

GRANT APPLICATION / PROPOSAL PROCESSING FORM

Please review the attached proposal summary and application forms.

If you approve this proposal information, sign page 2 of this form and other forms as indicated with witness signatures, if applicable, in sufficient time to meet the deadline date indicated below.

If you have questions regarding the proposed program/project, please contact the Senior Budget Analyst at Ext. 2404 or the Department contact listed below to address those issues in a timely fashion. After your questions have been satisfactorily addressed, your signature is required for the grant to be forwarded for the next signature, final approval, and submission to the granting agency.

Approval indicates authorization for county matching funds allocated for this project, if applicable, as indicated below. Upon final approval, the application/proposal will be automatically returned to the originating Department for submission and record retention.

Section 1: General Information

Grant Start Date:	07/01/2025	Grant End Date:	06/30/2026
Grant Amount:	\$307,000	Application/Proposal Deadline:	
Grant Type:	☐ Competitive (award on the basis of competitions among eligible grantees) ☒ Entitlement (a set of money or an amount determined under a formula grant) ☐ Continuation (continued funding for existing grant from funding agency) <i>If continuation of an existing grant, AS400 Acct No</i> _____ Other _____		
Funding Source:	☐ Federal ☒ State ☐ Foundation ☐ Corporate		
If Federal Grant, CFDA#:		Capital Grant Project No:	
Funding Agency:	MD Office of Overdose Response	CC Gov. Department:	FAS Budget
Funding Agency Grant Program:	Opioid Targeted Abatement Grant	Official Grant Title:	CCHD PEER Support Program
Funding Agency Contact:	Cassie Hershberger, Director of Operations	Department Grant Contact:	Kelli Scherer, Budget Analyst II
Phone Number/Ext:	410-553-7478	Phone Number/Ext:	X2273
Does this grant require matching funds?	☐ YES ☒ NO		
Amount of Matching Funds:	Cash	If YES, amount:	
	In-Kind		
If In-Kind, how will the matching funds be tracked?			

Section 2: Grant Description

Briefly summarize the overall purpose/objective of the grant and indicate how this grant will contribute to the needs and goals of the County. (Not Grant Activities)

This project will fund three (3) Certified Peer Recovery Specialists (CPRS) and one (1) Registered Peer Supervisor (RPS) to implement the existing Charles County Peer Recovery Support Program. The Peer Recovery Support Program includes peer-led self-help groups, one-on-one individual sessions, wellness education, harm reduction, recovery support, community-building, and advocacy. Peer Support Specialists, having lived experience in recovery, provide individualized, recovery-focused support to individuals in our community, helping them navigate the system of care, access resources, and develop their recovery pathways through shared understanding and mutual respect.

Section 2: Grant Description Cont.

Briefly list grant program activities (what is going to be done with the grant funds):

The principal goals of the Peer Recovery Support Program are:

- 1) To provide peer-based outreach into the community to identify and work with persons affected by or currently at risk for Substance Use
- 2) To promote recovery and resilience through effective peer-based solutions.
- 3) To foster awareness of harm reduction and to establish connections to recovery pathways, resources and community services.
- 4) To collaborate with community stakeholders to reduce the harm and stigma surrounding addiction.

Please provide a brief explanation of pertinent budget items that will be funded through this grant.

(indicate if funds will be used for new/old staff positions, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)

Total Request - \$307,000
Personnel - \$296,000
Conference - \$4,000
Supplies for PEER Services - \$7,000

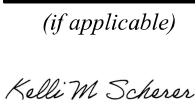
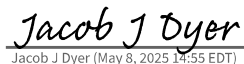
How will the grant activities be continued after the end of the grant period?

We will apply for this funding in the following years to continue this important program.

Without this funding, we would not be able to sustain the peer recovery program. The significant impact the PEERs have been able to have on individuals in recovery has been able to help reduce relapses, foster continual engagement with stakeholders, and assist with the overall health of those needing these services.

Section 3: Grant Application Review / Approval

** Your signature indicates a full understanding of the program information provided and intent to implement the project according to all program guidelines, assurances and certifications.

