

TRACKING GRANT FUNDING FOR OHIO RECOVERY INITIATIVE

Ohio Fiscal Academy Cohort 10, 2020



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A. Executive Summary

In 2019 it was reported that about 5,000 people die from opioid overdoses in Ohio each year and the crisis is costing the state between \$4.0 billion to \$5.0 billion a year (Ioannou). Based on reports from Ohio Department of Health in 2019, approximately 13 Ohioans die each day from unintentional drug overdoses (Governor.ohio.gov, 2019). As a result, Governor DeWine formed the Recovery Ohio Initiative to address the crisis and invest in the health and wellbeing of Ohio citizens (Governor.ohio.gov, 2019). This group works closely with an Advisory Council consisting of external experts from the public and private sectors. According to the Bipartisan Policy Center, "In FY2019, total federal opioid funding was \$7.6 billion, up from \$7.4 billion in FY2018, an increase of 3.2%" (Tracking FY2019 Federal Funding to Combat the Opioid Crisis). The grant funding went to treatment, recovery, and prevention efforts; the remaining dollars went to research, interdiction, law enforcement, and other criminal justice activities" (Tracking FY2019 Federal Funding to Combat the Opioid Crisis). While awareness and funding has been strong, less attention has been paid to whether this funding has been distributed to the state based on need.

The purpose of this Case Study is to determine how grant funding is tracked related to the opioid crisis and how it is dispersed throughout Ohio. The Bipartisan Policy Center reports that grant funds are going to counties with the highest number of overdose deaths (Tracking FY2019 Federal Funding to Combat the Opioid Crisis). "The Ohio Department of Mental Health and Addiction Services (OhioMHAS) administers most of the federal funds coming into the state to combat the opioid crisis. OhioMHAS distributes the State Targeted Response (STR) grant and the Substance Abuse Prevention and Treatment Block Grant (SABG) to local county alcohol, drug addiction, and mental health (ADAMH) boards. Ohio has 50 ADAMH boards that encompass all 88 Ohio counties" (Tracking Federal Funding to Combat the Opioid Crisis). This Case Study will look at how these grants were dispersed in year 2019, along with population, region, opiate use disorder clients, poverty levels, and opioid deaths. Based on the outcome of the data, we will make a recommendation on how grants can better be tracked and dispersed to the most applicable communities in Ohio. During this study we will focus mainly on three state agencies that make up most opioid involved grants: Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, and Ohio Department of Rehabilitation and Correction.

B. Introduction (Problem Statement)

Ohio has been plagued with the opioid crisis in recent years. To assist those in need, social service agencies are required to provide resources that aid in the recovery process. While it may appear that there is an abundance of resources, the purpose of this project is to demonstrate how the resources are distributed, to whom and from which agencies. There is speculation that the communities hit the hardest are oftentimes the least served. We endeavor to demonstrate concrete conclusions with justifying and supporting information.

Of the three agencies that participated in the interview, the single most consistent conclusion is that there is a need for uniformity across the board. Each agency has their own system to track and/or calculate the specific details of the clients that they serve. The tool for tracking ranges from spreadsheets to tracking systems that have been used for years by their agency. In any case, no two organizations use the same technique for tracking.

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The Governor's initiative to prevent and irradiate substance overuse in Ohio is continuous and ongoing. While tremendous progress has been made, the crisis is still prevalent amongst Ohioans. Individuals and families are impacted at a staggering rate, medications are not as plentiful as one would hope; however, through the use of federal grants, procedures and practices are set in place to administer appropriate medical and professional assistance for those that need it.

The state of Ohio is awarded annual and/or semi-annual federal grant dollars to render such care; therefore, it is necessary to track the ways in which these funds are being appropriated. The senior fiscal agents of three specific state agencies were contacted and interviewed as to the tracking mechanism used to determine which individuals and families are serviced and how.

C. Background

Ohio Grants Management

State agencies in Ohio are tracking grant funding differently at each agency, which results in a lack of consistency statewide. There is often a gap or disconnect between the program and fiscal departments. The state is often a pass over of federal funds to partners in the community and subrecipients. Communication with these partners is vital. If the subrecipients do not understand how to use and receive federal funds and the program purpose, there is an unallowable risk.

