# COMMUNITY DEVELOPMENT BLOCK GRANT RECOVERY HOUSING PROGRAM

Delaware State Housing Authority

DRAFT ACTION PLAN

2021

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## 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 such as DSHA) to provide stable, temporary housing to individuals in recovery from a substance use disorder.

The State of Delaware/DSHA 2020/2021 Recovery Housing Program Action Plan will guide the use of approximately $1,022,000 of the first allocation and $1,227,551 of the second allocation 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 DSHA who administers the State's CDBG funding. There will be collaboration with the Delaware Departments and Divisions including the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH), the Department of Corrections (DOC) and the Department of Justice (DOJ). A staff person from DSAMH and DOC will participate in the review and selection process of the applications.

DSHA has determined to use this funding for Acquisition of Real Property and Rehabilitation, giving priority to organizations that have demonstrated the greatest need and the ability to deliver effective assistance in a timely manner.

This plan identifies the State's priorities and needs for sober living/recovery 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.

## State of Delaware Needs and Data

The State of Delaware recognizes that treatment is necessary, but accessibility is insufficient for long-term recovery of low- income and homeless individuals experiencing substance use disorders, mental health conditions, and criminal justice involvement. Housing stability is fundamental to recovery and a critical factor contributing to positive outcomes. Households who know they will exit to stable housing are more likely to successfully complete treatment. Unfortunately, many who exit treatment will return to homelessness without long-term, affordable housing and comprehensive, evidence-based wrap-around case management services.

*Geographic catchment area*: Delaware's project will serve eligible clients through a unified, coordinated system with tailored approaches for specific populations regardless of geographic residence within Delaware. Delaware is one of the smallest states, with 973,764 residents[i]. New Castle County has the largest population at 558,753, with 180,786 in Kent County and roughly 230,000 in rural Sussex County (United States Census, accessed November 23, 2021). All of Sussex County is considered a Medically Underserved Area under the Governor's Exception rule.[ii] as such is the priority location for this grant initiative. This project will suffice an unmet treatment modality need within this region.

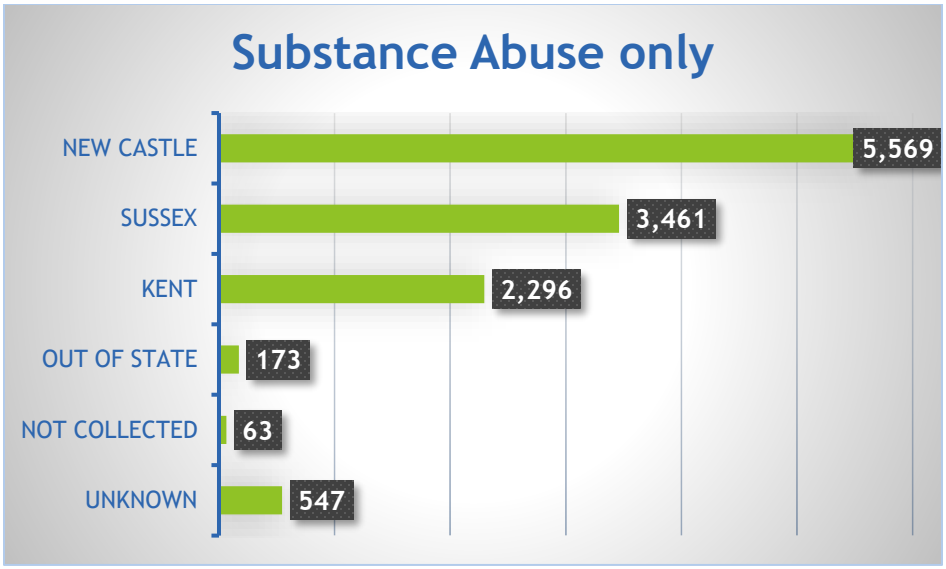
*Focus populations:* The Delaware Division of Substance Abuse and Mental Health (DSAMH) is responsible for adhering to the responsibilities assigned in the role of the single state agency for the State of Delaware. DSAMH is responsible for the development, implementation, maintenance, and oversight of a state plan for prevention, treatment, and recovery support; coordination of state and federal funding; and development of standards for the certification and approval of prevention, treatment, and recovery support programs. To that purpose, Delaware's current strategic focus for funding activities related to substance use disorder (SUD) and opioid use disorder (OUD) activities are to enhance and further develop its system to support all Delawareans, with additional focus on: 1) those in and leaving the criminal justice system, 2) youth and young adults (age 16-24) transitioning from the youth to adult system, 3) pregnant women and families with children under the age of 18, and 4) populations with a disparate burden of substance use disorder (SUD) and co-occurring mental health disorders. Approximately 31% of SUD DSAMH treatment admissions listed current legal involvement at the first admission (DSAMH, Bureau of Research and Evaluation).[iii] Approximately 48% of Delaware youth have experienced one or more Adverse Childhood Experience (ACEs), known risk factors for substance abuse and mental health concerns; 63% of Delaware youth with two or more ACEs report substance use in the last month (Delaware State Epidemiological Profile: Substance Use and Related Issues. 2019).[iv,v] Youth transitioning to adult SUD and mental health services–800 individuals in 2019, 200 ages 16 and 17–need support to stay engaged. Nearly five percent of DSAMH clients are pregnant at admission; 60% report heroin use in the last year (DSAMH, Bureau of Research and Evaluation).[vi] Finally, 30% of DSAMH's clients are African American and remain in treatment for a shorter duration than White clients (DSAMH, Bureau of Research and Evaluation).[vii]

