

WEST VIRGINIA RECOVERY HOUSING PROGRAM  
FY2020 ACTION PLAN  
**DRAFT 7-9-22**



WEST VIRGINIA DEPARTMENT OF ECONOMIC DEVELOPMENT

## **Program Summary**

### **Program Summary: A concise executive summary that identifies needs and specific goals for the grantee's RHP funds**

The West Virginia Department of Economic Development (WVDED) acting as the lead agency along with the West Virginia Department of Health and Human Services (WVDHHR), West Virginia Alliance of Recovery Residences (WVARR) and our network of community providers in the Continuum of Care across the State, the Department of Economic Development proposes the creation of the West Virginia Recovery Housing Program (WVRHP) in response to the Department of Housing and Urban Development (HUD) Federal Register Notice Number FR-6225-N-01.

WVDED manages the Community Development Block Grant (CDBG), Emergency Shelter Grant (ESG), and Housing for Persons with AIDS (HOPWA) programs to address one of the three primary objectives of providing decent affordable housing, creating economic opportunities, and/or creating suitable living environments, which will provide an outcome of availability/accessibility, affordability, and/or sustainability.

WVDHHR's mission is to serve the people of West Virginia by working with strategic partners to advance access and quality of statewide behavioral health to empower each West Virginian to reach their potential, to champion West Virginians' wellness, resilience, and recovery, and to value the lived experience of stakeholders, families, and communities. WVDHHR believe in connection and hope.

For many individuals, achieving and maintaining recovery from a substance use disorder (SUD) is hindered by a lack of safe, affordable housing that is supportive of recovery. As the single state authority on behavioral health in West Virginia, the WVDHHR brings partners together to provide stable, transitional housing and wrap around services for individuals seeking recovery from substance use disorders. Working jointly under the WVDHHR umbrella the WV Bureau of Behavioral Health, the WV Office of Drug Control Policy, the WV Bureau of Public Health, and the WV Bureau for Medical Services have led the state's response to the drug epidemic.

Through the will of the legislature, the West Virginia Alliance of Recovery Residences (WVARR) was created to develop and maintain a recovery residence certification process. This process ensures that individuals with SUD have access to safe, affordable, and high quality, recovery supportive housing with more than 2,000 recovery residence beds. WVARR is working diligently to bring our state's recovery housing capacity up to a standard of living that is in line with the rest of the nation. Mandates outlined in West Virginia Senate Bill 1012 limit state funding and referrals from state funded entities, including the Department of Corrections and Rehabilitation to WVARR-certified recovery residences. If residences cannot be brought to a minimum standard, West Virginia's capacity to support people in recovery from SUD will be greatly reduced.

Recovery residences provide a safe, healthy, and supportive living environment for individuals to initiate and sustain recovery—defined as abstinence from alcohol and other non-prescribed drug use and improvement in one’s physical, mental, spiritual, and social wellbeing. The National Alliance of Recovery Residences (NARR) was formed in response to a call for recovery housing providers across the service spectrum to create a uniform language, standards, and ethical guidelines for all types of recovery residences. The NARR Standards promote the delivery of quality recovery support services in community-based, residential recovery settings. On September 18th, 2018, the West Virginia Alliance of Recovery Residences (WVARR) became the 29th state affiliate of the National Alliance of Recovery Residences (NARR).

The West Virginia Alliance of Recovery Residences (WVARR) is a non-profit entity that has been contracted by the state of West Virginia’s Office of Drug Control Policy to develop, implement, and maintain a certification process for the state’s non-treatment recovery residences based on nationally recognized best-practice standards and ethical principles established by the National Alliance of Recovery Residence (NARR). WVARR has been in operation since 2018 and is NARR’s designated affiliate for the state of West Virginia. WVARR certification includes a four-step process, beginning with an administrative review, a structured interview, an onsite inspection of each residence, and on-going compliance management. Compliance management is facilitated through both a grievance process for current residents and community members and unannounced drop-by inspections. The certification also includes technical support and training for each residence or applicant during and after the process. In addition to certification, WVARR provides training and technical support to residence operators; hosts monthly open calls for recovery residence operators and staff; educates the public and other stakeholders about the recovery residence community and recovery residence certification; conducted the first-ever statewide assessment of recovery residences; developed processes to collect, monitor, and assess data from and about the recovery residence community, including resident surveys and outcomes; provides guidance and funding recommendations to state agencies; supports the recovery and recovery housing community through advocacy and outreach; and collaborates across diverse sectors and professions to ensure that people with substance use disorders are treated with dignity and respect and are able to access the highest quality care and support possible to achieve and maintain long-term recovery.

