

“Helping Vermonters recover from addiction with support of safe and sober homes allowing individuals to focus on recovery and achieve long term recovery”

Vermont DRAFT Recovery Housing Program Action Plan 2021



ROAD TO RECOVERY

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Definitions

Individual in recovery – is a person that is in the process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Substance use disorder, as defined by Substance Abuse and Mental Health Services Administration (SAMHSA) - 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.

Mental Illness (SAMHSA) - is someone over the age of 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.¹

Serious Emotional Disturbance (SAMHSA) – is someone under the age of 18 having a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.²

Recovery Residence - means a safe, sober living environment that support persons recovering from a substance use disorder in a single-family home(s) or apartment that provides:

- peer support with the environment that prohibits the use of alcohol, use of prescription drugs in a manner other than as prescribed and other illegal substances.
- assistance accessing support services to persons recovering from substance use disorder.
- a residence certified by the Vermont affiliate of National Alliance for Recovery Residences and adheres to the national 4 standards established by the Alliance or its successor in interest.
- or an individualized unit that meets the standards of the Agency of Human Services for supporting individuals with substance use disorders.

Level 1 – Peer Run recovery residence democratically run, drug screenings, self-help meetings encouraged house meetings, there is no paid position within the residence.

Level 2 – Monitored recovery residence with a formal operator and staff where the individuals in recovery are most likely working (employed). House rules provide structure, services are peer run groups and involvement with self-help treatment services.

Level 3 – Supervised recovery residence with formal oversight with a facility manager and certified staff or case managers available. Life skill development, clinical services utilized in outside community and services hours provided in house.

¹ The definition is from Substance Abuse and Mental Health Services Administration (SAMHSA)

² The definition is from SAMHSA

Program Summary

The Federal Register Notice No. FR-6225-N-01 as authorized under Section 8071 of the SUPPORT for Patients and Communities Act, entitled Pilot Program to Help Individuals in Recovery from a substance use disorder become stably housed, herein referred to as the Recovery Housing Program (RHP). The pilot program authorizes assistance to grantees (states) to provide stable, temporary housing to individuals in recovery from a substance use disorder. Federal Register Notice No. FR-6225-N-01 provides how the FY2020 allocation shall be used and administered.

The State of Vermont's 2020 Recovery Housing Program Action Plan will guide the use of approximately \$753,000 of the first allocation and \$791,652 of the second allocation³ in Recovery Housing Program (RHP) funding received by the State through the U.S. Department of Housing and Urban Development's Community Development Block Grant Program (CDBG) for the period July 1, 2021 through September 1, 2027. These funds are administered by the Agency of Commerce and Community Development (ACCD), Department of Housing and Community Development (DHCD) that administers the State's CDBG funding. There will be collaboration with the Agency of Human Services. A staff person from the Division of Alcohol & Drug Abuse Programs (ADAP) and a staff person from Department of Corrections (DOC) will participate in the review and selection process of the applications.

This plan identifies the State's priorities and needs for transitional housing for persons recovering from addiction based on an extensive needs' assessment, and citizen and stakeholder input. It establishes goals for meeting the priority needs for the period of funding and reflects anticipated resources and outcomes.

The State will use RHP funding to provide safe and supportive transitional housing to persons recovering from substance use disorders through Recovery Residences (RR) that are certified recovery homes through the Vermont Alliance for Recovery Residences, the Vermont Affiliate of the National Alliance for Recovery Residences, or individualized units that meet the Agency of Human Services standards. Persons in recovery will have peer support, access to services, and integration into the community with the goal of moving to permanent, independent housing.

Vermont's Recovery Residency Needs

Downstreet Housing & Community Development received funding from Vermont Housing and Conservation Board (VHCB) to work with a consultant to conduct an assessment of the needs for recovery residences in Vermont. The study "HOUSING: A CRITICAL LINK TO RECOVERY, An Assessment of the Need for RECOVERY RESIDENCES in Vermont" was completed in February of 2019, **Appendix A**.

According to the study done by Downstreet the State of Vermont has beds to meet the needs of only 2% of the state's recovery population. There are only 212 beds throughout the state to serve individuals in recovery, with the potential to serve 425 individuals annually. There are roughly 1,200 Vermonters annually that enter Substance Use Disorder treatment. To adequately meet the demand 300 additional beds are needed statewide. The study found the highest unmet need was facilities for women in recovery with dependent children. The plan also identified the need for 34 more recovery residences

³ For purposes of expediency, the Action Plan will present both allocations pending receipt of the Federal Register specific to the second allocation.

(RR) outside Chittenden County that include outpatient treatment services. The study recommended the following locations and types of recovery residences needed in Vermont:

- Rutland City: one RR dedicated to men, and one dedicated to women and/or women with dependent children.
- St. Albans City: one RR dedicated to men and one dedicated to women and/or women with dependent children.
- Barre/ Berlin (Montpelier): one RR dedicated to women and/or women with dependent children.
- Burlington and/or South Burlington: one RR dedicated to women with dependent children.
- St. Johnsbury: One RR dedicated to women and/or women with dependent children.
- Morrisville: one RR dedicated to men.

The plan also outlined the need:

- to strengthen the delivery of wrap around services by strengthening the network of services providers that play a role with the recovery residence and its residents;
- to develop projects at a pace that ensures a strong seasoned and well-trained mentors, coaches, and case managers;
- to stress the importance of community and self-worthiness and belonging to the residents; to find sustainable funding to bridge the gap between operational costs and the limited capacity of most residents to cover that cost;
- to invest in community organizations and messaging aspects to manage expectations and build capacity and resiliency needed to address the inevitable setbacks residents of recovery residences will have; and
- to find ways to reduce capital risk associated with acquiring and substantially renovating properties as recovery residences that may need to change.