At the Ohio Department of Mental Health and Addiction Services (MHAS) the program section handles grants management while their fiscal section handles the administrative portion. Collaboration and exchange of information is vital between both departments to track funding related to the opioid crisis. Often these two departments report to different management. The Ohio Department of Mental Health and Addiction Services made efforts to bridge that gap and set up a Grants Administrative Office to ensure coordination of all offices.

The Ohio Department of Health is tracking federal grants in Microsoft Excel and subgrants in a Grants Management Information System (GMIS). The GMIS is over ten years old and outdated. The system was built internally by information technology staff.

Although the process is paperless at Ohio Department of Health, there is currently not a system that can track both federal grants and subgrants. Further, the system does not interface with the statewide financial accounting system OAKS to allow for reporting capabilities. Subrecipients are not able to apply for subgrant opportunities and submit reimbursement requests within the same system. There are no reporting capabilities nor flexibility to make updates. Like other state agencies, there is no system to track the federal grants applied for, received, or to monitor the grants other than Excel spreadsheets currently being utilized.

Subrecipients are required to submit performance reports, which are submitted in Word or Excel and then uploaded into the Grants Management Information System. According to Grants.gov, "Grant recipients submit regular reports (called "Performance Progress Reports" or "Research Performance Progress Reports") documenting a project throughout its lifespan. These reports may include both expense-related data and quantitative information about the project's impact" (Grant Reporting | GRANTS.GOV). Some subrecipients are required to upload reporting information into REDCap, which is a system used by some federal funders.

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The Department of Rehabilitation and Correction is also tracking opioid related grants in Excel spreadsheets. They use a system called INtelligrants, which does not integrate with OAKS and does not track actual funds, but instead involves document tracking and process flow. According to the Ohio's Office of Budget Management, state agencies do not use standard chart fields or reports for grants management and none of these systems are connected. Spending for specific initiatives such as the opioid crisis does not reside in one system for the entire state.

Ohio is not the only state impacted by the opioid epidemic; therefore, we researched how four other states in the U.S. manage their grants and what type of systems they use.

Nevada Grants Management

The state of Nevada has an Office of Grant Procurement, Coordination, and Management. According to their website, "In 2016 and 2018, the Nevada Advisory Council on Federal Assistance recommended to the Governor and Nevada legislators that the state implement a grant management system" (Grant-Management-System). Nevada experienced setbacks and went through three RFP processes; however, they could not find a vendor that could deliver full functionality for the allotted budget (Grant-Management-System). Nevada plans to pursue this again once they resume solid economic and budgetary stability after the COVID-19 pandemic. The Enterprise Grants Management System would include the following, "Potential grant recipients like state agencies, county and local governments, and nonprofits would be able to use the grant management system to search and apply for grants and report on grants. The state would be able to manage subrecipients through a portal and review grant proposals for state-level solicitations. The system would enable state data collection, analysis, and reporting on successful applications, grant dollars received, missed funding opportunities, as well as data on awards, subrecipients, and grant matching" (Grant-Management-System).

Maryland Grants Management

Maryland is another state that has a Grants Office. Their mission, "We provide resources, training, research, and guidance to state agencies, local governments, nonprofit organizations, businesses, and academia on all aspects of federal grants and federal funds. Our website is robust, offering contacts and resources to answer any question you may have about grants" (Grants). Their website offers a complete list of all state and foundation grants for the public to easily access.

Rhode Island Grants Management

Another state that has a Grants Management Office is Rhode Island. Their strategic agenda includes, "Authorized under Rhode Island General Laws, the Grants Management Office is responsible for managing applications for federal funding, providing administrative assistance to agencies regarding reporting requirements, providing technical assistance and approving agreements with federal agencies" (Grants Management - Office of Management and Budget). This office partners with state agencies on activities such as Federal Award Business Processes, Federal Award Management and Administration, Accountability and Reporting, Transparency, and Legislation.

