

**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, 2020 End Date – June 30, 2021

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](mailto: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, 2021 and a final report by July 31, 2021 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, 2021 DART Semiannual-Annual Report Form. These reports shall be sent to the following address: [GrantsManagement@OhioAttorneyGeneral.gov](mailto:GrantsManagement@OhioAttorneyGeneral.gov). Additionally, pursuant to Section 221.30 of Amended Substitute House Bill No. 166 of the 133<sup>rd</sup> 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, 2021. 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, 2021 and shall expire no later than June 30, 2022, 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, 17<sup>th</sup> Floor  
Columbus, Ohio 43215-3400

By: \_\_\_\_\_

Benjamin Marrison

Chief of Staff

Date: \_\_\_\_\_

**COLUMBUS PUBLIC SAFETY DIVISION-  
DIVISION OF POLICE**

77 North Front Street  
Columbus, Ohio 43215

By: Ned Pettus Jr.

Name: Ned Pettus Jr.

Title: Director of Public Safety

Date: 7/31/2020

*Approval as to Form*

By: Carol V. Mosholder

Carol V. Mosholder  
Principal Assistant Attorney General  
Finance Section, Business Counsel Unit

Date: 7/27/2020

**EXHIBIT A**  
**Approved Application**



**OHIO ATTORNEY GENERAL**

**LAW ENFORCEMENT DIVERSION PROGRAM**  
**GRANT APPLICATION**

Ohio Attorney General's Office  
30 E. Broad Street, 17th Floor  
Columbus, OH 43215

## Ohio Attorney General Grant Program

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This grant supports collaborative partnerships between local law enforcement and behavioral health treatment providers to assist in the replication or expansion of law enforcement diversion programs to address addiction. Programs should be modeled after the Drug Abuse Response Team (DART) and Quick Response Teams (QRT), initially created in Lucas, Hamilton and Summit counties. DART members provide 24-hour assistance to overdose survivors and their families, including treatment options, recovery support and other necessary services. QRT team members visit the overdose survivor at home within 72 hours of an overdose to offer counseling and referral to physical and mental health treatment services. During the visit, the QRT provides a resource packet offering phone numbers of treatment facilities and information about addiction.

### NON-PERMISSIBLE USE OF FUNDS

- Bonuses, fees, or reimbursable expenses associated with administrators, staff, board members, and executive directors
- Capital campaigns
- Cellular service/equipment
- Contracts for audits
- Debt retirement, including mortgages, line-of-credit, etc.
- Entertainment
- Equipment/Technology
- Food and beverages
- Fundraising events or donations to other organizations
- Indirect costs
- Legal costs or legal representation
- Political activity or lobbying
- Rent, utilities, insurance, and taxes
- Salaries, benefits and overtime for personnel who are not directly responsible for the program
- Travel and related expenses
- Uniforms/Clothing
- Vehicles

### NOTICE REGARDING APPLICATION REVIEW

1. The Ohio Attorney General may make use of resources beyond the materials submitted in each application and/or request additional documentation from applicants, as necessary. This may include, but is not limited to, documentation available from published and other sources related to the project and which supports or verifies the content of the application.
2. Requests for additional information from applicants will include a due date by which applicants must submit responses.
3. The Ohio Attorney General's Office reserves the right to make exceptions to these requirements and consider modifying program guidelines on a case by case basis.

#### Application Submission:

Submit the completed application and all attachments via e-mail to Mary Lynn Plageman at [GrantsManagement@OhioAttorneyGeneral.gov](mailto:GrantsManagement@OhioAttorneyGeneral.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](http://www.OhioAttorneyGeneral.gov)

E-Mail: [MaryLynn.Plageman@OhioAttorneyGeneral.gov](mailto:MaryLynn.Plageman@OhioAttorneyGeneral.gov)

Ohio Attorney General Grant Program

**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: Ned Pettus Jr., Ph.D.

Title: Director of Public Safety

Phone Number: (614) 645-8210

E-mail Address: npettusjr@columbus.gov

**Contact Person Information**

Name: Jeff Lokai

Title: Lieutenant

Phone Number: (614) 645-2231

E-mail Address: jlokar@columbuspolice.org

Ohio Attorney General Grant Program

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?

In 2019, Columbus Fire EMS responded to just over 3100 overdose calls where naloxone was administered and the overdose was reversed. In a majority of these incidents, individuals were immediately transported to clinical facilities for observation and the opportunity to learn about treatment options. Emerging trends show that the number of individuals refusing transport to a clinical facility post-overdose has quadrupled. This means a growing number of high-risk opioid users are missing opportunities to connect with medical and social services professionals in a time of true crisis. To support this population, the Columbus Department of Public Safety created the Rapid Response Emergency Addiction Crisis Team outreach program (based upon the Drug Abuse Response Team model) to connect with overdose survivors in the community after a non-fatal overdose.

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.

The RREACT outreach program is staffed with Crisis Intervention Team (CIT) police officers, paramedics, social workers, and trauma specialists who do community-based follow ups with individuals who refused transport to clinical facilities after a non-fatal opioid overdose. This multi-disciplinary outreach team checks in with survivors within 72 hours of overdose. At these visits, paramedics and CIT trained police officers talk with individuals and let them know when/if they are ready to start treatment, they can call RREACT for transport. During these visits, a licensed social worker is also present. The social worker talks through treatment options and helps people link with other support services and benefits. If there are children or caregivers in the home, these family members can also be linked with support resources and trauma counseling. The goal is to stabilize the household in an effort to reduce barriers to accessing treatment for the substance user.