Vermont Recovery Advocacy

The **Vermont Association for Mental Health and Addiction Recovery (VAMHAR)** is a statewide information and advocacy organization that supports all paths to recovery from addiction and mental health conditions. (<https://vamhar.org/>) VAMHAR supports the following Programs:

- **Recovery Vermont** trains Vermont's recovery workforce through the Vermont Recovery Coach Academy. It is the home of some of the most innovative Recovery Specialty Trainings in the country, including their recovery coaches in the Emergency Department and Family Recovery Coach trainings. It was one of the country's first training and certification programs. Recovery Vermont provides information services to certified recovery residences, advocates through awareness campaigns, trainings, and events, and works every day to end the stigma of SUD across Vermont and beyond. Recovery Vermont works to ensure that people in recovery have a robust workforce opportunity and a diverse network of supports to stay strong in their recovery. (<https://recoveryvermont.org/>)
- **Vermont Alcohol & Drug Information Center (VADIC)** is a program supported by a grant from the Vermont Department of Health, Division of Alcohol & Drug Abuse Programs that provides publications and resources that are free to all Vermonters. (<https://vadic.org/>)

- **Camp Daybreak** is a residential summer camp for Vermont Kids ages 8-11 with a range of social emotional and behavioral needs. (<https://campdaybreak.org/>)
- **Vermont Alliance for Recovery Residences (VTARR)** supports those in recovery from Substance Use Disorders by improving access to Recovery Residences through established standards, a fair and transparent certification process, community engagement, education, technical assistance, research, and advocacy in Vermont. VTARR currently has 130 beds throughout 17 homes that are certified in Vermont. Below is a listing of recovery residences certified through VTARR in Vermont. (<https://vtarr.org/>)

Community	Organization
Barre	Phoenix House Rise
Bellows Falls	Phoenix House Rise
Brattleboro	Phoenix House Rise
Brattleboro	Phoenix House Rise
Burlington	Dismas of Vermont
Burlington	Phoenix House Rise
Burlington	Stonecrop
Burlington	Vermont Foundation of Recovery, Lyman Avenue
South Burlington	Vermont Foundation of Recovery, Suburban Square
Essex, VT	Vermont Foundation of Recovery, Lincoln Street
Hartford	Dismas of Vermont
Johnson	Rae of Hope
Morrisville, VT	Vermont Foundation of Recovery, Maple Street
Rutland	Dismas of Vermont, Park Avenue
St. Albans, VT	Vermont Foundation of Recovery, Lake Street
St. Johnsbury, VT	Vermont Foundation of Recovery, Elm Street
White River	Willow Grove
Winooski	Dismas of Vermont

Substance Misuse Prevention and Oversight and Advisory Council (SMPC) is a council established by [18 V.S.A § 4803](#). The Department of Health serves as the liaison between SMPC and the Governor's office. The purpose of SMPC is to improve state prevention policies and programs to improve the health outcomes of all Vermonters through a consolidated and holistic approach to substance misuse prevention that addresses all categories of substances. This Council provides advice to the Governor and General Assembly for improving prevention policies and programming throughout the State and to ensure that population prevention measures are at the forefront of all policy determination.

Current Legislation undergoing review – H.211 to support individuals in recovery with a substance use disorder; reduce homelessness, trafficking, incarceration, and fatal drug overdoses caused by the disease of substance use disorder; and exceptions made to existing landlord and tenant relationships are to support the expansion of recovery residences throughout the State and to ensure accessibility to the recovery residences to individuals recovering from substance use disorder(s). *Appendix B*

This Bill proposes to: (1) provide residential agreement exclusions for recovery residences; (2) require that recovery residences have policies and procedures pertaining to residential agreements, temporary

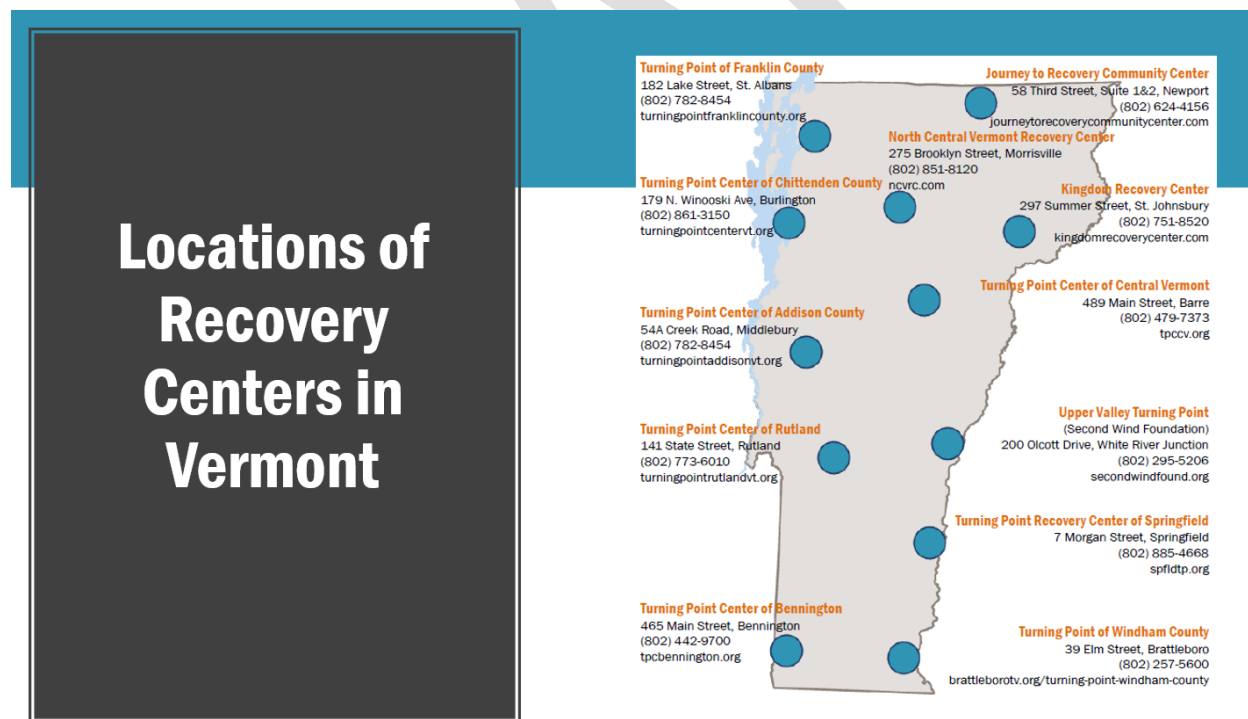
removal, separation, and drug testing; (3) require a municipality to treat a recovery residence as a single-family residential home under its land use bylaws; (4) require the Department of Corrections to submit a report to the General Assembly of the number of individuals on furlough who reside in recovery residences; and (5) establish the Recovery Stabilization Study Committee.

