

Cover page

# Rhode Island Draft Recovery Housing Action Plan 2021



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## 1. SF424 and SF424D

2. **Program Summary** – ID key needs and goals for funding, include housing projects to be funded, outcome of project selection process

### Overview

The United States Department of Housing and Urban Development (HUD) is providing awards or funding to states to include recovery housing as part of the housing continuum. Recovery housing, also called recovery residences or sober houses, offers a living environment that is alcohol and drug free with a focus on peer support, social connectedness and connection to other recovery services that support long term recovery and reduce risk of homelessness for individuals experiencing behavioral health conditions.

### Purpose of the Funding

The United States Department of Housing and Urban Development is awarding Rhode Island's Office of Housing and Community Development (OHCD) funds to provide stable, temporary recovery housing for up to 24 months to low income people with substance use disorder.

Rhode Island will receive \$1,043,000 over a 4-year period from 2021-2024. The OHCD is partnering with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) to expand Recovery Housing through a statewide program to address the need for expanded levels and to prioritize populations needing increased access to recovery housing; including but not limited to: parents with children, individuals with co-occurring mental health and substance use disorder and individuals with a history of substance use disorder being released from prison. OHCD will provide the funds for the housing and various peer recovery supports to assist the individual in acquiring life skills needed to secure and retain stable, permanent housing. Please note, the State is prioritizing leveraging partnerships with existing recovery resources such as Recovery Centers, and peer-based recovery support services that are available through existing funding opportunities or through Medicaid billing.

Recovery housing has existed in RI for decades, charging residents a daily fee for the duration of their stay. Until recently, this type of housing was only available to individuals who could afford the daily fee. A combination of time-limited federal grant dollars and Opioid Stewardship funds permit BHDDH to contract with NARR certified level II recovery houses to provide approximately 500 grant funded beds. The federal grant that currently supports recovery house beds limits eligibility only to individuals at 200% of the federal poverty level who have a history of primary opioid or stimulant use, which represents only 26% of the individuals on the recovery house waitlist during the calendar year 2020. Opioid Stewardship (OS) funds are currently being used to provide funds to support the remaining 74% of income eligible individuals. The federal grant ends September 30, 2022 and the grant support for 130 recovery house beds will end. The OS funds are an annual appropriation and the funds allocated to support the additional 370 beds are time limited to June 30, 2022. Both grants only provide funding for a maximum of 12 months, although clients can stay longer, if they choose, using their own funding. The sunseting of the two, time-limited funding sources contribute to what is called the recovery house funding cliff.

BHDDH's primary funding stream, the US Substance Abuse Mental Services Substance Abuse Prevention and Treatment Block Grant, cannot be used for housing subsidies but can be used to fund supports. The OHCD and BHDDH partnership will allow the state to create up to two pilot programs by leveraging the two federal block grants managed by the respective agencies. OHCD is adding recovery housing to their housing continuum and

BHDDH-funded agencies will provide peer recovery supports to the houses receiving OHCD funding. This braided approach will help to diversify the funding sources that support recovery housing and increase access for low-income individuals.

OHCD will release two (2) Request for Proposals for two services that support the addition of recovery housing to the housing continuum and the services and supports necessary to find permanent, affordable housing:

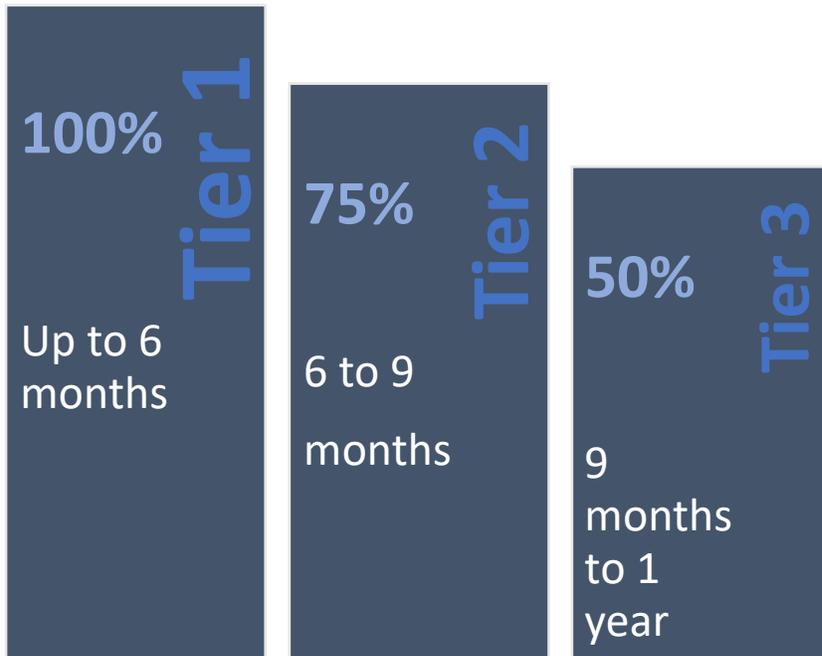
(1) [Certified](#) recovery housing targeting underserved communities or populations at Levels I, III or IV as described in [standards](#) developed by the National Association of Recovery Residences. The “levels” refer to levels of support offered by the house. (2) Provide housing navigation to any individual residing in Recovery Housing. Currently, individuals seeking recovery housing call 942-STOP to be screened for eligibility and added to a waitlist for placement in the housing. BHDDH has seen a gap in coordination of housing navigation services to assist individuals in moving into more permanent housing settings.

### Project Summary

The OHCD has received funding for subsidized Recovery Housing and is actively working with BHDDH to leverage other existing funding streams to augment recovery housing with supportive services and access permanent housing subsidies. Peer based recovery support services (PBRSS) are covered by fee for service Medicaid, and BHDDH manages the pool of providers who are approved to deliver and bill for PBRSS. BHDDH also funds 6 Recovery Community Centers (RCC) that are staffed by Certified Peer Recovery Specialists and act as regional hubs for a variety of recovery support services. If needed, BHDDH will facilitate connections between RCCs, other PBRSS providers, and recovery houses that want these services made available to their residents.

Recovery Housing is not licensed by any State agency. However, RIGL §40.1-1-13 stipulates that State agencies can only provide referrals and funding to NARR certified recovery houses, meaning that any private or non-profit agency interested in responding to this RFP must obtain the required certification.

BHDDH currently uses a tiered payment system for recovery housing, detailed in the graphic below. The tiered payment system provides a staggered approach to cost sharing between the individual housed and the contracted provider and allows the individual some time to find employment and stability while encouraging financial independence.

