

MIAMI COUNTY COMMUNITY WELLNESS GRANT

Miami County, Ohio has created the Opioid Grant Program as a means to disperse settlement funds received through the One Ohio Agreement on an annual basis for the duration of the settlement. These grants will be awarded to eligible businesses and non-profit organizations for programming that aligns to the Abatement Strategies outlined in Exhibit A of the One Ohio Memorandum of Understanding (OR 2021-35 Exhibit 1).

The One Ohio MOU provides this guideline for the use of settlement dollars:

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.

For assistance in completing this application, please contact Angela Lewis at opioidgrants@miamicountyohio.gov or 937.440.5996.

ELIGIBILITY

1. The Spring application period will open on February 12, 2026, and close on March 20, 2026.
2. Grant applications must be received either via email (opioidgrants@miamicountyohio.gov) or in-person at the Board of Miami County Commissioners' office (201 West Main Street, Troy, OH 45373) by 9:00 am EST on the final date of the application period (March 20, 2026.)
3. Funding requests must be related to programs occurring within the next twelve (12) months, must benefit Miami County residents, and cannot exceed \$20,000.
4. Eligible non-profit organizations must:
 - a. operate within the jurisdictional boundaries of Miami County, Ohio, and
 - b. be in good standing with local, state, and federal jurisdictions with respect to taxes, fees, utility payments, and other financial obligations.
5. Ineligible organizations are those that are in pending bankruptcy proceedings or that will file for such bankruptcy protections within six months of the date of application for assistance.

REQUIRED DOCUMENTATION

<i>Non-Profit Organizations</i>	<i>For-Profit Businesses</i>
1. IRS Letter verifying 501(c)3 status	1. Copy of last two (2) years' tax returns, including Form 1040 with Schedule C Profit or Loss from Business, Form 1120 (if corporation), or equivalent documentation.
2. Copy of last two (2) years' tax returns	2. Copy of most recent Form W-3 Transmittal of Wage and Tax Statements (showing number of employees).
3. Board Roster	3. Form W-9, signed in current year
4. Organizations' Annual Budget	4. Proof of anticipated program expenditures
5. Form W-9, signed in current year	
6. Proof of anticipated program expenditures	

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Completed applications can be submitted via email to opiodgrants@miamicountyohio.gov. Applications may also be submitted at the Board of Miami County Commissioners office (201 West Main Street, Troy, OH 45373) between 8:00 am and 4:00 pm weekdays. Please ensure that all required materials are included in your application packet, as incomplete submissions will be immediately disqualified from this grant cycle. You may need to send multiple emails depending on the size of your attachments. No applications will be accepted after the deadline listed above.

FINAL DECISIONS AND NOTIFICATION

1. Applications will be reviewed and scored by the Miami County Opioid Grant Committee.
2. Final authority for approval is the Board of Miami County Commissioners.
3. Grant award winners will receive a grant agreement within thirty (30) business days of notification. No grant funds will be distributed until this agreement is completed and returned to Miami County.
4. All grant funds will be distributed via check made out in the organization's legal name according to the provided documentation.

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Attach additional pages if more space is needed to provide a complete response.

ORGANIZATION INFORMATION

Organization Name

Entity Type

Federal Tax ID

Year Founded

Business Street Address (No PO Box)

City

State

Zip Code

Mailing Address, If Different From Business Address

City

State

Zip Code

Contact Name

Contact Title

Contact Email

Contact Phone

MISSION/HISTORY OF ORGANIZATION

Please provide the mission, history, and objectives of your organization.

CLIENT BASE

Please explain the client base served by your population.

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PROGRAM INFORMATION AND FUNDING REQUEST

Amount Requested

Overall Program Budget

Does your organization currently receive any allocations from other Opioid Settlement Grants?

Yes

No

If “yes”, please include source, amount, date committed, and conditions/purpose.

What other funding sources are currently used or have been solicited to fund this program? Remember to include anticipated or committed in-kind goods or services. Include source, amount, expected decision date or receipt date, and conditions/purpose.

STATEMENT OF PURPOSE

Define the opiate problem to be addressed. Provide data and citations.

PROJECT PLAN AND OBJECTIVES

Define the plan. Be sure to include specific and measurable goals, objectives, and timelines.

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PROGRAM INFORMATION AND FUNDING REQUEST - Continued

PROGRAM DEMOGRAPHICS

Describe the target population for this grant. Include the number of Miami County residents expected to benefit from this program.

ABATEMENT STRATEGY

Identify the Abatement Strategies to which this program is aligned. Please refer to [Exhibit A “Opioid Abatement Strategies” of the One Ohio Memorandum of Understanding](#). Please be specific, including part and section numbers. More than one strategy may apply.

COLLABORATION

Will your organization collaborate with other agencies for this program? If yes, please list those agencies and what services they will provide.

PROGRAM EVALUATION

Describe how the success of this program will be measured and reported.

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DISCLOSURES

Is the organization, business, or a listed owner delinquent on any federal, state, or local taxes or assessments, direct or guaranteed loans, leases, contracts, grants, or any other obligations?