Vermont Recovery Network

The Vermont Recovery Network mission is to help people who have experienced problems with substance use disorders to find, maintain, and enhance their recovery through peer supports, sober recreation, and educational opportunities. A recovery-oriented system of care that supports self-directed pathways to recovery by building on the strengths and resilience of individuals, families, and communities. Recovery centers are places for people looking for assistance with recovery to find information about recovery and substance abuse services in a drug and alcohol-free environment and to find people who have direct personal experience with the recovery process.

Vermont Recovery Service Centers

Below are the twelve Service Centers in the Vermont Recovery Network throughout the state that assist individuals in recovery through peer supports, sober recreation, and educational opportunities. Each center is an independent 501c3, many of whom have, or are exploring, recovery residences as part of their mission. Recovery Vermont partners with the centers and provides training for their staff. The challenge is there are communities where there are service centers but non-existent recovery residences.



Vermont Department of Health

Recovery Residences

Vermont Foundation on Recovery (VFOR)

Vermont Foundation on Recovery (VFOR) is an organization mission is to create a network of Recovery Homes (clean and sober living homes) to help people suffering from Substance Use Disorder, re-assimilate into society by supporting the transitions from active use, to recovery, to independent living. VFOR currently has 43 beds across six homes. Since VFOR's opening in 2014, 423 people have been served.

Currently VFOR charges \$150 a week per person in Chittenden Co., and \$145 a week outside of Chittenden, and \$650/month per person for the transitional apartments. Rental fees do not fully cover VFOR's operational costs. Currently the organization budgets for about 52% of their revenues from membership dues paid by the individuals in recovery who live in the homes. A more sustainable solution for the organization would be if they only had to rely on 30% of their revenues coming from membership dues, due to the potential inability for individuals in recovery to pay.

VFOR is currently working with several communities throughout the state to create additional recovery residences to increase bed capacity throughout the state. Individuals with substance use disorders can apply for VFOR housing at <https://www.vfor.org/>.

Below is a listing of current VFOR recovery residences.

Community	Location	Serves	Beds
Essex, VT	Fort Ethan Allen, 2 Homes	Men	16 beds
Essex, VT	Lincoln Street	Men	7 beds
Morrisville, VT	Maple Street	Women	6 beds
St. Albans, VT	Lake Street	Men	8 beds
St. Johnsbury, VT	Elm Street	Men	6 beds

Agency of Human Services (AHS)

Department of Corrections (DOC) Theory of Change

The Agency of Human Services - Department of Corrections is changing their support of congregate transitional housing to a Housing First Model which supports private and community integrated individualized apartment units for serving individuals leaving incarceration. Housing First is a permanent supportive housing model that has been identified by several federal institutions, including the Department of Housing and Urban Development (HUD), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Veterans Administration (VA), as a best practice in promoting housing stability among extremely vulnerable populations.

- Housing Model: facilitate permanent housing (short-long term rental assistance and link to vouchers) and integrate supportive services to participants that choose to engage toward their goals.
- Re-entry & Case Management Model: focus on the individuals and communities needs by providing the appropriate level of supervision based on risk, while having strong connections to probation and parole, mental health, substance use treatment, and supportive services. Utilizing restorative justice, harm-reduction and trauma informed principles.

For more information regarding DOC's transitional housing go to their website:

<https://doc.vermont.gov/content/transitional-housing>.

Department of Health (DOH), Division of Alcohol & Drug Abuse Programs (ADAP)

The Department of Health is Vermont's Single State Agency (SSA) who works with and administers funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). DOH leads public health efforts to advance the behavioral health of the state and to improve the lives of individuals living with mental and substance use disorders, and their families.

ADAP supports a network of community partners to promote and deliver a wide range of substance misuse information, prevention, intervention, treatment and recovery programs and services. ADAP funds services from school-based prevention services to the Care Alliance for Opioid Addiction, Hub & Spoke model of treatment and coordinates with professionals to support healthy lifestyles for Vermonters of all ages.