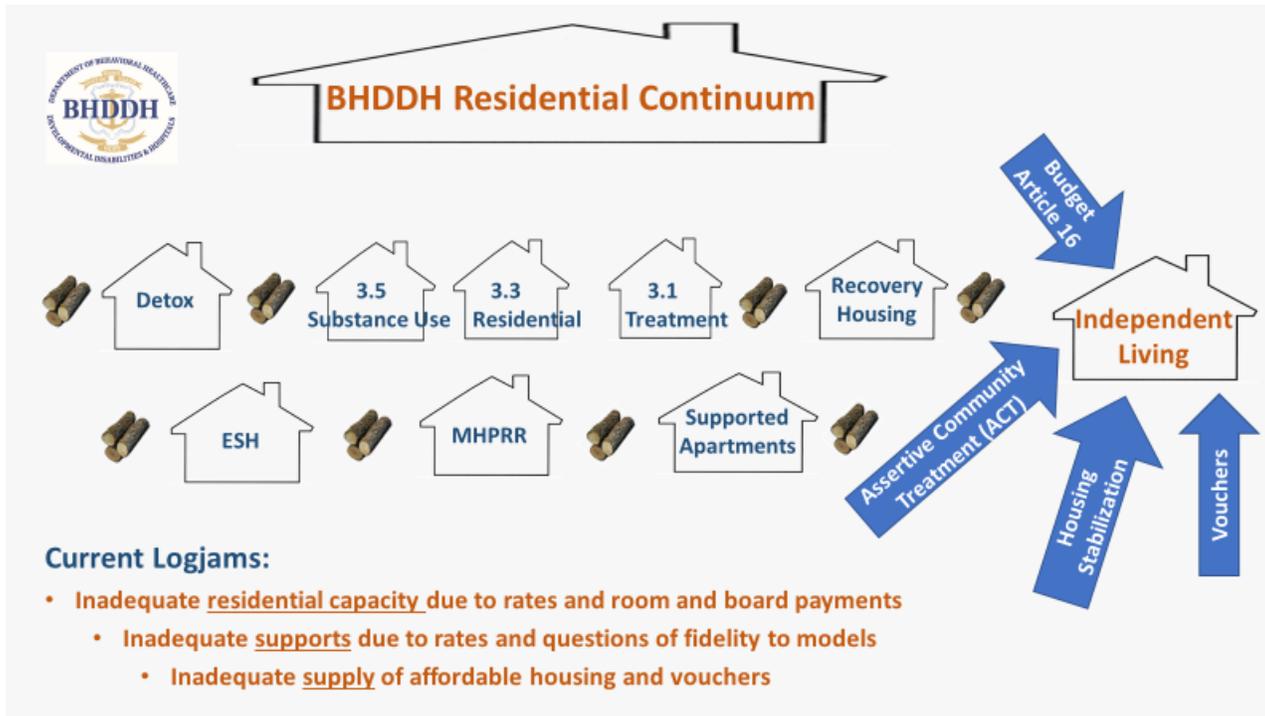


The Recovery Housing funds may be used to: Expand levels of Recovery Housing for levels I, III or IV for the following populations:

- Parents with children
- Individuals with substance use conditions leaving the Department of Corrections
- Individuals with co-occurring mental health and substance use conditions

#### Housing Navigation services across all Recovery Housing

As the diagram below shows, Recovery Housing is needed to reduce logjams in the BHDDH continuum of residential care. There are currently waitlists for detoxification services, residential treatment (all three ASAM levels) and to some degree for recovery house placement and state funding for that placement. On the mental health side, there are limitations to accessing the Eleanor Slater Hospital, particularly for civil admissions. There are prioritized waitlists for Mental Health Psychiatric Rehabilitation Residences (MHPRRs) and supported apartments. Recovery Housing provides some people a brief reprieve while seeking permanent housing, but RI has very little affordable housing and vouchers to subsidize permanent housing are hard to come by. With the imminent cliff in subsidies for Recovery Housing, RI is facing a further logjam in the continuum of residential services.



## Criteria for Evaluating Proposals

Proposals will be scored based on their overall capacity (not to exceed 16 beds), their plans for using braided funding to increase client's access to services like peer supports and overall safety and recovery plans for clients in the homes. Special priority will be given to applications serving parents with children and women, individuals leaving the Department of Corrections with a history of substance use conditions and individuals with co-occurring disorders.

Successful recovery housing applicants should demonstrate the following:

- How the recovery housing addresses unmet need in underserved communities or populations
- Current certification by the state's contracted certification body
- Ability of the recovery house owner/operator to coordinate with services providers such as recovery community centers, medication assisted treatment providers, community mental health centers and outpatient counseling services to provide information and referral for residents.
- Recovery house policies and procedures designed to enhance resident safety, transparency, increase recovery capital, reduce stigma (including supporting residents on medication assisted treatment) and support transition to permanent housing.

Eligibility Criteria:

- Citizen of US or in country lawfully
- Resident of RI for at least 6 months
- 18 years of age or older
- Income not to exceed 200% above federal poverty guideline

- Willingness to participate
- Other criteria as determined by individual housing providers

Individuals interested in receiving financial support for recovery housing will need to contact the Rhode Island Hope and Recovery line at 401-942-STOP (7867) to be screened for eligibility.



Screen of individual by 942-STOP

Placement on a waitlist




Call from 942-STOP - bed available

Contact house/ ready for placement

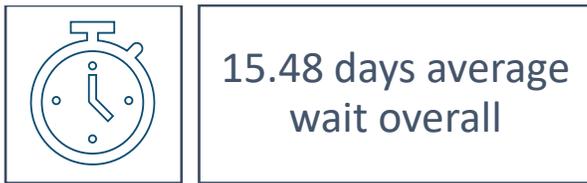


Eligibility will be re-assessed every 90 days for up to one year. No additional fees may be assessed on individuals that are supported in full or in part by this program.

Projected Demand

## Factors effecting wait time

- Recovery house policies re:
  - COVID testing prior to entry
  - Identification
  - Negative toxicology screen
- Geographic preference



**3. Anticipated Resources** - ID additional funding sources available to partners include funding of services and housing subsidies

BHDDH will collaborate with OHCD to provide programmatic guidance to OHCD on implementing Recovery Housing and connect the OHCD funded recovery beds to the agencies that are receiving BHDDH funding for recovery supports.

