

# **Pilot Recovery Housing Program Federal Register Notice Overview**

**Thursday, December 3, 2020**

Carrie Kronberg: Hello, everyone. I'm Carrie Kronberg with ICF. And I'll be the main trainer today. Just a quick agenda to go through. We'll do some introductions and talk about the learning objectives. Then provide background on the SUPPORT Act and the Recovery Housing Program funding. Then we'll give an overview of the program and basic framework. And we'll dive into the meat and talk about national objectives and eligible activities. And then we'll get into the action plan components, program income, and your timeline for your program with your critical deadlines to keep an eye on.

So now I'll turn it over to Janet Golrick with HUD to introduce the HUD team on the call.

Janet Golrick: [inaudible] everyone. I'm Janet Golrick. I am the acting deputy assistant secretary for grant programs. And welcome to the launch of the Recovery Housing Program. And thank you for your participation in this webinar. We also have Robert Peterson, who is the director of the state and small cities division; as well as Cory Schwartz, who is the deputy director of the state and small cities division.

In December of 2019, Public Law 116-94 allocated \$25 million for the pilot program to help individuals in recovery from a substance use disorder becoming stably housed, better known as the Recovery Housing Program, which was authorized under Section 8071 of the support for patients and communities SUPPORT act.

The Recovery Housing Program and its in true HUD form, it's called with acronyms the RHP program, is providing funding to 25 grantees, 24 states, plus the District of Columbia, to provide stable transitional housing for individuals in recovery from a substance use disorder.

The implementing notice for RHP has been published. This notice provides the requirements for the program, which are based off the community development block grant, CDBG, program requirements. A major difference here for the states compared to CDBG is that the RHP grantees may award funds to any entitlement and non-entitlement units of general local government, Indian tribes, or tribally designated housing units with entities. Or the state may directly carry out activities or award funds to nonprofit subrecipients. This flexibility will help grantees to give priority to entities with the greatest need and the ability to deliver assistance in a timely manner as required by the SUPPORT act.

RHP is purposely designed to complement other recovery services. RHP eligible activities are focused on the temporary housing component. Other recovery services such as counseling or medication assisted treatment cannot be funded with RHP. Therefore in order to offer crucial wraparound services, partners will need to coordinate with other funding sources such as the state opioid response grants or substance abuse prevention and treatment block grants, awarded

by the substance abuse and mental health service administration of HHS, US Department of Health and Human Services.

Additionally, grantees are encouraged to partner with other programs that may be assisting these same individuals, either before or after their participation in an RHP funded program, such as HUD's continuum of care, emergency solution grants, housing opportunities for persons with AIDS, and also HUD VASH. Because RHP was based on the CDBG program, we see several grantees have chosen agencies to administer RHP that haven't traditionally supported recovery act. This means that new partners are coming to the table, making partner coordination even more important.

Again, welcome to the RHP webinar and the fight against the opioid crisis. Thank you.

Carrie Kronberg: Thank you, Janet. And as mentioned, I'm Carrie Kronberg with ICF. I'm a community development consultant here. And I've been working with HUD housing and community development programs for about 13 years. And over nine of those were at the state level in Colorado, with state CDBG and housing programs. And that included standing up some new programs as well. So with that, let's dive into the session.

So the learning objectives today are to teach you all to describe the general requirements in the Recovery Housing Program implementation notice. So that's the notice that we're covering. And it was just published a couple of weeks ago. And that includes the purpose of the program, the national objective, and eligible uses of funds. And then building on that foundation of knowledge, you should be able to begin evaluating options for how you'll design your program and start to build your partnerships.

So Janet gave a great overview, but I'll go back a little bit over it. So the SUPPORT Act, also known as the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, which I can barely say in one breath, so SUPPORT Act is what we're going with. It was developed in response to the opioid epidemic. And like other recent HUD funding in response to emergencies and specific crises, it's based on the CDBG program. And then HUD developed waivers and modifications that were necessary to implement the program and achieve the intent.

So as mentioned, eligible states and the District of Columbia had higher rates of drug overdose deaths than the national average. So the program was authorized in 2018, but there wasn't any funding associated with it at that point. Then at the end of last year, as part of the appropriations process, Congress appropriated \$25 million to the program. And it was in the further consolidated appropriations act.

So the April 2019 formula funding notice explained the formula that HUD used to determine allocations. And so that was employment and labor force data, as well as the adjusted rates of drug overdose deaths. And that data came from the overdose death rates from 2016 according to the Centers for Disease Control and Prevention. And then the labor information was from between 2013 and 2017, and that came from the Bureau of Labor Statistics.

So the Recovery Housing Program is organized within the framework of CDBG. And those of you who know regular CDBG know that there's a two pillar test where you have to have an eligible activity that meets a national objective. And for those of you with experience with special purpose funding programs implemented under the CDBG umbrella such as CDBG CB or CDBG disaster recovery, you know that a third piece is added to that test, and that's a connection to the program purpose.

