Resolution 2026-144

A Resolution Authorizing the Use of Opioid Funds to Purchase Mobile Fingerprinting Identification Systems

The Board of Trustee of Franklin Township, Franklin County, Ohio met in person in a Regular Meeting at 12:00p.m. on Thursday August 20, 2026 . The Trustee marked below made a motion for the adoption of the following resolution:

☐ **Trustee Fleshman** ☒ **Trustee Blevins** ☐ **Trustee Fuller**

WHEREAS Franklin Township receives National Opioid Settlement Funds pursuant to the One Ohio Memorandum of Understanding and Resolution No. 2026-001; and

WHEREAS, the Franklin Township Police Department seeks to purchase two (2) mobile fingerprinting identification systems from DataWorks Plus, including necessary installation and related costs; and

WHEREAS, the proposed use is intended to fall within the research and innovation area of the One Ohio Memorandum of Understanding, consistent with guidance provided by the Franklin County Prosecutor's Office;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF FRANKLIN TOWNSHIP, FRANKLIN COUNTY, OHIO:

SECTION 1. The Board of Trustees hereby authorizes the use of available National Opioid Settlement Funds to purchase two (2) mobile fingerprinting identification systems from DataWorks Plus, including necessary installation and related implementation costs, for the Franklin Township Police Department, not to exceed $10,00.00.

SECTION 2. The expenditure shall be made in compliance with the One Ohio Memorandum of Understanding, Resolution No. 2026-001, and all applicable requirements governing National Opioid Settlement Funds.

SECTION 3. The Police Chief is authorized to take all necessary actions to complete the purchase and implementation of the systems.

SECTION 4. That all formal actions of this Board concerning and relating to the adoption of this Resolution were adopted in an open meeting of the Board, and that all deliberations of the Board and its committees that resulted in such formal actions were conducted in meetings open to the public, in compliance with Section 121.22 of the Ohio Revised Code.

SECTION 5. That this Resolution shall be in full force and effective immediately upon adoption.

The following trustee marked below seconded the motion:

☒ **Trustee Fleshman** ☐ **Trustee Blevins** ☐ **Trustee Fuller**

Roll was called for the adoption of the resolution, and the vote was as follows:

Fleshman: ☒YES/ ☐NO **Blevins:** ☒YES/ ☐NO **Fuller:** ☒YES/ ☐NO

Mike Blevins, Trustee

John Fleshman, Trustee

Brenda Fuller, Trustee

Adopted on August 20, 2026

DataworksPlus

August 17, 2026

Chief Bryon Smith
Franklin Township Police Department
2193 Frank Road
Columbus OH 43223

Quote: OH2025-1210-1124 Mobile-ID

Chief Smith,

We are pleased to provide the Franklin Township Police Department with our standard pricing for the Mobile Fingerprint Identification System. This system will allow local and county agencies to connect directly to the BCI and submit prints to the Ohio State AFIS and FBI RISC database.

DataWorks Plus provides Franklin Township Police Department with a unique opportunity to provide the best of breed system allowing identification officers the ability to use any state approved biometric identification device from any vendor DataWorks partners with. We have provided an overview of the system functionality and workflow with our Mobile Fingerprint Identification (Mobile-ID) application. Being hardware agnostic we can mix and match devices depending upon your specific needs.

We appreciate the opportunity to present this proposal and look forward to working with you on this and other information systems or biometric needs. If you have any questions regarding this proposal, please do not hesitate to contact us.

Sincerely,

Randy Hall

Randy Hall
Senior Account Executive
610-322-9559
rhall@dataworksplus.com

Mobile-ID Overview

DataWorks Plus products follow the commercial-off-the-shelf (COTS) approach, which we take to the next level. Our applications are *highly configurable,* which has allowed the State to design and configure the system to the state's specific requirements. Thus, DataWorks Plus can provide you with a system that adapts to your needs instead of you adapting to the product. This flexibility allows DataWorks Plus to quickly deploy customized applications. The applications we provide not only meet the needs of your agencies today, but it also allows you to transition to future remote identification products as they are introduced to the marketplace without additional infrastructure costs since we are vendor/hardware agnostic. This approach ensures the Case Western Reserver University will always be current with the latest and greatest technology.

- The Franklin Township Police Department can use any state approved remote ID device from a number of vendors.
- The Franklin Township Police Department can choose a variety of networks depending upon device requirements.

Support of Multiple Vendor's Hardware

DataWorks Plus has taken a different approach from other Rapid-ID vendors. Our Mobile-ID software was designed to support fingerprint scanner hardware from various hardware manufacturers.

> ***"This allows DataWorks Plus to take an independent, open, and objective approach when recommending the fingerprint scanners to meet the specific needs of each customer.*** "

This approach provides your agency with total flexibility to select the best fingerprint scanner for a wide variety of applications. Rapid ID systems often require different fingerprint scanners for different applications (i.e. one size does not fit all). This multi-vendor approach provides your agency with the opportunity to select the best hardware that is available today and in the future without being tied to a specific hardware vendor. We simply allow you the flexibility, comfort and cost saving model to invest in the infrastructure today and easily adapt to changing technology without the significant reinvestment.

The infrastructure is in place for you to easily plug-and-play devices and does not restrict you from having the "best in breed" technology in your agencies' hands.

Previous Biometric Fingerprint Identification Systems

Michigan State Police and other Local and County Agencies

DataWorks Plus has been providing RAPID-ID solutions to law enforcement and criminal justice agencies for over a decade.

> **"The Michigan State Police currently have 200 plus active RAPID-ID Licenses also known as the MI Mobile-ID solution. In addition there are over 120 devices deployed amongst 100 local and county agencies."**

DataWorks Plus is primarily deploying its newest scanner, the Evolution, which is an "All-In-One" device that is based upon smartphone technology. Officers use the Evolution scanner to capture fingerprints, which are then sent to the State AFIS and FBI RISC database for matching results. Agencies have the option of pairing the device to an MDC or using it as an "All-in-One".

DataWorks Plus is also an approved vendor for Livescan and provides the SNAP program and statewide facial recognition solution.

FDLE RAPID-ID

DataWorks Plus has been working with the Florida Department of Law Enforcement (FDLE) for past several years on their FALCON RAPID-ID system using DataWorks Plus' Mobile-ID. A pilot began with the Florida Highway Patrol and was then extended to include five state agencies and three county sheriff's offices. Today hundreds of agencies are using the Cogent Bluecheck fingerprint scanners as a part of the FDLE project. The handheld scanners weigh only 3 ounces and can easily fit in an officer's pocket or belt. It includes Bluetooth communication to wirelessly transfer scanned fingerprints to a PDA, laptop, tablet, desktop or cellular phone. This enables officers in the field to quickly identify individuals who have warrants or any previous criminal histories.