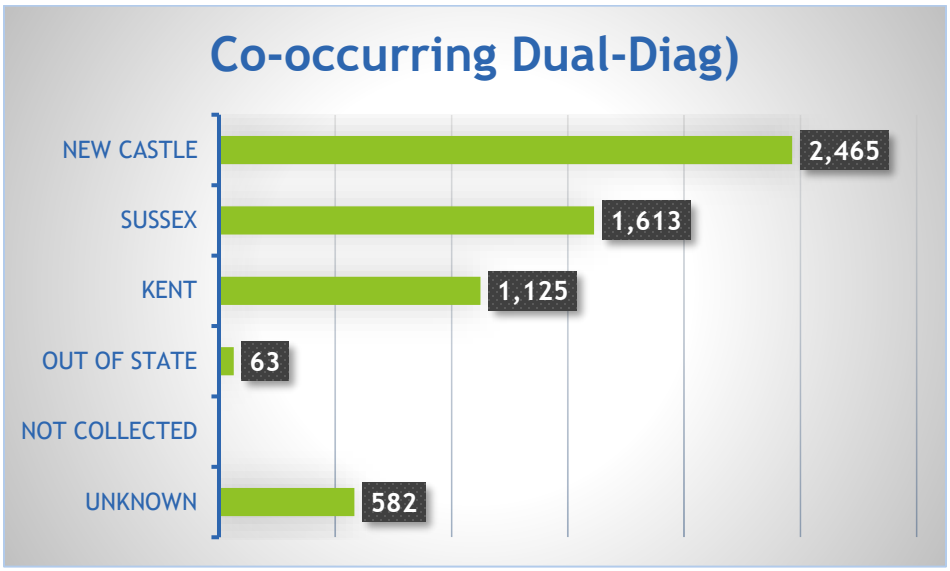
*System capacity:* Although Delaware's capacity for screening, referral, and treatment has improved over the last three years, it must be *intensified and deepened* to provide optimal care and retain clients. With many organizations using the state's bidirectional electronic referral system, Delaware Treatment and Referral Network (DTRN), approximately 95,000 treatment referrals have been made since the system's 2018 inception, allowing referrals to be accomplished easily electronically; this must be strengthened. Delaware faces a continued challenge of an insufficient number of behavioral health service providers. To achieve the goals of increased engagement and retention in treatment, Delaware must also intensify and systematize wraparound services to address housing, employment, trauma, transportation, and other needs: 21% of Delaware's public funded clients were homeless at some point during 2018-2019, compared to .3% of the Delaware population on the whole during 2018[viii], and 30% of DSAMH SUD clients were unemployed and looking for work in 2019,[ix] even prior to spikes in unemployment during Spring 2020 (DSAMH, Bureau of Research and Evaluation).

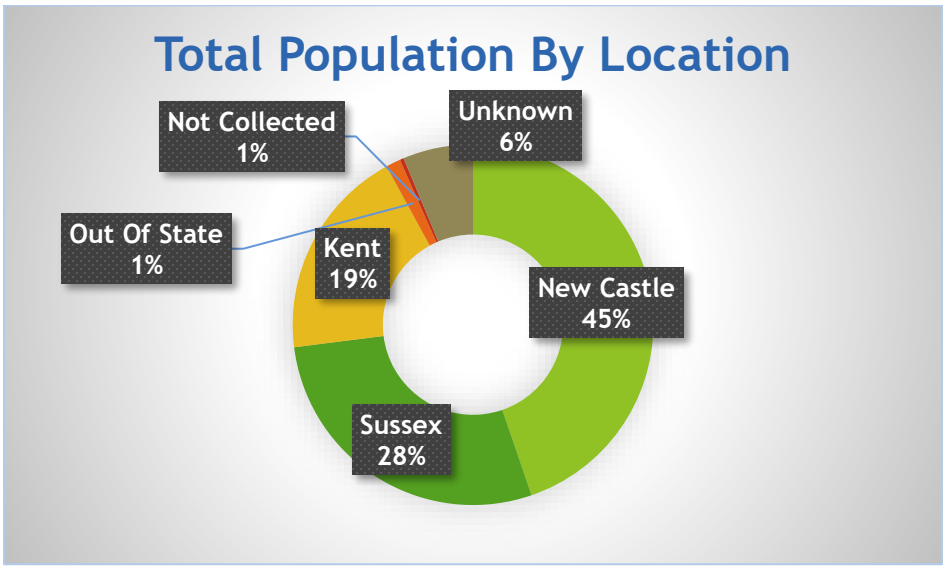
Below: Snapshot of Delaware's demographics for clients engaged in public behavioral health funded treatment services from July 1, 2020-June 30, 2021 (DSAMH Bureau of Research and Evaluation, 2021):

*The largest segment of the total population is located in New Castle County with 44.74% of the client base. Furthermore, 31.01% of the New Castle population is Substance Abuse Only, and 13.73% of the New Castle population is Co-Occurring. Sussex County makes up 28.26% of the population. Combined, these counties comprise 73.00% of the overall population in Delaware.*

*Of the modality breakout, 67.43% make up Substance Abuse only clients. 32.57% are comprised of Co-occurring Clients.*


Substance Abuse only
NEW CASTLE
5,569
SUSSEX
3,461
KENT
2,296
OUT OF STATE
173
NOT COLLECTED
63
UNKNOWN
547

