

**OHIO ATTORNEY GENERAL'S OFFICE
RECIPIENT ORGANIZATION AGREEMENT**

Recipient Organization: Columbus Public Safety Division-Division of Police

Maximum Amount: \$62,500.00

Award Period: Commencement Date – July 1, 2022 End Date – June 30, 2023

The parties hereto agree as follows:

I. Funding Purpose and Recapture of Funds. In accordance with the terms hereof, the Recipient Organization (the "Recipient") agrees to expend certain funds for the Law Enforcement Diversion Program to address the opioid epidemic in Ohio by providing necessary assistance and/or referrals to treatment options, recovery support, counseling and mental health treatment services, in accordance with the approved application attached hereto as Exhibit A and incorporated as if fully rewritten herein. The Recipient agrees that it will be liable to repay any funds spent in a manner inconsistent with this Agreement or the stated purpose as determined by the Ohio Attorney General ("Attorney General"). This Agreement may only be modified with the prior approval of the Attorney General. All modifications to this Agreement will be in writing and signed by both parties to this Agreement. Any change from the application in Exhibit A without a modification to this Agreement will be grounds for recapture of the funds by the Attorney General.

II. Limitations on Use of Funds. Funds received under this Agreement will not be used for any political campaign or governmental lobbying in a partisan manner. Expenses to be reimbursed under this Agreement must be performed during the Award Period stated above.

III. Disbursement of Funds. Funds will be disbursed monthly on a reimbursement basis upon the Attorney General's receipt of: (1) a Request for Payment Report, the form of which will be provided by the Attorney General and is attached to this Agreement as Exhibit B for reference, from Recipient documenting the services provided for the previous month; and (2) a Monthly Reporting Questionnaire, the form of which will be provided by the Attorney General and is attached to this Agreement as Exhibit C for reference. Request for Payment Reports and Monthly Reporting Questionnaires are due by the fifteenth of each month for the previous month's expenses. After receipt and approval by the Attorney General of a completed Request for Payment Report, payment will be made pursuant to Ohio Adm.Code 126-3-01. Unless otherwise directed by the Attorney General, completed Request for Payment Reports and Monthly Reporting Questionnaires should be directed via email to: Invoices@OhioAttorneyGeneral.gov. Disbursements are contingent upon the timely submission and approval of all required program and financial reports and compliance with the requirements set forth in Section IX below. Unexpended funds must be returned to the Attorney General.

IV. Ethics/Conflict of Interest. The Recipient, by signature on this document, certifies that it has reviewed and understands the Ohio ethics and conflict of interest laws, and will take no action inconsistent with those laws.

V. Non-Discrimination. Pursuant to Ohio Revised Code ("R.C.") 125.111 and the Attorney General's policy, Recipient agrees that Recipient and any person acting on behalf of Recipient shall not discriminate, by reason of race, color, religion, sex, sexual orientation, age, disability, military status, national origin, or ancestry against any citizen of this state in the employment of any person qualified and available to perform the work under this Agreement. Recipient further agrees that Recipient and any person acting on behalf of Recipient shall not, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under this Agreement on account of race, color, religion, sex, sexual orientation, age, disability, military status, national origin, or ancestry.

VI. Compliance with Law. The Recipient, in expending the funds, agrees to comply with all applicable federal, state and local laws, rules, regulations and ordinances.

VII. Authority to Bind Parties. The person signing this document on behalf of Recipient is legally authorized to contractually obligate the Recipient.

VIII. Certification of Funds. It is expressly understood and agreed by the parties that none of the rights, duties, and obligations described in this Agreement shall be binding on either party until all relevant statutory provisions of the Ohio Revised Code, including, but not limited to, R.C. 126.07, have been complied with, and until such time as all necessary funds are available or encumbered and, when required, such expenditure of funds is approved by the Controlling Board of the State of Ohio, or in the event that grant funds are used, until such time that the Attorney General gives Recipient written notice that such funds have been made available to the Attorney General by the Attorney General's funding source.

IX. Reporting Requirement. Recipient shall submit a report by January 1, 2023 and a final report by July 31, 2023 to the Attorney General describing the use of the funds during the Award Period and the outcome received from the expenditure of the funds. These reports shall include the information on attachment Exhibit D, 2023 DART Semiannual-Annual Report Form. These reports shall be sent to the following address: GrantsManagement@OhioAttorneyGeneral.gov. Additionally, pursuant to Section 221.30 of Amended Substitute House Bill No. 166 of the 133rd General Assembly, Recipient shall, within six months of the end date of the Award Period, submit a written report describing the outcomes that resulted from the award to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of the Senate, and the Minority Leader of the House of Representatives.