Arizona Grants Management

The Arizona Office of Grants and Federal Resources uses eCivis which is "an Enterprise Grants Management Solution for the State of Arizona and its administering agencies" (Arizona Office of Grants and Federal Resources | Innovation. Collaboration. Financially Stronger Arizona). Their site has user guides to assist in navigation from the beginning process to the end which are

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comprised of five stages: Application Preparation, Application Submission, Grant Awarded, Grant Implementation and the final stage which is Grant Close Out. The Subrecipient Management User Guide is broken down into three main areas: Administrative User Guide, Grant Applicant User Guide and finally, the Subrecipient (Awardee) User Guide. They also have an Organization Tag tutorial video.

D. Research Strategies

First, we gathered as much statistical data that is available online that was broken out by county. We found and used statistics by county on unintentional overdose deaths, percentage of clients served with Opiate Use Disorder, and percentage of persons in poverty. We chose to use 2017 data for each of the above statistics figuring grant disbursements were based on prior years' statistics.

Then, we identified all the cabinet agencies and their Chief Financial Officers. We created an Excel spreadsheet template to send to all 24 agencies to fill out and send back to us that showed the grant name, grant amount, description of the grant, and how the grant was disbursed for federal fiscal years (FFY) 2019 and 2020. In addition to the data sets listed above, we asked the agencies to include the county where the disbursement(s) went to assist us in identifying which counties received the grant funds. We then drafted an email, attached the template, and sent it to all the cabinet agency Chief Financial Officers.

While we were waiting on the agencies to respond, we wanted to find out more about their grant process including what tracking mechanism's agencies used for their grants. We set up remote meetings and interviews with the Chief Financial Officers and team members from fiscal and program units. The remote meetings and interviews consisted of seven standard questions developed by the team and sent to the three state agencies that we believed received the largest provision of resources from the federal government; they were the Department of Mental Health and Addiction Services, Department of Health, and Department of Rehabilitation and Correction.

E. Analysis

Our analysis consisted of two parts; analyzing the federal grants that came into Ohio and where those grant funds were disbursed.

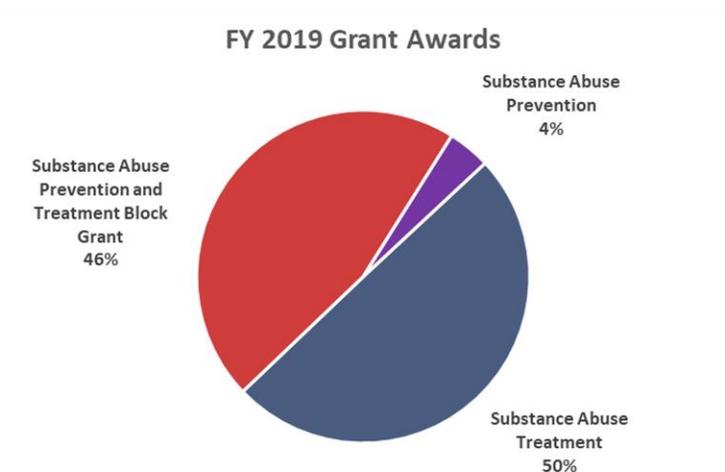
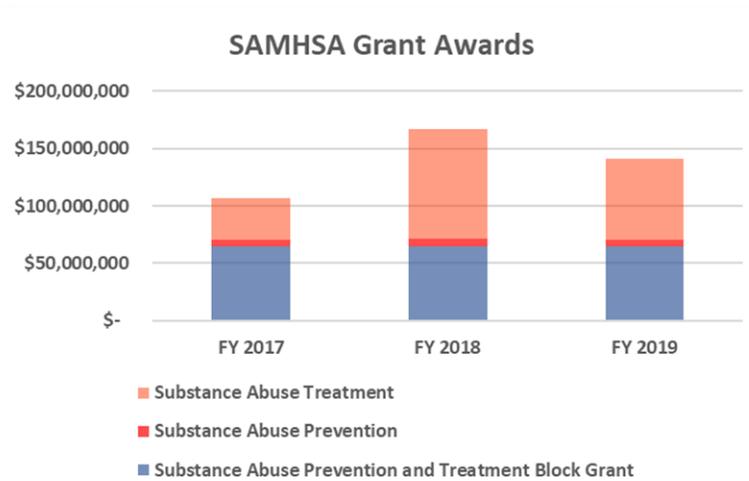
Ohio's Grant Funding