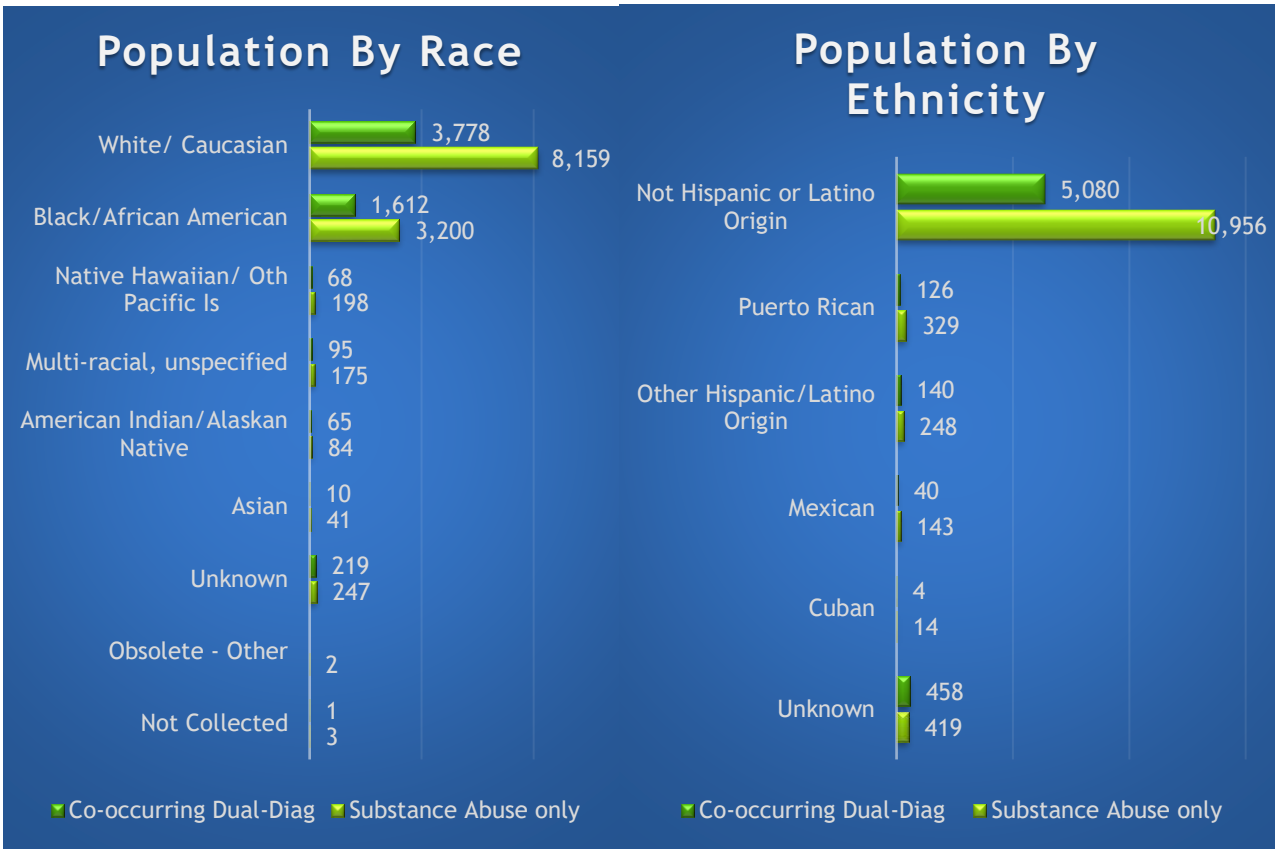

Co-occurring Dual-Diag)
NEW CASTLE
2,465
SUSSEX
1,613
KENT
1,125
OUT OF STATE
63
NOT COLLECTED
UNKNOWN
582


Total Population By Location
Not Collected 1%
Unknown 6%
Out Of State 1%
Kent 19%
New Castle 45%
Sussex 28%

As identified in the graphs below (cite source DSAMH Bureau of Research and Evaluation, 2021):

*White/Caucasian makes up the largest segment of the population with 66.48% of the total. This is comprised of 45.44% Substance Abuse Only and 21.04% Co-occurring. Black/African American makes up the second largest segment with 28.60% of the total population. This segment is split between 17.82% Substance Abuse Only, and 8.98% Co-occurring. Combined, this comprises 93.27% of the total population of Substance Abuse and Co-occurring clients.*

*Population by Ethnicity: Not Hispanic or Latino makes up 89.30% of the total population.*




Summary of Need:

This project's objectives align with Delaware's strategic drivers for its behavioral health system: 1) Engaging and stabilizing people with behavioral health needs wherever they might be ready to engage, 2) Improving coordination across referrals and transitions, 3) Providing seamless access to care management and social needs that supports mental, physical, social and spiritual well-being, 4) Providing person-centered, peer-supported, long-term treatment support for patients and families in the community, and 5) Building prepared and resilient communities. Both DSAMH's strategic drivers are based on in-depth reviews and recommendations from Pew Charitable Trusts[x], Johns Hopkins University[xi], and account for the priorities of Delaware's Lieutenant Governor's Behavioral Health Consortium.

This project will leverage the above strategic efforts and allow Delaware to strengthen and create sustainable change to address the full continuum of care, by intensifying and deepening the work that has started, and adding additional supports that build on treatment and recovery support capital.

## Administration Summary

DSHA will oversee the administration of the RHP grant. Oversight includes: sub-recipient grant management, monitoring, completing an environmental review, ensuring Residential Anti-Displacement and Relocation Assistance plans are adopted and followed and complying with acquisition and relocation requirements of the Uniform Relocation Act. In addition, DSHA will ensure federal and DSHA rehabilitation standards are met.

DSHA Point of Contact: Cynthia L. Deakyne, cindy@destatehousing.com 302-739-0291

Subrecipients, will be responsible for purchasing and rehabilitating the property as well as administering program services under the guidance of the DSHA Development Section.

Potential Subrecipient Point of Contacts:

Impact Life – Deborah Brown deb@impactlifetoday.com
atTAack Addiction – Don Keister don.keister@attackaddiction.org

## National Objectives

- Benefit to Low- and Moderate-Income (LMI) Persons Thru Limited Clientele Activities – For activities that benefit persons that are "presumed" to be of low and moderate income or are qualified based on data about family size and income.
- The RHP program connection to program purpose and must provide stable, temporary housing for individuals in recovery from a substance use disorder.

## Uses of Funds – Activities Carries Out Directly

- DSHA will not be making funds available to nay entitlements or non-entitlements or general local units of governments.
- **Eligible sub-recipients**:
    - Nonprofit entities that have a valid license through the State of Delaware Division of Substance Abuse and Mental Health to provide Substance Abuse and Recovery Residence services including:
        - Nonprofit organizations that are corporations, associations, agencies or faith-based organizations with nonprofit status under the IRS Section 501(c)(3); and
        - Community-Based Development Organizations (CBDOs) that have been certified by the CDBG Program.
    - Non-profits must have experience providing successful services related to substance use disorder recovery and have capacity to carry out the grant in a timely manner
- **Recovery funds will be approved for**:
    - Acquisition
    - Rehabilitation/Renovation Costs
    - Pre-development and Soft Costs
    - Relocation, if applicable
    - RHP is a reimbursement program
- **Types of RHP Projects**:
    - Shared or congregate single family
    - Apartment Buildings
    - Re-purpose buildings
- **Locations:**
    - Statewide, with Sussex County having priority
- **Target Populations include:**

- The target population are adult (18 years of age and over) residents of Delaware meeting medical necessity for ASAM criteria for Level 3.1 services.
- Subpopulation priority preference for high-risk populations such as justice-involved, transition age youth, intravenous drug users, pregnant women, parents with dependent children, veterans, LGBTQ+, justice-involved populations, individuals who are attempting to regain custody of their children, families, individuals with Opioid Use Disorder (OUD), and culturally diverse populations.
- High-risk populations as described above must receive first preference for treatment services. Subrecipients must describe how they will manage their wait list, with prioritization for these high-risk populations.