"To date over 6000 fingerprint devices have been deployed to numerous agencies".

With Mobile-ID, the officer has an objective, fast, and reliable method of determining the driver's identity, even when the individual will not provide any other proof of identity. By scanning two fingerprints on the Verifier MW scanner, the data will be compared against a state database with over 4 million records (Sagem Morpho, MorphoTrak now IDEMIA AFIS). Within one minute, DataWorks Plus' Mobile-ID software will display any warrants or criminal history for an individual.

Roadside stops serve as just one example of the many applications for DataWorks Plus' Mobile-ID system. The system can also be used with inmate booking/transport/release, in the court room, the medical examiner's office, crime scene investigation, evacuation centers to identify sex offenders or individuals with outstanding warrants as well as DNA confirmation. Since there are such a wide variety of applications for Mobile-ID, each agency can utilize it in a way to meet their unique needs. DataWorks Plus developed Mobile-ID to work with any mobile fingerprint scanner so that agencies can have the flexibility to choose the hardware that works best for them from a wide array of single-finger and two-finger scanners.

Georgia Bureau of Investigation

In 2009, DataWorks Plus was selected from a competitive bidding process to provide a statewide fingerprint identification system through the Georgia Bureau of Investigation. This project involved the creation of a RAPID-ID fingerprint matching system that any officer within the state of Georgia could access with a mobile fingerprint scanning device. Users can simply scan two fingerprints from an individual from any location and electronically submit them to a state database containing over 3.5 million records to search for positive matches. The FBI's RISC database is also searched for matching fingerprints. For any positive matches, the individual's criminal history, warrants, and mugshot image are displayed on the officer's device within seconds.

The number of agencies using RAPID-ID within the state of Georgia has increased steadily since the project began in 2009.

"Currently there are over 700 active RAPID-ID devices registered for use from over 90 Georgia agencies."

Since the system is accessible via a web-based mobile data connection, there are no boundaries for where searches can be performed from. Additionally, the system is not limited to a single type of fingerprint scanning device. Georgia's RAPID-ID devices range from USB tethered scanner workstations to lightweight Bluetooth mobile scanners, to "all-in-one" ruggedized PDA scanners. Hundreds of scans are performed throughout the state each day and each agency can access and review a full log of all scans with the Transaction Monitor that have been performed by its registered RAPID-ID devices for reporting purposes. DataWorks Plus provides full hardware and technical support for each of the agencies using RAPID-ID within the state of Georgia."

Orange County Regional Network

DataWorks Plus installed NIST Manager Plus, Mobile-ID, and Digital PhotoManager in Orange County Sheriff's Office in Orlando, Florida. NIST Manager Plus is used as a fingerprint archive and retrieval system. Coupled with Mobile-ID it is able to perform positive identification at intake and release. In order to most effectively assist Orange County with their needs, DataWorks Plus created an interface to accept ten-print cards from a third-party vendor's live scan, store them in the NIST Manager Plus Archive, and then perform positive ID checks using Mobile-ID. They are able to build two finger applications for positive ID using a 1:N identification at intake and a 1:1 verification at release from the jail. This system is designed to support thousands of fingerprint scanners installed throughout the Orange County Regional System. DataWorks Plus' system supports multiple fingerprint matching applications such as field ID, jail entry/exit and positive ID in the court room. For Orange County, our products have been able to add value to other vendor's applications in addition to DataWorks Plus applications.

Components of the identification system are used in a mobile environment with blue tooth enabled single finger capture devices. Current and future deployment will equip 2000+ mobile users with scanners to allow the Orange County Sheriff's Office to scan individuals prior to transport to confirm identity as well as perform warrant confirmation on-site with a photograph and a fingerprint.

Overview of Biometric Devices

Mobile-ID is fully compatible with any major vendor's fingerprint scanning hardware. This allows your agency to choose the unit that best meets your agency's needs.

- **New Hybrid Device:** This new device supports Bluetooth, Wi-Fi and Cellular. Note Bluetooth is not available in Ohio.

  With Wi-Fi or cellular connectivity, the data and images are returned to the integrated smartphone.

- **Evolution specifications**
  - FAP30 FBI Certified Fingerprint Sensor
  - Galaxy Android Smartphone
  - Multimodal fingerprint and Photo Capture
  - Dimensions – 9.75" x 3.75" x 1.45"
  - Weight – 11.5 ounces

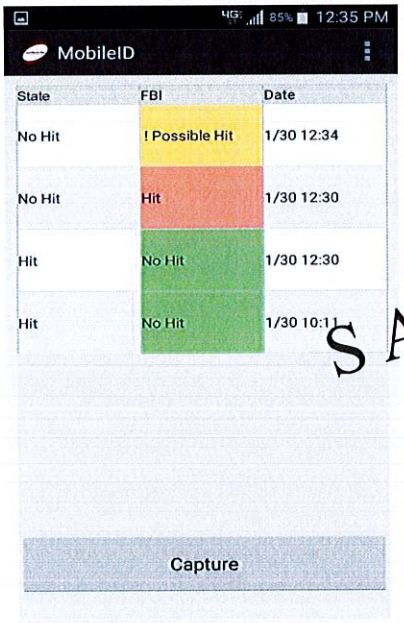
Note: The Bluetooth option is not available in Ohio.

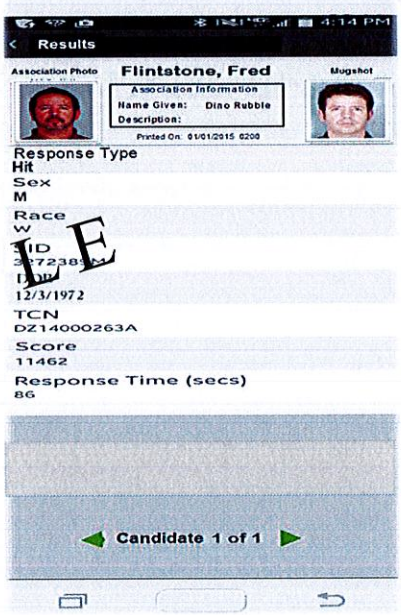
Mobile-ID Workflow

Franklin Township Police Department personnel would initiate a fingerprint check capturing one or two fingerprints for identification with the Evolution. When the process is started, two fingers will be scanned into the system and a search will be conducted yielding results displayed on a Mobile-ID device. Depending upon the device that is being used, the record's photograph (if available) and data will be displayed for visual verification over and above the fingerprint identification.