The Substance Abuse and Mental health Services Administration (SAMHSA) is part of the US Department of Health and Human Services. SAMHSA's aim is "to improve the lives of individuals living with mental and substance use disorders, and their families." SAMHSA's number one priority is to fight the opioid crisis by expanding prevention, treatment, and recovery efforts throughout the United States (SAMHSA). To that end, the agency provides appropriation in the form of formula and discretionary grants to awardees. Formula grants are not competed for but are given based on a specific formula usually governed by statutes and managed by State Administrative Agencies. The State Administrative Agency in Ohio is the OhioMHAS. Formula grants are appropriated directly to OhioMHAS who in turn acts as a pass-through

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agency to distribute funding to other local agencies that demonstrate eligibility. Discretionary grants on the other hand are competitive and successful recipients are based on analysis of their application based on a scoring method (Justice).

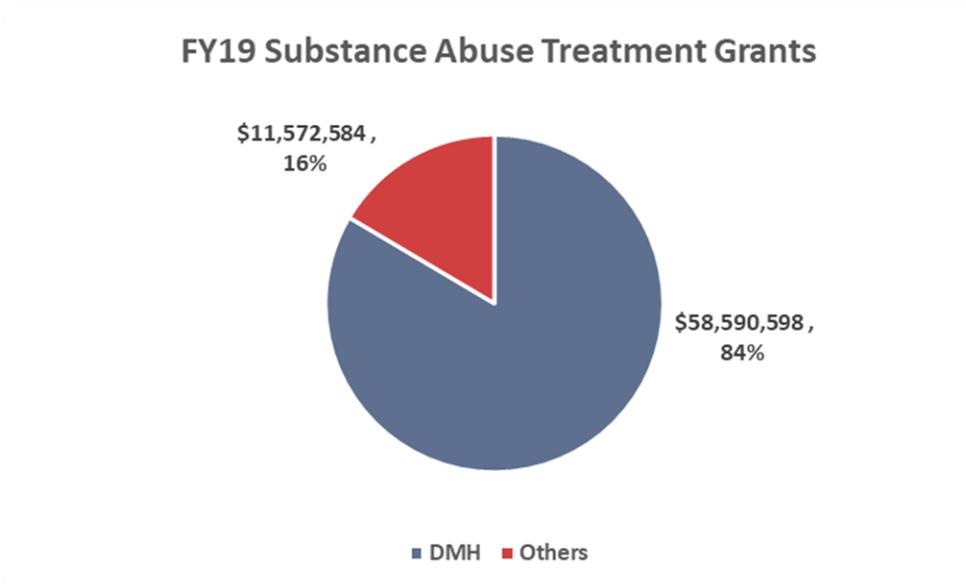
The chart below, based on information obtained from SAMHSA’s website updated October 9, 2020, describes funding into Ohio from fiscal year 2017 through fiscal year 2019. Federal funding coming into the state through SAMHSA to assist in combatting the opioid crisis increased from \$106,276,063 in fiscal year 2017 to \$166,664,776 in fiscal year 2018, an increase of \$60,388,713 or 56.8 percent increase. For fiscal year 2019 total federal appropriation was \$140,853,058. This was a reduction of \$25,811,718 or -15.5 percent below the fiscal year 2018 level. The reported grants funded Substance Abuse Treatment Program, the Substance Abuse Prevention Program, and the Substance Abuse Prevention and Treatment Block Grant. This analysis will focus on funding coming into the state for fiscal year 2019 and particularly those administered by OhioMHAS which totaled \$125,836,684.



Of total state appropriation 49.8 percent was for Substance Abuse Treatment, 46.1 percent in block grants for Substance Abuse Prevention and treatment, and 4.1 percent for Substance Abuse Prevention.