- **Service Provision (not funded with Recovery Funds)-Expectation of how RHP supported project will operate and fulfill RHP national objectives:**
  - Operation of a Recovery Residence and service provision that meets the NARR Level 4, ASAM 3.1 Level of Care and expected licensing and staffing levels as defined in Section 6001,13.1.2 of Title 16 of the Delaware Administrative Code related to Operation, Staffing, and Staff Schedules for transitional residential treatment[xii].
  - Services may include the provision of recovery support with accessible services, both medical, and non-medical, based on needs rather than on insurance status or the initial diagnosis of the individual.
  - Subrecipients are expected to engage in meaningful continuing care collaboration and coordination of care with, primary care providers, acute care facilities, existing outpatient services, as well as other community treatment resources.
  - Subrecipients are expected to provide trauma-informed care practices that promote a culture of safety, empowerment, and healing and person-centered planning methods with the goal of guiding the client towards full inclusion in the community.
  - Subrecipient will also be subject to contractual compliance under DSAMH for the treatment operation of the Recovery Residence and service provision.

## Non-Eligible Activities

- Operational Costs (water/sewer, taxes, utilities, supplies, etc.)
- Supportive Services or Management staffing
- Planning

## Methods of Distribution

The method of distribution will be direct implementation via written agreements (or grant agreements) with subrecipients. Eligible subrecipients will be identified through our partnership with DSAMH and their approved service provider non-profit organizations.

A ranking committee was established consisting of staff from DSAMH, DOC and DSHA. The Review committee used a scoring matrix, reviewed applications, prioritized projects and decided which organizations to fund based on ranking criteria. A copy of this criteria and applications was provided to all organizations during the application process.

## Resources and Projects

DSHA will use 8% of the total award: 5% for Administration costs and 3% for Technical Assistance. The remaining funds will be distributed to subrecipients approximately $2,069,586 for Acquisition of and Rehabilitation of Real Property.

| | |
|---|---|
| FY2020 Total Award | $ 1,022,000 |
| -5% General Admin | 51,100 |
| -3% Technical Assistance | 30,660 |
| Total Amount Available | $ 940,240 |

| | |
|---|---|
| FY2021 Total Award | $1,227,551 |
| -5% General Admin | 61,378 |
| -3% Technical Assistance | 36,827 |
| Total Amount Available | $1,129,346 |

**Total available for both allocations: $ 2,069,586**

DSHA is encouraging all subrecipients to identify and utilize other state or federal funding for RHP activities including:

- HUD CARES Act funding, if available
- Corona Relief Funding, if available
- American Rescue Plan (ARP), local or State, if available
- SAMSHA funding, including through ARP funding, if available
- Other state funding from other state agencies
- Local contributions and donations

## Program Income

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

## Use of Funds - Evaluation and Criteria of Application Process

DSHA will award RHP funds through a competitive process. Applications are evaluated using a three-step process: threshold review; project evaluation; and funding recommendations. Applications will not pass threshold and be rejected if: 1) the application is not complete; 2) the application is not received by the established due date/time; or 3) the proposed project and/or activities do not meet the eligibility requirements.

Applicants will be contacted if additional information is required. Applications will be scored and ranked competitively by a review committee composed of DSHA, Division of Substance Abuse and Mental Health (DSAMH), Department of Corrections (DOC) program staff with participation from other state and/or federal government agencies when appropriate.

Point ranges have been established for each criterion to gauge the extent to which the applicant meets the criterion. The following factors will be considered in determining the points assigned. Applicants should base their narratives on the following scoring categories (see Appendix for Scoring Matrix for more detail).

Data Collection and Greatest Unmet Need – 10 points
Demonstrated Coordination with other Federal and Non-Federal assistance as related to – 10 points

- Substance Abuse;
- Homelessness or At risk of Homelessness;
- Re-Entry;
- Employment;
- Wraparound Services;
- Location (Sussex has a priority)

Licensing Status – Yes 10 points; No 0 points
Existing Service and Experience – 10 points

- Services currently provided
- Ability to provide comprehensive recovery services
- Support offered after exit for long term recovery
- Explanations of how RHP will change or enhance services provided and criteria for determining eligibility;
- Experience providing successful services related to substance use disorder recovery;
- Timely assistance provided to those with greatest need;
- Minimal barriers to entry

Sustainability – 5 points
Annual Outcome Measures – 10 points
Feasibility, ready to proceed, and budget (sources and uses for construction and operations/support services) and ability to expend funds quickly - 10 points
Management, Oversight and Monitoring Policies and Procedures – 10 points

Applications and Activities will be evaluated based on their impact and meeting the criteria above. Applicants must clearly describe needs, solutions, and proposed benefits and accomplishments. As Congress and HUD have mandated that funds must be spent in a timely manner, the applications and Activities will be evaluated based on capacity and readiness to proceed. Applicants must describe how they will implement each Activity.

**Funding Recommendations**

The highest-rated applications are recommended for funding until the available funding for the round is exhausted. DSHA reserves the right to reduce requested amounts or to not fund specific activities identified in an application. The recommendations of the Ranking Committee for both approval and rejection of applications are reviewed and approved by the Director of DSHA.

## Anticipated Outcomes

Goals, number of units/beds created or rehabbed 28

Transition to permanent housing numbers 10

## Expenditure Plan

DSHA will comply with all RHP guidelines and expend at least 30% of the funds within year one as required. We anticipate spending 100% of the RHP funds within by October/November 2022.

