

State of Florida

Recovery Housing Program

Action Plan FFY 2020-21

The Florida Department of Economic Opportunity

Bureau of Small Cities and Rural Communities

Main Line: 850-717-8405



FLORIDA DEPARTMENT *of*
ECONOMIC OPPORTUNITY

Submitted to the United States Department of Housing and Urban Development (HUD) in fulfillment of the requirements for the Recovery Housing Program.

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Executive Summary

In 2018, Congress authorized the federal Recovery Housing Program (RHP) under [Section 8071](#) of the SUPPORT for Patients and Communities Act (SUPPORT Act). RHP funds are allocated by the United States Department of Housing and Urban Development (HUD) to allow states to provide stable, transitional housing for individuals in recovery from a substance use disorder. RHP grant funds are treated as Community Development Block Grant (CDBG) funds under Title I of the Housing and Community Development Act of 1974, with the rules being modified by Federal Register Notice FR-6225-N-01.

The Florida Department of Economic Opportunity (DEO) was awarded \$871,000 for federal fiscal year (FFY) 2020 and \$786,114 for FFY 2021 in RHP funding, for a total of \$1,657,114. DEO's FFY 2020-21 RHP Action Plan will guide the use of both allocations.

DEO has identified a specific need for additional recovery housing and services for the veteran community within the state. The goal of the 2020-21 RHP is to help existing public or private nonprofit organizations or units of local government provide stable, temporary housing to veterans in recovery from substance use disorders. RHP funds may be used to provide relocation payments and rental assistance, as well as new construction, acquisition, and/or rehabilitation of facilities or housing.

Assistance from the RHP is limited, per individual, to a period of not more than two years, or until the individual secures permanent housing, whichever is earlier. DEO will administer and monitor the use of RHP funds to ensure compliance with program rules.

DEO will distribute funds by requesting proposals from public or private nonprofit organizations and units of local government who prioritize serving veterans in recovery from substance use disorders, but will not exclude organizations serving non-veterans. DEO will evaluate the proposals received and then make one or more subgrants to the applicants that best meet the criteria set forth in the "Applicant Evaluation Criteria" section of this Action Plan. Eligible subrecipients must have proven experience in providing services to veterans in recovery in order to help them attain self-sufficiency and meet individual recovery goals.

Definitions

The following definitions apply to Florida's Recovery Housing Program.

Individual in Recovery

According to the Florida Substance Abuse and Mental Health Program (SAMH) and the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) the working definition of an individual in recovery is an individual who:

- Is overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being;
- Has a stable and safe place to live;
- Is conducting meaningful daily activities;
- Is working toward the independence, income, and resources to participate in society; and
- Has relationships and social networks that provide support, friendship, love, and hope.¹

Substance Use Disorder

As defined by SAMHSA, substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.²

Recovery Residences

As defined by Section 397.311, Florida Statutes, a recovery residence is:

- A residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment.³

Florida Association of Recovery Residences

The Florida Association of Recovery Residences (FARR) was founded in 2011 to evaluate and monitor standards-based recovery support services provided in

¹ Substance Abuse and Mental Health Services Administration. "Recovery and Recovery Support" April 23, 2020. <https://www.samhsa.gov/find-help/recovery>

² Substance Abuse and Mental Health Services Administration. "Mental Health and Substance Use Disorders" April 30, 2020. <https://www.samhsa.gov/find-help/disorders>

³ Section 397.311 F.S. Accessed May 24, 2021. <https://www.flsenate.gov/laws/statutes/2020/397.311>

community-based, residential settings throughout Florida. FARR is the Florida Affiliate of the National Alliance for Recovery Residences (NARR). NARR is a 501(c)(3) nonprofit organization that has developed the most widely referenced national standard for the operation of recovery residences. Recovery residences that operate in accordance with NARR's quality standards are recognized by SAMHSA. As of August 31, 2021, there are 439 FARR certified recovery residences in Florida. A list of certified recovery residences from FARR can be found online [here](#).

