

**The OneOhio Memorandum of Understanding
Toolkit for Local Governments**

**County Commissioners Association of Ohio, Ohio Municipal League, Ohio Mayors Alliance and Ohio
Township Association**

*Prepared by: David A. Riepenhoff and Marc A. Fishel,
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INTRODUCTION

Dear Local Government Official,

Our statewide associations have joined to offer this Toolkit to assist Local Governments in understanding and establishing regional governance structures under The OneOhio Memorandum of Understanding.

In March 2020, the State of Ohio and Local Governments throughout the State banded together to create The OneOhio Memorandum of Understanding. The OneOhio MOU is one-of-a-kind in the Nation, giving Ohio's Local Governments (counties, townships, cities and villages) a direct role in directing Opioid Funds to implement strategies for community recovery from the opioid crisis. It establishes a mechanism to disburse settlement proceeds from opioid litigation into Ohio's communities to help abate the opioid crisis. The funds can be used for numerous purposes under The OneOhio MOU, including programs that address prevention, treatment, recovery, public awareness, criminal justice and other crucial services.

Due to settlements that occurred in August 2021, and settlements that are expected in early 2022, hundreds of millions of dollars will flow into Ohio to help abate the opioid crisis and provide monetary relief for communities ravaged by opioid addiction. The time is now for Local Governments to organize to establish their Regions to begin to abate Ohio's opioid crisis by directing these funds to valuable programs within our communities.

This Toolkit will help you through the decisions that need to be made within each Region during this initial organizational period, including determining a regional governance structure and selecting a regional appointment to the statewide Foundation Board. This Toolkit includes ([with hyperlinks](#)):

Part I	FAQs about The OneOhio Memorandum of Understanding
Part II	Key Considerations for Local Governments in Establishing Regional Governance
Part III	Selecting Regional Governance Options
Appendix A	The OneOhio Memorandum of Understanding, with Exhibits A, C, & D <i>*Exhibit B to The OneOhio MOU is available on the CCAO OneDrive</i>
Appendix B	Public Works Commission District Structures
Appendix C	Function of Regional Board Flowchart
Appendix D	Resolution Authorizing Participation In Regional Governance Structure
Appendix E	Resolution Appointing Initial Regional Representative
Appendix F	Considerations for OneOhio Recovery Foundation, Inc.'s 501(c)(3) Status

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It is imperative that local governments work together within their Region to form a regional structure to: a) appoint a representative to the statewide Foundation Board; and b) evaluate projects and make submissions to the statewide Foundation on funding programs to get the money into our communities.



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PART I

FAQs: The OneOhio Memorandum of Understanding

Q-1: What is the Opioid litigation about?

A-1: From 2010 to 2019, opioid overdoses claimed the lives of more than 23,700 Ohioans, with countless others having had their lives and/or communities torn apart by opioid addiction. Since 2017, the State of Ohio and dozens of political subdivisions around the State filed suit against certain participants in the pharmaceutical supply chain for their alleged role in the damage caused to communities ravaged by this opioid crisis. Some of this litigation has settled, and some is ongoing.

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Q-2: What is The OneOhio Memorandum of Understanding?

A-2: In March 2020, after four months of discussions, the State of Ohio, Local Governments and Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation negotiated The OneOhio Memorandum of Understanding. Local governments encompassing more than two-thirds of the state's population signed on to The OneOhio MOU, a plan to jointly approach settlement negotiations and litigation with the drug manufacturers and distributors of opioids. The OneOhio MOU provides a mechanism for the distribution of any opioid settlement funds and outlines how the funds can be used. Specifically:

- 55% will be set aside for the creation of a statewide Foundation that will develop and oversee the funding of short-term and long-term planning that local communities need to continue to address this crisis. From this share, each Region is allocated a portion for use in funding of local efforts to abate the crisis.
- 15% will go to the Office of the Ohio Attorney General as Counsel for the State of Ohio.
- 30% of the funding will be set aside for community recovery; this money will go directly to Local Governments – every Ohio township, village, city and county in Ohio – more than 2,000 in all – to address the immediate needs of residents.

A copy of The OneOhio MOU can be found in [Appendix A](#) of this Toolkit.

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Q-3: How much money in Opioid Funds have been recovered?

A-3: So far, hundreds of millions of dollars have been recovered. In August 2021, Ohio forged an \$808 million agreement with the three largest distributors of opioids and 99% of Ohio's litigating subdivisions signed-on to the settlement under The OneOhio MOU. The settlement, which is scheduled to be paid over 18 years, calls for a continuous annual flow of settlement money. Litigation against others in the opioid supply chain is ongoing and additional recoveries and distributions under The OneOhio MOU formulas are possible.

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Q-4: When will Opioid Funds be received and disbursed to Local Governments and the Regions?

A-4: Millions of settlement dollars have already been deposited as the first installment of funds. The statewide Foundation Board will determine the timing and procedure for disbursement of regional shares under The OneOhio MOU. Additional opioid funds will be paid annually over the next 18 years pursuant to a settlement payment schedule. The Local Governments share (30%) will be paid to the Local Governments directly.

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Q-5: What can the Opioid Funds be used for?

A-5: All Opioid Funds, regardless of allocation, must be used for certain Approved Purposes defined in The OneOhio MOU and its Exhibits. Opioid Funds can be used on programs that address prevention, treatment and long-term recovery; criminal justice; and public awareness costs that promote the overall health and well-being of Ohioans, and the Local Government share can also be used for past expenditures consistent with the Approved Purposes. The plan ensures that these funds are preserved and flexible over time as a way of helping combat the ever-evolving drug problem.

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Q-6: Which Local Governments will receive Opioid Funds and participate in establishing regional governance and representation?

A-6: The Local Governments under The OneOhio MOU are all counties, cities, villages and townships in Ohio. If a Local Government's share is less than \$500, then that amount will instead be distributed to the county in which the Local Government lies.

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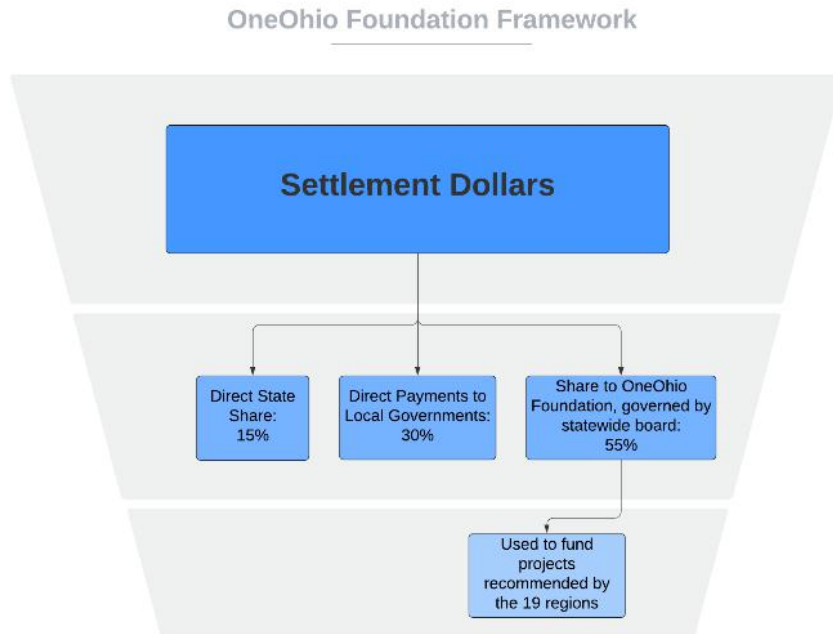
Q-7: How much will each Local Government receive under The OneOhio MOU?

A-7: Each Local Government will receive a direct allocation from the Local Government share (30%) of the Opioid Funds pursuant to an established formula. Further, each Region will be allocated dollars from the Foundation share (55%) of the recovered Opioid Funds for Approved Purposes under The OneOhio MOU. Allocation estimates to both Local Governments and Regions can be found in this Toolkit.

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Q-8: Who will disburse Opioid Funds to Local Governments and Regions?

A-8: The statewide Foundation created under The OneOhio MOU will develop and approve procedures of the disbursement of regional Opioid Funds consistent with the MOU.

