

FY 2020 APPLICATION

Maryland Department of Health Sponsored Capital Improvement Program Grants and Loans

Substance Use for Certified Recovery Residences

Maryland Department of Health
Office of Capital Planning, Budgeting and Engineering Services

February 2019

FY 2020 Application for Administration-Sponsored Capital Program Grant

TABLE OF CONTENTS

GENERAL INSTRUCTIONS 1-3

Outline for Your Application 1

"Project Summary Form" 1

Cover Sheets for Your Application 1

Submission of Application 2

People You May Want to Contact for Technical Assistance 2

Requirement for All Community Facilities Providers 3

Requirement for Federal, State, and Local Compliance 3

Check List 4-5

Project Summary Forms 6-8

Cost Estimate Worksheets 9-10

I. Project Description and Justification 11-12

 A. Project Overview

 Introduction to Agency 11

 Introduction to Project 11

 Purpose 11

 Location 11

 Site Plan 11

 Strategic Plan 11

 Unmet Need 11

 Housing Resource Capacity for Substance Use Recovery Housing 11

 B. Project Justification 12

 Facility Problems and the Consequence of
 Deficiencies on Operations or Service Delivery 12

 Describe Each Facility Problem 12

 Consequences of Each Facility Problem 12

 Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be
 Achieved After Completion of the Project 12

II. Administrative Information 13-14

 A. Poverty Area Funding Request 13

 B. Admission Policy 13

 C. Staffing Pattern 13

 D. Schedule of Rates 13

 E. Previous Projects 14

III. Project Description – Scope of Work 15-16

 A. Type/Description 15

 B. Project Site Description 15

 C. Scope of Work 15

 1. Current and Projected Space Requirements 15

2.	Type of Space.....	16
3.	Determination of Size.....	16
4.	Description of Architecture and Infrastructure.....	16
5.	Site Improvements.....	16
6.	Utilities.....	16
7.	Acquisition.....	16
D.	Transportation.....	16
E.	Time Frame.....	16
F.	Maps and Sketches.....	16
IV.	Financial Statements	17
A.	Cost Estimate Worksheet	17
B.	Capital Financial Summary	17
C.	Operating Cost Projections (for New or Expansion Projects Only)	17
D.	Equipment and Furnishings Request	17
V.	Additional Documentation Requirements	18
A.	Listing of All Principals	18
B.	Compliance with Civil Rights Act	18
C.	Applicant Certification	18
D.	Latest Audited Financial Statement.....	18
E.	License.....	18
F.	Medicaid Approval.....	18
G.	IRS Form 990.....	18
H.	Capital Equipment.....	18
I.	Poverty Area Funding Request.....	18
	Table 2 – Current and Projected Space Requirements	19
	Department of General Services (DGS) Guidelines on Net Square Feet and Gross Square Feet	20
	DGS Office Space Standards	21
	Table 3 – Outcome Measures	22
	Table 4 – Behavioral Health Administration - Existing and Proposed Recovery Residences	23
	Table 6 - Equipment and Furnishings Request	24
	Capital Financial Summary Form	25
	Operating Cost Projections Form	26
	Listing Of All Principals Form	27
	Assurance Of Compliance Form	28
	Applicant Certification Form	29

APPENDICES

- **ADDITIONAL INFORMATION FOR GRANT APPLICANTS PROVIDING Substance USE RECOVERY HOUSING SERVICES**..... 31-41

LAW

Mental Health, Addictions, and Developmental Disabilities Facilities Capital Program (Md. Code, Health Gen. §24-601 through §24-607)

<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=24-601&ext=html&session=2019RS&tab=subject5> (Users can click the [Next] button to view subsequent sections)

REGULATIONS for the following grant programs can be found at the web site listed below:

Mental Health, Addictions, and Developmental Disabilities Facilities Capital Program

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.02.*

Regulation: COMAR 10.63.01.02 (Community-Based Behavioral Health Programs and Services, Chapter 1, Requirements for All Licensed Programs).

Certification Process of a Recovery Residence:

The Maryland Certification of Recovery Residences was established under House Bill 1411, titled “Health - Recovery Residences – Certification.” This was enacted under Article II 17 (c) of the Maryland Constitution on May 28, 2016 and became effective on October 1, 2016. This Act requires MDH to approve a credentialing entity to develop and administer a certification process for Recovery Residences. BHA was approved by MDH to serve as the designated credentialing entity and to assess Recovery Residences in Maryland for compliance with 2015 National Alliance for Recovery Residence (NARR) standards.

Recovery Residences must be certified under the following:

- Receives State funds,
- Operates as a certified recovery residence,
- Advertise, represents or implies to the public it is a certified recovery residences.

Please, note that BHA does not have jurisdiction over any recovery residences that do not state they are certified or have a certification of compliance from BHA. House Bill 1411 gives BHA jurisdiction over recovery residences operating as a certified recovery residence and any individual, partnership, corporation, or other entity advertising, representing or implying to the public that it is a certified recovery residence.

**STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

FY 2020 Application for Administration-Sponsored Capital Program Grant

The following pages provide the instructions and forms to complete your application for a Maryland Department of Health (MDH) Administration-Sponsored Capital Program Grant.

GENERAL INSTRUCTIONS

DO NOT REFORMAT ANY PART OF THIS APPLICATION

OUTLINE FOR YOUR APPLICATION

Your application should be developed using the outline on the "Check List" (refer to pages 4 and 5). For each section of the "Check List," there is a page number reference for the relevant form and/or instruction. Each page of your application should be paginated. Paginate narrative and any attachments separately. Multi-page exhibits/references should not be mixed in with the narrative, but rather included as separate attachments in an appendix.

"PROJECT SUMMARY FORM"

The "Project Summary Form" (pages 6, 7 and 8) should be filled out after you have completed all of the other sections and must include a clear overview of the proposed project.

COVER SHEETS FOR YOUR APPLICATION

The completed "Project Summary Form" is to be used as a cover sheet for your application.

SUBMISSION OF APPLICATION

DUE MAY 8, 2019

The following must be received by May 8, 2019 at 12:00pm:

- 1 An **ORIGINAL and a COPY** of the application submitted to the Office of Capital Planning, Budgeting, and Engineering Services.
- 2 An **E-COPY** of the application (**the narrative part must be in Microsoft Word format and not PDF**) e-mailed to Mr. Ahmed G. Awad at Ahmed.Awad@maryland.gov.
- 3 **A copy of the application** submitted to the Behavioral Health Administration contact person (see chart below).

Applications received after the above deadline may be considered; however, ranking on the departmental priority list cannot be guaranteed.

Mail or deliver an original and a copy of the application to:

*Mr. Ahmed Awad
Administrator, General Obligation Bond Program
Maryland Department of Health
Office of Capital Planning, Budgeting and Engineering Services
201 West Preston Street, Room 538E
Baltimore, Maryland 21201*

If e-copies of any attachments/exhibits are not readily available, the original documents can be scanned and/or included as PDFs. The only exceptions are for oversized architectural drawings, for which e-copies are preferred, but which may be submitted separately, as a hard copy.

