

Abstract

Ohio's State Opioid Response Project will achieve an integrated behavioral health system by increasing access to evidenced based prevention, early intervention, treatment, and recovery services. Innovative strategies to meet complex social needs are essential for long-term recovery of the target population, youth and adults diagnosed with an opioid, stimulant use or misuse disorder, and co-occurring mental illnesses. The geographic area for this project is state of Ohio with the goal of serving 20,000 Ohioans.

The devastating and potential lasting effects of substance use across the lifespan continues to strain our families, ravage our communities, and threaten the well-being of our entire state. Substance use has major impacts creating multi-generational effects on children and adults mental, emotional and behavioral development.¹ Family, community, and too often, older adults caring for children of substance use disordered parents are the unseen victims. While opioids are still cause for concern, current trends on the increased use of methamphetamines, marijuana and illicit drugs illuminate the spread of a drug problem that cannot be ignored². The COVID 19 pandemic amplified the importance of addressing basic needs as modifiable risk factors which underpin mental and emotional as well as physical health. Addressing “complex social needs”, as well as, basic needs for food, safety, and housing require vision and leadership with the skills to work collectively to improve and change the way we serve the target population of this SOR 2.0 grant. Increasing access to interventions including Naloxone, Medication Assisted Treatments (MAT) are critical tools in our toolkit, communities must now begin addressing the “modifiable risk factors” and “complex social needs” of the target and special populations, such as preventing adverse childhood experiences, trauma, homelessness and substandard housing, unemployment, lack of education and job training, food scarcity, and isolation. SOR 2.0 will expand upon the proven success strategies of evidence-based treatment, by providing services to 20,000 Ohioans with treatment, MAT and recovery supports, but will aim higher to build and engage local and regional community partnerships in the places where we are all born, live, work, play. Essential community level partnerships are needed to scale-up supports Ohioans need to thrive across the lifespan. To be successful, regional partnerships must modernize approaches to sustain engagement and be inclusive of diverse partners such as community based, faith based and recovery community organizations, education and job training programs, public and supported recovery housing entities, public health including federally qualified health centers & behavioral health and social programs in addition to child welfare, early onset drug prevention programs that are youth-led and family and peer supported.

¹ National Academies of Sciences, Engineering, and Medicine. 2020. *The State of Mental, Emotional, and Behavioral Health of Children and Youth in the United States: Proceedings of a Workshop*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25739>.

² OSAM Report

Section A: Population of Focus and Statement of Need

A-1. Populations of Focus, Geographic Catchment Area and Coordination of Funding Streams:

The Ohio Department of Mental Health and Addiction Services plans to allocate funding to prioritize prevention, treatment, and recovery activities for adolescent and adult Ohioans with opioid misuse and use disorder (OUD), and stimulant misuse and use disorders, including for cocaine and methamphetamine. The Ohio SOR Project will focus on building an Integrated Behavioral Health System of Care for individuals with OUD and Co-Occurring Disorders, which will have an array of services and initiatives, including: prevention services, family supports, primary care, recovery supports, treatment, Medication Assisted Treatment (MAT), faith-based and community-based interventions, workforce innovations, and harm reduction. The geographic area for this project is the State of Ohio.

Coordination of Funding Streams: The State Program Coordinator will work in conjunction with the Director of Recovery Ohio to coordinate funding streams and programs. Recovery Ohio, chaired by Alisia Nelson out of the governor's office and comprised of state agencies and community stakeholders including the state's health and human services agencies, meet regularly to coordinate efforts to address Ohio's opioid epidemic, and more recently the increase in stimulant use occurring throughout the state. The State Program Coordinator and Recovery Ohio will enhance current efforts by augmenting knowledge of local efforts that may be funded by non-federal sources such as philanthropic organizations and local government funding and to facilitate cross-system planning efforts.

A-2. Extent of Statewide Need and Service Gaps

Prevalence of the Opioid and Stimulant Misuse in Ohio and Treatment Need. The most recent published data from the National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2017/2018) indicates there are 716,000 persons in Ohio with a Substance Use Disorder, and 318,000 of those reported illicit drug use in the past year. Forty-eight thousand (48,000) Ohioans aged 12 and older reported past year heroin use and 412,000 reported past year misuse of pain relievers. An estimated 88,000 Ohioans demonstrated past year pain reliever use disorder.

According to the 2017-18 NSDUH over the past year 45,000 Ohioans 12 and older reported methamphetamine use, and 156,000 reported cocaine use. Survey estimates suggest that 271,000 Ohioans needed but did not receive treatment for illicit drugs.

Overdose Deaths. The Ohio Department of Health's (ODH, August 2018) published annual drug overdose report revealed Ohio experienced a 22.5% percent decrease in overdose deaths from 2017 to 2018, making it the lowest overdose death rate since 2015. The number of fentanyl-related overdose deaths also decreased in 2018; however, the percentage of the total unintentional overdose deaths involving fentanyl increased with fentanyl contributing 72.6% of unintentional overdose deaths. The number of deaths involving carfentanil also decreased by 92.6% from 2017 to 2018. In 2018, 15% of unintentional overdose deaths involved psychostimulants. From 2017 to 2018, the number deaths increased for psychostimulants, while

deaths related to all other drug categories decreased.

Disparities identified in overdose death rates in Ohio. In Ohio, preliminary Ohio Department of Health Data show that, for the third year in a row, the drug overdose death rate for black non-Hispanic males (64 deaths per 100,000) was higher than white non-Hispanic males (51 deaths per 100,000). Despite significant amounts of federal funding targeted towards combatting Ohio's opiate epidemic, from 2018 to 2019, the overdose death rate for black non-Hispanic males increased 29% compared to only 5% among white non-Hispanic males.

Preliminary 2019 drug overdose death rates for black non-Hispanic females and white non-Hispanic females were equal (24 deaths per 100,000). However, from 2018 to 2019, the overdose death rate for black non-Hispanic females increased 24%, while the rate for white non-Hispanic females decreased by 4%. In 2019 preliminary data, fentanyl was involved in 78% of unintentional drug overdose deaths among black non-Hispanics. A combination of fentanyl and cocaine was involved in 43% of drug overdose deaths among black non-Hispanics.

Persons with co-occurring mental health issues also use substances, such as stimulants, nicotine, and opioids at higher rates than the general population, suggesting a need for prevention, treatment, and recovery supports for this vulnerable special population (Annamali, 2015). Some studies show that upwards of 60% of people with a substance use disorder have a co-occurring mental illness (NIDA, 2020). These disparities and co-occurring issues are particularly evident since the COVID pandemic became widespread in Ohio.

Gaps in Programs and Services: The Ohio Substance Abuse Monitoring Network (OSAM) conducted a targeted response initiative for counties receiving CURES funding to identify themes in understanding the needs in communities. OSAM found several findings for substance use treatment, including additional need for: 1) detoxification services, 2) inpatient treatment, 3) long-term recovery supports, 4) sober living housing, 5) MAT prescribers, and 6) needle exchange programs.

Section B: Proposed Implementation Approach

An approach focused on meeting the needs of local communities by funding work in prevention, treatment and recovery support services while supporting and enhancing that work by targeting training programs to support implementation of evidence-based services will ensure the project enhances integrated systems of care across Ohio. Strategies to address homelessness, un/underemployment, lack of education and training resources and adverse childhood experience will ensure communities and individuals are able to engage in long term reduction in opioid overdose mortality and stimulant use, opioid use and co-occurring disorders. Services will be coordinated through state agencies and local county systems in an integrated approach to multi-system needs. The multi-system services will be organized to meet needs in various populations through a biopsychosocial approach including recovery-oriented interventions, outpatient services including counseling, MAT and treatment for tobacco and nicotine dependence and vaping, employment needs, education, recovery housing, various models of outreach and primary care.

B-1. Goals and Objectives of the Ohio SOR Project

Table 1: Goals and Objectives

Prevention Goals	Prevention Objectives
Increase the availability of naloxone to prevent overdose death	Increase by 20% over 2020 the number of project dawn naloxone kits distributed
Increase understanding of opioid and stimulant use disorder among employers, criminal justice, healthcare professionals and the general public.	70% of professionals, who attend stigma reduction training will report changes in practice in their respective systems, education campaigns will take place targeting 3 special populations
Increase community awareness of the danger of opioids and stimulants	Public media campaign total and unique page views will increase 25% above established baseline figures
Increase access to prevention across the lifespan and for identified high risk communities, including children impacted by opioid and stimulant use	Expand the screening and intervention opportunities, primary prevention programs and services across the lifespan by 50 programs
Treatment and Workforce Goals	Treatment and Workforce Objectives
Increase the number of clinicians who provide evidence based psychosocial treatment services to clients with an opioid use disorder, stimulant use disorder and co-occurring and expand access to medication assisted treatment	Telehealth services expansion will increase availability of services by 25% for evidence-based psychosocial treatment and MAT. evidence based treatment for stimulant use and co-occurring disorders as well as treatment for tobacco and nicotine dependence.
Increase integrated treatment services and social support using a biopsychosocial approach.	At least 50 local projects will demonstrate enhanced access to social supports that meet the social determinants of health needs of patients of OUD, SUD or co-occurring.
Increase the accessibility of prevention, treatment and recovery support services to special populations by providing trauma and culturally competent education with a focus on implicit bias to enhance the development of a diverse workforce	At least 20 trainings will be offered to address cultural competency and implicit explicit bias and recruiting efforts will launch in at least 15 communities to develop a diverse workforce
Recovery Services Goals	Recovery Service Objectives
Increase the type and number of peer supporters available to provide services for family, youth, and special populations within multiple systems.	Increase the number of peer supporters employed in various settings (courts, child welfare, medical settings) by 20% while increasing access to peer services within special populations including older adults, women, parents, veterans, LGBTQ and members of minority communities.
Increase the availability of recovery housing, including family recovery housing.	Increase the number of individuals served in recovery housing models by 20%.