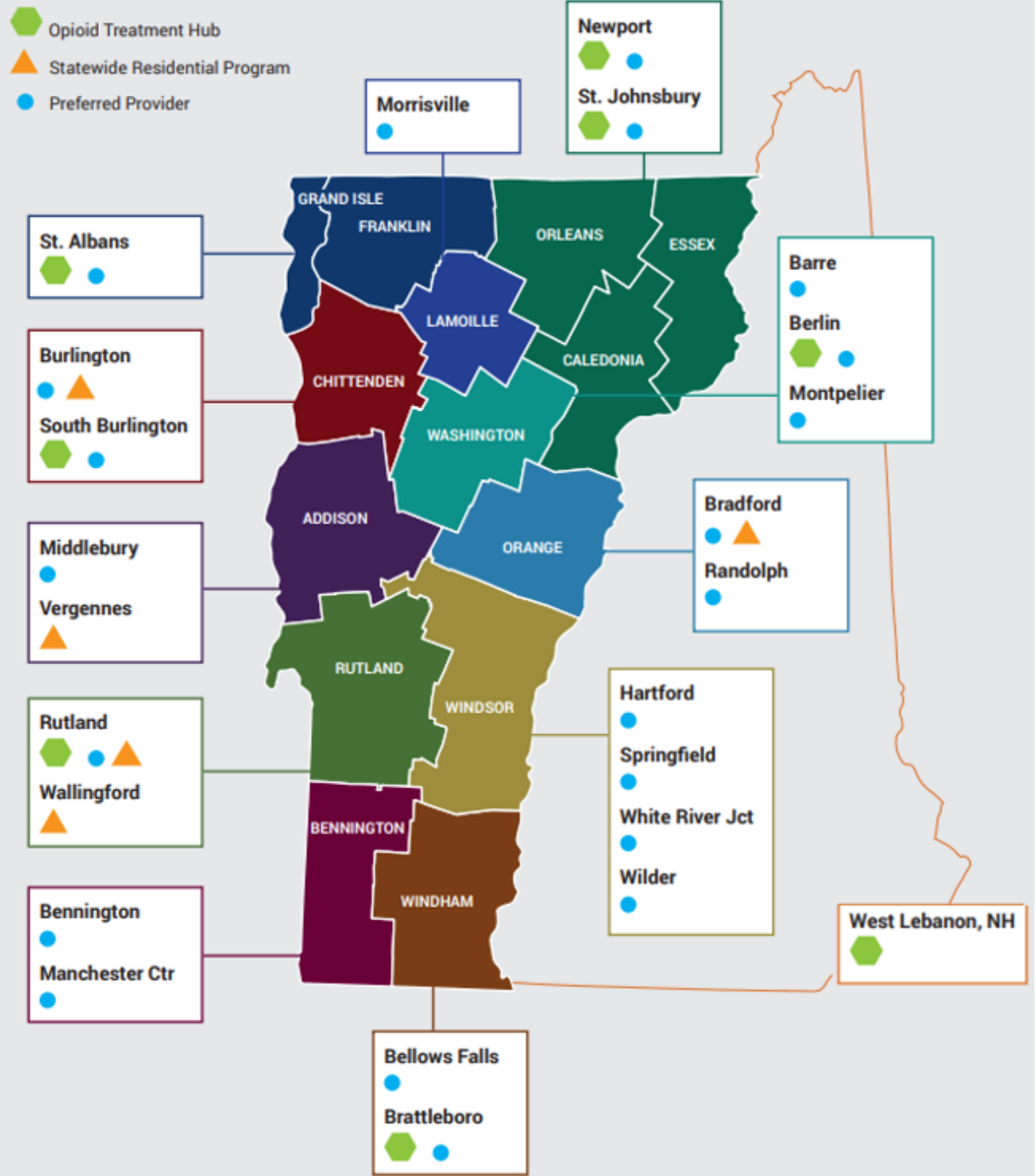
ADAP funds the [VT Helplink Alcohol & drug support center](#) which provides free support and referral services that is accessible by phone or online to AIRS certified clinicians that are knowledgeable of Vermont's Recovery system.

AHS Hub & Spoke Opioid System

Vermont's Opioid Use Disorder Treatment System

Hub and Spoke is Vermont's system of Medication Assisted Treatment, supporting people in recovery from opioid use disorder. There are nine Regional Hubs that offer daily support for patients with complex addictions. In over 75 local Spokes, doctors, nurses, and counselors offer ongoing addiction treatment fully integrated with general healthcare and wellness services. This framework efficiently deploys addictions expertise and helps expand access to opioid user disorder treatment for Vermonters.

Location & Services Overview



Vermont Department of Health/Alcohol and Drug Abused Program Preferred Providers

[BAART Behavioral Health Services-Northeast Kingdom](#)

[BAART Behavioral Health Services-St Albans](#)

[BAART Behavioral Health Services-Central Vermont](#)

[Brattleboro Retreat](#)

[Central Vermont Substance Abuse Services](#)

[Clara Martin Center](#)

[Counseling Services of Addison County](#)

[Habit OpCo](#)

[Health Care & Rehabilitation Services of Southeastern VT](#)

[Howard Center-Hub](#)

[Howard Center-Outpatient](#)

[Lamoille Health Partners \(Behavioral Health and Wellness Center\)](#)

[Lund Family Center](#)

[NFI - Centerpoint](#)

[Northeast Kingdom Human Services](#)

[Northwestern Counseling Services](#)

[Recovery House/Grace House](#)

[Rutland Mental Health-Evergreen](#)

[Rutland Regional Medical Center - Westridge](#)

[Spectrum Youth and Family Services](#)

[Treatment Associates](#)

[United Counseling Services](#)

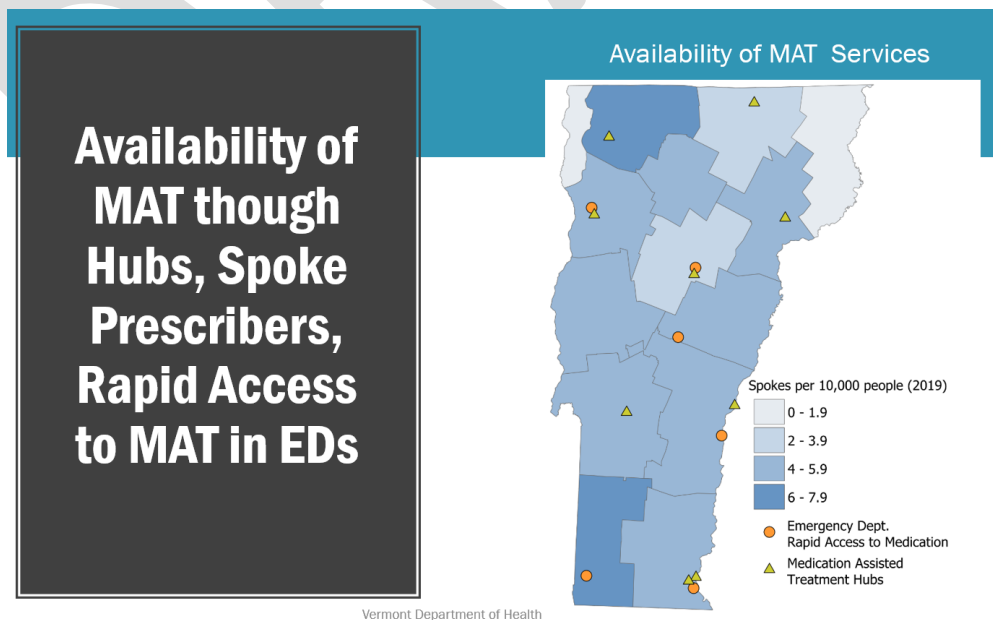
[University of Vermont Medical Center - Day One](#)

[Valley Vista-Bradford/Vergennes](#)

[Washington County Youth Services Bureau](#)

Medication Assisted Treatment (MAT): The Evidence-Based Approach to Opioid Addiction

Medication Assisted Treatment (MAT) uses medication such as methadone and buprenorphine, as part of a comprehensive opioid use disorder treatment program that includes counseling. Medication Assisted Treatment is not the only treatment for opioid addiction, but it is the most effective treatment for many people. It is supported by the American Medical Association, the American Academy of Addiction Psychiatry, and the American Society of Addiction Medicine. Federal regulations designate two settings where Medication Assisted Treatment can take place, Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) settings. Vermont takes this structure as a starting point to strengthen and connect the elements to support people for recovery.