PEOPLE YOU MAY WANT TO CONTACT FOR TECHNICAL ASSISTANCE:

Ahmed Awad	Office of Capital Planning, Budgeting, and Engineering Services (OCPBES)	(410) 767-6589	Ahmed.Awad@maryland.gov
Cynthia Petion	Behavioral Health Administration (BHA)	(410) 402-8473	Cynthia.Petion@maryland.gov

Also, please note the following requirements:

REQUIREMENT FOR ALL COMMUNITY HEALTH FACILITIES PROVIDERS

All Behavioral Health Administration (previously mental health, alcohol and drug abuse), service providers who are applying for capital program grant funding must also follow the additional instructions included in the Appendices, “Additional Information for Behavioral Health Grant Administration Applicants Providing: Recovery Residence Services” (pages 31-41)

REQUIREMENT FOR FEDERAL, STATE, AND LOCAL COMPLIANCE

All projects developed under the MDH Administration-Sponsored Capital Program must be in compliance with federal, State, and local standards, codes and requirements. These standards must be followed in determining your physical plant and equipment requirements.

CHECK LIST

The application is to be completed and submitted using the following outline. Please include this check list with your application. Indicate whether or not the following items are included in the application. If "yes," give the page number; if "no," state the reason on an attached sheet of paper.

	YES	NO
Project Summary Form (<i>Refer to pages 6, 7 and 8</i>)	_____	_____
<i>The completed Project Summary Form parts 1, 2 and 3 are required as cover sheets for your completed fiscal year 2020 application.</i>		
I. Project Description and Justification (<i>Refer to pages 11 through 12</i>)		
A. Project Overview		
1. Introduction to Agency	_____	_____
a. Name and Address of Agency	_____	_____
b. Mission Statement/Brief History	_____	_____
2. Introduction to Project	_____	_____
a. Purpose	_____	_____
b. Location	_____	_____
c. Site Plan	_____	_____
d. Strategic Plan	_____	_____
e. Unmet Need (<i>Refer to page 11</i>)	_____	_____
f-h. Resource Capacity, Utilization of Capacity	_____	_____
B. Project Justification		
1. Problems and Consequences of Deficiencies	_____	_____
a. Description of Each Problem	_____	_____
b. Consequences of Each Problem	_____	_____
2. Current and Future Outcomes	_____	_____
II. Administrative Information (<i>Refer to pages 13 and 14</i>)		
A. Poverty Area Funding Request	_____	_____
B. Admission Policy	_____	_____
C. Staffing Pattern	_____	_____
D. Schedule of Rates	_____	_____
E. Previous Projects	_____	_____
III. Project Description – Scope of Work (<i>Refer to pages 15 and 16</i>)		
A. Type/Description	_____	_____
B. Project Site Description	_____	_____
1. Location	_____	_____
a./b. Legal Description/Opinion	_____	_____
c. Plat Plan	_____	_____
d. Soil Investigation Report (new construction only)	_____	_____
e. Water & Sewer Assurance	_____	_____
f. Zoning Status	_____	_____

	YES	NO
C. Scope of Work (Refer to pages 15 and 16)	_____	_____
1. Current and Projected Space Requirements	_____	_____
2. Type of Space	_____	_____
3. Determination of Size	_____	_____
4. Description of Architecture and Infrastructure	_____	_____
5. Site Improvements	_____	_____
6. Utilities	_____	_____
7. Acquisition	_____	_____
D. Transportation	_____	_____
E. Time Frame	_____	_____
F. Maps and Sketches	_____	_____
IV. Financial Statements (Refer to page 17)		
A. Cost Estimate Worksheet (Refer to pages 9 and 10)	_____	_____
B. Capital Financial Summary	_____	_____
1. Supporting Documentation for Matching Funds	_____	_____
2. Letter from IRS (nonprofit status)	_____	_____
3. Capital Financial Summary (Refer to page 25)	_____	_____
C. Operating Cost Projections (Refer to page 26)	_____	_____
D. Equipment and Furnishing Request (Refer to page 24)	_____	_____
V. Additional Documentation (Refer to page 18)		
A. Listing of All Principals (Refer to page 27)	_____	_____
B. Compliance with Civil Rights (Refer to page 28)	_____	_____
C. Applicant Certification (Refer to page 29)	_____	_____
D. Latest Audited Financial Statement	_____	_____
E. License	_____	_____
F. Medicaid Approval	_____	_____
G. IRS Form 990	_____	_____
H. Capital Equipment List/Prices	_____	_____
I. Poverty Area Funding Request	_____	_____

COMMUNITY FACILITIES PROVIDERS:

Did you comply with the guidelines in the Behavioral Health Administration appendices?

_____	_____
-------	-------

PROJECT SUMMARY FORM (Part 1 of 3)

Project Summary Forms (Part 1, 2 and 3) are to be used as the cover sheets for your Fiscal Year 2020 application.

All information is required and must be completed

1.

<hr/> <i>Name of Applicant Agency</i>		<hr/> <i>Applicant's Employer ID Number (EIN)</i>
<hr/> <i>Name of Contact Person</i>	<hr/> <i>Title</i>	<hr/> <i>Direct Phone Number, Ext.</i>
<hr/> <i>Cell Phone Number (required)</i>		<hr/> <i>E-mail Address</i>
<hr/> <i>Street Address of Applicant Agency</i>		<hr/> <i>Mailing Address (if different from street address)</i>
<hr/> <i>City and Zip of Applicant Agency</i>	<hr/> <i>County (if Baltimore, indicate City or County)</i>	<hr/> <i>State Legislative District</i>

2. **PROJECT DESCRIPTION** Include a brief description of the project and a statement explaining how the proposed project will improve outcomes for individuals served by your program.

3.

<hr/> <i>Name of Facility/Site for Proposed Project</i>		
<hr/> <i>Street Address of Facility/Site for Proposed Project</i>		
<hr/> <i>City and Zip of Facility/Site for Proposed Project</i>	<hr/> <i>County (if Baltimore, indicate City or County)</i>	<hr/> <i>State Legislative District</i>

PROJECT SUMMARY FORM (Part 2 of 3)

NOTE: To fill out this page, you will need to use your completed two-page "Cost Estimate Worksheet" (pages 9 and 10).

4. TOTAL COSTS FOR PROJECT

Please verify all the numbers, totals and percentages

	<u>Current Request</u>	<u>Prior Appropriation</u>	<u>Future Requests</u>	<u>Total</u>
Architect/Engineer Fees (refer to page 10-G)				
Acquisition (refer to page 9-A)				
Construction (refer to page 9-B or page 9-C, and page 10-D and page 10-E)				
Equipment (refer to page 10-F and page 27)				
Other				

Total Project:

	<u>Percentages</u>	<u>Current Request</u>	<u>Prior Appropriation</u>	<u>Future application Requests</u>	<u>Total</u>
State Funds:	%				
Matching Funds:	%				
Total:	%				

5. SOURCES OF MATCHING FUNDS

Real property or in-kind contributions are not eligible as matching funds

	<u>In-hand</u>	<u>Anticipated</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
Total:		\$

6. UNIT COST (excludes A/E, equipment and site improvement costs) **MUST BE COMPLETED**

a. Gross square feet (refer to page 9-A or 9-B or 9-C):	b. Subtotal for new construction (page 9-B11):	\$
	OR Subtotal for renovation (page 9-C11):	\$
c. Cost per gross square foot (divide b. by a.): \$	d. Unit cost (divide b. by slots or placements):	\$

7. PROPOSED PROJECT SCHEDULE (**MUST BE COMPLETED**)

	<u>Begin Date</u>	<u>Completion Date</u>
Design:		
Construction:		

All information is required and must be completed

PROJECT SUMMARY FORM (Part 3 of 3)

TYPE OF PROJECT (check all that apply)

New Facility:

- Construction to increase capacity
- Construction to replace existing facility
- Acquisition to increase capacity
- Acquisition to replace existing facility
- Purchase new equipment
- Other (explain)

Existing Facility:

- Renovation
- Construct new addition
- Conversion from rental to ownership property
- Replacement of existing equipment
- Purchase new equipment
- Other (explain)

COST ESTIMATE WORKSHEET Part 1 of 2

Name of Applicant Agency: _____

Estimated

Dates: Design - Begin Date: _____ End Date: _____ Construction - Begin Date: _____ End Date: _____

Type of Project **Acquisition:** _____ **New Construction:** _____ **Renovation:** _____

A. Acquisition

COST: \$

Gross Square Feet: _____ **Net** Square Feet: _____ Lot Size: _____

B. New Construction

All information must be completed

Gross Square Feet: _____ **Net** Square Feet: _____ Lot Size: _____

1. Basic Costs:	_____ Gross Sq Ft:	\$ _____ per GSF	1.	\$
2. Built-in Equipment:	_____		2.	\$
3. Demolition:	_____		3.	\$
4. Asbestos Removal:	_____		4.	\$
5. Information Technology (\$8/square foot):	_____		5.	\$
6. Other:	_____		6.	\$
7. Subtotal (add line 1 through line 6):			7.	\$
8. Estimated Cost Increase (2019 – 3%; 2020 – 3% = 6%):			8.	\$
9. Subtotal (add line 7 and line 8):			9.	\$
10. Contingencies (5% of line 9):			10.	\$
11. Subtotal (add line 9 and line 10)			11.	\$

\$

C. Renovation

All information must be completed

Gross Square Feet: _____ **Net** Square Feet: _____ Lot Size: _____

1. Basic Costs:	_____ Gross Sq Ft x	\$ _____ per GSF	1.	\$
2. Built-in Equipment:	_____		2.	\$
3. Demolition:	_____		3.	\$
4. Asbestos Removal:	_____		4.	\$
5. Information Technology (\$8/square foot):	_____		5.	\$
6. Other:	_____		6.	\$
7. Subtotal (add line 1 through line 6):			7.	\$
8. Estimated Cost Increase (2019 – 3%; 2020 – 3% = 6%):			8.	\$
9. Subtotal (add line 7 and line 8):			9.	\$
10. Contingencies (10% of line 9):			10.	\$
11. Subtotal (add line 9 and line 10)			11.	\$

\$

COST ESTIMATE WORKSHEET - Part 2 of 2

D. Site

All information must be completed

1. 10% of line B7 (new construction only unless directly related to a renovation project):	1. \$	
2. Other: _____	2. \$	
3. Other: _____	3. \$	
4. Other: _____	4. \$	
5. Subtotal (add line 1 through line 4):	5. \$	
6. Cost Increase (2 years x 3% = 6% x line 5):	6. \$	
7. Subtotal (add line 5 and line 6):	7. \$	
8. Contingencies (5% of line 7):	8. \$	
9. Subtotal (add line 7 and line 8)	9. \$	\$

E. Utilities

1. 5% of line B7 and/or line C7	1. \$	
2. Other: _____	2. \$	
3. Other: _____	3. \$	
4. Other: _____	4. \$	
5. Subtotal (add line 1 through line 4):	5. \$	
6. Cost Increase (2 years x 3% = 6% x line 5):	6. \$	
7. Subtotal (add line 5 and line 6):	7. \$	
8. Contingencies (5% of line 7):	8. \$	
9. Subtotal (add line 7 and line 8)	9. \$	\$

F. Capital Equipment and Furnishings

1. Movable Equipment (not built-in), <u>minimum 15-year life</u>	1. \$	
2. Furniture with a <u>minimum 15-year life</u> :	2. \$	
3. Other (specify): _____	3. \$	
4. Subtotal (add line 1 through line 3)	4. \$	\$

G. Architectural and Engineering (A/E) Fees

\$

H. Architect's Reimbursable Costs

\$

I. Total of Items B. through H.

\$

Prepared by

(Required) :

If Architect, name and address of firm

Phone Number

Date

I. PROJECT DESCRIPTION AND JUSTIFICATION

A. PROJECT OVERVIEW

1. Introduction to Agency

- a. Provide the name and address of your agency.
- b. State the mission of your organization and provide a brief history of your agency. Include the year the agency was established, the target population served, and the Substance Use Recovery Housing services provided.

2. Introduction to Project

- a. **Purpose.** Briefly describe the purpose of the proposed project (i.e., why the project is needed) and what will be achieved as a result of funding the project. All projects must address one or more of the following facility problems:
 - (1) Insufficient or inadequate space, including no space or lack of a physical setting in which services can be provided.
 - (2) Serious deterioration of the existing physical structure or obsolete existing structure.
 - (3) Dysfunctional space that is inappropriate for agency functions or activities.
 - (4) Location not optimal for serving customers or for customer access.
 - (5) Inefficient use of operating funds (e.g., leasing versus owning a facility).
- b. **Location.** Define the service area for the project and provide the location of the proposed project within that service area.
- c. **Site Plan.** Enclose a site plan for the project if one is available. If a site plan is not available, please explain.
- d. **Strategic Plan.** Discuss the relevance of the project to the strategic priorities of your respective administration (see Appendices).
- e. **Unmet Need.** Each administration has identified the target populations or priority areas that should benefit from proposed projects. Please identify which of these target populations or priority areas will benefit from your proposed project. For your defined service area, identify the number of individuals in the target population that are currently receiving the proposed service, the number with an unmet need for your service, and the number of additional individuals to be served upon completion of your project.

For example:

Target Population	Number of Target Population Currently Receiving Services	Unmet Need	Additional Individuals to be Served	Remaining Need
BHA • Hospital Inpatients > 1 Year Length of Stay	100	266	20	246

- f. **Housing Resource Capacity for Individuals recovering from substances use disorders:** Table 4, page 25, “Existing and Proposed Capacity by Type, Recovery Residence Housing Units,” **must be completed** for each county in which your project intends to develop housing units.

B. PROJECT JUSTIFICATION

The justification for the project includes: (1) a section regarding facility problems and the negative consequences these problems have on the agency's operations and delivery of services; and (2) a section regarding the effect of the project on outcomes for individuals.

1. Facility Problems and the Consequence of Deficiencies on Operations or Service Delivery

- a. **Describe Each Facility Problem.** Facility problems were identified in Section A.2.a. For *each* problem identified, discuss the specific nature of the problem. The problems may exist now or may be anticipated in the future. For example, if insufficient space is a problem, quantify the current space and compare to the increased amount of space needed. If specific settings do not exist (e.g., housing units) in which to provide a service, explain the number of slots, beds, and/or units lacking. If there are building code deficiencies, provide specific citations. Quantifiable data should be provided whenever possible. Include details on the source of any external, quantitative data.
- b. **Consequences of Each Facility Problem.** For *each* facility problem, provide a detailed explanation of how the problem has interfered with the delivery of services to the priority populations or the operation of the facility. Describe how the problem affects customer access to, and use of, services. This may include customers receiving no service because the agency lacks a facility to deliver the service to a certain geographic area.

2. Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be Achieved After Completion of the Project.

Your agency and the State both expect to obtain some “value” for the funds to be invested in the proposed project. This value should extend beyond the number of individuals served to what outcome is achieved with each individual. There should be a quantifiable improvement in the situation or condition of the customer using the services. State the desired improvement (i.e., outcome), provide quantifiable measures for those improvements, and *provide data to support the results.*¹ If available, provide up to five years of trend data to support results on Table 3, Page 24. Also, explain how these measures support the priority outcomes of the administration whose consumers you serve. Below are examples of measures to use. Do NOT use activities as a measure of outcomes.

