

Maine Recovery Council Letter of Intent

Application Overview & Questions

Organization Information

1. Primary Organization Name:
2. Primary Organization Address:
3. Primary Contact Name:
4. Primary Contact Role:
5. Primary Contact Phone Number:
6. Primary Contact Email:
7. What type of organization is this?
 1. 5013c
 2. 501c4
 3. 501c6
 4. For-Profit
 5. Individual
 6. Other
8. Primary Organization Annual Operating Budget:
9. Does the organization have a history of providing the proposed services in Maine?
 1. Yes
 2. No
10. Does your senior leadership and/or a majority of the board identify as the following? *Check all that apply.*
 1. People who identify as Black, Indigenous, or other People of Color
 2. People who identify as an immigrant or New Mainer
 3. People who have been or are incarcerated
 4. People who identify as LGBTQIA+
 5. People who are under the age of 18
 6. People with lived or living experience of substance use
 7. Does not apply

11. Does or will your organization provide services to the following populations? *Check all that apply.*

1. People who identify as Black, Indigenous, or other People of Color
2. People who identify as an immigrant or New Mainer
3. People who have been or are incarcerated
4. People who identify as LGBTQIA+
5. People who are under the age of 18
6. People with lived or living experience of substance use
7. Does not apply

12. Where does your proposed project plan to provide services? *Check all that apply.*

1. Statewide
2. Androscoggin County
3. Aroostook County
4. Cumberland County
5. Franklin County
6. Hancock County
7. Kennebec County
8. Knox County
9. Lincoln County
10. Oxford County
11. Penobscot County
12. Piscataquis County
13. Sagadahoc County
14. Somerset County
15. Waldo County
16. Washington County
17. York County

13. Has any of the staff or board members of this organization served as a Council Member of the Maine Recovery Council?

1. Yes
2. No

14. If yes, please disclose the Council Member name(s).

15. Are you currently receiving opioid settlement funds?

1. Yes
2. No

16. If yes, please explain.

17. Is your proposal the result of a local or regional planning process?

1. Yes

2. No

18. If yes, please upload a copy of the report.

Project Overview

19. Project Name:

20. Funding Amount Requested Year 1:

21. Funding Amount Requested Year 2 (If Applicable):

22. Total Funding Amount Requested:

23. Funding Period Requested (*Up to 2 years*)

1. One Year
2. Two Year
3. Other (e.g. 9 months)

24. Please select the pillar & strategy that best fits this project.

Please note that while Applicants can apply for funding for any project, Council members will score applications catered toward the Council's specific Priorities more favorably.

25. **Treatment.** Please select the strategy that best fits this project:

1. Invest in a continuum of care for substance use, providing services that are low-barrier and trauma informed, including community-based medically managed withdrawal, outpatient treatment, emergency and hospital-based treatment, residential treatment, treatment after incarceration, and mobile treatment services especially in communities that are underserved.
2. Provide flexible funding to organizations to assist individuals affected by substance use in accessing essential resources, such as treatment, transportation, and other necessities.
3. Invest in support programs that connect individuals to community resources, treatment, and recovery support services.
4. Other

26. **Recovery Support.** Please select the strategy that best fits this project:

1. Support or expand recovery community centers and programs, which may include support groups, social events, computer access, peer recovery coaching, re-entry support.
2. Support funding to compensate new or existing peer recovery coaches or peer support individuals at treatment centers, hospitals, recovery residences, community centers, etc.
3. Increase access to affordable housing for people with OUD, or co-occurring SUD and MH conditions, especially programs that house underserved populations, including families, women, LGBTQIA+, BIPOC, justice-involved, and unhoused people.

4. Expand employment training and educational services for individuals with lived or living experience, including but not limited to skills-based training, education, technical assistance, transportation, and resources to foster a supportive recovery-friendly environment.
5. Other

27. **Harm Reduction.** Please select the strategy that best fits this project:

1. Expand access to comprehensive syringe service programs by providing funding support for staffing and infrastructure expenses, peer support services, referrals to treatment, wrap-around services, etc.
2. Invest in community-based Overdose Education and Naloxone Distribution (OEND), drug checking initiatives, and wellness kits for people transitioning out of the criminal justice system.
3. Support mobile units that offer or connect individuals to harm reduction services, treatment, recovery support, primary care, and medication for substance use disorder, especially in rural areas of Maine.
4. Other

28. *Optional:* Please explain your strategy selection choice.