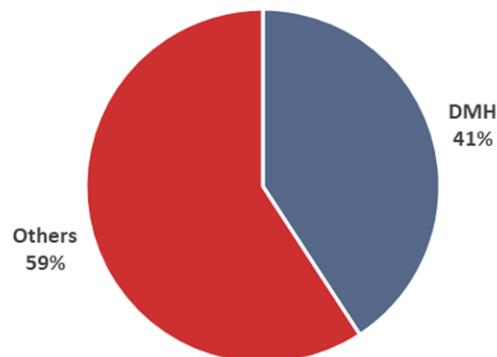
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The total amount for the Substance Abuse Treatment Program in fiscal year 2019 was \$70,163,182. This represented a decrease of \$24,848,356 or -26.2 percent below the amount of funding received in fiscal year 2018. These grants are distributed using the formula distribution method. Appropriation to OhioMHAS was \$58,590,598 or 83.5 percent of funding. The remaining \$11,572,584 or 16.5 percent went out to other qualified applicants throughout the state.



Grants to the state for Substance Abuse Prevention in fiscal year 2019 totaled \$5,815,406 and was \$1,030,299 -15.1 percent less than the fiscal year 2018 awards. This is also a formula grant and \$2,371,616, (40.8) percent was appropriated to OhioMHAS and the remaining \$3,443,790, (59.2) percent to other local agencies.

FY19 Substance Abuse Prevention



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The total amount for the Substance Abuse Prevention and Treatment Block Grant was \$64,874,470 and was \$66,937 or 0.1 percent above funding for fiscal year 2018. This grant spans over three fiscal years beginning January 10, 2018 to September 30, 2020 and is appropriated directly to OHIOMHAS that acts as a pass-through agency to distribute funds to locals. OhioMHAS works alongside other state agencies, mainly the Ohio Department of Health (ODH) to support programs within that agency. Majority of the funding is made available to the local Alcohol, Drug, and Mental Health (ADAMHS) boards who in turn provide funding to their respective area providers.

Grant Funds Disbursements

Once the data was gathered, we analyzed it from different perspectives. First, we looked at the information from a high-level viewpoint. Then we drilled down to the county level.

Overall, we found that at least \$65,729,045.44 was disbursed throughout Ohio, and each of the 12 districts received a disbursement from the agencies that were awarded federal funds related to the opioid crisis. See the table below for a breakdown on how the funds were disbursed by district.

Grant Funds Received by District			
District	Total Grant Funds Received	District	Total Grant Funds Received
1	\$ 1,926,443.11	7	\$ 5,437,763.10
2	\$ 5,971,265.15	8	\$ 11,735,097.68
3	\$ 5,053,182.54	9	\$ 4,024,240.84
4	\$ 4,885,782.22	10	\$ 3,583,256.62
5	\$ 2,780,936.93	11	\$ 1,150,549.32
6	\$ 10,731,259.06	12	\$ 8,449,268.87

Next, we compared the grant disbursements by district to the 2017 unintentional drug¹ overdose deaths to determine if the districts with the highest number of unintentional drug overdose deaths received adequate funding (Ohio Department of Health). We looked at all 12 Ohio districts but focused on the top five that had the most unintentional drug overdose deaths and found that four of the top five Ohio districts received top five funding, which means the districts with the highest overdose deaths received proper funding.

Comparison of Unintentional Drug Overdose Deaths to Total Grant Funds Received by District*

¹ This data represents the number of all drug overdose deaths in 2017 not just opioid overdose deaths since opioid overdose deaths were not available by county in the document we used for the analysis.

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District	Drug Overdose Deaths	Total Grant Funds Received	District	Drug Overdose Deaths	Total Grant Funds Received
1	100	\$ 1,926,443.11	7	752	\$ 5,437,763.10
2	229	\$ 5,971,265.15	8	998	\$ 11,735,097.68
3	323	\$ 5,053,182.54	9	193	\$ 4,024,240.84
4	642	\$ 4,885,782.22	10	57	\$ 3,583,256.62
5	142	\$ 2,780,936.93	11	129	\$ 1,150,549.32
6	573	\$ 10,731,259.06	12	714	\$ 8,449,268.87

* Highlighted boxes indicate a top five figure in its category.

