

**THE CENTER FOR** EST. 1913  
**COMMUNITY SOLUTIONS**  
RESEARCH • ANALYSIS • ACTION

## **Substance Use Prevention in Ohio: Programs, Policies, and Funding to Target Addiction Before it Starts**

Brie Lusheck, Public Policy Associate

Adam White, Graduate Assistant

Tara Britton, Lynde Fellow & Director of Public Policy

*State Budgeting Matters*

Volume 13, Number 11

November, 2017

# Substance Use Prevention in Ohio: Programs, Policies, and Funding to Target Addiction before it Starts

Brie Lusheck, Public Policy Associate

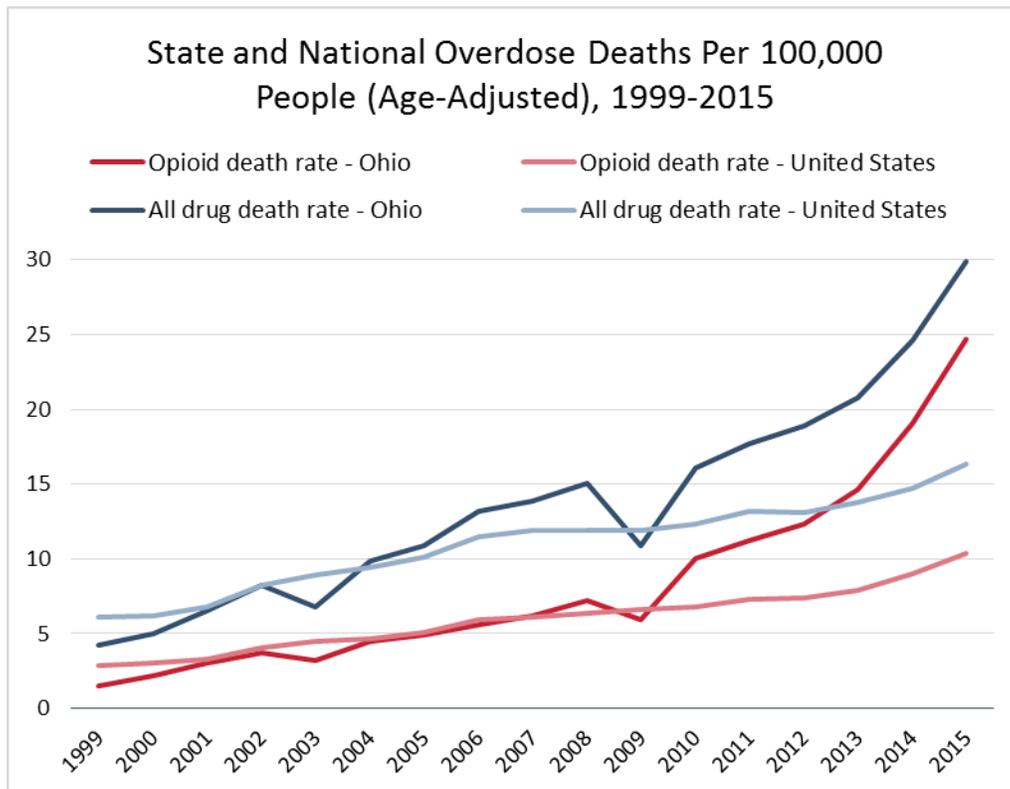
Adam White, Graduate Assistant

Tara Britton, Lynde Fellow & Director of Public Policy

November, 2017

## Introduction

Ohio has been referred to as “Ground Zero” for the opioid and drug addiction crisis that continues to take a deadly toll on communities across the nation. Over 4,000 Ohioans died of an unintentional drug overdose in 2016.<sup>1</sup> Drug overdoses are the leading cause of death for Americans under the age of 50, and Ohio has the second highest rate of overdose deaths of any state in the nation.<sup>2</sup> And while opioid overdoses receive the most attention, overdose deaths involving other drugs, including alcohol and cocaine, are also increasing. As shown in the figure below, Ohio’s overdose death rate, which has exceeded the national average for most of the past two decades, has risen even more sharply than the rest of the country in recent years. To combat this trend, more work needs to be done to prevent addiction from happening in the first place. It is vital that investments of time and resources align with strategies that will reduce the burden of drug addiction on individuals, families, and communities by addressing the root of the problem.