So for Recovery Housing Program funding, the three pillar test is a national objective. And for Recovery Housing Program that is low-mod, income limited clientele. It's modified by the notice, that that's the only eligible national objective. And then eligible activities, so not all CDBG activities are eligible. And these are limited only to those HUD finds satisfy the intent of the program. And then there's also a couple of expanded or modified activities. And then finally you have a connection to the program purpose, which is to provide stable temporary housing for individuals in recovery from a substance use disorder. You'll hear me say that a lot throughout this webinar. So you may go to sleep thinking about the program purpose.

Okay. So an overview of the program. So as mentioned, the SUPPORT Act specified the threshold criteria for eligibility which resulted in 25 eligible grantees. And HUD published the allocation amounts in March of this year. So the program includes some significant departures from regular CDBG, much like other special purpose CDBG funding. Grantees may fund activities anywhere in their jurisdictions, including entitlement communities and tribal lands. So for states, that's a significant change, and significant flexibility.

Also, state grantees are not required to only fund non-entitlement units of general local government. And they may carry out activities directly with employees or through contractors, directly work with and fund subrecipients to carry out activities, fund units of general local government or UGLGs. That's still eligible, both entitlement and non-entitlement. And then something to remember, and Janet emphasized this, is that effectively administering the program will require multiple bases of knowledge.

So that includes CDBG program requirements and cost cutting requirements, knowledge of other HUD programs that could complement the Recovery Housing Program funding, experience with DRGR, that's the system HUD is using to interact with grantees on this program, housing program expertise because it is a housing program, and then also other federal programs for people with substance use disorders, as Janet mentioned those funded by SAMHSA. So those programs serve similar populations or the same population as this program.

And then finally recovery housing practice and expertise, so practitioners, nonprofits, Health and Human Services agencies, who have experience implementing recovery housing. So partnerships are critical. It's unlikely that any one person or even one agency within your jurisdiction will have all of the knowledge necessary to implement the program. So it's not too early to begin considering who else should be at the table. And there will be a later webinar dedicated entirely to prospects or partnerships.

Okay. Here's our first poll question. How do you plan to distribute Recovery Housing Program funds? Is it carrying out activities directly through your own agency or a partner agency at your

jurisdiction level? Will you award to subrecipients? Will you do a method of distribution to non-entitlement communities, fund entitlements, tribes, something else, or maybe you don't know? And if you choose other, if you could type your other answer into the question and answer box, we'd love to capture that information.

So as John mentioned, these polling questions are really important because they're critical to how we will design some supports as we roll out this pilot program for you going forward. So please, please, please, on the right side of your screen, select all the answers that apply to you, and hit submit.

Okay. Thank you very much. So it looks like there are a fair amount, 11 don't know. And that's okay. It's early. Some will administer funds directly through your state or through the District of Columbia. And a significant number expect to award funds to subrecipients.

Okay. So diving into the program itself, as mentioned the national objective for the Recovery Housing Program is low and moderate income limited clientele. And that is as modified by the notice. So a couple of modifications. The first one is the eligible activities associated with this national objective are expanded. And those include housing, acquisition, rehab, reconstruction, etc. And at least 51 percent of the beneficiaries are low and moderate income persons. So the limitation on only low and moderate income limited clientele leads to, just remember, that all RHP activities must benefit low and moderate income persons. So they can't support activities with an urgent need or those that eliminate slum and blight.

And then another point on this is that the RHP funds are to support housing. But there may be other fees or costs associated with participation in a Recovery Housing Program. And the notice prohibits those from being prohibitive for low income persons. So Recovery Housing Program activities taken as a whole can't benefit moderate income persons to the exclusion of low income persons. And remember, CDBG defines low income as 50 percent of area median income and below. And moderate income of course is 80 percent AMI and below. So those fees and other costs can't be prohibitive for 50 percent AMI individuals.

So the other big change to the limited clientele national objective is the presumptive categories. So if you're using one of these categories or these categories to verify eligibility, there are ways that you have to do that so the added presumptive categories are persons who meet the federal poverty limits, and then persons insured by Medicaid. And the other existing limited clientele presumptive categories remain. So for these new categories you may have to verify income below the federal poverty limit for the first new category. And then you could use a valid Medicaid card to demonstrate eligibility in the second criterion.

Now under the limited clientele national objection, your program can also assist people documented as LMI by income verification. So even if they're not in a presumed category, they can still be eligible. An interesting point is HUD didn't include persons with substance use disorders as an eligible category. The research and data indicated that low and moderate income and substance use disorder weren't correlated.