NARR defines the spectrum of recovery-oriented housing and services and distinguishes four different types, which are known as "levels" or "levels of support" through its national standard for recovery residences. The standard was developed through a collaborative approach that solicited input from all major regional and national recovery housing organizations. The full text of NARR's recovery standard and code of ethics for recovery residences can be found online [here](#).

SAMSHA-Recognized NARR Quality Standards for Recovery Residences

Level I – Peer Run residences are democratically run and adhere to an agreed upon set of policies and procedures, including requirements for regular drug screening, house meetings among residents, and encouragement of residents to attend self-help meetings.

Level II – Monitored residences are staffed with a House Manager or Senior Resident who ensures adherence to house rules. Residents participate in peer-run groups, drug screenings, and house meetings among residents while also being encouraged to attend self-help and/or treatment services.

Level III – Supervised residences are part of an organization that provides administrative oversight and is licensed according to state requirements. Residents receive clinical services offsite while supportive services are offered on site to promote life skill development.

Level IV – Service Provider residences are offered in a variety of settings and are often a step down from residential treatment or detoxification facilities. These settings are overseen by an organization that offers both clinical and administrative supervision, and may be licensed according to state requirements. Operators adhere to policies and procedures and offer in-house clinical services and life skill development programming.⁴

⁴ UNITED STATES Department of Housing and Urban Development. "Recovery Housing Program Models" May 2021. <https://files.hudexchange.info/resources/documents/RHP-Program-Models-Quick-Guide.pdf>

Program Summary

Section 8071 of SUPPORT Act allocated funding for states to provide stable, temporary housing assistance to individuals in recovery from a substance use disorder, under the *Pilot Program to Help Individuals in Recovery From a Substance Use Disorder Become Stably Housed* (Recovery Housing Program).

DEO was allocated \$871,000 of FFY 2020 and \$786,114 of FFY 2021 RHP funding from HUD. Federal Register Notice FR-6225-N-01 requires that RHP funds be treated as CDBG funds, with certain waivers and alternative requirements.

Florida received RHP funds because the state's age-adjusted rate of drug overdose deaths is above the national rate at 22.78 people per 100,000, according to the Centers for Disease Control and Prevention (CDC).⁵

DEO has identified a specific need for additional recovery housing and services for the veteran community within the state. The United States Department of Veterans Affairs FY 2017 population estimates reflect that Florida has the third largest veteran population among all states in the nation. According to the National Institute on Drug Abuse (NIDA), more than one in ten veterans have been diagnosed with a substance use disorder, which is slightly higher than the general population.⁶

A 2017 study examining the National Survey on Drug Use and Health data found that, compared to their non-veteran counterparts, veterans were more likely to use alcohol (56.6% vs 50.8% in a 1-month period), and to report heavy use of alcohol (7.5% vs 6.5% in a 1-month period).⁷ Sixty-five percent of veterans who enter a treatment program report alcohol as the substance they most frequently misuse, which is almost double that of the general population.⁸

Additionally, many veterans have unique issues related to pain management, with two-thirds reporting they experience pain. Compared to their non-veteran counterparts, veterans were more likely to experience pain (9% vs 6.4%)⁹, putting them at a higher risk for accidental opioid pain reliever overdoses. According to SAMHSA's 2019

⁵ Rossen LM, Bastian B, Warner M, Khan D, Chong Y. "Drug poisoning mortality: United States, 1999–2018." CDC. August 25, 2020. <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/>.

⁶ National Institute on Drug Abuse; National Institutes of Health; UNITED STATES Department of Health and Human Services. "Substance Use and Military Life Drug Facts". October 2019. <https://www.drugabuse.gov/publications/drugfacts/substance-use-military-life#ref>.

⁷ Teeters, J.B., Lancaster, C.L., Brown, D.G., & Back, S.E. (2017). "Substance abuse disorders in military veterans: prevalence and treatment challenges. *Substance Abuse and Rehabilitation*. 8, 69-77. Doi:10.2417/SAR.S116720

⁸ Veteran's Primary Substance of Abuse is Alcohol in Treatment Admissions, The CBHSQ Report, SAMHSA, November 10, 2015. https://www.samhsa.gov/data/sites/default/files/report_2111/Spotlight-2111.html

⁹ Nahin, RL (2017). Severe Pain in Veterans: The Effect of Age and Sex, and Comparisons With the General Population. *The Journal of Pain: Official Journal of the American Pain Society*, 18(3), 247-254.

