

***BEHAVIORAL HEALTH ADMINISTRATION (BHA)
SUBSTANCE RELATED DISORDER SERVICES***

FY 2017 GRANT APPLICATION INSTRUCTIONS

I. KEY INFORMATION

- Written to describe substance use disorder services (prevention, intervention, treatment and recovery services) funded by the BHA within the local jurisdiction.
- Written to reflect utilization of best practices in providing these services. Best practices refer to services that reflect research based findings.
- No more than 24 typewritten, single spaced pages of text using Times New Roman font, size 12. Charts and budget pages are not included in the page count.
- Sequentially number all pages.
- DHMH budget forms and narrative are to be submitted electronically.
- The jurisdiction's allocation request cannot exceed the funding level provided by the BHA.
- **Please state the section header and question and provide your response below it.**

II. NARRATIVE INSTRUCTIONS

The narrative must include the following sections:

- A. Introduction
- B. Organizational Chart
- C. Planning Process
- D. Services
 1. Prevention Services
 2. Outreach and Assessment
 3. Treatment Services
 4. Recovery Support Services
 5. Sub-grantee Monitoring
 6. Drug Court
- E. Information Technology
- F. Proposed MFR and System Development Plan

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

The following are specific instructions for completing each required section:

A. Introduction

- Briefly describe the system structure or function, types of services, and the population(s) targeted for services.
- Describe new developments, changes, challenges, issues that affect the delivery of substance related disorder services.

B. Organizational Chart

Submit an organizational chart showing each funded program in the system and each position by name, class title and funding source, e.g. BHA, County or other. Each position must be shown under the appropriate program. When an employee's duties are split between programs, the employee must be shown under each appropriate program. Locally funded positions used to provide services that are part of a BHA grant must be shown on the organizational chart. Positions funded by third party sources should also be included on the organizational chart.

C. Planning Process

- Describe your jurisdiction's detailed transition plan for moving away from direct service provision. Include estimated timeframes, and steps to recruit and prepare providers to fill gaps in service continuum created by cessation of direct service provision.
- Describe the local addiction authority's process for contract monitoring.
- If you are a direct service provider, describe your plans to provide system planning and management functions, including investigation of complaints, review of system wide data, participation in provider audits and authorizations of exceptions for the uninsured.
- More specifically, describe the process for investigating complaints about providers.
- Describe the process used to assess and plan for the jurisdictions' substance related disorder service needs. Describe how data is used to address gaps in the service delivery system.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

- Describe plans to increase access to medication-assisted treatment (methadone, buprenorphine, long acting naltrexone)
- Describe plans to include stakeholders (including, but not limited to members of the recovery community and their families, formerly homeless individuals, representatives from the criminal justice system and the deaf and hard of hearing community) in planning and evaluating program/jurisdiction services.
- Describe your relationship and interaction with the jurisdiction's Behavioral Health Council.
- Describe your jurisdiction's planning effort toward implementing recovery support services into your continuum of care (care coordination, peer support, recovery housing, continuing care, etc.).
- Identify your jurisdiction's projects that integrate both prevention and treatment resources.
- Describe your use of patient satisfaction surveys. If your jurisdiction does not provide direct service, please indicate how your network of providers use patient satisfaction surveys. Attach the survey you or your providers use to this application.
- Describe plans to negotiate and execute changes in collaborative relationships with other systems where applicable, including Core Services Agencies.
- Describe your continuous quality improvement activities including implementation of behavioral health accreditation standards.
- Discuss quality improvement initiatives that have been implemented to increase program effectiveness and efficiency.
- Describe the work being done to eliminate health disparities and improve cultural competency.
- Describe jurisdictional efforts to address overdoses in your community. Include current activities and additional interventions with time frames.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

D. Services

1. Prevention

a. Prevention Matrices

Since the requirement that at least 50% of the BHA prevention block grant funding be used for planning and implementing evidence-based environmental prevention strategies, BHA has developed two prevention matrices; one for Environmental Strategies and one for Direct Services Programs. All jurisdictions must submit an Environmental Strategy Matrix, and those jurisdictions that will also be funding Direct Services programs with their prevention block grant funds will submit both matrices. Templates to be used for each matrix are attached. (See Attachment A and B)

Please note that these matrices pertain only to the activities being funded through your prevention block grant award. Do not include strategies and programs funded through your MSPF2 or OMPP awards in these matrices. The MSPF2 and OMPP awards are made based on a separate and distinct process that involves BHA review and approval of formal, comprehensive SPF Strategic Plans.