Administrative costs will not exceed the 5% allotment. Any program income generated will be used to continue RHP- eligible activities.

DSHA 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 and 2021 funding being allocated under Pre-Agreement Costs. DSHA full anticipates expending 100% of RHP funds before the end of the period of performance. Subrecipients with projects that can demonstrate readiness to proceed will assist DSHA with timely expenditures.

## Citizen Participation Plan

DSHA held a virtual public interest meeting on October 1, 2021 with recovery housing and substance disorder non-profits that would be interested in developing permanent recovery housing. The purpose of the meeting was to discuss how the federal RHP program works and how to apply through DSHA.

DSHA held a public meeting on December 6, 2021 and made available to citizens, public agencies, and other interested parties' information that includes the amount of assistance DSHA expects to receive and the activities that will be undertaken with these funds. DSHA made this information available on the DSHA's Website at least 15 days before the final Action Plan is submitted to HUD. DSHA published the proposed Action Plan in a manner that affords citizens, units of general local governments, public agencies, and other interested parties a reasonable opportunity to examine its contents and to submit comments.

In addition, DSHA made the information available through other mechanisms in accordance with DSHA's Citizen Participation Plan, included advertising in the local newspapers and media and list serve notice via e-mail to interested parties involved in permanent recovery housing.

DSHA will consider any comments or views received in writing, or orally at the public hearing. A summary of these comments or views, and a summary of any comments or views not accepted and the reasons therefore is attached as Appendix 2 attached to the RHP final Action Plan.

## Partner Coordination

DSHA has been meeting with our DSAMH and DOC partners since early spring of 2021 to discuss current programs and initiatives for sober living/recovery housing in Delaware for additional permanent transitional housing for persons that are recovering from substance abuse disorder. In addition, DSHA met with DOC representatives to discuss their goals for increasing Recovery Housing for individuals leaving incarceration. DSAMH was part of the Review Committee and will continue to partner with DSHA as these projects evolve.

DSHA also met with the Pennsylvania Association of Residences for Recovery (PARR) as Delaware does not have a NARR affiliate to learn about their experiences and what their role is in addiction recovery. Currently, PARR is the compliance monitor for NARR standards certification on behalf of DSAMH.

DSHA had a public information meeting on October 1 to engage stakeholders and organizations that work in the Recovery field that would be interested in developing permanent recovery housing. The purpose of the meeting was to discuss how the federal RHP program works and how to apply through DSHA. DSHA invited organizations that also are part of the Continuum of Care Programs in Delaware and those familiar with the Emergency Solutions Grant and Housing for Persons with Aids grant programs.

## Monitoring and Inspections

DSHA will oversee the implementation of requirements under the new Recovery Housing Program rule. DSHA's CDBG program manager will ensure that the project is carried out in accordance with all program regulations and other federal requirements. The CDBG program manager will work with the selected projects throughout the life of the project to assist them through the process.

Current CDBG acquisition monitoring checklists and forms will be used to monitor the project and DSHA will utilize underwriting and Design and Construction Standards. Annual inspections and financial monitoring that complies with Subrecipient monitoring and will be required to upload information into MITAS database system.

## Pre-Agreement Costs

Following DSHA's Community Development Block Grant's policies and procedures the only pre-agreement costs that can be reimbursed with RHP funds would be associated with the environmental review clearance.

## Potential Projects

1. IMPACT Recovery Farm – 4973 Boyce Road, Seaford, DE
    a. 5 bedroom, 2.5 bathrooms with 10 recovery beds
    b. Beds will be for women in recovery
    c. The goals of the program are to provide permanent recovery housing and foster long-term recovery for individuals, create a permanent staple for Sussex residents where they can come to heal and re-enter life, teach residents transferable life skills so they can be self-supporting with work and housing in place when they leave the program
    d. NARR Level IV
    e. RHP Request $750,000

2. atTAck Addiction Harbeson Project - 22703 Hurdle Ditch Road, Harbeson, DE
    a. 6 bedrooms, with 18 recovery beds
    b. Beds will be for men, re-entry and others in need of recovery beds
    c. Impact Life has been selected as the service provider and will provide services as well as manage the property.
    d. NARR Level IV
    e. RHP Request $715,000

## Cross Cutting Requirements and Certifications

(1) DSHA certifies that it has in effect and is following a residential anti-displacement and relocation assistance plan in connection with any activity relocation assistance, and one-for-one replacement housing requirements of section 104(d) of the Housing and Community Development Act of 1974, as amended (42 USC § 5304(d)) and implementing regulations at 24 CFR part 42, as applicable, except where waivers or alternative requirements are provided.

(2) DSHA certifies its compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by part 87.

(3) DSHA certifies that the RHP Action Plan is authorized under state and local law (as applicable) and that DSHA, and any entity or entities designated by DSHA, and any contractor, subrecipient, or designated public agency carrying out an activity with RHP funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations and the grant requirements. DSHA certifies that activities to be undertaken with RHP funds are consistent with its RHP Action Plan.

(4) DSHA certifies that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 et seq.), and implementing regulations at 49 CFR part 24, except where waivers or alternative requirements are provided.

(5) DSHA certifies that it will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 75.

(6) DSHA certifies that it is following a citizen participation plan adopted pursuant to 24 CFR 91.115 or 91.105 (as imposed in notices for its RHP grant). Also, each unit of general local government receiving RHP assistance from a state must comply with the citizen participation requirements of 24 CFR 570.486(a)(1) through (a)(7) for proposed and actual uses of RHP funding (except as provided in Federal Register notices providing waivers and alternative requirements for the use of RHP funds).

(7) DSHA certifies that it is complying with each of the following criteria: (1) funds will be used solely for allowable activities to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing,

whichever is earlier; (2) with respect to activities expected to be assisted with RHP funds, the RHP Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate income individuals and families; (3) the aggregate use of RHP funds shall principally benefit low- and moderate-income families in a manner that ensures the grant amount is expended for activities that benefit such persons; and (4) DSHA will not attempt to recover any capital costs of public improvements assisted with RHP grant funds, by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) RHP grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than RHP; or (b) for purposes of assessing any amount against properties owned and occupied by persons of moderate income, DSHA certifies to the Secretary that it lacks sufficient RHP funds (in any form, including program income) to comply with the requirements of clause (a).

