

OneOhio Region 17

BYLAWS

Article I: NAME AND TERRITORY

Section 1. The name of this group shall be the “OneOhio Region 17” (hereinafter referred to as “OneOhio Region 17”).

Section 2. The territory served by OneOhio Region 17 includes the counties of Crawford, Hancock, Hardin, Ottawa, Sandusky, Seneca, Wood, and Wyandot.

Article II: PURPOSE

Section 1. The OneOhio Memorandum of Understanding was adopted in March of 2020 by the State of Ohio, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, in which OneOhio Foundation was formed and nineteen (19) OneOhio regions were created, each region is to have one member represent the region on the OneOhio Statewide Foundation board.

Section 2. Each region, including OneOhio Region 17, has the responsibility to make recommendations about the region’s share of funds to be allocated to projects that will equitably serve the needs of the entire region and fulfill the requirements of Section 3 of these Bylaws.

Section 3. Proposed projects shall include evidence-based forward-looking strategies, programming and services used to (i) expand the availability of treatment for individuals affected by substance use disorders, (ii) develop, promote, and provide evidence-based substance use prevention strategies, (iii) provide substance use avoidance and awareness education, (iv) decrease the oversupply for licit and illicit opioids, and (v) support recovery from addiction services performed by qualified and appropriately licensed providers, as further set forth in the agreed Opioid Abatement Strategies, attached hereto as Exhibit A.

Article III: MEMBERSHIP

Section 1. OneOhio Region 17 shall organize at least annually, no later than June 30 of each year, and shall elect the officers which shall include a Chair, Vice-Chair, and a Secretary.

- The Chair shall proceed over all meetings of OneOhio Region 17 and serve as the main point of contact for OneOhio Region 17. Chair shall be selected annually and shall not serve more than two consecutive years in this position.
- The Vice-Chair shall fulfill all responsibilities of the Chair in his/her absence. Vice-Chair shall be selected annually and shall not serve more than two consecutive years in this position.
- The Secretary’s responsibilities shall include but not be limited to the following: publishing agendas, taking minutes, recording motions, recording votes, sending out meeting notifications, documenting and disseminating proposed projects received and submitting required documentation to the OneOhio Statewide Foundation. Secretary shall be selected annually.

Section 2. OneOhio Region 17 shall consist of eight (8) members, each representing a county within Region 17. Local governmental subdivisions, agencies, and other local interested parties shall select their representative for the county.

Section 3. Vacancies shall exist upon the death or resignation of any member. In case of a vacancy, governmental subdivisions, agencies, and other local interested parties in the respective county shall select a member on the OneOhio Region 17 to complete the vacant term.

Section 4. Each Member of OneOhio Region 17 shall consult with the local government entities and officials from the Member's respective county in connection with matters that are before OneOhio Region 17.

Article IV: VOTING

Section 1. Each member shall have one vote and no proxy voting shall be allowed.

Section 2. All votes must be documented via roll call vote.

Section 3. A motion shall not pass if there is a tie vote. An abstention vote shall be considered neutral and not be counted. However, the abstention vote shall be counted for the purpose of a quorum.

Article V: QUORUM

Section 1. Five members of the entire membership shall constitute a quorum. The affirmative vote of a majority of the members at which a quorum is present shall be necessary and sufficient to the making of decision by OneOhio Region 17.

Article VI: MEMBERSHIP TERM

Section 1. Members shall serve a two-year term, based on a state fiscal year period, ending June 30. Local governmental subdivisions, agencies, and other local interested parties shall select their representative for the county for each two-year term.

Section 2. The first term for the OneOhio Region 17 members shall commence upon the adoption of the Bylaws and terminate on June 30, 2024.

Section 3. Region 17 committees may be created by the Board and may consist of non-voting members.

ARTICLE VII : ONEOHIO STATEWIDE FOUNDATION MEMBER

Section 1. OneOhio Region 17 shall appoint one member as the regional representative to the OneOhio Statewide Foundation board. A simple majority vote is needed.

Article VIII: RECORDS

Section 1. Records related to OneOhio Region 17 shall be maintained by the Chair.