Yes

No

If “yes”, please explain.

Does the organization, business, or a listed owner have any outstanding judgements, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings?

Yes

No

If “yes”, please explain.

Does any owner, owner’s spouse, household member or any of its board members or employees work for or serve in an official capacity for Miami County or a Miami County Municipality?

Yes

No

If “yes”, please explain.

CONFLICT OF INTEREST

Does any owner, owner’s spouse, household member or any of its board members or employees, have any personal, financial, or other relationships with Miami County that may reasonably be viewed as a conflict of interest?

Yes

No

If “yes”, please explain.

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DISCLAIMER

Application for the Miami County Ohio Opioid Grant Program does not guarantee award of funding. The total amount awarded will be based on appropriateness of program request, number of applications received, and overall funds available. It is the sole responsibility of the Applicant to determine or seek independent advice to determine the tax implications to the Applicant and its organization. Confirm your understanding of these disclaimers by initialing the box.

SIGNATURES

By signing below you are certifying that all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested.

APPLICANT
NAME

SIGNATURE

DATE

ORGANIZATION'S PRIMARY CONTACT
NAME

SIGNATURE

DATE

SUPERINTENDENT (ONLY IF ORGANIZATION IS A SCHOOL)
NAME

SIGNATURE

DATE

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ABATEMENT STRATEGIES

PART ONE: STRATEGIES FOR COMMUNITY RECOVERY

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.

TREATMENT

1. Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health condition.
2. 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.
3. 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.
4. Improve oversight and quality assurance of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.
5. 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.
6. 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.
7. 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 outpatient OUD treatment services that are both timely and accessible to all persons who seek treatment.
8. 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.

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EARLY INTERVENTION AND CRISIS SUPPORT

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. Create school-based contacts who parents can engage with to seek immediate treatment services for their child.
7. Develop best practices on addressing individuals with addiction in the workplace, including opioids and any other co-occurring substance use or mental health conditions.
8. 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

1. 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.
2. 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.
3. 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.
4. 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.

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5. 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.
6. 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.
7. 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

1. 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.
2. 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.
3. Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.
4. Fund child and family supports for parenting women with addiction including opioids and any co-occurring substance use or mental health conditions.
5. 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

1. 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.
2. Provide technical assistance to increase the quantity and capacity of high-quality programs that model and support successful recovery.
3. 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,

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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.

4. 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.
5. Identify and address transportation barriers to permit consistent participation in treatment and recovery support.
6. 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:
 - a. Supportive and recovery housing;
 - b. Supportive employment/jobs;
 - c. Certification of peer coaches, peer-run recovery organizations, recovery community organizations;
 - d. Crisis intervention and relapse prevention; and
 - e. Services and structures that support young people living a life in recovery including, recovery high schools and collegiate recovery communities.

PREVENTION

1. 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.
2. 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.
3. 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.
4. Fund community anti-drug coalitions that engage in drug prevention efforts and education.

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PREVENT OVER-PRESCRIBING OF OPIOIDS AND OTHER DRUGS OF POTENTIAL MISUSE

1. Training for healthcare providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Continuing Medical Education (CME) on prescribing of opioids and other drugs of concern.
3. Support for non-opioid pain treatment alternatives, including training providers to offer or refer patients to multi-modal, evidence-informed treatment of pain.
4. 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)

1. 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.
2. 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.
3. 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.
4. Develop data tracking software and applications for overdoses/naloxone revivals.
5. 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.
6. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

SERVICES FOR CHILDREN

1. 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.

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2. 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.
3. 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)

1. 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.
2. Training public safety officials and responders safe-handling practices and precautions when dealing with fentanyl or other drugs.
3. Provide trauma-informed resiliency training and support that address compassion fatigue and increased suicide risk of public safety responders.

WORKFORCE

1. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
2. 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 education licensing fees.
3. Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.
4. Training for healthcare providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists to support treatment and harm reduction.
5. 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.

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PART TWO: STRATEGIES FOR STATEWIDE INNOVATION & RECOVERY

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 build a sustainable financing strategy and infrastructure to reverse the damage that has been done and prevent future epidemics and crises.

LEADERSHIP, PLANNING AND COORDINATION

1. Provide resources to fund the oversight, management, and evaluation of abatement programs and inform future approaches.
2. 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.
3. A government dashboard to track key opioid/and addiction-related indicators and supports as identified through collaborative community processes.
4. 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

1. 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.
2. 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.
3. 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.
4. Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment.

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5. 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.
6. Public education relating to drug disposal.
7. Drug take-back disposal or destruction programs.
8. Public education relating to emergency responses to overdoses.
9. Public education relating to immunity and Good Samaritan laws.
10. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
11. 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.
12. 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.
13. Fund programs and services regarding staff training, networking, and practice to improve staff capability to abate the opioid crisis.
14. 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).
15. Support community-wide stigma reduction regarding accessing treatment and support for persons with substance use disorders.

RESEARCH

1. 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.