PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
08/24/16

2b. APPLICATION ID:
16TA188087

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY:
08/24/16

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Maine Commission for Community Service

DUNS NUMBER: 078447557

ADDRESS (give street address, city, state, zip code and county):
111 Sewall St
105 Cross Office Bldg
AUGUSTA ME 04333 - 0105
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Maryalice Crofton
TELEPHONE NUMBER:
FAX NUMBER:
INTERNET E-MAIL ADDRESS: service.commission@maine.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
016000001

7. TYPE OF APPLICANT:
7a. State Commission
7b. State Commission/Alternative Administrative Entity
State Education Agency

8. TYPE OF APPLICATION (Check appropriate box).
[X] NEW [ ] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below):*

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.009
10b. TITLE: Training and Technical Assistance

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
MCCS TTA Opioid Application Support

11.b. CNCS PROGRAM INITIATIVE (IF ANY):
T/TA - Training Support

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
State of Maine

13. PROPOSED PROJECT: START DATE: 10/01/16 END DATE: 07/01/17

14. CONGRESSIONAL DISTRICT OF: a.Applicant ME 01 b.Program ME 01

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 47,923.00
b. APPLICANT	$ 0.00
c. STATE	$ 0.00
d. LOCAL	$ 0.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 47,923.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[ ] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:
[X] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Maryalice Crofton

b. TITLE:

c. TELEPHONE NUMBER:
(207) 624-7781

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
08/24/16

Narratives

Executive Summary

The Maine Commission for Community Service will identify and provide technical assistance to organizations that will apply for assistance under the national service laws to address the opioid epidemic in Maine.

Proposed Activities

PROBLEM/NEED:

Maine is experiencing one of the worst opiate crises in the nation, with rates of use, addiction and overdose deaths all surging faster than surrounding states. This has a significant impact on mortality, public health and crime, which create major economic impact.

In 2011 Maine was identified by the CDC as has having the highest opioid prescription rates in the nation. Since then, through policy changes and increased prescription monitoring, the state slowed increases in abuse of pharmaceutical drug abuse, but this has been replaced by rapidly expanding use of illicit opioids. From 2011 to 2014, deaths from illicit drug use increased by 340%; 1 in 3 involved benzodiazepine, 1 in 4 involved heroin and 1 in 5 fentanyl. Despite leveling off the rate of those overdosing on prescription painkillers, 89% of Maine's drug-related deaths still result from pharmaceutical opioids and 4 in 5 individuals begin addiction with prescribed painkillers. There are now 60% more overdose deaths annually in Maine than automobile fatalities. And perhaps most frighteningly, notifications to ME-HHS concerning drug affected babies ballooned from 178 in 2006 to 995 in 2015. This 5-fold increase represents 1 in 12, or 8% of births.

In Maine this crisis is widespread and complex. It is not a specifically urban issue. Though our most populous counties have the highest numbers and rates of overdoses (Cumberland 17.1/100,000, Androscoggin 17.1, Kennebec 16.5), these rates are nearly matched by two most rural counties (Washington 16.5, Piscataquis 16.3). It is also neither generational nor gender specific. While the average age of overdose victims is 42, the cluster of most affected ranges from age 25-54, with men disproportionately represented in the younger half of the range and women overrepresented in the upper half.

Beyond the crisis of overdose deaths (over 5 per week in a lightly populated state in 2015) the problem is impacted by a lack of treatment options (10% of all 18 to 25 year-olds are classified as needing treatment but do not receive it) and lack of state-wide law enforcement policies for those needing treatment. A 2013 study calculated the economic cost of substance abuse during the 2010 calendar year at $1.4 billion - over $1000 per Maine resident. Since then the number of opioid related

deaths has increased by 57%, arrests for heroin-related offences have quadrupled and primary treatment admissions have tripled; all of which indicates dramatic increases in economic damage.