- Projects that serve individuals with substance abuse disorders should provide data that demonstrates a need for substance abuse treatment services within the targeted geographical area. These projects must also address BHA benchmarks that indicate patient reduction for substance use/abuse and criminality, as well as patient increases for employment and stable housing situation at completion of treatment.

¹ “Proxy” measures based on research studies, best practices, or other benchmarks based on national data may be used. Citations must be provided.

II. ADMINISTRATIVE INFORMATION

A. Poverty Area Funding Request

A project is eligible for poverty area funding if the project meets the requirements for a poverty area under federal regulations or State plans, or a majority of individuals served by the facility are (1) certified by a local Department of Social Services as eligible for Public Assistance or Medical Assistance; (2) are eligible for Supplemental Security Income Benefits; or (3) have income levels that do not exceed 150 percent of the federal poverty level. If the applicant meets one of these criteria, the applicant may request a State grant of more than 50 percent but not to exceed 75 percent of the cost of the project.

If poverty area funding is being requested, applicant must provide quantitative documentation showing that applicant's program meets the requirements for a poverty area under federal regulations or State plan, or will serve a majority of poverty-designated consumers each year for the full term of the obligation under award.

In addition, this documentation will need to be updated each year for the full term of your obligation. Include details on the source of any external, quantitative data.

Please refer to the regulations for:

Behavioral Health, and Developmental Disabilities Facilities COMAR 10.08.02.07(E),
<http://www.dsd.state.md.us/comar/comarhtml/10/10.08.02.07.htm>

See regulations for further information regarding State grant funding limits.

B. Admission Policy

Provide a written statement of the applicant's admission policies as they relate to the purpose and intent of the proposed project. In this statement, the applicant shall:

1. Agree to admit persons on the basis of their need for services without regard to race, national origin, color, disability, religion, or ability to pay;
2. Define clearly proposed limitations, if any, regarding age groups, illness, or disorder categories; and
3. Give priority for admission to persons who are certified by a local Department of Social Services for assistance and to persons of low income.

C. Staffing Pattern

Provide the number of personnel employed or to be employed at the facility, by occupation, and all perquisites, salaries, and other funds paid, or to be paid; to these employees (names of employees are not needed).

D. Schedule of Rates

Provide a schedule of current rates charged or to be charged, or both if applicable, for services to be rendered.

E. Previous Projects

List any previous project(s) for which your agency received grant funds through the MDH Administration-Sponsored Capital Program, the amount of State funds allocated for each project, and the status of each project. FQHC applicants should also provide information about any federal capital funds that have been provided for this project.

III. PROJECT DESCRIPTION - SCOPE OF WORK

This section must provide a detailed scope of work of the proposed project. The Project Description must include:

A. Type/Description

Specify whether the proposed project is to acquire, construct, renovate, and/or purchase equipment. Give a brief description of the proposed project.

B. Project Site Description

Provide a description of the project site including the acreage and dimensions of the site. If the project is for new construction, note any topographic features of the site that may present difficulties, significant elevation changes, wooded areas, or high water table.

1. Location

Give the location of the proposed project (exact address, if known). If site is applicant-owned, please attach the following:

- a. Legal description of the property (deed)
- b. Legal opinion assuring good and valid title or copy of title insurance
- c. Plat plan
- d. Soil investigation report (new construction only)
- e. Assurance of the availability of water and sewer hookups
- f. Zoning approval - Copy of zoning approval or application status

If the site is not applicant owned, identify current owner. Provide items listed above in 1. a. - f., if available.

C. Scope of Work

The scope of work is a statement of the *solution* to the facility's problems and operational and service delivery deficiencies discussed previously. The following shall be included in the Scope of Work:

1. **Current and Projected Space Requirements.** Describe each function to be housed in the facility. Indicate whether the function currently exists or is a proposed new function. On Table 2, page 19 list each current and proposed functional area and indicate the number of units for each function and the net square footage for each unit. Provide the total net square footage required for each function. Total the net square footage for all the functions and apply a gross efficiency factor to determine the final gross square feet involved in the project. This table must be fully completed so that current and proposed space size can be compared. Provide a floor plan of existing spaces, if applicable, and a floor plan showing proposed spaces. Include the net square footage of each space on the floor plan.

2. **Describe how the *amount* of each type of space was determined.** For example, how did the agency determine the number of administration offices, counseling offices, bedrooms, or exam rooms that are needed? For offices, was the determination based on the number of people needing an office? Provide any specific standards that were used to determine the amount of space.
3. **Indicate how the *size* of each space or group of similar spaces was determined.** If there is a standard that applies, the space should be based on the standard. Provide the reference for the standard. If there is no standard, the size of the space should be based on the number of occupants, the type and amount of equipment, and the activities to be accommodated. Please specify.
4. **If the project includes renovation or construction,** describe the architectural, structural, mechanical, electrical, plumbing, and telecommunications work that is to be done.
5. **Describe any site improvements to be included in the project** such as grading, roads, parking, outdoor lighting, and landscaping.
6. **Describe all utility work that is required for the project.** Use specifics when possible, such as the linear feet of road, utility extensions, or number of parking spaces.
7. **If the project is for *acquisition*, describe the specific nature of the property to be acquired.** Indicate the acreage, major transportation routes, and public utilities. Provide a detailed description of the property improvements. Identify any factors that could affect the timing of the acquisition.

D. Transportation

Discuss transportation access to the services, if the project involves a new service site. If consumers will have to travel to the project site, will it be accessible by public transportation? If vans will be used to pick up consumers, will the project be located within reasonable proximity to the target population?

E. Time Frame (required)

Provide a schedule for the start date and completion date for design services and construction. Include the dates on the Project Summary Form (page 7) “Proposed Project Schedule.” Include phase-in schedule if multi-year project. If applicable, describe the phasing plans for minimizing any disruption in service or operations that may be caused by work on this project.

F. Maps and Sketches

Provide a map showing the intended location of the proposed project. For a project involving a new building, furnish a plat map, which shows the proposed structure and its relationship to any other facilities in the area. For a renovation project, provide blueprints or drawings (if available) of the intended work area.

IV. FINANCIAL STATEMENTS (*MUST BE INCLUDED WITH THE APPLICATION*)

Complete the financial forms listed below.

A. Cost Estimate Worksheet

Complete and attach Cost Estimate Worksheet Form (pages 9 and 10).

B. Capital Financial Summary

1. Attach supporting documentation for matching funds (such as bank statements, mortgage statements, bank loan commitment, investment statement, or commitment from local government). If the match will be derived from fund-raising, provide a description of fund-raising activities and a schedule.
2. Attach a letter from the federal Internal Revenue Service indicating nonprofit status.
3. Complete and attach Capital Financial Summary Form (page 25).

C. Operating Cost Projections (for New or Expansion Projects Only)

Complete and attach Operating Cost Projections Form (page 26). If expansion is planned, the source and amount of new operational funds to cover the additional consumers *must* be provided.

D. Equipment and Furnishing Request (for New or Expansion Projects Only)

If you are requesting moveable capital equipment, complete and attach Equipment and Furnishings Request Table 6 (page 24). Make additional copies if needed.

V. ADDITIONAL DOCUMENTATION WHICH MUST BE INCLUDED WITH APPLICATION

A. Listing of All Principals

Complete and attach form (page 27).

B. Compliance with Civil Rights Act

Complete and attach form (page 28).

C. Applicant Certification

Complete and attach form (page 29).

D. Latest Audited Financial Statement

Attach a copy of the latest audited financial statement.