Hubs Offer Intensive Treatment for Complex Addictions

Hubs are Opioid Treatment Programs, with expanded services and strong connections to area Spokes. There are currently 9 Hubs in Vermont. Each Hub is the source for its area's most intensive opioid use disorder treatment options, provided by highly experienced staff.

- Hubs offer the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery.
- Hubs provide daily medication and therapeutic support.
- Patients receiving buprenorphine or vivitrol may move back and forth between Hub and Spoke settings over time, as their treatment needs change.
- Hubs offer all elements of Medication Assisted Treatment, including assessment, medication dispensing, individual and group counseling and more.
- Additional Health Home supports are made available at Hubs through the staffing and payment model. These health home services include case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services.
- In addition to treating their own patients, Hubs offer trainings and consultation to the Spoke providers.

Spokes Provide Ongoing Treatment in Community Settings

Spokes are Office Based Opioid Treatment settings, located in communities across Vermont. At many Spokes, addictions care is integrated into general medical care, like treatment for other chronic diseases.

- The Spokes are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addictions programs, and practices specializing in chronic pain.
- Prescribers in Spoke settings are physicians, nurse practitioners, and physician's assistants federally waived to prescribe buprenorphine. They may also provide oral naltrexone or injectable Vivitrol.
- People with less complex needs may begin their treatment at a Spoke, other patients transition to a Spoke after beginning recovery in a Hub.
- Spoke care teams include one nurse and one licensed mental health or addictions counselor per 100 patients. These Spoke staff provide specialized nursing, counseling and care management to support patients in recovery, this staff assures team-based care and helps primary care providers balance MAT patient care with the needs of their full patient panel.

State Oversight, Supplemental Funding, Quality and Measurement Support

- The Hub & Spoke concept was first introduced by John Brooklyn, MD and the model was designed and operationalized by the State of Vermont through the Blueprint for Health, the Department of Vermont Health Access, and the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs.
- The State of Vermont pays for Hub and Spoke services via Medicaid. The Hub programs bill a monthly bundled rate, and the Blueprint distributes funds to support Spoke staffing through its existing Community Health Team payment infrastructure.

- The State of Vermont provides oversight for the program, helping communities monitor treatment needs, waitlist length, average time to treatment, and program performance.
- The Blueprint for Health provides each Vermont community with a data profile showing Hub & Spoke patient demographic data and key program measures, to support data-driven quality improvement.

Evidence of Program Impact

- Access to treatment has grown since program inception, with more than 6000 people now participating.
- The Blueprint for Health uses claims and clinical data to evaluate program impact and program costs. The Blueprint is working with other state agencies to incorporate additional data, such as Corrections data, into its evaluation.
- A peer-reviewed article published in the journal Substance Abuse Treatment showed that health care costs for Vermonters in Medication Assisted Treatment were lower than for Vermonters with opioid addiction not in Medication Assisted Treatment, even when including the substantial treatment costs. Individual and group counseling, and more.

Vermont Harm Reduction Programs

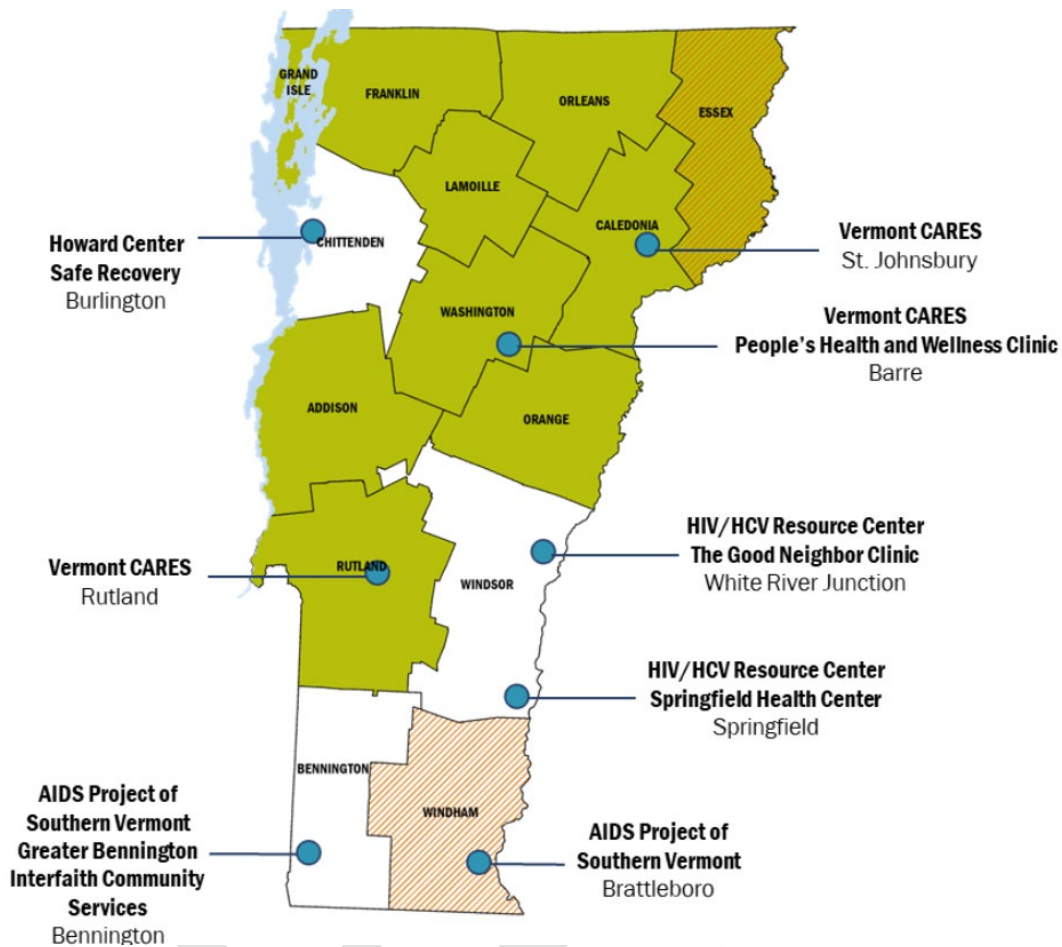
Vermont CARES works for and with Vermonters affected by HIV/AIDS to promote wellbeing through a continuum of prevention, support, and advocacy services. VT CARES manages a syringe service program, provides testing for HIV and HEP C, has a new Prevention program called “Let me PrEP u” and has a mobile unit that travels around the state to be able to assist Vermonters with their services.