Then, we compared the data to determine if the districts that served clients with Opiate Use Disorder in 2017 received adequate grant funds from the state of Ohio (Ohio Department of Mental Health & Addictive Services). We looked at all 12 Ohio districts but focused on the top five that had the highest rate of clients served with Opiate Use Disorder. We found that only two of the top five Ohio districts received top five funding, which caused us to analyze the information further.

Comparison of Average Opiate Use Disorder Clients Served to Total Grant Funds Received by District*					
District	Average Opiate Use Disorder Clients Served	Total Grant Funds Received	District	Average Opiate Use Disorder Clients Served	Total Grant Funds Received
1	42.3%	\$ 1,926,443.11	7	44.2%	\$ 5,437,763.10
2	44.5%	\$ 5,971,265.15	8	52.2%	\$ 11,735,097.68
3	46.0%	\$ 5,053,182.54	9	65.3%	\$ 4,024,240.84
4	44.4%	\$ 4,885,782.22	10	53.2%	\$ 3,583,256.62
5	42.1%	\$ 2,780,936.93	11	40.8%	\$ 1,150,549.32
6	55.1%	\$ 10,731,259.06	12	32.8%	\$ 8,449,268.87

* Highlighted boxes indicate a top five figure in its category.

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After we determined only two of the top five Ohio districts that served clients with Opiate Use Disorder received top five funding, we decided to break down the information to the county level to see if the counties with the highest level of unintentional drug overdose deaths and highest percentage of clients served with Opiate Use Disorder received top funding from the federal grants received by the state of Ohio.

First, we compared the grant disbursements by county to the 2017 unintentional drug overdose deaths. We looked at all 88 Ohio counties (see appendix A for a combined map of each the stats for each county) but focused on the top ten counties that had the most unintentional drug overdose deaths. We found that seven of the top ten Ohio counties received the top ten funding, which means the districts with the highest overdose deaths received proper funding.

Comparison of the Top Ten Drug Overdose Deaths to Total Grant Funds Received by County*			
County	District ²	Drug Overdose Deaths	Total Grant Funds Received
Cuyahoga	12	598	\$ 5,958,277.35
Montgomery	7	521	\$ 1,974,860.39
Hamilton	8	444	\$ 7,288,271.27
Franklin	6	431	\$ 9,379,571.27
Butler	8	260	\$ 2,285,414.89
Summit	4	239	\$ 1,134,569.85
Lucas	2	153	\$ 3,977,509.68
Trumbull	4	135	\$ 929,719.31
Lorain	3	133	\$ 1,654,499.60
Mahoning	4	112	\$ 1,005,957.56

* Highlighted boxes indicate the county received top ten funding

Next, we compared the data to determine if the districts that served clients with Opiate Use Disorder in 2017 received adequate grant funds from the state of Ohio. We looked at all 88 Ohio counties but focused on the top ten that had the highest percentage of clients served with Opiate Use Disorder. We found that none of the top ten Ohio districts that served clients with Opiate Use Disorder received top ten funding (see appendix B for comparison of each counties percentage of clients served with Opiate Use Disorder to total grant funds received).

² Note that district 4 had three of the of the six counties in the district report top 10 unintentional drug overdose deaths

Comparison of Top 10 % of Clients Served with Opiate Use Disorder to Total Grant Funds Received by County			
County	District ³	% of Opiate Use Disorder Clients Served	Grant Funds Received
Lawrence	9	78.8%	\$ 20,625.00
Scioto	9	78.4%	\$ 1,402,447.78
Hardin	1	70.2%	\$ 91,119.82
Gallia	10	69.2%	\$ 1,540,188.45
Pickaway	6	67.9%	\$ 1,536.00
Jefferson	11	65.4%	\$ 374,644.29
Adams	9	64.4%	\$ 97,543.15
Clermont	8	63.1%	\$ 1,190,670.86
Crawford	3	62.5%	\$ 51,908.00
Jackson	9	62.4%	\$ 39,036.00

Then, our objective was to determine if there was a correlation between the top ten counties that served clients with Opiate Use Disorder and the percentage of persons in poverty in Ohio (Ohio Development Services Agency). This step was based on the idea that counties with high poverty rates were counties that had the least amount of available funds to battle the pandemic. We found that four of the top ten counties that served clients with Opiate Use Disorder fell in the top ten percent of persons in poverty.