29. Please indicate which Approved Use(s) align with your proposed project: *Check all that apply.*

Please see “Approved Use” section below.

Project Narrative

30. Please provide a brief description of the project and consider the following questions:

- How will your project assist in combating the opioid epidemic?
- Please explain how your project is evidence-based or evidence-informed.
- How does this project meet needs not otherwise met or fill gaps in current resources.

Please limit your response to 350 words.

End of Letter of Intent application questions.

Approved Use(s) for Maine Recovery Council

Letter of Intent & Grant Funding Opportunity

Pillar: Treatment

- a. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT).
- b. Support and reimburse evidence-based services that adhere to the ASAM continuum of care for OUD and any co-occurring SUD/MH conditions.
- c. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
- d. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
- e. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an overdose.
- f. Support treatment of trauma for individuals with OUD and family members, and training of health care personnel to identify and address such trauma.
- g. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- h. Support MAT training for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
- i. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
- j. Support fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- k. Provide scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
- l. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 to prescribe MAT for OUD and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
- m. Support development and dissemination of 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.
- n. Support access to counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

- o. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
- p. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- q. Hire or train behavioral health workers to provide or expand treatment/recovery services or supports.
- r. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common. Support funding for SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
- s. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
- t. Train emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
- u. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
- v. Support crisis stabilization centers as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an overdose.
- w. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an overdose.
- x. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
- y. Support assistance programs for health care providers with OUD.
- z. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
- aa. Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated, leaving incarceration, or recently incarcerated in jail or prison; who are under community corrections supervision or in re-entry programs or facilities.
- bb. Support evidence-based or evidence informed treatment, including MAT, for pregnant women - or women who could become pregnant - who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
- cc. Expand comprehensive evidence-based treatment and recovery services for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

- dd. Expand comprehensive evidence-based treatment for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.
- ee. Provide training to healthcare providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
- ff. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- gg. Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
- hh. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including strategies such as PAARI, "Naloxone Plus", LEAD model, etc.
- ii. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
- jj. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service.
- kk. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.
- ll. Does not apply.

Pillar: Recovery Support

- a. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
- b. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
- c. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- d. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
- e. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- f. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- g. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- h. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- i. Create and/or support recovery high schools.
- j. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an overdose.
- k. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
- l. Expand warm hand-off services to transition to recovery services.
- m. Develop and support best practices on addressing OUD in the workplace.
- n. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
- o. Engage non-profits and the faith community as a system to support outreach for treatment.
- p. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
- q. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
- r. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

- s. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including strategies such as PAARI, "Naloxone Plus", LEAD model, etc.
- t. Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated, leaving incarceration, or recently incarcerated in jail or prison; who are under community corrections supervision or in re-entry programs or facilities.
- u. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental health illnesses, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
- v. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD to law enforcement, correctional, or judicial personnel or to providers of treatment, harm reduction, or other services offered in connection to prevention or recovery support strategies.
- w. Expand comprehensive evidence-based treatment and recovery services for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
- x. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
- y. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- z. Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
- aa. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
- bb. Support for Children's Services - Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.
- cc. Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
- dd. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.
- ee. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders.
- ff. Does not apply.

Pillar: Harm Reduction

- a. Support evidence-informed harm reduction services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated, leaving incarceration, or recently incarcerated in jail or prison; who are under community corrections supervision or in re-entry programs or facilities.
- b. Increase availability and distribution of naloxone (and other FDA-approved opioid-reversal drugs) for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
- c. Provide training and education about naloxone (and other FDA-approved opioid-reversal drugs) to first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
- d. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
- e. Expand, improve or develop data tracking software and applications for overdose/naloxone revivals.
- f. Provide public education relating to immunity and Good Samaritan laws.
- g. Expand access to syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction services provided by these programs.
- h. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
- i. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
- j. Expand Naloxone (or other FDA-approved opioid-reversal drug) training for first responders, schools, community support groups and families.
- k. Increase distribution of Naloxone (or other FDA-approved reversal-drug training) to individuals who are uninsured or who insurance does not cover the needed service.
- l. Does not apply.