If a finger is missing or unavailable, the operator can mark those fingers as unavailable or simply choose a different finger. Once the fingerprint is scanned, it will be passed through Quality Assurance and any required data can be validated. Next, the officer will click the "Submit" button or click "ok" from the Client Application. The Client Application managing the device will create and send the approved file with the search data and fingerprint images to the DataWorks Plus Transaction Manger via the Local Area Network, 802.11, or Broadband network.

The DataWorks Plus Transaction Manager will handle the search submission to the State AFIS. A secondary request will be sent to the FBI's Repository for Individuals of Special Concern (RISC) and then route the results back to the submitting device. If a hit occurs, the record will be returned to the user with a photo (if available) and applicable data. If multiple records or photos are available for the individual, then the user can scroll through the images from the Photos Tab.

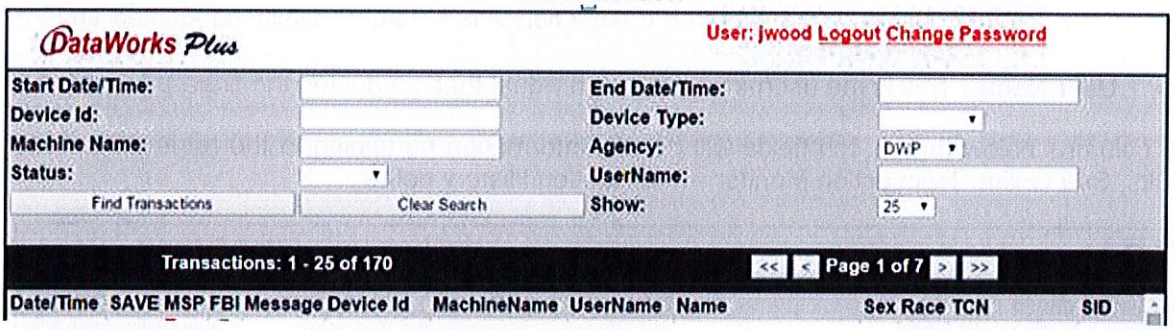




Online Transaction Monitor

The transaction monitor allows authorized users to view and monitor the positive identification transactions of each device. The Transaction Monitor allows authorized users to view all transactions and their status at one time. Since this function can be accessed by any networked PC, multiple departments and users can use it to obtain information quickly. It is a real-time display so the progress of the transactions can be viewed at a glance. Transactions can be viewed as a whole or by individual location. It also monitors and displays hit/no hit status of entered records along with color coded RISC notification (red, yellow, green).

Main Screen

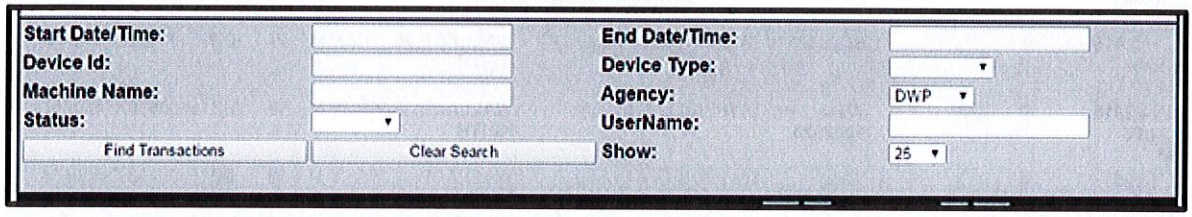


The options available on this screen are:

- **Logout** will log out of the activity history application.
- **Find Transactions** will search the activity history for activity that matches the search criteria entered in the search fields.
- **Clear Search** will reset the search fields.

Using the available search fields as seen below all activity that matches the search criteria entered will be retrieved.

Search Fields

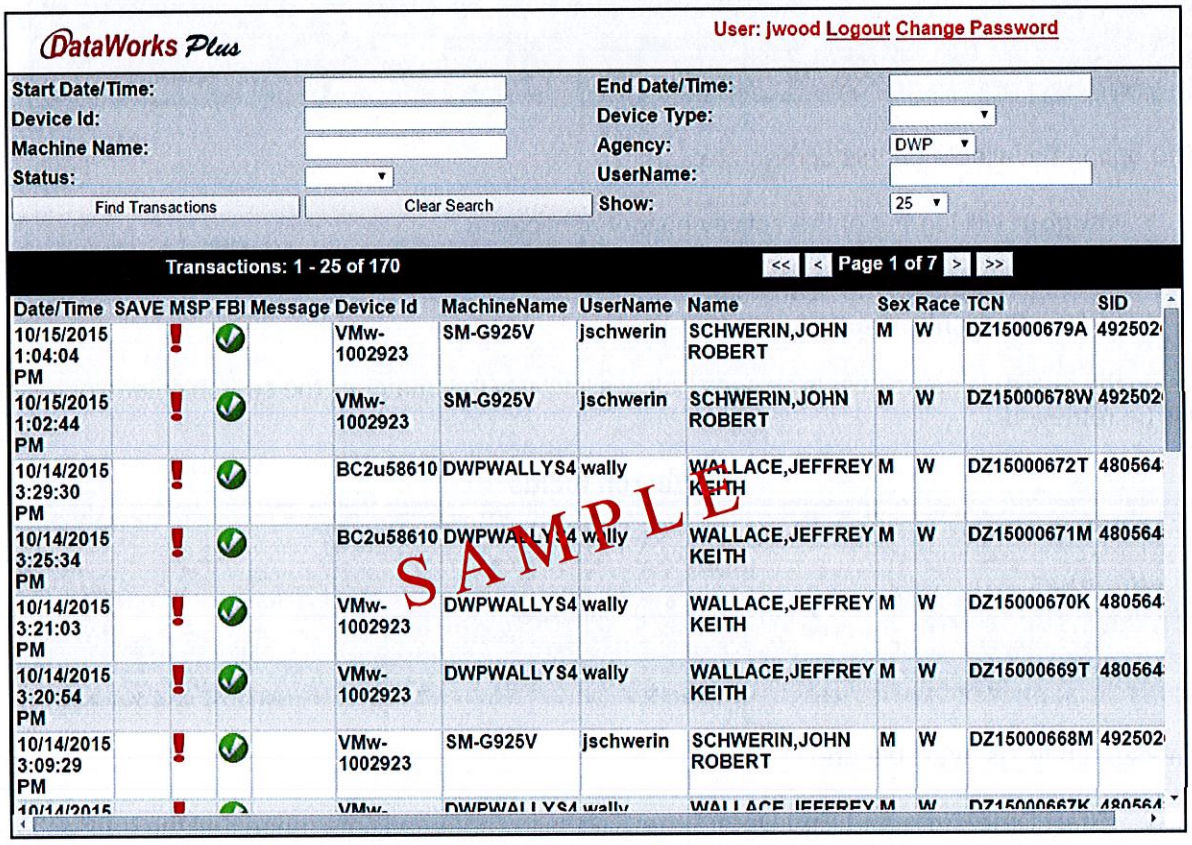


The search fields available are:

- **Start Date/Time and End Date/Time:** This is the date and time range that the transaction was submitted. All transactions between the start and end times entered will be searched. The date and time should be entered in the format mm/dd/yyyy 00:00:00 AM/PM. For example: 1/25/2010 8:29:06 AM. If you just enter a date, then all times for that date will be searched.
- **Device Id:** This is the identification number of the device used to capture the fingerprints.
- **Device Type:** This is the device type used to capture the fingerprints submitted for a search. The available options are: Verifier MW II, CSD450, Grabba, MC75, etc.

- **Machine Name:** This is the name of the machine that the mobile device was paired to when the fingerprint was submitted.
- **Agency:** This is the agency that the transaction was submitted from. An agency can be selected from the drop down list. If you select '<NONE>' then transactions from all agencies in the list will be searched. This would apply in a regional solution or if your agency is broken down to zones or districts.
- **Status:** This is the status of the fingerprint search. The available options from the drop down box are:
  - ***No Hit:*** No match was found for the submitted fingerprint.
  - ***Hit:*** A match was found for the submitted fingerprint.
  - ***Error:*** The fingerprint search transaction was not successfully conducted and an error was returned.
- **User Name:** This is the username of the individual that conducted the fingerprint search.

The columns below the search fields will display information pertaining to the retrieved activity results. See Online Transaction Monitor – Transaction History below.



Sample Online Transaction Monitor – Transaction History

These columns include:

Pricing

Positive Identification w/Mobile-ID			
"All-in-One" (AiO) Configuration	**Unit Cost**	**Qty**	**Total Cost**
Evolution, Mobile-ID Client Access License	$ 2,250.00	2	$ 4,500.00
DataWorks Two Factor Authentication Client	$ 250.00	2	$ 500.00
Configuration and Remote Installation Services	$ 360.00	1	$ 720.00
Remote "Train-the-Trainer" Training	$ 270.00	1	$ 270.00
One Year Verizon data plan & MDM	Incl.		Incl.
One Year Warranty	Incl.		Incl.
Total			**$ 5,990.00**
Annual Maintenance Budgetary Pricing			
Annual 24/7 Maintenance, Data & MDM For Year Two	**$ 505.00**	**2**	**$ 1,010.00**
Annual 24/7 Maintenance, Data & MDM For Year Three	**$ 505.00**	**2**	**$ 1,010.00**
Notes:			
Franklin Township Police Department is responsible for all network connectivity to the BCI including any CJIS requirements.			
Data plan is included with Maintenance program.			

Prices Good for 90 days from the date of this quote!

Agency Authorization OH2025-1210-1124 v2 Mobile-ID **Check appropriate boxes below:**

_____
Signature

_____
Print Name

_____
Rank/Title

_____
Date

☐ Total only

☐ Pre-Paid Maintenance/Data

Total Amount $_____

Please note that this is a sole source procurement as currently Dataworks is the only certified provider of Mobile-ID and is the manufacturer of the Evolution device and author of the Mobile-ID Client application with worldwide exclusive rights to distribute.

- **Transactions Count:** This is the total number of records that match the search criteria entered.
- **Date/Time:** This is the date and time that the transaction was submitted.
- **SAVE/MSP/FBI:** These are the transaction statuses for the fingerprint search submitted to the OHIO state database and FBI RISC. There are several statuses that may be displayed for a transaction:
    - ***Pending:*** The transaction has been submitted but has not been completed. If you would like to view the status of this transaction once it has been completed, you can either refresh your browser or conduct the activity search again with the same search criteria. The status will be updated once the transaction has been completed.
    - ***No Hit:*** No match was found for the submitted fingerprint in the OHIO state database.
    - ***Hit:*** A match was found for the submitted fingerprint in the OHIO state database.
    - ***Error:*** The fingerprint search transaction was not successfully conducted and an error was returned. Any transactions with an error status will have a corresponding message to explain the error.
- **Message:** If there was an error in the transaction submission, then a message explaining the error will be displayed. Examples of error messages are:
    - 12/21/2010 17:30:01 Error sending transaction to CAFIS.
    - 1/25/2010 10:17:38 Search failed. ERROR_UNSUPPORTED_BMP_FORMAT
    - 2/13/2010 11:31:35 Time-out or communications error with CAFIS
- **Device Id:** This is the identification number of the device used to capture the fingerprints.
- **Machine Name:** This is the name of the machine that the mobile device was paired to when the fingerprint was submitted.
- **User Name:** This is the user name for the person who took the fingerprints and submitted them to be searched.
- **Name:** This is the name of the individual whose fingerprints were a match to the fingerprints submitted by the mobile device. This will only be available if the status of the transaction was 'HIT'.
- **Sex:** This is the sex of the individual whose fingerprints were a match to the fingerprints submitted by the mobile device. This will only be available if the status of the transaction was 'HIT'.
- **Race:** This is the race of the individual whose fingerprints were a match to the fingerprints submitted by the mobile device. This will only be available if the status of the transaction was 'HIT'.
- **TCN:** The Transaction Control Number is a reference number given to each transaction to serve as a unique identifier.
- **SID:** This is the State Identification Number that is unique to an individual.

NOTES:

Quoted pricing includes the following services:

- Shipping, Integration, and Installation.
- Delivery approximately 60-90 days after receipt of order.
- Twelve-month Premium Plus warranty, commencing at delivery
- Administrative, Trainer, & User Training.

Additional engineering effort by DataWorks Plus beyond the scope of the standard product will be charged at our standard rate of $225 per hour, plus any related travel or administrative expenses. CJIS, SOC II, or other audit reports needed by the customer will be billed additionally at the standard hourly rate.

Upon expiration of warranty for the above equipment, Standard Maintenance for the first year will be available at 12% of the system list price,and is renewable annually thereafter at then current pricing. Standard maintenance support includes 8 x 5 Monday through Friday with next day onsite support and includes repair or replacement of failed parts and software maintenance. Premium Plus Maintenance will be offered for 14% of the system list price for upgraded 24 x 7 coverage.