As to regional shares, the Regions will make submissions to the Foundation to fund projects within the Regions which are consistent with the Approved Purposes stated in The OneOhio MOU. Within 90 days after the first receipt of Opioid Funds, and annually thereafter, the Foundation Board shall determine the amount and timing of Foundation funds to be distributed as regional shares. Projects which are approved by the Foundation Board will receive funding directly through the Foundation from the regional Share (or a portion thereof depending on the cost of the project) which is allocated to such Region.

The Local Governments will receive their respective Local Government share of the Opioid Funds directly pursuant to the settlement agreement or from a settlement administrator.

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Q-9: Who will decide on how to use the Opioid Funds from the Local Government allocation?

A-9: Local Governments will individually decide on how to use the Opioid Funds from the Local Government allocation (30%) in their jurisdiction, consistent with the Approved Purposes. It is expected that the Foundation Board will hear any appeals by Local Governments from any denials of requested use of funds.

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Q-10: What steps are required to use the Local Government's portion of the Opioid Funds?

A-10: Local Governments should pass a resolution or take equivalent action to appropriate the distribution or use of the Local Government's allocation of Opioid Funds. The OneOhio MOU specifically requires such action before using any portion of the Local Government's share as restitution for past expenditures. For example, a Local Government may wish to address the purchase of Narcan carried by safety and emergency services personnel in an opioid-ravaged community. The Local Government should pass a Resolution citing The OneOhio MOU and appropriating Opioid Funds for that purpose.

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Q-11: Who will make decisions on how to use the Opioid Funds from the Region's portion of the Foundation's allocation?

A-11: For a Region's share of the statewide Foundation's allocation (55%), each Region is given the responsibility to make submissions to the statewide Foundation Board on how and where to direct regional Opioid Funds within the Region. Under The OneOhio MOU, Section D.2., **"Each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the board and selection of projects to be funded from the region's share."** Regional Opioid Funds must equitably serve the needs of the entire Region. Given this requirement, Local Government's within each Region should collaborate to establish a regional governance structure to meet these purposes. Regions may also consult with the Foundation's Expert Panel, which will utilize experts in addiction, pain management, public health and other opioid related fields to make submissions that will seek to ensure that the Regions can address the opioid epidemic both locally and statewide. [See Appendix C.](#)

With respect to submissions to the Foundation by Regions, it is expected that the Foundation Board will hear any appeals by Regions from any denials of requested use of funds.

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Q-12: Which Local Governments in each Region will participate in establishing their Region's governance structure?

A-12: All Local Governments (counties, townships, cities and villages) within a Region must be given the opportunity to participate in establishing the regional governance structure. Regions are encouraged to involve stakeholders from the private sector, such as treatment providers and persons with lived experience with substance abuse, in regional decisions. [See FAQ-14, below.](#)

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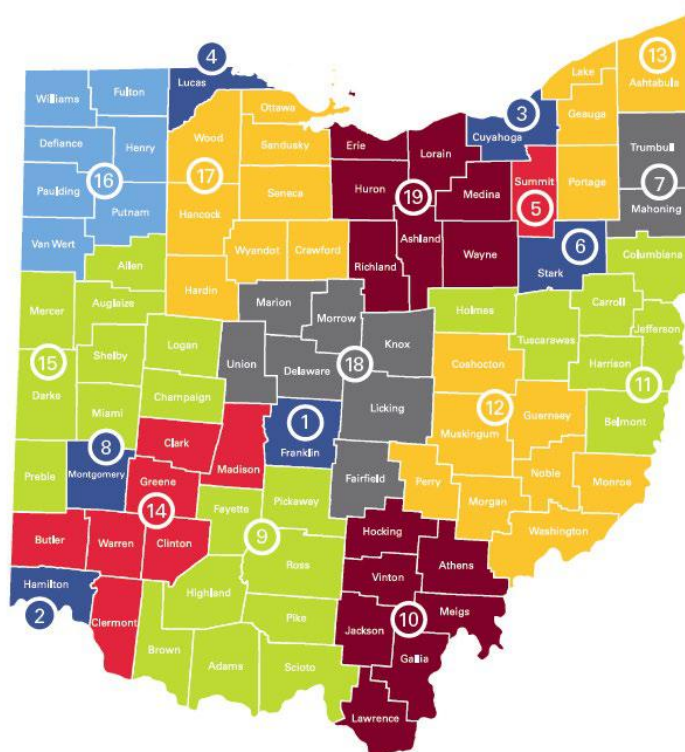
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Q-13: What Region is my community in?

A-13: Under the OneOhio MOU, the State of Ohio is divided into 19 Regions, eight of which are single or two county metropolitan regions, and eleven of which are multi-county, non-metropolitan regions. See Exhibit C to The OneOhio MOU in [Appendix A](#), or the map below:

Regional Breakdown



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Q-14: Who sits on the statewide Foundation Board?

A-14: The OneOhio Recovery Foundation was formed as a non-profit corporation under Ohio law and is intended to be an independent nongovernmental organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. It will be governed by a Board, which may consult a panel of experts. It is to be operated for charitable, educational, and scientific purposes. In furtherance of those purposes, and the Foundation's nongovernmental structure, Regions are encouraged to incorporate private sector involvement in their regional governance, as well as statewide Foundation Board appointments. In order for the statewide Foundation to qualify as an independent non-governmental entity as contemplated by The OneOhio MOU, for the reasons set forth on Appendix F, it is recommended that regional structures include a diverse group with significant participation from persons who are not public officials. There is no specific number of

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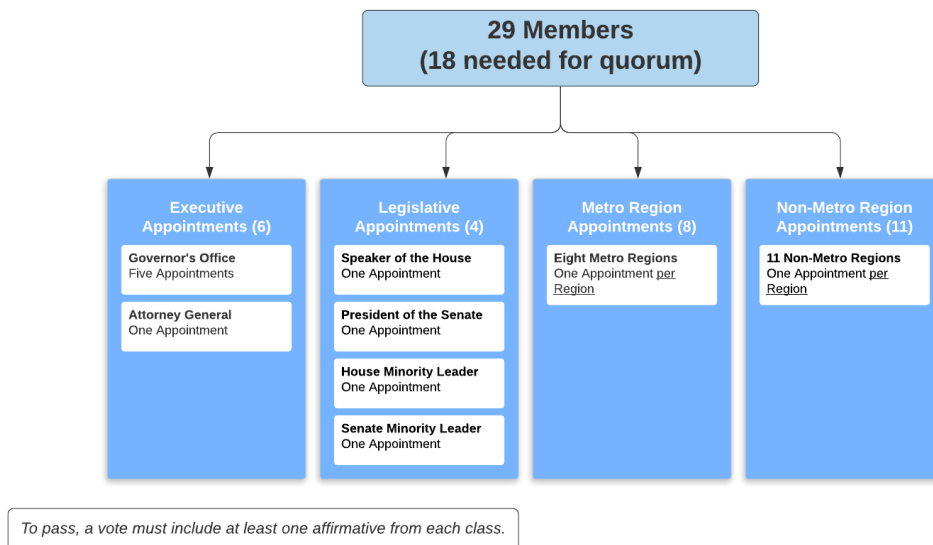
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private sector individuals per region, or requirement about their background. The IRS will examine the extent of non-governmental involvement in assessing whether an organization qualifies for tax-exemption under Section 501(c)(3) of the Internal Revenue Code. Such involvement may include participation by private sector stakeholders with treatment, prevention or abatement expertise, individuals with lived experience with substance use disorder, and others. More information about the statewide Foundation's considerations for its application for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code is included in [Appendix F](#).

The statewide Foundation Board is to consist of 29 members comprising representation from four classes:

1. Six members selected by the State;
2. Four members drawn from the Ohio General Assembly;
3. Eleven members, with one member selected from each non-metropolitan Region; and
4. Eight members, with one member selected from each metropolitan Region.

Statewide OneOhio Foundation Board



Foundation Board member initial terms will be staggered, either for a one-, two-, or three-year term. Subsequent terms will each be two years in length.

Eighteen members of the Foundation Board constitute a quorum, and votes pass if a quorum is present and the measure receives an affirmative vote from a majority of voting Board members, with at least one member from each of the four classes voting in the affirmative.

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It is crucial that each Region establish their governance structure and appoint their Foundation Board member as soon as possible so that their Region may have a voice, and a vote, on the Foundation Board.