B-2. Required Activities

Assessing the needs of tribes: The State of Ohio has no federally recognized tribes.

Implementing models for evidence-based treatment: Ohio will implement evidenced based treatment models that support a fully integrated behavioral health system of care. Strategic treatment investments will increase capacity in inpatient, community based residential treatment and outpatient programs offering MAT services. Ohio will expand community-based treatment capacity by developing partnerships with specialty programs such as urgent care and federally qualified health centers. Special emphasis in Ohio’s increased access to SUD treatments will engage providers who provide access to recovery, peer and community supports. Ohio will integrate our behavioral health system by building the continuum of care to increase capacity for

Ohioans with opioid and substance use disorders but also strengthen access to other services including: mobile crisis including mobile response stabilization team services (MRSS), community based recovery supports, young adult and older adult recovery housing. Ohio's enhanced system of care will assure that complex social needs of clients are addressed across the lifespan and infrastructure within local communities removes barriers to critical services including stigma. Recognizing the challenges engaging clients with opioid, stimulant and substance use disorders, contingency management strategies will be tools added to Ohio's treatment and recovery toolkit. Strategies comprehensive in supporting the whole client with community supports including case management, psychosocial and family-based therapies; peer support, toxicology screenings, vocational and educational services will be emphasized in the grant. Ohio's SOR 2.0 will support a culture shift toward supporting clients and families in achieving long term recovery and work across systems to support policies that are trauma and recovery informed. In response to COVID19 service pivots, treatments and supports that incorporate telehealth modalities will also be enhanced.

Implement community recovery support services such as peer supports, recovery coaches, and recovery housing: An integrated approach involving public health, client services, and recovery supports is necessary to address the complex problem of substance use. Public and population health, client services, and recovery supports use different but complementary approaches to improve health outcomes in an integrated behavioral health system. Ohio will expand recovery support services to address stimulant misuse and use disorders and opiate use disorders to reinforce and support gains made in treatment and improve quality of life. Programs will operate in a community setting where fellow recovering persons share experiences, provide mutual support and gain tools to live a substance free lifestyle. The evidenced based approaches in delivering recovery support services will achieve an integrated behavioral health system that addresses access to healthcare and behavioral healthcare, education, employment and social support networks from a community and social context. Recovery supports will be integrated across systems to provide support within criminal justice, child welfare, physical health care and community centers targeting special populations including older adults, women, parents, veterans, LGBTQ and members of minority communities to assist in treatment retention and long-term recovery. Recovery Community Organizations will lay the foundation for local communities in delivering support services. The project makes a substantial investment in recovery care coordinators, family peer supporters, youth and parent peer supporters and housing including recovery housing, and services to access and maintain employment. Standards for all recovery supports will ensure safe, affordable options are available.

Implement prevention and education services: Ohio SOR Project will focus on those at highest risk by using data to target communities, families and older adults for evidence-based prevention services to build resiliency and identify persons for intervention strategies, including those who are utilizing substances while experiencing another behavioral health condition. Messaging campaigns will focus on overdose prevention, the dangers of misuse of opiates and stimulants and the reduction of stigma surrounding addiction and treatment within high risk communities and broader populations. Local communities will implement evidence-based practices within schools, communities and health care setting while training to support the implementation of the services is offered. The Ohio Department of Health will enhance current Project Dawn strategies for naloxone education and distribution. Additional strategies will support prevention services for older adults and early identification and intervention for children in high risk families through

coordinating community, faith-based, school systems and medical providers across state systems to ensure prevention practices are implemented across the lifespan.

Ensure that all applicable practitioners (physicians, NPs, PAs) associated with Ohio SOR Project obtain a DATA waiver: Providers and organizations will be asked to provide access to DATA waiver training and performance management strategies include this outcome.

Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings. The Ohio SOR project will leverage the existing Community Linkage program to expand COVID19 pivot strategies to make telehealth and telemedicine available to individuals reentering the community. Strengthening partnerships addresses the need for naloxone distribution and overdose prevention education to ensure successful transitions access will expand within criminal justice settings utilizing MAT and evidenced based treatment approaches. An emphasis on community linkages for adults and youth, and special populations including older adults, women, parents, veterans, LGBTQ and members of minority communities solidifies continuity of care for individuals transitioning to the community for those experiencing opiate use, stimulant misuse and use disorders along with co-occurring disorders.

Use of the SAMHSA-funded Opioid TA/T grantee resources: The Ohio SOR Project will access Opioid TA grantee resources and continue to participate in meetings, discussions and summits to ensure coordination and collaboration with partners. Programs are expected to access available resources provided by SAMHSA evidence-based services and best practices.

HIV and Viral Hepatitis testing: Expansion of harm reduction supports includes increased access to HIV and Viral Hepatitis testing through partnerships between local health departments and those who assist in patient navigation. Peer supporters and care coordinators enhance access to services addressing social determinants of health such as housing, physical health care, education and job training in partnership with communities including faith-based organizations. OhioMHAS supports the Ryan White HIV/Aids Program mission and project providers will coordinate with these programs.

Develop and implement tobacco/nicotine project strategies: The State Opioid Response (SOR) will build on partnerships with the Ohio Department of Health (ODH) to extend existing activities to provide tobacco cessation opportunities targeted to Ohioans in the behavioral health system. OhioMHAS will leverage ODH's expertise in tobacco prevention and cessation by increasing awareness of tobacco usage disparities and developing and implementing initiatives to increase screening for tobacco use including vaping for consumers of behavioral health services. Added emphasis is needed on tobacco use and vaping during the COVID-19 pandemic as individuals are at a higher risk of a poorer outcome if using these products.

Sustainability: Activities target sustainability by gathering outcomes that support enhanced partnerships in local communities to identify resources for sustaining cost-effective and successful programs. The current philanthropic workgroup within the Recovery Ohio initiative will continue to support partnerships between local communities and resources to support recovery initiatives. Locally driven, community-based projects will submit plans for sustainability and build an investment in the work from civic and social leaders. Activities and

structures associated with improved service integration are expected to have cost-savings/cost offset associated with improved patient care.

B-3: Two-Year Timeline

Table 2: Year 1 and Year 2 Activities: Sep 1 2020 – August 31 202

Activity	Responsible	Quarter 1 - 2	Quarter 3 - 4	Quarter 5 - 6	Quarter 7 - 8
On-board Project Staff	Office of Human Resources	X			
PREVENTION/EARLY INTERVENNTION/HARM REDUCTION					
Overdose Prevention and harm reduction	SOR Portfolio Administrator	X X	X X	X X	X X
Locally determined EBPs in prevention	SOR Portfolio Administrator				
Local communities will receive funding to implement prevention EBPs		X X			
Implementation and outcomes data		X	X X	X X	X X
Public Health Campaign	Communications Office, SOR Portfolio Administrator	X	X X	X X	X X
WORKFORCE DEVELOPMENT					
Contracting and on-boarding of workforce development components with external state departments, boards, statewide associations and other entities	Office of Legal Services, SOR Project Director	X X			
Stigma reduction education and bias education for special populations including criminal justice, faith-based, medical providers high risk communities and employers	Oversight and participation of SOR Portfolio Administrator	X	X X	X X	X X
Prevention EBP training and technical assistance for local communities	Office of Prevention, SOR Portfolio Manager	X	X X	X X	X X
Prevention, treatment and recovery support services across the lifespan education for youth, young adult, and older adult serving providers and special population services education.	Children’s Treatment Bureau, Office of Prevention, SOR Portfolio Administrator	X	X X	X X	X X
TREATMENT					
Develop community funding for local integration, family support, MAT and recovery support including increased access for special populations including criminal justice, underserved communities, telehealth, and addressing social determinants of health in treatment	SOR Portfolio Administrator, Office of legal services	X			
Implement treatment activities	County ADAMHS boards, community providers, SOR Portfolio Administrator	X	X X	X X	X X
RECOVERY SUPPORTS					
Deploy certified peer trainers in multiple settings to support access and retention in treatment and long-term recovery		X	X X	X X	X X

Provide access to recovery housing		X	X X	X X	X X
Provide paths to employment		X	X X	X X	X X
Expand Recovery Community Organizations		X	X X	X X	X X

Section C: Proposed Evidence-Based Service/Practice

C-1. Evidence-Based Services/Practices

Evidence Based Services and Practices (EBPs) are instructional/intervention procedures or set of procedures for which research shows positive outcomes for children, youth, and/or adults. Ohio Mental Health and Addiction Services (OhioMHAS) will incorporate EBPs for individuals with an Opioid Use Disorder, Stimulant Use Disorder, or Co-occurring Disorder, or those who are at risk of developing the disorders.

