

DRAFT

OKLAHOMA RECOVERY HOUSING PROGRAM

FY20 Action Plan



OKLAHOMA
Mental Health &
Substance Abuse

Program Summary

In partnership with the Oklahoma Alliance for Recovery Residences (OKARR), Oxford House International (OHI) and our network of community providers across the state, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes the Oklahoma Recovery Housing Program (ORHP) in response to the Department of Housing and Urban Development (HUD) Federal Register Notice No. FR-6225-N-01.

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. Recovery housing extends the continuum of care to provide support to individuals as they initiate, stabilize, and maintain long-term recovery in the community. The ODMHSAS as the single state authority on behavioral health in Oklahoma will bring partners together to provide stable, transitional housing for individuals in recovery from a substance use disorder. We will enhance physical and psychological safety through supportive transitional housing and short-term housing assistance and assist them in improving their well-being through linkage to an array of wrap-around support services.

We have built and continue to build cross-sector partnerships to address the diverse needs of those entering and residing in recovery housing across Oklahoma. Our key partners are OKARR, OHI, Governor's Interagency Council on Homeless (GICH) and its stakeholders, HUD Continuum of Care (CoC), and our network of community mental health centers (CMHC) and certified community behavioral health clinics (CCBHC). All partners, existing and new, will be part of our advisory council for this program and serve as referring agencies; many are experts in recovery housing and addiction prevention and services. This system of partnerships will develop a comprehensive network of partners in recovery housing to address the whole well-being of the participant to promote long-term recovery.

Our main mission is to provide safe housing with connections to trauma-informed, client-centered services to participants in addiction recovery. Key outcomes to achieve are increased capacity of OKARR recovery residences and Oxford House to address identified gaps in recovery housing; to assist residents in improving their social and emotional well-being by connecting them to safe, stable recovery housing; improve access to a wide variety of support services; assist them in finding or enhancing their existing, permanent connections and natural supports to lead healthy, successful lives in the community; assist them in increasing self-sufficiency through assistance with and employment skills; and provide linkages to safe, affordable permanent housing.

The Oklahoma Recovery Housing Program has statewide support to address gaps in recovery housing in Oklahomans. We know that safe, stable housing is a key component of recovery and with this funding we know we can begin building the network of recovery housing for those most in need—transition age youth, rural areas, women with children, families with children and NARR level twos. ORHP will impact Oklahoma's entire state and provide access recovery housing to those most in need. This application is for an award of \$787,000 under the FY2020 Recovery Housing allocation. Over the lifespan of this funding, we anticipate serving 350 unique individuals and/or families.

The Need: Oklahoma Recovery Residence Capacity Survey

As part of the state of Oklahoma's endeavor to establish an affiliate of National Alliance of Recovery Residences (NARR) in that state, an environmental scan of recovery housing across the state was conducted by a team led by Jennifer Miles, PHD, with the Institute of Behavioral Health at the Heller School for Social Policy and Management at Brandeis University in 2018-2019. The information collected from the environmental scan was used to enhance the NARR affiliate, now known as OKARR, with engaging potential members, while evaluating current capacity for supporting individuals in recovery housing settings. The environmental scan also described the characteristics of those residences, as well as identification of gaps pertaining to geography or serving priority populations. The environmental scan and its recommendations are summarized to give a snapshot of what the capacity and characteristics of recovery housing across Oklahoma looks like.

A total of 686 contacts were made to attempt to verify whether an entry on the master list was a recovery residence. As of the time of this report, 376 (99%) of the entities were verified by the survey team: 183 did not meet criteria to be considered a recovery residence. 194 met the criteria and completed a survey. A total of 686 contacts were made to attempt to verify whether or not an entry on the master list was a recovery residence. As of the time of this report, 367 (99%) of the entries were verified by the survey team: 183 did not meet criteria to be considered a recovery residence. *184 met the criteria and completed a survey.*

Geographic Distribution Verified recovery residences were most prominent in the most densely populated areas of the state. Nearly all the recovery residences overlapped with Tribal Jurisdictions, and the Kickapoo Tribe and Muscogee (Creek) had the most verified recovery residences at 76 and 67, respectively.