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Q-15: How do Regions appoint a representative to the statewide Foundation Board?

A-15: The OneOhio MOU does not define how a metropolitan or non-metropolitan Region appoints its representative to the statewide Foundation Board. The OneOhio MOU does require that the regional governance structure be established to ensure that all Local Governments (counties, townships, cities and villages) in the Region have input and equitable representation regarding regional decisions, including representation on the Board. Regions may consider any options consistent with that intent. It is recommended that leaders in the Region confer with one another and determine their Region's initial selection to the Foundation Board and establish their regional governance structure.

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Q-16: What role will a Region's representative have on the statewide Foundation Board?

A-16: The regional representatives on the Foundation Board will participate in Foundation meetings and vote upon measures brought before the Board. Further, Board members will select members of the Expert Panel, which will utilize experts in addiction, pain management, public health and other opioid related fields to make submissions that will seek to ensure that all 19 regions can address the opioid epidemic both locally and statewide. The Board will also provide candidates for the Governor to appoint as Executive Director of the Foundation.

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Q-17: Are there any parameters on who may be designated as the Region's representative to the Foundation?

A-17: The OneOhio MOU only requires Regions to ensure all Local Governments in the Region have input and equitable representation regarding regional decisions including representation on the Board. The choice of which person will represent your Region at the Foundation rests solely with your Region.

The OneOhio MOU does not define which person from a metropolitan or non-metropolitan Region may be appointed as the Region's representative to the statewide Foundation Board. In furtherance of the statewide Foundation's nongovernmental structure, Regions are encouraged to involve stakeholders from the community in regional decisions, including as potential regional appointments to the statewide Foundation Board. [See FAQ-14, above.](#)

There are some practical and legal considerations for appointment of the Region's delegee to the statewide Foundation, such as:

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- ☐ By what mechanism will the Region appoint its initial representative to the Foundation, i.e. will it be by majority vote of regional participants, by unanimous approval, or some other method?
- ☐ How will subsequent appointments be made, and by whom?
- ☐ How will the Regions receive interest, vet and select among candidates to represent the Region on the Foundation Board?
- ☐ What are the desired qualifications of the Region's representative to the Foundation Board?
- ☐ Will placing this person on the Foundation Board pose an actual or apparent conflict of interest, and can that conflict be managed by an appropriate conflict of interest policy?
- ☐ How will an unexpected vacancy in the Board be filled by the Region?

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Q-18: Are there any laws, rules or regulations that define the regional governance structure?

A-18: The process to form the regional governance structure, appoint the Region's representative to the Foundation and to make regional submissions to the Foundation to fund programs within the Region is not defined in The OneOhio MOU or elsewhere. That process is left to the Regions to determine what best fulfills the needs of their communities. Examples of intergovernmental agreements can be found in the Ohio Revised Code that may provide insight on a workable model. Key considerations and options for the Regions are included in this [Part II](#) and [Part III](#) of this Toolkit.

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Q-19: How soon must the Regions establish their regional governance structure?

A-19: While there is no set timetable in The OneOhio MOU, Regions are encouraged to form their governance structures and appoint their Foundation representative by February 28, 2022 so that they may participate in Foundation Board meetings. The statewide Foundation was formed on December 3, 2021 and may begin meeting whenever the Board appointees determine is appropriate. The Foundation needs a quorum of 18 Board members to operate, which must include at least one representative from both the metropolitan and non-metropolitan Regions. Regions need to establish their regional governance structures, appoint their Foundation Board member and begin evaluating projects and programs within their Region for funding submissions to the Foundation from the regional Share. This is essential so that Regions can begin supporting opioid abatement programs in their communities with Opioid Funds that will be disbursed in the coming months.

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PART II

**Key Considerations for Local Governments in Establishing Regional Governance
under The OneOhio MOU**

Under The OneOhio Memorandum of Understanding, Section D.2., “Each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the board and selection of projects to be funded from the region’s share.” Regional Opioid Funds must equitably serve the needs of the entire Region. Key Considerations for Regions include:

A. Ensuring that all Local Governments have input and equitable representation regarding regional submissions to the Foundation Board.

The Local Governments within a Region include all townships, villages, cities and counties in that Region. This may amount to a few dozen to a few hundred subdivisions within a Region. Regions will need to determine what representation is equitable, a term not defined by The OneOhio MOU. Other intergovernmental agreements may help guide Regions to determine what level of representation is equitable within the Region and amongst its subdivisions. See [Part III](#) of this Toolkit.

B. Appointment of the regional representative to the Statewide Foundation.

Regions should keep in mind that the regional representative to the Foundation Board will serve an initial staggered term of one-, two- or three- years, and the subsequent terms will be two years at a time. The OneOhio MOU does not define or limit who may be the regional representative to the statewide Foundation Board, or that person’s qualifications. The MOU does not require that the representative be a public official within the Region. In furtherance of the statewide Foundation’s non-governmental structure, Regions should involve participation by stakeholders in the private sector in regional determinations and as possible Foundation Board appointments. [See FAQ-14, above.](#)

If the Region’s governance structure and bylaws or rules are not yet established, the Region’s representative should initially be selected by all participants within the Region. In selecting their regional representative to the statewide Foundation Board, Regions should consider:

- ☐ The representative’s familiarity with the opioid crisis and its impact on local communities;
- ☐ The representative’s familiarity with the needs of the Region;
- ☐ The representative’s availability to attend and participate in Foundation and regional meetings throughout the term of appointment; and
- ☐ Whether the representative’s membership on the Foundation Board or regional Board may create an actual or perceived conflict of interest, and whether a conflict can be managed by an appropriate conflict of interest policy.

C. Establishment of the Regional governance structure

The OneOhio MOU leaves it to the Regions to determine the equitable local governance structure that best fits the needs of the Region. This is an important step in abating this crisis. The founding task

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group within a Region will have the opportunity to shape local governance to direct tens of millions of dollars of crucial abatement funds within their communities for nearly two decades or more.

Regional governance structures may vary in complexity depending on the needs and wishes of the participants within each Region. Determination of what best fits the needs of the Region will involve considerations of:

- ☐ Geography;
- ☐ Number of participants - meaning the number of Local Governments and other participants within the Region;
- ☐ Interests of the stakeholders and the community in general;
- ☐ Whether the needs of the Region may change or evolve over time;
- ☐ The timing, manner and methods of making decisions for the Region;
- ☐ How often and how quickly decisions need to be made;
- ☐ What constitutes a quorum for making decisions;
- ☐ The relative difficulty in assembling participants to make regional decisions;
- ☐ The ability of the regional governance participants to equitably represent the interests of the Region on a short- or long-term basis as to regional Opioid Funds;
- ☐ The need or desire of the regional governance structure to change over time;
- ☐ The length of the venture - it is expected that regional governance under The OneOhio MOU will last up to 18 years or more as Opioid Funds are disbursed from settlements;
- ☐ The need for the regional governance to be maintain transparency;
- ☐ The availability of experts to advise the Regions; and
- ☐ The intention that the statewide Foundation operate as an independent nongovernmental, non-profit organization. [See FAQ-14, above.](#)

It is not anticipated that the Regions will need to receive or handle Opioid Funds. That will be the responsibility of the statewide Foundation. Rather, the Regions will make submissions to the statewide Foundation Board to allocate the regional Share of Opioid Funds equitably within the Region, consistent with Approved Purposes.

The founders of the regional governance structure will put together the initial governance framework of the Region. The Local Governments within the Region will then need to pass enabling legislation, approving of their participation in the regional governance and of any bylaws or rules to govern the arrangement. See [Appendix D](#).

Single county Regions may already have coalitions in place that provide a framework for a regional governance structure, so long as they assure equitable representation for the county, and all townships, cities and villages in the single-county Region. This could necessitate securing the authorization or representation of Local Governments on the coalition that are not already represented. Consistent with statewide Foundation Board's nongovernmental structure, these existing coalitions may seek to add participation from private sector stakeholders in regional decision-making.

Other examples may already exist within Ohio law that provide a workable model for the regional governance structure. For example, public works districts in Ohio follow a defined model to determine

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the size and composition of the district board. Several public works district boards are comprised of representatives from each level of local government and individuals from the private sector. See [Appendix B](#). If a Region is going to source from a public works district model, it should still consider including participation from multiple private sector stakeholders from throughout the Region.