Source: Kaiser Family Foundation, (2017).<sup>3</sup>

In this issue of *State Budgeting Matters*, The Center for Community Solutions (CCS) seeks to provide a landscape of the state's efforts to address drug addiction through prevention. By highlighting strategies at work throughout the state, CCS hopes to shed more light on upstream prevention strategies that may change the game for future generations.

Ohio's biennial budget invested over \$180 million to fund a variety of programs targeting addiction, including prevention and workforce development. The federal government passed legislation last year-- the 21st Century Cures Act—that provided \$1 billion across the nation, and up to \$26 million per year in Ohio over the next two years, to fight the opioid crisis. Even further, in late October, 2017, President Trump declared the opioid epidemic a public health emergency allowing for, among other measures, increased regulatory flexibility and ability of the Secretary of Health and Human Services to waive program rules to address the crisis.<sup>4</sup>

Ohio has enacted several pieces of legislation since 2011 targeting everything from pill mills and prescribing recommendations, to making naloxone (an injectable or inhalable substance that can reverse opioid overdoses) available for first responders and individuals who may know someone with an addiction. Changes in state law have also increased the use of the Ohio Automated Rx Reporting System (OARRS), Ohio's prescription drug monitoring program, in an effort to reduce the practice of "doctor shopping" and ensure that patients are appropriately being prescribed controlled substances. Additionally, Governor Kasich introduced the "Start Talking!" Program in 2014, which encourages parents and/or community members to start conversations with young adults in their homes or communities about the dangers associated with illicit and prescription drug use.<sup>5</sup>

### **Substance Use Prevention**

Ultimately, directing efforts upstream to prevent substance use plays a major role in quelling the opioid crisis. The Substance Abuse and Mental Health Services Administration (SAMHSA), under the U.S. Department of Health and Human Services (HHS), is the federal agency responsible for advancing the behavioral health of the country. SAMHSA provides a framework for a continuum of care for substance use and mental health, which includes promotion and prevention. Promotion seeks to "create environments and conditions that support behavioral health and the ability of individuals to withstand challenges."<sup>6</sup> Prevention involves "interventions that are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use."<sup>7</sup> Prevention occurs before the onset of a behavioral health disorder.

Within the broad concept of prevention, there are different categories of prevention strategies. Each category is vital to providing services within the continuum of care. While this report focuses on substance use prevention, this continuum also applies to mental health. It is important to emphasize the relationship between mental illness and substance use disorder. A 2014 report from the National Survey on Drug Use and Health (NSDUH) showed that, of adults with any mental illness, 18.2 percent had a substance use disorder, but for adults with no mental illness, 6.3 percent had a substance use disorder.<sup>8</sup>

The most commonly known prevention strategies fall within the category of *universal* prevention.<sup>9</sup> This refers to interventions and strategies that target the general population. Effective prevention strategies, particularly universal prevention, build skills that promote healthy decision-making and life choices that protect against many negative outcomes such as substance use, bullying, and suicide. Other categories of prevention are also increasingly important in the midst of the opioid crisis. The other categories of prevention take into account risk levels of the target population of developing a substance use disorder. In the current environment, as more people and families are impacted by substance use disorders, risk factors for developing such disorders are also increasing. *Selective* prevention strategies target individuals or subgroups whose risk level for developing a substance use disorder is higher than average. An example of selective prevention is peer support groups for people with a family history of substance use. *Indicated* prevention applies to individuals who are beginning to show signs or symptoms of substance use disorder. An example of indicated prevention is a parenting skills class for parents who are in treatment for substance use.

This report will focus primarily on universal prevention methods and strategies, but as the opioid crisis continues to take a toll, all categories of prevention will play a critical role in protecting future generations from falling into the cycle of addiction.

