



DAVE YOST
OHIO ATTORNEY GENERAL

OPIOID REMEDIATION GRANT
APPLICATION

**Improving Outcomes
for Substance-Addicted Inmates
in Ohio Jails**

Background

In the past four years, at least 219 people incarcerated in Ohio jails have died, according to a recent USA Today report. The second-leading cause of death, after suicide, was opioid/substance abuse. At least 70 of these jail deaths – one in three – were attributed to substance abuse.

Substance abuse among jail inmates isn't limited to Ohio: According to the report, 65% of jail inmates nationwide are addicted to opioids or other substances. This growing problem underscores the need for inmate treatment and oversight during incarceration. Correctional recovery services are vital for jail inmates to gain an improved sense of responsibility and to become law-abiding, productive citizens. More than two-thirds of Ohio jails provide medication-assisted treatment to help those addicted to opioids with agitation, diarrhea, vomiting and other health challenges, but a treatment gap remains.

There also is a significant need statewide for improved monitoring of drug-addicted inmates by qualified health professionals. The lack of oversight was a significant contributing factor to the deaths of Ohio jail inmates, the newspaper report said.

In some Ohio counties, efforts to address substance abuse among jail inmates are showing great promise. An intoxication program in the Hamilton County jail, for example, has drawn national attention. In 2023, for the first time in a decade, the county reported fewer than 400 accidental overdose deaths. As part of its jail program, Hamilton County:

- Drug-tests inmates during booking to identify those who should be in the intoxication program.
- Created the post of Addiction Services Coordinator to facilitate the program and manage cases, including making regular rounds to ensure that inmates experiencing withdrawal are hydrated.
- Trains officers to notice when a person is in distress and to urge other inmates to help by alerting officers when a potential overdose is occurring.
- Makes Naloxone available in the county jail.
- Pairs inmates with a peer through the Hamilton County Addiction Services Council, helping them during their incarceration and even more so after their release.

Efforts at the Stark County jail, too, have met with success. The Stark County Adult Recovery (STAR) program, launched in March 2022, is designed to focus on the cause of a person's addiction. Among other things, Stark County has:

- Partnered with local courts to allow individuals to complete a monthlong rehabilitation program in lieu of additional incarceration.
- Renovated areas of the jail to make them more therapeutic and less correctional.
- Contracted with a third-party mental-health vendor to provide services through this program. The vendor is licensed by the Ohio Department of Mental Health and Addiction Services.

Similarly, the state of Ohio has expanded medication-assisted addiction treatment (MAT) to all state prisons. Since Oct. 1, 2022, all incarcerated adults at any Ohio Department of Rehabilitation and Correction facility have been able to start MAT treatment in the form of methadone and buprenorphine as soon as they arrive at a prison.

Access to the right treatment medications and proper care should be universally available in Ohio's county jails as a way of minimizing overdose deaths among inmates.

Grant summary

To overcome the challenges posed by substance-addicted inmates, Ohio Attorney General Dave Yost will use \$60 million in opioid settlement money negotiated by his office to establish grants to help counties prioritize addiction treatment in jails and reduce the number of fatal overdoses. ***It is important to note that these grants funds cannot be used to supplant or replace existing spending on addiction services for inmates.***

For year one (Calendar Year 2025), \$20 million will be made available to local jails to create or expand their programming. For year two (CY2026), \$20 million will be available for continuation of the new or expanded programming. An additional \$20 million is being earmarked for CY2027 to continue support of these programs. The funds are being placed into an interest-bearing account so strategic investments can continue to be made in support of these services.

This grant application pertains to the \$20 million in year one funding. For CY2025, the Attorney General's Office will award three levels of grants (based on county size) to fund a full-time, part-time or contracted Addiction Services Coordinator with relevant skills to treat opioid and other addictions, helping inmates through detox and recovery. For contracted services, a sheriff can contract with a local nonprofit, health-care provider or another agency to obtain such services.

Counties that already have established coordinators are encouraged to be creative in coming up with other programmatic ways to use the grant funding for jail-related opioid remediation.