National Survey on Drug Use and Health, 1.46 million veterans received pharmacotherapy for their drug use disorder¹⁰, with 26.9% of veterans admitting to struggling with illicit drug use.

From 2001 to 2009, the percentage of veterans in the Veterans Health Administration system receiving an opioid prescription increased from 17% to 24%. Similarly, the overall opioid overdose rates of veterans increased to 21% in 2016 from 14% in 2010¹¹.

The specific goal of the FFY 2020-21 RHP is to help existing public or private nonprofit organizations or units of local government provide stable recovery housing. RHP funds will be given to organizations that best meet the application evaluation criteria outlined in this plan. Funds may be used for relocation payments, rental assistance, new construction, acquisition, and/or rehabilitation of housing facilities.

Subrecipients of the Florida RHP must demonstrate the ability to operate recovery facilities or housing and directly or indirectly provide services for participants. However, operating costs and costs of providing services will not be provided for with RHP funding. Subrecipients are encouraged to coordinate services with other federal and non-federal assistance related to homelessness and employment. The assistance from the RHP is limited to a period of no more than two years, or until the individual secures permanent housing.

Resources Summary

DEO was awarded \$871,000 for FFY 2020 and \$786,114 for FFY 2021 RHP funding, for a total of \$1,657,114. Nonprofit and private resources may be committed by subrecipients to leverage RHP funding.

Administration Summary

DEO will be the sole state agency responsible for the administration of RHP funds and will use program staff to administer the funds for the State of Florida.

DEO's RHP contact person is:

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Community Program Manager

Small Cities CDBG

Florida Department of Economic Opportunity

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¹⁰ Substance Abuse and Mental Health Services Administration. "2019 National Survey on Drug Use and Health: Veteran Adults" September 2020. <https://www.samhsa.gov>

¹¹ Substance Abuse and Mental Health Services Administration. "Mental Health and Substance Use Disorders" April 30, 2020. <https://www.samhsa.gov/find-help/disorders>

Use of Funds

Method of Distribution

DEO will distribute funds by seeking proposals from private and public organizations, or units of local government, that prioritize serving veterans in recovery from substance use disorders. DEO will evaluate the proposals received using DEO's established criteria, that includes the prioritization of serving veterans. DEO will then make one or more subgrants to the proposals that satisfy eligibility requirements and best meet the evaluation criteria defined below.

National Objective

Each of the eligible activities under DEO's Recovery Housing Program will meet the low- to moderate-income (LMI) Limited Clientele National Objective. DEO will require applicants to explain in detail how they will meet the LMI Limited Clientele National Objective. Applicants will be required to provide documentation showing that at least 51 percent of the beneficiaries of the proposed project are low- to moderate-income or in a presumed low- to moderate-income group, including individuals who meet the federal poverty limits or are insured by Medicaid.

Eligible Activities

- **Public Facilities and Improvements:** RHP funds may be used only for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
- **Acquisition of Real Property:** RHP funds may be used for acquisition of real property for the purpose of providing stable, temporary housing to persons in recovery from a substance use disorder. For example, a nonprofit could purchase a residential property for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
- **Lease, rent, and utilities:** RHP funds may be used to make payments for lease, rent, utilities, and associated costs (e.g. fees) to provide stable, temporary housing, on behalf of an individual in recovery from a substance use disorder.
- **Residential Rehabilitation and Reconstruction of Single-Units:** RHP funds may be used for rehabilitation, reconstruction or improvements of publicly- or privately-owned, single-unit residential buildings for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
- **Residential Rehabilitation and Reconstruction of Multi-Units:** RHP funds may be used for rehabilitation, reconstruction or improvements of publicly- or

privately-owned buildings with two or more permanent residential units that otherwise comply with 24 CFR 570.202(a) and section 105(a)(4) for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.