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PART III

Selecting Regional Governance Options for The OneOhio MOU

There is no set method for the creation of a regional governance structure under The OneOhio MOU, so long as it ensures equitable representation amongst the participating Local Governments. The statewide Foundation was formed as an independent non-governmental, non-profit corporation under Ohio law. The Regions must establish their own governance structure to address the Region's particular needs. Guidance on developing these regional governance structures may be gleaned from other intergovernmental arrangements that already exist in Ohio law, from which Regions may source concepts or frameworks that fit their interests. Intergovernmental agreements amongst Ohio's local governments are used to overcome fragmented service delivery systems and optimize public resources. These agreements provide flexibility for governments for short- or long-term projects. Local Governments within a Region may develop and define the scope of their agreement with each other, and define their governance, duration and other components of their collaboration.

Regions may determine that a less structured agreement or MOU best fits the needs of its communities, or may determine that a more structured, long-term arrangement works best to accomplish long-term objectives.

Whichever governance structure a Region develops, it is recommended that Regions incorporate the participation of private sector community members, such as experts in treatment, abatement or prevention, and those with lived experience in the epidemic, in the Region's governance. Including the participation of private sector individuals in the determinations of a Region's submissions of projects and programs to the statewide Foundation Board for funding, and the selection of the Region's representation to the statewide Foundation Board, furthers the statewide Foundation Board's nongovernmental, non-profit structure. [See FAQ-14, above](#). Some existing intergovernmental models, such as Public Works Integrating Committees for multi-county districts, incorporate private sector involvement while including representation from the participating local governments.

- *Intergovernmental Service Contracts.* The Ohio Revised Code authorizes the board of county commissioners to enter into an agreement with the legislative authority of any municipal corporation, township, or other units of local government, whereby the board undertakes to exercise a function on behalf of the other local government entity or entities. This arrangement is effectuated pursuant to an agreement negotiated and executed by the participating entities. Two or more counties may also contract with each other to create a joint agency to exercise a power which they may individually exercise, perform or render. For example, this statute authorizes municipalities within a County to contract for countywide dispatch services, to operate a sewer district or for road and bridge repair.
 - O.R.C. Sec. 9.482; O.R.C. Sec. 307.15.
- *Example: Public Works.* The Ohio Public Works Commission (OPWC) was created initially in 1987 to administer the State Capital Improvement Program (SCIP) which was soon joined by the Local Transportation Improvement Program (LTIP). These programs are selected by the

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19 districts. The size and composition of each district's board is defined in the Ohio Revised Code.

- O.R.C. Chapter 164.
 - See [Appendix B](#) - PWC District Structures, which includes participation from both local governments and from private sector individuals within the Districts:
<https://www.pwc.ohio.gov/Portals/0/Documents/structure.pdf?ver=2016-01-20-135604-813>
 - Note: Regions who use concepts from the public works model should adapt those concepts to the needs of their Regions by determining which types of public and private officials, and how many of them, are appropriate for participation on their respective regional board. Further, Regions should not limit private sector stakeholder participation, but instead should assure for private sector involvement from throughout the Region. [See FAQ-14, above](#).
- *Example: ADAMH Service Districts* (Alcohol, Drug Addiction and Mental Health). ADAMH Districts were authorized pursuant to the Alcohol and Drug Addiction Services Act of 1989. The Ohio Revised Code requires that an alcohol, drug addiction and mental health service district be established in each county, or combination of counties with a population of at least fifty thousand to provide addiction and mental health services. In addition, any county or combination of counties with a population of less than fifty thousand may establish such a district, by formal action of the board(s) of county commissioners of the county or counties involved, if authorization is obtained from the Director of the Ohio Department of Mental Health and Addiction Services.
 - O.R.C. Chapter 340; O.R.C. Chapter 5119
 - *Example: Health Districts*. General health districts and city health districts may combine to form a combined general health district. In combined general health districts, the chief executive of each village, the chairman of each township's board of trustees, and the president of the board of county commissioners are members of the district advisory council. The district advisory council selects a five-member board of health. The participating entities contract with one another to apportion expenses, prescribe administrative responsibilities and define representation on the board of health. Up to five contiguous general health districts may also combine upon majority vote of all district advisory councils. In that event, one county is selected as the health district office, and that county's auditor and treasurer serve the district. Combined general health districts may also contract with each other for services.
 - O.R.C. Chapter 3709; O.R.C. Sec. 307.153.

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- *Example: Regional Plans of Cooperation for Family Services.* The Ohio Revised Code authorizes boards of county commissioners to enter into a regional plan of cooperation with other counties and/or municipal corporations to enhance the administration, delivery, and effectiveness of family services duties and workforce development activities. For example, several counties may create an area workforce investment board to administer federal WIA programs and services. The regional plan of cooperation must specify how the entities included in the plan will coordinate to enhance the administration, delivery and effectiveness of family service duties and workforce development activities.
 - O.R.C. Sec. 307.984
- *Example: Regional Planning Commissions or Joint Planning Councils.* Regional planning commissions may be created by agreement among municipal planning commissions, township trustees and county commissioners of one or more adjoining counties. The number of members, terms of office, bylaws and other organizational structure are determined by agreement amongst the members of the regional planning commission. Alternatively, a joint planning council may be formed whereby a county or regional planning commission joins with other commissions by voluntary agreement and majority vote of the participating municipalities.
 - O.R.C. Sec. 713.21-.231

Steps to Establish Regional Governance Structure

Local Government leaders have been instrumental in addressing the opioid epidemic in their communities and through litigation. The responsibility to organize your specific Region falls to you as local leaders. It is recommended that you convene with other local leaders to discuss and determine your Region's governance structure. This will likely involve a multiple-step process, including:

Step 1: Convene an initial meeting amongst representatives from each of the counties, townships, villages and cities in your Region to discuss regional governance options, preferences, community needs and interests;

*If your Local Government intends to send a majority or more of its public board's members to this meeting, understand there may be Open Meetings Act obligations.

*As this is an introductory meeting, for the purpose of sharing and gathering information to report back to your Local Government, it should be sufficient that only one delegate from your Local Government attend this meeting.

*The initial organizers may wish to consider conducting this meeting by videoconference or teleconference for efficiency and to have the broadest reach.

*Consider when and how to include individuals from the private sector in the process, such as treatment providers, individuals with lived experience with substance abuse, and others in your Region.

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Step 2: Convene a subsequent meeting to discuss and select amongst regional governance options that best serve the needs of the Region;

Step 3: Select amongst and authorize participation in the regional governance, and select representatives to the regional governance board; and

Step 4: Convene the initial regional governance meeting to:

- Establish bylaws or other rules of the Region;
- Select the Region's initial representative to the statewide Foundation Board;
- Determine the time and location of meetings;
- Elect subcommittees, if desired.

This Toolkit includes resources for selecting and building a regional governance structure, but the decision is ultimately up to each Region and its local leaders.

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Appendix A

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ONE OHIO MEMORANDUM OF UNDERSTANDING

Whereas, the people of the State of Ohio and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and,

Whereas, the State of Ohio, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance; and,

Whereas, the State of Ohio, through its Governor and Attorney General, and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Ohio;

Now therefore, the State and its Local Governments, subject to completing formal documents effectuating the Parties' agreements, enter into this Memorandum of Understanding ("MOU") relating to the allocation and use of the proceeds of Settlements described.

A. Definitions

As used in this MOU:

1. "The State" shall mean the State of Ohio acting through its Governor and Attorney General.
2. "Local Government(s)" shall mean all counties, townships, cities and villages within the geographic boundaries of the State of Ohio.
3. "The Parties" shall mean the State of Ohio, the Local Governments and the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation.
4. "Negotiating Committee" shall mean a three-member group comprising one representative for each of (1) the State; (2) the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation ("PEC"); and (3) Ohio Local Governments (collectively, "Members"). The State shall be represented by the Ohio Attorney General or his designee. The PEC shall be represented by attorney Joe Rice or his designee. Ohio Local Governments shall be represented by attorney Frank Gallucci, or attorney Russell Budd or their designee.
5. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State, PEC and the Local Governments.

