**ATTACHMENT F**

**Additional Information for Behavioral Health**

**Grant Applicants Providing:**

**Substance-Related Disorder Services and/or**

**Mental Health Services**

***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,*

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**FY 2026 Grant Application for Administration-Sponsored Capital Program**

**January 2024**

**Information for Grant Applicants Providing Substance-Related Disorder Services and/or Mental Health Services**

**Introduction**

The mission for the Behavioral Health Administration is:

***The Behavioral Health Administration (BHA), through publicly funded services and support, promotes recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance related, addictive, and/or psychiatric disorders to improve their ability to function effectively in their communities.”***

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

* Implementing efforts to increase housing opportunities through utilization of available state and federal grants and subsidies;
* Facilitating submission of applications to the Maryland Department of Health’s (MDH’s) Office Facilities Management and Development to leverage the Administration-Sponsored Capital Program Grant (Community Bond) to develop Supported Housing models and Recovery Housing; and
* Enhancing efforts to increase supportive recovery housing assistance to women with dependent children using 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 behavioral health services and are also in concert with national priorities of federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), which facilitate the improved access to mainstream housing to support recovery.

Additionally, the 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 mental health disorder, as well as 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 achieves 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, emotional, substance-related, addictive, and/or psychiatric disorders. Through Community Bond, the 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 Substance-Related Disorder (SRD) Services**

* 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,
* Individuals identified as intravenous (IV) 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, and
* Other special populations such as individuals who are Deaf and Hard of Hearing (DHH) or Limited English Proficient individuals (LEP).

**Priority Populations for Applicants Providing Mental Health Services**

* Adults - individuals who are 18 years and older with a serious mental illness (SMI), diagnosed according to the current American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM 5),
* Individuals transitioning from more intensive level residential rehabilitation program (RRP) services to Supportive Housing (SH) so that individuals in state hospitals may access the vacant RRP beds, thus reducing hospital census,
* Individuals with serious mental illness (SMI) who have maximum benefit from an RRP and are ready to move to independent living,
* Individuals with serious mental illness (SMI) who may have forensic involvement and are ready for discharge from a state hospital,
* Transition Age Youth (TAY) with serious mental illness transitioning from residential treatment centers (RTCs), and
* Individuals with serious mental illness (SMI) and co-existing conditions, including but not limited to court and criminal justice involvement, traumatic brain injury (TBI), homelessness, substance-related disorders, victims of trauma, and individuals who are deaf or hard of hearing.

If you wish to discuss any of these options or other co-funding resources, please contact:

Elizabeth Williams, Office of Planning, BHA

443-835-5013

elizabeth.williams@maryland.gov

For Community Bond housing options for individuals with substance-related disorders, please contact:

Kimberly Qualls, Director, Office of Treatment Services BHA

443-286-7663

kimberly.qualls@maryland.gov;

Risa Davis, Regional Services Manager, Office of Treatment Services

410-800-8155

risa.davis@maryland.gov.

You may also contact:

Ahmed Awad, Program Manager, Office of Facilities Management and Development

(410) 767-6589

Ahmed.awad@maryland.gov

**2. Priority Criteria**

**Priority Criteria for Grant Applicants Providing Substance-Related Disorder Services**

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,** American Society of Addiction Medicine-ASAM Residential Levels of Care; SRD Residential Treatment levels are 3.1, 3.3, 3.5, 3.7, 3.7WM) **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., and**
* **Projects that demonstrate that they are sustainable (i.e., provide a business plan for ongoing funding strategies).**

**Priority Criteria for Grant Applicants Providing Recovery Residences**

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.

* **Projects that leverage non-State capital funds such as Housing and Urban Development (HUD) and other federal funding, Community Development Block Grants, Maryland Affordable Housing Trust Funds, and/or local public/private funding,**
* **Projects that partner with RRPs to transition individuals from RRPs to community housing (creating vacancy for hospital discharges and reducing reliance on emergency departments and/or detention centers),**
* **Projects that leverage $3 in matching funds for every $1 in Community Bond funds,**
* **Projects that develop a minimum of 5 or more housing units (scattered site); or projects that show cost efficiency in providing housing (projects that are acquiring a new house or requesting structural changes must submit a plan of when the application for Maryland Certification of Recovery Residences (MCORR) certification will be submitted),**
* **Projects that develop referral relationships with outpatient treatment programs, FQHCs, Health Homes, Opioid Treatment Programs, and**
* **Projects that demonstrate sustainability (i.e. provide a business plan for ongoing funding strategies).**

**Priority Criteria for Grant Applicants Providing Mental Health Services**

The Behavioral Health Administration (BHA) is seeking to expand safe affordable housing units for individuals with serious mental illness (SMI). To this end, BHA has established the following high priority criteria in considering applications:

* **Projects that partner with residential rehabilitation programs (RRPs) to transition individuals from RRPs to Supportive Housing, Assertive Community Treatment (ACT) teams or other community housing to support consumers discharged from the state hospitals (creating vacancy for hospital discharges and reducing reliance on emergency departments and /or detention centers).** Please include in your “Scope of Work” a statement describing how your project contributes to this process. If there is a plan for filling those vacated RRP beds with individuals who are referred by BHA and the Local Systems Managers (LSM’s), letters of support and commitment to such plans should be provided by the LSM’s and partnership entities (including representatives from the state hospitals, LSMs/LBHAs, developers, local public housing authorities (PHAs), housing providers, and RRP providers, etc.).
* **Projects that show evidence of a “failure-proof” structured referral process to identify, assist, and show a commitment to the highest priority consumers, particularly those who are referred by the state hospitals or RRPs, will be given priority,**
* **Projects that develop >20 housing non-clustered units (scattered site) or projects that show cost efficiency in providing housing. It is important that projects will develop scattered-site housing – non-contiguous independent living units on scattered sites or condominium units scattered within one or more buildings. Small apartment buildings can be considered. Group homes, or more than three independent individuals in a single-family home, will not be considered,**
* **Projects that show commitment to the Supportive Housing (SH) model (i.e., landlord/tenant leases with full rights and responsibilities under State and local landlord legislation). Supportive housing that includes the following elements: choice of decent, safe, affordable housing, functional separation of housing and service provision, flexible voluntary services, and access to community integration; and is in compliance with civil rights and fair housing principles (including making reasonable accommodations, whenever and wherever necessary) are prioritized,**
* **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, or that actively partner with public housing authorities (PHAs) to maximize resources,**
* **Projects that include a commitment of rent subsidies such as Housing Choice Vouchers (HCVs) for either tenant-based or project-based units or the federal HUD 811 Project Rental Assistance (PRA), and**
* **Projects that leverage $3 in matching funds for every $1 in Community Bond funds.**

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. This process involves 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 mental illness (SMI).

**3. The Application Consent Process**

BHA works collaboratively with **Local Systems Managers (LSM), Local Addictions Authorities (LAAs)**, and **Local Behavioral Health Authorities (LBHAs)** to assure that behavioral health services are planned, managed, and monitored at the local level; as a result, requirements for the application process include seeking support from these entities.

**Local Addiction Authority (LAA)**

Applications submitted by providers of substance-related disorder services that request capital grant funds through the 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), and
2. 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.

**Local Systems Managers (LSM)/Local Behavioral Health Authority (LBHA)**

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

Local Systems Managers (LSM) are required to develop behavioral health plans and to update these plans annually. Plans must be approved by the BHA. The intention of the administration is that the development of mental health services and programs within a jurisdiction be in concert with the BHA priority outcomes and the approved LSM plan. To that end, all providers of mental health services, ***whether or not they receive funds from the LSM or from the 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 2025 and must certify on the enclosed form that this has been done.

**Local Systems Managers (LSMs)/Local Behavioral Health Authorities (LBHAs)/Local Addiction Authorities (LAAs)**

**LSMs/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 |

**Local Addiction Authority (LAA)**

Applications submitted by providers of substance-related disorder services that request capital grant funds through the 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), and
2. The project must demonstrate the 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 website at <https://bha.health.maryland.gov/Pages/Index.aspx> by clicking on BHA divisions, Office of Treatment Services, Director, LAA.

**Questions about LSMs/LBHAs may be addressed to Sarah Reiman, Office of Planning, BHA, at 410-402-8464 or** **sarah.reiman1@maryland.gov****.**

**Questions about LAAs/LBHAs may be addressed to Kimberly Qualls, Director, Office of Treatment Services 443-286-7663;** **kimberly.qualls@maryland.gov** **or Risa Davis, Regional Services Manager, Office of Treatment Services 410-800-8155; risa.davis@maryland.gov.**

*Please note, LSMs* ***do not*** *have the authority to approve or disapprove applications for Administration-Sponsored Capital Program Grants. LSMs 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 LSMs 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 Systems Manager (LSM, LBHA, or LAA).***

Attachment A

Tab A: Project Summary Forms

 Tab B: Cost Estimate Worksheets

Tab C: Capital Financial Summary Form

Tab D: Operating Cost Projections Form

***You must also send a copy of the following portions of the outlined material from your narrative to your Local Systems Manager (LSM, LBHA, or LAA).***

1. Project Overview
2. Administrative Information
3. Project Description

*Please submit the above information to the LSM as early as possible so you can receive feedback on your application and, if necessary, bring it into compliance with the LSM 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 Systems Manager (LSM, LBHA, or LAA) on:** |
|  |  |
|  | *Date* |
| *Name of Individual at Local Systems Manager, LBHA, or LAA* |  |
| *LSM, LBHA, or LAA Address* |  |
|  |
| *Applicant's Signature* |  |
| *Print Applicant's Name* |  |
| *Applicant's Position at Agency* |  |