- **Rehabilitation and Reconstruction of Public Housing:** RHP funds may be used for rehabilitation, reconstruction, or improvements of buildings owned and operated by a public housing authority.
- **Relocation:** RHP funds may be used for relocation payments and other assistance for permanently or temporarily displaced individuals and families in connection with activities using RHP funds.
- **Expansion of Existing Eligible Activities to Include New Construction:** RHP funds can be used for new construction housing to the extent that the newly constructed housing shall be used for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.

Ineligible Activities

RHP funds may not be used for operational expenses, staff pay, or planning costs.

Eligible Subrecipients

Eligible subrecipients include public and private nonprofit organizations and local governments that have proven experience in providing services to veterans in recovery from substance use disorders to help them attain self-sufficiency and individual recovery goals. Eligible subrecipients will be limited to local governments and public and private nonprofit organizations that best meet the defined evaluation criteria.

DEO Applicant Evaluation Criteria

DEO will evaluate eligible applicants and activities based on the following HUD-established and additional criteria defined by DEO. Priority will be given to entities with the greatest need and entities with the ability to deliver effective assistance in a timely manner.

Evaluation of Entities with the Greatest Need (HUD Criteria One)

DEO will select one or more applicants with the greatest need. DEO will require applicants to demonstrate their financial need for RHP funding and provide details about the current demand for their proposed recovery housing project. Applicants must provide financial documents demonstrating that they currently do not have the funds necessary to carry out their proposed project. Applicants must also establish and justify the service area their proposed project will benefit. They must then provide quantitative data demonstrating the current number of individuals in recovery from substance abuse

disorder in their proposed service area, compared to the current capacity of existing housing programs and services within the service area, which should be demonstrated with data such as occupancy rates and the affordability of services offered to low- to moderate-income individuals.

Evaluation of Entities' Ability to Deliver Assistance in a Timely Manner (HUD Criteria Two)

The following criteria will be used to evaluate applicant's ability to deliver assistance in a timely manner:

1. Organizations and project team members who evidence the capacity to operate and complete a project;
2. Demonstrated experience operating facilities or housing for those in recovery and/or providing recovery housing to veterans in recovery;
3. Prior experience utilizing CDBG or other federal funds; and
4. Evidence that the proposed project will ensure timely expenditure of subgrant funds, including a proposed detailed timeline.

Evaluation of Entities' Capacity to Comply with Program Requirements

In addition to the HUD criteria, subrecipients must demonstrate capacity to comply with standard RHP program requirements, including:

1. 24 CFR 570.489(g) regarding procurement;
2. Environmental review requirements of 24 CFR Part 58;
3. Uniform Relocation and Real Property Acquisition Act (URA);
4. Federal Labor Standards, including the Davis-Bacon and Related Acts;
5. 24 CFR 42.375 regarding demolition or change in use of lower-income dwelling units;
6. 2 CFR 200 regarding financial records and audits;
7. Section 3 employment opportunities; and
8. National Objective Requirements:
 - a. The CDBG program Low- and Moderate-Income (LMI) Persons national objective requires at least 51 percent of the individuals served to be at or below 80 percent of area's median income. The Slums and Blight and Urgent Need national objectives are not eligible for this program.

Evaluation of Entities Using Additional Criteria

In addition to the HUD criteria and Program Requirements, the following factors will also be used to evaluate proposals for RHP funding:

1. Proof that the proposed project is for the purpose of providing recovery housing.
2. Documentation and information showing that the resources needed to manage the proposed activity or project are available and ready, and that the commitment for operation and maintenance, where applicable, has been certified.
3. The organization's need and justification for RHP funds must be evidenced.
4. The project's cost reasonableness and feasibility.
5. Proof of the organization's existing services and ability to provide comprehensive recovery housing.
6. Projects or proposals that focus recovery housing efforts towards veterans' groups will be given funding priority.
7. Projects or proposals that leverage other Federal resources and develop partnerships to maximize the impact of RHP funding.
8. Projects or proposals that demonstrate use of and experience coordinating with other supportive services within the community, including workforce sustainability.
9. Organizations must have a process or establish a process for tracking and reporting beneficiaries to DEO.
10. Projects and proposals must reasonably demonstrate the ability to provide quantifiable proposed outcomes to be considered for funding. Projects will be evaluated on program impact to beneficiaries using defined success measures, cost reasonableness, and the potential cost per beneficiary.