The West Virginia Recovery Housing Program has statewide support to address gaps in our current recovery housing landscape. The mission of the programs would be to increase access to safe, high quality recovery housing services for people with substance use disorders by creating the following two activities with the RHP funding:

- 1) Housing Rehabilitation- Providing grants to West Virginia residences to offset costs incurred in their effort to become compliant by rehabilitating facilities with national standards and receive WVARR certification.
- 2) Housing Vouchers-Create a process/program for administering housing Providing payment vouchers to indigent residents seeking WVARR-certified recovery housing services.

This application is for an award of \$1,585,000 under the FY2020 Recovery Housing Program allocation. Over the lifespan of this funding, we anticipate serving 160 individuals and/or families.

### Substantial Amendment #1

Federal Register Volume 86, No. 137 dated July 7, 2021, amended Department of Housing and Urban Development (HUD) Federal Register Notice Number FR-6225-N-01. This outlined the requirements for the State of West Virginia FY2021 Recovery Housing Program allocation of \$1,452,510. This substantial amendment to the FY2020 RHP Action Plan is adding the FY2021 allocation.

### **The Need:** West Virginia Recovery Residence Statewide Recovery Housing Capacity Scan

When WVARR was founded, there had never been any assessment of recovery housing in the state of West Virginia. Resource lists varied by county, region, and agency. The WVARR director compiled all the various resources identified to form a comprehensive list of all potential recovery housing programs in the state. The information collected revealed significant discrepancies in the information available for the recovery residences identified. Many did not have websites or descriptive information available; some only provided phone numbers or email addresses. Approximately 128 recovery residences were identified across the state, not including the 34 Oxford Houses. It is important to note that Oxford Houses will not be participating in WVARR certification in West Virginia.

In November of 2018, WVARR was approved for Substance Abuse and Mental Health Services Administration (SAMSHA)-funded technical assistance (STR-TA) to develop a plan for conducting a statewide recovery housing capacity scan. The project was assigned to SAMHSA's Center for Social Innovation, who assisted WVARR staff in identifying goals and objectives for implementation. WVARR staff developed the 52-question survey with support and feedback from NARR, the WV Office of Drug Control Policy, and the WV Bureau of Behavioral Health. WVARR staff conducted the survey. The primary purpose of the survey was to get a comprehensive view of the number, type, and scope of recovery housing services provided in West Virginia. Information from the survey was intended to guide the operations and goals of state agencies (including WVARR), aid funding decisions related to capacity improvement and expansion in the state, educate and inform consumers and providers, and to serve as a foundation for forming a collaborative recovery housing network. Between December 2019 and February 2020, WVARR's Director and Assistant Director contacted each residence individually explaining the survey and asking them to complete one survey per residence their program operates. Out of the 128 identified non-Oxford residences, 99 individual responses were received before February 2020. An additional 19 responses were received between February 2020 and June of 2020 as new residences opened and exiting programs expanded.

WVARR staff used the survey results as the foundation of a composite recovery residence guide, which now includes 195 recovery residences across the state. In their 2020-2022 Substance Use Response Plan, the WV Governor's Council of Substance Use Disorders Community Engagement Subcommittee identified the need for a follow-up survey as one of their key priorities. WVARR's director has worked with the Subcommittee to develop a second assessment based on the original survey. That survey was disseminated to approximately 106 recovery residences operators, representing the 195 identified existing recovery residences, on December 2, 2021.

### **Geographic Distribution**

Recovery residences are not evenly distributed across the state. The highest percentage of recovery residences are in Cabell County with 43%, followed by Kanawha with 22% and Wood with 6%. In terms of service areas, 80% of residences are open to all West Virginia residents and 13% serve residents out of state. In terms of specific counties served, the highest percentages were Fayette and Jackson with 11%, Cabell and Kanawha with 10%, and Clay, Greenbrier, Tyler, and Wetzel with 7%.

### **Property Description**

WVARR's recovery residence guide now includes 76 providers with 195 residences, and a total capacity of 2,237 beds. The current bed capacity includes: 111 coed beds, 1,015 men's beds, 754 women's beds, and 129 beds for pregnant women and women with children. The gender or target population served for the remaining beds is unknown. The number of residences operated by a single provider range from 1-14 and the capacity per residence ranges from two residents to 120 residents. Residences are operated in single family homes, multi-family homes, apartment complexes, and dormitory style housing. The average number of residents served per residence in West Virginia is 29 and the average fee per resident is \$477 per month.