X. Relationship of Parties. It is fully understood and agreed that Recipient is an independent contractor and neither Recipient nor its personnel shall at any time, or for any purpose, be considered agents, servants, or employees of the Attorney General for the purpose of Ohio Public Employees Retirement Systems benefits.

XI. Time of Performance. Notwithstanding the foregoing, as the current General Assembly cannot commit a future General Assembly to expenditure, this Agreement shall expire no later than June 30, 2023. The Attorney General may renew this Agreement for an additional one-year term on the same terms and conditions by giving written notice prior to expiration. Such renewal shall begin July 1, 2023 and shall expire no later than June 30, 2024, unless sooner terminated as set forth herein.

[Remainder of This Page Intentionally Left Blank]

IN WITNESS WHEREOF, the parties hereto have caused this Recipient Organization Agreement to be executed by their duly authorized officers.

OHIO ATTORNEY GENERAL

30 East Broad Street, 17th Floor
Columbus, Ohio 43215-3400

By: _____

Benjamin Marrison

Chief of Staff

Date: _____

**COLUMBUS PUBLIC SAFETY DIVISION –
DIVISION OF POLICE**

Attn: Lt. Melissa McFadden
77 North High Street
Columbus, Ohio 43215

By: Retwcel

Name: Robert W. Clark

Title: Safety Director

Date: 8/11/22

Approval as to Form

By: Melissa L. Wilburn

Melissa L. Wilburn
Senior Assistant Attorney General
Finance Section, Business Counsel Unit

Date: 8/8/2022

EXHIBIT A

APPLICATION SUBMISSION

Submit the completed application and all attachments via email to **Mary Lynn Plageman** at **GrantsManagement@OhioAGO.gov**.

CONTACT INFORMATION

Office of Ohio Attorney General Dave Yost
Attn: Mary Lynn Plageman
30 E. Broad St., 17th Floor
Columbus, OH 43215
Phone: 614-728-2280
Website: www.OhioAttorneyGeneral.gov
Email: MaryLynn.Plageman@OhioAGO.gov

ORGANIZATION INFORMATION

Organization name: Columbus Department of Public Safety - Division of Police

Address: 77 North Front Street

City: Columbus ZIP: 43215 County: Franklin

Phone number: (614) 645-8210

Is your organization tax-exempt under Section 501 (c)(3): Yes No

HEAD OF THE ORGANIZATION

Name: Robert W. Clark

Title: Director of Public Safety

Phone number: (614) 645-8210

Email address: RWClark@columbus.gov

CONTACT PERSON INFORMATION

Name: Melissa McFadden

Title: Lieutenant

Phone number: (614) 645-2231

Email address: mmcfadden@columbuspolice.org

WORK PLAN ESSAYS

The Work Plan Essays explain the connections between the different components of the program or project. It is a useful tool for planning, implementation, and evaluation and for quickly explaining to others what your program is about.

1. What would the grant funds be used for?

RREACT EMS/mobile crisis outreach team provides community-based outreach to individuals who overdose, are recovered by first responders then refuse EMS transport to emergency rooms. In 2021, Columbus Division of Fire EMS responded to 5,270 overdose calls where NARCAN® was administered by first responders and the overdose reversed, slight increase from the previous year. Since Columbus Public Safety started tracking NARCAN® use by first responders in 2016, the number of individuals refusing transport to clinical facilities post-overdose has quadrupled-- transport refusal went from less than 5% to more than 20% and over 30 % in neighborhoods experiencing the highest number of overdose incidents. This means a growing number of high-risk opioid users missing opportunities to immediately connect with treatment and support resources, post non-fatal overdose. A RREACT paramedic, peace officer and nurse follow up with identified individuals in their homes with 72 hours of overdose incident.

2. The primary purpose of the grant is support of law enforcement programs that address the opioid epidemic. Please explain any desired expansion of the program considered necessary to meet the current needs of your community.

In an effort to reach this high-risk population of opioid overdose survivors, RREACT goes directly into communities to connect with opioid users who survive overdose but then refuse EMS transport to the emergency room. RREACT is a unit within the Division of Fire's Training and Emergency Medical Services Bureau and is supported by the Division of Police's Crisis Response Team. RREACT EMS outreach includes firefighters/paramedics, Crisis Intervention Team (CIT) certified peace officers, a substance use case manager, a registered SUD nurse, a family case manager and trauma specialist. The goal of the outreach unit is to proactively create connections and build relationships with opioid users. RREACT proactively follows up with addicts in the community within 72 hours of a non-fatal overdose; checks in on their immediate health and wellness; provides resource information and creates opportunities for users to link with harm reduction supplies, treatment programs and social service supports.

