

Action Plan

Grantee: West Virginia

Grant: RHP-WV

Status: Reviewed and Approved

| Grant Number | LOCCS Authorized Amount | Grant Award Amount | Estimated PI/RL Funds | Total Budget |
|---------------------|--------------------------------|---------------------------|------------------------------|-------------------------------|
| B-20-RH-54-0001 | \$ 1,585,000.00 | \$ 1,585,000.00 | \$ 0.00 | \$ 1,585,000.00 |
| B-21-RH-54-0001 | \$ 1,452,510.00 | \$ 1,452,510.00 | \$ 0.00 | \$ 1,452,510.00 |
| B-22-RH-54-0001 | \$ 0.00 | \$ 1,524,782.00 | \$ 0.00 | \$ 1,524,782.00 |
| B-23-RH-54-0001 | \$ 0.00 | \$ 2,191,471.00 | \$ 0.00 | \$ 2,191,471.00 |
| <u>Total:</u> | \$ 3,037,510.00 | \$ 6,753,763.00 | \$ 0.00 | <u>\$ 6,753,763.00</u> |

Funding Sources

No Funding Sources Found

Narratives

Program Summary:

The West Virginia Department of Economic Development (WVDED) is 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. WVRHP would utilize two waivers which include the expanded limited clientele criteria to meet the low to moderate benefit National Objective and the addition of rehabilitation as a housing activity.

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 experiences 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 Residence (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:

- Housing Rehabilitation- Providing grants to West Virginia residences to offset costs incurred in their effort to become compliant by rehabilitating facilities that meet national standards and are WVARR-certified.

- Housing Vouchers-Creating a process/program for administering housing. Providing payment vouchers for lease, rent or utilities to indigent residents seeking WVARR-certified recovery housing services.

The program would benefit low to moderate income persons National Objective under the limited clientele.

The housing rehabilitation program meets the Low- and Moderate-Income Limited Clientele (LMC) National Objective as modified by RHP FR 6225-N-01. Additional Limited Clientele Presumptive categories added by the notice as well as the existing Limited Clientele categories:

- Persons who meet the federal poverty limits
- Persons insured by Medicaid
- Abused children
- Battered spouses
- Elderly persons
- Severely disabled persons
- Homeless persons
- Illiterate adults
- Persons living with AIDS
- Migrate workers

Eligible Limited Clientele activities are expanded by FR 6225-N-01 which now includes housing activities:

- Acquisition
- Rehabilitation
- Reconstruction
- New construction

This application is for an award of \$4,562,292.00 under the FY2020-FY2022 Recovery Housing Program allocation. Over the lifespan of this funding, we anticipate serving 480 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-6225N01. 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.

Substantial Amendment #2

Housing Rehabilitation- Providing grants to West Virginia residences to offset costs incurred in their effort to become compliant by rehabilitating facilities that meet national standards and are WVARR-certified.

Substantial Amendment #3

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 FY2022 Recovery Housing Program allocation of \$1,524,782. This substantial amendment to the FY2020 RHP Action Plan is adding the FY2022 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 reveals 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 WVARR certified.

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 SAMSHA'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 existing 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 Wetzell 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 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:

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.

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 1st, 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 Summary:

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 Recovery Housing Voucher Program activities and outcomes will be delivered and/or monitored by the project manager, Emily Birkhead, MSW with WVARR.

Ms. Birkhead 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 Birkhead, MSW

Executive Director
West Virginia Alliance of Recovery Residences
1116 Smith Street
Charleston, WV 25301
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Use of Funds - Method of Distribution:

Total Award \$4,562,292
Administrative (5%) \$228,114.10
Technical Assistance (3%) \$136,868.46
Recovery Housing Vouchers \$1,500,000
Recovery Housing Rehabilitation \$2,697,309.44

Geographic distribution will be Statewide including Non-Entitlement and Entitlement areas. Rehabilitation Housing awards not to exceed \$250,000 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. Rehabilitation activities are included in a waiver within FR 6225-N-01. Housing vouchers for lease, rent and utilities will be based on identified gaps in funding that currently exist for individual to obtain housing. The voucher amount per individual will be the same voucher amounts authorized by WVARR. Prioritization will be for persons coming out of treatment, the state’s jails, or those that have experienced homelessness. This prioritization is determined from the statewide recovery housing capacity scan that was completed in 2018. Beneficiaries of the voucher program will be prioritized by HUD’s FY2023 State Income Limits. Level 1 persons will be served first, then level 2, then level 3, while funds are available. Administrative activities will be capped at no more than 5% of the total allocated funds. Administrative activities will consist of supporting grant projects and services through WVDED, WVDHHR, and WVARR.

FY2020 Allocation:
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.

FY2021 Allocation
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.

FY2022 Allocation
Total Award \$1,524,782
Administrative (5%) \$76,239.10
Technical Assistance (3%) \$45,743.46
Recovery Housing Voucher \$500,000
Recovery Housing Rehabilitation \$902,799.44
\$457,434.60 (30%) of the funding will be spent within one year of signing the HUD grant agreement.