Of these identified residences, 56 are currently certified with WVARR, representing 995 beds. WVARR certified beds include 33 coed beds, 627 beds for men, 290 beds for women, and 45 beds for pregnant women and women with children. Of the 56 WVARR-certified residences, 22 have been issued a provisional certification for a period of one year from date of issue, which acknowledges that the residence meets all NARR and WVARR requirements for certification except the requirements for the physical property. No residence is eligible for the provisional certification if the property violations include anything relevant to resident health or safety. An additional 21 residences have been denied certification for a period of one year from the date of denial.

### **Populations Served**

All residents in recovery must have a diagnosed substance use disorder. Approximately 53% of surveyed residences serve men, 43% serve women, and 4% have no gender requirements. Forty-one percent of residences reported the average length of resident stay was 7-9 months. Over one-third said the maximum length of stay was 18-24 months, while 28% said they do not

implement a maximum length of stay. Eighty-four percent of residences require residents to actively seek or maintain employment or be in enrolled in school.

### **Special Populations Served**

Sixty percent of residences reported that they are not capable of accommodating residents with physical handicaps or disabilities. Eighty-eight percent of residences accept residents with co-occurring mental disorders, including bipolar disorders and schizophrenia. Approximately 26% of residences will accept residents on any form of Medication Assisted Treatment (MAT), while 59% accept residents on some, but not all, forms of MAT, and 15% do not accept residents on MAT. Of those residences that do accept residents on MAT, 100% accept residents prescribed Naltrexone (Vivitrol), while only 28% accept residents prescribed Buprenorphine (Suboxone/ Subutex) and 24% accept residents prescribed Methadone. Of those residences that do accept residents on MAT, 78% provide transportation for required MAT-related services. Approximately 98% of all surveyed residences utilize community-based clinical services, including therapy and psychiatric providers.

### **Medication Assisted Treatment (MAT)**

Medication Assisted Treatment (MAT) is an evidence-based approach to supporting people with substance use disorders. According to the Substance Use and Mental Health Services Administration (SAMHSA):

*“Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient’s needs.”*

There are three FDA approved forms of MAT used to treat opioid use disorders (OUD), including buprenorphine, methadone, and naltrexone. According to SAMHSA:

- **Buprenorphine** - suppresses and reduces cravings for opioids.
- **Methadone** - reduces opioid cravings and withdrawal and blunts or blocks the effects of opioids.
- **Naltrexone** - blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria.”

### **NARR Levels of Care**

Forty-six percent of West Virginia residences surveyed met the criteria for a NARR Level 4, 36% met the criteria for a NARR Level 3, and 16% met the criteria for a NARR Level 2. NARR Level 4 residences provide a mix of clinical and non-clinical services, where clinical services may include one or more of: individual and group counseling, clinical assessments, case management or psychotherapy. Residents are required to participate in at least some of these service offerings. These services are delivered at least in part by paid staff, which could be employees or contractors. NARR Level 3 residences offer non-clinical services such as life skills

workshops, assistance with recovery planning, job readiness, and health and wellness. Residents are required to participate in at least some of these service offerings. These services are delivered at least in part by paid staff, which could be employees or contractors. In NARR Level 2 residences, formal life skills and/or clinical services are not offered or are not required components of the residence service package. The residence is managed by one or more individuals selected by the provider who may work without compensation or may be compensated monetarily or through in-kind compensation, such as waived or reduced residence fees.

### **Funding Sources**

Eighty-six percent of surveyed residences require residents to pay fees to cover the costs of housing, food, staff, and/or programmatic services, averaging \$477 per month resident. Ninety-one percent of residences do not accept third-party reimbursement (insurance) for services, although 9% reportedly bill Medicaid for peer support services delivered in the residence. Approximately 55% of residences receive funding from the West Virginia Bureau of Behavioral Health, and 21% receive federal funding from agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) or the United States Department of Housing and Urban Development (HUD).

### **Findings and Recommendations**

- The first month's payment (charged to incoming residents) for residences ranges from \$150 to \$1,500. The average first month's fee is \$477, which the resident is required to pay out of pocket
- The survey provided a comprehensive view of the number, type, and scope of recovery housing services provided in West Virginia. Information from the survey has been used to guide the operations and goals of state agencies (including WVARR, the WV ODCP, and the WV BBH), aid funding decisions related to capacity improvement and expansion in the state, educate and inform consumers and providers, and served as a foundation for forming a collaborative recovery housing network.
- Leadership at the WVDHHR, the State Opioid Response team, and the WV Alliance of Recovery Residences have identified the need for both recovery housing rehabilitation and housing vouchers for potential indigent recovery housing residents.
- The need for housing vouchers for indigent residents was identified in the finding that many people coming from treatment, the state's jails, or those that have experienced homelessness cannot afford to enter self-pay recovery residences independently.
- Twenty-two residences with 471 residents have been issued a provisional certification by WVARR based on the need for repairs and renovations on their physical properties. Funding support for recovery housing rehabilitation will assist those residences in becoming fully compliant with NARR and WVARR standards.