Property Description A total of 72 individual providers completed a survey on the residences they operate. This resulted in collection of information for *a total of 184 unique residences, and a total verified capacity of 2,828 beds.* The average number of residences by provider is three, and the average capacity per provider is 40 beds. For the remainder of this needs report, descriptions are based on data across unique residences, rather than across unique providers. Survey respondents reported being in operation for an average of 13 years, most individual residences are owned (63%), and most residences are single-family homes (76%). *The average capacity across unique residences is 16 beds* which is somewhat higher than the typical number of beds. There were eight dormitory style homes with an average capacity of 33 beds, and one very large multi-home property with 260 beds, which account for the this higher-than-average capacity; *the average capacity in single-family home settings was 11 beds.* The average monthly resident fee was \$517 among providers that provided this information (N= 80). This number includes two outliers: one operator that charges \$5,500 and one that charges \$4,000 per month. *The average resident fee without outlier values included is \$402.*

Populations Served Of the surveys completed, *42% respondents reported serving a female-only population,* and 8% reported serving women and children. In addition to asking about the gender served, we also asked whether a residence focused on a particular priority population. *Most*

survey respondents reported that while they do not exclusively serve a specialty population, many of their residents intersect with various priority populations. Of those that did report population-specific housing, a notable minority of respondents reported serving a prisoner re-entry population (18%). None of the survey respondents reported specializing in LGBTQ populations. While 173 residences were in various tribal jurisdictions, only two of the survey respondents reported that they specialize in recovery housing for an American Indian population.

Residence Services and NARR Level Oxford House (NARR Level 1) operators were not included in the survey since the state already works with this organization. Therefore, those that were included in the survey will have at least one staff person or house manager on-site. *Most (78%) survey respondents reported that their residence reflected a NARR Level 3 setting.* This is supported by the average number of staff (3), the proportion of residences requiring participation in activities beyond house meetings (85%), and the number reporting either providing behavioral health services on site (12%) or that had active linkages with MH providers in the community (32%).

Findings and Recommendations

- Almost all the respondents reported that their residence corresponds with NARR Level 3 and had an average of 4 staff on-site. *The large proportion of Level 3 operators could indicate a gap in access to lower intensity settings that correspond to NARR Level 2*
- Most residences were in the more densely populated areas of the state, primarily Oklahoma City and Tulsa. *There are gaps in access for individuals located in rural communities.*
- Initial inquiry about populations served indicate that 80% of the respondents reported that their residence was single-sex, breaking evenly between male-only and female-only. Other than gender, very few operators reported that their residence focused on a specific target population. However, most respondents reported many of their residents identify as members of the specific priority populations listed in the survey, particularly those with a history of criminal justice involvement. Notably, almost none of the respondents reported focusing on pregnant or post-partum women, and none of the survey respondents reported exclusively serving American Indian residents despite many residences being in tribal jurisdictions. Identification of special populations may be vague due to lack of policies and procedures within the residences as they pertain to capturing demographics. *Residences to focus on special populations is a need.*

With the funding from the SAMHSA State Opioid Response grant coupled the strong leadership at the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma identified the need for a recovery housing and used the environmental scan to begin increasing the capacity of quality recovery housing to supplement the robust Oxford House network. The information gathered by this capacity survey informed the development of a NARR affiliate in the state, Oklahoma Alliance for Recovery Residences (OKARR) which launched in January 2020. And the findings on under-represented areas and populations are guiding this project.