Use of Funds - Activities Carried Out Directly:

All activities will be carried out directly by the the State of West Virginia through the West Virginia Department of Economic Development, West Virginia Community Advancement and Development Division.

Use of Funds - Eligible Subrecipients:

WVDED will execute an interagency agreement with WVDHHR which will partner with WVARR to deliver the operational program services.

Use of Funds - Criteria for Evaluation:

Housing Voucher Program Criteria

Eligible applicants for a housing voucher must have a substance use disorder and (meet low-and-moderate income guidelines in which service is received or qualify as LMC) to meet the low to moderate income national objective. Applicants must be seeking housing and can apply 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 WVARR. RHP funds will assist the individual for not more than two years or until permanent housing is secured, whichever is first. The location and special population being served will determine the priority of applicants. 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%. 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 disorder 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.

- 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.

Housing Rehabilitation Program Criteria

Eligible applicants must qualify based on the 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 to 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. Substance Use Disorder Housing Facilities applicants can apply at WVDHHR. Applicants must confirm they are in the WVARR certified. Prioritization for rehabilitation will be given based on the location need and the special population being served. 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%. 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 disorder 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.

Definitions - Individual in Recovery:

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 NARR and 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."

Definitions - Substance Use Disorder:

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.

Anticipated Outcomes:

WVDED will develop an effective monitoring plan while ensuring an ongoing quality improvement process. The WVDHHR AND WVARR project manager for WVRHP 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.

Deliverables

Increase number of recovery housing in under-represented areas and populations (projected numbers are per each year of RHP Funds received by the state)

- 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
 - Number expected to transition to permanent housing through RHP-assisted temporary housing is 30 people
 - Increase connections to community support services for 320 people
 - Increase number of individuals/families gaining competitive employment by 200
 - WVDED projects that 50% of individuals/families assisted with RHP funds will transition into permanent housing
- WVDED will meet performance data reporting requirements and report performance measures in the DRGR system. WVDHHR and WVARR will be required to report quarterly to WVDED the 1st 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.

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 expeditiously and effectively. Administrative activities will be limited to no more than 5% of the total allocated funds. Administrative expenses will be monitored quarterly to ensure compliance of the 5% cap. Administrative activities will consist of supporting grant projects and services through WVDED, WVDHHR, and WVARR. Activities include but are not limited to, documentation and record keeping, financial and program administration, general compliance, and reporting. There is no program income anticipated to be received.

Citizen Participation Summary:

The public comment period began on Monday, July 17, 2023, and ended on Monday, July 31, 2023, 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 2023 were held with WVDHHR and data gathering from WVDHHR and WVARR was conducted during the development of the RHP AP.

Partner Coordination:

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 have 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 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 who ensure the SUD workforce including Peer Recovery Support workers, counselors, and therapists, 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 and a separate interagency agreement between WVDED and WVDHHR for the operational day to day program delivery. Once projects are at a completion percentage of 75%, WVDED will administer an on-site monitoring to ensure compliance to meet the federal requirements. If a project does not pass the monitoring, a quality improvement plan will be constructed and put into effect with specifics to the project. An annual subrecipient desk monitoring will be carried out by WVDED for WVDHHR and WVARR to ensure compliance of the federal requirements for the RHP funds.

Pre-Award/Pre-Agreement Costs:

For the rehabilitation program pre- award or pre-agreement costs will be granted to be reimbursed with RHP funds for administration of program and the design phase of facility projects. The voucher program will not be awarded pre-award or pre-agreement costs.

Project Summary

| Project # | Project Title | Grantee Activity # | Activity Title | Grantee Program |
|-----------|----------------------|--------------------------|--------------------------------------|-----------------|
| 9999 | Restricted Balance | | <i>No activities in this project</i> | |
| Adm1 | Administration | F20 State Administration | F20 State Administration | |
| | | F20 WV DHHR Admin | F20 WV DHHR Admin | |
| Rehab1 | Rehabilitation | F20RHPHSREHAB | F20RHPHSREHAB | |
| TA1 | Technical Assistance | | <i>No activities in this project</i> | |
| Voucher1 | Vouchers | | <i>No activities in this project</i> | |



Activities

Project # / Adm1 / Administration

Grantee Activity Number: F20 State Administration

Activity Title: F20 State Administration

Activity Type:

Administration

Project Number:

Adm1

Projected Start Date:

01/01/2022

Project Draw Block by HUD:

Not Blocked

Activity Draw Block by HUD:

Not Blocked

Block Drawdown By Grantee:

Not Blocked

National Objective:

Not Applicable (for Planning/Administration or Unprogrammed Funds only)

Activity Status:

Under Way

Project Title:

Administration

Projected End Date:

09/01/2027

Project Draw Block Date by HUD:

Activity Draw Block Date by HUD:

Total Budget:

| Grant Number | Total Budget | Most Impacted and Distressed Budget |
|---------------------|----------------------------|--|
| B-20-RH-54-0001 | \$ 15,850.00 | \$ 0.00 |
| B-21-RH-54-0001 | \$ 0.00 | \$ 0.00 |
| B-22-RH-54-0001 | \$ 0.00 | \$ 0.00 |
| Total: | <u>\$ 15,850.00</u> | <u>\$ 0.00</u> |
| Other Funds: | \$ 0.00 | |
| Total: | \$ 15,850.00 | |

Benefit Report Type:

NA

Ancillary Activities

None



Proposed budgets for organizations carrying out Activity:

Responsible Organization

West Virginia Development Office

Organization Type

State

Proposed Budget

\$ 15,850.00

Location Description:

Activity Description:

Administrative activities to support grant projects and services.

