

**Maryland Department of Health (MDH)  
Behavioral Health Administration (BHA)**

**State Opioid Response (SOR) Request for Proposals for Recovery Housing**

**Issue Date:** December 27, 2018

Recovery Housing for Young Adults, Adults, and Older Adults

**Requesting Agencies:** Maryland Department of Health  
Behavioral Health Administration  
55 Wade Avenue, Dix Building  
Catonsville, MD 21228

**Proposals Due Date to BHA:** January 30, 2019

**Point of Contact:** Priya Arokiaswamy  
Behavioral Health Administration  
Office of Evidence-based Practices, Housing and Recovery Supports  
Email: [priya.arokiaswamy@maryland.gov](mailto:priya.arokiaswamy@maryland.gov)

**I. Introduction, and Background,**

The Maryland Department of Health, Behavioral Health Administration was recently awarded a two year “State Opioid Response (SOR)” grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This award is in support of the ongoing statewide efforts to combat the opioid epidemic. The SOR grant is designed to address Maryland’s opioid crisis by increasing access to evidence-based treatment, reducing unmet treatment needs, and reducing opioid related deaths through the provision of prevention, treatment, and recovery support services. SOR funding will be used to implement new initiatives as well as to support the continuation of activities that were funded in Year 1 of the SAMHSA-funded Maryland Opioid Rapid Response (MORR) grant. Dedicated funding has been identified to expand recovery housing for young adults with an Opioid Use Disorder (18-25 years of age) in the amount of \$298,395, and for adults and older adults with an Opioid Use Disorder (over 26 years of age) in the amount of \$1,536,199. The grant period is September 30, 2018 through September 29, 2020.

Recovery residences provide alcohol-free and illicit-drug free housing to individuals with substance-related disorders, addictive disorders, or co-occurring mental health, substance-related, or addictive disorders. The purpose of a recovery residence is to provide a safe and healthy living environment for individuals with substance-related disorders, addictive disorders, or co-occurring mental health, substance-related, or addictive disorder to initiate and sustain recovery, defined as abstinence from alcohol and other non-prescribed drug use and to gain improvement

in their physical, mental, spiritual, and social wellbeing. Individuals build recovery capital through mutual and peer support while living in a recovery residence that will continue to support their recovery as they transition to living independently and productively in the community.

Pursuant to Chapter 711, Subtitle 24, Recovery Residences (HB1411;SB 1094), The Behavioral Health Administration (BHA) has been selected to serve as the credentialing entity to develop and administer a process for the certification of recovery residences in accordance with nationally recognized certification standards established by the National Alliance for Recovery Residences (NARR). In accordance with statute, certification by the Department is required for recovery residences to operate in Maryland, if the residence receives state or federal funds; operates as a certified recovery residence; is advertised or represented by any individual, partnership, corporation, or other entity as being a certified recovery residence; or has been implied to the public to be a certified recovery residence.

## **II. General Requirements:**

BHA is soliciting proposals from Local Addiction Authorities (LAA) or Local Behavioral Health Authority (LBHA) and corresponding providers who are interested in expanding recovery residence capacity for individuals with Opioid Use Disorder within their respective jurisdictions. Interested providers should collaborate with the LAA or LBHA in the development of their proposals, based on the identified needs of the local jurisdiction. The LAA or LBHA as the designated applicant will identify interested providers through their local procurement process.

All provider proposals for funding must be reviewed and approved by the LAA or LBHA who will submit approved proposals to BHA. Jurisdictions may submit multiple proposals. Providers selected must meet the eligibility criteria described below to be considered for funding.

Funding is intended for new recovery residences or expanded recovery residence capacity and may not be used to existing recovery residence operations. In addition, grant funds may not be used to support building construction, building acquisition or rental costs.

Proposals shall be aligned with the goals of the Behavioral Health Administration and the Opioid Operations Command Center, as identified below:

### **Goal 1: Prevent new cases**

Objectives:

- 1.1 - Reduce inappropriate or unnecessary opioid prescribing and dispensing.
- 1.2 - Reduce supply of illicit opioids.
- 1.3 - Increase family and youth knowledge of opioid risks and benefits.

## **Goal 2: Improve early detection and intervention**

### **Objectives:**

- 2.1 - Reduce stigma and improve knowledge and understanding about opioid addiction to remove social barriers to accessing treatment.
- 2.2 - Build capacity of health care system to identify behavioral health disorders and link patients to appropriate specialty care.
- 2.3 - Improve identification of provision of services to youth at high risk for opioid addiction and their families.
- 2.4 - Identify and target individuals at high risk for fatal overdose for treatment and recovery support services at all contact points with health, safety, and social service systems, with specific focus upon entry of an Emergency Department.

## **Goal 3: Expand Access to Services**

### **Objectives:**

- 3.1 - Improve access to and quality of evidence-based opioid addiction treatment in the community.
- 3.2 - Make naloxone available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems.
- 3.3 - Increase access to harm reduction services to active opioid users.
- 3.4 - Expand access to recovery support services.
- 3.5 - Enhance criminal justice services for offenders who are opioid-addicted to prevent re-entry and repeat recidivism into the criminal justice system.