## Resources

**A concise summary of the amounts of RHP funds and other federal and non-federal resources. Federal resources shall include any RHP program income expected to be available for RHP eligible activities, as well as other federal program funding for RHP eligible activities made available by the grantee. The RHP Action Plan must identify other state, local, nonprofit, or private resources expected to be made available in conjunction with the use of RHP funds for RHP eligible activities.**

The WVDHHR partners with other state agencies, non-profits and private entities to provide needed resources for those in recovery from substance use disorders. WVDHHR is the single state authority for substance abuse and mental health services. The agency manages an overall system of treatment and prevention services focused on resilience, recovery including statewide addiction screening and treatment, and will utilize its established central administrative infrastructure and strong liaison with community-based providers and other stakeholders. WVDHHR has the infrastructure, capacity, and a mission for serving those in substance abuse recovery and meeting their housing and support services need. WVDHHR currently receives Federal funding through SAMHSA and other federal agencies for many grants and cooperative agreements. These initiatives were completed with documented success, both for infrastructure and service delivery. Grant opportunities are developed with new evidence-based models that address specific systemic needs and Statewide gaps with the eventual goal of helping programs become self-sustaining. Other State agencies we will work closely with under memorandums of understandings.

There are thirteen (13) WVDHHR -contracted community mental health centers in the state which promote consumer empowerment, recovery, and integration in the community and will be a valuable resource for wrap-around services for the recovery residences. Five (5) are certified community behavioral health clinics (CCBHC). The substance use disorder (SUD) treatment and recovery services funded through the WVDHHR service system are provided at over 200 facilities, covering all 55 counties. The intention is to offer a full recovery-oriented system of care. All SUD treatment organizations must be state licensed (certified).

Evidence-based practices (resources) available through this provider network are motivational interviewing, employment services, housing services, education services for adults, substance abuse services, case management, support services and psychiatric rehabilitation, children, youth and families' services, peer recovery supports and many more behavioral health evidence-based calendar.

- ❖ Nikki Lyttle is responsible for the employment, housing, and homeless efforts across the state that impact those experiencing mental health conditions, substance abuse and co-occurring.
- ❖ WVDED and WVDHHR actively participate in the four CoCs across the state. A WVDHHR team member is the state lead for SSI/SSDI Outreach, Access, Recovery (SOAR).

- ❖ WVDHHR and WVARR websites
- ❖ Ryan Brown Addiction Prevention and Recovery Fund - State funds totaling \$750,000 were made available from the Ryan Brown Fund via competitive grant application process for recovery housing upgrades, repairs, and renovations to assist in the compliance with WVARR standards.
- ❖ Substance Abuse and Mental Health Services Administration State Opioid Response (SOR) Grant - Federal funds totaling \$1,175,605 were made available from the SOR grant for support of recovery housing boarding costs for individuals unable to meet recovery housing costs.
- ❖ The WV Alliance of Recovery Residences is currently funded by the WV Office of Drug Control Policy in the amount of \$520,803 for the two-year period from January 1<sup>st</sup>, 2020-December 31, 2022 (approximately \$260,402/year).
- ❖ Most recovery residences in West Virginia are fully sustained by program fees charged to the residents, which vary broadly depending on the program, level of care, and services provided. Approximately 30% of West Virginia's recovery residences receive funding from the state, via grants from the WV Bureau of Behavioral Health or the WV Department of Homeland Security Justice & Community Services. Less than 10% receive funding from federal agencies, like the Substance Use Mental Health Services Administration (SAMHSA). Two programs (that I know of) received funding from HUD, including the Rea of Hope and Recovery Point WV. Many receive grants from foundations and donations from private donors.
- ❖ Recovery Point WV is the only program in the state that provides recovery housing services to residents at their five Level 3 facilities no cost, with the exception of using their EBT/SNAP benefits towards food costs. Their step-down housing (Level 2 and Level 1) does require payment. Additionally, two of our state's programs allow residents to stay free for the first 30 days. Those two programs include 10 residences. *(Important to note is that one of those 2 providers, representing 9 residences, was denied WVARR certification and is therefore ineligible for referrals.)*

## **Administration**

### **A concise summary of the role(s) of one or more of the grantee's agencies and departments in the administration of the RHP grant and contact information for these agencies and departments**

Nikki Lyttle, MS will serve as the project director for West Virginia's Recovery Housing Program with WVDHHR primary role to ensure coordinated effort and non-duplication of services. Nikki Lyttle has a BS and MS in Biological Sciences. Nikki Lyttle graduated from Marshall University with B.S. and M.S. degrees in Biological Sciences. She worked in the Bureau for Public Health,