Environmental Assessment: EXEMPT

Environmental Reviews: None

Activity Attributes: None

Activity Supporting Documents: None



Grantee Activity Number: F20 WV DHHR Admin

Activity Title: F20 WV DHHR Admin

Activity Type:

Administration

Project Number:

Adm1

Projected Start Date:

01/01/2022

Project Draw Block by HUD:

Not Blocked

Activity Draw Block by HUD:

Not Blocked

Block Drawdown By Grantee:

Not Blocked

National Objective:

Not Applicable (for Planning/Administration or Unprogrammed Funds only)

Activity Status:

Under Way

Project Title:

Adminstration

Projected End Date:

09/01/2027

Project Draw Block Date by HUD:

Activity Draw Block Date by HUD:

Total Budget:

| Grant Number | Total Budget | Most Impacted and Distressed Budget |
|---------------------|---------------------|--|
| B-20-RH-54-0001 | \$ 63,400.00 | \$ 0.00 |
| B-21-RH-54-0001 | \$ 0.00 | \$ 0.00 |
| B-22-RH-54-0001 | \$ 0.00 | \$ 0.00 |
| <u>Total:</u> | <u>\$ 63,400.00</u> | <u>\$ 0.00</u> |
| Other Funds: | \$ 0.00 | |
| Total: | \$ 63,400.00 | |

Benefit Report Type:

NA

Ancillary Activities

None



Proposed budgets for organizations carrying out Activity:

| Responsible Organization | Organization Type | Proposed Budget |
|--|--------------------------|------------------------|
| West Virginia Department of Health and Human Resources | State Agency | \$ 63,400.00 |

Location Description:

Activity Description:

WV DHHR administrative services for the RHP voucher program and the RHP residential rehabilitation program.

Environmental Assessment: EXEMPT

Environmental Reviews: None

Activity Attributes: None

Activity Supporting Documents: None

Project # / Rehab1 / Rehabilitation



Grantee Activity Number: F20RHPHSREHAB

Activity Title: F20RHPHSREHAB

Activity Type:

RHP - Rehab. and Reconstruction of Multi-Unit Residential

Project Number:

Rehab1

Projected Start Date:

07/01/2022

Project Draw Block by HUD:

Not Blocked

Activity Draw Block by HUD:

Not Blocked

Block Drawdown By Grantee:

Not Blocked

National Objective:

LMC: Low Mod Limited Clientele

Activity Status:

Under Way

Project Title:

Rehabilitation

Projected End Date:

06/30/2027

Project Draw Block Date by HUD:

Activity Draw Block Date by HUD:

Total Budget:

| Grant Number | Total Budget | Most Impacted and Distressed Budget |
|---------------------|-----------------------------|--|
| B-20-RH-54-0001 | \$ 958,200.00 | \$ 0.00 |
| B-21-RH-54-0001 | \$ 0.00 | \$ 0.00 |
| B-22-RH-54-0001 | \$ 0.00 | \$ 0.00 |
| Total: | <u>\$ 958,200.00</u> | <u>\$ 0.00</u> |
| Other Funds: | \$ 0.00 | |
| Total: | \$ 958,200.00 | |

Benefit Report Type:

Direct (Person)

Ancillary Activities

None

Projected Accomplishments

Total

| | |
|------------------------|---|
| # of Multifamily Units | 2 |
| # of Housing Units | 2 |
| Facility or Group Home | 2 |



| | |
|---|----|
| Increased residential capacity as # of beds | 60 |
| # of persons that transitioned to permanent housing | 20 |
| # of persons with additional disability | |

Proposed budgets for organizations carrying out Activity:

| Responsible Organization | Organization Type | Proposed Budget |
|--|-------------------|-----------------|
| West Virginia Department of Health and Human Resources | State Agency | \$ 958,200.00 |

Location Description:

The two funded properties are located in Huntington, WV and Bluefield, WV and will serve LMC populations.

Activity Description:

Rehabilitating facilities that meet national standards and are WVARR certified.

Environmental Assessment: COMPLETED

Environmental Reviews: None

Activity Attributes: None

Activity Supporting Documents: None

Action Plan History

| Version | Date |
|-------------|------------|
| RHP-WV AP#5 | 10/19/2023 |
| RHP-WV AP#4 | 01/09/2023 |
| RHP-WV AP#3 | 01/09/2023 |
| RHP-WV AP#2 | 09/30/2022 |
| RHP-WV AP#1 | 01/11/2022 |