Okay. So diving in on the eligible activities. So remember, the intent of this program is to provide stable temporary housing for individuals in recovery from a substance use disorder. So if it's not on the slide, tag that on to the end of every single eligible activity. One key term is the word temporary. So this is not permanent supportive housing. It's intended to support people along their path to recovery.

But participants will need an exit strategy. And so generating throughput is the critical component of your program design. Because participants are limited to the lesser of two years. And that's cumulative. It doesn't have to be consecutive. Or until they secure permanent housing. And then again, eligible CDBG activities are limited to those listed in the notice. And we will go through those now.

So the first eligible activity, a lot of these will look familiar to those of you with CDBG experience, so a public facility may provide stable temporary housing for individuals in recovery from a substance use disorder. So you can acquire, construct, reconstruct, or rehabilitate these facilities for the purpose of the program. So as an example, it might include a higher intensity potentially licensed recovery housing model with both clinical and administrative supervision. So a facility environment might feel more institutional.

And just a note here on the slide design, in the bottom right hand corner we've provided a regulatory reference. Now the District of Columbia under the entitlement regulations is subject to those. Or states can use them as guidance, but are subject to the eligible activities in the act. Just for the sake of brevity, we only provided the regulations. That's just a note as we go through these slides.

Okay. The second eligible activity is acquisition of real property. So for the purpose of providing stable temporary housing to persons in recovery from a substance use disorder. So that could look like the purchase of a single family residential property intended to operate as a congregate living model. Or you could purchase a multi-unit residential building for the same program purpose.

Here's an expanded activity. It's lease, rent, and utilities. So these costs may be made on behalf of an individual in recovery, not directly to individuals. And this is change versus regular CDBG, is it's not limited to 15 percent of the grant, which is your typical public services cap. But there is no limit to the amount of RHP funds that can be used for rental assistance. And then again, the payments must be made to the provider such as the landlord or utility provider, not directly to individuals. And then just as a reminder, assistance may only be provided for the lesser of two years or until the individual finds permanent housing.

Continuing on this one, so Recovery Housing Program funds can't supplant or replace funds that previously covered these costs. So you have to have a new or expanded service. And a couple of eligible models, you could do traditional tenant based rental assistance, or a master lease model, say where a nonprofit leases a building, residential or a facility, and the nonprofit has the lease, and then has a different legal arrangement with the individuals participating in the program.

So it might be a program agreement or an occupancy agreement. So the beneficiaries may not have a formal lease arrangement. More traditional rental assistance is allowed as well. But just remember a typical scattered site rental assistance might be challenging to provide services and foster peer support. Because a typical aspect of recovery housing is colocation of beneficiaries so they can support each other.

So what might a lease, rent, and utility activity look like. You could have a subrecipient operating a recovery group home already. And they could use RHP funds to rent an additional home and increase the number of people that they serve. So increase the size of their program. It could also have a housing authority as a subrecipient, providing temporary rental assistance in a voucher form to someone transitioning from a rehab program to a recovery housing program. And something really important we kind of touched on before, but fees and services are not eligible. So only the cost of housing is allowed. So if you're providing rental assistance, the cost of housing and services have to be clearly delineated and documented.

Continuing on, you have, like regular CDBG, rehabilitation and reconstruction of different kinds of buildings. And that's single unit, multi-unit, or public housing. So an example of this is you have a home in disrepair is donated to a nonprofit. RHP funds could be awarded to that nonprofit to rehabilitate the home and operate as a recovery housing congregate model.

Additional eligible activities are disposition of real property. So this might look like local government acquiring a home and then leasing that home to a nonprofit operating recovery housing. So the costs associated with that lease arrangement would be eligible. The acquisition in this case must have also happened with Recovery Housing Program funds. So some of those eligible costs would be preparing legal documents, paying fees for surveys, or other costs associated with the transfer of ownership.

Clearance and demolition is another eligible activity for a site with an intended RHP use. In this case, RHP funds would go in first, and then other funds would come in and pay for construction say. But the ultimate result would have to be an RHP eligible activity. So maybe a local government owns a site with an uninhabitable building, and wants to use the site for recovery housing. RHP could be used to demolish the existing structure. And then other funds would support constructing a new building in which to operate recovery housing.

Relocation is pretty straightforward for those with regular CDBG experience. So say you used RHP funds to acquire a duplex that was used as a rental. So the existing tenants would be eligible for relocation assistance. And that relocation assistance is an eligible use of Recovery Housing Program funds.

Okay. So here's another expanded activity. And that is to do new construction of housing. It's rarely allowed under the regular CDBG program to construct housing. And that housing is subject to the same requirements that would apply to rehab activities. So an example for this is you could have RHP funds, part of a project to fund construction of a quad plex that will operate as recovery housing.