Office of Maternal, Child and Family Health for nearly eight years, serving in the capacity as Epidemiologist and Program Director for the West Virginia Breast and Cervical Cancer Screening Program and WISEWOMAN program. Nikki began working for the Bureau for Behavioral Health in November 2019 has worked on special projects surrounding women's health, suicide, substance use, and grant writing. She also serves as part of the COVID Response Team. In September 2021, she became the Director of the Office of Adult Substance Use Disorder. Nikki Lyttle, MS Director, Office of Adult Substance Use Disorder Bureau for Behavioral Health West Virginia Department of Health and Human Resources 350 Capitol Street, Room 350 Charleston, WV 25301 Phone: 304.352.5599 The day-to-day activities and outcomes will be delivered and/or monitored by the project manager, Emily Birckhead, MSW with WVARR. Ms. Birckhead graduated from West Virginia University with her BS in Political Science and received her Master of Social Work Degree (MSW) from Marshall University. She is a person in recovery and is certified as both a CCAR Peer Recovery Coach and 200-RYT (Registered Yoga Teacher). Emily has previously worked as a Recovery Coach with the Partnership of African American Churches and as an AmeriCorps VISTA with Try This WV. She has supported the development of organizations including West Virginia's first Collegiate Recovery Program (WVU CRP) and WV Recovers, an integrated, statewide peer recovery network for people with mental health and substance use disorders and served on the Board of Directors for the WV Association of Alcoholism and Drug Abuse Counselors from 2017-2020. Emily currently serves on the Board of Directors for the Kanawha Pastoral Counseling Center (KPCC), is a member of the National Alliance of Recovery Residences' Advocacy Committee and is a member of the Community Engagement Subcommittee of the WV Governor's Advisory Council for Substance Use Disorders.

Nikki Lyttle, MS  
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West Virginia Department of Health and Human Resources  
350 Capitol Street, Room 350  
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The day-to-day activities and outcomes will be delivered and/or monitored by the project manager, Emily Birckhead, MSW with WVARR.

Ms. Birckhead is the Executive Director of the West Virginia Alliance of Recovery Residences. She graduated from West Virginia University with her BS in Political Science and received her Master of Social Work Degree (MSW) from Marshall University. She is a person in recovery and is certified as both a CCAR Peer Recovery Coach and 200-RYT (Registered Yoga Teacher). Emily has previously worked as a Recovery Coach with the Partnership of African American Churches and as an AmeriCorps VISTA with Try This WV. She has supported the development of organizations including West Virginia's first Collegiate Recovery Program (WVU CRP) and WV Recovers, an integrated, statewide peer recovery network for people with mental health and substance use disorders and served on the Board of Directors for the WV Association of

Alcoholism and Drug Abuse Counselors from 2017-2020. Emily currently serves on the Board of Directors for the Kanawha Pastoral Counseling Center (KPCC), is a member of the National Alliance of Recovery Residences' Advocacy Committee and is a member of the Community Engagement Subcommittee of the WV Governor's Advisory Council for Substance Use Disorders.

Emily Birckhead, MSW  
Executive Director  
West Virginia Alliance of Recovery Residences  
1116 Smith Street  
Charleston, WV 25301  
(304) 360-0165

## **Use of Funds**

### **Method of Distribution**

**A description of the use of funds that addresses the following: (1) Awards to Communities by Method of Distribution (this element applies to grantees other than the District of Columbia). A statement of whether the grantee will distribute all or part of the RHP funds through a method of distribution and, if so, a description of the grantee's method for distributing RHP funds to any entitlement and non-entitlement units of general local government, Indian tribes, or tribally designated housing entities. (2) Activities carried out directly. A statement of whether the grantee will use all or part of its RHP funds for activities to be carried out directly by the grantee, as described in section II.D., and, if so, a description of the eligible activities as described in section II.L. that will be carried out directly by the grantee. A grantee may carry out the activity with its own staff, procure a for-profit entity, or make a grant to a subrecipient. (3) Eligible Subrecipients. A description of the types of entities or organizations that are eligible to become subrecipients. A grantee may choose to make public or private nonprofit entities eligible for RHP funding. A grantee may set other criteria related to the potential subrecipient's existing services, unmet need, experience, and past performance. (4) Criteria for evaluation of applications and applicants. The grantee shall describe all criteria used to make funding choices, and describe the relative 21 importance of the criteria, where applicable. This is required for all funding decisions, including items (1) and (2), and eligibility decisions under item (3) above. The description of the criteria must provide sufficient information so that applicants will be able to comment on it, know what criteria and information their application will be judged on, and be able to prepare responsive applications. The criteria must include a description of how the grantee will give priority to: (a) Entities with the greatest need. A grantee may solicit qualitative and/or quantitative information from applicants to demonstrate a need for the activities being proposed for RHP funding. A grantee shall consider both the projected demand for the proposed temporary recovery housing solution and the financial need for assistance. (b) Entities with the ability to deliver effective assistance in a timely manner. For example, a grantee may consider an applicant's prior performance related to**