Rhode Island Medicaid currently allows agencies to become Certified to bill for Peer Recovery Specialist, which is a resource for recovery supports.

The Housing Resource Commission is a statewide planning and policy body for housing to incorporate Recovery Housing into the Continuum of Housing. The HRC administers federal and state dollars for the development of affordable housing. These resources could be leveraged to acquire properties to purchase Recovery Housing.

The Rhode Island Continuum of Care (RiCoC) is the statewide policy and planning body for homelessness and supportive housing and will ensure that individuals in recovery housing who are eligible for services offered through the Coordinated Entry System.

Rhode Island Housing is the state housing finance agency and the public housing authorities for communities in Rhode Island without a local public housing authority and has partnered with the state to increase access to housing for special populations through a Move Up Housing Choice Voucher program, 811 units and the New Leaf program. OHCD will work closely with RI Housing to include the Recovery Housing residents in future program development.

**4. Administrative Summary** – Who are the partners and what is their role and responsibilities

The OHCD is the primary administrator of the Recovery Housing program and will release a Request for Proposal for recovery beds, contract with vendors and monitor the contracts. The contact for this program is:

Maryrose Mensah

Assistant Chief, Office of Housing and Community Development  
315 Iron Horse Way Providence RI 02908  
401-222-6844

BHDDH is a collaborating partner that will provide programmatic consultation to the OHCD and coordinate the relationships between the OHCD funded recovery housing beds and the providers funded through the Department for Recovery Support Services.

Executive Office of Health and Human Services, Division of Medicaid has worked closely with the community to establish programs that services build on recovery capital including the Certified Peer Recovery Specialist and the Home Stabilization Program. Community-based agencies can apply to become eligible to bill Medicaid for these services and provide them to individuals in Recovery Housing.

Rhode Continuum of Care (CoC) is the statewide policy and planning body for addressing homelessness and housing alternatives. The CoC connect eligible individuals to the appropriate services and ensure that recovery providers are aware of the Coordinated Entry System.

RI Housing is the state housing finance agency and the public housing authority for communities that do not have a local housing authority. They will partner with this program to include, when possible, individuals in Move Up strategies and have Housing Choice and Mainstream Vouchers that can assist in long term rental subsidies.

Housing Resource Commission is the statewide housing policy and planning body and will working closely with this program to identify opportunities for the creation and operating of Recovery Housing as part of the continuum of housing.

**5. Use and Allocation of Funds** – plan for expenditure of 30% for the 1<sup>st</sup> year, method of distribution of funds, eligible subrecipients, evaluation criteria, allocation process

Recovery Housing will be funded at the following levels:

Level 1 \$15.00/day

Level 2 \$20.00/day

Level 3 \$28.00/day

Level 4 \$32.00 /day

The RFP will identify at least 2 projects with no more than 16 beds per project, with a goal of creating 32 beds. The cost of 32 level 3 recovery beds is \$145,600 for a 6 month period (this 6 month projection allows for the time associated with the RFP process within the first year).

The Housing Navigators would be funded at approximately \$75,000 each, for two navigators, the total would be \$150,000. The Navigators could begin working immediately providing supports to individuals in Recovery Housing in need of these services. The work would include educating individuals on the Housing Resource Guide, applying for the Central Wait List and assisting in the completion of housing applications.

This will ensure that 30% of the funding is expended within 12 months.

## 6. Definitions

**Individual in Recovery**- A person in recovery from behavioral health conditions has embarked on a continuous process that never ends and must be actively maintained. Maintaining recovery means taking steps to make your quality of life better, improve your physical, mental, and spiritual well-being, and find a sense of purpose and connection in the world that is larger than your condition.

**Substance Use Condition**- occurs 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. (SAMHSA)

Addiction is a chronic disorder that affects the reward, motivation, and memory functions of the brain based on use of substances that have a psychoactive effect. Specifically, addiction results in an inability to control substance use or abstain from using drugs or alcohol. (ASAM)

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. (ASAM)

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

**Executive Office of Commerce** - The Executive Office of Commerce is authorized and established as the state's lead agency for economic development throughout Rhode Island and serves as the principal agency of the executive branch of state government for managing the promotion of commerce and the economy within the State. The Secretary of Commerce, appointed by the Governor with the advice and consent of the Senate, oversees the Executive Office of Commerce. The Secretary is charged with coordinating a cohesive direction of the State's economic development activities. The agency oversees the state's Office of Housing and Community Development, the Commerce Corporation (and all pass-through grant appropriations), the I-195 Redevelopment District Commission, the Department of Business Regulation and the Office of the Health Insurance Commissioner. From time to time, the Executive Office of Commerce is also tasked with facilitating other special governmental programs and initiatives.