There is an opportunity in the Prevention Narrative section below to describe any proposed integration of your block grant prevention strategies and programs with strategies funded through the MSPF2 and OMPP initiatives.

Environmental Prevention Matrix

- Substance Problems to be addressed
- Intervening variables to be addressed
- Contributing factors to be addressed
- Environmental strategies to be implemented to address the contributing factors
- Key strategy activities
- Measurable objectives
- Amount of BHA funding

Direct Service Prevention Program Matrix

- Program
- Evidence-based (yes or no)
- CSAP Prevention Strategy type
- IOM Category
- Risk/resiliency factors to be addressed

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

- Target populations
- # to be served
- Performance measures
- Timeline
- Amount of BHA funding

b. Prevention Narrative

For the strategies and programs cited in your prevention matrices, please describe how the jurisdiction decided to provide these particular activities with block grant prevention funds. Include:

- The data used to support the substance use problems and contributing (risk and resiliency) factors to be addressed by the strategies and programs in the matrices
- The needs assessment activities conducted that supported the need for your proposed strategies and programs
- The partner agencies or groups that were part of the needs assessment and selection of the strategies and programs contained in your matrices

Integration and Collaboration - For Grant Year FY 2017:

- Describe any proposed integration of your block grant prevention activities with your MSPF2 and OMPP prevention activities (if you receive funds from either of these grant programs)
- Describe any proposed integration of your block grant funded prevention activities with treatment and recovery services in your jurisdiction
- Describe any proposed prevention collaboration and partnering with other community groups, agencies, colleges/universities, or other jurisdictions
- If your jurisdiction has an BHA funded College ATOD Prevention Center, specifically describe any proposed collaborative efforts

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

2. Outreach and Assessment

- Describe outreach activities. Include any SBIRT collaborations or partnerships that are under way in the jurisdiction
- Describe which federally-defined priority populations (pregnant women, women with children, HIV positive individuals, and IV drug users) are served, the specific services provided to these populations, and how these populations are prioritized for screening, assessment and placement into care.
- Describe, including time frames, how individuals who are court committed pursuant to Health General 8-505 are assessed.
- Describe, including time frames how pregnant women and women with dependent children are prioritized for screening, assessment and referral to treatment.
- Describe your efforts to refer pregnant women and women with children to BHA for residential services.
- Discuss the connections (e.g. MOUs, referral agreements) with core social institutions that facilitate access to treatment for individuals in those social institutions (e.g. child welfare, criminal justice system, etc.)
- Describe who assesses individuals and determines what services are needed, including level of care. Identify what instruments are used.
- Describe how patients are determined to need care coordination. Describe how and by whom care coordination is provided.
- Describe how the jurisdiction ensures that the local Substance Abuse and Treatment Services Program (TCA Specialist) works collaboratively with the Department of Social Services. Describe how the local jurisdiction ensures that supervision for the addiction specialist occurs regularly.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

3. Treatment Services (please answer all questions in this section in the context of the first 6 months of FY17)

a. Levels of Care

Describe (for both the adult and adolescent populations) how you ensure access to a continuum of care, defined at a minimum as Level 1, Level 2.1, Level 3.1, Level 3.7, and OMT. Please include a description of how you coordinate the care of high-risk and high-cost patients, authorize patient admission into residential treatment, specifically including patients admitted to level III.7 treatment, and describe how you maintain adherence with the requirement that evaluations must be performed by an independent entity not employed by the residential program to which the patient is being admitted.