DataWorks Plus believes in ensuring that your data is secure. As such, all DataWorks Plus employees must pass an FBI background check as part of our hiring process. DataWorks Plus understands that agencies have their own background processes and will comply with standard vendor background checks for employees either participating in the install or on-going maintenance. Standard vendor background checks include fingerprints, employment history, local, state and/or FBI checks. Extensive background processes beyond what is considered a standard check will be at the sole financial responsibility of the agency and should be coordinated with DataWorks Plus for scheduling and billing. CJIS, SOC II, or other audit reports needed by the customer will be billed additionally at the standard hourly rate. For a custom quote, contact your account manager.
DataWorks Plus appreciates the opportunity to present this proposal, which will be valid for 90 days, after which availability and prices are subject to change. To confirm your requisition, please submit your purchase order within this time frame. Prices are exclusive of any and all state, or local taxes, or other fees or levies. This quote is subject to the following conditions:

1. 100% invoiced upon installation .
2. Payment net thirty (30) days from receipt of invoice.
3. Warranty begins at delivery.

Forms, diagrams and or questionnaires that may need to be completed, referenced or currently on file, if applicable

Mobile Fingerprint ID Device/Server Application
AFIS Mobile Fingerprint ID Use Agreement
Acceptable Use Policy
Law Enforcement Information Network Memorandum of Agreement (MOA)
Ohio Criminal Justice Information Network User Agreement
Local Agency Security Officer (LASO) Appointment form

Systems Connectivity Request form to add IP addresses of the PCs that require access to the DataWorks Plus transaction server.

Project Contacts

Contracts/Pricing

Primary contact who authorized the purchase

_____
Name

_____
Email

_____
Phone

Project Manager

Responsible for the project and coordinating Installation and training

_____
Name

_____
Email

_____
Phone

Ship To Address

_____
Name

_____
Agency

_____
Address

_____
City, State, Zip

_____
Phone

Accounting/Purchasing

Contact where invoices will be sent

_____
Name

_____
Email

_____
Phone

IT Support

Contact from IT Department

_____
Name

_____
Emai

_____
Phone

ORI

Required by the BCI for Registration

_____

Proposal for the purchase of (2) (rapid ID fingerprint readers)

Cost (each) 3,130

After the initial year the maintenance and data package is 505.00 each year per unit.

Create a new program to disrupt drug activity supply and enhance our overdose response. This is a new program not within our current budget.

Disrupt drug supply

The rapid ID reader will enable our officers to immediately identify individuals suspected of trafficking opioids and fentanyl into our community, check for outstanding warrants related to drug offenses, and disrupt the supply chain more effectively.

Enhance Overdose Response

When responding to an overdose where the victim is incapacitated, this device will help us quickly identify the person to inform medical personnel of potential pre-existing conditions and notify their emergency contacts.

Facilitate Diversion Programs

By identifying individuals with a known history of substance use disorder, our officers can use this tool to facilitate a 'warm hand-off' to the county's crisis intervention team instead of making an arrest, directly supporting a 'treatment over incarceration' model.

This is a new capability for our department. These funds will not be used to replace our existing budget for routine equipment upgrades but will be dedicated specifically to enhancing our opioid interdiction and response efforts.


Click OK to accept
Capture
OK
Right Index

Robyn Watkins

From: Byron Smith
Sent: Tuesday, August 18, 2026 8:29 AM
To: Robyn Watkins
Subject: RE: Mobile-ID quote-2

Robyn

I don't see the email but Anna Boggs is whom the correspondence went through. I had John Warner working on this, he forwarded me the email but I don't see it. Basically the use of the expenditure must directly correlate with opioid prevention, treatment, or mitigation for it to be a proper use of the funds.

Byron

From: Robyn Watkins <rwatkins@franklin-township.com>
Sent: Tuesday, August 18, 2026 7:55 AM
To: Byron Smith <bsmith@franklin-township.com>
Subject: RE: Mobile-ID quote-2

Byron,
Can you send me any correspondence you have from the County Prosecutor that provides their opinion on the use of the opioid funds for this expenditure. If it was a phone call, please send me an email summarizing your call and who you spoke with at the County Prosecutor's Office so that I can attach it to the resolution.

Thank you,

Robyn L. Watkins
Payroll Specialist
Employee & Vendor Relations
Franklin Township
Franklin County, Ohio
(O): 614-279-9411 x2303
(C): 614-266-9844
(F): 614-279-6097
www.franklin-townshipohio.gov
Book time to meet with me

Franklin
TOWNSHIP

Business Main Office/Town Hall
Police Dept/Road Dept.

2193 Frank Road
Columbus, OH 43223

Station 192
4100 Sullivant Avenue
Columbus, OH 43228

From: Byron Smith <bsmith@franklin-township.com>
Sent: Monday, August 17, 2026 9:51 AM
To: Robyn Watkins <rwatkins@franklin-township.com>
Cc: Terrina Baldwin <TBaldwin@franklin-township.com>
Subject: FW: Mobile-ID quote-2

Robyn

Attached is the updated quote on the fingerprint scanners, I didn't notice any big changes.

Byron

From: Randy Hall <RHall@DATAWORKSPLUS.com>
Sent: Monday, August 17, 2026 9:47 AM
To: Byron Smith <bsmith@franklin-township.com>
Subject: Mobile-ID quote-2

Good morning Chief Smith,

I've attached an updated quote for two Evolution devices and our W9. Please confirm receipt.

DataworksPlus

Randy Hall
Senior Account Executive
(610)322-9559 | RHall@dataworksplus.com

From: Byron Smith <bsmith@franklin-township.com>
Sent: Monday, August 17, 2026 8:57 AM
To: Randy Hall <RHall@DATAWORKSPLUS.com>
Subject: RE: Quote

Randy,

I should have board approval for (2) of the fingerprint scanners this Thursday, can you send me an updated quote and a current W9 please? Thank you

(Quote OH2025-1210-1124 Mobile ID)

Chief Byron Smith
Franklin Township Division of Police
2193 Frank Rd
Columbus OH 43223
614.279.9411

Resolution 2026-001

A Resolution Amending Resolution 2023-015
Appointing a new Respresentative with National Opioid Settlement

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 pm. on Thursday, January 8, 2026. The Trustee marked below made a motion for the adoption of the following Resolution:

☐ ***Fleshman*** ☒ ***Blevins*** ☐ ***Fuller***

BE IT RESOLVED by the Board of Trustees of Franklin Township, Franklin County, Ohio, that the Board hereby approves to amend Resolution 2023-015, by removing James Leezer as the authorized representative of Franklin Township with respects to The National Opioid Settlement, commonly known as *One Ohio*, effective January 1, 2026. (*Exhibit A*)

BE IT FUTHER RESOLVED that the board of trustees approves the following trustee (marked below) to be the new authorized representative for Frankin Township in regard to One Ohio, effective January 1, 2026.