**Office of Housing and Community Development** -is an Office within the Executive Office of Commerce, with a mission to provide opportunities for healthy and affordable housing through production, lead hazard mitigation, and the coordination of the homeless system and implementation of the State's plan to end homelessness.

OHCD provides financial and operational support for all housing programs administered by the Housing Resources Commission (HRC), including a rental assistance program, which will provide housing to homeless individuals and families by non-profit homeless service providers. OHCD's Community Development branch administers the federal Community Development Block (CDBG) program, and related programs.

**The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)** – the State of Rhode Island’s Single State Authority for substance use disorder, the Mental Health Authority

**Housing Resource Commission-** is the planning and policy, standards, and programs division of the Rhode Island Housing Resources Agency established by Chapter 128 of Title 42 of the Rhode Island General Laws. Its mission is to provide housing opportunities for all Rhode Islanders, to maintain the quality of housing in Rhode Island, and to coordinate and make effective the housing opportunities of the agencies and subdivisions of the state.

**Rhode Island Continuum of Care** – is the local policy and funding lead created and regulated by the US Department of Housing and Urban Development (HUD). The Rhode Island Statewide Continuum of Care (RiCoC) is responsible for planning, policymaking and gaps analysis; funding distribution and compliance, comprehensive database oversight (HMIS); and Coordinated Entry System to equitably and transparently access resources

**Rhode Island Executive Office of Health and Human Services, Division of Medicaid** –its mission is to ensure access to high quality and cost-effective services that foster the health, safety and independence of all Rhode Islanders. The Division of Medicaid is responsible of oversight of the managed care organizations and the Medicaid Waiver for the State.

**RIGL §40.1-1-13** -Rhode Island General Law requiring that any referrals using state funding be directed to certified recovery houses.

**National Association of Recovery Residences’ National Standards for Recovery Residences** - These [standards](#) define the spectrum of recovery- oriented housing and services and distinguishes for different types which are known as "levels" or "levels of support." The standards define the minimum elements people in recovery should require from their recovery house service providers.

**RICARES** – the Rhode Island NARR certification contractor.

**Recovery Community Centers** -People new to recovery often live in environments filled with opportunities for relapse. Many go to Recovery Community Centers because they recognize that their new lifestyle, free from drugs and alcohol, is not compatible with their old friends or living arrangements. In these settings, individuals are offered hope in a safe environment. Positive outcomes come from providing this type of environment to people in early recovery. Community centers offer opportunities to learn interviewing and computer skills, and work on interpersonal relationships.

**Peer Recovery Support Services** Based on the fundamental principles of recovery, Peer Support Services (PSS) are specialized, therapeutic interactions between current or former consumers of behavioral health services and individuals in the process of recovery. The peers are trained and certified to offer support and assistance to those in the recovery and community-integration process. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable. The service is designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports.

## Resources

[Peer Recovery And Family Support | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals \(ri.gov\)](#)

**7. Expenditure Plan** - Proposed outcomes must include the number of individuals assisted in RHP and number of individuals transitioned to permanent housing form RHP

The program will create at least 2 new recovery housing programs with no more than 16 beds per project, with a goal of creating 32 recovery housing beds. All newly created beds, as well as, existing beds will have access to Housing Navigators to assist in the identification of permanent affordable housing options and assistance in the application process.

### **8. Proposed Outcome Measures**

The State needs recovery residences that adhere to criteria consistent with NARR’s standard for levels I, III and IV that accept individuals receiving medication assisted treatment. It is expected that all vendors seeking funds from this solicitation will apply to RICARES for NARR certification.