b. Treatment Narrative

- Identify the best practices and promising practices used, and describe how you ensure staff competence in the use of best practices in the provision of treatment services, delineating between age groups and populations. If you do not provide direct services, describe the best practices and promising practices utilized by sub-grantees and how you monitor sub-grantee staff competence in the use of these practices in the provision of treatment services, Note: Best practices refer to services that reflect research based findings. Promising practices refer to clinical interventions or administrative practices showing positive outcomes but do not fully meet the standards of empirical research.
- Describe how clinical (not administrative) supervision is provided and by what level of certification/licensure. If you do not provide direct services, describe how you monitor sub-grantee adherence with requirements for clinical supervision.
- Describe the availability and use of pharmacotherapy for both withdrawal management and for continued treatment. Include information for each level of care.
- Describe how somatic care needs are assessed and/or provided. This should include how Hepatitis A, B, and C risk assessment, risk reduction, referral for counseling and testing are addressed and/or provided.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

- Describe how co-occurring (substance related and mental health disorder) services are provided, including the availability of a physician or nurse practitioner.
- Describe how you will increase access to and utilization of services to include development of other service provider relationships within the jurisdiction.
- Describe how services are provided for individuals with a gambling disorder and their families to include identification of screening and assessment instruments and treatment planning activities. Include in the description how you treat individuals diagnosed as problem gambling only.
- Describe how you coordinate with community-based health care providers to increase access to office-based buprenorphine therapy.
- Describe tobacco cessation services/activities for patients and staff to include identification of screening and assessment instruments and treatment planning activities.
- Describe your participation in Overdose Prevention activities within your jurisdiction, including implementation of naloxone training and distribution to high risk groups, use of and changes made as a result of a Local Overdose Fatality Review Team, community education, analysis of overdose data, physician education, etc., if applicable.
- Identify and describe prevention, treatment and recovery services for women and women with children.
- For Jurisdictions that receive federal funding for pregnant women and women with children please describe what services are being purchased and or provided for the population.
- Describe the jurisdiction's efforts to improve patient linkage from residential treatment to outpatient treatment (assignment of care coordinator, confirmation of show for outpatient treatment appointments, engagement strategies, etc.).

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

c. Treatment and Recovery Services Matrix

Submit the Treatment Matrix (provided with instructions) showing each BHA funded program, grant number(s), I-SAT agency identification number, location and hours of operation, level of care, number of slots/beds, number of individuals served, method of funding (e.g. fee for services, cost reimbursement). Attach the program's current OHCQ certification and accreditation certificate if applicable with this application)

NOTE: Include housing or continuing care services—as “Recovery Services”. Include overdose prevention services as “other”

4. Recovery Support Services

- Describe the process used to orient and recruit patients into continuing care services.
- Discuss challenges encountered in engaging patients into continuing care and how you plan to address them.
- Describe your plans to involve peer recovery support specialists in providing recovery support services within your jurisdiction, in both paid and volunteer capacities. Include the job functions they will provide.
- Describe your plans to develop recovery community center activities in your jurisdiction. If you do not have a recovery community center in your jurisdiction, please identify and describe the non-treatment, recovery related activities in your jurisdiction.
- Describe your plans to purchase recovery housing services. If you do not plan to purchase, please provide the rationale as well as a description of your alternative to address recovery or supportive housing needs in your jurisdiction.
- Describe how you will provide access to recovery housing services specifically for women and children

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

5. Sub-grantee Monitoring

- Describe how you will convey the General Conditions of Award to all sub-grantees.
- Describe how you will monitor sub-grantee compliance with General Conditions of Award (prevention, treatment, participation in recovery housing association, etc.)
- Describe your process for submitting the quarterly sub-grantee monitoring report no later than 5 business days following the end of each quarter.
- Describe the graduated monitoring schedule for your sub-grantee recipients, including a list of all of your sub-grantee recipients that identifies the monitoring step for each recipient.

6. Drug Court Services

After June 30, 2016, the FY 2016 ***Drug Court funding*** that allows for the purchase of substance use disorder treatment for individual attending Drug Treatment Courts will no longer be available.

