

**BEHAVIORAL HEALTH ADMINISTRATION**  
**(Substance Use Disorder Prevention, Intervention, Treatment and Recovery Services)**  
**FY 2016 GRANT APPLICATION INSTRUCTIONS**

**I. KEY INFORMATION**

- Written to describe substance use disorder 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
- E. Information Technology
- F. Proposed MFR and System Development Plan

The following are specific instructions for completing each required section:

**A. Introduction**

- 1. Briefly describe the system structure, function, types of services, and the population(s) targeted for services.
- 2. Describe new developments, changes, challenges, issues that affect the delivery of substance use 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 not be included on the organizational chart.

## **C. Planning Process**

1. Describe the steps you have taken or are planning to take to move grant funded ambulatory services to ambulatory services managed by the ASO, beginning in July 2016. \*This should include specific activities and time frames
2. Describe the steps taken to expand the local addiction authority's role to include investigating complaints about providers and enhancing existing contract monitoring functions
3. Describe the planning process used in designing the system of services
4. Describe plans to include stakeholders (including, but not limited to members of the recovery community and their families, formerly homeless, representatives from the criminal justice system and the deaf and hard of hearing) in planning and evaluating program/jurisdiction services.
5. Describe how data is used to develop your jurisdiction's system of care.
6. Describe the relationship and interaction with the jurisdiction's Drug and Alcohol Abuse Council.
7. Describe your jurisdiction's planning effort toward implementing recovery support services into your continuum of care (care coordination, peer support, continuing care, recovery housing, etc.). Identify the members of your ROSC Change Team and specify their affiliations. Attach your updated ROSC Implementation Plan to this application.
8. Identify your jurisdiction's projects that integrate both prevention and treatment resources.
9. Describe your jurisdiction's participation in the BHA's Learning Collaborative effort.
10. Describe your use of patient satisfaction surveys. Attach the survey you use to this application.
11. Describe plans to negotiate and execute changes in collaborative relationships with other systems where applicable, including Core Services Agencies.
12. Describe your system improvement model and activities.
13. Identify management initiatives to increase program effectiveness and efficiency and to ensure compliance with Conditions of Award.

## **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 (formerly referred to as Non-Environmental Programs). All jurisdictions must submit an Environmental Strategy Matrix, and those counties that will also be funding Direct Services programs with their block grant funds will submit both matrices. These matrices, when completed fully, are very comprehensive and will serve as the core of your SAPT Prevention Block Grant Strategic Plan. Templates to be used for each matrix are attached.

[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
- Target populations
- # to be served
- Measurable objectives
- 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 need for the activities described
- The needs assessment activities that support the need for these activities
- The partner agencies or groups that were part of the assessment and/or strategic planning
- Describe the integration of your environmental strategies and any direct services programs that you may be providing
- Describe the integration of your block grant prevention activities and your MSPF prevention activities
- Describe the integration of your block grant funded prevention activities with treatment and recovery services in your jurisdiction
- Describe collaboration and partnering with other community agencies, colleges/universities and jurisdictions.
- If your jurisdiction has an BHA-funded College ATOD Prevention Center, specifically describe your collaborative efforts.

## 2. Outreach and Assessment

- a. Describe outreach activities.
- b. 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.
- c. Describe, including timeframes, how individuals who are court committed pursuant to Health General 8-505 are assessed.
- d. Describe, including timeframes how pregnant women and women with dependent children are prioritized for screening, assessment and referral to treatment
- e. 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.)
- f. Describe who assesses individuals and determines what services are needed, including level of care. Identify what instruments are used.
- g. Describe how patients are determined to need care coordination. Describe how and by whom care coordination is provided.

## 3. Treatment Services

- a. Levels of Care  
Describe how you provide, purchase, or otherwise access a continuum of care, defined at a minimum as Level 1, Level 2.1, Level 3.1, Level 3.7, and OMT. Specifically discuss services for both the adult and adolescent populations.
- b. Treatment Narrative
  - Identify and describe the use of best practices in the provision of treatment services, delineating between age groups and populations. Note: Best practices refer to services that reflect research based findings.
  - Describe how you ensure staff competence in the use of best practices
  - Describe how clinical (not administrative) supervision is provided and by what level of certification/licensure.
  - Describe the availability and use of pharmacotherapy for both managing withdrawal and for continued treatment. Include information for each level of care.
  - Describe how somatic care is provided. This should include how Hepatitis A, B, and C risk assessment, risk reduction, referral for counseling and testing are addressed and/or provided.
  - Describe how co-occurring (substance use and mental health disorders) services are provided, including the availability of a physician or nurse practitioner.
  - Describe how you will increase access to and utilization of services
  - Identify your average wait list for all levels of care and how waits longer than two weeks are addressed
  - Describe services provided for problem and pathological gamblers and their families.

