approaches.

A three-pronged approach is adopted:

- department-directed strategies and activities to be deployed statewide,
- department-directed strategies and activities focusing on counties of the state with highest opioid overdose deaths and treatment need, and
- Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards identified projects.



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## STATEWIDE INITIATIVES

**Workforce Development:** OhioMHAS will provide free online trainings for Ohio physicians to obtain their DATA 2000 waiver, and learn more about ASAM multidimensional assessment and levels of care. One of the three proposed ECHOs will provide continuing education and case review for all physicians statewide. Finally, a continuing education series will be developed to be deployed through the OhioMHAS e-based academy for all professionals statewide with free CE and CME options.

**Primary Prevention:** OhioMHAS will implement training and technical assistance for two evidence-based primary prevention interventions: PAX Good Behavior Game and Botvin Life Skills. OhioMHAS will also offer assistance for those implementing existing evidence-based practices for expansion and enhancement. It will enhance the existing infrastructure of SPF-Rx to support drug prevention efforts and implement 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:** 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 law enforcement to deposit medication from their drug collection receptacles with highway patrol posts in the state for transport for destruction.

## LOCAL FUNDING APPROACH

Data shows us that opiate abuse is a statewide problem, but there are some communities who are experiencing extremely high volumes or rates of death. In an effort to ensure that these limited one-time funds have maximum impact, Ohio is focusing a portion of the 21<sup>st</sup> Century Cures funding on areas of the state with highest levels of need.

### Funding Tiers

The number and rates of opiate related overdose deaths were determined for each ADAMH board district. Districts with the highest overdose death counts (2010-2015), rates (2010-2015), and fentanyl deaths (2015) were classified as "Tier 1" areas. Total number of residents in Tier 1 Counties: 7,030,825, or 61% of state population.

Counties with the next highest overdose death rates (2010-2015), and need for treatment (NSDUH 2012-2014) were classified as "Tier 2" areas. Total number of residents in Tier 2 Counties: 1,678,383, or 14% of state population.

Tier 1 & Tier 2 totals: 8,709,208 Ohioans, or 75% of the state's population, and 53% of counties and board areas. These areas were invited to submit project level proposals for how they would use the 21<sup>st</sup> Century Cures funding to support a full continuum of care to combat opiate 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.