The three grant funding levels are:

- \$200,000 for sheriffs of counties with populations exceeding 125,000 (23 counties).
- \$200,000 for sheriffs of counties with populations between 50,000 and 125,000 (26 counties).
- \$150,000 for sheriffs of counties with populations of less than 50,000 (39 counties).

Additional grant opportunity

In addition to the grants outlined above, **any county that operates a jail can apply for a \$50,000 grant** to help pay for medications and supplies for inmates battling opioid withdrawal symptoms, following established best practices.

Qualifying expenses

Eligible expenses under this grant program include:

- Personnel salary/benefits for new employees.
- New contract services related to opioid addiction.
- Any new medication and supply costs related to opioid addiction or withdrawal.

The grants will be awarded based on these key priorities:

- Creating new programming in areas with established shortages of care.
- Multiple counties initiating a program to share addiction-services resources.
- Multi-county jails serving larger areas.

Notice regarding application review

A committee of representatives from the Ohio Attorney General's Office will review all applications and have the final say on the grant awards. The review committee may request additional information or documentation from applicant before making decisions. Successful applicants will be required to complete a grant memorandum of understanding (MOU).

APPLICATION SUBMISSION

Please submit the completed application (and any accompanying attachments) by email to **Mary Lynn Plageman** at JailGrants@OhioAGO.gov. Applications are being accepted through **Dec. 1, 2025**.

CONTACT INFORMATION

Office of Ohio Attorney General Dave Yost
Attn: Mary Lynn Plageman
30 E. Broad St., 17th Floor
Columbus, OH 43215
MaryLynn.Plageman@OhioAGO.gov

APPLICATION FORM

Improving Outcomes for Substance-Addicted Inmates in Ohio Jails

ORGANIZATION INFORMATION

Name of entity: _____

Address: _____

City: _____ ZIP Code: _____

Phone number: _____

OhioPays Supplier ID number*: _____

* Those awarded an Opioid Remediation Grant will receive their funds electronically. Electronic fund transfers require you to register with the state via OhioPays. Before submitting this grant application, the Attorney General's Office strongly encourages those who aren't registered with OhioPays to register, so you can include your OhioPays Supplier ID number in this application.

- To obtain an OhioPays Supplier ID number, you must have an OH|ID number, which you can obtain [here](#). Once you have an OH|ID number, the next step is to register with [OhioPays](#), which will yield the Supplier ID number that should be included in this grant application above.
- If you are already registered with OhioPays, please verify the address and other information in your profile and confirm that you are set up to receive electronic fund transfers. Also, be sure to include your OhioPays Supplier ID number above.

HEAD OF ORGANIZATION

Name: _____

Address: _____

City: _____ ZIP Code: _____

Phone number: _____ Email: _____

PRIMARY CONTACT PERSON

Name: _____

Address: _____

City: _____ ZIP Code: _____

Phone number: _____ Email: _____

PROJECT PROPOSAL

1. Explain the current impact of substance abuse in your jail.

2. How would the grant funds be used to address addiction and substance abuse among your inmates?

3. Is any part of your proposed project or program for addressing the substance-abuse problem unique or innovative? Please explain.

4. Explain how your proposed project or program will be sustainable.

5. What is the population of your county? _____

6. Have you ever received any OneOhio funding for opioid remediation at your jail?

Yes

No

If “yes,” please provide the amount and explain what the money is being/was used for?

PROJECT BUDGET

How much grant funding are you requesting for your project related to an Addiction Services Coordinator or similar contractor?

How much grant funding are you requesting for medication or medical supplies?

TOTAL GRANT AMOUNT REQUESTED: _____

In the table below, provide an itemized budget, including any appropriate bid estimates, for how the funds will be used during the calendar year in which the funds are received.

Item description/unit	# of items	X	Unit cost	Total
			Total	

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 the application. I understand that completion of the application does not guarantee that I will receive the requested grant funds.

I understand that all grant recipients must enter into a grant agreement with the Ohio Attorney General's Office to authorize receipt and expenditure of the grant funds. The memorandum of understanding (MOU) will specify the total award and stipulate how the grant money may be spent.

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: _____

Name: _____ Title: _____

Signature: _____ Date: _____