Starting July 1, 2016, the Department of Health and Mental Hygiene, Behavioral Health Administration and the Office of Problem-Solving Courts will combine resources to allow for substance use disorder providers to purchase **non-reimbursable services** delivered in ambulatory treatment settings. Jurisdictions will be allowed to use these funds to purchase the following services for individuals actively served in drug treatment courts in your jurisdiction:

1. Time spent in court on behalf of the client; this can be status hearings, pre-court meetings, case consultation meetings with drug court personnel
2. Non-reimbursable clinical case management associated with SUD treatment services
3. Correspondence with court officials on behalf of the clients
4. Transportation of clients back and forth to substance use disorder treatment

Each jurisdiction is restricted to using their ***Drug Court Grant funding*** to purchase the above services. If a jurisdiction would like to request the purchase of non-reimbursable services not listed above, they must obtain permission from BHA. Each jurisdiction will be required to submit a written plan with their grant application for what specific services they are purchasing and from what vendor they are purchasing them from. For example, Apple County is purchasing

Behavioral Health Administration – Substance Related Disorder Services
(continued)

transportation and time spent in court for approximately 56 drug treatment court clients from vender A for \$38,000. A separate report will be required at the end of the year that includes the total # of services detailed in the written plan that is provided to drug treatment court patients.

E. Information Technology and Managing Information. (If you do not provide direct services, describe the context of how you monitor sub-grantee staff competence in the areas described below)

- Describe how the program is in compliance with entering the required authorization/admission and discharge data for grant funded clients into Beacon Health Solutions (formerly VO).
- Describe barriers or challenges faced as a result of entering authorization and discharge data into Beacon Health Solutions (formerly VO) and efforts you have made to overcome those challenges.
- Describe any strategies, plans or efforts around improving compliance with entering grant funded client's admission and discharge data into Beacon Health Solutions (formerly VO).
- With the discontinuation of SMART, describe plans to fulfill COMAR 10.47.01.08 for collecting and maintaining client records (i.e. EHR, paper records).
- Describe any plans for system or equipment upgrades.

F. Proposed MFR and System Development Plan

The following Managing for Results (MFR) performance measures apply to FY15 and FY16 BHA substance related disorder treatment grants:

- 47% of all adult and adolescent patients in BHA funded treatment programs have a treatment episode of not less than 90 days.
- 66% of adolescent and adult patients completing/transferred/referred from BHA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
- 90% of the patients completing/transferred/referred from BHA funded residential detoxification programs enter another level of treatment within 30 days of discharge.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

- The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 72% among adolescents and 74% among adults from the number of patients who were using substances at admission to treatment.
- The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 47% from the number of patients who were employed at admission to treatment.
- The number arrested during the 30 days before discharge from non-detox treatment will decrease by 85% for adolescents and adults from the number arrested during the 30 days before admission.
- The number of discharged patients leaving treatment against clinical advice will be reduced to 29%.
- The number of patients reporting tobacco use at discharge from non-detox treatment will be reduced by 27% among adolescents and 28% among adults from the number reporting tobacco use at admission.
- **Describe your jurisdiction’s outcome measure data for the entire 12 months of FY15 relative to the SRD MFR outcome measures.**
- **Describe your jurisdiction’s outcome measure data for the first 6 months of FY16 with a projection through year-end FY16 relative to the SRD MFR outcome measures.**
- **Explain variations and describe plans to address all deficiencies.**

It will also be necessary to report the following data for 12 months of FY2015 and the first 6 months of FY16 and a projection for year-end FY16 for your jurisdiction.