E. License

Attach a copy of the license or a copy of the application for the license.

F. Medicaid Approval

Attach copy of Medicaid Provider Number.

G. IRS Form 990

Attach copy of latest available IRS Form 990.

H. Capital Equipment

If capital equipment and/or furniture are being requested (see F. in the Cost Estimate Worksheet on page 10), a detailed equipment list and prices must be provided in Table 6 on page 24.

I. Poverty Area Funding Request

If poverty area funding is being requested, applicant must provide quantitative documentation showing that applicant's program meets the requirements for a poverty area under federal regulations or State plan, or will serve a majority of poverty-designated consumers each year for the full term of the obligation under award.

Table 2

Current and Projected Space Requirements

Function	CURRENT			PROJECTED			
	Units	Net Square Feet Per Unit	Total Net Square Feet	Function	Units	Net Square Feet Per Unit	Total Net Square Feet
<i>Example</i> CEO Office	1	100	100	CEO Office	1	150	150
<i>Example*</i> Bedroom	0	0	0	Bedroom	2	100	200
<i>Example</i> Examination Room	5	90	450	Examination Room	10	100	1,000
Total New Square Feet							

* For projects acquiring housing, provide approximate projected sizes of rooms.

Total Net Square Feet _____ X 1.50 (efficiency factor) = _____ Gross Square Feet

See the following pages for “What’s Covered in Net Square Feet” (page 20) and “Office Space Standards” (page 21).

Department of General Services (DGS) Guidelines on Net Square Feet and Gross Square Feet

What's Covered in Net Square Feet

All floor areas allocated to an occupant:
 Offices
 Classrooms
 Mailrooms
 Bedrooms
 Conference Rooms
 Libraries
 File Rooms
Storage Pertaining to an Occupant
 (not custodial or general storage)
 Laboratories
 Auditoriums
Toilets & Locker Rooms (including shower
rooms) when private, e.g., for a consumer's
bedroom, exam room, gym, kitchen, etc.
 Lounges
 Kitchen
Library Reading and Stack Areas
 Athletic Courts
 Swimming Pool

What's Covered by Gross Square Feet (Efficiency Factor)

Custodial – for building protection, care, maintenance, and operation, e.g., custodial storage, janitor closet, maintenance storeroom, locker room, toilet and shower room, shop.

Circulation – required for physical access to some subdivision of space whether or not enclosed by partitions, e.g., corridors (access, public, service, including “phantom” corridors for large unpartitioned areas), elevator shaft, escalator, fire tower, stairs, stair hall, loading platform (except when required for a program function), lobby, public vestibule or entryway, tunnel, bridge, stair or elevator penthouse, elevator machine room, covered paved open areas.

Mechanical – to house mechanical equipment, utility services and non-private toilet facilities; e.g., duct and service shafts, meter and communication closets, boiler room, mechanical and electrical equipment rooms, telephone equipment rooms, fuel room, toilet rooms for public or general use.

Construction – the areas actually occupied by the structural and other physical features of the building, e.g., exterior walls, firewalls, partitions.

Department of General Services (DGS) Office Space Standards

<u>Office Type</u>	<u>Recommended Net Assignable Square Feet (NASF)</u>	<u>Recommended Net Assignable Square Feet (NASF)</u>
Cabinet Secretaries or Agency Executive Directors		300
Deputy Secretaries or Agency Deputy Directors		250
Judges; Commissioners (full-time); Assistant Secretaries; Division Chiefs; Directors		200
Branch Heads; Assistant Division Chiefs; Assistant Directors		175
Attorneys; Doctors; Field Office Supervisors		150
Professionals (Supervisory, Private Office)		126
(Supervisory, Open Office)		120
Professionals (Non-Supervisory, Private Office)		108
(Non-Supervisory, Open Office)		90
Secretaries; Drafting Stations (CAD) (Conventional Office)		90
(Open Office)		81
Word Processor and Clerical Stations (Conventional Office)		60
(Open Office)		56
Conference Rooms (Per Person)		22
Reception/Waiting Rooms (1-15 Persons, Per Person)		15
(over 15 Persons, Per Person)		10

Notes:

1. Space standards indicated above include normal furniture and equipment. Additional space may be allowed for unusual furniture and equipment requirements if justified.
2. Enclosed offices should be a minimum of 100 NASF regardless of classification of occupant.
3. The above standards do not apply to academic personnel in institutions of higher education. Refer to higher education space guidelines.
4. Allow an additional 7 NASF per file cabinet in open office areas.

Table 3
Outcome Measures Currently Achieved and
Outcomes to be Achieved After Completion of the Project

Goal:					
Outcome Measures	2017 Outcomes	2018 Outcomes	2019 Outcomes	2020 Outcomes	2021 Outcomes
A.					
B.					
C.					
D.					

Please explain how the above outcome measures support the goals of the administration whose consumers you serve.

Make additional copies as needed.

Table 4
Behavioral Health Administration
Existing and Proposed Capacity for
Substance Use Recovery Residencies

Project County (List if more than one):

Provider:

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Recovery Housing			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Recovery Housing			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Recovery Housing			

NOTE: If requesting units in more than one County complete a table for EACH County

MARYLAND DEPARTMENT OF HEALTH
FY 2020 - Application for Administration-Sponsored Capital Program Grant

CAPITAL FINANCIAL SUMMARY

Complete Cost Estimate Worksheet before completing this Financial Summary sheet.

Name of Applicant Agency _____

A. Costs in which State Government may participate (totals from Cost Estimate Worksheet on pages 9 and 10):

- | | | | |
|-----|---|----------|------|
| 1. | Construction (add B9, C9, D7 and E7) | \$ _____ | |
| 2. | Contingency (add B10, C10, D8 and E8) | \$ _____ | |
| 3. | Fixed Equipment not in Contract* | \$ _____ | |
| 4. | Moveable Capital Equipment F.4* | \$ _____ | |
| 5. | Site Survey and Soil Investigation | \$ _____ | |
| 6. | Architect's Fees _____ % (G.) | \$ _____ | |
| 7. | Architect's Reimbursables (H.) | \$ _____ | |
| 8. | Site Acquisition (A**) | \$ _____ | |
| 9. | Other (specify): | | |
| | a. _____ | | |
| | b. _____ | | |
| 10. | Total Costs | \$ _____ | A.10 |
| 11. | State Funds Requested _____ % of A.10 above | \$ _____ | A.11 |

B. Costs in which State Government may not participate:

- | | | | |
|----|-----------------------|----------|-----|
| 1. | Closing Costs | \$ _____ | |
| 2. | Non-Capital Equipment | \$ _____ | |
| 3. | Consultant Fees | \$ _____ | |
| 4. | Land | \$ _____ | |
| 5. | Off-Site Improvements | \$ _____ | |
| 6. | Other (specify): | | |
| | a. _____ | | |
| | b. _____ | | |
| 7. | Total Costs | \$ _____ | B.7 |

C. Total A.10 and B.7 above \$ _____

D. Financial Information (attach supporting documents for each; e.g., letter from bank):

- | | | | | |
|----|---|--------------------|-----------------------|----------|
| 1. | <u>Matching Funds</u> | <u>Anticipated</u> | <u>Actual In-hand</u> | |
| | a. Cash and Securities | \$ _____ | \$ _____ | |
| | b. Gifts and Donations | \$ _____ | \$ _____ | |
| | c. Mortgage | \$ _____ | \$ _____ | |
| | d. Federal | \$ _____ | \$ _____ | |
| | e. Local | \$ _____ | \$ _____ | |
| | f. Other (specify): | | | |
| | _____ | \$ _____ | \$ _____ | |
| | g. Total | \$ _____ | \$ _____ | \$ _____ |
| 2. | MDH Capital Program Grant Funds Requested | | | \$ _____ |
| 3. | Add D.1. and D.2. (must equal C. above) | | | \$ _____ |

* Eligible equipment includes equipment built-in at the time of construction or moveable equipment with a 15-year life. Carpets, computers, non-commercial refrigerators, etc. are not eligible.