Okay. So the last two here are grant administration. And this is a waiver from HUD. First the administrative costs are capped at 5 percent. And there are no administrative matching funds required as with the regular CDBG state program. And RHP administrative funds must be used to carry out RHP activities only. So you can't use RHP admin to support your regular CDBG program.

And then lastly, technical assistance is an eligible activity on top of administration. So this is intended to cover the grantee's costs associated with providing TA and capacity building for nonprofits and local governments, so that they can successfully apply for and implement the RHP program.

Okay. Here we have two more poll questions. So this one again will help us design the support that you piloting the program will receive. So what types of technical assistance would be most beneficial to you and to your partners? Is that one on one technical assistance, peer to peer, so learning from each other, group technical assistance such as webinars, products which in other words facts sheets and briefs? And if you other and choose that option, please like the last poll enter that into the Q&A box.

Okay. So that poll is closed. And it looks like the biggest winners here are one on one technical assistance, as well a group technical assistance like we're doing now. Thank you. So the next poll question is, which of the following technical assistance topic areas would be most beneficial to your agency and then also the partner agencies that you may be working with? Would you like to learn about different models of recovery housing, methods to assess and select subrecipient partners, how to develop cross-sector partnerships, further understanding of the federal register notice, the state's role in oversight, how to draft your action plan, other? And in that case please enter it into the Q&A box.

Moderator: Poll will be closing in just a few seconds. Please remember to submit your answer after you select it.

Carrie Kronberg: Okay. It looks like the poll is closed. There are the answers, responses. So it looks like the top areas requested for technical assistance are RHP models, as well as drafting the action plan, and oversight. Thank you for your input on those.

Okay. So speaking of action plans, there are a number of required components. And some of these will look pretty familiar to those of you used to drafting plans for HUD. And as a reminder, this goes into DRGR, so that's where you submit your plan. So first you submit the standard forms SF 424 and 424D, along with the action plan in DRGR. And then your program summary should be a concise executive summary identifying key needs and the specific goals for your funds. And then also additional anticipated resources.

So these are important to be thinking about now. HUD wants you to identify other resources that may be brought to the table. So building those partnerships and identifying the funds that other parties have available, it's not too early to start on that. And then you'll also provide an administration summary, so identifying which partner agencies will be responsible for which components of the program.

RHP action plan, additional required components are use and allocation of funds. So how are you going to get funding out the door. And again you have broad options here. You can carry out activities directly with state or district employees or contractors, provide funding to subrecipients. You can follow the standard state CDBG practice of funding local governments. But remember the eligibility is expanded.

So talk about your plan for getting money out. And then also describe your evaluation criteria, as well as eligible subrecipients and threshold criteria. So how are you going to evaluate entities that you're funding. So the required evaluation criteria include entities with the greatest need, and then entities with the ability to deliver effective assistance timely. So required action plan component here is explaining how you'll incorporate these criteria into your review process.

Another required component is a couple of definitions. And these are up to you to determine for your program. We've provided some sample definitions here, either directly from SAMHSA or based on SAMHSA definition. But these are again up to you to decide. And so those are for an individual in recovery or for a substance use disorder -- or and, sorry. And these definitions can't exclude individuals with certain types of substance use issues or co-occurring disabilities, or exclusively target a specific type of substance use disorder. So even though this program came out of the opioid epidemic as a response to that, you can't limit eligible beneficiaries to those struggling with opioid addiction.

Additional required components are an expenditure plan. So how will you spend RHP funds on time and ensure that you don't exceed the 5 percent administrative cap. Also your proposed outcomes, so there are a couple of required outcomes, individuals assisted by the program and then also those transitioned into permanent housing. And then HUD would like you to work with experts in recovery housing in your community to develop other potential measurable impacts. And so you can propose those other outcomes in your action plan, and then HUD will put them into DRGR for you to use and report on.

Citizen participation summary and the results of your engagement, pretty standard for HUD plans. And then also coordination with partners is required, and also as mentioned, critical to the success of this program. So partners identified in the notice include partners addressing -- receiving other federal funds to address substance use disorders such as funds coming through SAMHSA in the Health and Human Services Department. Also other HUD program funds, so the continuum of care program, emergency solutions grant program, [inaudible] program, and then HUD VASH for serving veterans. So you may have some alignments in your targeted populations there. So you want to consider those funds potentially working together with RHP. And then you'll also want to consult a range of recovery service providers for that coordination. Are there private or faith based nonprofits, public nonprofits, other entities serving people in recovery.

Additional required components are how you will oversee your grant, so subrecipient monitoring policies and procedures. Also a description of pre-award or pre-agreement costs eligible to be reimbursed. So you can incur costs before your grant agreement with HUD is executed. But for



those to be eligible for reimbursement, you have to specify them in the action plan. There's also a long list of required certifications, most of which are pretty familiar for CDBG program.