**administering prior federal awards and/or collaborating with other federal programs, including both HUD and HHS programs.**

Total Award \$1,585,000

Administrative (5%) \$79,250

Technical Assistance (3%) \$47,550

Recovery Housing Vouchers \$500,000

Recovery Housing Rehabilitation \$958,200

\$475,500 (30%) of the funding will be spent within one year of signing the HUD grant agreement.

Geographic distribution will be Statewide including Non-Entitlement and Entitlement areas.

Rehabilitation Housing awards not to exceed \$100,000 per provider will be made based on the Residence Statewide Recovery Housing Capacity Scan and the greatest need for identified housing to become NARR certified.

Housing vouchers will be based on identified gaps in funding that currently exist for individual to obtain housing. Voucher amount per individual will be the same voucher amounts authorized by WVDHHR.

#### Substantial Amendment #1

Total Award \$1,452,510

Administrative (5%) \$72,625

Technical Assistance (3%) \$43,575

Recovery Housing Vouchers \$500,000

Recovery Housing Rehabilitation \$836,310

\$435,753 (30%) of the funding will be spent within one year of signing the HUD grant agreement.

Geographic distribution will be Statewide including Non-Entitlement and Entitlement areas.

Rehabilitation Housing awards not to exceed \$100,000 per provider will be made based on the Residence Statewide Recovery Housing Capacity Scan and the greatest need for identified housing to become NARR certified.

Housing vouchers will be based on identified gaps in funding that currently exist for individual to obtain housing. Voucher amount per individual will be the same voucher amounts authorized by WVDHHR.

## **Activities Carried Out Directly**

All activities will be carried out directly by the WVDED. WVDED will execute an interagency agreement with WVDHHR which will partner with WVARR to deliver the operational program services.

## **Eligibility Requirements**

Eligible applicants for a housing voucher must have a substance use disorder and meet low-and-moderate income guidelines for their county in which service is received to meet the low to moderate income national objective. Applicants must be seeking housing at a WVARR-certified residence. Priority will be given to those applicants coming from jail or prison, treatment, or who are, or were experiencing homelessness. Payments will be paid directly to the housing program which must be WVARR-certified or provisionally certified with access to support services and best practices provided by a contract with WVDHHR. RHP funds will assist the individual for not more than two years or until permanent housing is secured, whichever is first.

Eligible applicants must qualify based total cost of project rehabilitation does not exceed the maximum project cost and at completion the facility must meet local and state building codes, HUD Quality Housing Standards and be brought up the WVARR adopted facilities standards. Individual can stay at the facility no longer than two years, until permanent housing is secured or the facilities residency occupation limit, whichever is first. Applicants must confirm they are in the WVARR certification process and provide documentation the proposed rehabilitation will achieve compliance.

## **Definitions**

**Definitions must be adopted by grantees for the following terms included in the SUPPORT Act and this notice, which the grantee must adhere to when carrying out its RHP grant. Grantees may adopt definitions for the following terms used by other publicly funded programs that provide support for recovery from substance use disorders. (1) Individual in recovery. 22 (2) Substance use disorder. A grantee's definitions cannot exclude individuals with certain types of substance issues or co-occurring disabilities, or exclusively target a specific type of substance use disorder.**

For this grant to ensure individuals with certain types of substance issues and co-occurring disabilities are not excluded and that WV DHHR does not exclusively target a specific type of substance use disorder, two definitions have been adopted as defined by Substance Abuse and Mental Health Services Administration (SAMHSA).

## **Individual in recovery**

NARR defines “recovery” as: “abstinence from alcohol and other non-prescribed drug use and improvement in one’s physical, mental, spiritual, and social wellbeing.”