☐ John Fleshman
☐ Mike Blevins
☒ Brenda Fuller

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be declared an emergency and be in full force and effective immediately upon its adoption.

The following Trustee marked below seconded the motion:

☒ ***Fleshman*** ☐ ***Blevins*** ☐ ***Fuller***

Roll was called for the adoption of the Resolution, and the vote was as follows:

Fleshman: ☒ YES/ ☐ NO ***Blevins:*** ☒ YES/ ☐ NO ***Fuller:*** ☒ YES/ ☐ NO

John Fleshman, Trustee

Mike Blevins, Trustee

Brenda Fuller, Trustee

Adopted: January 8, 2026

MIKEDEWINE
GOVERNOR OF OHIO

DAVE YOST
OHIO ATTORNEY GENERAL

February 19, 2020

Deal Local Government Leaders.

A little more than two years ago, Ohio became one of the first states to file lawsuits against the opioid manufacturers and distributors that pushed millions of addictive pills into our state. Since then, local leaders like you - from townships, villages, cities, and counties both within and outside Ohio - have filed suit against these same companies.

We know that the opioid epidemic has left no part of our state untouched, with every community having had to address the unique needs of those suffering from substance use disorder. We have learned, however, that we are stronger when we work together. Now, united as One Ohio, we want to move in one direction - to expand our prevention efforts, invest in treatment, support our law enforcement, and strengthen our efforts for a sustained recovery.

We are not asking you to walk away from your individual lawsuits. By working together, though, we can:

- Bring a swift resolution to this matter in Ohio and continue the real work of helping those in need.
- Ensure a settlement for Ohio that recognizes how every corner of the state has been hit hard by this crisis.

Because of your commitment to Ohioans' future, we have been charting a new way forward during the past few months. No plan is perfect, but One Ohio allows us to achieve our primary goals of a common purpose, local control, and a visionary statewide foundation to help combat the drug crisis for years to come. The fund will remain flexible to meet evolving needs while aiding families torn apart by this epidemic.

Moving forward, we genuinely believe that it is in everyone's best interest for Ohio to have a united front regarding any potential settlement. Your support of this effort signals hope for the families that are struggling.

Let this plan guide us as we work together. Let us speak with one voice. Let us be One Ohio.

Very respectfully yours,

Mike DeWine

MikeDeWine
Ohio Governor

Yost

Dave Yost
Attorney General

ONE OHIO MEMORANDUM OF UNDERSTANDING

Whereas, the people of the State of Ohio and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and,

Whereas, the State of Ohio, though its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance; and,

Whereas, the State of Ohio, through its Governor and Attorney General, and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Ohio;

Now therefore, the State and its Local Governments, subject to completing formal documents effectuating the Parties' agreements, enter into this Memorandum of Understanding ("MOU") relating to the allocation and use of the proceeds of Settlements described.

A. Definitions

As used in this MOU:

1. "The State" shall mean the State of Ohio acting through its Governor and Attorney General.

2. "Local Government(s)" shall mean all counties, townships, cities and villages within the geographic boundaries of the State of Ohio.

3. "The Parties" shall mean the State of Ohio, the Local Governments and the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation.

4. "Negotiating Committee" shall mean a three-member group comprising one representative for each of (1) the State; (2) the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation ("PEC"); and (3) Ohio Local Governments (collectively, "Members"). The State shall be represented by the Ohio Attorney General or his designee. The PEC shall be represented by attorney Joe Rice or his designee. Ohio Local Governments shall be represented by attorney Frank Gallucci, or attorney Russell Budd or their designee.

5. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State, PEC and the Local Governments.

6. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this Memorandum of Understanding.

7. "Approved Purpose(s)" shall mean 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 of licit and illicit opioids, and (v) support recovery from addiction services performed by qualified and appropriately licensed providers, as is further set forth in the agreed Opioid Abatement Strategies attached as Exhibit A. For purposes of the Local Government Share, "Approved Purpose(s)" will also include past expenditures.

8. "Pharmaceutical Supply Chain" shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.

9. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.

B. Allocation of Settlement Proceeds

1. All Opioid Funds shall be divided with 30% going to Local Governments ("LG Share"), 55% to the Foundation (structure described below) ("Foundation Share"), and 15% to the Office of the Ohio Attorney General as Counsel for the State of Ohio ("State Share").

2. All Opioid Funds, regardless of allocation, shall be utilized in a manner consistent with the Approved Purposes definition. The LG Share may also be used for past expenditures so long as the expenditures were made for purposes consistent with the remaining provisions of the Approved Purposes definition. Prior to using any portion of the LG Share as restitution for past expenditures, a Local Government shall pass a resolution or take equivalent governmental action that explains its determination that its prior expenditures for Approved Purposes are greater than or equal to the amount of the LG Share that the Local Government seeks to use for restitution.

3. The division of Opioid Funds paid to Local Governments participating in an individual settlement shall be based on the allocation created and agreed to by the Local Governments which assigns each Local Government a percentage share of Opioid Funds. The allocations are set forth in Exhibit B. With respect to Opioid Funds, the allocation shall be static.

4. In the event a Local Government merges, dissolves, or ceases to exist, the allocation percentage for that Local Government shall be redistributed equitably based on the

composition of the successor Local Government. If a Local Government for any reason is excluded from a specific settlement, the allocation percentage for that Local Government shall be redistributed equitably among the participating Local Governments.

5. If the LG Share is less than $500, then that amount will instead be distributed to the county in which the Local Government lies to allow practical application of the abatement remedy.

6. Funds obtained from parties unrelated to the Litigation, via grant, bequest, gift or the like, separate and distinct from the Litigation, may be directed to the Foundation and disbursed as set forth below.

7. The LG Share shall be paid in cash and directly to Local Governments under a settlement or judgment, or through an administrator designated in the settlement documents who shall hold the funds in trust in a segregated account to benefit the Local Governments to be promptly distributed as set forth herein.

8. Nothing in this MOU should alter or change any Local Government's rights to pursue its own claim. Rather, the intent of this MOU is to join all parties to seek and negotiate binding settlement or settlements with one or more defendants for all parties within Ohio.