There are tools that are available to assist communities and schools with finding evidence-based prevention practices. The SAMHSA Registry of Evidence-Based Practices, is a searchable database that is easily accessible to the public to aid communities with finding proven models that may work best in their communities. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, lists over 40 evidence-based prevention programs and policies, divided by prevention category (universal, selective, and indicated) and the target population they are best suited for. These tools allow communities to align prevention practices with the populations they may serve using proven strategies for those populations. The President's Commission on Combating Drug Addiction and the Opioid Crisis released a report in early November, 2017 which outlines 57 recommendations. Included in the report are five highlighted universal prevention programs, two selective prevention models, and three indicated prevention program models.

It is important to note that a strong behavioral health workforce is instrumental to implementing effective evidence-based prevention strategies. The state of Ohio licenses prevention professionals through the Ohio Chemical Dependency Board.

### **Prevention Education**

Prevention education can mean many different things to different people. When considering the need for prevention education as a tool to reduce the number of Ohioans becoming addicted and dying from drug overdoses each year, there is discussion about where prevention education should be focused. Experts debate whether prevention efforts should take place in the community or in the classroom and to what target audience. Should the focus be on children or on the highly impacted and hard-to-target population who is already out of school but still at risk, where experts suggest a significant amount of first-time drug users are coming from?

Preventing an individual from engaging in unhealthy activities, especially drug use should be reinforced throughout an individual's life.

The Strategic Prevention Framework (SPF) is a guide provided by SAMHSA for communities and schools to assess and plan ways to combat addiction in their communities.<sup>10</sup> The framework allows schools and communities to gauge both the needs and issues they are facing to successfully develop or use already developed outcome-based and education-based prevention strategies in whatever environment they deem appropriate. In many communities, SPF assists experts in determining to what level individuals in the community are ready to accept a problem and move forward. For some communities, the initial data-based decision-making that is done with SPF tools is useful in engaging community members and helping them to develop an understanding of a problem they may be facing. The SPF is adaptable to any organization or community prevention program and is used in a similar way in education environments. Programs like Students and Families Engaging to Halt Opioid Misuse (SAFE HOME) in Stark County and the Lucas County Heroin & Opiate Initiative used SPF when developing their programming.

### **School-Based Prevention**

School-based prevention programs look different in every community, as there are no official state standards regulating them. Traditional prevention programs, such as Drug Abuse Resistance Education (DARE), have been educating students since the early 1980s when the nation was consumed by the War on Drugs and the "Just Say No Policy."<sup>1</sup> Early prevention education often incorporated "scare tactics," that were used to scare individuals, oftentimes children, into abstaining from drug use. These tactics have since been academically refuted,<sup>11</sup> and have been argued to produce contrary behavior to the desired outcome.

State leaders have taken active roles in understanding and utilizing the prevention programs that exist around Ohio. Identifying the prevention programs used by each school district can often be difficult. Many districts throughout the state contract with local boards and community behavioral health providers for their prevention education requirements, while others work with local law enforcement, and many districts have a prevention specialist on staff to teach evidence-based curriculum.

### *SAFE HOME*

Classified as a community-based prevention program, SAFE HOME is a county-wide program in Stark County. The program was driven by active involvement from community experts, parents, and teachers to focus prevention education around social norms, family norms, community norms, and social access. The goal of the program is to reach students in grades 4, 5, 8, and 10 to build protective factors around students, such as self-control, parental engagement, anti-drug use public policies, and more.

---

<sup>1</sup> "Just Say No" is drug free prevention policy developed under President Ronald Reagan in 1984.

After one year of implementation, data suggest that the program encouraged student-parent interaction at all grades. The fourth and fifth grade findings included enhanced pro-social behavior in addition to parental engagement. The eighth and tenth grade findings were similar, with enhanced views of adult support in the community and greater parental support. An interesting finding specific to the eighth grade was a greater sense of belonging and decreased expectation of peer drug usage, two factors that have proven to have a strong correlation with drug usage among school-age children.