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6. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this Memorandum of Understanding.
7. "Approved Purpose(s)" shall mean evidence-based forward-looking strategies, programming and services used to (i) expand the availability of treatment for individuals affected by substance use disorders, (ii) develop, promote and provide evidence-based substance use prevention strategies, (iii) provide substance use avoidance and awareness education, (iv) decrease the oversupply of licit and illicit opioids, and (v) support recovery from addiction services performed by qualified and appropriately licensed providers, as is further set forth in the agreed Opioid Abatement Strategies attached as Exhibit A. For purposes of the Local Government Share, "Approved Purpose(s)" will also include past expenditures.
8. "Pharmaceutical Supply Chain" shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.
9. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.

B. Allocation of Settlement Proceeds

1. All Opioid Funds shall be divided with 30% going to Local Governments ("LG Share"), 55% to the Foundation (structure described below) ("Foundation Share"), and 15% to the Office of the Ohio Attorney General as Counsel for the State of Ohio ("State Share").
2. All Opioid Funds, regardless of allocation, shall be utilized in a manner consistent with the Approved Purposes definition. The LG Share may also be used for past expenditures so long as the expenditures were made for purposes consistent with the remaining provisions of the Approved Purposes definition. Prior to using any portion of the LG Share as restitution for past expenditures, a Local Government shall pass a resolution or take equivalent governmental action that explains its determination that its prior expenditures for Approved Purposes are greater than or equal to the amount of the LG Share that the Local Government seeks to use for restitution.
3. The division of Opioid Funds paid to Local Governments participating in an individual settlement shall be based on the allocation created and agreed to by the Local Governments which assigns each Local Government a percentage share of Opioid Funds. The allocations are set forth in Exhibit B. With respect to Opioid Funds, the allocation shall be static.
4. In the event a Local Government merges, dissolves, or ceases to exist, the allocation percentage for that Local Government shall be redistributed equitably based on the

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composition of the successor Local Government. If a Local Government for any reason is excluded from a specific settlement, the allocation percentage for that Local Government shall be redistributed equitably among the participating Local Governments.

5. If the LG Share is less than \$500, then that amount will instead be distributed to the county in which the Local Government lies to allow practical application of the abatement remedy.
6. Funds obtained from parties unrelated to the Litigation, via grant, bequest, gift or the like, separate and distinct from the Litigation, may be directed to the Foundation and disbursed as set forth below.
7. The LG Share shall be paid in cash and directly to Local Governments under a settlement or judgment, or through an administrator designated in the settlement documents who shall hold the funds in trust in a segregated account to benefit the Local Governments to be promptly distributed as set forth herein.
8. Nothing in this MOU should alter or change any Local Government's rights to pursue its own claim. Rather, the intent of this MOU is to join all parties to seek and negotiate binding settlement or settlements with one or more defendants for all parties within Ohio.
9. Opioid Funds directed to the Foundation shall be used to benefit the local community consistent with the by-laws of the Foundation documents and disbursed as set forth below.
10. The State of Ohio and the Local Governments understand and acknowledge that additional steps should be undertaken to assist the Foundation in its mission, at a predictable level of funding, regardless of external factors.
11. The Parties will take the necessary steps to ensure there is the ability of a direct right of action under the expedited docket rules to the Ohio Supreme Court relative to any alleged abuse of discretion by the Foundation.

C. Payment of Counsel and Litigation Expenses

1. The Parties agree to establish a Local Government Fee Fund ("LGFF") to compensate counsel for Local Governments if the Parties cannot secure the separate payment of fees and associated litigation expenses for their counsel from a settling entity.
2. The LGFF shall be calculated by taking 11.05% of the total monetary component of any settlement accepted ("LGFF Amount"). Fees related to product or other items of value shall be addressed case by case.

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3. The first 45% of the LGFF amount shall be drawn from the LG Share. The remaining 55% shall be drawn from the Foundation Share. No portion of the LGFF Amount may be assessed against or drawn from the State Share.
4. To the extent the Parties can secure the separate payment of fees and associated litigation expenses from a settling entity, the amount to be drawn for the LGFF will be proportionally reduced.
5. This LGFF Amount will be deposited into the LGFF and shall be utilized for purposes of satisfying Local Government contingent fee contracts. In the absence of a National Prescription Opiate MDL settlement with any defendant settling through this One Ohio Memorandum of Understanding, the LGFF may be subject to a common benefit assessment. In the event of a common benefit assessment, the assessment shall be paid from the LGFF and in no instance shall an assessment cause the LGFF to be more than 11.05% of the total monetary component of any settlement accepted. In no instance shall any assessment be collected from the State Share, Foundation Share or Local Government Share.
6. Local Government contingent fee contracts shall be capped at 25% or the actual contract rate whichever is less. Eligible contingent fee contracts shall be executed as of March 6, 2020 and subject to review by the committee designated to oversee the Local Government Fee Fund.
7. Common Benefit awards will be coordinated as set forth in the M.D.L. Common Benefit Fee Order. Expenses will be addressed consistent with the manner utilized in the M.D.L.
8. Any balance left in the LGFF following the payment of fees shall revert to the Foundation.
9. Any attorney fees related to representation of the State of Ohio shall not be paid from the LGFF but paid directly from the State Share or through other sources.

D. The Foundation

1. The State of Ohio will be divided into 19 Regions (See attached Exhibit C). Eight of the regions will be single or two county metropolitan regions. Eleven of the regions will be multi-county, non-metropolitan regions.
2. Each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the board and selection of projects to be funded from the region's Regional Share. The Expert Panel (defined below) may consult with and may make recommendations to Regions on projects to be funded. Regions shall have the responsibility to make decisions that will allocate funds to projects that will equitably serve the needs of the entire Region.

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3. The Parties shall create a private 501(c)(3) foundation ("Foundation") with a governing board ("Board"), a panel of experts ("Expert Panel"), and such other regional entities as may be necessary for the purpose of receiving and disbursing Opioid Funds and other purposes as set forth both herein and in the documents establishing the Foundation. The Foundation will allow Local Governments to take advantage of economies of scale and will partner with the State of Ohio to increase revenue streams.
4. Board Composition
 - a. The Board will consist of 29 members comprising representation from four classes:
 - Six members selected by the State (five selected by the Governor and one selected by the Attorney General);
 - Four members drawn from the Legislature
 - One representative selected by the President of the Ohio Senate;
 - One representative selected by the Ohio Senate Minority Leader;
 - One representative selected by the Speaker of the Ohio House of Representatives; and,
 - One representative selected by the Ohio House Minority Leader
 - Eleven members with one member selected from each non-metropolitan Regions; and
 - Eight members, with one member selected from each metropolitan Regions.
 - b. All board members shall serve as fiduciaries of the Foundation as required by Ohio Revised Code § 1702.30(B) governing directors of nonprofit corporations.
5. Board terms will be staggered. Five members, (one from each of the first three classes above, and two from the metropolitan class) will be appointed for an initial three-year term, eight members of the Board (two from the first class, including the Attorney General's representative, one from the second class, four from the third class, and one from the fourth class) will be appointed for an initial term of one

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- year. The remaining members will be appointed for a two-year term. Board members may be reappointed. All subsequent terms will be for two years.
6. Eighteen members of the Board shall constitute a quorum. Members of the Board may participate in meetings by telephone or video conference or may select a designee to attend and vote if the Board member is unavailable to attend a board meeting.
 7. In all votes of the Board, a measure shall pass if a quorum is present, the measure receives the affirmative votes from a majority of those board members voting, and at least one member from each of the four classes of Board members votes in the affirmative.
 8. The Foundation shall have an Executive Director appointed by the Governor.
 - a. The Governor shall appoint the Executive Director at his or her discretion from a list of three candidates provided to the Governor by the Board. If the Governor finds all three candidates to be unsatisfactory, the Governor may reject all three candidates and request the Board to provide three new persons to select from.
 - b. In choosing candidates to be submitted to the Governor, the Board shall seek candidates with at least six (6) years of experience in addiction, mental health and/or public health and who shall have management experience in those fields.
 - c. No funds derived from the Foundation Share shall be used to pay the Executive Director or any of the foundation staff in excess of the maximum range (range 42) of the Department of Administrative Services Exempt Schedule E2 or that schedule's successor.
 - d. The Executive Director shall serve as an ex officio, non-voting member of both the Board and the Expert Panel.
 9. The Board shall appoint the Expert Panel. The Expert Panel shall consist of six members submitted by the Board Members representing the Local Governments, two members submitted by the Governor and one member submitted by the Attorney General. Expert Panel members may be members of Local Governments or the State. The Expert Panel will utilize experts in addiction, pain management, public health and other opioid related fields to make recommendations that will seek to ensure that all 19 regions can address the opioid epidemic both locally and statewide. Expert Panel members may also be members of the Foundation Board, but need not be.
 10. The Foundation Board and the Regions shall be guided by the recognition that expenditures should ensure both the efficient and effective abatement of the opioid

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epidemic and the prevention of future addiction and substance misuse. In recognition of these core principles, the Board and the Regions shall endeavor to assure there are funds disbursed each year to support evidence-based substance abuse/misuse prevention efforts.