Medication-Assisted Treatment for Opioid Use Disorder: Medicated-Assisted Treatment (MAT), including Opioid Treatment Programs, is the use of FDA-approved medications, in combination with counseling and behavioral therapies to treat substance use disorders. The outcomes of MAT include increasing retention in treatment, decreasing drug use and criminal activity, increasing employment, and increasing positive birth outcomes among pregnant women with substance use disorders. Modifications will not be made to MAT as defined by SAMHSA.

PAX: The PAX Good Behavior Game® is a tiered trauma informed instructional and behavioral health strategies used daily by teachers and students in the classroom. PAX outcomes include improving social and emotional learning, enhancing relationships, and increasing self-regulation. Modifications will not be made to PAX.

Peer Recovery Support Services: Individuals attempting to enter or sustain recovery from Opioid Use Disorder, Stimulant Use Disorder, or co-occurring disorder benefit from one-on-one relationships with professionals known as Peer Recovery Supporters. The outcomes of PRS services include setting recovery goals, developing recovery action plans, and solving problems related to recovery, including finding housing, connecting with natural supports, and improving vocational skills. Modifications will not be made to PRS as defined by SAMHSA.

Positive Parenting Program: Positive Parenting Program (PPP) is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. Outcomes for this program include an increase in positive communication, decrease in acting out, and increases in positive interactions with care givers. Modifications will not be made to PPP.

Recovery Housing: Individuals with substance use disorders greatly benefit from peer-run, recovery-oriented housing that offers safe, alcohol- and drug-free environments. Recovery homes are a viable and cost-effective alternative to established recovery-oriented systems of care by providing safe and healthy environments supporting residents in recovery. Modifications will not be made to RH as defined by SAMHSA.

Screening, Brief Intervention and Referral to Treatment (SBIRT): SBIRT is a comprehensive, integrated, public health approach to delivering early intervention and treatment

services for persons with substance use disorders, as well as those at risk of developing these disorders. Outcomes for SBIRT include screening, facilitation of brief interventions, and referral to treatment. Modifications will not be made to SBIRT as defined by SAMHSA.

Supported Employment: Supported Employment (SE) helps individuals participate in the competitive labor market and in finding gainful meaningful employment. Outcomes related to SE include obtaining and maintaining employment of an individual's choosing. Modifications will be made to SE for individuals with an Opioid Use Disorder and Stimulant Use Disorder.

Zero Suicide: The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. Outcomes of Zero Suicide include an increase in quality of care, increase in client safety, and decrease in suicide attempts and completions. Modifications will not be made to Zero Suicide.

Section D: Staff and Organizational Experience

D-1. Experience of the Ohio Department of Mental Health and Addiction Services and Partners

OhioMHAS is well positioned to implement this project and demonstrates capacity and success in implementing SAMSHA discretionary grants. Current and recently concluded SAMHSA discretionary grants directly related to opioid use disorder and this current application are:
State Targeted Response to the Opioid Crisis (Opioid STR) Grant TI-17-014
Target Capacity Expansion: MAT-PDOA TI-I7-017
State Opioid Response Grant (SOR) TI-18-015

County Boards: Publicly funded behavioral healthcare in Ohio is a state-supervised, county-administered system of care. County Alcohol, Drug Addiction and Mental Health (ADAMH) Boards are responsible by state statute for planning, evaluating and contracting for substance abuse services in their counties with state oversight. In some counties, these Boards are known as Mental Health and Recovery Service Boards. OhioMHAS allocates funds to each of the 50 ADAMH Board areas that cover Ohio's 88 counties. The boards, in turn, contract with and support substance abuse and mental health prevention, treatment and recovery programs. County boards complete annual community plans addressing the board's vision to establish a culturally competent system of care and the board's work to achieve that vision. Boards contract for prevention, treatment and recovery supports for persons without Medicaid or other insurance to achieve priorities identified in their community plans.

Governor's Recovery Ohio Plan:

To provide help from all perspectives, Recovery Ohio is composed of an internal state team with representation from several state departments, boards, and commissions. For additional advice and consultation on the best ways to improve our state's response to this crisis, the Recovery Ohio State Team turns to an external group, the Recovery Ohio Advisory Council, who are Governor-appointed experts from public and private sectors with experience in treatment, prevention, recovery support, and criminal justice. This team will provide guidance and oversight drawn from their multidisciplinary perspective and depth of experience in addressing addiction in Ohio.

D-2. Staff Positions for the Project

Project Oversight: The project will be housed in the Grants Administration. Oversight will be provided by Department senior leadership along with key department content experts. The Department Project Oversight Team will meet monthly or as needed to ensure that the project is on track with goals. The Project Oversight Team includes: 1) Director, 2) Medical Director, 3) State Opioid Treatment Authority, 4) Community Planning and Collaboration Assistant Director, 6) Deputy Director, Office of Fiscal Services, 7) Chief, Grants Administration. Each Project Oversight Team member will contribute 0.02 FTE in-kind.

Key Personnel-Project Director will be responsible for leading all phases of the project and will work directly with OhioMHAS and agency partners to develop and implement the plan. Qualifications include: four years' experience in project management, two years' experience in grants administration, strong written and verbal communication skills, general knowledge of workforce planning, and strong public speaking skills. This position is responsible for overseeing implementation of project activities, internal and external coordination, developing materials, and conducting meetings and public presentations. The level of effort will be 1.0 FTE.

Key Personnel-Project Coordinator will track funding streams in Ohio addressing addiction. Qualifications include two years experience in project management, general knowledge of strategic planning, strong written and verbal communication skills, and strong public speaking and presentation skills. This position will assist the Grant Administration Bureau Chief with strategic planning, resource mapping and capacity building. The level of effort will be 1.0 FTE

Additional Staff: The project team will include 5.0 FTE Portfolio Administrators responsible for components of the project under supervision of the project director. An assistant director, administrative assistant and fiscal specialist complete the project team.

Section E: Data Collection and Performance Measurement

The evaluation will assess both the process and impact of the Ohio SOR project, and provide stakeholders with information needed to ensure continuous quality improvement.

E-1. Collect and Report on the Required Performance Measures. OhioMHAS has consistently maintained a follow up rate above 80% for SAMHSA funded grant programs. The participant GPRA will be collected and managed through the Ohio SOR Information System (SORIS). SORIS is a secured data portal only accessible to authorized data collectors and evaluators. SORIS enables staff to collect intake, 6-month follow-up and discharge interviews. OhioMHAS strives for 100 percent for the 6-month follow-up and discharge requirement.

E-2. Data Collection and Management. Programs and staff in the Ohio SOR initiative will conduct face-to-face data collection interviews during enrollment and treatment. The GPRA collector will explain GPRA to participants, secure releases of information, consent to participate and complete a contact Locator Form. GPRA will be uploaded to SORIS, and the SAMHSA Performance and Accountability Reporting System (SPARS) daily. All local program staff will be trained to administer the GPRA tool and upload data into SORIS. All tools will be translated

in the language of recipients to ensure they meet traditional language, norms and values of the target audience.

E-3. Reporting, Tracking, and Performance Management. OhioMHAS and the evaluator will track data entered and provide detailed reports that breakdown participants by provider, service, client, county, and date. Data reviews will determine services leading to stronger outcomes to identify, report, and rectify identified disparities in care. A progress report will be provided to providers, program leadership, and SAMHSA bi-annually.

Table 3: Reporting, Tracking and Performance Management

Responsible Staff	Data Source	Domain	Collection Frequency	Method of Data Analysis
Program staff	GPRA/NOMS	Quality of Life/Functioning (employment, housing, education, criminal justice involvement, social functioning, co- occurring mental health issues)	Intake, 6 months post admission and/or discharge	Descriptive statistics, frequencies, T-tests, regression
Program staff	GPRA/NOMS, collatera l reports	Substance Use	Intake, 6 months and/or discharge	Descriptive statistics, frequencies
Program staff	GPRA/NOMS	Demographics	Intake, 6 months, and/or discharge	Descriptive statistics, frequencies, T-tests,
OhioMHAS evaluation staff	Implementation Questionnaire	Implementation Barriers and Facilitators, Quality Assurance/Improvement	Quarterly	Descriptive statistics, thematic analysis

E-4. Quality Improvement Process. The Project Director will develop a quality improvement process for sub-recipients. Project staff will have monthly calls or on-site visits with sub-recipients to assist in planning, implementing, and sustaining projects. Project staff will undertake quality improvement efforts based on feedback from performance assessments. Should there be deviance(s) from fidelity and/or program barriers, the Project Director will help lead any necessary adjustments to the implementation of the project.

REFERENCES

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017 and 2018.
 Ohio Department of Health, 2018 Ohio Drug Overdose Data: General Findings, May, 2018.
 CURES Targeted Response Initiative, 2019. Ohio Substance Abuse Monitoring (OSAM). May, 2020.
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 Annamalai, A., Singh, N., O’Malley, S. (2015). Smoking Use and Cessation Among People with Serious Mental Illness. *Yale Journal of Biological Medicine*. 88(3): 271-277.

