



Cross-Sector Partnerships

Recovery Housing Webinar Series

Agenda

- Welcome and Introductions
- SUPPORT Act background and intent of Recovery Housing Program (RHP)
- Whole Person Care- What is it and why is it relevant to Recovery Housing?
- Cross-Sector Partnerships examples
- Case study
- Q&A

Session Overview and Introductions



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Session Learning Objectives

As a result of this webinar, participants will be able to:

- Describe the importance of including other partners and their resources in the planning and implementation of recovery housing.
- Utilize the intrastate partners and resources needed to provide comprehensive recovery housing.
- Identify an example where collaborative partnerships provided coordinated services to promote long-term recovery.

SUPPORT Act Overview

Public Law 115-271 - SUPPORT for Patients and Communities Act October 24, 2018

- In response to the opioid epidemic
- Section 8071 authorized the program to aid grantees with providing stable, temporary housing for up to 2 years to individuals in recovery from a substance use disorder.
- Grantees must give priority to entities with greatest need and ability to deliver effective, timely assistance.

HUD CDBG “Recovery Housing Program” Notice Language

“To maximize and leverage these resources, grantees should coordinate RHP-funded projects with other Federal and non-federal assistance related to substance abuse, homelessness and at-risk of homelessness, employment, and other wrap around services.” (85 FR 75361)

Addressing SUDs Requires a Whole Person Care Approach

Substance use disorders (SUDs) impact every aspect of an individual's life and therefore require that every aspect be addressed to promote health and long-term recovery.

Furthermore, housing is a significant social determinant of health.



Addressing SUD and Social Determinants of Health (SDOH)

SDOH are conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. SDOHs can influence health outcomes including SUD.

5 Key Areas of SDOH:

- Healthcare Access and Quality
- Education Access and Quality
- Social and Community Context
- Economic Stability
- Neighborhood and Built Environment



Cross-Sector Partners in Recovery Housing

| System/Agency/Authority | Resources |
|-----------------------------------------------------------|--------------------------------------------------------|
| State Medicaid Authority | Medicaid funding |
| Single State Agency | SAMHSA Block Grant (SABG), SOR grant |
| State Housing Finance Agency | Housing development and/or rental assistance funding |
| HUD Continuum of Care (CoC) | Rental assistance and/or supportive service funding |
| Public Housing Agencies | Rental subsidies and units of housing |
| Department of Corrections/County Community Justice | Re-entry services and/or short-term rental assistance |
| Workforce Investment Board | Employment services funding |
| Vocational Rehabilitation Division | Employment services funding |
| State Agency administering SNAP/TANF/Child Welfare | Child-care and Employment services funding |
| Community Colleges | Employment preparation funding |
| Managed Care Organizations | Medicaid funding for health care and flexible services |
| Hospitals | Funding to address SDOH for special populations |
| Community Health Clinics/Behavioral Health Clinics | Providers utilizing best practices |

Cross-Sector Partners in Recovery Housing

Considerations when forming successful cross-sector partnerships:

- Articulate contributions in the Partnership agreement (funds, staffing, timeframe, deliverables)
- Orient each system to each other's language, terminology
- Identify aligned missions
- Highlight complementary areas of expertise

Cross-Sector Partners in Recovery Housing (cont.)

- Define eligibility criteria and well-structured referral processes
- Ensure open communications and regularly scheduled meetings
- Commit staffing at capacity and with skillset
- Accurately estimate the full range of resources required
- Develop and track cross-partner analytics
- Identify and secure sustainable funding

Poll Question

Which of the following agencies/organizations do you currently partner with or plan to partner with?

State Authority: Medicaid

State authority that administers Medicaid, a program that provides health coverage for some low-income people, families and children, pregnant women, the elderly, and people with disabilities.

Considerations

- Medicaid expansion states which extended coverage to those below a certain income (typically 138% FPL) include all RHP grantee states except for Florida and Tennessee.
- Several states are authorized through Centers for Medicare and Medicaid Services (CMS) waiver authority to utilize Medicaid funds for Housing-Related Activities and Supports (HRAS) for specialty populations.
- Examine your State Medicaid Authority's participation in these waivers to determine if HRAS can be paired with your RHP efforts.

State Authority: Substance Abuse Services

The state authority (or Single State Agency) that oversees the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), State Opioid Response (SOR) grant, and other funding for substance abuse programs in their state. (85 FR 75366)

Considerations

- Examine opportunities to pair RHP with SSA funding to maximize coordination with SUD prevention, treatment and recovery support funding.
- This is the agency that typically oversees recovery housing efforts
- Remember: Federal Register Notice encourages collaboration with this partner, and funding can be passed on to this agency
- Your SSA for Substance Abuse Services can assist with or oversee the administration of RHP funds.