SAMHSA defines recovery as: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

## **Substance use disorder**

According to SAMSHA - Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

## **Expenditure Plan and Anticipated Outcomes**

**Anticipated Outcomes and Expenditure Plan: The following information about outcomes and expenditures. (1) Expenditures. A concise summary of how the grantee intends to comply with the requirement described in section II.J. that the grantee expends at least 30 percent of its RHP funds within one year from the date the funds are available to the grantee, and a concise summary of how the grantee intends to expend 100 percent of the RHP funds before the end of the period of performance. Additionally, this summary shall address administrative costs and describe how the grantee will expend no more than 5 percent of the RHP grant for its administrative costs. (2) Outcomes. Sufficient information on proposed outcomes so that the annual performance report can include a comparison of the proposed versus actual outcomes for each outcome measure. Grantees must report the number of individuals assisted in RHP activities, and the number individuals able to transition to permanent housing through RHP-assisted temporary housing. Grantees should consider other outcome measures and are encouraged to engage with researchers to better understand other measurable impacts of RHP funding.**

## **Expenditure plan**

WVDED will comply with all RHP guidelines and expend at least 30% of the funds within year one as required. We anticipate spending 100% percent of the RHP funds before the end of the performance period September 1, 2027 and acknowledge that Section 8071(d)(2) provides that no matching funds are required. The need for appropriate recovery housing to fill the gaps is substantial and based on our current work in this arena we do not anticipate any barriers to spending down the funds expediently and effectively. Administrative costs will not exceed the 5% allotment. There is no program income anticipated to be received.

## Outcomes and Objectives

WVDED will develop an effective monitoring plan while ensuring an ongoing quality improvement process. The WVDHHR project manager for WVHRP will be responsible for data collection and evaluation activities to determine if the program meets stated goals and objectives. As well as housing stability to measure integration into the community after the resident has secured permanent housing. Participants will be contacted and followed up by the WVARR program staff at six months and one year upon securing permanent housing.

Increased access to safe, high quality recovery housing services for people with substance use disorders by:

- ❖ Increased fidelity of recovery housing by allowing more programs to fully meet national standards.
- ❖ Increase access to recovery housing for those who may not have the resources to otherwise seek recovery support services.
- ❖ Increase the number of individuals in recovery who improve their health and wellness, live a self-directed life, and strive to reach their full potential.

## Deliverable (if applicable)

Increase number of recovery housing in under-represented areas and populations

- Increase capacity of **certified** recovery housing by **168** beds
- Increase capacity of **certified** recovery housing serving under-represented areas and populations by **60** beds
- Increase access to safe, high quality recovery housing with SUD for **320** people
- Increase connections to community support services for **320** people
- Increase number of individuals/families gaining competitive employment **200**

**Substantial Amendment #1 increase each deliverable by doubling the FY2020 deliverables.**

WVDED will meet performance data reporting requirements and report performance measures in the DRGR system. WVDHHR will be required to report quarterly to WVDED the 1<sup>st</sup> working day of the month in which the DRGR Quality Performance Report (QPR) is due to HUD. A comparison of proposed versus actual outcomes measures, expenditure rate, individuals served along with income levels will be included in the QPR to ensure national objectives and RHP federal register requirements are being met.

## **Citizen Participation Summary**

The public comment period commenced on Monday, December 13, 2021, and ended on Monday, December 27, 2021, in accordance with the guidelines as set forth by the West Virginia Department of Economic Development Citizen Participation Plan. No comments were received during the 15-day comment period. Numerous meetings during the summer and fall of 2021 were held with WVDHHR and data gathering from WVARR was conducted during the development of the RHP AP as well as consultations with CoC Directors, PHAs and VASH programs.

### Substantial Amendment #1

The public comment period commenced on Monday, July 19, 2022, and ended on Tuesday, August 2, 2022, in accordance with the guidelines as set forth by the West Virginia Department of Economic Development Citizen Participation Plan. No comments were received during the 15-day comment period. Meetings were held with WVDHHR and data gathering from WVARR was conducted during the development of the RHP AP.

## **Partner Coordination**

**The other federal substance abuse-related assisted partners, such as SOR grantees and SABG grantees from HHS, as well as other partners potentially serving the same populations, such as HUD's CoC Program, ESG program, HOPWA program, and HUD-VASH. RHP grantees are also encouraged to consult with a range of residential recovery service providers, such as private, faith-based nonprofits, public nonprofits such as Public Housing Authorities, or other entities assisting individuals in recovery.**

WVDED conducted two consultations with the four Continuum of Cares and VASH/PHAs in the State most of which have membership which includes Emergency Shelter Grant (ESG), Housing Opportunities for Persons with AIDS (HOPWA), Public Housing Authorities (PHAs) and HUD VASH program service delivery agencies.

The WV DHHR has led the state's efforts to combat the substance use crisis, including the WV Bureau for Behavioral Health, the WV Bureau for Public Health, the WV Bureau for Medical Services, and the WV Office of Drug Control Policy. The creation and expansion of Quick Response teams by all three bureaus and the addition of the 1115 SUD Waiver have been game changers for intervening and preventing fatal overdoses. With all state agencies working together on a coordinated front, other key partnerships and improved oversight has been implemented.