3. Outline objectives that will result from the proposed project. Objectives are specific, observable, time-framed and measurable.

RREACT is an innovative public safety outreach design leveraging community and provider partnerships to increase the number of opioid users linked with evidenced-based harm reduction services and licensed treatment programs. CIT police officer participation in RREACT outreach program activities increases the safety measures related to RREACT services and promotes innovative and multi-disciplinary criminal justice programs. RREACT activities support the following objectives for Law Enforcement Diversion program funding:
Objective 1: Maintain 2080 hours (40 hours/week) of overtime for CIT trained police officers dedicated to RREACT outreach through June 2023.
Objective 2: Measure CIT police officer overtime hours allocated to RREACT as documented on time sheets and in payroll reports.

4. Describe the steps necessary to accomplish your objectives, including an operational schedule for the project.

The RREACT program has been operational during 2021 and attempted to make contact with 3,649 unduplicated patients to provide information and linkage to treatment and recovery support services. The new funding will allow the Columbus Division of Police to maintain police officer engagement in RREACT activities. Police officers on the project perform the following tasks: identify individuals for RREACT outreach using police reports, interact with fellow RREACT team members to review outreach schedules and create outreach assignments, participate in RREACT follow-up visits with overdose survivors within 72 hours of overdose, collect and document data on RREACT outreach activities in the records management system, share relevant intelligence on relevant drug sources resulting from RREACT visits with police invest. teams, provide referrals for individuals to the appropriate Task Force groups, attend RREACT staff meetings, co-facilitate presentations on the multi-disciplinary RREACT outreach model.

5. Who will be responsible for completing the work necessary to achieve the objectives? Please list all agency community partners. Treatment providers must be certified by the Ohio Department of Mental Health and Addiction Services.

Columbus Division of Police, Columbus Division of Fire, Franklin County Family and Children First Council, Central Area Office on Aging, Franklin County Alcohol Drug and Mental Health Board, Maryhaven, The Ohio State University's Talbot Hall, Southeast Health Services, and Mighty Crow, Inc. (program evaluation), Emergency Networking (records management system tech support).

6. Specify the indicators and measures to be used to determine whether your objectives have been met. The methodology, type of measurement utilized, and responsible individuals for collecting this data should be specified.

RREACT Data Analyst conducts regular data quality control to ensure data integrity and analyzes data for weekly progress reports. RREACT also works with an external evaluator to measure the impact of RREACT activities and identify challenges and opportunities for the program. The primary focus of evaluation is on connection to support services, linkage to treatment, repeat overdoses and interactions with the justice system. The following list of indicators is tracked by the team and reported on quarterly basis:
Number of overdoses survivors visited by RREACT outreach/ Number of repeat overdoses
Number of opioid users connected with social services, treatment and/or recovery support by RREACT / Number of individuals trained on NARCAN administration
Number of family members (including children) in the home connected with social services, counseling, and/or trauma support / Number of NARCAN distributed

3. Please provide a detailed description of the items included in the Project Budget table.

Budget reflects 2080 hours of overtime for a top step police officer with Crisis Intervention Team training. This request supports 40 hours of overtime per week from July 2022 through June 2023. $2080 \text{ (work hours)} \times \$67 \text{ (OT hourly rate)} = \$139,360 \text{ (overtime salary)}$

Columbus fringe benefits are then applied to overtime salary. These benefits include the following: City share pension, worker's compensation, and Medicare for a fringe benefits rate of 22.95%.

$22.95\% \text{ (fringe benefits rate)} \times \$139,360 \text{ (overtime salary)} = \$31,983 \text{ (City fringe benefits)}$
 $\$139,360 + \$31,983 = \$171,343 \text{ (total request)}$

4. Please provide a time frame during which the funds will be used, including milestones and project completion.

Overtime funds will be utilized starting July 1, 2022 and they will be fully expended by June 30, 2023.

5. Should you be using an amount of the funds, within the allowable range, for salary, what is your plan for funding the position(s) once the grant funds are exhausted?

RREACT outreach has broad appeal. Outreach efforts are currently funded through local, state, and federal sources including, the City of Columbus, the Ohio Attorney General, and the Bureau of Justice Assistance. Most funding commitments support overtime and/or contract work.