Budget and Budget Narrative

FEDERAL REQUEST – Personnel Narrative

Position	Name	Key Staff	Annual Salary/Rate	Level of Effort	Total Salary Charge to Award
Project Director	Vacant, to be hired within 60 days of anticipated award date	Yes	\$44.40/hr.	100%	\$92,352
Project Coordinator	Vacant, to be hired within 60 days of anticipated award date	Yes	\$35.37/hr.	100%	\$73,570
Assistant Project Director	Vacant, to be hired within 60 days of anticipated award date	No	\$35.37/hr.	100%	\$73,570
SOR Portfolio Administrator (1)	Vacant, to be hired within 60 days of anticipated award date	No	\$27.67/hr.	100%	\$57,554
SOR Portfolio Administrator (2)	Vacant, to be hired within 60 days of anticipated award date	No	\$27.67/hr.	100%	\$57,554
SOR Portfolio Administrator (3)	Vacant, to be hired within 60 days of anticipated award date	No	\$27.67/hr.	100%	\$57,554
SOR Portfolio Administrator (4)	Vacant, to be hired within 60 days of anticipated award date	No	\$27.67/hr.	100%	\$57,554
SOR Portfolio Administrator (5)	Vacant, to be hired within 60 days of anticipated award date	No	\$27.67/hr.	100%	\$57,554
Administrative Assistant	Vacant, to be hired within 60 days of anticipated award date	No	\$19.57/hr.	100%	\$40,706
Senior Financial Analyst	Vacant, to be hired within 60 days of anticipated award date	No	\$25.13/hr.	100%	\$52,270

TOTAL PERSONNEL \$620,238

FEDERAL REQUEST – Justification for Personnel

Project Director will provide daily oversight of the grant and provide leadership for the statewide project implementation. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings.

Assistant Project Director will support the portfolio administrators in managing project implementation and coordinating performance within each project area while monitoring data collection and providing technical assistance to internal and external staff on project goals and requirements.

Project Coordinator will track funding streams coming into the state to address the opioid epidemic. This position will assist the Grant Administration Bureau Chief, responsible for coordinating efforts across state agencies, with strategic planning, resource mapping and capacity building.

SOR Portfolio Administrators (5.0 FTE) will report to the project director and be responsible for managing, tracking progress and ensuring that data collection activities are completed and compiled for their respective project components.

Administrative Assistant (1.0 FTE) will provide project support, scheduling assistance to all members of the SOR team.

Fiscal Senior Analyst (1.0 FTE) will provide fiscal support to the grant. Controls and monitors the distribution of federal grants based on acceptable audit standards and in accordance with applicable state and federal regulations and grant specifications; reviews, codes and processes reimbursement requests through Ohio Shared Services, agency internal funding systems and Ohio Administrative Knowledge System (OAKS).

FEDERAL REQUEST - Fringe Benefits Narrative

Position	Name	Rate	Total Salary Charged to Award	Total Fringe Charged to Award
Project Director	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$92,352	\$31,400
Project Coordinator	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$73,570	\$25,014
Assistant Project Director	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$73,570	\$25,014
SOR Portfolio Administrator (1)	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$57,554	\$19,568
SOR Portfolio Administrator (2)	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$57,554	\$19,568
SOR Portfolio Administrator (3)	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$57,554	\$19,568
SOR Portfolio Administrator (4)	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$57,554	\$19,568
SOR Portfolio Administrator (5)	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$57,554	\$19,568

Administrative Assistant	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$40,706	\$13,840
Senior Financial Analyst	Vacant, to be hired within 60 days of anticipated award date	34.00%	\$52,270	\$17,772

TOTAL FRINGE BENEFITS

\$210,881

FEDERAL REQUEST – Justification for Fringe Benefit

Ohio Department of Mental Health and Addiction Services Fringe Benefits

Fringe Category	Rate
PERS Retirement	14.00%
Medicare	1.45%
Workman's Compensation	0.53%
Insurance	18.02%
Total	34.00%

The fringe benefit rate for full-time employees for years one and two is calculated at 34%.

FEDERAL REQUEST – Travel Narrative

Purpose	Destination	Item	Calculation	Travel Cost Charged to the Award
In-State Travel	Project Sites	Personal automobile mileage	8,000 miles @ .52/mile	\$4,160
In-State Travel	Project Sites	Hotel	\$141/night x 8 persons x 24 nights	\$33,840
In-State Travel	Project Sites	Per Diem (meals and incidentals)	\$69/day x 8 persons x 48 days	\$33,120

TOTAL TRAVEL:

\$57,728

FEDERAL REQUEST: Justification for Travel

In-state travel is needed to attend local meetings, conduct performance management site visits, and training events. Local travel rate is based on organization’s policies/procedures for privately owned vehicle reimbursement rate, hotel rate and per diem.

FEDERAL REQUEST – Supplies Narrative

Item(s)	Rate	Cost
General office supplies	\$200/mo. x 12 mo.	\$2,400
Postage	\$100/mo. x 12 mo.	\$1,200
Computers, office furniture	10 x \$2500	\$25,00

TOTAL SUPPLIES

\$28,600

FEDERAL REQUEST – Justification for Supplies

1. Office supplies, copies and postage are needed for general operation of the project.
2. The computer and office furniture needed for project work.

FEDERAL REQUEST – Contracts Narrative

Infrastructure Contracts			
Name	Service	Other	Cost
1. Evaluation of grant activities and development of evidence-based practices and framework	Provide reporting on the impact of SOR initiatives on substance abuse services and provide training and implementation plans for trauma informed prevention and early intervention.	To Be Bid Out	\$3,500,000
Community Based Contracts			
Name	Service	Other	C

2. Prevention services	Local communities will identify evidence-based practices to implement within cross-system settings targeting prevention and early intervention across the lifespan and focusing on highest risk communities and populations	Grant funding will be provided to the behavioral health system that includes up to 50 county ADAMHS boards and other traditional and nontraditional community-based partners	The total community-based contracts will be \$60,373,132. Communities will determine the balance between areas for costs.
3. Treatment Services	Local communities will implement evidenced based treatment models that support a fully integrated behavioral health system of care.	Grant funding will be provided to the behavioral health system that includes up to 50 county ADAMHS boards and other traditional and nontraditional community-based partners	
4. Recovery Support Services	Local communities will implement recovery supports targeting special populations including older adults, women, parents, veterans, LGBTQ and members of minority communities. Services will include recovery housing, peer support, recovery care coordinators, mentors and supported employment and will engage Recovery Community Organizations.	Grant funding will be provided to the behavioral health system that includes up to 50 county ADAMHS boards and other traditional and nontraditional community-based partners	

5. Outreach, navigation and engagement services	Local communities will implement services to engage individuals in cross system supports and services that address substance use disorders, co-occurring disorders and the social determinants of health.	Grant funding will be provided to the behavioral health system that includes up to 50 county ADAMHS boards and other traditional and nontraditional community-based partners	
State Agency Partnerships			
Name	Service	Other	C
6. Prevention, Treatment and Recovery Support services	Provision of naloxone, tobacco prevention and cessation activities, prevention for older adults and support for early identification and intervention for child welfare involved youth and providers of services to older adults	Inter-state Vouchers to state agency partners such as Ohio Dept of Health, Ohio Dept of Aging, Ohio Dept of Job and family Services, Rehabilitation and Correction and Youth Services	\$13,550,270
Innovation			
Name	Service	Other	C
7. Innovative approaches to integrated care	Utilization of technology to manage co-occurring SUD and mental health conditions including use of web applications and medical devices	To Be Bid Out	\$2,806,703
Data Collection			
Name	Service	Other	C

8. Data Collection and Management	Management of GPRA data collection including training, data collection support and reports	To Be Bid Out	\$1,104,597
Workforce Development			
Name	Service	Other	C
9. Statewide training to support local prevention and treatment programs	Identify locally driven evidence-based services and support training for providers of the services	To Be Bid Out	\$3,613,405
10. Training for Recovery Support Services	Identify gaps in recovery support services and provide training to support increased availability and access to services for special populations	To Be Bid Out	\$3,613,405
Prevention Media Campaigns			
Name	Service	Other	C
11. Targeted Media Campaigns	Messaging campaigns will focus on overdose prevention, the dangers of misuse of opiates and stimulants and the reduction of stigma surrounding addiction and treatment within high risk communities and broader populations.	To be bid out	\$6,201,878

TOTAL CONTRACTS:

\$94,763,390

FEDERAL REQUEST – Justification for Contracts

Infrastructure

1. **Evaluation and framework development:** Ohio's SOR Project include a significant investment in the development and evaluation of evidence-based prevention approaches. Contracted services will provide reporting on the impact of SOR initiatives on substance abuse services and provide training and implementation plans for trauma informed prevention and early intervention. The first strategy will be to develop a framework and structure for trauma-informed prevention practices. This will be accomplished by bringing together experts in the fields of prevention science, trauma, and implementation science. Together, they will develop evidence-based content, materials, and training implementation plans. These materials will then be implemented across the state of Ohio. The second strategy will be to develop a Youth and Young Adult Early Intervention Framework that will provide best practices on how to intervene early to prevent and decrease substance use and mental, emotional, and behavioral problems in young people ages 10-25. This framework will also include specialized materials developed for high-risk youth. As with the first strategy, dissemination and training plans will be established to ensure the framework is implemented throughout the state of Ohio. Finally, the SOR project will conduct a Targeted Response Initiative (TRI) using Ohio's Substance Abuse Monitoring Network (OSAM) to examine the impact of Ohio's SOR initiative on substance abuse services across Ohio, including services targeted toward stimulant misuse.