Article IX: MEETINGS

Section 1. OneOhio Region 17 will adhere to the Open Meetings Act (ORC 121.22) and shall have "open meetings" which the public may attend.

Section 2. Meetings shall be run by the Chair, or the Vice-Chair in his/her absence, using Robert's Rules of Order as a guide. The Chair shall reasonably ensure that all members present are given a fair opportunity for input and discussion prior to the body taking a final position or voting.

Section 3. Meeting dates, times and locations shall be organized at least quarterly. Meetings may be held at any location throughout OneOhio Region 17 deemed appropriate by OneOhio Region 17 members. Each member shall be responsible for providing notice of scheduled OneOhio Region 17 meetings in accordance with the Ohio's Open Meetings Act.

Section 4. Special meetings may be called by the Chair or by any three (3) members of OneOhio Region 17 by written notification. No less than five (5) business days written notice will be given to each member. Each member shall be responsible for providing sufficient notice of the Special meeting in their respective county.

Section 5. A motion shall be a formal proposal by a member, in a meeting, in which the group takes certain action. When one member has made a motion, it must be seconded in order to be considered by the group. This shows that at least two members want the proposal considered; it does not necessarily mean the seconder agrees with the motion. If there is no second, the motion is not put before the group for discussion.

Section 6. Visitors shall not participate in the OneOhio Region 17 meetings unless called upon by the Chair. With Chair approval, a visitor can make a comment not to exceed five minutes.

Section 7. A county representative may invite presenter(s) to discuss a proposed project.

Article X: VIRTUAL MEETINGS

Section 1. As permitted by Ohio law, meetings may be held by means of communication equipment (teleconference, video conference, etc.) at the discretion of the Region 17 Chair.

Article XI: FUNDING REQUESTS

Section 1. Funding requests for proposed projects shall be submitted in writing by public or private organizations proposing to provide services to a county or counties within Region 17. Such funding requests shall be submitted to the county representative.

Section 2. Funding requests must be submitted in writing, via email to OneOhio Region 17 by a county representative at least seven (7) business days prior to a scheduled regional meeting. Funding proposals may include a presentation during the regional meeting. Selected project(s) shall be approved through a motion for submission to the OneOhio Statewide Foundation board.

Section 3. Approved regional projects shall provide equitable access, which may include behavioral health services and support, to residents of all counties within Region 17. Projects that cover the entire region shall be prioritized.

Article XII: CONFLICT OF INTEREST

Section 1. OneOhio Region 17 members are bound by the Ohio Ethics Law and related statutes. A Member has a "Conflict of Interest" with respect to a transaction effected or proposed to be effected by

OneOhio Region 17 (a "Transaction") or a claim, action, cause of action, right or defense of OneOhio Region 17 (a "Claim") if the Member knows that any person or entity other than the OneOhio Region 17 (including but not limited to the Member) has a financial interest in or related to the Transaction or Claim that would reasonably be expected to exert an influence on the Member's judgment if he or she were called upon to authorize or vote upon the authorization of the Transaction or the assertion of the Claim. A Member who has a Conflict of Interest shall disclose the Conflict of Interest when it arises, and before action on the Transaction or Claim in question to the rest of the Members of OneOhio Region 17. A Member who has a Conflict of Interest arising out of or related to a Transaction or Claim shall be excused from the meeting before any discussions or voting concerning the authorization of the Transaction or the assertion of the Claim, provided that the Member shall make the disclosure required by this provision, respond to questions from the other Members or a subcommittee (if applicable), and be counted in determining the presence of a quorum at any meeting of the Members or the subcommittee. In the event a Transaction or the assertion of a Claim is approved or rejected in a manner that is not in compliance with this provision, OneOhio Region 17 shall recover from the Member any benefit accruing to him or her. Any such Transaction shall be voidable at the option of the One Ohio Region 17 if there is a reasonable basis to conclude that the Transaction would likely not have been approved if this provision had been complied with.

Article XIII: AMENDMENT OF BY-LAWS

Section 1. These by-laws may be amended by a majority vote of all members of OneOhio Region 17, provided that at least thirty (30) days' notice, in writing, to all members of OneOhio Region 17 shall be given.