	Signature:	Required On:	
1. Department Head	 _____ <small>Dianna Aune -MDH- (May 7, 2025 15:31 EDT)</small> (if applicable)	Sign-off Sheet	Date: _____ May 7, 2025
2. Partner Agency	 _____ <small>Kelli M Scherer</small>	Sign-off Sheet	Date: _____ May 8, 2025
3. Senior Budget Analyst or Budget Analyst I	 _____ <small>Samantha Chiriaco (May 8, 2025 12:04 EDT)</small>	Sign-off Sheet	Date: _____ May 8, 2025
4. Chief of Budget	 _____ <small>Jacob J Dyer (May 8, 2025 14:55 EDT)</small>	Sign-off Sheet	Date: _____ May 8, 2025
5. Director of Fiscal and Administrative Services	 _____ <small>E. Wesley Adams III (May 8, 2025 17:22 EDT)</small>	Sign-off Sheet	Date: _____ May 8, 2025
6. County Attorney	 _____ <small>Deborah E. Hall (May 8, 2025 17:42 EDT)</small>	Sign-off Sheet	Date: _____ May 8, 2025
7. County Administrator	 _____ <small>DC</small>	Sign-off Sheet	Date: _____ May 9, 2025
8. President County Commissioners		Assurances	Date: _____

**Maryland's Opioid Restitution Fund (ORF)
Targeted Abatement Grant
Local Abatement Plan**

IMPORTANT NOTE: Please review the instructions provided in the Call for Proposals document prior to completing this form.

The application package should be submitted via Smartsheet Form to the link below.

<https://app.smartsheet.com/b/form/7abd36feaa304e9dad2e776c198e857f>

Jurisdiction/subdivision: Charles County Government

Point of Contact:

First/Last Name: Kelli Scherer

Mailing Address: 200 Baltimore Street,
La Plata, MD 20646

Position: Budget Analyst II

Phone: 240-776-6673

Email: schererk@charlescountymd.gov

Total Allocated Funds \$307,000

ORF Provision

Please select the ORF provision that most accurately represents the primary focus of the local abatement plan (you may identify more than one).

(1) programs, services, supports, and resources for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction that have the purpose of:

- (i) Improving access to medications proven to prevent or reverse an overdose;
 - (ii) Supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high-risk populations;
 - (iii) Increasing access to medications that support recovery from substance use disorders;
 - (iv) Expanding the Heroin Coordinator Program, including for administrative expenses;
 - (v) Expanding access to crisis beds and residential treatment services for adults and minors;
 - (vi) Expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers;
 - (vii) Supporting the behavioral health crisis hotline;
 - (viii) Organizing primary and secondary school education campaigns to prevent opioid use, including for administrative expenses;
 - (ix) Enforcing the laws regarding opioid prescriptions and sales, including for administrative expenses;
 - (x) Research regarding and training for substance use treatment and overdose prevention, including for administrative expenses; and
 - (xi) Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment
- (2) Supporting community-based nonprofit recovery organizations that provide nonclinical substance use recovery support services in the State
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I. PLAN SUMMARY *The plan summary must provide a clear summary of the projects to be funded and the activities that will be conducted in service of the Local Abatement Plan, and clearly tie to the provisions of the legislation identified above.*

This project will fund three (3) Certified Peer Recovery Specialists (CPRS) and one (1) Registered Peer Supervisor (RPS) to implement the existing Charles County Peer Recovery Support Program. The Peer Recovery Support Program includes peer-led self-help groups, one-on-one individual sessions, wellness education, harm reduction, recovery support, community-building, and advocacy. Peer Support Specialists, having lived experience in recovery, provide individualized, recovery-focused support to individuals in our community, helping them navigate the system of care, access resources, and develop their recovery pathways through shared understanding and mutual respect.

II. PLAN PROBLEM STATEMENT *The problem statement section describes why the plan is needed and identifies the most significant issues, problems, trends, or opportunities that will be addressed by the Local Abatement Plan.*

Peer Support is increasingly recognized as a powerful resource in substance use disorder (SUD) recovery. Peers can act as a bridge between clinical settings and the recovery community, assisting individuals who feel disconnected or distrustful of traditional systems of care to more fully engage in their recovery process. The Peers work to reduce stigma surrounding addiction and provide education to the community and individuals around harm reduction as well as access to medications proven to prevent or reduce an overdose.