** Only land with a structure is eligible for State funds. Land on which you intend to build a structure is not eligible. For acquisition, two appraisals will be needed. State participation will be limited to the value approved by the Department of General Services (DGS) based upon the appraisals or actual acquisition cost, whichever is lower. The cost of appraisals is an allowable cost. (Appraisers must be on the DGS approved list.)

MARYLAND DEPARTMENT OF HEALTH
FY 2020 - Application for Administration-Sponsored Capital Program Grant

OPERATING COST PROJECTIONS

Name of Applicant Agency: _____

	Current Agency Budget (1) (FY 20____)	Current Facility Budget (2) (FY 20____)	Current Expansion, etc. (3) (FY 20____)
I. Revenues			
Medicaid	\$ _____	\$ _____	\$ _____
Medicare	_____	_____	_____
Other Insurance	_____	_____	_____
Entitlement Programs, e.g., Social Security, V.A., Public Assistance (specify):	_____	_____	_____
_____	_____	_____	_____
Title III, Older Americans Act	_____	_____	_____
HUD	_____	_____	_____
Grants	_____	_____	_____
MDH	_____	_____	_____
County/Local	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
Private Donations	_____	_____	_____
Consumer Fees/Rates	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____
II. Expenses			
Consultant Fees	\$ _____	\$ _____	\$ _____
Rent or Mortgage	_____	_____	_____
Salaries, Wages and Fringe Benefits*	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Telephone	_____	_____	_____
Repairs & Upkeep	_____	_____	_____
Supplies & Materials	_____	_____	_____
Office	_____	_____	_____
Housekeeping	_____	_____	_____
Other	_____	_____	_____
Operating Equipment	_____	_____	_____
Food	_____	_____	_____
Transportation	_____	_____	_____
Home Office	_____	_____	_____
Accounting	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____

- (1) LOCAL HEALTH DEPARTMENTS - Submit your budget for this program only.
(2) Do not complete this column for new construction/acquisition.
(3) After completing this section, please use an additional sheet of paper to indicate how firm a commitment you have for any additional dollars you will need to operate this proposed project. Discuss any possible funding sources and list any grant applications (include current status).
* These totals should match the information for Section C Staffing Pattern, page 13.

**MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

FY 2020 - Application for Administration-Sponsored Capital Program Grant

Name of Applicant Agency

Date

LISTING OF ALL PRINCIPALS

(Include Officers and Board of Directors)

FY 2020 - Application for Administration-Sponsored Capital Program Grant

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964
SECTION 504 OF THE REHABILITATION ACT OF 1973**

As a condition necessary to the award of State and/or Federal funds,

(hereinafter called the "Applicant") HEREBY AGREES that it will comply with Title VI of the Civil Rights Act of 1964 and with Section 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services issued pursuant to these acts, to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, handicapped status, or religion be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Maryland Department of Health, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures on the basis of race, religion, age, sex, political affiliation or handicap.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the applicant by the State of Maryland, Maryland Department of Health including installment payments after such date on account of applicants for Federal and/or State financial assistance which were approved before such date. The Application recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Applicant.

The recipient (*check a or b*):

- a. _____ employs fewer than 15 persons.
- b. _____ employs 15 or more persons and has designated the following person(s) to coordinate its efforts to comply with these HHS regulations:

Name of Designee(s) - Type or Print

Signature(s) of Designee(s)

Date

Applicant

Applicant's Mailing Address

**MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

FY 2020 - Application for Administration-Sponsored Capital Program Grant

APPLICANT CERTIFICATION

1. Please sign either (a) or (b) below to indicate whether the Applicant will or will not operate the facility and provide the services.

(a) The Applicant will operate the facility and provide the services.

(Signature)

(b) The Applicant will not operate the facility and provide the services.

(Signature)

2. On behalf of the governing board or other executive authority of

(Applicant)

I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge. I further agree that this facility shall be used for the purpose set forth in this application for a period of thirty (30) years and that any proposed change in use shall require the approval of the State of Maryland, Board of Public Works. Finally, I shall comply with applicable laws and regulations that govern the use of State general obligation bond funds.

Signature of Executive Director/CEO of the Organization (Required)

(Date)

(Print or Type - Name and Title of Executive Director/CEO of the Organization)

A P P E N D I C E S

Additional Information for Behavioral Health

Recovery Residences

Prepared by:

**Behavioral Health Administration
Maryland Department of Health**

*If you have any questions about the materials in this packet, please contact
The Behavioral Health Administration,
Sarah Reiman (410)-402-8325
Priya Arokiaswamy (410)-402-8344*

FY 2020 Grant Application for Administration-Sponsored Capital Program

February 2019

Information for Grant Applicants Providing Recovery Residences

Introduction

The mission for the Behavioral Health Administration is:

The Behavioral Health Administration, through publicly-funded services and supports, promotes recovery, and wellness for individuals who have, or are at risk for, substance-related disorder.

The Behavioral Health Administration (BHA) continues to observe the need for community capacity that exceeds available operating and capital funding allocations due to a scarcity of resources. Recovery Housing that is affordable, safe, accessible, and integrated into the community is a major factor in enhancing the recovery of persons with substance-related disorders. Therefore, housing remains a priority for Community Bond projects for serving the needs of the substance related disorder population. Among the housing strategies found in the BHA substance related disorder Plan are:

- Implement efforts to increase housing opportunities through utilization of available state and federal grants and subsidies.
- Facilitate submission of applications to the Maryland Department of Health's (MDH's) Office of Capital Planning, Budgeting, and Engineering to leverage the Administration-Sponsored Capital Program Grant (Community Bond) to develop Supported Housing models and Recovery Housing
- Enhance efforts to increase recovery housing assistance to women with dependent children through the use of state and federal funding subsidies.

These strategies are in concert with initiatives of MDH and the Governor on the state level that increase access to substance related disorder services and are also in concert with national priorities of federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) that facilitate the improved access to mainstream housing to support recovery.

Additionally, BHA is committed to maintaining individuals within a recovery continuum so that the supports needed to assume a healthy and productive lifestyle are available. The creation or enhancement of support services, such as housing, for individuals diagnosed with a substance-related disorder also facilitates this commitment. These priorities apply to all levels of care and special populations. Research has shown that services offered in an integrated setting for both disorders achieve the most optimal outcomes and projects that support this are welcome. Research also shows that women who are in treatment with their children have better outcomes, thereby positively affecting the child welfare system. Projects that include comprehensive gender-specific services, with the opportunity to focus on innovative family-centered services, also match the BHA priorities. Project applications submitted for grant funding must support the mission and priorities of the BHA.