Community Based Contracts

To ensure Ohio's highest risk populations are being served, OhioMHAS will contract/sub-award with community-based providers, Boards and Recovery Community Organizations (RCO). During the competitive bidding and selection processes, OhioMHAS will provide priority consideration to applicants defining, substantiating with data and addressing those at greatest risk. OhioMHAS reserves the right to identify susceptible populations and negotiate their inclusion in the condition of award.

1. **Prevention Services:** Ohio SOR Project will focus on those at highest risk by using data to target communities, families and older adults for evidence-based prevention services to build resiliency and identify persons for intervention strategies, including those who are utilizing substances while experiencing another behavioral health condition. OhioMHAS will fund local community stakeholders which identify evidence-based practices to implement within cross-system settings targeting prevention and early intervention across the lifespan and focusing on highest risk communities and populations. This will include practices to implement within schools, communities and health care settings. The state will coordinate training to support the implementation of the services. Additional strategies will support prevention services for older adults, black non-Hispanic males and females, and early identification and intervention for children in high risk families through coordinating community, faith-based, school systems and medical providers to ensure prevention for opiate use and stimulant misuse are implemented across the lifespan.

2. Treatment Services: The local partners will implement evidenced based treatment models that support a fully integrated behavioral health system of care. Strategic treatment investments will increase capacity in inpatient, community based residential treatment and outpatient programs that will offer MAT services. Ohio will scale up access to MAT coordination services to assure community-based care coordination and follow-up support including within criminal justice settings, veteran's services and older adult medical provider settings. Ohio will expand community-based treatment capacity by developing partnerships with specialty programs such as urgent care, federally qualified health centers and focus on increasing outpatient substance use disorder treatment options that also administer medically indicated MAT services. Special emphasis in Ohio's increased access to SUD treatments will be engaging providers who can also provide access to recovery peer and community supports, and further engage black communities in treatment services. Ohio will continue to integrate our behavioral health system by building the continuum of care to increase capacity for Ohioans with opioid and substance use disorders but also strengthens the availability of access to a variety of other services including: mobile response stabilization team services (MRSS), community based recovery supports, young adult and older adult sober living housing and recovery housing. This expansion of the continuum of care will address key social determinants related to OUD in the black community.

3. Recovery Support Services: Ohio's SOR Project will support local communities to implement recovery supports targeting special populations including older adults, women, parents, veterans and members of minority communities. OhioMHAS will help support community's development of an integrated approach that involves public health, client services, and recovery supports as essential components to address the complex problem of substance use disorder. Services will include recovery housing, peer support, recovery care coordinators, mentors, education assistance, illness management and supported employment. Programs supported by Ohio's SOR Project will operate in a community setting where fellow recovering persons can share experiences, provide mutual support and gain tools to live a substance free lifestyle. The proposed evidenced based approaches in delivering recovery support services will support the envisioned integrated behavioral health system that strives to address access to healthcare and behavioral healthcare, education, employment and social support networks from a community and social context.

4. Outreach, navigation and engagement services – Funding will assist local stakeholders and community partners to implement activities to engage individuals in cross system supports and services that address substance use disorders, co-occurring disorders and the social determinants of health. Outreach to minority populations devastated by Ohio's opioid crises, such as the Black and Appalachian communities, will be emphasized. Outreach services funded under this grant will also engage Ohio's Certified Peer Recovery Supporters to provide support during and after active treatment. Outreach, navigation and engagement services will also target those Ohioans at-risk and living with HIV. Outreach and engagement peer supporters will assist in navigating patients through testing, help them access other needed services to address social determinants of health such as housing, behavioral health care, physical

health care, education and job training, food and faith.

State Agency Partnerships

1. Successful implementation of Ohio's SOR Project will require engaging sister agencies, including the Ohio departments of Health, Aging, Job and Family Services, Rehabilitation and Correction, and Youth Services. OhioMHAS will use interstate transfer vouchers to support grant activities for specialized populations. Activities will include, for example, the provision of naloxone, tobacco and vaping prevention and cessation activities, prevention services for older adults, supports for early identification and intervention for child welfare involved youth, and assistance to those involved with the criminal and juvenile justice systems.

Innovation

1. Ohio SOR Project includes the development of innovative approaches to integrated care. OhioMHAS will vet and secure a provider to expand the utilization of technology to manage co-occurring SUD and mental health conditions. This will include the use of web applications and medical devices, and help coordinate activities of state agencies and local county systems through an integrated approach to multi-system needs. Innovative technology will especially assist those with co-occurring disorders through partnerships with community behavioral health agencies and ongoing connection to telehealth and recovery support services including housing, MAT, peer recovery supports and vocational programs.

Data Collection

1. To manage statewide SOR GPRA data collection, including training, facilitating follow-up rates, incentives management and monitoring and report development, OhioMHAS will solicit and secure a vendor with demonstrated experience in GPRA reporting and data collecting, collating, analyzing and reporting.

Workforce Development

1. For Ohio SOR to be successful and sustainable, several workforce development efforts must be implemented. Through a competitive process, OhioMHAS will secure an organization to develop statewide workforce development training to support local prevention and treatment programs. Services provided by a workforce development contractor, must include identifying locally driven evidence-based services and support training for providers of the services. The workforce vendor will develop and implement a common curriculum for use across all Ohio Schools of Medicine to train 11,000 undergraduate and graduate medical students per year on pain management and opioid use disorder.
2. Additional workforce services will include the development and training of staffs, advocates and stakeholders to identify and develop recovery support services. OhioMHAS will contract for the development and implementation of curricula which

includes strategies to identify gaps in recovery support services and provides training to support expansion and access to services for SUD populations and SUD special populations. This workforce component will include contracting and on-boarding of workforce development components with external state departments, boards, statewide associations and other entities. Curricula and deliverables must include stigma reduction education and trauma and culturally competent education for special populations including criminal justice, faith-based, medical providers high risk communities and employers. Deliverables must also include prevention EBP training and technical assistance for local communities. Materials must be relevant to prevention, treatment and recovery support services across the lifespan, education for youth, young adult, and older adult serving providers.

Prevention Media Campaigns

1. Grant funds have been allocated for the development and execution of Targeted Media Campaigns. OhioMHAS will contract with organization(s) demonstrating experience with successful media campaigns. The messaging campaigns will focus on overdose prevention, the dangers of misuse of opiates and stimulants, the reduction of stigma surrounding addiction, and treatment options within high risk communities and broader populations. Modes of media may vary due to characteristics of geographic regions, availability of media providers, and target populations.

Construction: Not Applicable

Other: \$0

Indirect Costs: \$513,042

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Total Project Costs
Personnel	\$620,238	\$638,454	\$1,258,692
Fringe	\$210,880	\$217,206	\$428,086
Travel	\$57,728	\$57,728	\$115,456
Equipment	\$0	\$0	\$0
Supplies	\$28,600	\$3,600	\$32,200
Contractual	\$94,763,390	\$94,739,644	\$189,503,034
Other	\$0	\$0	\$0
Total Direct Charges	\$95,680,836	\$95,682,024	\$191,362,860
Indirect Charges	\$516,042	\$514,854	\$1,030,896
Total Project Costs	\$96,196,878	\$96,196,878	\$192,393,756

Data Collection

Data Collection & Performance Measurement	Year 1	Year 2	Total Data Collection & Performance Measurement
			Costs
Personnel	\$0	\$0	\$0
Fringe	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Contractual	\$1,104,597	\$1,104,597	\$2,209,194
Other	\$0	\$0	\$0
Total Direct Charges	\$0	\$0	\$0
Indirect Charges	\$0	\$0	\$0
Total Data Collection & Performance Measurement Charges	\$1,104,597	\$1,104,597	\$2,209,194

The percentage of the budget that will be spent on data collection and performance measurement does not exceed 2% for any budget period.

Infrastructure

Infrastructure Development	Year 1	Year 2	Total Infrastructure Costs
Personnel	\$620,238	\$638,454	\$1,258,692
Fringe	\$210,880	\$217,206	\$428,086
Travel	\$57,728	\$57,728	\$115,456
Equipment	\$0	\$0	\$0
Supplies	\$28,600	\$3,600	\$32,200
Contractual	\$3,500,000	\$3,500,000	\$7,000,000
Other	\$0	\$0	\$0
Total Direct Charges	\$4,417,446	\$4,416,988	\$6,980,000
Indirect Charges	\$199,842	\$198,654	\$398,496
Total Infrastructure Costs	\$4,417,446	\$4,416,988	\$8,834,434

The maximum percentage of the budget that will be spent on infrastructure development for any budget period is 5% (\$4,809,844 of \$96,196,878) in each of Year 1 and Year 2. Salary and Fringe increases in Year 2 with raises consistent with state regulation and Supplies differential from Year 1 to Year 2 are the result of Year 1 one-time purchase of computers for project staff.

Attachment 1: Data Collection and Interview Protocols

GPRM Tool

<https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>

Attachment 2: Statement of Assurance

Appendix C – Statement of Assurance

As the authorized representative of The Ohio Department of Mental Health and Addiction Service (OhioMHAS) , I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health treatment/substance abuse provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: (1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** (2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.² Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.
- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: (1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** (2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative
Lori Criss

Date

² Tribes and tribal organizations are exempt from these requirements.