OneOhio Region 17 Chairperson

Mircea Handru



Adopted: July 20, 2022

EXHIBIT A – Ohio Abatement Strategies

Opioid-Related Definition

Funds from any settlement dollars should be used to prevent, treat and support recovery from addiction including opioids and/or any other co-occurring substance use and/or mental health conditions which are all long-lasting (chronic) diseases that can cause major health, social, and economic problems at the individual, family and/or community level.

Ohio Abatement Strategy Overview

Similar to and including many national settlement strategies, to abate addiction in Ohio, we have created an abatement plan that includes three main components that will work collaboratively to address Ohio's needs and also serve as a complement to and should be integrated with all other state and local government plans:

1. **Strategies for Community Recovery:** Included but not limited to prevention, treatment, recovery support and community recovery projects (examples include child welfare, law enforcement strategies and other infrastructure supports). These strategies have a hyper-local focus that allows communities to collaborate and expand necessary services to their community.
2. **Strategies for Statewide Innovation & Recovery:** Included but are not limited to strategies included in Community Recovery Component but also projects that promote statewide change and regional development for prevention, treatment, recovery supports and community recovery (examples include regional treatment hubs, drug tasks forces, data collection and dissemination). This component also includes research and development to understand how to better serve individuals and families in Ohio.
3. **Strategies for Sustainability:** Ohio's addiction and mental health epidemic was not created overnight, and it will not go away immediately. By collaborating to share resources and knowledge, Ohio's state and local communities can build a sustainable financing strategy and infrastructure to reverse the damage that has been done and prevent future epidemics and crises.

PART ONE: Community Recovery

Treatment

Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health condition.

Trauma-informed treatment services and support for individuals, their children and family members who have experienced trauma during their lives including trauma as a result of addiction in the family.

Expand access and support infrastructure developments for telemedicine / telehealth services to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight and quality assurance of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

Engage non-profits and faith community to uncover and leverage current community faithbased prevention, treatment and recovery support in partnership with medical and social service sectors.

Expand culturally appropriate services and programs that address health disparities in treatment for persons with mental health and substance use disorders, including for programs for vulnerable populations (i.e. homeless, youth in foster care, etc.); citizens of racial, ethnic, geographic and socio-economic differences, and new Americans to ensure that all Ohioans have access and treatment and recovery support services that meet their needs.

Development of National Treatment Availability Clearinghouse – Fund development of a multistate/nationally accessible database whereby healthcare providers can list locations for currently available in-patient and out-patient OUD treatment services that are both timely and accessible to all persons who seek treatment.

Ensure that each patient's needs and treatment recommendations are determined by a qualified clinical professional. Offer training and practice support to clinicians on the American Society of Addiction Medicine (ASAM) levels of care (or other models) and the most effective methods of treatment continuation between levels of care for people with addiction including opioids and any other co-occurring substance use or mental health conditions and make all levels of care available to all Ohioans.

Early Intervention and Crisis Support

Fund the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for addiction and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for mental health and substance use disorders.

Support work of Emergency Medical Systems, including peer support specialists, to effectively connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Create an intake and call center to facilitate education and access to treatment, prevention and recovery services for persons with addiction including opioids and any co-occurring substance use or mental health conditions.

Create a plan to meet the distinct needs of families of children and youths who experience severe emotional disorders and provide respite and support for these caregivers to reduce family crisis and promote treatment.

Create community-based intervention services for families, youth, and adolescents at-risk for addiction including opioids and any co-occurring substance use or mental health conditions.

Create school-based contacts who parents can engage with to seek immediate treatment services for their child.

Develop best practices on addressing individuals with addiction in the workplace, including opioids and any other co-occurring substance use or mental health conditions.

Implement and support assistance programs for healthcare providers with OUD and any cooccurring substance use disorders or mental health (SUD/MH) conditions.

Address the Needs of Criminal-Justice Involved Persons

Address the needs of persons involved in the criminal justice system who have opioid use disorder (OUD) and any co-occurring substance use disorders or mental health (SUD/MH) conditions.