9. Opioid Funds directed to the Foundation shall be used to benefit the local community consistent with the by-laws of the Foundation documents and disbursed as set forth below.

10. The State of Ohio and the Local Governments understand and acknowledge that additional steps should be undertaken to assist the Foundation in its mission, at a predictable level of funding, regardless of external factors.

11. The Parties will take the necessary steps to ensure there is the ability of a direct right of action under the expedited docket rules to the Ohio Supreme Court relative to any alleged abuse of discretion by the Foundation.

C. Payment of Counsel and Litigation Expenses

1. The Parties agree to establish a Local Government Fee Fund ("LGFF") to compensate counsel for Local Governments if the Parties cannot secure the separate payment of fees and associated litigation expenses for their counsel from a settling entity.

2. The LGFF shall be calculated by taking 11.05% of the total monetary component of any settlement accepted ("LGFF Amount"). Fees related to product or other items of value shall be addressed case by case.

3. The first 45% of the LGFF amount shall be drawn from the LG Share. The remaining 55% shall be drawn from the Foundation Share. No portion of the LGFF Amount may be assessed against or drawn from the State Share.

4. To the extent the Parties can secure the separate payment of fees and associated litigation expenses from a settling entity, the amount to be drawn for the LGFF will be proportionally reduced.

5. This LGFF Amount will be deposited into the LGFF and shall be utilized for purposes of satisfying Local Government contingent fee contracts. In the absence of a National Prescription Opiate MDL settlement with any defendant settling through this One Ohio Memorandum of Understanding, the LGFF may be subject to a common benefit assessment. In the event of a common benefit assessment, the assessment shall be paid from the LGFF and in no instance shall an assessment cause the LGFF to be more than 11.05% of the total monetary component of any settlement accepted. In no instance shall any assessment be collected from the State Share, Foundation Share or Local Government Share.

6. Local Government contingent fee contracts shall be capped at 25% or the actual contract rate whichever is less. Eligible contingent fee contracts shall be executed as of March 6, 2020 and subject to review by the committee designated to oversee the Local Government Fee Fund.

7. Common Benefit awards will be coordinated as set forth in the M.D.L. Common Benefit Fee Order. Expenses will be addressed consistent with the manner utilized in the M.D.L.

8. Any balance left in the LGFF following the payment of fees shall revert to the Foundation.

9. Any attorney fees related to representation of the State of Ohio shall not be paid from the LGFF but paid directly from the State Share or through other sources.

D. The Foundation

1. The State of Ohio will be divided into 19 Regions (See attached Exhibit C). Eight of the regions will be single or two county metropolitan regions. Eleven of the regions will be multi-county, non-metropolitan regions.

2. Each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the board and selection of projects to be funded from the region's Regional Share. The Expert Panel (defined below) may consult with and may make recommendations to Regions on projects to be funded. Regions shall have the responsibility to make decisions that will allocate funds to projects that will equitably serve the needs of the entire Region.

3. The Parties shall create a private 501(c)(3) foundation ("Foundation") with a governing board ("Board"), a panel of experts ("Expert Panel"), and such other regional entities as may be necessary for the purpose of receiving and disbursing Opioid Funds and other purposes as set forth both herein and in the documents establishing the Foundation. The Foundation will allow Local Governments to take advantage of economies of scale and will partner with the State of Ohio to increase revenue streams.

4. Board Composition

   a. The Board will consist of 29 members comprising representation from four classes:

      - Six members selected by the State (five selected by the Governor and one selected by the Attorney General);
      - Four members drawn from the Legislature
        - One representative selected by the President of the Ohio Senate;
        - One representative selected by the Ohio Senate Minority Leader;
        - One representative selected by the Speaker of the Ohio House of Representatives; and,
        - One representative selected by the Ohio House Minority Leader
      - Eleven members with one member selected from each non-metropolitan Regions; and
      - Eight members, with one member selected from each metropolitan Regions.

   b. All board members shall serve as fiduciaries of the Foundation as required by Ohio Revised Code § 1702.30(B) governing directors of nonprofit corporations.

5. Board terms will be staggered. Five members, (one from each of the first three classes above, and two from the metropolitan class) will be appointed for an initial three-year term, eight members of the Board (two from the first class, including the Attorney General's representative, one from the second class, four from the third class, and one from the fourth class) will be appointed for an initial term of one

year. The remaining members will be appointed for a two-year term. Board members may be reappointed. All subsequent terms will be for two years.

6. Eighteen members of the Board shall constitute a quorum. Members of the Board may participate in meetings by telephone or video conference or may select a designee to attend and vote if the Board member is unavailable to attend a board meeting.

7. In all votes of the Board, a measure shall pass if a quorum is present, the measure receives the affirmative votes from a majority of those board members voting, and at least one member from each of the four classes of Board members votes in the affirmative.

8. The Foundation shall have an Executive Director appointed by the Governor.

   a. The Governor shall appoint the Executive Director at his or her discretion from a list of three candidates provided to the Governor by the Board. If the Governor finds all three candidates to be unsatisfactory, the Governor may reject all three candidates and request the Board to provide three new persons to select from.

   b. In choosing candidates to be submitted to the Governor, the Board shall seek candidates with at least six (6) years of experience in addiction, mental health and/or public health and who shall have management experience in those fields.

   c. No funds derived from the Foundation Share shall be used to pay the Executive Director or any of the foundation staff in excess of the maximum range (range 42) of the Department of Administrative Services Exempt Schedule E2 or that schedule's successor.

   d. The Executive Director shall serve as an ex officio, non-voting member of both the Board and the Expert Panel.

9. The Board shall appoint the Expert Panel. The Expert Panel shall consist of six members submitted by the Board Members representing the Local Governments, two members submitted by the Governor and one member submitted by the Attorney General. Expert Panel members may be members of Local Governments or the State. The Expert Panel will utilize experts in addiction, pain management, public health and other opioid related fields to make recommendations that will seek to ensure that all 19 regions can address the opioid epidemic both locally and statewide. Expert Panel members may also be members of the Foundation Board, but need not be.

10. The Foundation Board and the Regions shall be guided by the recognition that expenditures should ensure both the efficient and effective abatement of the opioid

epidemic and the prevention of future addiction and substance misuse. In recognition of these core principles, the Board and the Regions shall endeavor to assure there are funds disbursed each year to support evidence-based substance abuse/misuse prevention efforts.