- 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.
- Describe your participation in Overdose Prevention activities within your jurisdiction, including implementation of naloxone training and distribution to high risk groups, 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 the jurisdictions that have funding for SB512 and HB7, describe your efforts to document the patients in SMART.( Needs to change as everyone will not use SMART)
- Describe the jurisdiction's efforts to improve patient linkage from residential treatment to outpatient treatment.
- Describe the process you have implemented to authorize patient admission into residential treatment.

c. Treatment Matrix

Provide a matrix listing:

- each BHA funded program, grant number(s)
- I-SAT agency identification number
- Location and hours of operation
- Level of care (include the program's current OHCQ certification with this application)
- number of slots/beds
- number of individuals served
- method of funding (e.g. fee for services, cost reimbursement)

NOTE: Include recovery housing or continuing care services as "Other"

#### 4. Recovery Support Services

1. Describe the process used to orient and recruit patients into continuing care services.
2. Discuss challenges encountered in engaging patients into continuing care and how you plan to address them.
3. 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.
4. Describe your plans to develop recovery community center activities in your jurisdiction.
5. Describe your plans to purchase recovery housing services.
6. Describe your plans to purchase recovery housing services specifically for women and children

**5. Sub-grantee Monitoring**

1. Describe how you will convey the General Conditions of Award to all sub-grantees.
2. Describe how you will monitor sub-grantee compliance with General Conditions of Award (prevention, treatment, participation in recovery housing association, etc.)
3. Describe your process for submitting the quarterly sub-grantee monitoring report no later than 5 business days following the end of each quarter.
4. 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.

**E. Information Technology and Managing Information**

**Describe any plans for equipment upgrades.**

**F. Proposed MFR and System Development Plan**

**Please refer to the BHA website for the MFR information.**

### III. BUDGET PREPARATION INSTRUCTIONS

#### A. Budget Award Letter

Each jurisdiction will receive its FY 2016 budget award letter from BHA that details funding levels and any additional budget preparation information. The jurisdiction's allocation request cannot exceed the funding level provided by the BHA.

#### B. Budget Forms

1. Refer to the BHA Divisions/Finance/Fiscal & Grants Management/Grants Management/ FY 16 Grant Information Section of the BHA website, <http://bha.dhmmh.maryland.gov>, for updated budget forms and guidelines to complete the forms.
2. DHMH 4542 and DHMH 432  
All narratives and budgets must be submitted electronically to BHA. For grantees funded by the DHMH Unified Funding Document use the DHMH 4542 budget forms. For grantees funded by Memorandum of Understanding (MOU) use the DHMH 432 budget forms. (Please be sure to send either electronically or by mail the completed signature page for the 432 packet).
3. 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.
4. 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.
5. 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 2016. Refer to the BHA Divisions/Finance/Fiscal & Grants Management/Grants Management/ FY 16 Grant Information Section of the BHA website, <http://bha.dhmmh.maryland.gov> for instructions.

### C. Specific Budget Preparation Instructions

1. Third Party collections (MA/Private Insurance) shall not be included in the budget.
2. Temporary Cash Assistance (TCA) (Addictions Program Specialists in local DSS Offices)  
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.
3. Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.)  
Substance Abuse Treatment Outcomes Partnership (S.T.O.P.) funding requires a dollar for dollar match of the BHA S.T.O.P. award. Some S.T.O.P. awards contain additional BHA State general funds that have been reallocated by the county to support services funded through S.T.O.P. These additional funds do not require a match. The local match may be cash, in-kind contribution, or a combination of the two. A local in-kind match includes, but is not limited to, provision of space, staff, or services that the grantee intends to commit to the effort. If a county is using local in-kind support for the required match, an In-Kind Contribution Form for S.T.O.P. must be submitted. If a county is unable to provide matching funds, the county must request a waiver of the match requirement annually. Submit a written request explaining your reasons for a full or partial waiver to the Regional Services Manager for your county. A full or partial waiver may be approved after considering: 1) the financial hardship of the participating county; 2) prior and current contributions of funds for substance abuse treatment programs made by the participating county; and 3) other relevant considerations considered appropriate by the Department.
4. Drug Court Treatment Services  
Drug Court funding shall be used to provide for drug court treatment services only. Services include and are limited to the following:
  - a. Treatment and Recovery Services
  - b. Substance Abuse Counselor positions
  - c. Therapist positions, e.g. Family, Trauma, Mental Health
  - d. Approval for funding of Supervisory and Clerical positions must be obtained in writing prior to implementation.
  - e. Funds may not be used for Case Manager Positions.

#### **D. Sub-provider Budget Review Practices**

The DHMH Division of Program Cost and Analysis (DPCA) 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 DPCA guidance 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. It is also required that you submit copies of all sub-provider budgets to BHA.

#### **E. Grant Application and Budget Submissions**

Submission due dates will be included in the Budget Award letter sent by BHA. 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 FY2016 Grant Application, e.g. **Allegany County FY2016 Grant Application\*\***

***END OF BEHAVIORAL HEALTH ADMINISTRATION  
(SUBSTANCE USE DISORDERS)***