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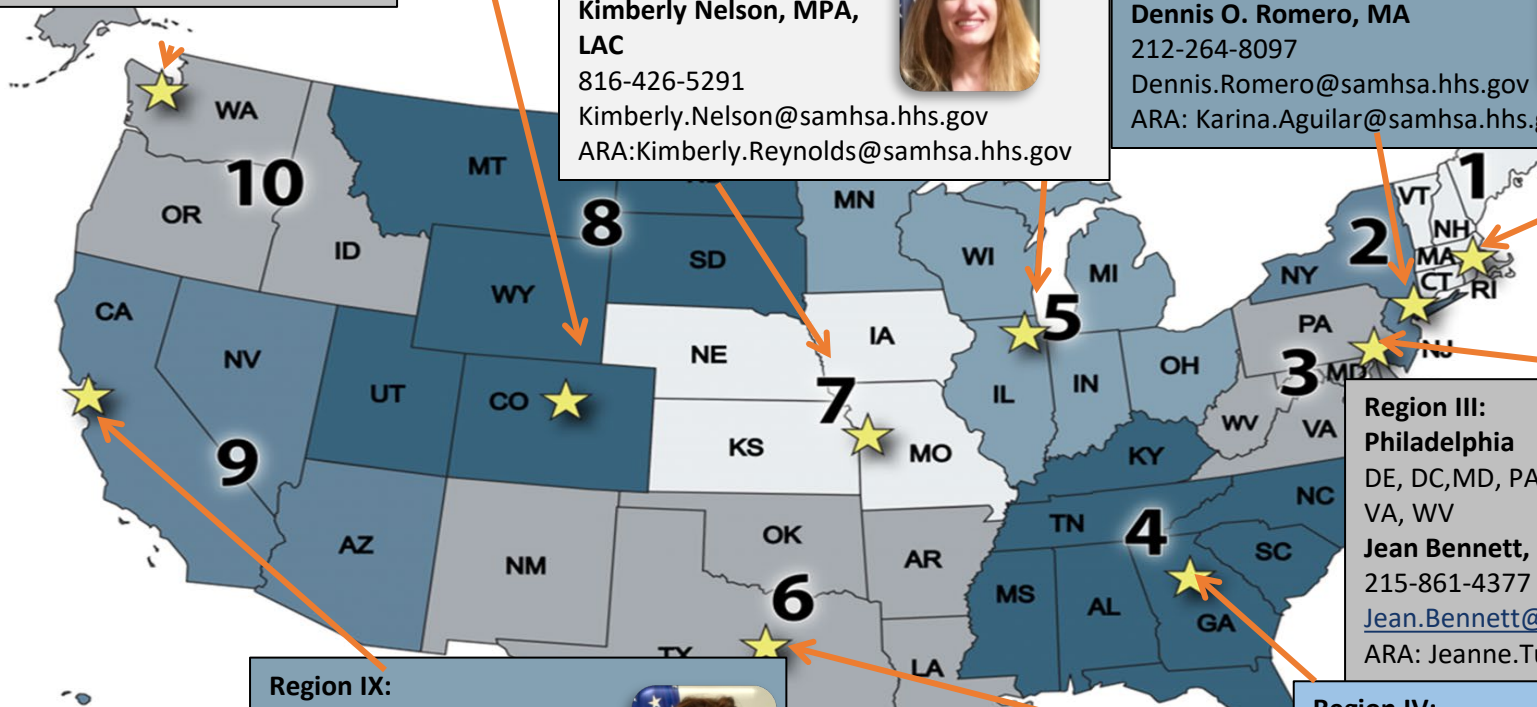
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SAMHSA Grants

- Formulary Grants
 - SAPT Block Grants - Substance Abuse Prevention and Treatment
 - MH Block Grants – Mental Health Block Grant
 - Homelessness
- Discretionary Grants – a few examples include:
 - Strategic Prevention Framework – Partnerships for Success
 - Pregnant and Post Partum Women with Substance Use Disorders
 - Certified Community Behavioral Health Clinics - Expansion
 - Drug Courts
 - Building Communities of Recovery
 - Medication Assisted Treatment Grants
- State Opioid Response Grants

Behavioral Health Providers

- States contract with Substance Use and Mental Health providers for services in communities
 - Substance Use Disorder and Mental Health = Behavioral Health
 - These providers serve the un/underinsured in various ways
 - Inpatient
 - Outpatient
 - Community Mental Health Centers
 - Certified Community Behavioral Health Clinics
 - Recovery Supports
 - **Recovery Housing**
 - Peer Support
 - Recovery Community Organizations
- These providers are typically a stand alone system separate from health clinics, hospitals and other primary services, but not always...

State Housing Finance Agency

State Housing Finance Agencies meet the affordable housing needs of the residents of their states. Some administer HUD Community Planning and Development funds in addition to Low Income Housing Tax Credits and state funds dedicated to improving access to affordable housing.