#### *DARE*

Drug Abuse Resistance Education, better known as DARE, may arguably be the most widely known prevention program in the country. Originally created in Los Angeles as a collaboration between the health service department, the local department of education, and the police department, DARE has spread across the country and is in over 150 Ohio law enforcement agencies.

The DARE program introduces children to police officers with visits starting at a young age, with the core program centering on educating students in grades five or six. The program is evidence-based and rewritten every five to seven years by advisory boards that include prevention specialists. The program itself is based on positive decision-making skills to make direct impacts on high-risk behaviors.

#### *PAX Good Behavior Game*

The PAX Good Behavior Game is a trauma-informed, universal prevention intervention program that is evidence-based and used around the country. The program trains teachers to engage elementary age students in developing good decision-making skills that translate throughout their educational careers and life. It is integrated into classrooms to teach children to think, act, and speak in a positive way that is agreed upon by the classroom as a whole to create a vested interest by all students, high-risk and not.

Wright State University has studied the data associated with schools and classrooms that have implemented the PAX Good Behavior Game. Key findings include an elementary school that experienced a 70 percent decrease in problematic behavior, a 60 percent decrease in office visits in a different Ohio elementary school, and a 50 percent decrease in drug and alcohol use through adolescence and adulthood.<sup>12</sup>

#### *Start Talking!*

“Start Talking!” is a statewide initiative started by Governor Kasich to start and continue conversations with youth at home, at school, and in the community to encourage a drug-free lifestyle. The initiative is focused on empowering parents and all adult leaders who have roles in youths’ lives to have the tools necessary to confidently lead those conversations.

The initiative is made up of different programs and tools centered around the principle that “children of parents who talk to their teens about drugs are 50% less likely to use.”<sup>13</sup> Fact sheets are available through the initiative’s “Know” program. Know is a program of the Drug Free Action Alliance. It offers tips and facts for adults to start and continue conversations about

drugs with children in their homes and communities. Start Talking! has partnered with faith leaders and teachers to expand and adjust the available guidance to better meet the needs of the students they serve in the proper settings.

Start Talking! is currently developing a K-12 curriculum to be offered to districts and teachers around the state at no cost, to provide the resources and tools necessary to expand a drug-free conversation throughout each student's academic career.

### **Community-Based Prevention**

Though many think of education-based prevention when hearing the word "prevention," the opioid epidemic has transitioned the focus of many prevention specialists from school-based prevention to community-based prevention. Often, community-based prevention includes school settings but further expands the audience and resources to envelop the health of the community as a whole.

#### *Lucas County Heroin & Opiate Initiative*

The Lucas County Heroin & Opiate Initiative is a community-based prevention program formulated from the SPF by targeting the behavioral health continuum of care model. Different programs and services are put in place to target specific populations and areas of the community. The program's universal interventions are focused on the general public and those whose level of risk has yet to be identified. The selected group's interventions are focused on individuals who are at a higher risk of developing negative behaviors.

The program partners with community agencies, professional groups, churches, block watch groups, schools, and other community groups, but specifically focuses on special populations like high school students and senior citizens. Surveys are distributed to these groups and then the initiative creates the program based on the results and what the community specifically needs.

#### *Coalition for a Healthy Community*

The Coalition for a Healthy Community in Butler County works with the local school system and community leaders to provide wraparound programming for the Oxford area. The coalition is made up of workgroups that focus on key healthy community initiatives. Initiatives include working with realtors to protect prescription medicines during open houses and providing training to local police departments and the local university. Collaborating with such organizations allows the coalition the ability to create a community-wide footprint.

The Coalition for a Healthy Community-Oxford Area has a partnership with Talawanda School District, employing community-based prevention approaches to drive the district's prevention programming. The district developed a health-based curriculum informed by the Search Institute's 40 Developmental Assets for Adolescents.<sup>14</sup> These assets come together to create the building blocks for healthy adolescent development, which will, in turn, reinforce additional prevention conversations and decision making. Assets focus on support, empowerment, boundaries, expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.