The need for peer recovery programming stems from the significant positive impact peers have on individuals in recovery, including increased engagement, reduced relapse rates, and improved overall well-being.

III. PLAN GOALS AND OBJECTIVES *Program Goals and Objectives should define the central aim and principal goals of the Local Abatement Plan that will be addressed by the project activities and tie to the provisions of the legislation identified.*

The principal goals of the Peer Recovery Support Program are:

- 1) To provide peer-based outreach into the community to identify and work with persons affected by or currently at risk for Substance Use
- 2) To promote recovery and resilience through effective peer-based solutions.
- 3) To foster awareness of harm reduction and to establish connections to recovery pathways, resources and community services.
- 4) To collaborate with community stakeholders to reduce the harm and stigma surrounding addiction.

IV. PLAN PROGRAM MEASUREMENT/PERFORMANCE INDICATORS

What you will use to measure (a) the effectiveness of the plan's support of the selected Goal/Strategy, (b) how it fills a gap in the region, and (c) how it serves its intended demographic. These measures may be quantitative (numeric) and/or qualitative (descriptive). These performance measures must be reported annually, by project and ORF provision.

Program Measurement

- # outreach activities in the community
- # peer recovery support contacts
- # referrals to substance use treatment programs
- # referrals to recovery support services (transportation, housing, etc.)
- # contacts with community stakeholders

V. PLAN TIMELINE

Enter project information as necessary

Goal(s)	Key tasks/activities	Person(s) Responsible	Progress measurement	Begin Date	End Date
Provide peer-based reach into the community to identify and work with people affected by or currently at risk for Substance Use	Conduct and participate in outreach activities in the community	Certified Peer Recovery Specialists Peer Supervisor	# outreach activities in the community	7/1/25	6/30/25
Promote recovery and resilience through effective peer-based solutions.	Provide effective and evidence-based, non-clinical peer support services to individuals and groups	Certified Peer Recovery Specialists Peer Supervisor	# peer recovery support contacts # referrals to substance use treatment programs	7/1/25	6/30/25
Foster awareness of harm reduction and establish connections to recovery pathways, resources, and community services.	Conduct and participate in outreach activities in the community Collaborate and network with stakeholders and community providers	Certified Peer Recovery Specialists Peer Supervisor	# contacts with community stakeholders	7/1/25	6/30/25
Collaborate with community stakeholders in an effort to reduce the harm and stigma surrounding addiction.	Work with community partners around education and in the community	Certified Peer Recovery Specialists Peer Supervisor	# contacts with community stakeholders # outreach activities in the community	7/1/25	6/30/25

VI. SPEND PLAN DESCRIPTION *Detailed explanation of planned expenses, including dollar amounts for all proposed expenditures.*

The total funding request is \$307,000. This funding will pay the salaries/fringe for 3 full-time PEER recovery specialists and 1 full-time PEER recovery specialist supervisor. This funding will total \$296,000. There is an annual "On Our Own" conference for Peer specialists, which all 4 would attend. The funding needed for that conference is \$4,000.

The PEERs will conduct and participate in several outreach activities throughout the year in addition to collaborating with community stakeholders. Educational supplies will be distributed to those needing the PEER services, and to offer the material to those who may know someone who could benefit from the services. The total estimated funding for this is \$7,000.

Without this funding, we would not be able to sustain the peer recovery program. The significant impact the PEERs have been able to have on individuals in recovery has been able to help reduce relapses, foster continual engagement with stakeholders, and assist with the overall health of those needing these services.

By signing below, you agree to spend the opioid settlement funds received through the Targeted Abatement Fund in accordance with the plan established above.

Additionally, your signature below certifies that your county/municipality has established a Local Abatement Fund, as required by the State Subdivision Agreement, and that all opioid settlement funds will be held in this fund.

VII. AUTHORIZED OFFICIAL SIGNATURE:



Date: May 9, 2025

Printed Name: Reuben B. Collins, II, Esq.

Title: President, Charles County Commissioners