A couple of examples, the residential anti-displacement and relocation assistance plan, lobbying restrictions, civil rights and fair housing, excessive force policy. So there's a long list of required certifications. And then a waiver is that consolidated plan consistency is not required. HUD waived this because they felt grantees may not have considered needs associated with the special purpose funding while developing their consolidated plan and strategic plans. So you're not required to go back and change your consolidated plan to account for RHP funding. And then associated with that, HUD review of grantee performance under the consistency criteria is also waived.

Program income, so the definition of program is modified a little bit by the notice. So it includes gross income received by subrecipients generated with RHP funds. And it excludes income received and retained by a nonprofit whose primary mission includes serving individuals in recovery from substance use disorders. And then as you close out RHP grants, any program income that remains associated with a particular grant must be transferred to another open Recovery Housing Program grant. If all of the Recovery Housing Program grants are closed, then that program income should be transferred to the regular CDBG program. And it will no longer have RHP waivers and alternative requirements. It just becomes CDBG. Also units of general local government are required to return RHP program income if they won't continue the originally funded RHP activity. And establishing revolving loan funds is an ineligible activity.

Okay. So as mentioned, the reporting and planning process will be done through DRGR. HUD will use the reports to assess compliance and analyze risk for potential monitoring. And the annual summary reports and financial reports are due at the end of October, October 30th. You must provide citizens a chance to review and comment on Recovery Housing Program performance. And then HUD will review and approve the reports as they come in.

Okay. Now to the timeline. So you have some critical deadlines here. And the first one is coming up in August, August 16th of 2021, the action plan is due in DRGR. And of course that's following the required public comment period. And then once HUD approves the action plan and signs your grant agreement, you will have a year to spend 30 percent of the funds allocated to your jurisdiction from the date that they sign. And then all funds must be spent by September 1st, 2027. And just remember, timely expenditure of funds is a required consideration when you're determining how funds will be distributed. And it also must be assessed in your expenditure plan in the action plan.

So all funds have to be spent by September 1, 2027. And that's the date that the period of performance ends. And grant funds will not be available after that date. And then your final reports are all due December 1, 2027. HUD will develop RHP specific close out documents for grantees to complete. Okay. With that we will transition to questions and answers.

Cory Schwartz: Good afternoon, everyone. This is Cory Schwartz, the deputy director. I see we have a few questions in the chat. So we will go through some of those. Robert and I will discuss some of the answers. Some of them will be straightforward, but quite a few of the questions

might involve a little bit of discussion, as well as maybe some more details about projects that you may have in mind already. But we'll start with the first one. Robert, are you there?

Robert Peterson: Yeah, I'm here. Can you hear me?

Cory Schwartz: So Kent asks, "If we fund an activity in an entitlement jurisdiction, and the jurisdiction is willing to contribute a portion of its regular CDBG allocation, will the entitlement be able to use the expanded low-mod income limited clientele national objective for those funds?"

Robert Peterson: So I'm glad you're thinking about working together with your partners. I think we said that a million times already. In this case, using your CDBG funds you are not afforded the waivers and alternative requirements that RHP allows.

Now with that said, there are things that the regular program can do to support recovery housing. So in this case that's proposed here where we have the state using its RHP funds in collaboration with an entitlement, potentially using its regular program funds to fund a single activity to support that, the unique thing about RHP is that it uses the limited clientele method for the national objection. And that under the regular program, that doesn't include housing.

So if you look at for the regular program, if you look at LMH for housing, that national objective, that doesn't include temporary housing. So just a bit of a conundrum. But there are facilities that can be supported under the regular program. So there's a discussion that could be had there. There's also health services capped at 15 percent that can be supported with the regular program. So there's ways that you can get contributions from your CDBG partners on this for sure. But not specifically to use those same waivers and alternative requirements that are granted to RHP, those do not extend to the regular program.

Cory Schwartz: Okay. Thanks, Robert. Next question, "With the lease, rent, and utilities assistance, this is under public services under 105(a)(8) of the HCDA, if the assistance goes longer than six months, does a unit have to be inspected for lead-based paint?"

Robert Peterson: So RHP uses that similar -- the emergency payments component of CDBG. I think states probably historically have been less familiar with that particular eligible activity. And then coronavirus came and I know that states have been interested in supporting emergency payments. So RHP, to be clear, it's not limited to six months the way that the entitlement program regulations prescribe. It can go for the two years for that particular beneficiary. And they can also do master lease arrangements.

And under any of those situations, if the lead-based paint rules would apply to CDBG, then they would apply here too. We did not modify or provide any alternative requirements to the lead-based paint requirements. So I cannot speak to the lead-based paint requirements. It's not my area of expertise. But I will say that you should anticipate complying with those same rules.