- Outpatient: Completion/Transfer/Referral Rate
 - Average Length of Stay for Completion Discharges (days)
 - Patients Treated
- Intensive Outpatient: Completion/Transfer/Referral Rate
 - Average Length of Stay for Completion Discharges (days)
 - Patients Treated
- Halfway House: Completion/Transfer/Referral Rate
 - Average Length of Stay for Completion Discharges (days)
 - Patients Treated

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

- Long Term Residential: Completion/Transfer/Referral Rate
 - Average Length of Stay for Completion Discharges (days)
 - Patients Treated
- Therapeutic Community: Completion/Transfer/Referral Rate
 - Average Length of Stay for Completion Discharges (days)
 - Patients Treated
- Intermediate Care Facility: Completion/Transfer/Referral Rate
 - Average Length of Stay for Completion Discharges (days)
 - Patients Treated
- Methadone: Patients Treated
 - Total Patients Treated
- Buprenorphine: Patients Treated
- Recovery Support Services: Patients Receiving Care Coordination
- Recovery Community Center Sites
- Patients Receiving Recovery Housing

Explain variations and describe plans to address all deficiencies.

TCA Performance Measures

Indicate in the Jurisdictional MFR and system development plan how the LAA will adhere to the TCA mandated performance measures:

- a. Addiction Specialist will screen 100% of all Temporary Cash Assistance Applicants/Recipients, Food Supplement applicant /recipients referred by the Department of Social Services Case Managers for substance use disorders
- b. Addiction Specialist will screen for substance use disorders 100% of Temporary Cash Assistance Recipients at re-certification that are referred to the Addiction Specialist by Department of Social Services Case Managers
- c. Addiction Specialist will assess and or refer to the Local Addiction Authority 100% of the screened positive Temporary Cash Assistance Applicants/Recipients that are in need of a clinical assessment
- d. Addiction Specialist will assess and or refer to the Local Addiction Authority 100% of the screened positive Food Stamp Applicants/Recipients that are in need of a clinical assessments
- e. Addiction Specialist will complete toxicology screens on 100% of the Food Stamp Applicants/Recipients who are referred for a screening by the Department of Social Services Case Managers

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

III. BUDGET PREPARATION INSTRUCTIONS

- Budgets must be submitted at the level of funding authorized in the FY 2017 initial allocation letter.
- A jurisdiction's budget submission may not exceed the funding level provided by the BHA.
- Budgets submitted that are not in compliance with these instructions will be returned for correction.
- Initial allocations are based on anticipated State General, Federal, Reimbursable and Special funding levels. Should BHA funding levels change, your grant allocations will be adjusted accordingly.
- Jurisdictions will be responsible for providing ambulatory services to the uninsured between July 1, 2016 and December 31, 2016 or ensure access to care if moving to a fee for service model with providers billing Beacon for the uninsured.
- The following information is important to consider when crafting your budget submission:
 - A separate budget for administrative costs must be prepared.
 - The budget must include a plan for expending grant funding on ambulatory services for the first 6 months of FY 2017 or moving to a fee for service model.
 - The budget must include a plan for ensuring access to care when services are reimbursed through a fee-for-service model, which begins January 1, 2017 unless your jurisdiction opts to begin on 7/1/16.
 - Local Health Departments and substance use disorder community providers will be required to provide DHMH with annual, quarterly, and monthly data reports, and more specifically reports that will identify the specific number of individuals receiving services and the type of services received, during an identified specified reporting date. These reports will be validated with Administrative Service Organization data. It is imperative that jurisdictions and providers are compliant with grant funded uninsured with admission and discharge data entry requirements.
 - Beginning January 1, 2017, substance use programs will bill the ASO for the delivery of ambulatory services to those without insurance.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

A. Budget Forms

1. DHMH 4542 and DHMH 432

- For grantees funded by the DHMH Unified Funding Document use the DHMH 4542 budget forms.
- For grantees funded through a Memorandum of Understanding (MOU) use the DHMH 432 budget forms. (***Please be sure to mail the completed signature page to BHA for the 432 packet.***)
- DHMH Form 4542C or DHMH Form 432C (Performance Measures page) Identify the funded services and the slots and/or the estimated number of patients to be served. (***Do not include MFR data in this section.***)

2. In-Kind Contribution Form

This form should be completed to detail local in-kind contributions that provide support to Prevention and S.T.O.P. grant funded services.