Attachment 3 Charitable Choice

Statutes and Regulations Form SMA 170 Assurance of Compliance

**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director
APPLICANT ORGANIZATION Ohio Department of Mental Health and Addiction Services	DATE SUBMITTED April 9, 2020



DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

April 7, 2020

Date

Signature of Authorized Official

Lori Criss, Director

Name and Title of Authorized Official (please print or type)

Please mail form to:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W. Room 509F
Washington, D.C. 20201

Ohio Department of Mental Health and Addiction Services

Name of Agency Receiving/Requesting Funding

30 East Broad Street, 36th floor

Street Address

Columbus, OH, 43215

City, State, Zip Code

Attachment 4

Participant Protections

Sample Consent Form

Ohio State Opioid Response Grant Participant Protections

1. Protection of clients and staff from potential risks

There are minimal risks to participants in this project. However, these risks will be minimized and are reasonable given the value of the evaluation process. As described in Section E: Data Collection and Performance Measurement, data will be collected for the GPRA measures using administrative data, surveys, and client-level interviews. The CSAT National Outcome Measures for Discretionary Programs will be used to capture NOMS data. All interviews and surveys will be conducted with individuals in several local communities and with the statewide SOR Leadership Team stakeholders.

Participants in the interviews and surveys include SOR treatment stakeholders who receive services for SOR treatment services. Stakeholders employed by the AOD treatment system are not considered a vulnerable population and should have no trouble understanding the risks and benefits associated with participating in the implementation surveys. Adults connected with the behavioral health system can be considered a vulnerable population and as such the project will ensure they have a sufficient understanding of the risks and benefits and make an informed choice about participating in the evaluation component of this grant. Risks will be discussed with every respondent prior to any interview or survey. Additionally, consent forms will be read to interview participants and participants will have an opportunity to ask questions. If the interviewer does not believe the person has an understanding of the risks and benefits, or that the person cannot make an informed decision, the interviewer will discontinue the evaluation. Surveys will also contain a copy of the consent form and remind participants that consent forms were signed during their first interview.

Risk to individuals is extremely limited on data from existing databases; these databases are restricted to a small number of participating agencies and OhioMHAS staff whose primary work responsibility is to manage and/or perform data analyses. Staff access requires passwords and only specific staff have access to identified data. And staff that work with these data have been trained on HIPAA regulations. Any reports of analyses will include only aggregated data and no individually identifiable information will be included in the reports used to provide information for the GPRA.

- There is no foreseeable *physical harm* that can come to individuals through participating in the interviews or surveys, or from the existing databases. All lab work conducted will be collected as a normal part of treatment and will be carried out by licensed medical professionals.
- We anticipate very minimal *psychological harm* by participating in the evaluation. Some participants may be uncomfortable responding to certain questions during the interviews or answering certain items on questionnaires. All individuals will be informed that their participation is voluntary and that they may skip questions they do not want to answer. Participants will also be informed that the interviewer or a mental health professional (e.g., a mental health therapist) can talk with them if answering any question is uncomfortable. This information will be provided verbally at the beginning of each interview and will be included in the instructions for completion of paper-and-pencil questionnaires.

□ There is limited anticipated *social harm* by participating in the evaluation. All interviews and surveys will be confidential. All interviews will be conducted by individuals trained in research methodology and protection of human subjects. All interviews and surveys will have an identification number attached, and the code sheet with the identification numbers and names will be kept in a separate, password-protected directory accessible by trained research personnel. Consent forms will include this language. Thus there should be no access to information that may result in being treated differently as a result of their participation in this evaluation.

□ There is limited anticipated *economic harm* by participating in the evaluation. The consent forms will contain language assuring participants that anything they share in the interviews and surveys cannot affect any services they receive from their participating provider and that anything they say will not be shared with anyone outside of the persons collecting the information, their treatment provider, and evaluation staff. Persons participating in the client-level outcomes evaluation may be compensated for their participation in the baseline, 6-month, and 12-month interviews. Evaluation incentive monies will be provided to the agencies. Agencies can use this money for incentives, or if they choose, can use it for other evaluation related expenses. The suggested small incentive is \$20 in respect of their time.

□ There is limited anticipated *legal harm*. All responses will be coded with an identification number and responses by individual will not be reported.

□ There is limited anticipated *dignitary harm*. The people conducting the interviews and surveys value and respect all of the individuals participating in the Ohio SOR process and all responses will be treated as valid. Additionally, there will be a sufficient number of individuals who are asked to participate that someone should not feel singled-out, as if they are representing an entire group, or as a token. If a participant makes such remarks the evaluation staff will make every effort to address such concerns.

Additional procedures that will be used to protect participants against potential risks, such as protecting privacy and confidentiality of information and review of evaluation protocols by the Ohio Department of Health Institutional Review Board, are discussed in items 2, 3, 5, and 6.

2. Fair Selection of Participants

The target population for this project includes persons in need of treatment for Opioid and other prescription drug addiction. Another category of individuals in the study will be agency staff and board members and local behavioral health authority representatives and state officials and their staff who are involved in administration of the program and inter-system collaborations. For both groups of individuals, the overriding purpose of the data gathering efforts will be directed toward accessing salient information about progress related to expanding the Ohio SOR principles and practices. Participants will be at least 18 years of age and represent genders as they occur naturally in the population at large. The target population is expected to have racial and ethnic diversity, including individuals who represent Appalachian and other Caucasian ethnicities, as well as those who represent Hispanic/Latino-, African-, Asian-, and Native American populations. Additionally, the target population will capture lifestyle diversity, i.e. GLBTQ. Based on the OhioMHAS Bureau of Research and Evaluation analysis of Behavioral Health Medicaid claims data in our MACSIS database, it is clear that the database is reasonably representative of the population served in Ohio's mental health system. Members of the SOR

Leadership Team, state and local officials and key staff involved in inter-system collaborations will be asked to complete implementation questionnaires at multiple time points. At this time, it is anticipated that all of these individuals will be invited to participate in the project.

3. Absence of Coercion

□ ***Participation will be completely voluntary.*** There are no coercive elements of the project or its evaluation and participants will be informed that their participation is voluntary and that they may withdraw their participation at any time. Collection of the evaluation data is to be considered part of the treatment process and not separated.

All persons involved in activities associated with the Ohio SOR Grant will be given information about the evaluation. They will be informed that their participation in the evaluation is completely voluntary. If the person expresses interest in participating in the evaluation, behavioral health organization staff will meet with the potential participant, describe the evaluation in further detail, review the consent form and solicit their formal participation. Attachment _ contains the consent form that we propose using in this evaluation. In addition to statements about voluntary participation and withdrawal from the evaluation, the form includes a statement that choosing or not choosing to participate will not influence their treatment or standing with any participating organization. Additionally, the oral and written information will be provided in English. However, ASL interpreters are available to assist participants who use American Sign Language, as are interpreters for participants for whom English is a second language.

4. Data Collection

As discussed in the Evaluation Plan (Section E), the members of the SOR Leadership Team, state and local officials and key staff involved in inter-system collaborations will be invited to participate in completing implementation questionnaires. These questionnaires will focus on obtaining information for the grant required process indicators and local evaluation indicators. All interviews, surveys, and administration of data collection instruments will be conducted in a private setting that provides confidentiality, such as an office or a meeting room. Data for the performance assessment, including the required GPRA, will be collected at a minimum of every 3 months. Lab results from participant's drug screenings will be used as a progress indicator; however, no biological specimens will be collected as a part of Ohio's SOR evaluation. Information will be stored on secure, encrypted computers. All material and/or data will be obtained specifically for the project's evaluation purposes. Project management staff will maintain all data collected on password protected, secure and encrypted computers and servers that meet HIPAA requirements.

5. Privacy and Confidentiality

All appropriate measures to ensure confidentiality will be utilized in the evaluation. Paper records of the project will be kept private and in a locked file. Data collection forms will exclude participants' names and will be coded using an ID number. In addition, potentially identifiable information will be de-identified before or during the coding process to the extent possible. One

or two identifiers may be retained so that the same individuals' data can be matched or merged together over data collection points. A master list of matching ID numbers and names will be stored in a locked file, separately from the data. All electronic data files will be password protected.

As stated previously, access to paper and electronic records will be limited to project staff. However, regulatory agencies and SAMHSA may review project records to ensure that the rights of participants are being adequately protected. Any reports that are published will refer to the aggregated data only and will not include any information that will make it possible to identify any participant.

The evaluator and all project staff who handle data will be required to have training in the protection of human research subjects. The training will include the CFR 42, Part II regulations regarding confidentiality of records of patients receiving treatment for drug and/or alcohol abuse, HIPAA regulations, and ethical principles applicable to interviewing & data collection, such as keeping the names of individuals who consent to participate and the information they provide private and confidential, conducting interviews in private areas, informing participants that they may choose not to answer questions and may stop at any time. The evaluators will be asked to sign confidentiality agreements if required by SAMHSA and/or the Ohio Department of Health Institutional Review Board.

6. Adequate consent procedures

Please see the attached Interview and Survey consent form that will be used prior to collecting information from participants in the project. The Ohio Department of Health Institutional Review Board will be asked to review the consent form and provide recommendations for modifications, as necessary, to ensure that the consent procedure is adequate.