(<https://vtcares.org/>)

AIDS Project of South Vermont is a regional AIDS service organization that provides direct services to people living with HIV/AIDS, and prevention services to those at high risk in Windham, Bennington, and southern Windsor counties. (<http://www.aidsprojectsouthernvermont.org/>)

Howard Center Safe Recovery Programs distributes free Fentanyl test strips and Narcan overdose reversal kits. The program also offers HIV and Hepatitis C testing, syringe exchange program, Hepatitis A and B vaccines, abscess and wound care, legal clinic, treatment options counseling and low barrier, and medication-assisted treatment (buprenorphine). (<https://howardcenter.org/substance-use/needle-exchange-free-hiv-hepatitis-screening/>)

HIV/HCV Resource Center distributes fentanyl test kits and Narcan/naloxone, provides services to persons living with HIV, offers HIV and Hepatitis C testing to persons in Orange and Windsor counties in Vermont. (<http://www.h2rc.org/>)



Co-occurring Disorders

It is important to note that many individuals with substance use disorders may also have challenges with multiple disorders. It is common for many to have mental health issues such as anxiety, eating disorders, mood-related disorders, trauma related issues, psychoses, along with alcohol or drug addiction. Sometimes these disorders are genetic. It is helpful for staffing of recovery residences to understand mental illness and substance use disorders behaviors and treatments. To be effective for the individual in recovery, the dual conditions should be treated at the same time.

Goals

Vermont's Recovery Housing Programs goals are to support:

- Levels 1, 2 & 3 Recovery Residences certified by VTARR.
- Individualized Units that meet AHS – DOC standards.
- Creation of Recovery Residences in service HUB areas where none exist.
- Recovery Residences with priority given to parents with children.
- Recovery Residences that include programs that have wrap around services for long term recovery that are onsite or in the vicinity of the home.
- Individuals will transition to permanent independent housing within two years of entry to the Recovery Residences

Resources

Other Federal Resources

Although there is not a direct set aside of Vermont's regular Community Development Block Grant (CDBG) program annual funding for Recovery Housing Program (RHP) projects, they will be given preference due to meeting a housing need which is a higher priority in the State's Consolidated Plan.

Housing developers may be able to utilize the following federal funding sources when developing transitional housing Recovery Residences:

- Vermont Housing Finance Agency (VHFA) - 4% low-income housing tax credits
- NeighborWorks of America
- USDA Rural Development -community facility grants or low interest loans.
- Affordable Housing Program Federal Home Loan Bank of Boston (AHP)

State Resources

The Department of Corrections annually funds some transitional housing for persons coming out of incarceration that supports persons in recovery.

The Vermont Housing and Conservation Board has funding available to assist with transitional housing.

Some municipalities have revolving loan funds from previous HUD funding that may be available.

Efficiency Vermont is also a resource for housing developers to utilize to assist the recovery residence with any energy efficiency needs.

Administration Summary

DHCD will be the responsible agency for overall administration and will use existing staff to administer the Program. There will be collaboration with Vermont's Single State Agency (SSA), the Agency of Human Services/Department of Health and an interagency agreement will be developed. A staff person from the Division of Alcohol & Drug Abuse Programs (ADAP) and a staff person from Department of Corrections (DOC) will participate in the review and selection process of the applications.

Contact Person

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Agency of Commerce and Community Development
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1 National Life Drive
Montpelier VT 056201-0501

Email: AnnKarlene.Kroll@vermont.gov

Use of Funds - Methods of Distribution

Minimum \$100,000 Maximum \$500,000

Open to all communities in Vermont, including the states only entitlement community City of Burlington.

FY2020 Total Award **\$753,000**

-5% General Admin \$ 37,650

- 3% Technical Assistance \$ 22,590

Total amount to Grant Out \$692,760

FY2021 Total Award **\$791,652**

-5% General Admin \$ 39,583

- 3% Technical Assistance \$ 23,749

Total amount to Grant Out \$728,320

Total available to grant to projects from both allocations: \$1,421,080⁴

Lease, Rent and Utilities activities are not limited to the 15% Public Service CAP.

Use of Funds - Activities Carried Out Directly

Eligible Entities to Apply

All Vermont municipalities are eligible to apply for Recovery Housing Program funding.

National Objective

All projects must meet the Low- and Moderate-Income Limited Clientele national objective which requires at least 51% of the individuals served be at/or below 80% of area median income.

If a project serves individuals that meet the criteria below they are automatically are presumed Low- and Moderate-Income Limited Clientele:

- Persons that meet the federal poverty limits
- Persons insured by Medicaid
- Abused children
- Battered spouses
- Elderly persons (55 and older)
- Severely disabled persons
- Homeless persons
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers

The Slums and Blight (SB) and Urgent Need (UN) national objectives are not eligible.