11. Disbursement of Foundation Funds by the Board
 - a. The Foundation Board shall develop and approve procedures for the disbursement of Opioid Funds of the Foundation consistent with this Memorandum of Understanding.
 - b. Funds for statewide programs, innovation, research, and education may also be expended by the Foundation. Any statewide programs funded from the Foundation Share would be only as directed by an affirmative vote of the Board as set forth in paragraph D(7) above. Expenditures for these purposes may also be funded by the Foundation with funds received from either the State Share (as directed by the State) or from sources other than Opioid Funds as provided in paragraph 14 below.
 - c. Funds approved for disbursement to the nineteen Regions shall be allocated based on each Region's share of Opioid Funds ("Regional Share"). Each Regional Share shall be calculated by summing the individual percentage shares of the Local Governments within that Region as set forth in Exhibit B. The Regional Shares for each Region are set forth in Exhibit D.
 - d. Regions may collaborate with other Regions to submit joint proposals to be paid for from the Regional Shares of two or more Regions for the use of those Regions.
 - e. The Foundation's procedures shall set forth the role of the Expert Panel and the Board in advising, determining, and/or approving disbursements of Opioid Funds for Approved Purposes by either the Board or the Regions. Proposed disbursements to Regions of Regional Shares shall be reviewed only to determine whether the proposed disbursement meets the criteria for Approved Purposes.
 - f. Within 90 days of the first receipt of any Opioid Funds and annually thereafter, the Board, assisted by its investment advisors and Expert Panel, shall determine the amount and timing of Foundation funds to be distributed as Regional Shares. In making this determination, the Board shall consider: (a) Pending requests for Opioid Funds from Regions; (b) the total Opioid Funds available; (c) the timing of anticipated receipts of future Opioid Funds; (d) non-Opioid Funds received by the Foundation; and (e) investment income. The Foundation may disburse its principal and interest with the aim towards an efficient, expeditious abatement of the Opioid crisis considering long term and short term strategies.

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- g. Votes of the Board on the disbursement and expenditure of funds shall, as with all board votes, be subject to the voting procedures in Section D(7) above. The proposed procedures should provide for the Board to hear appeals by Local Governments from any denials of requested use of funds.
- 12. The Foundation, Expert Panel, and any other entities under the supervision of the Foundation shall operate in a transparent manner. Meetings shall be open, and documents shall be public to the same extent they would be if the Foundation was a public entity. All operations of the Foundation and all Foundation supervised entities shall be subject to audit. The bylaws of the Foundation Board regarding governance of the Board as adopted by the Board, may clarify any other provisions in this MOU except this subsection. This substantive portion of this subsection shall be restated in the bylaws.
- 13. The Foundation shall consult with a professional investment advisor to adopt a Foundation investment policy that will seek to assure that the Foundation's investments are appropriate, prudent, and consistent with best practices for investments of public funds. The investment policy shall be designed to meet the Foundation's long and short-term goals.
- 14. The Foundation and any Foundation supervised entity may receive funds including stocks, bonds, real property and cash in addition to the proceeds of the Litigation. These additional funds shall be subject only to the limitations, if any, contained in the individual award, grant, donation, gift, bequest or deposit consistent with the mission of the foundation.

E. Settlement Negotiations

- 1. All Members of the Negotiating Committee, and their respective representatives, shall be notified of and provided the opportunity to participate in all negotiations relating to any Ohio-specific Settlement with a Pharmaceutical Supply Chain Participant.
- 2. No Settlement Proposal can be accepted for presentation to Local Governments or the State under this MOU over the objection of any of the three Members of the Negotiating Committee. The Chair shall poll the Committee Members at the conclusion of discussions of any potential settlement proposal to determine whether such objections exist. Although multiple individuals may be present on a Member's behalf, for polling purposes each Member is a single entity with a single voice.
- 3. Any Settlement Proposal accepted by the Negotiating Committee shall be subject to approval by Local Governments and the State.
- 4. As this is an "All Ohio" effort, the Committee shall be Chaired by the Attorney General. However, no one member of the Negotiating Committee is authorized to

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speak publicly on behalf of the Negotiating Committee without consent from the other Committee Members.

5. The State of Ohio, the PEC or the Local Governments may withdraw from coordinated Settlement discussions detailed in this Section upon 5 days' written notice to the remaining Committee Members and counsel for any affected Pharmaceutical Supply Chain Participant. The withdrawal of any Member releases the remaining Committee Members from the restrictions and obligations in this Section.
6. The obligations in this Section shall not affect any Party's right to proceed with trial or, within 30 days of the date upon which a trial involving that Party's claims against a specific Pharmaceutical Supply Chain Participant is scheduled to begin, reach a case specific resolution with that particular Pharmaceutical Supply Chain Participant.

Acknowledgment of Agreement

We the undersigned have participated in the drafting of the above Memorandum of Understanding including consideration based on comments solicited from Local Governments. This document has been collaboratively drafted to maintain all individual claims while allowing the State and Local Governments to cooperate in exploring all possible means of resolution. Nothing in this agreement binds any party to a specific outcome. Any resolution under this document will require acceptance by the State of Ohio and the Local Governments.

FOR THE STATE OF OHIO:

Mike DeWine, Governor

Dave Yost, Attorney General

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FOR THE LOCAL GOVERNMENTS AND
PLAINTIFFS' EXECUTIVE COMMITTEE:

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Anthony J. Majestro
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We the undersigned ACCEPT / REJECT (Circle One) the One Ohio Memorandum of Understanding (“MOU”). We understand that the purpose of this MOU is to permit collaboration between the State of Ohio and Local Governments to explore and potentially effectuating earlier resolution of the Opioid Litigation against Pharmaceutical Supply Chain Participants. We also understand that an additional purpose is to create an effective means of distributing any potential settlement funds obtained under this MOU between the State of Ohio and Local Governments in a manner and means that would promote an effective and meaningful use of the funds in abating the opioid epidemic throughout Ohio.

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OneOhio Exhibit A

OHIO ABATEMENT STRATEGIES

Opioid-Related Definition:

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.

Ohio Abatement Strategy Overview

Similar to and including many national settlement strategies, to abate addiction in Ohio, we have created an abatement plan that includes three main components that will work collaboratively to address Ohio's needs and also serve as a complement to and should be integrated with all other state and local government plans:

1. **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.
2. **Strategies for Statewide Innovation & Recovery:** Included but are not limited to strategies included in Community Recovery Component but also projects that promote statewide change and regional development for prevention, treatment, recovery supports and community recovery (examples include regional treatment hubs, drug task forces, data collection and dissemination). This component also includes research and development to understand how to better serve individuals and families in Ohio.
3. **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.

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OneOhio Exhibit A

PART ONE: Community Recovery

Treatment

Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health condition.

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.

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.

Improve oversight and quality assurance of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

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.

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.

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 out-patient OUD treatment services that are both timely and accessible to all persons who seek treatment.

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.

Early Intervention and Crisis Support

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.

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OneOhio Exhibit A

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.

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.

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.

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.

Create school-based contacts who parents can engage with to seek immediate treatment services for their child.

Develop best practices on addressing individuals with addiction in the workplace, including opioids and any other co-occurring substance use or mental health conditions.

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

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.

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.

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.

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.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate services to individuals with addiction

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OneOhio Exhibit A

including opioids and any other co-occurring substance use or mental health conditions who are incarcerated, on probation, or on parole.

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.

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

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.

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.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.