Resources

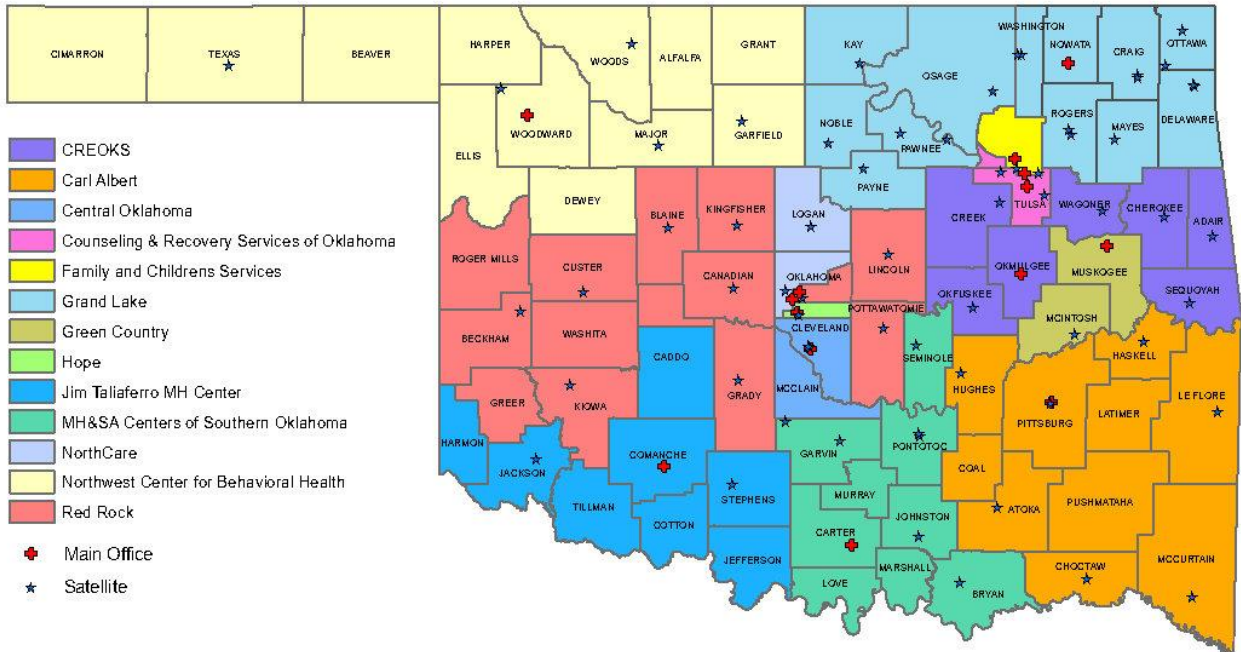
The ODMHSAS partners with other state agencies, non-profit and private entities to provide needed resources for those in recovery from substance abuse services. The resource network is vast and is described in partner coordination. State agencies in which we work closely with under memorandums of understanding are Oklahoma Department of Corrections, Oklahoma Department of Human Services, Office of Juvenile Affairs, and Oklahoma Health Care Authority.

Oklahoma Department of Mental Health and Substance Abuse Services. The ODMHSAS 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, and improved health for all Oklahomans, including statewide addiction screening and treatment, and will utilize its established central administrative infrastructure and strong liaison with community-based providers and other stakeholders, OKARR and OHI, to form the basis to ensure effective implementation of the Oklahoma Recovery Housing Program. The ODMHSAS has the infrastructure and capacity, and passion for serving those in substance abuse recovery and meeting their housing and support services needs with trauma-informed care in a dignified and respectful manner. Historically and currently, we have 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. Thankfully, these successful initiatives have greatly assisted the Department's mission of providing the highest quality care to enhance the well-being of all Oklahomans. We utilize most grant opportunities to develop new evidence-based models that address specific systemic needs and gaps; we then expand these projects, sustaining them with non-grant funds beyond the grant periods, eventually taking them to scale statewide.

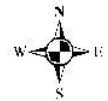
There are thirteen ODMHSAS-contracted community mental health centers in the state which promote consumer empowerment, recovery, and integration in the community and will be a valuable resource for wrap around services for the recovery residences. Out of these thirteen CMHCs, eight are certified community behavioral health clinics (CCBHC). The substance use disorder (SUD) treatment and recovery services funded through the ODMHSAS service system are provided at 70 facilities, covering all 77 Oklahoma counties. The intention is to offer a full recovery-oriented system of care. All SUD treatment organizations must be state licensed (certified). Facilities can be licensed as a basic Alcohol and Drug Treatment Program providing a specific service set or as a Certified Comprehensive Addiction Recovery Center (CCARC) providing a full continuum of care. There are currently nine CCARCs throughout the state.