Correlation between Top 10 Percentage of Clients Served with Opiate Use Disorder and Percentage of Persons in Poverty to Total Grant Funds Received by County*

³ Note that district 9 had four of the eight counties in the district report top 10 percentage of clients served with Opiate Use Disorder

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County	District ⁴	% of Opiate Use Disorder Clients Served	Grant Funds Received	% of Persons in Poverty
Lawrence	9	78.8%	\$ 20,625.00	19.5%
Scioto	9	78.4%	\$ 1,402,447.78	21.4%
Hardin	1	70.2%	\$ 91,119.82	15.8%
Gallia	10	69.2%	\$ 1,540,188.45	19.0%
Pickaway	6	67.9%	\$ 1,536.00	12.0%
Jefferson	11	65.4%	\$ 374,644.29	17.6%
Adams	9	64.4%	\$ 97,543.15	18.6%
Clermont	8	63.1%	\$ 1,190,670.86	8.7%
Crawford	3	62.5%	\$ 51,908.00	15.5%
Jackson	9	62.4%	\$ 39,036.00	17.9%

* Highlighted boxes indicate a top ten figure in its category

F. Conclusion

The primary goal of this project was to determine if grant funds (specifically to support the Opioid crisis) are equitably distributed throughout the State of Ohio. Our team met with several cabinet agencies to document what grant funding they have received from federal partners in support of the opioid crisis and how those monies have been disbursed throughout the state.

The secondary goal of this project was to make recommendation/solutions for how Ohio could better track grants received in state to achieve the goal of better serving the neediest populations while making funding appropriately available to as many communities as possible.

- Talking with the various cabinet agencies it was apparent that there is not a consistent method for tracking grant funding across the state. In our research we found that some agencies were using various methods to track their specific grants including Excel, OAKS, Grants Management Information System (GMIS) and REDCap. It was noted by several agencies that the current process and systems used to track grants are not user friendly, lacks a reporting function, and the data is hard to extract.
- New system requirements:
 - The system must be able to track Federal and Subgrants in the same system
 - The new system must be accessible to all agencies
 - Sub-recipients would need to apply for subgrant opportunities and submit reimbursement requests within the system
 - The system needs to be flexible to accommodate new federal requirements

⁴ Note that district 9 had three of the eight counties in the district report top 10 percentage of persons in poverty

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- Interface with OAKS
- Standard Chart fields

Like the states of Nevada and Arizona, we have identified the importance of an Enterprise Grants Management system. Arizona has already implemented their system. Governor DeWine recently launched the Ohio Grants Management Coalition that intends to track all opioid involved grants after the COVID19 pandemic (Tracking FY2019 Federal Funding to Combat the Opioid Crisis). We recommend that positions be hired to test and implement an Enterprise Grants Management system and communicate with state agencies and subrecipients. We learned how vital communication is between these partners. Further, we recommend a complete list of all grants be accessible to the public on one website, similarly to the state of Maryland.

Based on our data findings, we recommend grant funding not only be dispersed to regions of Ohio with the highest opiate deaths, but also poverty and opiate use disorder. As our data shows, we believe there is a correlation between these categories (see Appendix A & B). We believe the data suggests that there needs to be more focus on where these services and programs are rendered in Ohio and their effectiveness. An Enterprise Grants Management system would promote consistent reporting, provide performance metrics to measure success, and the ability to track the location of the grant award and locations of the programs associated with that award to more easily identify where the programs and services are rendered. This Case Study proves that there is a strong need to implement better technology to track the investments and funding related to the opioid crisis. Reports would be timely, data accurate, and more easily analyzed, to better assist the communities in Ohio that need it most.