The informed consent emphasizes the voluntary nature of the participation; right to withdraw from the project at any time without prejudice; the anticipated uses of the data to be collected, procedures for maintaining confidentiality of data collected; and potential risks, as well as project resources to protect participants against such risks. The consent form attached will be reviewed verbally with all participants. Reading the consent form to all participants should make it understandable to participants. Copies will be given to all participants. As stated previously, ASL interpreters are available to assist participants who use American Sign Language, as are interpreters for participants whom English is a second language.

7. Risk/Benefit Discussion

There are minimal risks to participants in the interviews and surveys. The benefits of participation include an opportunity to participate in a statewide initiative to expand the SOR principles and practices in Ohio, ensure that services are participant-driven, and to develop approaches to enhance and sustain integrated service collaboration. Please see additional discussion on risks and benefits in subsection 1 above.

Sample Consent Form

THE OHIO STATE OPIOID RESPONSE GRANT (SOR)

You have been identified as a potential participant in the SAMHSA funded State Opioid Response Grant. As a result, you may be eligible for certain substance use treatment and support services offered through this project. Your participation is voluntary.

Background Information: The purpose of this project is to address the unique needs of individuals living with a substance use issue living in the community; and to determine through an evaluation process if selected treatment and support interventions impact participant wellness and success within the community.

Procedures: While enrolled in the SOR program, we may ask you to participate in the following things:

1. On-going assessments to assist you in determining your treatment and support needs and to develop and monitor your individualized case plan.
2. Three confidential interviews, at the beginning of the program, every six months into the program, and at its completion. Each interview will last approximately 30-45 minutes and will occur at a mutually agreed upon location and time. You will be asked questions about your satisfaction with the services that have been provided and about various aspects of your life, including your housing, health, mental health, employment, criminal justice involvement, and overall functioning. We will be using the data we collect from you to evaluate if participants' qualifying condition and quality of life improves as a result of the program. Your participation in the evaluation component of the program is voluntary. If you choose not to participate in the evaluation, it will not affect your current services, your relationship with your treatment providers, or other support services. If you decide you do not want to participate any longer you can tell the interviewer directly or tell your treatment provider.

Risks and Benefits to participating in SOR services and study: The only foreseeable risk of participating is the possibility of experiencing some emotional distress when answering some questions. If such feelings arise, you may skip the question, or discuss them with your therapist or case worker. You may benefit from the services provided.

Who is collecting the information: The SOR Program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Confidentiality: Your records will be kept private as required by law. Everything we talk about will be between us and the project staff. The only exception is if you talk about harming yourself or someone else. By law we are required to report if you are planning to harm yourself or others.

In addition:

*All assessment responses that you provide will only be used to assist you in addressing your short and long term recovery support needs. It will not be shared with anyone without your written, informed consent.

*Service evaluation information will go directly to the evaluation associate (GPRA data collector). Your responses will be kept in a locked file cabinet. To keep your answers private, your name will not appear anywhere on the interview. We will use a number instead of your name. Your answers to the questions will be put together with many other people's answers and there will be no way to know whose answers are whose. In any report we might publish, we will not include any information that will make it possible to identify you. Access to the records will be limited to the project staff.

Statement of Understanding and Consent

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I have read the above information. I have received answers to questions I have asked.

I agree to participate in the SOR Program.

I consent to participation in SOR Program confidential surveys and program evaluation and I am at least 18 years of age.

I agree to share information regarding my treatment and services I receive as a result of this grant.

I have been provided a copy of this form.

Signature Date

Witness Date

Attachment 5 – Biographical Sketches and Position Descriptions

Position Descriptions:

1. Project Director
2. Assistant Project Director
3. SOR Portfolio Administrator
4. Project Coordinator

POSITION DESCRIPTION

AGENCY/DEPT ID DMH111109

DIVISION OR INSTITUTION
Central Office

UNIT OR OFFICE
Grants Administration

COUNTY OF EMPLOYMENT
Franklin

This row is for Program Administrators & Project Managers ONLY

Identify Program or Project

Estimated Duration of Project

Reclassification

New Position

Update

Position Hyperlinked to

Agency Organizational Tree

USUAL WORKING TITLE OF POSITION
Project Director – SOR 2.0

POSITION NO. AND JOB TITLE OF IMMEDIATE SUPERVISOR
MHA 6

Permanent
Temporary
Intermittent

Classified
Unclassified

Overtime: Eligible
 Exempt
If FLSA Exempt, exemption type: Administrative

Filled
Vacant

Bargaining Unit
Exempt – 22

Page 1 of 1

NORMAL WORKING HOURS (Explain unusual or rotating shift):

FROM: 8:00 am

TO: 5:00 pm (Hours may vary depending on operational need)

JOB DESCRIPTION

%	Job Duties in Order of Importance	Knowledge, Skills & Abilities
70	<p>Under administrative direction, manages complex program (i.e., State Opioid Response Project (SOR)): Works directly with OhioMHAS and agency partners to develop and implement project plan and ensure compliance; ensures policies, procedures, directives and objectives are in line with mission and goals of the program; defines and implements project requirements, quality standards and time lines; defines specific activities to be performed to produce project deliverables; designs, implements, and monitors quality initiatives and determines if changes need to be made for optimum service delivery; provides regular progress reports; determine the need for and allocates appropriate resources and assists in budget planning; determines and evaluates testing and pilot program for project; analyzes, identifies, and evaluates risks that may affect project; supervises and directs assigned professional, technical, administrative, and clerical staff.</p> <p>Performs public relations duties: oversees and leads the promotion and marketing of the program and its benefits; meets with stakeholders to determine needs and expectations, obtains and evaluates feedback, recommends and implements necessary change; serves as agency representatives for project in public forums (e.g., focus groups, other state agencies, county agencies, media, and legislature); makes project presentations to organizations, providers, and agency partners; attends meetings, conferences and workshops on related topics; performs other duties/tasks as assigned.</p>	<p>Knowledge of: 1) project management; 2) curriculum development; 3) general management; 4) budgeting; 5) public relations; 6) marketing/promotion; *7) agency policies & procedures Skill in: 8) use of personal computer & *associated agency software (e.g., project planning software, presentation software, spreadsheet applications) Ability to: 9) manage multiple demands or tasks on projects or programs; 10) solve problems involving several variables in unique situations; 11) review & evaluate project progress; 12) develop & deliver presentations; 13) communicate effectively on project information in a team setting; 14) assess needs of defined population & develop services to meet those needs & evaluate effectiveness of services delivered; 15) handle sensitive contacts with & resolve complaints from representatives of governmental agencies, stakeholders, & public.</p> <p>This is unclassified pursuant to Ohio Revised Code 124.11 (A)(9), and as such holds a fiduciary responsibility as designee to manage the activities to strengthen Ohio's response to the state opioid epidemic. The maximum duration of employment for this position will be through September 29, 2020.</p> <p>*obtained after employment</p>
30		

POSITION NUMBER

JOB TITLE
Mental Health Administrator 5

JOB CODE
65225

List Position Numbers & Job Titles of Positions Directly Supervised: Mental Health Administrator 4: 20095053, 20095054, 20095055; Mental Health Administrator 3: 20038234; Administrative Assistant;

SIGNATURE OF APPOINTING AUTHORITY

DATE

05/13/2020

POSITION DESCRIPTION

AGENCY/DEPT ID DMH111109

DIVISION OR INSTITUTION
Central Office

UNIT OR OFFICE
Grants Administration

COUNTY OF EMPLOYMENT
Franklin

This row is for Program Administrators & Project Managers ONLY

Identify Program or Project

Estimated Duration of Project

Reclassification

New Position

Update

Position Hyperlinked to

Agency Organizational Tree

USUAL WORKING TITLE OF POSITION

Assistant Project Director – SOR 2.0

POSITION NO. AND JOB TITLE OF IMMEDIATE SUPERVISOR

20095052 – Mental Health Administrator 5/Project Director

Permanent
 Temporary
 Intermittent

Classified
Unclassified

Overtime: Eligible
 Exempt
If FLSA Exempt, exemption type: Administrative

Filled
 Vacant

Bargaining Unit
Exempt – 22

Page 1 of 1

NORMAL WORKING HOURS (Explain unusual or rotating shift):

FROM: 8:00 am

TO: 5:00 pm (Hours may vary depending on operational need)

JOB DESCRIPTION

%	Job Duties in Order of Importance	Knowledge, Skills & Abilities
60	Under close direction of project director, manages aspects of a complex program (i.e., State Opioid Response Project (SOR): Works directly with OhioMHAS and agency partners to implement project plan and ensure compliance; ensures policies, procedures, directives and programs are in line with mission and goals of the SOR Project; implements project requirements, quality standards and time lines; defines specific activities to be performed to produce project deliverables; implements, and monitors quality initiatives and communicates changes needed for optimum service delivery; coordinates regular progress reports; determine the need for and allocates appropriate resources and assists in budget planning; implements strategies to mitigate risks that may affect project; supervises and directs assigned professional staff.	Knowledge of: 1) project management; 2) curriculum development; 3) general management; 4) budgeting; 5) public relations; 6) marketing/promotion; *7) agency policies & procedures Skill in: 8) use of personal computer & *associated agency software (e.g., project planning software, presentation software, spreadsheet applications) Ability to: 9) manage multiple demands or tasks on projects or programs; 10) solve problems involving several variables in unique situations; 11) review & evaluate project progress; 12) develop & deliver presentations; 13) communicate effectively on project information in a team setting; 14) assess needs of defined population & develop services to meet those needs & evaluate effectiveness of services delivered; 15) handle sensitive contacts with & resolve complaints from representatives of governmental agencies, stakeholders, & public. This is unclassified pursuant to Ohio Revised Code 124.11 (A)(9), and as such holds a fiduciary responsibility as designee to manage the activities to strengthen Ohio's response to the state opioid epidemic. The maximum duration of employment for this position will be through August 30, 2022. *obtained after employment
25	Ensures activities related to implementation of funding are completed, monitors project performance including data collection, outcome measures, budgetary compliance and report submission. Utilizes knowledge of federal funding guidelines, state procurement processes and regulations to ensure that project funding is compliant with all relevant restrictions and requirements. Supports the development of funding opportunities and provides technical assistance to internal and external staff in the development of funding agreements	
15	Provides technical assistance to project staff internally and externally on matters related to data collection, performance and outcome measures, implementation barriers and other project requirements including reporting, other duties as assigned.	