**LOCAL SYSTEMS MANAGER REVIEW REPORT**

**Application for FY 2026 Administration-Sponsored Capital Program Grant**

**Report to be completed by the Local Systems Manager**

|  |  |
| --- | --- |
| **This application for the following provider was reviewed:** |  |
|  | *Date* |
| *Name:* |  |
| *Address:* |  |
|  |  |
| *Request for:* |  |
| *Type of Project* |
| *This project (check one):* |
|  |
|  | Comports with the LSM for service development. |
|  | Requires minor changes to comport with the LSM plan. |
| Specify: |  |
|  |  |
|  |  |
|  | Requires major changes or does not comport with the LSM plan. |
|  |
| **The applicant was advised of this review on:** |  |
|  | *Date* |
|  |
| Check one: |  | Phone |  |  | Letter |  |  | In Person |  |  | E-mail |
|  |
| **Additional comments:** |  |
|  |
|  |
|  |
| **Also check:** |
|  | The LSM does not intend to submit an application for FY 2025 Administration- Sponsored Capital Program Grant  |
|  |  |
|  | The LSM does intend to submit an application for FY 2025 Administration- |
|  | Sponsored Capital Program Grant for the following project(s): |  |
|  |  |
|  |  |
|  |
| **Signature:** |   |
| **Print Name:** |  |
| **Position:** |  |

**SEND ORIGINAL LSM FORM with your completed application package as outlined in the**

**FY 2026 Grant Application for Administration-Sponsored Capital Program Package.**

*This form, when completed by LMS, should be returned to the applicant.*

**ABBREVIATED GLOSSARY OF BEHAVIORAL HEALTH ADMINISTRATION HOUSING TERMS**

**ACT** Assertive Community Treatment- is a service model provided by community-based, mobile mental health treatment teams. The ACT team approach is designed to provide comprehensive psychiatric treatment, rehabilitation, and support to persons with serious mental illness (SMI), or personality disorders with severe functional impairments, to live independently in the community. Persons served by ACT often have co-existing problems such as homelessness, substance abuse, frequent hospitalization, and/or involvement with the judicial system.

**(ASAM) Residential**

**Treatment (Level 3.1)** Clinically managed, low intensity residential substance use disorder (SUD) 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. Level 3.1 treatment programs 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).

**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-occurringDisorder - 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.

**LSM**  Local Systems Managers - the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health services. LSM responsibilities include planning, providing for service provision according to locally determined needs, monitoring service delivery, and evaluating service outcomes.

**HUD** The Department of Housing and Urban Development- HUD is the Federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws. It administers major programs such as mortgage and loan insurance through the Federal Housing Administration, Community Development Block Grants, Rental Assistance in the form of Section 8 certificates or vouchers for low-income households, public or subsidized housing for low-income individuals and families and homeless assistance.

**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 forinvestigating complaints about providers and enhancing existing contract monitoring functions*.*

**LBHA** Local Behavioral Health Authority – The local entity that is a combined LSM and LAA.

**LEP** Limited English Proficient (LEP) is a term used in the United States that refers to a person who is not [fluent](https://en.wikipedia.org/wiki/Language_proficiency) in the [English language](https://en.wikipedia.org/wiki/English_language), often because it is not their native language.

**MAT** Medication Assisted Treatment- Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

**MCORR** Maryland Certification of Recovery Residences- Under House Bill 1411, titled “Health - Recovery Residences – Certification” which was enacted under Article II 17 (c) of the Maryland Constitution on May 28, 2016 and became effective on October 1, 2016, the Maryland Department of Health (MDH) was required to approve a credentialing entity to develop and administer a certification process for recovery residences. Certification is required for any Recovery Residence that: receives State funds; operates as a certified recovery residence; is advertised, represented or implied by any individual, partnership, corporation, or other entity as being a certified recovery residence.

**MDH** Maryland Department of Health- The Administration that regulates health care providers, facilities, and organizations and manages direct services to patients, where appropriate. Its goal is to improve the health status of every Maryland resident and to ensure access to quality health care. MDH has four major divisions- Public Health Services, Behavioral Health, Developmental Disabilities, and Health Care Financing. In addition, the department has 20 boards that license and regulate health care professionals and various commissions that issue grants and research and make recommendations on issues that affect Maryland’s health care delivery system.

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

**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.

**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.

**PHA** Public Housing Authorities- PHA’s provide federally-funded public housing programs and related services to low-income residents. The Maryland Housing Authority is made up of several city and county branches and has programs that cover both voucher programs for housing and public housing if available. PHA’s can assist with several different things including applying for programs, help finding new housing and issues with current living arrangements.

**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 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.

**RTC** Residential Treatment Center- RTC is a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disabilities who require a self-contained therapeutic, educational, and recreational program in a residential setting.

**SAMHSA** The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

**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

**SRD** Substance Related Disorders- disorders that refer to either the abuse or dependence on a substance. The drugs used are often associated with levels of intoxication that alter judgment, perception, attention and physical control, not related with medical effects.

**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.

**TAY** Transitional Age Youth are young people, ages 16 to 24, who are at high risk of not successfully transitioning into independent adulthood due to the complexity of their needs, the many challenges they face, and the lack of a support system to assist them.

**TBI** Traumatic Brain Injury (TBI) is defined as sudden, permanent damage to the brain caused by external, mechanical forces (e.g., a blow to the head suffered during a motor vehicle accident).