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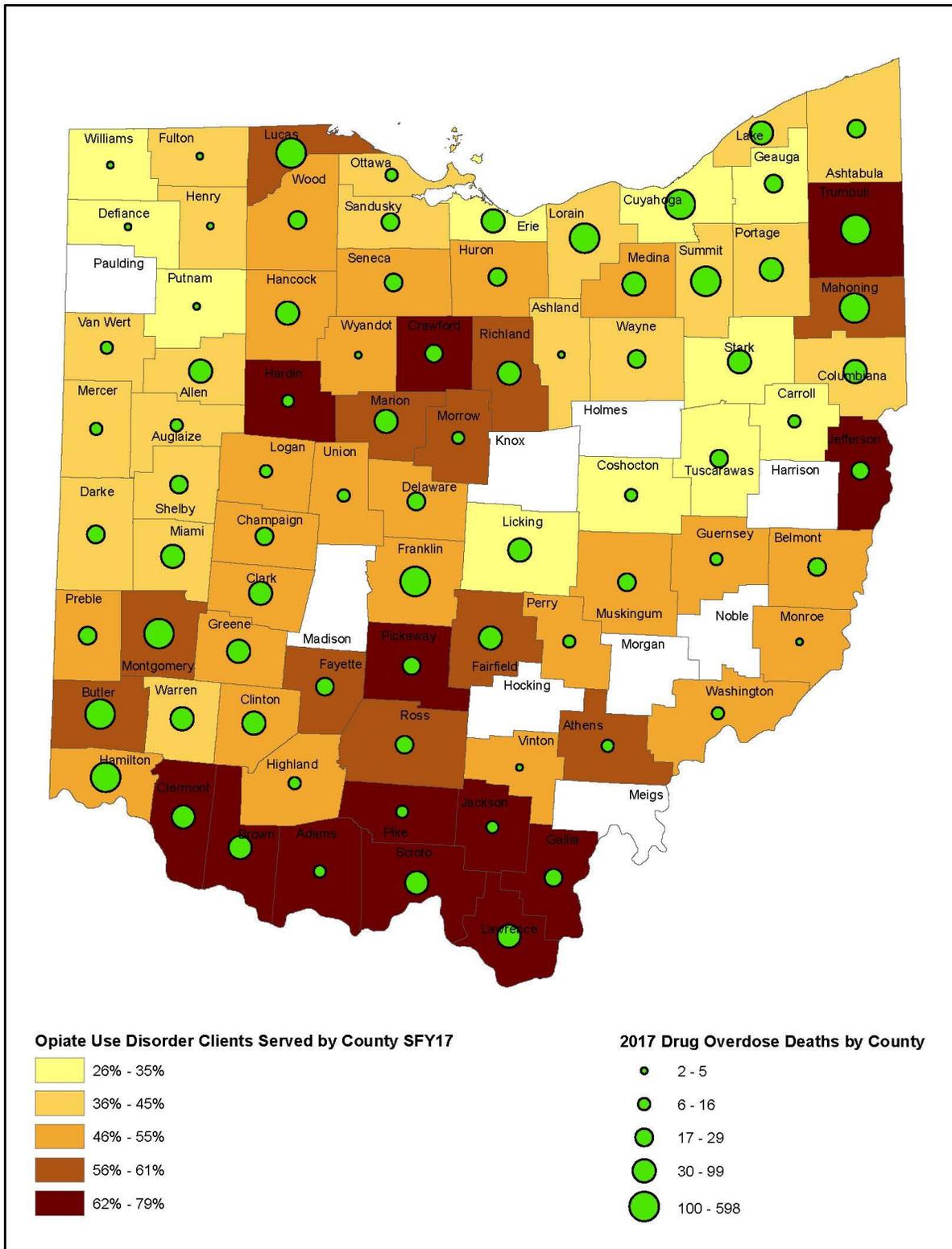
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Appendix A – County Map Combining Clients Served with Opiate Use Disorder and Unintentional Drug Overdose Deaths by County



Appendix B – County Map Comparing Percentage of Clients Served with Opiate Use Disorder to Total Grant Funds Received