List Position Numbers & Job Titles of Positions Directly Supervised: Mental Health Administrator 3 – SOR 2.0 Portfolio Manager, 6 positions

SIGNATURE OF APPOINTING AUTHORITY

DATE

05/13/2020

POSITION NUMBER

JOB TITLE
Mental Health Administrator 4

JOB CODE
65225

POSITION DESCRIPTION

AGENCY/DEPT ID DMH111109

DIVISION OR INSTITUTION
Central Office

UNIT OR OFFICE
Grants Administration

COUNTY OF EMPLOYMENT
Franklin

This row is for Program Administrators & Project Managers ONLY

Identify Program or Project

Estimated Duration of Project

POSITION NUMBER

Reclassification New Position Update Position Hyperlinked to
Agency Organizational Tree

USUAL WORKING TITLE OF POSITION: SOR Project Coordinator
POSITION NO. AND JOB TITLE OF IMMEDIATE SUPERVISOR: 20095052 – Mental Health Administrator 5/Project Director

Permanent
 Temporary
 Intermittent
 Classified
 Unclassified
 Overtime: Eligible
 Exempt
 If FLSA Exempt, exemption type: Administrative
 Filled
 Vacant
 Bargaining Unit Exempt - 22
 Page 1 of 1

NORMAL WORKING HOURS (Explain unusual or rotating shift):
FROM: 8:00 am TO: 5:00 pm

JOB DESCRIPTION

JOB TITLE
Mental Health Administrator 4

%	Job Duties in Order of Importance	Knowledge, Skills & Abilities
50	In collaboration with Ohio Dept of Mental Health and Addiction Services leadership coordinate & implement communication systems to prevent duplication in efforts across Ohio Dept of Mental Health and Addiction Services offices and other state agency programs as part of Ohio State Opioid Response (SOR) Project: lead and manage activities to identify high-impact opportunities to strengthen Ohio's comprehensive response to the state addiction and co-occurring issues by facilitating collaborations within & across systems of care and between offices within Ohio Dept of Mental Health and Addiction Services. Coordination of funding opportunities and alignment with state and federal funding opportunities across state agencies to ensure maximum impact of resources within communities.	Knowledge of: 1) general management; 2) public relations; *3) agency policies & procedures; 4) applicable federal & state standards & regulations; 5) mental health technology, social work or comparable field, special education, psychology or rehabilitation; 6) budgeting; 7) training & development (e.g., motivational interviewing); 8) process improvement Skill in: 8) computer software programs (i.e., Microsoft Office Suite, *agency online learning management systems, *Certain) Ability to: 9) define problems, collect data; 10) maintain records; 11) establish facts & draw valid conclusions; 12) write, letters, papers & reports; 13) handle sensitive telephone & face-to-face inquiries & contacts with general public, community groups & other governmental agencies; 14) write &/or edit program policies & guidelines & reports, assess needs of defined population & evaluate services delivered; 15) gather, collate & classify information about data, people or things; 16) prepare and deliver speeches/presentations before specialized audiences and general public. Knowledge of: 2, *3, 5, 6, 7 Skill in: 8 Ability to: 9, 10, 11, 12, 13, 14, 15 *obtained after employment This is unclassified pursuant to Ohio Revised Code 124.11 (A)(9), and as such holds a fiduciary responsibility as designee to manage the activities to strengthen Ohio's response to the state opioid epidemic.
20	Collaborate with internal and external partners to identify opportunities to access funding to support shared goals; maintain consistent contact with relevant committees and councils and create communication pathways for collaborative discussion of strategies to coordinate federal and state funding resources	
15	Collaborate with local community leaders and state agencies to build a sustainable plan for funding priorities within the SOR Project; identify relevant outcomes; prepare comprehensive and complex reports to communicate results and recommendations to appropriate sustainability partners.	
15	Identify national partners to support best practices within funding coordination across state and federal sources; develop and communicate Ohio-specific best practices for workflows to secure federal funding and implement programs within comprehensive behavioral health systems that are not duplicative; identify and implement communication pathways for data sharing regarding outcomes and programmatic components including barriers and successes in implementation of federal and state resources; other duties as assigned.	
	The maximum duration of employment for this position will be through August 30, 2022.	

JOB CODE
65524

List Position Numbers & Job Titles of Positions Directly Supervised:	DATE
	05/13/2020

POSITION DESCRIPTION		AGENCY/DEPT ID DMH111109		
DIVISION OR INSTITUTION Central Office		UNIT OR OFFICE Grants Administration	COUNTY OF EMPLOYMENT Franklin	
This row is for Program Administrators & Project Managers ONLY		Identify Program or Project	Estimated Duration of Project	
POSITION NUMBER	Re <input type="checkbox"/> classification New <input checked="" type="checkbox"/> Position Up <input type="checkbox"/> date		Position Hyperlinked to <input type="checkbox"/> Agency Organizational Tree	
	USUAL WORKING TITLE OF POSITION SOR Portfolio Administrator		POSITION NO. AND JOB TITLE OF IMMEDIATE SUPERVISOR 20095052 – Mental Health Administrator 5/Project Director	
	<input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Intermittent	<input type="checkbox"/> Classified <input checked="" type="checkbox"/> Unclassified	Overtime: <input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Exempt If FLSA Exempt, exemption type: Administrative	<input type="checkbox"/> Filled <input checked="" type="checkbox"/> Vacant Bargaining Unit Exempt - 22 Page 1 of 1
	NORMAL WORKING HOURS (Explain unusual or rotating shift): FROM: 8:00 am TO: 5:00 pm			
	JOB DESCRIPTION			
	%	Job Duties in Order of Importance	Knowledge, Skills & Abilities	
	40	Provides coordination and management of day to day fiscal and programmatic activities of specialized, statewide programs within Ohio State Opioid Response (SOR) Project; conducts weekly reviews of fiscal expenditures and obligations under direction of the project director, assists project personnel regarding funding sources and requirements, manages timelines for preparation of reports for state and federal purposes, manages funding proposal development and evaluation of applications using extensive knowledge federal and state funding regulations, coordinates monthly and weekly reports on implementation progress of funded proposals and programs.	Knowledge of: 1) general management; 2) public relations; *3) agency policies & procedures; 4) applicable federal & state standards & regulations; 5) mental health technology, social work or comparable field, special education, psychology or rehabilitation; 6) budgeting; 7) training & development (e.g., motivational interviewing); 8) process improvement Skill in: 8) computer software programs (i.e., Microsoft Office Suite, *agency online learning management systems, *Certain) Ability to: 9) define problems, collect data; 10) maintain records; 11) establish facts & draw valid conclusions; 12) write, letters, papers & reports; 13) handle sensitive telephone & face-to-face inquiries & contacts with general public, community groups & other governmental agencies; 14) write &/or edit program policies & guidelines & reports, assess needs of defined population & evaluate services delivered; 15) gather, collate & classify information about data, people or things; 16) prepare and deliver speeches/presentations before specialized audiences and general public. Knowledge of: 2, *3, 5, 6, 7 Skill in: 8 Ability to: 9, 10, 11, 12, 13, 14, 15 *obtained after employment This is unclassified pursuant to Ohio Revised Code 124.11 (A)(9), and as such holds a fiduciary responsibility as designee to manage the activities to strengthen Ohio's response to the state opioid epidemic.	
	30	Prepares summary reports on funding areas for the project director, monitors and reports on spending within project areas to the project director while ensuring compliance and accountability for community agencies and boards, coordinates and manages data reporting on performance of state and local programs using extensive knowledge of federal requirements.		
	20	Collaborate with SOR Project Coordinator to ensure funding information including proposals, evaluations and project implementation timelines are communicated with stakeholders, ensures that outcomes and other reports are communicated to relevant partners within Ohio Dept of Mental Health and Addiction Services and across state agencies		
	10	Support the development of grant proposals by gathering relative data and outcomes reports, supervise the work of the Administrative Professional 2, other duties as assigned.		
The maximum duration of employment for this position will be through August 30, 2022				
JOB TITLE	Mental Health Administrator 3			
JOB CODE	65524			
List Position Numbers & Job Titles of Positions Directly Supervised: Administrative Professional 2			DATE 05/13/2020	