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.

Statewide CMHC Services FY2020



Prepared by ODMHSAS
Decision Support Services
April 2020



Recovery Supports Division The Recovery Supports Division at the ODMHSAS is responsible for the employment, housing, and homeless efforts across the state that impact those experiencing mental health conditions, substance abuse and co-occurring. This division focuses on four core support services areas to provide an array of resources to those on their recovery path and will be fully accessible to ORHP and its participants.

Federal Homeless Programs There are four Projects for Assistance in Transition from Homelessness (PATH). We actively participate in the eight CoCs across the state. A team member is the state lead for SSI/SSDI Outreach, Access, Recovery (SOAR).

Runaway and Homeless Youth Programs We have secured federal funding for a Basic Center Program for ages 14-17. Drop-in services, gateway services, emergency shelter, and connections to services are offered. We provide an array of housing navigation services to transition age youth under age 25 that are specifically tailored for this unique population.

Supported Employment and Education Individual Placement and Support (IPS) is the evidence-based model that is utilized within our provided network. We have fifteen teams helping individuals in 27 counties gain competitive employment and reach their educational goals. In March 2021, the ODMHSAS was selected by the U.S. Department of Labor’s Office of

Disability Employment Policy (ODEP) as one of seven states for the Advancing State Policy Integration for Recovery and Employment (ASPIRE) initiative. Westat will work with us to integrate state policy, program, and funding infrastructures to expand evidence-based employment services for people with mental health conditions and substance abuse. During this initial implementation year that ends in September 2021, each state will receive up to 270 hours of technical assistance based on the state's goals and needs. Additional technical assistance hours will be available in the second year. Our strategic plan addresses the DRS administrative law barrier. One objective that we are currently working on is using the ASPIRE consultants and subject matter experts to help us bridge this gap with DRS to help their agency better understand that working is a path to recovery for those we serve. In June 2021, two additional employment initiatives for those with substance abuse will launch. BEES will address supported employment for those in SUD treatment with a warm hand off to an IPS team in the community and the NextGen project with Rogers County Jail and Cleveland County Detention Center will begin to provide IPS services to individuals with mental health and/or substance abuse upon discharge. We publish a service resource newsletter each month.

Housing The housing resources available across the state contracted through federal and/or state funding are recovery housing, safe haven, shelter plus care, permanent supportive housing (PSH), supervised transitional housing, supported transitional housing, rental assistance program, youth subsidy program, residential care facilities, host homes, and youth emergency shelter. A housing plus endorsement is offered to case managers and peer recovery support specialists provided specialty training in housing first, CoC and coordinated entry in Oklahoma, how to work with housing authorities, eviction prevention and fair housing; the seven protected classes. Housing navigation and discharge planning technical assistance is provided to encourage collaborative efforts and warm hand offs from provider to provider and sector to sector. We publish a housing resource newsletter each month and host a biweekly statewide housing call to offer updates, guidance from partners across the state and share housing resources.

Administration

Suzanne L. Williams, ODMHSAS Director of Recovery Supports, will serve as the project director for Oklahoma's Recovery Housing Program with her primary role to ensure coordinated effort and non-duplication of services. Ms. Williams has a Master of Criminal Justice and 24 years of experience in the behavioral health field developing housing programs. She brings this wealth of knowledge and her outcome-driven project management skills to this project.

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The day-to-day activities and outcomes will be delivered and/or monitored by the project manager, Amanda Coldiron. Ms. Coldiron has a Master in Science and vast experience and

knowledge working with vulnerable Oklahomans from birth to adult, providing trauma-informed care. She will use her experience working with incarcerated and homeless individuals to plan, organize and lead this project on time, on budget, and within scope. Her efforts will create a robust recovery housing network to address the gaps identified and connectivity to trauma-informed, evidence-based, and effective services and supports.