Fund child and family supports for parenting women with addiction including opioids and any co-occurring substance use or mental health conditions.

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

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.

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

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, 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.

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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.

Identify and address transportation barriers to permit consistent participation in treatment and recovery support.

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:

1. Supportive and recovery housing;
2. Supportive employment/jobs;
3. Certification of peer coaches, peer-run recovery organizations, recovery community organizations;
4. Crisis intervention and relapse prevention; and
5. Services and structures that support young people living a life in recovery including, recovery high schools and collegiate recovery communities.

Prevention

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.

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.

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.

Fund community anti-drug coalitions that engage in drug prevention efforts and education.

Prevent Over-Prescribing of Opioids and Other Drugs of Potential Misuse

Training for healthcare providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on prescribing of opioids and other drugs of concern.

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Support for non-opioid pain treatment alternatives, including training providers to offer or refer patients to multi-modal, evidence-informed treatment of pain.

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)

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.

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.

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.

Develop data tracking software and applications for overdoses/naloxone revivals.

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.

Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Services for Children

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.

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.

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.

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First Responders (EMS, Firefighters, Law Enforcement and other criminal justice professionals)

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.

Training public safety officials and responders safe-handling practices and precautions when dealing with fentanyl or other drugs.

Provide trauma-informed resiliency training and support that address compassion fatigue and increased suicide risk of public safety responders.

Workforce

Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

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 educations licensing fees.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Training for healthcare providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists to support treatment and harm reduction.

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.

PART TWO: Statewide Innovation & Recovery

Leadership, Planning and Coordination

Provide resources to fund the oversight, management, and evaluation of abatement programs and inform future approaches.

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.

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OneOhio Exhibit A

A government dashboard to track key opioid/and addiction-related indicators and supports as identified through collaborative community processes.

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

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.

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.

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.

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

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.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

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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.

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.

Fund programs and services regarding staff training, networking, and practice to improve staff capability to abate the opioid crisis.

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).

Support community-wide stigma reduction regarding accessing treatment and support for persons with substance use disorders.

RESEARCH

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.

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OneOhio Exhibit C

Regional Breakdown



OneOhio Exhibit C

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OneOhio Exhibit D

Region	Regional Allocation With Summit and Cuyahoga County	Regional Allocation Without Summit and Cuyahoga County
Region 01	10.321850%	11.352740%
Region 02	8.525440%	9.376910%
Region 03	9.435460%	3.685690%
Region 04	4.275780%	4.702820%
Region 05	4.946690%	2.145470%
Region 06	2.452670%	2.697630%
Region 07	5.117580%	5.628690%
Region 08	7.452290%	8.196580%
Region 09	4.885790%	5.373750%
Region 10	2.534090%	2.787170%
Region 11	2.973060%	3.269990%
Region 12	2.052720%	2.257740%
Region 13	4.401160%	4.840720%
Region 14	12.756300%	14.030320%
Region 15	3.421220%	3.762910%
Region 16	1.166070%	1.282540%
Region 17	2.857140%	3.142490%
Region 18	4.247200%	4.671380%
Region 19	6.177480%	6.794450%
Grand Total	100%	100%

OneOhio Exhibit D

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Appendix B Ohio Public Works District Structures O.R.C. 164.04

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DISTRICT STRUCTURES as established by Ohio Revised Code 164.04 (A) all terms are for 3 years, unless noted			
District	Counties	Appointing Authority	# of Members
SINGLE COUNTY STRUCTURE			
1	Cuyahoga	2 - County Commissioners or Chief Executive Officer 2 - Chief Executive Officer of Largest City (Cleveland) 2 - Other Municipal Chief Executive Officers 1 - Private Sector (by majority of other members)	7
2	Hamilton	2 - County Commissioners (planning & development/Commissioner or Engineer) 3 - Chief Executive Officer of Largest City (Cincinnati) 2 - Other Municipal Chief Executive Officers 2 - Township Trustees	9
3	Franklin	2 - County Commissioners or Chief Executive Officer	9
4	Montgomery	2 - Chief Executive Officer of Largest City	
8	Summit	(Columbus, Dayton, Akron, Toledo, Canton)	
12	Lucas	2 - Other Municipal Chief Executive Officers	
19	Stark	2 - Township Trustees 1 - Private Sector (by majority of other members)	
TWO COUNTY STRUCTURE			
6	Mahoning, Trumbull	1 - Mahoning County Commissioners 1 - Trumbull County Commissioners 1 - Chief Executive Officer of Largest City/Mahoning (Youngstown) 1 - Chief Executive Officer of Largest City/Trumbull (Warren) 1 - Each County has a Municipal Chief Executive OR 1 - Township Trustee/This Alternates every 5 Years 1 - Mahoning County Engineer (permanent position) 1 - Trumbull County Engineer (permanent position) 1 - Private Sector (by majority of other members)	9
THREE AND FOUR COUNTY STRUCTURE			
7	Ashtabula, Geauga, Lake, Portage	2 - County Commissioners of each County 2 - Chief Executive Officers of Cities in Each County	24
9	Huron, Lorain, Medina	3 - Township Trustees in District 3 - Chief Executive Officers of Villages in District	20
10	Butler, Clermon, Clinton, Warren	1 - Majority of County Engineers in District 1 - Private Sector (by majority of other members)	24
STRUCTURE FOR DISTRICTS WITH MORE THAN FOUR COUNTIES			
5	Defiance, Erie, Fulton, Henry, Ottawa, Paulding, Sandusky, Williams, Wood		26
11	Champaign, Clark, Darke, Greene, Madison, Miami, Preble, Union		24
13	Allen, Auglaize, Hancock, Logan, Mercer, Putnam, Shelby, Van Wert		24
14	Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Tuscarawas	1 - County Commissioners of Each County 1 - Chief Executive Officers of Cities in Each County 3 - Township Trustees in District	24
15	Adams, Brown, Fayette, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, Vinton	3 - Chief Executive Officers of Villages in District 1 - Majority of County Engineers in District	30
16	Ashland, Crawford, Hardin, Marion, Richland, Seneca, Wayne, Wyandot	1 - Private Sector (by majority of other members)	24
17	Delaware, Fairfield, Knox, Licking, Morrow, Pickaway		20
18	Athens, Belmont, Hocking, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Washington		28

**The OneOhio Memorandum of Understanding
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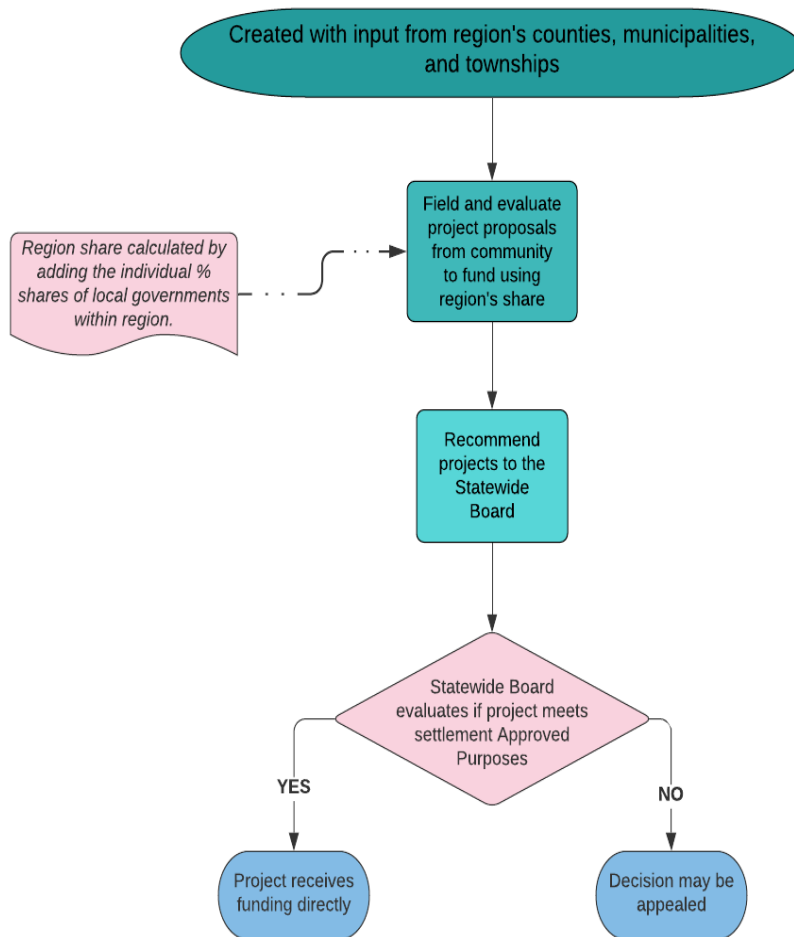
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**Appendix C
Functions of Regional Boards**