11. Disbursement of Foundation Funds by the Board

a. The Foundation Board shall develop and approve procedures for the disbursement of Opioid Funds of the Foundation consistent with this Memorandum of Understanding.

b. Funds for statewide programs, innovation, research, and education may also be expended by the Foundation. Any statewide programs funded from the Foundation Share would be only as directed by an affirmative vote of the Board as set forth in paragraph D(7) above. Expenditures for these purposes may also be funded by the Foundation with funds received from either the State Share (as directed by the State) or from sources other than Opioid Funds as provided in paragraph 14 below.

c. Funds approved for disbursement to the nineteen Regions shall be allocated based on each Region's share of Opioid Funds ("Regional Share"). Each Regional Share shall be calculated by summing the individual percentage shares of the Local Governments within that Region as set forth in Exhibit B. The Regional Shares for each Region are set forth in Exhibit D.

d. Regions may collaborate with other Regions to submit joint proposals to be paid for from the Regional Shares of two or more Regions for the use of those Regions.

e. The Foundation's procedures shall set forth the role of the Expert Panel and the Board in advising, determining, and/or approving disbursements of Opioid Funds for Approved Purposes by either the Board or the Regions. Proposed disbursements to Regions of Regional Shares shall be reviewed only to determine whether the proposed disbursement meets the criteria for Approved Purposes.

f. Within 90 days of the first receipt of any Opioid Funds and annually thereafter, the Board, assisted by its investment advisors and Expert Panel, shall determine the amount and timing of Foundation funds to be distributed as Regional Shares. In making this determination, the Board shall consider: (a) Pending requests for Opioid Funds from Regions; (b) the total Opioid Funds available; (c) the timing of anticipated receipts of future Opioid Funds; (d) non-Opioid Funds received by the Foundation; and (e) investment income. The Foundation may disburse its principal and interest with the aim towards an efficient, expeditious abatement of the Opioid crisis considering long term and short term strategies.

g. Votes of the Board on the disbursement and expenditure of funds shall, as with all board votes, be subject to the voting procedures in Section D(7) above. The proposed procedures should provide for the Board to hear appeals by Local Governments from any denials of requested use of funds.

12. The Foundation, Expert Panel, and any other entities under the supervision of the Foundation shall operate in a transparent manner. Meetings shall be open, and documents shall be public to the same extent they would be if the Foundation was a public entity. All operations of the Foundation and all Foundation supervised entities shall be subject to audit. The bylaws of the Foundation Board regarding governance of the Board as adopted by the Board, may clarify any other provisions in this MOU except this subsection. This substantive portion of this subsection shall be restated in the bylaws.

13. The Foundation shall consult with a professional investment advisor to adopt a Foundation investment policy that will seek to assure that the Foundation's investments are appropriate, prudent, and consistent with best practices for investments of public funds. The investment policy shall be be designed to meet the Foundation's long and short-term goals.

14. The Foundation and any Foundation supervised entity may receive funds including stocks, bonds, real property and cash in addition to the proceeds of the Litigation. These additional funds shall be subject only to the limitations, if any, contained in the individual award, grant, donation, gift, bequest or deposit consistent with the mission of the foundation.

E. Settlement Negotiations

1. All Members of the Negotiating Committee, and their respective representatives, shall be notified of and provided the opportunity to participate in all negotiations relating to any Ohio-specific Settlement with a Pharmaceutical Supply Chain Participant.

2. No Settlement Proposal can be accepted for presentation to Local Governments or the State under this MOU over the objection of any of the three Members of the Negotiating Committee. The Chair shall poll the Committee Members at the conclusion of discussions of any potential settlement proposal to determine whether such objections exist. Although multiple individuals may be present on a Member's behalf, for polling purposes each Member is a single entity with a single voice.

3. Any Settlement Proposal accepted by the Negotiating Committee shall be subject to appoval by Local Governments and the State.

4. As this is an "All Ohio" effort, the Committee shall be Chaired by the Attorney General. However, no one member of the Negotiating Committee is authorized to

speak publicly on behalf of the Negotiating Committee without consent from the other Committee Members.

5. The State of Ohio, the PEC or the Local Governments may withdraw from coordinated Settlement discussions detailed in this Section upon 5 days' written notice to the remaining Committee Members and counsel for any affected Pharmaceutical Supply Chain Participant. The withdrawal of any Member releases the remaining Committee Members from the restrictions and obligations in this Section.

6. The obligations in this Section shall not affect any Party's right to proceed with trial or, within 30 days of the date upon which a trial involving that Party's claims against a specific Pharmaceutical Supply Chain Participant is scheduled to begin, reach a case specific resolution with that particular Pharmaceutical Supply Chain Participant.

Acknowledgment of Agreement

We the undersigned have participated in the drafting of the above Memorandum of Understanding including consideration based on comments solicited from Local Governments. This document has been collaboratively drafted to maintain all individual claims while allowing the State and Local Governments to cooperate in exploring all possible means of resolution. Nothing in this agreement binds any party to a specific outcome. Any resolution under this document will require acceptance by the State of Ohio and the Local Governments.

FOR THE STATE OF OHIO:

Mike DeWine, Governor

Dave Yost, Attorney General

FOR THE LOCAL GOVERNMENTS AND
PLAINTIFFS' EXECUTIVE COMMITTEE:

Frank L Gallucci III
Plevin & Gallucci Co., LPA

Anthony J. Majestro
Powell & Majestro PLLC

Michelle Kranz
Zoll & Kranz, LLC

Donald W. Davis, Jr.
Brennan, Manna & Diamond, LLC

Joe Rice
Motley Rice, LLC

Russell Budd
Baron & Budd, PC

Robert R. Miller
Oths, Heiser, Miller, Waigland
& Clagg, LLC

D. Dale Seif, Jr.
Seif & McNamee, LLC

James Lowe
Lowe, Eklund & Wakefield Co., LPA

Peter H. Weinberger
Dustin Herman
Spangenberg, Shibley & Liber LLP

Kevin M. Butler
Law Offices of Kevin M. Butler

We the undersigned ACCEPT / REJECT (Circle One) the One Ohio Memorandum of Understanding ("MOU"). We understand that the purpose of this MOU is to permit collaboration between the State of Ohio and Local Governments to explore and potentially effectuating earlier resolution of the Opioid Litigation against Pharmaceutical Supply Chain Participants. We also understand that an additional purpose is to create an effective means of distributing any potential settlement funds obtained under this MOU between the State of Ohio and Local Governments in a manner and means that would promote an effective and meaningful use of the funds in abating the opioid epidemic throughout Ohio.

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 a build 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 faith-based 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 co-occurring 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 problem-solving 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, parent-teacher 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 educations 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.