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Use of Funds

Method of Distribution

Total Award	\$787,000
Administrative (5%)	\$39,350
Technical Assistance (3%)	\$23,610
Recovery Housing Vouchers	\$724,040

\$236.100 (30%) of the funding will be spent within one year of signing the HUD grant agreement.

Activities Carried Out Directly All activities will be carried out directly by the ODMHSAS. We will use a third-party payor/fiscal fiduciary to make payments (recovery housing vouchers) to the recovery housing operators, property owners, and/or utility companies. There are no costs associated with this service as the entity currently performs this duty under a state-funded initiative.

Eligibility Requirements Applicants for the voucher must have a substance abuse diagnosis and meet low-and-moderate income guidelines in accordance with the national objective. No funding will be allowed to be dispersed to the participant. All payments will be paid directly to the housing program which must be OKARR certified, an Oxford House, or scattered site rental unit with access to support services/best practices provided by a contracted ODMHSAS provider or community partners who follow best practices. ODMHSAS currently uses this voucher system with other target populations; the process is effective and efficient and ensures short-term assistance is offered immediately. These funds will only assist the individual for a period not more than two years or until permanent housing is secured, whichever is first.

Definitions

For purpose this grant to ensure individuals with certain types of substance issues and co-occurring disabilities are not excluded and that ORHP 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** is a person that is in the process of change to improve his/her health and wellness, live a self-directed life, and strive to reach his/her full potential. **Substance Use Disorder** is the recurrent use of alcohol and/or drugs causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Expenditure Plan and Anticipated Outcomes

Expenditure plan ODMHSAS 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 As with all projects, the ODMHSAS will develop an effective monitoring plan while ensuring an ongoing quality improvement process. The ODMHSAS project manager for ORHP will be responsible for data collection and evaluation activities to determine if the program meets stated goals and objectives. We will also track housing stability and other matrixes to measure integration into the community after the resident has secured permanent housing. Participants will be contacted and followed up by the ODMHSAS Project manager at six months and one year upon securing permanent housing. Personal goals and connecting to appropriate resources, if applicable, will be discussed and documented. Additionally, at the one-year follow-up, the participant will be asked to voluntarily complete a participant satisfaction survey to collect feedback that can help with addressing barriers.

Objective	Deliverable (if applicable)
Increase number of recovery housing in under-represented areas and populations	+10
Number of individuals/families severed through RHP	350
Increase connections to community support services	100%
Number of individuals/families gaining competitive employment	46%
Number of individuals meeting recovery goals at six months of entry in to RHP	80%
Number of individuals/families securing permanent housing	80%

The Project Director and Project Manager understand the performance data reporting requirements for this grant and will report performance measures in online DRGR system. The

annual performance report will include a comparison of proposed versus actual outcomes measures as well as other performance measures to ensure national objectives are being met.

Citizen Participation Summary

The public hearing was held on June 10th in accordance with the guidelines as set forth by the Oklahoma Department of Commerce consolidated plan.

Partner Coordination

A coordinated effort to address recovery housing in Oklahoma allows for the opportunity to grow, improve services, and better serve persons in recovery across the state.

OKARR is a private, nonprofit and was launched in January 2020 to provide the project management and consultation functions necessary to incubate a fully functioning National Alliance for Recovery Residences (NARR) affiliate in Oklahoma. Since June 2020 and under the leadership of Mike Maddox, OKARR has certified thirteen recovery housing operators, 42 housing units and over 470 recovery housing beds. OKARR promotes access to recovery supportive living environments by linking individuals seeking and sustaining recovery from substance use issues with quality housing through an online locator system; promoting high quality recovery housing by offering training and resources to recovery housing providers and their workforce; certifying recovery housing that meets national best practice, and organizing recovery housing and stakeholder communities. ODMHSAS strongly supports OKARR and its vision and has a memorandum of understanding. To this effort, the ODMHSAS Recovery Supports Division has a team member assigned to assist OKARR in providing onsite training and technical assistance to operators on housing best practices and OKARR serves as the online portal for the resident scholarship program funded by SAMHSA SOS funding. The ODMHSAS Medication, Stimulant Use, Women and Family Specific Treatment Services/State Op. Treatment Authority Division provides medication assisted treatment (MAT) training and other supports to OKARR certified houses. To learn more, please visit www.okarr.org.