Apart from the curriculum, the district and community come together to work through how well they are addressing non-education-related barriers in a student's life. These barriers frequently exist in the community, where more than half a student's time is spent. The Health Coordinating Council is made up of nurses, lunch workers, teachers, and other community and school members who play active roles in students' lives.

### **Funding Streams for Prevention Programming**

Ohio's behavioral health system, including substance use prevention programming, is largely planned and operated at the local level, with support from federal, state, and local funding sources. Funding from all levels of government flows through Ohio's 50 county or multi-county behavioral health authorities, referred to as Alcohol Drug Abuse and Mental Health Services (ADAMHS) Boards, serving all 88 counties. Rather than provide direct services, these boards plan and evaluate prevention, treatment, and recovery programs, and contract accordingly with a variety of providers to deliver these services.

#### *Federal Funding*

The single greatest source of prevention funding in Ohio comes from the Substance Abuse Prevention and Treatment Block Grant (SAPT or SABG) awarded by SAMHSA. Over the 2018-2019 biennium, the Ohio Department of Mental Health and Addiction Services (ODMHAS) is set to receive nearly \$132 million from this grant, which will primarily be used to distribute funds to local boards for prevention, treatment, and recovery support services.<sup>15</sup> SAMHSA specifically requires a minimum of 20 percent of these funds to be spent on prevention and early intervention programs. For Fiscal Year 2018, ODMHAS is distributing over \$10.7 million for evidence-based and culturally appropriate prevention efforts to county ADAMHS boards on a per capita basis.<sup>16</sup> Aside from the board allocations, ODMHAS directly awards the remaining federal block grant funds to community prevention and treatment programs. For example, the Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOP) receive block grant funds to provide culturally appropriate prevention services in majority African-American and Hispanic areas.<sup>13</sup>

Ohio is also set to receive up to \$26 million in federal funds in FY 2018 from the 21<sup>st</sup> Century Cures Act, passed by Congress in 2016. ODMHAS has invited counties with the highest rates of opioid-related overdose deaths to submit project proposals for how they would use Cures funds to combat opioid addiction by strengthening the local continuum of care. These projects may or may not specifically include prevention efforts. On a statewide level, however, ODMHAS has been using Cures funds to implement training and technical assistance for entities implementing evidence-based primary (or universal) prevention programs, such as the PAX Good Behavior Game.<sup>17</sup>

#### *State Funding*

State General Revenue Fund (GRF) dollars are allocated to prevention services under Line Item 336406, Prevention and Wellness. This money is distributed to county ADAMHS boards to subsidize the development and provision of community mental health, alcohol, and other drug prevention programs that meet local needs. The state budget funds this line item at \$2.6 million

per fiscal year in the 2018-2019 biennium, a 29 percent decrease from 2017 expenditures. Of this money, up to \$500,000 is earmarked to support evidence-based prevention programming in school settings, and up to \$1.5 million is earmarked for ADAMHS boards to purchase the provision of evidence-based prevention services from ODMHAS-certified providers.

The decrease in the Prevention and Wellness line item is offset by a sharp increase in Dedicated Purpose Fund (DPF) dollars allocated under Line Item 336623, Statewide Treatment and Prevention. This line item is funded at \$20.5 million in FY 2018 (a 150 percent increase over 2017 expenditures) but drops to \$15.6 million in FY 2019. Similarly to the other funding streams, these DPF dollars provide subsidies to county boards for treatment, prevention, education, outreach, and early intervention services. Funding for this DPF is generated by revenue from driver's license reinstatement fees and liquor permit renewal fees.