## **Goal 4: Enhance data driven decision-making**

### **Objectives:**

- 4.1 - Improve understanding of population and individual level risk and protective factors to inform prevention initiatives.
- 4.2 – Establish a public health surveillance system to monitor indicators of opioid-related morbidity and mortality for informed rapid and actionable responses.

The focus of this funding request is goal #3 (Expand Access to Services) by expanding the recovery residence capacity in jurisdictions with high rates of overdose and identified gaps in recovery support services. Highest priority will be given to providers interested in developing new recovery residences or expanding existing recovery residences within the following jurisdictions: Baltimore City, Baltimore County, Anne Arundel, Montgomery, and Prince George's Counties (highest numbers of overdose deaths) and Allegany, Fredrick, Washington, Wicomico, and Worcester Counties (highest rates of overdose deaths). However, other

jurisdictions will be considered based on identified gaps or a lack of availability of recovery residences in a particular geographical area.

#### **A. Provider Eligibility**

Providers must:

1. Be certified by the Maryland Certification of Recovery Residences (MCOORR) in order to be eligible to receive funding through this initiative. Recovery residences that do not possess a current certificate of compliance from MCOORR must attain certification within 60 days of the notice of award;
2. Demonstrate the ability to provide recovery housing services within 60 days of grant award;
3. Be willing to expand recovery residence beds to serve individuals in the Public Behavioral Health System (PBHS)
4. Commit to attend all state and federal grantee meetings
5. Be able to provide services within 60 days of the notice of award.
6. Must have a history of operating in adherence to the National Alliance of Recovery Residences 2015 Quality Standards.
7. May not deny admission to individuals based on their participation in Medication Assisted Treatment (MAT).

#### **B. Fiscal Feasibility**

An approved risk assessment must be completed by the LAA or LBHA and submitted to BHA for review along with request for grant funding. See attachment.

### **III. Proposal Format:**

Proposals, not to exceed ten (10), single-spaced pages using twelve (12) point Times New Roman font, shall be submitted by the governing body of a jurisdiction or its designee.

**Proposals exceeding the 10-page limit will not be considered.** Two or more jurisdictions or their designee can join together and submit a single integrated, proposal. Please use headings that correspond to the evaluation criterion outlined in Section IV. The program budget and performance measures may be submitted as a separate attachment and will not count towards the 10-page limit. Please provide detailed information to address all the elements in the evaluation criteria.

**All proprietary material should be clearly identified as such by the submitter.**

### **IV. Evaluation Criteria:**

1. Description of the extent of the problem in the jurisdiction, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of individuals diagnosed with an opioid use disorder. **Maximum 15 points**

2. Description of provider expertise and organizational capacity to provide recovery housing:
  - Experience working with individuals who are Medicaid eligible and/or are uninsured.
  - Prior or current experience as a Maryland RecoveryNet (MDRN) Housing Provider or certified through Maryland Certification of Recovery Residences (MCORR). Provide a copy of current MCORR certification.
  - Plan to ensure compliance with federal and state confidentiality requirements, including HIPAA and 42 CFR, part 2.
  - Knowledge of American Society of Addiction Medicine (ASAM) Criteria and the National Alliance of Recovery Residences 2015 Quality Standards. **Maximum 15 points.**
3. Description of the administrative process including sub-grantee monitoring of contract deliverables, contracting for recovery residences. Note: if awarded, a copy of the sub-grantee contract and MOU agreements must be submitted to LAA or LBHA within 60 days of the award. **Maximum 15 points**
4. Identification of one or more of the eligible targeted population(s), gender, level of support, projected number of individuals to be served, the eligible functions that will be funded, and a brief description of the expected outcome. **Maximum 15 points**
5. Identification of performance and outcome indicators to be used to evaluate the program's effectiveness, including a description of the expected schedule for measuring performance and outcomes. **Maximum 15 points**
6. Submit a clear and concise timeline for the implementation of services. **Maximum 5 points**
7. Provide a plan for sustainability of services beyond the end of the grant award period, to include a transition plan to support residents once grant funding has been exhausted and plan to transition individuals to self-sufficiency within 4 - 6 months. **Maximum -5 points**
8. A budget narrative that describes the funding needed to support the proposed services, including a line item budget for years 1 and 2. (Note the SOR grant ends September 29, 2020). Budget is aligned with the proposed activities. **Maximum 15 points**

## V. Grant Awards

BHA will issue all awards for Recovery Housing grants to the LAA or LBHA. LAAs and LBHAs will subcontract with vendors using their local procurement process. Vendors selected must collect required data by SAMHSA, Government Performance and Results ACT (GPRA) at intake, every six months and at discharge. Vendors may be required to submit additional data to BHA during the duration of the grant.

**VI. Closing/Submission Date**

Proposals are due to the Local Addiction Authority (LAA) or Local Behavioral Health Authority (LBHA) by **Friday, January 18, 2019**.

LAAAs and LBHAs shall submit vendor selection and request for grant funds to BHA by **Wednesday, January 30, 2019**.

Any questions regarding this solicitation should be submitted to Priya Arokiaswamy, Office of Evidence-based Practices, Housing and Recovery Support by **Wednesday, January 9, 2019**.

**Send Information to:**

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Office of Evidence-based Finance and Procurement  
Spring Grove Hospital Center  
55 Wade Avenue, Dix Building  
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