Recovery house owner/operators will facilitate linkages to recovery resources in the community that further promote social connections and development of recovery capital. Connections to external resources and services including peer support from external Certified Peer Recovery Specialists will be made. In addition to assisting residents with achieving personal recovery goals the core outcomes expected are:

- Housing Stability—exits to stable permanent housing
  - Measure: # residents discharged to a permanent place to live
- Income—Obtaining and maintaining employment and/or increasing income
  - Measure: # residents employed or with increased income at discharge
- Abstinence/harm reduction – decrease in frequency of use of substances
  - Measure: # residents with negative toxicology screens
- Increased access to peer recovery services and other recovery supports
  - Measure: # and % of individuals receiving services after referral
- Increased collaborations with housing, employment/education programs and other support services
  - Measure: # of organizations that enter into formal written agreement to improve collaboration

### **9. Partner Coordination Summary –**

Recovery housing has existed in RI for decades, charging residents a daily fee for the duration of their stay. Until recently, this type of housing was only available to individuals who could afford the daily fee. A combination of time-limited federal grant dollars and Opioid Stewardship funds permit BHDDH to contract with NARR certified level II recovery houses to provide approximately 500 grant funded beds. The federal grant that currently supports recovery house beds limits eligibility only to individuals at 200% of the federal poverty level who have a history of primary opioid or stimulant use, which represents only 26% of the individuals on the recovery house waitlist during the calendar year 2020. Opioid Stewardship (OS) funds are currently being used to provide funds to support the remaining 74% of income eligible individuals. The federal grant ends September 30, 2022 and the grant support for 130 recovery house beds will end. The OS funds are an annual appropriation and the funds allocated to support the additional 370 beds are time limited to June 30, 2022. Both grants only provide funding for a maximum of 12 months, although clients can stay longer, if they choose, using their own funding. The sunseting of the two, time-limited funding sources contribute to what is called the recovery house funding cliff.

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BHDDH partnership will allow the state to create up to two pilot programs by leveraging the two federal block grants managed by the respective agencies. OHCD is adding recovery housing to their housing continuum and BHDDH-funded agencies will provide peer recovery supports to the houses receiving OHCD funding. This braided approach will help to diversify the funding sources that support recovery housing and increase access for low-income individuals.

Through the SAMHSA Substance Abuse Prevention and Treatment Block Grant and the Mental Health Block grant, BHDDH funds 6 Recovery Community Centers that each provide a variety of wellness and recovery support services. These services include: one on one connection to a Certified Peer Recovery Specialist, mutual aid support groups such as AA/NA/SMART Recovery/Dharma Recovery and more, life skill building classes, art based groups, music based groups, yoga and exercise groups, sober social events, employment support services, assistance in identifying behavioral health needs and accessing needed treatment and other supports, assistance in identifying and accessing resources to meet basic needs, etc. Services and support available vary between each center. The Recovery Community Centers funded by BHDDH are: The Serenity Center of Woonsocket, The Anchor Recovery Community Center of Providence, The Anchor Recovery Community Center of Warwick, The East Bay Recovery Center of Warren, The Hope Recovery Center of Washington County, and The Hope Recovery Center of Newport County.

BHDDH also funds Anchor Mobile Outreach Recovery Efforts (MORE) and Anchor ED. Anchor MORE is a statewide outreach initiative staffed by peer recovery specialists. The MORE Team goes out into the community to talk with individuals suffering from substance use disorders, with the goal of providing resources and support to people who are ready for it. Anchor ED is also a statewide initiative staffed by peer recovery specialists and connects individuals who have presented at emergency rooms with a substance use issue to recovery services and supports.

The OHCD will also partner with the Housing Resource Commission to include Recovery Housing in the statewide continuum of housing and planning, as well as, the Rhode Island Continuum of Care to ensure that individuals are connected to the Coordinated Entry System and are able to access housing and services for which they are eligible; including prevention and diversion.

#### **10. Subrecipient Management and Monitoring Policies and Procedures**

BHDDH currently contracts with vendors to provide 500 recovery housing beds. The Contract Monitor Administrator will provide the OHCD an overview of the policies and procedures that have been approved by the RI Bureau of Audit. All vendors have a contract that contains a Scope of Work (SOW) and requires per all Recovery Housing vendors to be certified according to NARR standards per Rhode Island General Law (RIGL). BHDDH received monthly invoices from vendors which are verified against the recovery housing waitlist and paid by tied rates. The staff perform on site reviews annually to review living conditions, files, income verification and client satisfaction interviews.

#### **11. Description of pre-award or pre-agreement costs to be reimbursed – N/A**

#### **12. Certifications**