Support pre-arrest diversion and deflection strategies for persons with addiction including opioids and any other co-occurring substance use or mental health conditions, including established strategies such as sequential intercept mapping and other active outreach

strategies such as the Drug Abuse Response Team (DART) or Quick Response Team (QRT) models or other co-responder models that engage people not actively engaged in treatment. Support pre-trial services that connect individuals with addiction including opioids and any other co-occurring substance use or mental health conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts for persons with addiction including opioids and any other co-occurring substance use or mental health conditions, but only if these problemsolving courts provide referrals to evidence-informed treatment, including MAT.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate services to individuals with addiction including opioids and any other co-occurring substance use or mental health conditions who are incarcerated, on probation, or on parole.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate re-entry services to individuals with addiction including opioids and any other co-occurring substance use or mental health conditions who are leaving jail or prison or who have recently left jail or prison.

Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis substance use disorder/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Mother-Centered Treatment and Support

Finance and promote evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women, post-partum mothers, as well as those who could become pregnant and have addiction including opioids and any other co-occurring substance use or mental health conditions.

Training for obstetricians and other healthcare personnel who work with pregnant women or post-partum women and their families regarding treatment for addiction including opioids and any other co-occurring substance use or mental health conditions.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.

Fund child and family supports for parenting women with addiction including opioids and any co-occurring substance use or mental health conditions.

Enhanced family supports and childcare services for parents receiving treatment for addiction including opioids and any co-occurring substance use or mental health conditions.

Recovery Support

Identify and support successful recovery models including but not limited to: college recovery programs, peer support agencies, recovery high schools, sober events and community programs, etc.

Provide technical assistance to increase the quantity and capacity of high-quality programs that model and support successful recovery.

Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users. To reduce stigma and to normalize a culture of recovery, government staff will be provided with onboarding and training that generates a cultural shift and provides all government employees with tool and resources to feel supported and to support colleagues who may be struggling with substance use disorder.

Convene community conversations and trainings that engage non-profits, civic clubs, the faith-based community, and other stakeholders in training and techniques for providing referrals and supports to those persons to family and friends struggling with substance use disorder.

Identify and address transportation barriers to permit consistent participation in treatment and recovery support.

Support the development of recovery-friendly environments in all sectors, schools, communities and workplaces to promote and sustain health and wellness goals. Put resources toward:

1. Supportive and recovery housing;
2. Supportive employment/jobs;
3. Certification of peer coaches, peer-run recovery organizations, recovery community organizations;
4. Crisis intervention and relapse prevention; and
5. Services and structures that support young people living a life in recovery including, recovery high schools and collegiate recovery communities.

Prevention

Invest in school-based programs that have demonstrated effectiveness in preventing drug misuse and that appear promising to prevent the uptake and use of opioids. Investment in school and community-based prevention efforts and curriculum that has demonstrated effectiveness in reducing Adverse Childhood Events (ACEs) and their impact by increasing resiliency, and preventing risk-taking, unhealthy or dangerous behaviors such as: drug use, misuse, early alcohol use, and suicide attempts.

Assist coalitions and community stakeholders in aligning state, federal, and local resources to maximize procurement of school and community education curricula, programs and campaigns for students, families, school employees, school athletic programs, parentteacher and student associations, aging and elderly community members and others in an effort to build a comprehensive prevention and education response that addresses prevention across the lifespan.

Invest in environmental scans and school surveys to identify effective prevention efforts and realign prevention and treatment responses with those emerging risk factors and changing patterns of substance misuse.

Fund community anti-drug coalitions that engage in drug prevention efforts and education.

Prevent Over-Prescribing of Opioids and Other Drugs of Potential Misuse

Training for healthcare providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on prescribing of opioids and other drugs of concern.

Support for non-opioid pain treatment alternatives, including training providers to offer or refer patients to multi-modal, evidence-informed treatment of pain.

Development and implementation of a National Prescription Drug Monitoring Program (PDMP) – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to: a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for healthcare providers relating to opioid use disorder (OUD) and other drugs of concern.

Prevent Overdose Deaths and Other Harms (Harm Reduction)

Increase availability and distribution of naloxone and other drugs that treat overdoses for use by first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, community-based service providers, social workers, and other members of the general public.

Promote and expand naloxone strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then engaged and retained in evidence-based treatment programs.