(8) DSHA certifies that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations, and that it will affirmatively further fair housing.

(9) DSHA certifies that it has adopted and is enforcing the following policies, and, in addition, must certify that it will require local governments that receive grant funds to certify that they have adopted and are enforcing: (1) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and (2) a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.

(10) DSHA certifies that the grant will be conducted and administered in conformity with the requirements of the Religious Freedom Restoration Act (42 U.S.C. 2000bb) and 24 CFR 5.109, allowing the full and fair participation of faith-based entities.

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

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

(13) DSHA certifies that it will comply with environmental review procedures and requirements at 24 CFR part 58.

(14) DSHA certifies that it will comply with applicable laws.

## Written Agreements

DSHA will utilize CDBG written grant agreements with sub recipients that will include all RHP requirements. A deed restriction will remain on the property for a 30-year period. If the RHP property does not remain as a recovery residence as intended, the RHP funds must be returned and will be treated as Program Income to be utilized for additional recovery housing or CDBG-eligible activities, as applicable based on when program income is received.

## Standard Form 424 and 424D Certifications

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

## Definitions

**Substance Use Disorder (SUD)**
The US Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) defines Substance use disorder 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. Diagnostic criteria for SUD is described further by the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*[xiii]

**Mental Illness**
SAMHSA defines mental illness as 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. Diagnostic criteria for SUD is described further by the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*[xiv]

**Co-occurring/Co-morbidity Disorders**
The coexistence of both a mental health and a substance use disorder (SAMHSA.ORG; accessed November 24, 2021)

**Recovery**
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[xv].

There are ten (10) guiding principles of recovery[xvi]:

- *Recovery emerges from hope:* The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- *Recovery is person-driven:* Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).
- *Recovery occurs via many pathways:* Individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds, including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
- *Recovery is holistic:* Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
- *Recovery is supported by peers and allies:* Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery
- *Recovery is supported through relationship and social networks:* An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support and encouragement; and who also suggest strategies and resources for change.
- *Recovery is culturally based and influenced:* Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.
- *Recovery is supported by addressing trauma***:** Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment and collaboration.
- *Recovery involves individual, family and community strengths and responsibility:* Individuals, families and communities have strengths and resources that serve as a foundation for recovery.
- *Recovery is based on respect:* Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

Recovery occurs in four primary dimensions: Health, Home, Purpose, and Community.

- Persons in recovery develop new meaning, purpose, and identity as they grow beyond the catastrophic effects of mental illness.
- Persons in recovery grow beyond the damaging effects of alcohol and drug misuse.
- Persons in recovery move from a management view of illness (physical, mental, and substance misuse) to a holistic, wellness-centered view, and
- Persons in recovery grow beyond the effects of stigma, and related cultural barriers such as classism, racism, sexism and homophobia.

## Recovery Residences

Recovery residences provide a safe and supportive living environment that is alcohol-free and illicit-drug free housing for individuals with substance-related disorders, addictive disorders, and/or co-occurring mental health, substance-related or addictive disorders. The purpose of a recovery residence is to provide a healthy living environment for individuals to initiate and sustain recovery.

Recovery Residences shall address the biopsychosocial aspects of the individual in a supportive environment. Services should include a trauma informed approach, integrating motivational interviewing, peer support, and other evidence-based strategies. The primary purpose of Recovery Residences is to promote transition to continued recovery in an independent living setting. As such, programs include a focus on developing natural supports where available and will engage individuals' support networks while they are living in the Recovery Residence setting.

Recovery Residences must adhere to the National Association of Recovery Residence (NARR) standards for Recovery Residences: https://narronline.org/affiliate-services/standards-and-certification-program/. NARR Level 4 is further subjected to licensing standards under Section Title 16 of the Delaware Administrative Code as an ASAM 3.1 level of care.

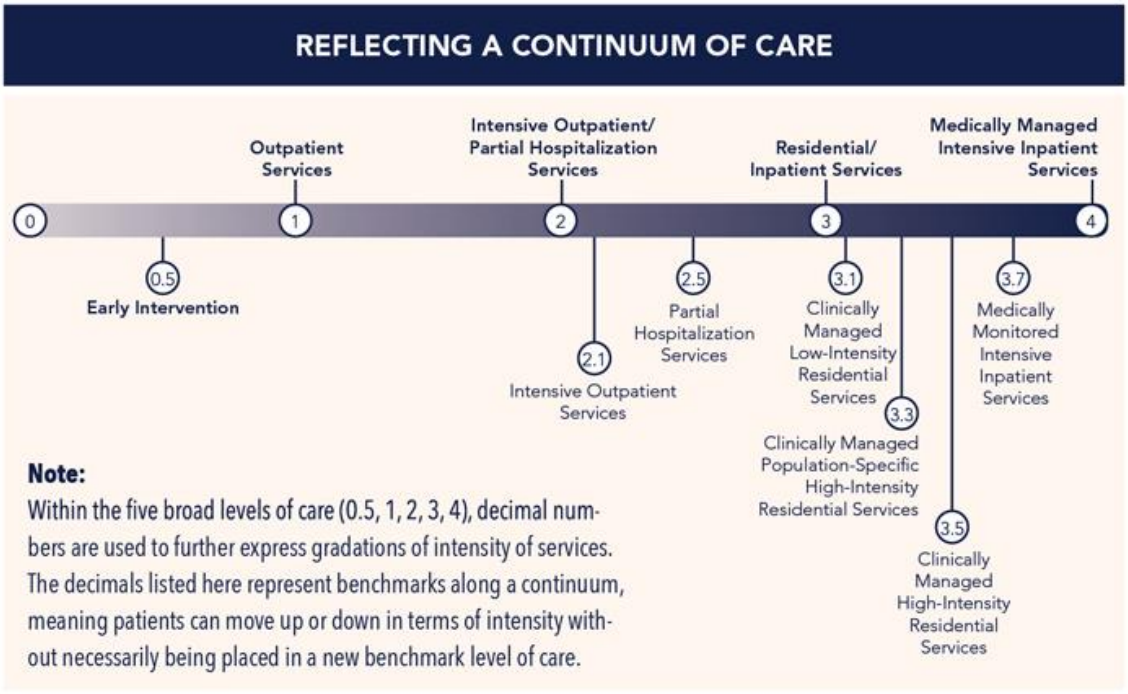
The infographic below depicts the NARR Recovery Residence Levels of Support[xvii]:

| NARR National Association of Recovery Residences | | RECOVERY RESIDENCE LEVELS OF SUPPORT | | | |
|---|---|---|---|---|---|
| | | LEVEL 1 Peer-Run | LEVEL 2 Monitored | LEVEL 3 Supervised | LEVEL 4 Service Provider |
| STANDARDS CRITERIA | ADMINISTRATION | • Democratically run<br>• Manual or P&P | • House manager or senior resident<br>• Policy and procedures | • Organizational hierarchy<br>• Administrative oversight for service providers<br>• Policy and procedures<br>• Licensing varies from state to state | • Overseen organizational hierarchy<br>• Clinical and administrative supervision<br>• Policy and procedures<br>• Licensing varies from state to state |
| | SERVICES | • Drug screening<br>• House meetings<br>• Self-help meetings encouraged | • House rules provide structure<br>• Peer run groups<br>• Drug screening<br>• House meetings<br>• Involvement in self-help and/or treatment services | • Life skills development emphasis<br>• Clinical services utilized in outside community<br>• Service hours provided in-house | • Clinical services and programming are provided in-house<br>• Life skills development |
| | RESIDENCES | • Generally single family residences | • Primarily single family residences<br>• Possibly apartments or other dwelling types | • Varies – all types of residential settings | • All types – often a step down phase within care continuum of a treatment center<br>• May be a more institutional environment |
| | STAFF | • No paid positions within the residence<br>• Perhaps an overseeing officer | • At least 1 compensated position | • Facility manager<br>• Certified staff or case managers | • Credentialed staff |

## ASAM Levels of Care Criteria

The American Society of Addiction Medicine Criteria is the authoritative source of standards for multidimensional assessment, patient placement, and level of care service characteristics in addiction treatment (www.asam.org, accessed November 23, 2021)[xviii].

The continuum of the ASAM Levels of Care can be found in the infographic below[xix]:




- Level 3.1-The American Society of Addiction Medicine (ASAM) Clinically Managed Low-Intensity Residential Services, this adolescent and adult level of care typically provides a 24-hour living support and structure with available trained personnel, and offers at least 5 hours of clinical service a week.

**Peer Support**

Peer Support is an evidence-based practice[xx] delivered by Certified Peer Recovery Specialists which focuses on promoting and maintaining an individual's wellness throughout recovery for mental health and/or substance use issues. Peer Support services are person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms, while facilitating the utilization of natural resources and the enhancement of recovery-oriented attitudes such as hope and self-efficacy, and community living skills. SAMHSA's initiatives and the literature on peer-based recovery support services https://www.samhsa.gov/brss-tacs indicate the growing significance of peer culture, support and leadership as fundamental to the long-term recovery of people receiving SUD and mental health services.

The significant value of persons with lived experiences of mental health and substance use conditions, as professional staff persons in inpatient and outpatient behavioral health service settings, is nationally known, well-defined, and considered to be a best practice by SAMHSA, the National Association for State Mental Health Program Directors, the National Association for State Alcohol and Drug Directors, the National Council for Community Behavioral Health, Mental Health America and the National Association on Mental Illness.

## Appendix 1

| Recovery Housing Program Rating and Ranking -2021 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Applicant:** | **Name** | | | **Requested RHP Amount $** | | | **Total Score:** | **0.00** | | | |
| **Project Description:** | Purpose: Provide stable, temporary housing to individuals in recovery from a substance use disorder.<br><br>DSHA has determined to use this funding for Acquisition of Real Property and Rehabilitation | | | | | | | | | | |
| | **RHP Rating and Ranking Criteria Description** | | **Data Range/Score** | | | | | | **Scor** | **x Weigh** | **Total Sco** |
| 1 | **Need Data Collected by DSAMH**<br><br>DSHA will use data from the DSAMH, Division of Mental Health and Substance Abuse database to determine areas of greatest need. | | Greatest Need<br>**10 points** | Moderate Need<br>**5 points** | Low Need<br>**0 points** | | | | 0.0 | 3.0 | **0.00** |
| 2 | **Demonstrated Coordination with other Federal and Non-Federal assistance related to:**<br>- Substance Abuse<br>- Homelessness<br>- At Risk of Homelessness<br>- Employment<br>-Wraparound Services | | Excellent<br>**10 points** | Good<br>**8 points** | Fair<br>**5 points** | Deficient<br>**3 point** | Poor<br>**1 points** | **0 points** | | 2.5 | **0.00** |
| 3 | **Licensing Status:**<br>- Valid license through DSAMH to be a recovery residence<br>- In good standing, no violations | | Yes<br>**10 points** | No<br>**0 points** | | | | | | 1.0 | **0.00** |
| 4 | **Existing Services:**<br>- Services currently provided<br>- Ability to provide comprehensive recovery services<br>- Support offered after program exit for long term recovery<br>- Explanation of how RHP will change or enhance services provided and criteria for determining eligibility<br>- Experience providing successful services related to substance use disorder recovery<br>- Timely assistance provided to those with the greatest need - Minimal barriers to entry | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 2.5 | **0.00** |
| 5 | **Unmet Need:** Data justifying the need for RHP funding | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 1.0 | **0.00** |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | **Sustainability:** Plan to sustain and continue services if RHP funding is invested in the project.<br><br>**Contingency Plan**: Contingency plan if RHP funds are not awarded | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 2.0 | **0.00** |
| 7 | **Annual Outcome Measures:**<br>- Proposed number of individuals assisted with RHP funding - Proposed number of individuals able to transition to permanent housing<br>- How will the project measure success | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 1.0 | **0.00** |
| 8 | **Feasibility:** The possibility, capability and likelihood of the project being completed within a year.<br><br>**Timeline**: Specific timeline that supports the feasibility of the project | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 2.0 | **0.00** |
| 9 | **Total Cost of Project:** Detailed Budget<br>- RHP Funding<br>- Federal Funding<br>- State Funding - Local Funding<br>- Other | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 2.0 | **0.00** |
| 10 | **Management, Oversite & Monitoring: Policies & Procedures**<br>- Eligibility determination<br>- Support of clients success after exit<br>- Referral process & tracking/follow-up<br>- Relapse protocol<br>- Civil Rights<br>- Fair Housing<br>- Coordination with Law Enforcement<br>- Client discharged, evicted or no longer interested are offered assistance in accessing other housing services | | Excellent<br>**5 points** | Good<br>**4 points** | Fair<br>**3 points** | Deficient<br>**2 point** | Poor<br>**1 points** | 0 points | 0.0 | 2.0 | **0.00** |