Also, in 2019, RREACT secured a four-year federal SAMSHA FR-CARA grant allowing RREACT to support two police officer positions, a data analyst position, a family case manager, and a project manager. This funding will allow for consistent data collection and program assessment until RREACT positions are approved in future budgets for the City of Columbus.

ORGANIZATION AUTHORIZATION AND CERTIFICATION

I understand that by signing this application, I grant the Ohio Attorney General's Office or its authorized agents access to any records for verification and evaluation of the information provided in this application. I understand that completion of the application does not guarantee that I will receive the requested grant.

I certify that the information I have provided in this application is, to the best of my knowledge, a true and accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state law for knowingly making false or fraudulent statements.

Organization: Columbus Department of Public Safety - Division of Police

Name: Robert W. Clark Title: Director of Public Safety

Signature: Robert Clark (by [Signature]) Date: 5-26-22

EXHIBIT B



DAVE YOST
OHIO ATTORNEY GENERAL

REQUEST FOR PAYMENT REPORT

Reporting Period: [] Payment Request: \$ [] PO Number []

Agency: []

Address: []

Budget Cost Categories	Approved Budget	Current Expenditures	Total YTD Expenditures
Personnel Salaries			
Other			
Total Costs			

Status of Objectives

[]

Certification & Signature

I certify that all information and transactions I have reported in this report is, to the best of my knowledge, a true and accurate and complete disclosure of the requested information.

Typed Name & Title of Designated Official:	Signature of Designated Official and Date:
[]	[]

Please remit to Invoices@OhioAttorneyGeneral.gov. Attach documentation for justification of the request for payment (i.e. timesheets & ledger reflecting date of expenditures).

EXHIBIT C
2023 Monthly Reporting Questionnaire

MONTHLY REPORTING QUESTIONNAIRE: DART/QRT GRANT

The Ohio Attorney General's Office seeks to quantify the excellent work being done by your overdose response team. Please submit the following information along with your monthly request for payment for your QRT/DART grant. And feel free to add any other information that you think helps to describe your team's performance.

Report begin date: _____ Report end date: _____

Fatal overdoses during current reporting period: _____

Percentage increase/decrease from previous reporting period: _____

Nonfatal overdoses during this reporting period: _____

Percentage increase/decrease from previous reporting period: _____

Number of victims who experienced multiple overdoses during current reporting period: _____

Number of overdose victims you attempted to contact during current reporting period: _____

Number of overdose victims you succeeded in contacting during current reporting period: _____

Number of overdose victim's family members you contacted (because victim wasn't available) during current reporting period: _____

Of the overdose victims you contacted during the current reporting period: _____

How many sought treatment? _____

How many refused or ignored treatment options offered? _____

How many have continued treatment/recovery? _____

How many had a subsequent overdose? _____

How many died of a subsequent overdose? _____

What services/products/information do you offer/recommend to overdose victims and their family members?

If your program provides naloxone kits to drug users, how many drug users received kits? _____

If your program provides naloxone kits to family members of drug users, how many families received kits? _____

Please save the completed form to your computer for your records.

Return report to Invoices@OhioAttorneyGeneral.gov.

If you have any questions, please contact Mary Lynn Plageman at 614-728-2280.

SAVE AS

SUBMIT

EXHIBIT D
2023 DART Semiannual-Annual Report Form

SEMIANNUAL/ANNUAL REPORTING FORM
DART/QRT GRANT

CONTACT INFORMATION

Project Name: Date:
Project Sector: Project Contact:
Partner Agencies:

GOALS

State original project goals and objectives and describe outcome progress.*

Objective 1:
Progress:

Objective 2:
Progress:

Objective 3:
Progress:

PARTNERSHIPS

Describe current partnerships; include what is working and what should be added or removed.

Partnership 1:

Partnership 2:

Partnership 3:

**If you need more space than allotted to answer any question on this form, please attach additional pages to submission.*

SEMIANNUAL/ANNUAL REPORTING FORM: DART/QRT GRANT

PROJECT DETAILS

Describe the obstacles you have encountered.

What support(s) do you need in order to make your DART/QRT sustainable?

Please provide attachments for any achievements related to DART/QRT work (i.e. press releases, news stories, awards, etc.). Briefly list achievements and supporting documents.

Please include any additional details you would like to share with the Attorney General's Office.

Please save the completed form to your computer for your records.

Return report to GrantsManagement@OhioAttorneyGeneral.gov.

If you have any questions, please contact Mary Lynn Plageman at 614-728-2280.

SAVE AS

SUBMIT