Provide training and education regarding naloxone and other drugs that treat overdoses for first responders, persons who have experienced an overdose event, patients who are

currently prescribed opioids, families, schools, and other members of the general public. Develop data tracking software and applications for overdoses/naloxone revivals.

Invest in evidence-based and promising comprehensive harm reduction services and centers, including mobile units, to include; syringe services, supplies, naloxone, staffing, space, peer-support services, and access to medical and behavioral health referrals. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Services for Children

Review the continuum of services available to Ohio's youths, young adults, and families to identify gaps and to ensure timely access to appropriate care for Ohio's youngest citizens and their parents.

Fund additional positions and services, including supportive housing and other residential services to serve children living apart from custodial parents and/or placed in foster care due to custodial opioid use.

Expand collaboration among organizations meeting the prevention, treatment, and recovery needs of Ohio's young people and organizations serving youths, such as Boys & Girls Clubs, YMCAs and others. Support the growth of recovery high schools, collegiate recovery communities, and alternative peer groups for youths recovering from mental illness and substance use disorders.

First Responders (EMS, Firefighters, Law Enforcement and other criminal justice professionals)

Provide funds for first responders and criminal justice professionals and participating subdivisions for cross agency/department collaboration and other public safety expenditures relating to the opioid epidemic that address both community and statewide supply and demand reduction strategies including criminal interdiction efforts.

Training public safety officials and responders safe-handling practices and precautions when dealing with fentanyl or other drugs.

Provide trauma-informed resiliency training and support that address compassion fatigue and increased suicide risk of public safety responders.

Workforce

Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Scholarships/loan forgiveness for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field for continuing education licensing fees.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Training for healthcare providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists to support treatment and harm reduction.

Dissemination of accredited web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

PART TWO: Statewide Innovation & Recovery

Leadership, Planning and Coordination

Provide resources to fund the oversight, management, and evaluation of abatement programs and inform future approaches.

Community regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for prevention, treatment, and/or services.

A government dashboard to track key opioid/and addiction-related indicators and supports as identified through collaborative community processes.

Provide funding for grant writing to assist already established community coalitions in securing state and federal grant dollars for capacity building and sustainability.

Stigma Reduction, Training and Education

Commission statewide campaigns to address stigma against people with mental illness and substance use disorders. Stigma and misinformation deeply embed the deadly consequences of Ohio's public health crisis. These prevent families from seeking help, fuel harmful misperceptions and stereotypes in Ohio communities, and can discourage medical professionals from providing evidence-informed consultation and care. Ohio's campaign to

end stigma should include chronic disease education; evidence-based prevention, treatment, and harm reduction strategies; stories of recovery; and a constant reframing of mental illness and addiction from a personal moral failing to a treatable chronic illness. Coordinate public and professional training opportunities that expand the understanding and awareness of adverse childhood experiences (ACEs) and psychological trauma, effective treatment models, and the use of medications that aid in the acute care and chronic disease management of both mental illness and addiction.

Strengthen the citizen workforce by providing community-based trainings, such as Mental Health First Aid, Crisis Intervention Training, naloxone administration, and suicide prevention. These best practice trainings should be allowable as Continuing Education Units for professional development and when offered in an educational setting, provide academic credit.

Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment. Training for emergency room personnel treating opioid overdose patients on post-discharge planning. Such training includes community referrals for MAT, recovery case management and/or support services.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

Invest in public health education campaigns that inform audiences about the ease of contraction of hepatitis C, and that engage persons at-risk to receive testing and treatment.

Convene and host community conversations and events that engage local non-profits, civic clubs, and the faith-based community as a system to support prevention.

Fund programs and services regarding staff training, networking, and practice to improve staff capability to abate the opioid crisis.

Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with addiction including opioids and/or any other co-occurring substance use and/or mental health conditions (e.g. behavioral health prevention, treatment, and recovery services providers, healthcare, primary care,

pharmacies, PDMPs).

Support community-wide stigma reduction regarding accessing treatment and support for persons with substance use disorders.

RESEARCH

Ensuring that funding is flexible to invest in short and long-term research and innovation projects that embrace new advances, technology and other strategies that meet the needs of Ohioans today and in the future.