1. Priority Populations

As noted earlier, the BHA mission statement identifies the priority population served as individuals who have, or are at risk for, substance-related addictive disorders. Through Community Bond, BHA selects projects that effectively expand, support, or enhance capital resources (buildings, houses, projects involving bricks and mortar) for the following high priority populations:

Priority Populations for Grant Applicants Providing Recovery Residences

- Adults - individuals who are 18 years and older with a substance-related disorder, diagnosed according to the current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM 5)
- Individuals with substance-related disorders who are at risk for relapse due to an unstable recovery/living environment
- Individuals with opioid-related disorders engaged in Medication Assisted Treatment
- Individuals identified as intravenous drug users
- Individuals with substance-related disorders transitioning from incarceration to the community
- Individuals who are HIV positive
- Individuals with co-occurring disorders
- Pregnant women and women with children

Statute: Health-General Article 7.5-101

Regulation: COMAR 10.63.01.02 (Community-Based Behavioral Health Programs and Services, Chapter 1, Requirements for All Licensed Programs)

Certification Process of a Recovery Residence:

The Maryland Certification of Recovery Residences was established under House Bill 1411, titled "Health - Recovery Residences – Certification." This was enacted under Article II 17 (c) of the Maryland Constitution on May 28, 2016 and became effective on October 1, 2016. This Act requires MDH to approve a credentialing entity to develop and administer a certification process for Recovery Residences. BHA was approved by MDH to serve as the designated credentialing entity and to assess Recovery Residences in Maryland for compliance with 2015 National Alliance for Recovery Residence (NARR) standards.

Recovery Residences must be certified under the following situations receives State funds, operates as a certified recovery residence, advertise, represents or implies to the public it is a certified recovery residences.

Please, note that BHA does not have jurisdiction over any recovery residences that does not state they are certified or have a certification of compliance from BHA. House Bill 1411 gives BHA jurisdiction over recovery residences operating as a certified recovery residence and any

individual, partnership, corporation, or other entity advertising, representing or implying to the public as being a certified Recovery Residence.

Level of Supports of Recovery Residences:

Level I Recovery Residence means a peer-run Recovery Residence that provides a shared living environment, does not employ staff, and offers self-help, drug screening, and house meetings as recovery supports.

Level II Recovery Residence means a staff-monitored Recovery Residence that has a house manager to provide oversight of the residence, provides a structured, shared living environment, offers self-help, drug screening, house meetings, peer run groups, and referral to community resources as recovery supports.

Level III Recovery Residence means a staff-supervised Recovery Residence that has an organizational hierarchy that provides administrative oversight of the residence, staff, and operations, provides a highly structured environment for residential support and stability, employs a facility manager and at least one case manager, offers a life skills development curriculum and recovery supports on-site.

Level IV Recovery Residence means a Recovery Residence operated by a provider that is certified or licensed by MDH to deliver behavioral health services and that has an organizational hierarchy that provides administrative and clinical oversight of the residence, staff, operations, and services, provides a highly structured and supervised environment for clinical stability and residential support. Employs licensed or certified staff who are located on-site, offers clinical treatment and recovery support services on-site at the residence or in conjunction with the certified or licensed provider operating the residence.

If you wish to discuss any of these options or other co-funding resources, please contact Sarah Reiman, Office of Planning, BHA, at 410-402-8325, or e-mail her at sarah.reiman1@maryland.gov. For Community Bond housing options for individuals with substance-related disorders, please contact Priya Arokiaswamy, Director, Housing and Recovery Supports, BHA at 410-402-8344 or priya.arokiaswamy@maryland.gov. You may also contact Ahmed Awad, Administrator, Office of Capital Planning, Budgeting, and Engineering Services, MDH at 410-767-6589 or e-mail him at ahmed.awad@maryland.gov.

2. Priority Criteria

Priority Criteria for Grant Applicants Providing Recovery Residences

Applications submitted by providers of substance-related disorder services that request capital grant funds through the Maryland Department of Health must adhere to the following requirements:

- **Projects that expand, support, or enhance recovery support services (i.e., sober- living, peer run, transitional, recovery housing, halfway house) for the identified priority populations**
- **Projects that are in concert with MDH's priority of prevention and reduction of opioid overdose deaths**
- **Highly encouraged: projects that expand, support, or enhance recovery support services and show a commitment to safe and affordable long term housing opportunities with tenant/landlord lease/ agreements (i.e., sober-living, peer run, transitional, and recovery housing) for the identified priority populations**
- **Projects that develop referral relationships with outpatient treatment programs, FQHCs, Health Homes, Opioid Treatment programs, etc.**
- **Projects that demonstrate that they are sustainable (i.e., provide a business plan for ongoing funding strategies)**

The inclusion of the use of pharmacology in treating substance-related disorders when necessary, can assist individuals in maintaining recovery. Just as other chronic medical conditions are treated with medications, programs treating those with substance-related disorders may consider maximizing the scope and use of medications in treating this illness when deemed appropriate.

1. **Projects that leverage non-State capital funds such as HUD and other federal funding, Community Development Block Grants, Maryland Affordable Housing Trust Funds, and/or local public/private funding.**
2. **Projects that leverage \$3 in matching funds for every \$1 in Community Bond funds.**
3. **Projects that are acquiring new house or requesting structural changes must submit a plan of when the application for MCORR certification will be submitted.**

Also, BHA will consider projects that use structural changes to facilitate or develop an integration of behavioral health services that promote prevention, provide crisis and diversion services, and integrate with somatic services that are consistent with the priorities of the MDH behavioral health integration process through its development of programs and services that utilize models of dual diagnosis of mental health and substance-related disorders to serve individuals, the majority of whom have serious and persistent mental illness.

3. The Application Consent Process

The Behavioral Health Administration (BHA) is working to assure that behavioral health services are planned and monitored at the local level; as a result requirements for the application process include seeking support from a county or city Local Addiction Authority (LAA), Local Behavioral Health Authority (LBHA), or a local Core Service Agency (CSA).

Local Addiction Authority (LAA)

Applications submitted by providers of substance-related disorder services that request capital grant funds through the Maryland Department of Health (MDH) must adhere to the following requirements:

1. The project must demonstrate that it is supported by a county/city Local Addiction Authority (LAA), (please see the enclosed forms).
2. Additionally, the project must demonstrate need for the services as included in the LAA Plan. Please provide a specific citation that shows the need for the proposed services.

Contacts for the city or county Local Addiction Authority can be found on the Web site at <https://bha.health.maryland.gov/Pages/Index.aspx> by clicking on BHA divisions, Systems Integration/Community Liaison, LAA.

Core Service Agency/Local Behavioral Health Authority

Applications submitted by providers of mental health services that request capital grant funds through MDH must include notification of the Core Service Agencies (CSA) or Local Behavioral Health Authority (LBHA).

CSAs/LBHAs are required to develop behavioral health plans and to update these plans annually. Plans must be approved by BHA. The intention of the administration is that the development of mental health services and programs within a jurisdiction be in concert with BHA priority outcomes and the approved CSA/LBHA plan. To that end, all providers of mental health services, *whether or not they receive funds from the CSA/LBHA or from BHA, must submit* an "abstract", as specified on the enclosed forms in this appendix, for all applications for Administration-Sponsored Capital Program Grants for FY 2020 and must certify on the enclosed form that this has been done.

Core Service Agencies (CSAs)/Local Behavioral Health Authorities (LBHAs)/Local Addiction Authorities (LAAs)

CSAs/LBHAs/LAAs that currently exist in Maryland's 24 jurisdictions:

Allegany County	Harford County
Anne Arundel County	Howard County
Baltimore City	Garrett County
Baltimore County	Montgomery County
Calvert County	Prince George's County
Carroll County	St. Mary's County
Cecil County	Washington County
Charles County	Somerset County
Frederick County	Worcester County
Mid-Shore: Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties	Wicomico County

Questions about CSAs/LBHAs may be addressed to Sarah Reiman, Office of Planning, BHA, at 410-402-8325 or sarah.reiman1@maryland.gov.