# Appendix 2

State of Delaware

Community Development Block Grant

Recovery Housing Program (RHP)

**December 6, 2021**

Virtual Go To Meeting

Attendees:

DSHA Staff: Cynthia Deakyne, Andy Lorenz, Alice Davis and Debra Miller

Outside Organizations: Deborah Brown, Impact Life, Doreen Conte, West End Neighborhood House, Theresa Jackson, CJC, Wanda Millen, PSI, Susan Levy, DSAMH

The meeting was called to order at 10:00 a.m. by Cynthia Deakyne. Ms. Deakyne asked for all attendees to place their name and organization in the chat box. Any attendees on the phone were asked to identify themselves, as there were none, the meeting continued.

Ms. Deakyne, followed the power point presentation and explained the RHP program, the funding amounts, and the RHP processes taken by DSHA to-date. Ms. Deakyne then noted that the RHP Action Plan was now posted on DSHA's website and open for review and written comments. Written comments will be accepted by DSHA until 3:00 p.m. on December 20, 2021. Ms. Deakyne then opened up the meeting for verbal comments:

Ms. Deborah Brown, Impact Life had the following oral comments:

1. These projects are over arching and an important partnership and that funds were available for this purpose based on the enormous needs to fill in Delaware it is a real help.
2. The fact that the RHP is a peer centered approach is critical and that we included that as criteria is great.
3. Capital funding for RHP is very hard to come by. RHP funds applied to things like closing costs is incredible.
4. Very often these proposals are structured to meet goals and the level of commitment by both DSHA and DSAMH go above and beyond in this instance.

Ms. Wanda Mullen, PSI

1. Noted in the chat that she was here to listen and hoped to be able to partner with any of the non-profits as a service provider. Ms. Mullen left her contact information in the chat box. wmullen@psi-corp.net, 302-608-9296.

Ms. Deakyne reiterated that written comments to the RHP Action Plan were due by 3:00 p.m. on December 20, 2021. As there were no other comments, the meeting was adjourned at 10:29 a.m.

## References


[i] www.census.gov accessed November 23, 2021
[ii] MUA is determined by HRSA's criteria: having too few primary care providers, high infant mortality, high poverty, or a high elderly population. https://data.hrsa.gov/tools/shortage-area/mua-find. Accessed November 23, 2021.
[iii] Based on an analysis conducted by the University of Delaware of the DSAMH Consumer Reporting Form which captures intake and discharge information from all DSAMH clients.
[iv] 2019 Delaware State Epidemiological Profile: Substance Use and Related Issues. 2019. Center for Drug and Health Studies, University of Delaware. Available at https://www.cdhs.udel.edu/content-sub-site/Documents/EPI%20Report%202019%20-%20Rev%20-%20102919.pdf. Accessed April 26, 2020
[v] Data Overview of Risks and Assets of Delaware Youth. 2020. Center for Drug and Health Studies, University of Delaware.
[vi] Internal DSAMH equity analysis based on analysis conducted by the university of Delaware of the DSAMH Consumer Reporting Form which captures intake and discharge information from all DSAMH clients, DSAMH Bureau of Research and Evaluation
[vii] Internal DSAMH equity analysis based on analysis conducted by the university of Delaware of the DSAMH Consumer Reporting Form which captures intake and discharge information from all DSAMH clients, . DSAMH Bureau of Research and Evaluation
[viii] Based on an analysis conducted by the University of Delaware of the DSAMH Consumer Reporting Form which captures intake and discharge information from all DSAMH clients.
[ix] Ibid.
[x] "Substance Use Disorder Treatment Policy Recommendations for the State of Delaware", The Pew Charitable Trustsde, March 2019
[xi] "A Blueprint for Transforming Opioid Use Disorder Treatment in Delaware", John Hopkins Bloomberg School of Public Health and the Bloomberg American Health Initiative, July, 2018.
[xii] untitled (delaware.gov) Title 16, Health and Social Services, Delaware Administrative Code, 6000 Division of Substance Abuse and Mental Health, 6001 Substance Abuse Facility Licensing Standards. Accessed on November 23, 2021
[xiii] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5.* 5th ed., American Psychiatric Association, 2013. *DSM-V*, doi-org.db29.linccweb.org/10.1176/ appi.books.9780890425596.dsm02.
[xiv] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5.* 5th ed., American Psychiatric Association, 2013. *DSM-V*, doi-org.db29.linccweb.org/10.1176/ appi.books.9780890425596.dsm02.
[xv] Substance Abuse and Mental Health Services Administration, "SAMHSA's Working Definition of Recovery, Publication ID: PEP12-RECDEF, February 2012
[xvi] Substance Abuse and Mental Health Services Administration, "SAMHSA's Working Definition of Recovery, Publication ID: PEP12-RECDEF, February 2012
[xvii] NARR_levels_summary.pdf (narronline.org) access November 23, 2021
[xviii] Level of Care Certification (asam.org) Accessed on November 23, 2021
[xix] P105_ASAM-Continuum-of-Care_700pxwide.jpg (700×437) (asamcontinuum.org) Accessed November 23, 2021
[xx] State Letter recognized Peer Support as evidence-based, Center for Medicaid and State Operations, 2007, SMDL#07-11, TO: (cms.gov) accessed November 23, 2021