### *Local Funding*

The taxing authority for each county or multi-county ADAMHS board is permitted to levy property taxes within its jurisdiction to support the board's operating and programmatic expenses. Currently, property taxes are levied in 74 of Ohio's 88 counties to fund local alcohol and other drug (AoD) addiction services, and many boards use a portion of their levies to support prevention efforts that are tailored to community needs.<sup>18</sup> However, tax rates for these levies vary significantly across the state, ranging from 0.50 mills in some counties, to nearly 3.00 mills in others.<sup>19</sup> In many cases, the counties with the least capacity to generate local revenue are also the counties with the greatest need for prevention and treatment services. For example, of the 14 counties that do not have AoD levies at all, nine are located along the southern border of the state, where the opioid epidemic has been particularly deadly.<sup>20</sup> The epidemic's continued toll may encourage more of these counties to pass AoD levies. For example, in the recent general election, Washington County passed a 0.50 mill levy for prevention, treatment, and recovery programs, bringing the total number of county AoD levies to 75 of 88 in 2018.

### **Policy Change**

#### *Ohio Joint Study Committee on Drug Use Prevention and Education*

In August, 2016, the Ohio Attorney General along with the speaker of the Ohio House and the President of the Senate created the Ohio Joint Study Committee on Drug Use Prevention and Education. The committee was charged with examining what communities are doing to address prevention education in communities and classrooms around the state. As the committee traveled around the state, it looked at not only what is currently happening in communities, but also what can be implemented to advance the state forward as it responds to the drug crisis.

The committee held in-person hearings in six communities and heard from prevention experts, teachers, and parents. It also held several phone meetings that focused on specific prevention strategies. Prevention specialists from across the state testified about the programs they utilize in their communities, some described above, while others testified on the current lack of funding and need for uniformity in standards and reporting across the state.

In February, 2017, the committee released its findings in a [report](#), issuing 15 recommendations centered on school-based prevention strategies and programming. Among the 15 recommendations are additional school reporting and additional resources for schools and communities. Apart from the recommendations, the report details the drug problem in Ohio, highlighting not only the number of opioid overdoses, but the youth drinking problem in the state and the risk factors that contribute to addiction. The report also highlights successful programs that exist in some Ohio schools, specifically Boardman, Talawanda, and Cleveland Metropolitan School District.

The report's recommendations include:

- K-12 substance abuse prevention education
- Required reporting for schools
- Social and emotional learning content standards
- School and community surveys
- Expanding substance abuse curriculum across subjects
- Resources for schools about substance abuse prevention
- Substance abuse and mental health intervention training
- Dedicated prevention personnel at the Department of Education
- Continuing to involve and strengthen law enforcement's role
- Supporting before-and after-school programs
- Community-based prevention
- Engaging families and caregivers
- Youth-led prevention
- Incorporating prevention in higher education
- Future work of the Study Committee (recommending the group remain intact)

Included in the guidance for implementation of the recommendations section of the report are resources from the Ohio Department of Mental Health and Addiction Services, Ohio Department of Education, Ohio Department of Health, law enforcement, community health centers, ADAMHS boards, and other statewide organizations and departments.

#### *House Bill 367*

Components of House Bill 367 (130th General Assembly) address opioid abuse prevention education in schools and set standards for physicians to follow in using controlled substances to treat addiction. The bill requires each school to include specific instruction on prescription opioid abuse prevention and requires the Governor's Cabinet Opiate Action Team (GCOAT) to develop and publish recommendations for the instruction that will accompany the mandate.

GCOAT prevention efforts include the Start Talking! initiative, addressed above, Know!, parents360-Rx, and 5 Minutes for Life. GCOAT is also active in providing law enforcement tools, prescribing recommendations, and treatment and recovery access resources.

An additional component of HB 367 requires the state to develop and implement procedures for physicians around prescribing opiates, among other changes involving the distribution of buprenorphine-containing drugs.

## Conclusion

As Ohio continues to combat the opioid crisis, prevention should continue to be a priority. Investments made in prevention should only be directed to evidence-based strategies that communities have determined are effective to address their specific needs. It is important to have a framework, and federal, state, and local governments should provide the tools that individuals, families, and communities need to tailor prevention programming. Recognizing that prevention is a vital component of addressing the still-growing problem of substance use, Community Solutions will continue to track this issue in terms of funding, strategies, and effectiveness.