Jessie Handforth Kome: But 100 days, if you're doing something on an emergency basis and housing someone, you have up to 100 days before you have to do an inspection. If it's not on an

emergency basis, the lead safe housing rule walks you through the requirements. The safest, like safe harbor for planning purposes, is probably home TBRA. But you should look at how the lead safe rule applies to CDBG, as Robert says. We didn't touch the lead safe housing rule at all for RHP or for CDBG.

Robert Peterson: Thanks, Jessie. For the audience, that was Jesse Handforth Kome, director of the Office of Block Grant Assistance. You weren't introduced in the beginning. Probably most folks recognize her voice by now. But just want to make sure you're properly introduced. Thank you. Thank you for that.

Cory Schwartz: Thanks, Jessie. Another eligible activities question involving relocation. "Would the relocation involve a person in recovery?"

Robert Peterson: So the way I read this question is that, the question is can you support that person's transition in their recovery continuum? Can you pay for them to move into that permanent housing? So we did not specifically allow eligible activities such as down payment assistance, housing counseling, definitely not moving costs. So when you're talking about the person in recovery and your support for that person, supporting their transition into permanent housing is not specifically eligible.

The relocation activity that's referenced, and I can see why you would confuse the two, but the relocation activity that's referenced is specifically for those cases that Carrie mentioned, where the RHP funds are used to purchase a property that has existing tenants. And if those existing tenants that are relocated may or may not have substance use disorders. But they're the ones being relocated and they're not participating in the RHP program itself. So.

Cory Schwartz: Kelly Ann Morrow asks two questions. I'll go to the first one, kind of going back to the rental assistance activity. "Since the assist RHP funds cannot go to the beneficiary, to the person in recovery, would have to go to the landlord, can project-based rental assistance be acceptable as a model for RHP?"

Robert Peterson: So we talk about for RHP, we talk about a master lease scenario, where you're renting -- where the entity carrying out the RHP activity is renting some type of facility to provide temporary housing. And they have a lease and they have participants in their program. That would be allowable. You can also pay folks rent on their behalf. That's similar to the emergency payments of the regular program. That's also allowable.

If you give an opportunity to -- I think some of the resources that we have available include this -  
- HHS has a recovery housing model study that was done. And some of the things that they saw included nonprofits that had folks participating in the recovery housing. So they were providing them counseling, and I think even helping them with their jobs, and all kinds of things, to support all their needs.

And the housing itself though, the nonprofit had rented units, just scattered units, that they'd rented from individual landlords. And they found it easier to work with these individual landlords as opposed to working with a larger rental company. But they had these leases -- or

rental agreements with these individual landlords. And those tenants would be the participants in the program. So there's different ways that you can get at this.

And regarding the disposition question, the second question, she asks regards to disposition of property, can you combine with CDBG to acquire and dispose of property? It's an interesting question. The national objective issue that I discussed before would come into play. I think we'd have to look at some more information. If you had something specific that you wanted to ask, you can send it in, and we'll look it over. It would have to be a unique situation I think because of that difference that we created for RHP with the national objective.

And again, with the regular program, you can support lots of things related to recovery. You can support health services, for example. You're capped at 15 percent. But you can support a lot of the things that surround and maybe wrap around. But HHS and other federal funds, other non-federal funds, there's lots of money supporting these activities that you're encouraged to tap into and not just build something new. That's not really specific to this question, but I did want to mention it.

Cory Schwartz: Okay. We've got a couple of questions about DRGR and the action plan, one being why DRGR versus IDIS. And then also kind of about the action plan, where it's going to be, if it's incorporated into IDIS, and how are -- if a grantee is ready to develop its action plan already, can it go into DRGR now and do that, and how? That was like seven questions.

Robert Peterson: So I don't want to dwell too much on why we chose DRGR versus IDIS. You know, personally I haven't been in DRGR too much over the past several years. I haven't really used it since the NSP days. And I think some of you are in the same boat. So welcome back DRGR. It's structured in a way that allows us to set up grants. I'm not going to get into it. But basically we had to use DRGR. It wasn't much choice. And the action plan will only live in DRGR, with NSP, maybe with disaster programs. You may have been given guidance to do a DRGR action plan and then also reference that in your consolidated plan. For RHP we specifically said you don't have to worry about doing that. It's a separate plan.

We do however use the same citizen participation plan. So your citizen participation plan that you developed for ESG [inaudible] homes, CDBG, HTF, that citizen participation plan, you're going to use it for RHP as well. RHP you have to give 15 days, so you might have to modify your plan, your CPP, which you can do concurrently. But that citizen participation plan, that CPP, that's the only thing that's part of that IDIS com plan that really translates across. Everything else is just going to stay in DRGR. Now there was an additional question, Cory, the last question you asked that I don't remember.

Jessie Handforth Kome: I think it was when will DRGR be ready [inaudible] action plan submission. Is that right, Cory?