Questions about LAAs/LBHAs may be addressed to Priya Arokiaswamy, Assistant Director, Evidence Based Practices, Housing and Recovery Supports, Clinical Services Division, BHA at 410 402-8344 or priya.arokiaswamy@maryland.gov

*Please note: CSAs/LAAs/LBHAs **do not** have the authority to approve or disapprove applications for Administration-Sponsored Capital Program Grants. CSAs/LAAs/LBHAs and the Administration are aware that many of these local authorities apply for grant funds under the Administration-Sponsored Capital Grant Program and, therefore, are in competition with other applicants for funding. Still, it is in the best interest of all providers to work with the CSAs/LAAs/LBHAs to ensure that applications are in concert with local and state plans because this will be one of several criteria for prioritization of Administration-Sponsored Capital Program Grant applications.*

Grant Applicants for Behavioral Health Services

Procedure for Applicant to Notify Core Service Agency of Intent to Submit An Application for Administration-Sponsored Capital Program Grant
--

You must send a copy of the completed application materials that are listed below to your local CSA, LBHA, or LAA.

- Pages 6, 7 and 8 (Project Summary Forms)
- Pages 9 and 10 (Cost Estimate Worksheets)
- Page 25 (Capital Financial Summary Form)
- Page 26 (Operating Cost Projections Form)

You must also send a copy of the following portions of the outlined material from your narrative to your local CSA, LBHA, or LAA.

- I. Project Description and Justification
- II. Administrative Information
- III. Project Description - Scope of Work

Please submit the above information to the CSA, LBHA, or LAA as early as possible so you can receive feedback on your application and, if necessary, bring it into compliance with the CSA, LBHA, or LAA plan.

This page must be completed, signed and attached to your application for an Administration-Sponsored Capital Program Grant. Your application will not be prioritized by the BHA without this signed form.

The abstract materials from our Administration-Sponsored Capital Program Grant application (as listed above) were sent to the following individuals at our local CSA, LBHA, or LAA on:

<i>Name of Individual at Local</i>	<i>Date</i>
<i>CSA, LBHA, or LAA</i>	_____
<i>CSA, LBHA, or LAA Address</i>	_____

<i>Applicant's Signature</i>	_____
<i>Print Applicant's Name</i>	_____
<i>Applicant's Position at Agency</i>	_____

**LOCAL ADDICTION AUTHORITY/LOCAL BEHAVIORAL
HEALTH AUTHORITY/CORE SERVICE AGENCY REVIEW REPORT**

**Application for FY 2020 Administration-Sponsored Capital Program Grant
Report to be completed by the Core Service Agency, Local Behavioral Health Authority, or Local Addiction
Authority**

This application for the following provider was reviewed: _____
Date

Name: _____

Address: _____

Request for: _____

Type of Project

This project (check one):

_____ Comports with the CSA/LBHA/LAA plan for service development.

_____ Requires minor changes to comport with the CSA/LBHA/LAA plan.

Specify: _____

_____ Requires major changes or does not comport with the CSA/LBHA/LAA plan.

**The applicant was advised of this review
on:** _____
Date

Check one: _____ Phone _____ Letter _____ In Person _____ E-mail

**Additional
comments:** _____

Also check:
_____ The CSA/LBHA/LAA does not intend to submit an application for FY 2020
Administration- Sponsored Capital Program Grant

_____ The CSA/LBHA/LAA does intend to submit an application for FY 2020
Administration-
Sponsored Capital Program Grant for the following project(s): _____

Signature: _____

Print Name: _____

Position: _____

SEND ORIGINAL CSA/LBHA/LAA FORM TO:
Mr. Ahmed G. Awad, Administrator, General Obligation Bond Program
Office of Capital Planning, Budgeting, and Engineering Services 201 West Preston Street, Room 538E, Baltimore MD 21201.
This form, when completed by the CSA/LBHA/LAA, should be returned to the applicant.

ABBREVIATED GLOSSARY OF BEHAVIORAL HEALTH ADMINISTRATION HOUSING TERMS

- BHA** Behavioral Health Administration - the Administration within the Maryland Department of Health (MDH) that establishes regulatory requirements that behavioral health programs are to maintain in order to become certified or licensed by the Department. BHA is responsible for funding and overseeing all State-supported mental health services and charged with developing and monitoring services related to prevention and treatment of substance-related and addictive disorders.
- COD** Co-occurring Disorder - refers to co-occurring substance-related and mental health disorders. COD exists “When at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.
- CSA** Core Service Agency - the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health services. CSA responsibilities include planning, providing for service provision according to locally determined needs, monitoring service delivery, and evaluating service outcomes.
- LAA** Local Addiction Authority - the designated quasi government body, county or multicounty authority that is responsible for system development, planning, managing, and monitoring publicly funded substance-related and addictive disorder services. The LAA is also responsible for investigating complaints about providers and enhancing existing contract monitoring functions.
- LBHA** Local Behavioral Health Authority – The local entity that is a combined CSA and LAA.

LICENSED HALFWAY HOUSE

Clinically-managed, low intensity residential treatment program that offers at least 5 hours per week of on-site treatment services, facilitated by a certified or licensed counselor/therapist for individuals with substance-related disorders who are capable of self-care but are not ready to return to independent living. Halfway Houses are monitored and certified by the Office of Health Care Quality (OHCQ) and follow standards as set forth in the Code of Maryland Regulations (COMAR).

- OTP** Opioid Treatment Program – a program approved to provide opioid maintenance therapy.

PEER RUN HOUSING

This is a democratically run, self-supporting housing program in which all expenses are shared by residents. The housing structure is governed by a manual or by set policy and procedures. Residents are required to participate in drug screening and house meetings, as well as encouraged to participate in self-help meetings.

- PBHS** Public Behavioral Health System - the system that provides medically necessary behavioral health services and supports for Medical Assistance participants and certain other uninsured and otherwise eligible individuals.

- RECOVERY** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four areas that, when strengthened, can support a life in recovery include: health, housing, meaningful daily activities/purpose, and community.

RECOVERY RESIDENCE

Recovery Residence means a service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders, addictive disorders, co-occurring mental health and substance-related disorders, or addictive disorders.

RECOVERY SUPPORT SERVICES

A broad range of clinical and non-clinical community and faith-based services provided before, during, or after clinical treatment. These services also may be provided to individuals who are not in treatment but are seeking recovery support services. Recovery support services are facilitated by behavioral health care service providers, peers, and others with lived recovery experience. They also facilitate coordination of care, provide linkage to services, and remove barriers to sustained recovery, health and wellness.

RRP

Residential Rehabilitation Program - provides rehabilitation and support services in a residence to individuals with serious mental illness.

SH

Supportive (or Supported) Housing - This approach is designed to increase housing options available to persons with serious mental illness. Through supportive living programs, individuals with psychiatric disabilities may access an array of flexible services and supports to enable them to live in the housing of choice and to become participating members of the community with the same rights and responsibilities as other community residents.

Permanent Supportive Housing includes the following elements:

- Decent, safe, and affordable housing
- Functional separation of housing and service provision
- Integration
- Full rights and responsibilities of tenancy
- Compliance with civil rights and fair housing principles, including making reasonable accommodations, whenever and wherever necessary

SUPPORTIVE TRANSITIONAL/RECOVERY HOUSING PROGRAM

This program maintains oversight by a house manager or senior resident. Recovery Housing programs are governed by policy & procedures and require residents to participate in drug screening, house meetings, and self-help meetings.