In addition to these key partnerships, DHHR works closely with the Department of Homeland Security (DHS) and its many branches including the Division of Justice and Community Services (DJCS) and the Department of Corrections and Rehabilitation (DCR). Reentry from incarceration can present a high-risk situation for individuals with SUD if the appropriate supports are not available. Housing is an integral part of the reentry process for anyone but especially for those with SUD. Interventions for these populations are being explored including the dispensation of naloxone, a life-saving overdose reversal medication, at the time of

discharge from jails and prisons. The DHHR's collaborated with University of Charleston to purchase and distribute naloxone, making this provision for jails and prisons more accessible across the state.

Other key partners for reducing fatal overdoses in WV include the WV State Police who are critical for programs that divert people from incarceration to treatment and recovery; the WV Supreme Court of Appeals makes treatment courts in WV a reality; treatment courts which serve adults, juveniles, and families; WV Behavioral Health Providers Association; and the WV Certification for Addiction and Prevention professionals ensure SUD workforce including Peer Recovery Support workers, counselors, and therapist, are properly trained and credentialed.

Funding will allow the program to further collaborate and expand to ensure resources from all housing and substance use providers are leveraged and no duplication occurs. Future collaborative partners will include:

- Private, faith-based, and public nonprofit recovery housing providers
- Help 4 WV, the state's 24-hour referral & crisis line
- WV Re-entry Council
- WV Peer Recovery Support Specialists (PRSS) that provide linkage & referrals (SOR funded)
- WV Housing Development Fund's Mountaineer Rental Assistance Program

### **Subrecipient Management and Monitoring**

The WVDED has the capacity and ability to manage all the HUD program administrative management and monitoring requirements. There will be an interagency agreement between WVDED and WVDHHR for the operational day to day program delivery.

### **Pre-award/Pre-Agreement Costs**

There **will be** pre- award or pre-agreement costs to be reimbursed with RHP funds.

## **Certifications**

**Standard Form 424 and 424D are attached. All required certifications can be found in the Appendix.**

**Need the certification forms for (see if 424 and 424D cover these:**

- 1. grantee certifies that it has in effect and is following a residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the RHP program**
- 2. The grantee certifies its compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by part 87.**
- 3. The grantee certifies that the RHP Action Plan is authorized under state and local law (as applicable) and that the grantee, and any entity or entities designated by the grantee, and any contractor, subrecipient, or designated public agency carrying out an activity with RHP funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations and the grant requirements. The grantee certifies that activities to be undertaken with RHP funds are consistent with its RHP Action Plan.**
- 4. The grantee certifies that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 et seq.), and implementing regulations at 49 CFR part 24, except where waivers or alternative requirements are provided.**
- 5. The grantee certifies that it will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 135.**
- 6. The grantee certifies that it is complying with each of the following criteria: (1) funds will be used solely for allowable activities to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier; (2) with respect to activities expected to be assisted with RHP funds, the RHP Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate income individuals and families; (3) the aggregate use of RHP funds shall principally benefit low- and moderate-income families in a manner that ensures the grant amount is expended for activities that benefit such persons; and (4) the grantee will not attempt to recover any capital costs of public improvements assisted with RHP grant funds, by assessing any amount against properties owned and occupied by persons of low-**

and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) RHP grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of 26 such public improvements that are financed from revenue sources other than RHP; or (b) for purposes of assessing any amount against properties owned and occupied by persons of moderate income, the grantee certifies to the Secretary that it lacks sufficient RHP funds (in any form, including program income) to comply with the requirements of clause (a). (

7. The grantee certifies that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations, and that it will affirmatively further fair housing.
8. The grantee certifies that it has adopted and is enforcing the following policies, and, in addition, must certify that it will require local governments that receive grant funds to certify that they have adopted and are enforcing: (1) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and (2) a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.
9. The grantee certifies that the grant will be conducted and administered in conformity with the requirements of the Religious Freedom Restoration Act (42 U.S.C. 2000bb) and 24 CFR 5.109, allowing the full and fair participation of faith-based entities. 27

11 The grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out RHP eligible activities in a timely manner and that the grantee has reviewed the requirements of the grant.

12 The grantee certifies that its activities concerning lead-based paint will comply with the requirements of HUD's lead-based paint rules (Lead Disclosure; and Lead Safe Housing (24 CFR part 35)), and EPA's lead-based paint rules (e.g., Repair, Renovation and Painting; Pre-Renovation Education; and Lead Training and Certification (40 CFR part 745)).

13 The grantee certifies that it will comply with environmental review procedures and requirements at 24 CFR part 58.

14 The grantee certifies that it will comply with applicable laws.