⁴ Of the \$1,421,080 30% must be expended within one year of signing the HUD Grant Agreement - \$463,396

Eligible Activities

- **Public Facility Improvements** - Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
- **Acquisition of Real Property** - For the purpose of providing stable, temporary housing to persons in recovery from a substance use disorder.
- **Lease, Rent & Utilities (only to LMI)** - associated costs on behalf of an individual in recovery from a substance use disorder for the purpose of providing stable, temporary housing. Payments must be made to the provider, such as the landlord or utility provider. Payments must NOT be made directly to individuals.
 - RHP cannot supplant funds that previously covered for an individual.
 - New or Expanded Service that have been above and beyond the last 12 months.
 - Assistance can be provided for up to 2 years or until the individual secures permanent housing, whichever is earlier.
- **Rehabilitation and Reconstruction**
 - Single Unit – publicly or privately owned residential building(s)
 - Multi-Unit up to 2 or more units - publicly or privately owned residential building(s)
 - Public Housing – owned or operated by a public housing authority.
- **Disposition of Real Property Acquisition** - Disposition through sale, lease, or donation of otherwise of real property acquired with RHP funds for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
 - Legal documented surveys for transfer of Ownership
- **Clearance and Demolition** - Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites. Eligibility limited to projects where RHP funds are used only for the clearance and demolition.
- **Relocation** - Relocation payments and other assistance for permanently or temporarily displaced individuals and families in connection with activities using RHP funds.
- **New Construction** - Expansion of existing eligible activities to allow RHP funds to be used for new construction of housing. New construction of housing is subject to the same requirements that apply to rehabilitation activities.

Non-Eligible

- **Operational Costs**
- **Paying for staffing**
- **Planning**

Use of Funds - Evaluation and Criteria

Evaluation Process

The Pilot Recovery Housing Program (Docket No. FR-6225-N-01) funds shall be competitive and will ensure the eligible community development activities that are met. The applications will be based on a system that measures the need, impact and feasibility of the proposed projects and will be scored using the scoring criteria below. RHP applications will be managed through VCDP's Web-based Application System known as GEARS. Applications are completed online and are submitted by municipalities.

VCDP staff will review each application for eligibility and completeness, before conducting a thorough analysis of each eligible applications and scoring them. AHS staff from ADAP and DOC will also participate in the review and scoring process of the applications according to the Interagency Agreement. VCDP staff will compile all the scoring of the applications by all the reviewers and will provide that documentation along with a recommendation to the VCDP Board. The VCDP Board reviews each application, analysis, compiled scores and makes funding recommendations to the ACCD Secretary on behalf of the Governor.

Criteria

The application must meet HUD's National Objective - Low- and Moderate-Income Limited Clientele.

Staff analyses of the applications are written based on Project Need, Project Impact and Project Feasibility. The selection criterion is as follows:

Scoring Criteria	Maximum Points
Project Need:	
Project response to documented need/issue	8
Project response to units near service hub and underserved by Recovery Residences	8
Project provides safe, healthy, and sober living environment	7
Design of program that provides holistic, wrap around services	7
Project response to units for parents with children	5
Project leverage of other resources	5
Total Need	40
Project Impact:	
Project LMI benefit	9
Readiness to proceed and obligate and expend funds within 4 months	7
Community support for recovery housing	4
Coordination with state, local or regional service providers	4
Demonstrated data collection for outcomes	4
Use of green, energy efficient, and sustainable construction methods	2
Total Impact	30
Project Feasibility:	
Project adheres and will be certified to VTARR standards or unit meets AHS recovery programs standards	8
Project long term viability (reserves, cash flow coverage)	6
Project includes trained recovery housing staff (peer to peer)	6
Demonstrated capacity and experience to carry out the project	5
Project cost effectiveness and reasonability	5
Total Feasibility	30
Total Score	100

Each project assisted shall develop and provide model documents for their marketing materials, financial management process for operator, recovery services provided and recovery plans. Residents

should be provided policies and procedures for medication treatment, fair housing, financial management, residential agreement, residents household responsibility, drug screening, relapse plans, confidentiality laws, and staffing/leadership plan. House rules are typically established by the residents, once established a copy should be provided to each resident.

Anticipated Outcomes

Vermont anticipates being able to serve 4 or 5 projects between \$100,000-\$500,000 each out of FY2020 and FY2021 allocations. Projects assisted will be required to provide data on the following outcomes:

Outcome Measures	Vermont's Projections
Number of Transitional Housing Units Created	1
Number of Transitional Housing Units Rehabilitated	4
Number of Transitional Housing Beds Created	
Number of individuals assisted with transitional housing.	24
Number of individuals assisted with transitional housing able to transition to permanent housing.	8
Number of individuals with children assisted with transitional housing.	4
Number of individuals with children assisted with transitional housing able to transition to permanent housing.	2

Expenditure Plan

The state has received two applications through its regular CDBG program that are eligible and meet the scoring criteria of the Recovery Housing Program, and through the allowability of the act both projects are included under Pre-Award/Pre-Agreement Cost. The state will start receiving additional applications for the Recovery Housing Program in late summer with a Board meeting in early fall to award the remaining funds.

The state fully anticipates being in compliance with the requirement of expending 30% of funds from one year of the date of grant agreement executed with HUD due to the majority of its RHP 2020 funding being allocated under Pre-Award/Pre-Agreement Costs.

The ACCD is currently tracking staff hours specific to RHP and will include those expenditures under Pre-Agreement Costs.

Citizen Participation Summary

In developing the plan DHCD followed the states Citizen Participation plan and consulted with a broad range of local, regional and state organizations. The draft plan was published on DHCD's website on ?

A virtual public hearing was legally warned and publicized two weeks in advance in all major newspapers across the state, and by postings, email, and online. The first hearing was conducted on ?, for DHCD to obtain citizens' views about the needs for transitional housing for people recovering from addiction in the state.

It should be noted that the Recovery Housing Program has been included in the State's Consolidated Plan and discussed since the allocation was announced as in 2019. The RHP was also more fully discussed at this year's public hearing on April 5 where it was brought to our attention that the maximum award per project should be no less than \$500,000. The reasoning was that it is so difficult to find all the funding sources to bring a project fruition that it takes so much time with smaller amounts. A larger amount can make a project more shovel-ready which is critical with a deadline to expend 30% of the funding within one year of signing the grant agreement with HUD.

Partner Coordination

Since this was a new realm for DHCD, DHCD initially reached out to the Agency of Human Services (ADAP, DOC) and Downstreet to discuss their current programs and initiatives for transitional housing for persons that are recovering from addiction.