---

<sup>1</sup> Ohio Department of Health, 2016 Ohio Drug Overdose Data: General Findings. <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en>

<sup>2</sup> HPIO, 2017 Health Value Dashboard, March 2017, [http://www.healthpolicyohio.org/wp-content/uploads/2017/07/2017Dashboard\\_FullWithAppendix.pdf](http://www.healthpolicyohio.org/wp-content/uploads/2017/07/2017Dashboard_FullWithAppendix.pdf)

<sup>3</sup> Kaiser Family Foundation. Opioid Overdose Death Rates and All Drug Overdose Death Rates Per 100,000 Population (Age-Adjusted). 2017. <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>4</sup> Public Health Emergency Declaration. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. <https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

<sup>5</sup> Governor's Cabinet Opiate Action Team, Combating the Opiate Crisis in Ohio, August 1, 2017.

<http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Combating-the-Opiate-Crisis.pdf>

<sup>6</sup> Prevention of Substance Abuse and Mental Illness. SAMHSA. <https://www.samhsa.gov/prevention>

<sup>7</sup> *Ibid.*

<sup>8</sup> Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

<sup>9</sup> Mapping Interventions to Different Levels of Risk. SAMHSA.

<https://www.samhsa.gov/capt/sites/default/files/resources/mapping-interventions-different-level-risks.pdf>

<sup>10</sup> Applying the Strategic Prevention Framework, 8/15/2017, <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

<sup>11</sup> Witte, K. and Allen, M. A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Programs. 2000. Accessed November 2017. <https://www.ncbi.nlm.nih.gov/pubmed/11009129>

<sup>12</sup> Dr. Fruth, Jason. Testimony to Senate Education Committee on HB 410. September 27, 2016.

<https://drugfree.org/wp-content/uploads/2011/04/2008-PATS-Parents-Report-Final.pdf>

<sup>14</sup> <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>

<sup>15</sup> Legislative Service Commission. "Greenbook LSC Analysis Analysis of the Enacted Budget: Department of Mental Health and Addiction Services." August, 2017.

<https://www.lsc.ohio.gov/documents/budget/132/MainOperating/greenbook/MHA.PDF>

<sup>16</sup> Ohio Department of Mental Health and Addiction Services. "SFY 2018 Community Allocation Guidelines."

[http://mha.ohio.gov/Portals/0/assets/Funding/Allocations/SPF2018/FY18\\_Allocation-Guidelines\\_04132017.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/Allocations/SPF2018/FY18_Allocation-Guidelines_04132017.pdf)

<sup>17</sup> Ohio Department of Mental Health and Addiction Services. "21<sup>st</sup> Century Cures Act Fact Sheet." March, 2017.

<http://mha.ohio.gov/Portals/0/assets/Funding/CURES/Cures-Ohio-Fact-Sheet.pdf>

<sup>18</sup> Ohio Department of Mental Health and Addiction Services. "Substance Abuse/Mental Health Block Grants Plan for 2018-2019." <http://mha.ohio.gov/Portals/0/assets/Planning/BlockGrant/2018-2019-Combined-SABG-MHBG-Application.pdf>

<sup>19</sup> Ohio Association of County Behavioral Health Authorities. "Current ADAMH/CMH/ADAS Board Levy Information." December, 2016. <http://www.oacbha.org/docs/BoardLevySpreadsheet.pdf>

<sup>20</sup> Ohio Department of Health. "2016 Ohio Drug Overdose Data: General Findings." <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en>

---

State Budgeting Matters is published by The Center for Community Solutions.  
Copyright 2017 by The Center for Community Solutions. All rights reserved.



Comments and questions about this edition may be sent to [BLusheck@CommunitySolutions.com](mailto:BLusheck@CommunitySolutions.com).  
1501 Euclid Ave., Ste. 310, Cleveland, OH 44115  
101 E. Town St., Ste. 520, Columbus, OH 43215  
P: 216-781-2944 // F: 216-781-2988 // [www.CommunitySolutions.com](http://www.CommunitySolutions.com)