



**DAVE YOST**

OHIO ATTORNEY GENERAL

# **OPIOID REMEDIATION GRANT CY2026 APPLICATION**

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

## Background

Substance use disorder (SUD) among jail inmates is a widespread problem nationwide, with an estimated 65% of inmates 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.

In Ohio, many jails provide medication-assisted treatment (MAT) to help those suffering with opioid use disorder (OUD) or from acute opioid withdrawal syndrome (e.g., agitation, diarrhea, vomiting, hypertension) to work through these debilitating conditions. These and other efforts to address SUD among jail inmates are showing great promise in some Ohio counties. A 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 this jail program, Hamilton County:

- Provided drug-testing of inmates during booking to determine who should be in the 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.
- Trained 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.
- Made Naloxone available in the county jail.
- Paired inmates with a peer through the Hamilton County Addiction Services Council, helping them during their incarceration and even more so after their release.

Similarly, the state of Ohio has expanded 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.

These successes underscore why access to treatment, medications, and mental-health care should be universally available in Ohio's county jails as a strategy for minimizing overdose deaths among inmates and helping inmates to become contributing citizens.

## Grant summary

To close the treatment gap and overcome the challenges posed by SUD among jail inmates, Ohio Attorney General Dave Yost introduced the Opioid Remediation Grant program. AG Yost committed to using up to \$60 million in opioid settlement money negotiated by his office for grants to help counties prioritize SUD treatment in jails and reduce the number of fatal overdoses.

These funds are being distributed for a multiyear grant initiative that began in Calendar Year 2025, continues in Calendar Year 2026, and is currently funded for Calendar Year 2027.

- **Year One (CY2025):** AG Yost's office allocated \$10.9 million in grant funding to support SUD treatment for inmates. Fifty-four counties are benefiting from grants awarded to county-run jails and at least 17 counties are benefiting from grants awarded to 13 community-based correctional facilities.
- **Year Two (CY2026):** This application pertains to the second year of funding, with \$20 million available to build upon programming launched or expanded in CY2025 or to initiate programming.
- **Year Three (CY2027):** An additional \$20 million has been earmarked to sustain these efforts and support these programs.

## Qualifying applicants

This grant opportunity is open to new applicants as well as CY2025 recipients of an Opioid Remediation Grant.

- **New applicants:** County jails that have not previously sought funding under this grant program are encouraged to apply, as are any community-based correctional facilities (CBCFs) that have the support of the county/county sheriff in which the CBCF is based. Proposals should clearly demonstrate the applicant's capacity to implement opioid remediation strategies and align with local public health and safety priorities. New applicants must meet all eligibility and documentation requirements, including the co-signature requirement for CBCFs.
- **CY2025 grantees:** County jails and CBCFs that have previously received funding under this grant program may reapply for continued support. Applications should include a summary of previous performance, outcomes achieved, and justification for additional funding. Continued alignment with grant goals and local priorities will be a key consideration. **IMPORTANT NOTES:** Repeat applicants should submit a Year Two application during the same quarter in CY2026 that they submitted their CY2025 application. No grant payments for Year Two will be made to any repeat applicant until all Year One funding has been expended. This ensures proper transition planning and avoids overlap in funding periods.

A committee of representatives from the Ohio Attorney General's Office reviews all applications and has the final say on the grant awards. The review committee may request additional information or documentation from an applicant before making a decision. Successful applicants will be required to complete a grant memorandum of understanding (MOU). MOUs for community correctional facilities must be co-signed by the appropriate county sheriff or a leading county official.

## Grant levels

This grant application pertains to the \$20 million for CY2026 grant funding. As in CY2025, three levels of grants will be awarded (based on county size) in CY 2026 to fund or continue to fund a full-time, part-time or contracted Addiction Services Coordinator with relevant skills to treat SUD, helping inmates through detox and recovery. 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).

***IMPORTANT NOTE: These grants funds cannot be used to supplant or replace spending on addiction services that existed prior to the start of this grant.***

## Additional grant opportunity

In addition to the grants outlined above, **any county that operates a jail or CBCF 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 OUD.
- Any new medication and supply costs related to OUD or opioid withdrawal.
- Other certain programmatic expenses directly related to substance-abuse remediation.

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.

## Nonqualifying expenses

- Administrative costs.
- Remodeling costs for inmate treatment rooms.
- Other costs not directly related to substance-abuse remediation among inmates.

## ***APPLICATION SUBMISSION***

Please submit the completed application (and any accompanying attachments) by email to **Mary Lynn Plageman** at [JailGrants@OhioAGO.gov](mailto:JailGrants@OhioAGO.gov). CY2026 applications will be accepted through **Dec. 1, 2026**, with grant payments issued by quarter.

## ***CONTACT INFORMATION***

Office of Ohio Attorney General Dave Yost  
Attn: Mary Lynn Plageman  
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[MaryLynn.Plageman@OhioAGO.gov](mailto: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\*: \_\_\_\_\_

\* **Important:** Opioid Remediation Grant funds will be disbursed through Electronic Fund Transfers (EFTs). To receive funds, applicants must be registered with OhioPays and have a Supplier ID number that is eligible to accept EFT payments.

#### **How to register:**

- 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, register with [OhioPays](#) to receive your Supplier ID number.
- 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 EFTs.

Is your OhioPays Supplier ID set up to accept EFTs?      Yes      No

#### **HEAD OF ORGANIZATION**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **PRIMARY CONTACT PERSON**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## **GOVERNMENT SUPPORT – Required for community-based correctional facilities**

Applications from community-based correctional facilities (CBCFs) must include support from the sheriff of the county in which the facility is based or another leading elected county official. If your grant application is approved, your associated memorandum of understanding (MOU) with the Ohio Attorney General's Office must also be signed by this official.

For the application, please provide the following:

**1. A signed letter of support**

- Must be from your county sheriff or another leading elected county official.
- The letter should express support for your proposed project and clearly identify the signature authority.

**2. Primary contact information**

- Please provide the following for the main contact person at the supporting county entity:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## **PROJECT PROPOSAL**

**1. Are you a repeat applicant or a first-time applicant?**

Repeat applicant      First-time applicant

**2. If you are a repeat applicant, in what quarter did you receive your CY2025 funding?**

Quarter 1      Quarter 2      Quarter 3      Quarter 4

**3. If you are a repeat applicant, has all of your CY2025 funding been expended?**

Yes      No | If "No," how much remains unspent? \_\_\_\_\_

**4. Explain the current impact of SUD in your jail.**

**5. How would the grant funds be used to address SUD among your inmates?**

**6. Is any part of your proposed project or program for addressing SUD unique or innovative? Please explain.**

**7. Explain how your proposed project or program will be sustainable.**

**8. What is the population of your county? \_\_\_\_\_**

**9. 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 and/or other programmatic expenses?**

**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 12 months following receipt of the grant funds.**

## **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: \_\_\_\_\_