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

RREACT project objectives focus on providing multi-disciplinary outreach services to survivors of non-lethal opioid overdoses and their families. The specific objective for Law Enforcement Diversion Program funding will be to maintain CIT police officer participation in RREACT outreach program activities. This participation increases the safety measures related to RREACT services and promotes innovative and multi-disciplinary criminal justice programs designed to meet the unique needs of the Columbus community.  
Maintain 2080 hours (40 hours/week) of overtime for CIT trained police officers dedicated to RREACT outreach through June 2021.  
Measure CIT police officer overtime hours allocated to RREACT as documented on time sheets and in payroll reports.

Ohio Attorney General Grant Program

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

The RREACT outreach program is currently operational and has trained CIT police officers committed to outreach activities. The 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: interact daily with fellow RREACT team members to review outreach schedules and assign which members should be included in outreach meetings with overdose survivors (ex. if children are in the home, the family resource case manager will be part of the outreach call), participate in RREACT follow up visits with overdose survivors within 72 hours of overdose, document data on RREACT outreach activities in the records management system, share relevant intelligence on drug sources resulting from RREACT visits with police investigation teams, attend monthly RREACT staff meetings, co-facilitate presentations on the multi-disciplinary RREACT outreach model. RREACT also partners with the Franklin County Alcohol Drug and Mental Health Board (ADAMH). Through this partnership, opioid users referred/transported by RREACT are guaranteed access to detox and treatment beds and peer recovery support specialists affiliated with ADAMH funded programs.

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. (provides program evaluation).

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

RREACT is working with an external evaluator to evaluate the impact of RREACT outreach activities on the following: connection to support services, linkage to treatment, repeat overdoses and interactions with the justice system. Below is the list of indicators that are being tracked by the team and reviewed and reported every three months:

- Number of overdose survivors visited by RREACT outreach.
- Number of opioid users connected with social services, treatment and/or recovery support by RREACT.
- Number of individuals staying in treatment more than 30 days.
- Number of family members (including children) in the home connected with social services, counseling, and/or trauma support.
- Number of repeat overdoses.
- Number of future arrests for individuals served by RREACT outreach services.



**Ohio Attorney General Grant Program**

**Project Budget**

1. The amount of grant funding your organization was awarded in the previous grant cycle:

\$62,500.00

2. Using the table below, please provide an itemized budget for how the funds will be used July 2020 - June 2021. This budget should be specific and provide a detailed breakdown of exactly how the funds will be used.

\* If necessary, a separate budget sheet may be added.

Item Description / Unit	# of Items	X	Unit Cost	=	Total
CIT trained police officer - 2080 hours of overtime	2080	X	67	=	\$139,402
Fringe benefits for CIT trained police officer - 24.70% of total salary	34432	X	1	=	\$34,432

**Additional Line** (Limit 28 Items)

Total \$173,834

Ohio Attorney General Grant Program

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 2020 through June 2021.  
 $\$67$  (OT hourly rate) x  $2080$  (work hours) =  $\$139,402$  (overtime salary)

Columbus City fringe benefits are then applied to the overtime salary. These benefits include the following: City share pension, City share pension pick-up, worker's compensation, and Medicare for a fringe benefits rate of 24.70%

$24.70\%$  (fringe benefits rate) x  $\$139,402$  (overtime salary) =  $\$34,432$  (City fringe benefits)

$\$139,402 + \$34,432 = \$173,834$  (total request)

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

Overtime funds will be utilized starting July 1, 2020 and they will be fully expended by June 30, 2021.

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, Franklin County Commissioners, the Ohio Attorney General, the Ohio Office of Criminal Justice Services, and the Bureau of Justice Assistance. Most funding commitments are one-year commitments that support overtime and/or contract work.

A federal grant application was also submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) for four years of RREACT funding. With committed funding from SAMHSA, there will be stable funding for key outreach positions. This will allow for consistent data collection and program assessment to leverage additional state and federal funding until RREACT positions are justified and included in future budgets for the City of Columbus.

Ohio Attorney General Grant Program

**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:

Signature:

Date:

Name:

Title:

EXHIBIT B



**DAVE YOST**  
OHIO ATTORNEY GENERAL

**REQUEST FOR PAYMENT REPORT**

Reporting Period: \_\_\_\_\_ Payment Request: \$ \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

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

Status of Objectives

Certification & Signature

<b>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.</b>	
Typed Name & Title of Designated Official:	Signature of Designated Official and Date:

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

**EXIBHIT C**  
**2021 Monthly Reporting Questionnaire**

**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](mailto:Invoices@OhioAttorneyGeneral.gov).

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

**SAVE AS**

**SUBMIT**



EXHIBIT D  
2021 DART Semiannual-Annual Report Form

**LAW ENFORCEMENT DIVERSION PROGRAM**  
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: 

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Objective 2: \_\_\_\_\_  
Progress: 

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Objective 3: \_\_\_\_\_  
Progress: 

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## 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.*

## 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](mailto:GrantsManagement@OhioAttorneyGeneral.gov).  
If you have any questions, please contact Mary Lynn Plageman at 614-728-2280.

**SAVE AS**

**SUBMIT**