Cory Schwartz: Yeah. If grantees, if they're ready, can they develop it in DRGR, and how would they go about doing that?

Robert Peterson: So you can -- for the time being you can sort of think about your project management on two tracks. So you do have to get DRGR access. You have to have somebody on staff that knows DRGR, or somehow partner with somebody that knows DRGR and borrow them for this purpose, whatever you need to do. And that's a separate path that you have to be on.

When you have access, when your grant is connected, and when you can finally see the system, then you will be able to input your action plan. Nobody's at that state yet, I believe. We have DRGR very close to being set up and sort of opened and connected. But those users are going to be the first ones to see it. So getting your user access and getting your grant connected to your entity is the first step. And you'll be working with your field offices to do that.

Now on a separate track, if you want to think about it, they will converge. You will be putting your action plan into DRGR eventually. But you do not have to wait. Listed in the notice are the requirements of the action plan. And you should expect DRGR to follow those completely verbatim. There will be no surprises. So what it says will be the template in DRGR. The notice is your template. So you can get started. You can publish. You can do your 15 day public comment. And you can be ready to submit by the time you've connected up your grants and your users in DRGR.

Cory Schwartz: That leads me to the next question which is, "What is the status of the grant agreements when funding would be available when they have those action plans approved?"

Robert Peterson: Well, I think the question is, are we ready to issue grant agreements?

Jessie Handforth Kome: [inaudible] version. I mean we have pulled the funds through the system and we are working to be ready to offer grant agreement at the same time as we approve the action plan.

Robert Peterson: Yeah, we do have a lot of components that are essentially just leaning forward and ready to take that first step. So I wouldn't anticipate any unnecessary delays in getting your grant agreements once you've signed your grant agreement. Or I'm sorry, once you've submitted your action plan and it's been accepted by HUD.

Cory Schwartz: Okay. Back to activities. "Can an agency use funds to pay rent on a unit that the agency owns?"

Robert Peterson: Interesting question. I'd have to see the details. That's kind of interesting.

Jessie Handforth Kome: By agency? Are we talking about a subrecipient or are we talking about the grantee?

Cory Schwartz: So the question just says agency, but I guess we could consider either.

Jessie Handforth Kome: I mean if you're [inaudible] the activity and they need to pay rent, you can pay rent. But if it's something they own and we're driving for leverage, we would certainly come back and ask the leverage question. It's always tricky if a grantee is paying itself with grant

funds when it's something like rent that it charges, as opposed to something that's being charged to it. So we would have to look at it case by case.

Robert Peterson: And remember too, you have a lot of flexibility in who you fund. So with the regular program, you're tied into funding that [inaudible]. So I'm imagining a scenario, this may not be what you have in mind when you asked the question, but let's say a local government owns a public facility that's being used for recovery purposes.

If the state was to give a grant to the same local government, and the same local government gave that grant to the nonprofit managing and residing in that facility, carrying out that recovery action, and then part of that is that they're paying the rent on behalf of those folks. So I could see how that could relate. But you can -- again you have flexibility in who you fund, so that I don't imagine that the state itself owns a lot of properties and collects rent. So you could fund the nonprofit directly as the state. And then if they're paying rent on a facility that's owned by a local government, then you kind of remove that from the equation.

Cory Schwartz: Okay. In terms of I guess administering the RHP, do you have to have previous experience administering recovery programs?

Robert Peterson: That's a good question. And that's why we emphasize this partnership, because we don't anticipate any one person -- and I believe Carrie mentioned this -- that it's hard to imagine any one person that would know CDBG, and DRGR, and recovery housing. So you don't have to have prior experience. But it would help. It would definitely help. And if you don't, then you're going to have partners that will. And they'll be looking to you to better understand CDBG. And so it takes a village in this case, I suppose.

Jessie Handforth Kome: And there's another sort of overarching reason here. And this is the first year of a program that's authorized for additional years. When we were working with Congress when they were developing it, they told us they're interested in -- very interested in outcome oriented. And I don't think that if you have everybody involved, you know, all of your partners have no experience, you're going to have trouble producing an outcome.

We're looking for [inaudible] program models in an area where we've been told after extensive [inaudible] and extensive outreach and research on this, this is a gap area around a need. So I would urge you to find somebody in your set of partners that run the program, that does have some experience, and can help alongside your grant administrator.

Cory Schwartz: Well, thanks, Jessie. That looks like it's the end of the questions that folks had written in. Do we have the ability to go to any phone calls, if anyone has any questions they want to ask or kind of scenarios they want to propose?

Janet Golrick: We did not have that set up on this particular webinar, Cory. But we can allow a little bit more time if folks want to send in anything else that the discussion may have prompted, the Q&A box potentially, so we can hold for a minute there. I thought I saw [inaudible] -- I was going to say, Robert, you have any other key points you want to emphasize here?