3. BHA Financial Reporting Web Application

The BHA will require jurisdictions to enter your jurisdiction's information in the BHA Web-Based Financial Reporting Application for FY 2017. Please refer to the ***Finance, Fiscal and Grants Management Section of the BHA website, <http://bha.dhmh.maryland.gov>*** for instructions.

NOTE: The numbers served should reflect individuals served with grant funding only. Do not include patients served by Medical Assistance or other third party payers.

Please refer to the to the ***Finance, Fiscal and Grants Management Section of the BHA website, <http://bha.dhmh.maryland.gov>***, for updated budget forms and guidelines to complete the forms.

B. Specific Budget Preparation Instructions

1. **Merit Increases**

The budget figures do not include at this time any state mandated merit increase, COLA, ASR adjustment or reclassifications, and/or increases in employee or retirees health insurance which may be proposed by the Governor and approved by the Legislature for the FY 2017 budget for State employees. The base budget request should not include any potential increase. Funds will be made available, should these funds be included in BHA's budget. This may

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

be done as a supplement in FY 2017, should the base budget be processed before the General Assembly's decision on any increase. However, please estimate any proposed FY 2017 State merit increase, for salary and accompanying fringe, and be able to discuss this with us at the time of our Budget Review Meeting in 2016.

2. Administrative Budget

Administrative costs are defined as necessary and reasonable costs that are not related to the direct provision of substance related services. A separate administrative budget must be prepared for FY 2017 that reflects the administrative costs for a LAA to plan and manage the jurisdiction's substance related disorder treatment and recovery system. This will result in the submission of separate DHMH 4542 or DHMH 432 forms for the administrative budget.

Special considerations for administrative budgets are below:

- Indirect costs to account for local health department overhead support are allowable administrative costs. The indirect cost rate cannot exceed 10% of direct administrative costs. For non-local health department based LAAs, the indirect cost rate cannot exceed 10% of administrative salaries and fringe benefits. DHMH form 4542K must be completed if indirect costs are requested.
- Consultant request forms (DHMH 432E or DHMH 4542F) must contain a brief description of the consultant's job duties.
- Equipment request forms (DHMH 432F or DHMH 4542G) must contain an explanation on why the equipment is needed.
- Funds that were granted for special initiatives may not be reduced without prior approval from BHA.

3. General and Federal Treatment Grants Funding for ambulatory services has been removed from the general and federal treatment budget allocations. The general and federal treatment grants may not include any ambulatory treatment services (assessment, level 1 Outpatient group and individual services, Level 2.1 Intensive Outpatient, Level 1 and Level 2.1 Withdrawal Management, Medication Assisted Treatment, and Toxicology Specimens). **Funding to support ambulatory services for the period of July 1, 2016, through December 31, 2016 will be provided in a separate grant award.**

- a. Third Party collections (MA/Private Insurance) shall not be included in the budget.
- b. Funds that were granted for special initiatives may not be reduced without prior approval from BHA.

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

4. **Temporary Cash Assistance (TCA)** (Addictions Program Specialists in local DSS Offices)

DHR/FIA will only reimburse BHA up to the amount stated in the initial allocation letter. If the cost to support the position(s) exceeds the budget request ceiling amount, include only the percentage of the position(s) that can be provided for within the TCA grant. The remaining percentage of the position(s) to be funded should be included in another BHA funded grant and clearly identified as the TCA assessor position

The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs. Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee.

5. **Senate Bill 512**
(Assessor positions in Prince George’s, Washington, and Worcester Counties and Baltimore City Only)

The only allowable budget line items are: Salary, Fringe, Communications/Telephones, Office Supplies, Staff Travel, Patient Travel, Staff Training and Indirect Costs. Please call Suzette Tucker at 410-402-8648 if additional clarification is required.

6. **House Bill 7 – Integration of Child Welfare and Substance Abuse Treatment Service (Assessor Positions)**
(Baltimore City and Prince George’s County Only)

The only allowable budget line items are: Salary, Fringe, Training, Travel, Telephone, and Office Supplies.