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Functions of Regional Boards



**The OneOhio Memorandum of Understanding
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**Appendix D
Resolution Authorizing Participation in OneOhio Regional Governance**

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RESOLUTION __

**Resolution Approving Participation in Region __ Governance Structure
Under The OneOhio Memorandum of Understanding**

It was moved by _____ and seconded by _____ that the following Resolution be adopted:

WHEREAS, the **[Jurisdiction]**, is a Local Government that has adopted and approves The OneOhio Memorandum of Understanding (“The Memorandum”), which establishes a mechanism to disburse settlement proceeds from opioid litigation into Ohio’s communities to help abate the opioid crisis, including allocations to Local Governments and Regions through a statewide Foundation; and

WHEREAS, this jurisdiction is a participant in **Region __** as established by The Memorandum; and

WHEREAS, pursuant to The Memorandum each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the statewide Foundation Board and selection of projects to be funded from the region’s regional Share; and

WHEREAS, Regions have the responsibility to make submissions regarding the allocation of funds to projects that will equitably serve the needs of the entire Region; and

WHEREAS, it is found that the regional governance structure attached hereto has **Exhibit A** ensures all Local Governments in this Region have input and equitable representation regarding regional decisions under The Memorandum;

NOW THEREFORE BE IT RESOLVED, by this legislative body that:

Section 1. Subject to and effective upon the concurrence of all Local Governments (counties, cities, villages, townships) in **Region __**, this legislative body hereby approves and enters into the regional governance agreement attached hereto as **Exhibit A**;

Section 3. It is found and determined that all formal actions of this legislative body relating to the adoption of this Resolution were adopted in an open meeting, and that all deliberations that resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements;

Section 4. This Resolution is hereby declared to be an emergency measure, necessary for the preservation of the public peace, health, welfare and safety. The reason for the emergency is to ensure prompt pursuit of funds to assist in abating the opioid epidemic throughout Ohio.

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Fishel Downey Albrecht & Riepenhoff LLP*

Vote (indicate yes; no):

CERTIFICATION:

**The OneOhio Memorandum of Understanding
Toolkit for Local Governments**

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*Prepared by: David A. Riepenhoff and Marc A. Fishel,
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**Appendix E
Resolution Appointing Initial Regional Representative**

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RESOLUTION __

**Resolution Appointing Initial Region __ Representative to the
OneOhio Recovery Foundation, Inc. Board**

It was moved by _____ and seconded by _____ that the following Resolution be adopted:

WHEREAS, the [Jurisdiction], is a Local Government that has adopted and approves The OneOhio Memorandum of Understanding (“The Memorandum”), which establishes a mechanism to disburse settlement proceeds from opioid litigation into Ohio’s communities to help abate the opioid crisis, including allocations to Local Governments and Regions through a statewide Foundation; and

WHEREAS, this jurisdiction is a participant in **Region** __ as established by The Memorandum; and

WHEREAS, pursuant to The Memorandum each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the statewide Foundation Board and selection of projects to be funded from the Region’s regional Share; and

WHEREAS, the imminent distribution of Opioid Funds through the OneOhio Recovery Foundation, Inc. requires immediate appointment of a regional representative from this Region; and

WHEREAS, Regions have the responsibility to make submissions regarding the allocation of funds to projects that will equitably serve the needs of the entire Region; and

WHEREAS, _____ [person] has expressed a willingness and ability to serve as the initial Region __ representative on the OneOhio Recovery Foundation, Inc. Board for an initial term that will begin by and upon concurrence of all Local Governments participating in **Region** __, and end upon a successor appointment, resignation or removal by the regional board.

NOW THEREFORE BE IT RESOLVED, by this legislative body that:

Section 1. Subject to and effective upon the concurrence of all Local Governments (counties, cities, villages, townships) in **Region** __, the following individual shall be appointed as the initial **Region** __ representative to the OneOhio Recovery Foundation, Inc. Board;

Section 2. This representative may exercise all authority of a OneOhio Recovery Foundation, Inc. Board member under Section D.3 through and including D.11 of The OneOhio Memorandum of Understanding during this appointment; and shall report any such actions to the regional board in this Region;

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*Prepared by: David A. Riepenhoff and Marc A. Fishel,
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Section 3. It is found and determined that all formal actions of this legislative body relating to the adoption of this Resolution were adopted in an open meeting, and that all deliberations that resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements;

Section 4. This Resolution is hereby declared to be an emergency measure, necessary for the preservation of the public peace, health, welfare and safety. The reason for the emergency is to ensure prompt pursuit of funds to assist in abating the opioid epidemic throughout Ohio.

Vote (indicate yes; no):

CERTIFICATION:

Appendix F
Considerations for OneOhio Recovery Foundation, Inc.'s 501(c)(3) Status
By: Benesch, Friedlander, Coplan & Aronoff LLP

This Appendix F has been prepared by Benesch, Friedlander, Coplan and Aronoff, LLP (“Benesch”). Benesch was engaged by the Ohio Attorney General to do the legal work necessary to create the statewide Foundation, including creating it as a nonprofit corporation, drafting its Code of Regulations, completing and filing the application for Federal tax exemption, and providing a roadmap and policies to get the statewide Foundation operational. In furtherance of the Foundation’s intended status as a tax -exempt entity under Section 501(c)(3) of the Internal Revenue Code (the “Code”), Regions are asked to consider the following information in structuring their regional governance to include private sector participation.

By way of background, the terms of The OneOhio MOU reflect the goal of the Local Governments and State to ensure that funds allocated for use in the Regions will be protected and only disbursed for Approved Purposes. In order to achieve this goal, the statewide Foundation (i.e., OneOhio Recovery Foundation, Inc.) was formed under Ohio law as a nonprofit corporation, and pursuant to the OneOhio MOU, the Foundation is intended to be tax-exempt under Code Section 501(c)(3) so that the Foundation, and the funds to be disbursed through the Foundation, will have the protections that come along with being tax-exempt under Code Section 501(c)(3). Such protections include limitations with respect to who can access the funds of the Foundation and for what purposes. However, when nonprofit corporations have very close ties with governmental units, the Internal Revenue Service may find that such nonprofit corporations are an integral part of government, and therefore, that they cannot obtain separate status under Code Section 501(c)(3) or the accompanying protections outlined above.

While numerous factors are considered in determining whether an organization can obtain tax-exemption under Code Section 501(c)(3), both the governance structures of the Regions and their regional appointments to the statewide Foundation Board are factors that will likely play an important role in whether the Foundation may be able to obtain tax exemption under Code Section 501(c)(3). In order to have a chance to achieve tax exemption under Code Section 501(c)(3), the Foundation must have significant private sector participation both at the regional level in the process for selecting members for the Foundation Board, and at the Foundation level in the composition of the Foundation Board itself. Thus, if only public officials are involved in the process to select members of the Foundation Board and/or only public officials serve as members of the Foundation Board itself, the chance of obtaining tax exemption under Code Section 501(c)(3) decreases. However, if the Regions engage both public sector and private sector individuals in the selection process for their regional representative to the Foundation Board, and if the Regions as a whole select a diverse group of both private sector and public sector individuals to serve on the Foundation Board, it will increase the chances that the Foundation may qualify for tax exemption under Code Section 501(c)(3). Although there is no bright line test in determining the amount of necessary private sector participation, the more private sector individuals involved in the process to determine the regional representative, and the more private sector individuals on the Foundation Board, the chance for separate tax-exemption under Code Section 501(c)(3) increases.

Thus, in order to assist the Foundation in achieving tax exemption under Code Section 501(c)(3) as intended by the OneOhio MOU, we strongly encourage the Local Governments and the Regions to take the foregoing into account.

If you have any questions about this Appendix F, please contact one of the following Benesch attorneys:

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