PLANNING PROCESS:

The Maine Commission's plan unfolds in 3 stages. MCCS has identified a group of consultants with expertise in substance abuse treatment & recovery, law enforcement and in crafting effective AmeriCorps program models. Beginning in October, the substance abuse specialist will work collaboratively with MCCS to review data and collect feedback from the field to develop a clear picture of the nature of the opioid crisis in those parts of Maine most severely affected. Then, using an asset mapping process, she will map the providers and agencies and gaps in services. The law enforcement consultant will assist in the asset mapping and gap analysis process. This method will identify where AmeriCorps interventions would likely succeed.

The results will be used to initiate the stage two. MCCS will reach out to identified agencies and their key personnel and invite them to participate in a full day scoping meeting. The meeting will be co-facilitated by MCCS and the two subject area consultants. The outcomes of this meeting are: A) establish which needs related to the opioid crisis are most appropriately met through AmeriCorps; B) determine the evidence-based, AmeriCorps-appropriate intervention(s) are most likely to effectively address the established need(s); C) develop strong interagency connections that will form the basis of the coalition that will implement the intervention; and D) identify one or more applicants who will submit AmeriCorps fundingproposals to address the opioid epidemic.

The third stage will connect the potential applicant agencies with the program planning consultant who will assist them in crafting a competitive application for AmeriCorps funding. MCCS has included travel costs for training in an adapted version of the LEAN process, which has been used effectively in developing AmeriCorps programs in Vermont. The four elements of LEAN can be used effectively in developing a fully realized theory of change. LEAN's value driven situational approach to system design and improvement lends itself well to creating effective logic models.

TIMELINE:

By 10.1.2016, MCCS will contract with 2 subject area experts, one in law enforcement and the other in substance abuse treatment & recovery.

Oct.-Dec. - Contractors conduct asset mapping to identify organizations, resources and other experts addressing the Maine opioid crisis and do a gap analysis to determine the areas of greatest need.

By 1.1.2017 - Contract with AmeriCorps program design specialist

Early Jan. - Scoping meeting for key agencies and stakeholders to develop application concept(s)

Narratives

Jan-March - Identified coalition(s) work with program design specialist to craft high quality AmeriCorps funding proposals, including evidence-based interventions employed as part of a theory of change that will result in outcomes reducing or preventing opioid abuse. This will be comprised of individual coaching and scheduled program design sessions using the LEAN model.

April - Application submission and MCCS review followed by state-level clarification

May - Submission of final application(s) to CNCS for review

Organizational Capability

The Commission is only accepting applications for the opioid priority under the extended deadline option. Maine's approach of contracting for subject area and AmeriCorps program design expertise will enable applicants to create strong applications for programming to address the opioid epidemic. It also addresses specific regulatory restrictions placed on the Commission that govern the manner in which we can assist potential applicants. Commission staff has met with the Office of Purchases to confirm that our approach meets the requirements of state law. The Commission has also already selected the consultants who will assist in this initiative. Alison Jones Webb, MPH has over 20 years experience in policy development, strategic planning, project management, implementing evidence-based interventions, community outreach, and linking community members with healthcare services. She is currently conducting a needs assessment of recovery services and supports in Maine. Sherriff Joel Merry is chief law enforcement officer for Sagadahoc County and is Dept. of Justice co-chair of the Maine Opioid Prevention Task Force. Pam Zeutenhorst is a former Training Officer for the Commission with many years of experience supporting AmeriCorps programs in Maine and is an expert on assisting programs in developing theories of change. MCCS staff will participate but will not be diverted from existing workplans.

Budget/Cost Effectiveness

Budget includes costs for staff support, travel for training in AmeriCorps implementation strategy and for consultants with subject area expertise and in AmeriCorps program design. No match is required.