Please call Suzette Tucker at 410-402-8648 if additional clarification is required.

7. **Recovery Support Service Expansion -**
Funds may only provide recovery support services and may not be used to provide treatment services.
- Funds that were granted for special initiatives may not be reduced without prior approval from BHA.

8. **Drug Court Support Services**
Funding may no longer provide for treatment services. Funds may only be used to provide “non-reimbursable” services as outlined in Section II

***Behavioral Health Administration – Substance Related Disorder Services
(continued)***

C. Sub-provider Budget Review Practices

The DHMH Division of Grants and Local Health Accounting (DGLHA) issued guidelines detailing documentation requirements relating to the Department's sub-provider review practices. These guidelines are a direct result of findings in a legislative audit of the DHMH Office of the Secretary. Included in the DGLHA guidelines was the initiation of an attestation by the funding administration that sub-provider budgets were subjected to a comprehensive review process before they were approved by the funding administration. The key issue with the review of sub-provider budgets is the documentation that such a review was done in support of the funding administration's attestation. BHA does not have a direct funding relationship with the sub-provider. The vendor of record, usually a local health department, county executive, county commissioners, county council or delegated authority, has a direct funding relationship with the sub-provider. The vendor of record would be required to submit documentation as referenced below:

A memorandum from the vendor of record to the funding administration detailing the vendor of record's comprehensive sub-provider budget review process. This should include steps taken in that review such as meetings with sub-providers, analytical processes, and checklists with staff initials and dates of completed budget review processes, etc.

If you are a vendor of record using cost reimbursement contracts for human services, you will be required to submit the above documentation with your budget submission.

D. Grant Application and Budget Submissions

- All narratives and budgets must be submitted electronically to BHA by March 11, 2016.
- The entire grant application (narrative and budget) shall be submitted electronically to: dhmh.adaa_grants@maryland.gov
- Please include in the subject line the: name of the jurisdiction and FY2017 Grant Application, e.g. **Allegany County FY2017 Grant Application**

FY 17 Direct Services Prevention Program Matrix*

Program	Evidence-Based? (Y or N)	CSAP Prevention Strategy Type	IOM Category	Risk/resilience Factors to be Addressed	Target Populations	# to be served	Performance Measures	Timeline for Service Provision	Amount of ADAA Funding

- This specific template/format must be used if you are providing direct prevention services programs

FY 17 Environmental Prevention Strategy Matrix

Substance Problem to be Addressed	Intervening Variables to be Addressed	Contributing Factors to be Addressed	Environmental Strategy	Key Strategy Activities	Measurable Objectives	Amount of ADAA Funding

FY 17 Treatment Matrix

Program Name: _____

LEVEL OF CARE/PROGRAM NAME Clinic ID/NPI #/I-SAT agency (all required) Location, Hours	# SLOTS	#Beds	NUMBER TO BE SERVED	METHOD OF FUNDING
SAMPLE: Best Counseling Services 55 Wellness Way, Catonsville, MD 21228 Clini ID #xxxxxxx/ NPI# xxxxxxxxxxxx/ I-SAT xxxxxx Hours: Mon-Thurs.-10am-9pm; Fri-5: 30 pm-9pm				
Level .05 EARLY INTERVENTION (Grant #(s))				
Level 1 OUTPATIENT (Grant #(s))				
Level 2.1 INTENSIVE OUTPATIENT (Grant #(s))				
Level 2.5 PARTIAL HOSPITALIZATION (Grant #(s))				
Level 3.1 HALFWAY HOUSES (Grant #(s))				
Level 3.5 CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (Grant #(s))				
Level 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT (Grant #(s))				

LEVEL OF CARE/PROGRAM NAME Clinic ID/NPI #/I-SAT agency (all required) Location, Hours	# SLOTS	#Beds	NUMBER TO BE SERVED	METHOD OF FUNDING
RECOVERY SERVICES				
RECOVERY HOUSING (Grant #(s))				
CONTINUING CARE (Grant #(s))				
OTHER: OVERDOSE PREVENTION SERVICES				