Robert Peterson: Yeah. So what has happened to me will probably happen to you all, is that I've gotten a lot of emails from members of the general public who are looking for assistance, particularly related to recovery. And in a lot of cases those individuals needed help right now. So for me to tell them, you know, well, you have to wait for the notice to come out the way that you all have been patiently waiting. It's not really going to help them.

So I talked to HHS about it. They have what's called [findtreatment.gov](http://findtreatment.gov). So we've been encouraging people to go to [findtreatment.gov](http://findtreatment.gov) in those cases where they're reaching out and needing individual assistance now. And there's been a few, quite a few. So that is a directory of different service providers and things that they can connect into and try to find some support.

Janet Golrick: Great. That's helpful. And Robert, we did have one more that came in for you, Cory, and Jessie. In regular CDBG, you can acquire or use CDBG to acquire properties for public facilities. But then if we give the property to a nonprofit -- there's something missing here.

Cory Schwartz: I think Kelly Ann was responding to sort of Robert's earlier answers about acquisition and disposition. So as Robert mentioned, details matter. But it's something that's possible depending on the nature of the project. And as Kelly Ann said, if they decide to go that route, certainly to reach out to your field office rep and we can provide any guidance on that once we get some more details.

Janet Golrick: Fantastic. Any others? Other salient points we want to emphasize? We did get a general question, just about someone who may have had difficulty getting in or folks who couldn't attend because they weren't in the office. As we always do, the slides, the recording, and the transcript, they'll be made 508-compliant and then posted to the HUD Exchange.

Robert, do you guys at HUD want to let folks know about the new HUD Exchange page?  
Drumroll there [inaudible]

Robert Peterson: So everyone may have noticed that there's something going on with HUD Exchange and [hud.gov](http://hud.gov). There's a lot more content showing back up on [hud.gov](http://hud.gov). And RHP is no different. So we have a [hud.gov](http://hud.gov) page and we also have content on the HUD Exchange now as well. And the HUD Exchange piece is new, so it looks nice. Encourage you to check it out. If you see a resource there that's not on the other page or vice versa, I just wanted to point out that there are those two. There's the [hud.gov](http://hud.gov) and the HUD Exchange. But they should be consistent.

Janet Golrick: Yeah. On both sides, try to keep those links updated, so if you go to one it may take you to the other and vice versa. But they should be linked. So at least for HUD Exchange, you can go to the main [HUDexchange.info](http://HUDexchange.info) page, click programs, and then scroll down to CDBG.

And now there's many variations of CDBG, so you'll look for CDBG RHP. It'll take you to the landing page. You can also search there. And as more content is developed in terms of additional webinars, we're planning on a number of what we're calling quick guides. So sort of short guidance pieces that are written documents, some PDFs that you can pull down, as well as any other additional information about TA or that sort of thing would be on the HUD Exchange and more technical assistance focused.

Whereas Robert said the laws, regulations, notices, anything that's policy related, will live in whole on that hud.gov page. And I think Robert, you mentioned the findtreatment.gov site. We've also provided a link to that in this slide as well. So when you can access those, you'll have that. But definitely one to probably bookmark if you're going to be working in this program going forward. Carrie, can you think of any other additional resources or other items that you wanted to mention, especially coming from a state background?

Carrie Kronberg: Yeah. Maybe not specifically to this, but there will be more resources about Recovery Housing Program models and what it looks like, coming with the subsequent webinars. So there will be more resources. And then I think they'll be consolidated on the HUD Exchange and hud.gov.

Janet Golrick: Great. Cory, do we see any other questions? I wasn't able to track that while we were talking.

Cory Schwartz: Yeah. I don't see any other questions, other than a question how come participants can't see other participants' questions. Which that will be part of the recorded session that they get it, would it? [inaudible]

Janet Golrick: Yeah. A transcript as well as recording, exactly. So this conversation that we just had, where we repeated the questions and answered them will be there. We may want to talk to you guys at HUD about whether some of those key questions might be something we want to emphasize in the guide that we just sent over to you guys as a draft to highlight, and/or like a little FAQ type rolling set of FAQs that we could also develop as the webinars continue to roll out and be able to have access to those as well. So different options there. But definitely will be in the transcript and recording immediately, and then incorporating the other TA products that'll be developed.

Cory Schwartz: Okay. Great.

Janet Golrick: Great. Carrie and Robert, you want to --

Robert Peterson: Well, thank you, everyone, for attending. Welcome to the Recovery Housing Program. It's going to be an interesting ride. We hope you like the program.

Carrie Kronberg: [inaudible] Robert. And thank you, everyone, for attending. Hope it was helpful. And I hope you have a wonderful afternoon.

(END)