Amendment Narrative

N/A

Performance Measures

MSYs by Focus Areas

Capacity Building

MSYs by Objective

Capacity Building & Leverage

Project Hours by Focus Area

Capacity Building

Project Hours by Objective

Capacity Building & Leverage

of Volunteers by Focus Areas

Capacity Building

of Volunteers by Objective

Capacity Building & Leverage

Amount by Focus Area

Capacity Building

Amount by Objective

Capacity Building & Leverage

Performance Measures

Primary Focus Area:

Secondary Focus Area:

PM 1 - N/A

Focus Area:	Capacity Building	**MSYs:**	0.00	**Project Hrs:**	0.00	**Amount:**	$	0.00
Objective:	Capacity Building & Leverage	**# of Volunteers:**	0					

Problem Statement:

N/A

Interventions	Descriptions
Other	N/A

Output :

N/A

Target: 1 N/A

Measured By: Other

Described Instrument: N/A

Required Documents

Document Name	Status
Budget by Personnel Task and Sub-task	Not Applicable
Organizational Chart	Already on File at CNCS
Work Plan	Not Applicable

Budget Narrative: MCCS TTA Opioid Application Support for Maine Commission for Community Service

Section I. Support Expenses

A. Project Personnel Expenses

Position/Title -Qty -Annual Salary -% Time	CNCS Share	Grantee Share	Total Amount
Planning & Research Associate: - 1 person(s) at 33654 each x 5 % usage	1,683	0	1,683
CATEGORY Totals	1,683	0	1,683

B. Personnel Fringe Benefits

Item -Description	CNCS Share	Grantee Share	Total Amount
Dental Insurance: Annual premiums pro-rated to % on grant.: PLRA @ 5% X $343=$17	17	0	17
Health Insurance: Annual premiums pro-rated to % on grant: 5% X $13988=$699	699	0	699
Life Insurance: Annual premiums pro-rated to % on grant.: 5% X $256=13	13	0	13
State Retirement system contributions: Annual premiums pro-rated to % on grant.: 5% X $10301=	515	0	515
FICA (0.0765) &/or Medicare (0.0145): Annual premiums pro-rated to % on grant.: 5% X $488=24	24	0	24
Worker Comp - $21.00/pay period: Annual premiums pro-rated to % on grant.: 5% X $578=30	30	0	30
CATEGORY Totals	1,298	0	1,298

C. Travel

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
MCCS staff to attend LEAN for government training in Montpelier, VT: 600 mi X $0.44 + 2 days @ $189 meals/lodging + $250 registration fee	892	0	892
CATEGORY Totals	892	0	892

D. Equipment

Item/Purpose -Qty -Unit Cost	CNCS Share	Grantee Share	Total Amount
CATEGORY Totals	0	0	0

E. Supplies

Item -Calculation	CNCS Share	Grantee Share	Total Amount
Postage & Copying: $60.00 toner and postage	60	0	60
Scoping Meeting supplies: Estimated 40 participants. $13 per attendee = $520	520	0	520

CATEGORY Totals	580	0	580

F. Contractual and Consultant Services

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Contract with consulting specialist on community-based prevention and recovery; Oct 2016 through March 2017: 160 hours @ $85/hour	12,600	0	12,600
Contract with consulting specialist on law enforcement strategies for issues Oct 2016 through March 2017: 160 hours @ $85/hour	12,600	0	12,600
Contract with consulting specialist on AmeriCorps program design from January through May 2017: 200 hours @ $75	15,000	0	15,000
CATEGORY Totals	40,200	0	40,200

I. Other Support Costs

Item	CNCS Share	Grantee Share	Total Amount
Space for Scoping meeting, local conf. space rate:	875	0	875
CATEGORY Totals	875	0	875

J. Indirect Costs

Description -Cost Type	CNCS Share	Grantee Share	Total Amount
Indirect @ 5.26 % times $45528:	2,395	0	2,395
CATEGORY Totals	2,395	0	2,395

K. Other

Item	CNCS Share	Grantee Share	Total Amount
CATEGORY Totals	0	0	0
SECTION Totals	47,923	0	47,923
PERCENTAGE	100%	0%	

BUDGET Totals	47,923	0	47,923
PERCENTAGE	100%	0%	

Source of Funds

Section	Description
Section I. Support Expenses	