



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 28, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 558 – Recovery Residence Grant Program - Establishment – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 558 - Recovery Residence Grant Program - Establishment. SB 558 establishes the Recovery Residence Grant Program within MDH to award grants to recovery residences to support operations, services, and programs. In addition, the bill requires the annual budget bill to include \$500,000 for the grant program.

A recovery residence is a service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders. These residences are critical to providing safe, recovery oriented housing for individuals seeking care. MDH appreciates the General Assembly's interest in establishing a grant program for these residences and expects that the grant program will increase the number of certified recovery residences in the State.

In establishing this grant program, MDH respectfully requests the committee's flexibility in the amount of funds appropriated for the program. MDH will work closely with the Maryland Department of Budget and Management to determine a sufficient level of funding to meet the intent of this legislation.

MDH met with the bill sponsors to discuss this bill and appreciates the sponsors' willingness to discuss MDH's amendments. MDH respectfully requests the consideration of the following amendments:

1. MDH recommends the removal of the requirement for recovery residences to provide demonstrated evidence of a resident abstinence rate of 50% for the residence to be eligible to receive grant funds. Rather, MDH recommends recovery residences, as a condition of receipt of grant funding, to collect certain data elements, outcomes/performance measures established by MDH in consultation with recovery residence providers and recovery capital (REC CAP) subject matter experts. The Behavioral Health Administration (BHA) is currently piloting REC CAP with several recovery residences to track client and system level recovery outcomes.^{1,2}

¹ Best, D., Edwards, M., Mama-Rudd, A., Cano, I., & Lehman, J. (2016). Measuring an individual's recovery barriers and strengths. *Addiction Professional*; Cleveland, 14(4), 26, 28–31.

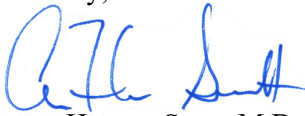
White, W. & Cloud, W. (2008). Recovery capital: A primer for additional professionals. *Counselor*, 9, 22-27.

² Laudet, A. B., & White, W. L. (2008). Recovery Capital as Prospective Predictor of Sustained Recovery, Life satisfaction and Stress among former poly-substance users. *Substance Use & Misuse*, 43(1), 27–54

2. MDH recommends that the minimum requirement of individuals served be removed. Recovery housing itself is not time-limited; individuals are generally entitled to remain in the recovery residence as long as necessary, provided that they meet the requirements to stay. Additionally, the requirement to serve 10 individuals per day per residence would limit the pool of eligible applicants to existing certified residences with a 10-bed capacity. Recovery residences without a sprinkler system are limited to no more than six individuals, therefore would be excluded from accessing funding. Additionally, this would require many recovery residence providers to expand capacity at an existing certified recovery residence, which may be cost prohibitive.
3. MDH recommends that the requirement for an eligible recovery residence to be operating as a certified recovery residence provider for a period of five (5) years be changed to a period of two (2) years. MDH supports the intent of the bill; however, MDH notes that certification of recovery residences started in 2017, so established residences certified since 2018 would be excluded from accessing the grant funding.
4. MDH recommends the grant program be expanded to include Levels 1 - 4 recovery residences, as certified by BHA and defined by the National Alliance for Recovery Residences.
5. In addition to cost for operations, services, and programs, MDH recommends the grant supports capital costs for renovations to expand bed capacity, install fire suppression systems, or to comply with the American with Disability Act.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

AMENDMENTS TO SENATE BILL 558

(First Reading File Bill)

Amendment 1:

On page 3, line 23, strike beginning with “Demonstrate” through “years” in line 25, and insert: COLLECT AND REPORT TO THE DEPARTMENT CERTAIN DATA ELEMENTS, OUTCOME MEASURES, AND PERFORMANCE MEASURES ESTABLISHED BY THE MARYLAND DEPARTMENT OF HEALTH IN CONSULTATION WITH RECOVERY RESIDENCE PROVIDERS AND RECOVERY CAPITAL SUBJECT MATTER EXPERTS; AND

Amendment 2:

On page 3, line 14, strike beginning with “Serve” through “year” in line 16, inclusive.

Amendment 3:

On page 3, line 9, strike “5” and replace with “2”.

Amendment 4:

On page page 3, line 5, strike beginning with “Be” through “entity” and insert: BE CERTIFIED BY THE DEPARTMENT’S DESIGNATED CREDENTIALING ENTITY AS A LEVEL 1-4 RECOVERY RESIDENCE IN ACCORDANCE WITH THE NATIONAL ALLIANCE FOR RECOVERY RESIDENCES STANDARDS;

Amendment 5:

On page 2, line 25 after “programs” insert: INCLUDING CAPITAL COSTS FOR RENOVATIONS TO EXPAND BED CAPACITY, INSTALL FIRE SPRINKLER SUPPRESSION SYSTEMS, OR TO COMPLY WITH THE AMERICANS WITH DISABILITIES ACT.