Oxford House Oxford Houses of Oklahoma is a network of addiction recovery homes chartered by Oxford House, Inc., the 501c3 umbrella corporation. An Oxford House operates democratically, is self-supporting, and drug free home. The number of residents in a House may range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. Each House represents a remarkably effective and low-cost method of preventing relapse. As of today, Oxford Houses of Oklahoma members support 117 sober living homes with 1065 beds. House vacancies, re-entry information, and how to reach one of their outreach workers is located on their website at www.oxfordhouseok.org. ODMHSAS and Oxford House have had a strong relationship for over a decade working alongside to build recovery housing capacity in Oklahoma. The ODMHSAS currently funds all eight outreach worker salaries. These outreach workers work tirelessly with communities across the state to reduce stigma and gain acceptance that there are multiple recovery pathways. ODMHSAS also acts as the financial entity for their revolving home loan program.

Substance Abuse Prevention and Treatment Block Grant (SABG) through SAMHSA is awarded

to the ODMHSAS as the single state agency for substance abuse and state mental health authority.

State Opioid Response is awarded to the ODMHSAS from SAMHSA to provide treatment and supportive services via evidence-based practices and programs. The evidence-based practices and programs are Motivational Interviewing (MI), Seeking Safety, adolescent community reinforcement approach/community reinforcement approach, Matrix Model, Contingency Management, cognitive behavioral therapy, IPS, PRSS, Screen, Brief Intervention, Referral and Treatment (SBIRT), Motivational Enhancement Therapy and Medication Assisted Treatment.

Cross sector partnerships Building these partnerships with a variety of sectors builds a comprehensive recovery housing program while being person-centered. **State Medicaid Authority** is the Oklahoma Health Care Authority. We work closely with them to braid services and funding. We are currently working on addressing supported employment eligibility and will begin discussions on what supports are available and can be paired with recovery housing. ODMHSAS plays an important leadership role in the Governor's Interagency Council on Homelessness (GICH). The GICH brings together stakeholders such as the **state housing finance agency (OHFA)** to improve access to affordable housing; We braid our state and federal funding with **HUD CoC** resources to house Oklahoma's homeless and together build cross system collaboration. The ODMHSAS Criminal Justice Division and Recovery Supports Division have strong relationships with the **Department of Corrections** to provide enhanced re-entry services. The Criminal Justice Division also advocates for criminal justice involved clients through specialty courts to target strategies to increase diversion, linkage to service and reduce recidivism. **Workforce Investment Boards** and **Department of Vocational Rehabilitation Services** are stakeholders in the ASPIRE initiative and our IPS teams across the state are reciprocal referring agents. Our Veterans Liaison works closely with the **HUD-VASH** programs statewide to connect veterans to the appropriate housing of their choice. The ODMHSAS Recovery Supports Division also works with the 38 tribes in the state to address recovery housing connections for **Oklahoma's tribal population**. Outreach efforts and discharge planning training targets **hospitals** to link individuals with SUDs who are high utilizers of their emergency services to recovery housing. **Oklahoma Coalition Against Human Trafficking** and ODMHSAS are new partners and look forward to building a strong partnership to serve victims of human trafficking through trauma-informed services.

Subrecipient Management and Monitoring

The ODMHSAS has the capacity and ability to manage all the HUD program administrative management and monitoring requirements. This project does not anticipate any subrecipients. Written agreements with key partners are executed.

Pre-award/Pre-Agreement Costs

There are no 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.