VCDP staff met with Vermont's affiliate of National Alliance for Recovery Residences (VTARR), Vermont Foundation on Recovery, Vermont CARES, to learn about their organization's and what their role is in addiction recovery.

VCDP staff met with the liaison from the Department of Health that coordinates the Governor's Substance Misuse Prevention and Oversight and Advisory Council (SMPC) to gain information on what that council is working on to assist with addiction recovery. The liaison for SMPC invited VCDP Staff to join the Intervention, Treatment, and Recovery Committee (ITR) monthly meetings that meets with SUD service providers, recovery residences providers, recovery advocacy groups, harm reduction programs, state agencies to look at the four priorities area identified by ITR as issues for persons in recovery 1) Housing, 2) Transportation, 3) Employment and 4) Residential Treatment. ITR will also be discussing cross cutting issues for persons in recovery such as access, childcare, communication, connection, COVID 19 and Stigma to address each priority identified.

VCDP staff communicated with Vermont Housing and Conservation Board (VHCB) staff regarding the use of HOPWA funds and how that program population is impacted by SUD. Vermont receives HOPWA awards every three years. The last award was in 2020 and was for \$1.4 million for the period of March 1, 2021 – February 28, 2024. About \$475,000 of the funding is expended per year. Vermont's state-wide competitive HOPWA award is administered through 4 partner organizations: VSHA and three AIDS Service Organizations (ASO's) – Vermont CARES, AIDS Project of Southern Vermont, and HIV/HRC Resource Center. VSHA administers approximately 30 tenant-based vouchers for low-income people with AIDS/HIV. The ASO's deliver HOPWA services in 3 categories: 1) Emergency Assistance to remain appropriately housed, including payments for mortgage, rent or utilities; 2) Permanent Housing Placement – provides assistance to clients with first month's rent and security deposits to allow them to obtain housing; and 3) Supportive Services – providing housing and other counseling to clients to help them remain appropriately housed. Although it is an eligible activity, Vermont does not utilize our HOPWA grant for permanent supportive housing or other housing development.

DHCD considered resources provided by the Agency of Human Services (OEO, DOC, ADAP), Downstreet, Substance Abuse and Mental Health Services Administration (SAMSHA's), Vermont affiliate of National Alliance for Recovery Residences and H.783 Bill currently before Vermont's General Assembly.

Monitoring

RHP Action Plan must follow ***State Bulletin #5 Policy for Grant Issuance and Monitoring*** which incorporates the provisions of the new "Uniform Guidance" issued by OMB.

RHP will take a risk-based monitoring approach that is based on such factors as size of award; first time receiving an award; complexity of project; staff turnover; past performance; outstanding or delinquent reports from other Programs; and one or more audit findings/internal control issues regarding program performance or compliance.

All grantees are monitored on a regular basis in accordance with program specific guidelines, as well as state and federal regulations. Monitoring of all programs includes desk review of requisitions and supporting back-up documentation; review of program reports; and audit reports. RHP monitoring will also include onsite reviews to interview program and administrative staff; and conduct onsite construction inspections, as permitted with COVID, or virtual monitoring will be conducted.

All grantees shall ensure adequate Subrecipient Oversight Monitoring per the Uniform Guidance using the Subgrantee Financial Monitoring Worksheet that will be an award condition. Only a Municipal staff person can complete and be responsible for the subrecipient monitoring. All Subrecipients will complete a Subgrantee Financial Monitoring Worksheet that complies with Subrecipient Monitoring per the Uniform Guidance and upload the documentation to the Agency's on-line grants management system (GEARS).

Pre-Award/Pre-Agreement Costs

Grants Management conducts a Pre-Award Eligibility Determination and Risk Assessments on a project prior to an award to ensure no award is made to an ineligible organization and to mitigate any high-risk awards through special conditions in grant agreements and monitoring and reporting.

RHP funds can only pay for pre-award/pre-agreement costs of a project providing the environmental release has been issued for the project.

The Agency has been tracking expenditures for pre-award costs back to December 2, 2020, which correlates to an estimate of \$700,000 in pre-award costs at the time of receipt of a Grant Agreement from HUD. \$7,002 of the cost is for general administration and environmental review. The Agency intends on funding \$692,760 from FY20 and \$7,240 from FY21 to the following two projects:

City of Barre – Barre Recovery Residence

\$500,000 of RHP funding will be granted to the City of Barre to be subgranted to Down Street Housing & Community Development for the purchase and rehabilitation of a historic building located at 31 Keith Ave, Barre, VT 05641. The building will be renovated into a transitional Recovery Housing residence that will serve women and women with families – many of whom have experienced domestic violence and are currently experiencing homelessness. The building will include 3 family units – two single person apartments and one group housing unit which can hold up to 4 families. There will be 6 direct beneficiaries at or below 50% AMI. Downstreet has partnered with Vermont Foundation of Recovery (VFOR) to staff and operate the program.

Town of Johnson – Jenna’s Promise

\$200,000 in RHP funding will be granted to the Town of Johnson to be subgranted to Jenna's Promise LLC for the rehabilitation and revitalization of a vacant building in downtown Johnson to be turned into a coffee shop and supportive housing for people in recovery from substance use disorder. The project also includes \$300,000 of CDBG funding. The coffee shop will be located on the lower level of the building with the housing on the upper level. The project, Jenna’s Sober Living, will run one building as essentially a Level I facility; it will be run with house rules and drug screening. Six bedrooms will house up to eight women in recovery, maintaining full occupancy of eight LMI individuals (women) over 5 years with turnover as needed. Income level projections are based on the likely income of those participating in recovery. Tenants will complete income surveys.

Program Income

If any Program Income is generated by a program served with RHP funds, all the generated program income received must be returned to the municipality and the municipality must return the program income funds to ACCD. ACCD will transfer any program income generated from a RHP grant to another open RHP grant. If all other RHP grants are closed it will be part of ACCD’s regular CDBG program income and will be subject to regular CDBG program rules. Revolving Loan Funds are prohibited.

424 and 424D Forms

Appendix A - Housing: A Critical Link to Recovery, An Assessment of the Need for Recovery Residences In Vermont

Appendix B - Current Legislation undergoing review – H.211 to support individuals in recovery with a substance use disorder