Anticipated Outcomes & Expenditure Plan

Expenditures

To ensure that 30 percent of RHP funds are expended within twelve months of execution of the RHP grant agreement with HUD, DEO will issue a Notice of Funding Availability within 120 days of the RHP grant agreement. To comply with the requirement of expending 100 percent of the funds by September 1, 2027, DEO will closely monitor and work with subgrantees to ensure timely expenditure of funds.

Administrative Costs

DEO will retain 3 percent (\$26,130) of the FFY 2020 RHP funds for technical assistance and 5 percent (\$43,550) for administrative costs. DEO will also retain 3 percent (\$23,583.42) of the FFY 2021 RHP funds for technical assistance and 5 percent (\$39,305.70) for administrative costs. DEO will monitor the expenditure of administrative funds to ensure that administrative costs will not exceed the allotment.

Anticipated Outcomes

DEO anticipates funding projects and proposals that reasonably demonstrate the ability to provide quantifiable proposed outcomes. DEO anticipates assisting more than 20 individuals through RHP activities and at least eight individuals are expected to transition to permanent housing through RHP assistance.

Projects will be evaluated on program impact to beneficiaries using defined success measures, cost reasonableness, and the potential cost per beneficiary. DEO will work with subrecipients with an established process for tracking and reporting beneficiaries. DEO will report RHP outcomes using a process such as tracking the number of beneficiaries assisted, the total program impact on beneficiaries assisted, the number of beneficiaries able to transition to permanent housing in relation to total costs, the number of beneficiaries gaining self-sufficiency, the number of housing units made available for beneficiaries, or the total number of individuals assisted with RHP funds.

Citizen Participation

The Citizen Participation process for the RHP will follow the requirements of the Florida Small Cities CDBG citizen participation plan including a 15-day public comment period and public hearing. A notice was published in the Florida Administrative Register (FAR) announcing the public comment period and public hearing. The FAR notice was posted to the department's website for eligible applicants and interested parties. The public comment period took place during November 17, 2021 through December 2, 2021 and the public hearing was held on November 30, 2021, in person and via Microsoft Teams online.

Summary of Public Comments:

No public comments were received during the public comment period or public hearing.

Summary of Comments or Views Not Accepted and the Reasons for Not Accepting Them:

No public comments were received.

Partner Coordination

DEO will evaluate proposals that coordinate RHP funding with other federal, state, or local funding, including organizations, such as the United States Department of Labor (USDOL), the United States Department of Health and Human Services (HHS), the Florida Department of Veterans' Affairs (FDVA), Florida Department of Health, local governments and community action agencies on programs such as the USDOL Homeless Veterans' Reintegration Program (HVRP), the HHS Low Income Home Energy Assistance Program (LIHEAP), and HUD Veterans Affairs Supportive Housing Program (HUD-VASH).

Subrecipient Management & Monitoring

DEO has pre-established monitoring processes to ensure that RHP requirements (including non-duplication of benefits) are met. Subrecipients will be required to monitor project performance including the performance of any consultants or subcontractors who are paid from RHP funds. DEO will conduct monitoring activities based on the results of a risk assessment of each subrecipient. Monitoring activities may address compliance with program requirements, such as environmental review processes, procurements, labor standards, requests for funds, closeout reports, audits, and uniform relocation assistance. Subrecipients shall make all data and records available as necessary for DEO staff to complete accurate evaluations of contracted activities. Subrecipients will be notified in writing regarding the results of monitoring activities, which will include the monitoring results, instructions on how to address non-compliance if any, and a response deadline.

Pre-Agreement Costs

RHP funds retained by DEO for technical assistance and administrative costs may be used for reimbursement of pre-award/pre-agreement technical assistance and for application technical assistance to potential subrecipients, development of the RHP Plan, conduct of the citizen participation process, and other related administrative costs.

Certifications

DEO submits this Action Plan to HUD along with a separate, executed state certifications form.

Standard Forms 424 and 424D

DEO submits this Action Plan to HUD along with completed and executed Federal Forms SF-424 and SF-424D.