Considerations

- Examine opportunities to align RHP with needs outlined in the state's Consolidated Plan.
- Explore partnership with State Housing Finance Agency or their designated sub-grantees to bring additional housing funds to partnership.

HUD Continuum of Care

HUD's CoC grant program is designed to: “promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.”

Considerations

- Examine opportunities to align RHP-funded activities with those outlined by the various Continuums of Care.
- Explore partnership with CoCs or their designated sub-grantees to bring additional housing and service funding to RHP.-funded activities.

Public Housing Agencies

“Any state, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities that is authorized to engage or assist in the development or operation of low-income housing under the U.S. Housing Act of 1937.” Public Housing is “assisted under the provisions of the U.S. Housing Act of 1937 or under a state or local program having the same general purposes as the federal program.”

Considerations

- Examine opportunities to partner with Public Housing Agencies to explore available subsidies and units that may be dedicated to individuals participating in the RHP.

Department of Corrections or County Community Justice

These systems oversee state prisons, local jails, and sanctioned supervision post-discharge.

Considerations

- Explore the availability of **re-entry programs** and **jail diversion programs**
- Develop partnerships with these systems to pair available resources with state RHP.

Workforce Investment Board

Typically, these Governor-appointed Boards are responsible for overseeing the development, implementation and modification to the Unified State Plan that prioritizes Department of Labor Workforce Investment and Opportunity Act (WIOA) funding for the state workforce development system. Funds are typically administered by local partner agencies that offer workforce training and job supports to unemployed and under-employed individuals.

Considerations

- Examine Unified State Plan to determine if those served by RHP may be members of targeted communities to be served by local partners receiving WIOA funding.
- Develop partnership with local WIOA partners to pair available resources with state RHP.

Department of Vocational Rehabilitation

This program, administered by the U.S. Department of Education, Rehabilitation Services Administration, provides grants to assist States in operating statewide vocational rehabilitation (VR) programs. VR programs are designed to provide services for individuals with disabilities so that they may prepare for and engage in competitive integrated employment and achieve economic self-sufficiency.

Considerations

- Develop partnership with State and/or local DVR program to pair available employment related resources with state RHP.

State Agencies Administering SNAP/TANF/Child Welfare

- **Supplemental Nutrition Assistance Program (SNAP):** benefit that supplements the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.
- **Temporary Assistance for Needy Families (TANF):** block grants that design and operate programs serving needy families with cash assistance and job preparation.
- **Child Welfare:** designed to promote the well-being of children by ensuring safety, achieving permanency and strengthening families to care for their children successfully.

Considerations

- Develop partnership with these systems to pair resources available to those served by state RHP.
- Some states have greater flexibility to use sources of funding from these systems to cover short-term rental assistance, childcare and employment support services when they promote economic self-sufficiency and/or family permanency.

Community Colleges

The U.S. Department of Education, Office of Career, Technical, and Adult Education awards federal grants to Community Colleges that support adult education and literacy service including GED preparation and vocational and technical skills training.

Considerations

- Explore partnership with your area Community College and determine if any of the resources they have may be beneficial to and available for services offered through the state RHP.

Managed Care Organizations (MCO)

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

Considerations

- Some states are implementing a range of initiatives to coordinate and integrate care beyond traditional managed care. These initiatives are focused on improving care for populations with chronic and complex conditions, aligning payment incentives with performance goals, and building in accountability for high quality care.
- Identify if your state uses an MCO health care delivery system and if individuals with SUD are identified as a population of target where payment incentives with performance goals are available. These may target SDOH, including the provision of housing support services and recovery supports.

Hospitals

To maintain their tax-exempt status, non-profit hospitals must contribute resources that improve the communities they serve. These hospitals conduct community needs assessments every three years to determine how to direct these resources. A growing number of hospitals are investing in housing targeted to high cost, high need patients including those experiencing chronic homelessness which includes those with SUDs.

Considerations

- Identify hospital systems that have or may be interested in partnering with the RHP to target individuals with SUDs who are high utilizers of emergency services.

Community Health & Behavioral Health Centers

Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services.

Considerations

- Explore partnership with these entities that are licensed, qualified, and have the infrastructure to bill Medicaid to determine if there are opportunities to collaborate on state RHP.
- These systems are well-positioned to bring their clinical services to a partnership and typically have needs for more housing for their patients experiencing SUDs.

Case Study: Missouri



Missouri Case Study

- 2003, President George W. Bush announced a new program to unleash the faith-based community in the fight against drug addiction
- 2004, Missouri received its first Access to Recovery (ATR) grant
- Those seeking recovery received vouchers to purchase their choice of recovery supports from hundreds of credentialed providers including recovery housing
- Missouri received all 4 rounds of multi-year ATR grants. The program ended in April 2018
- 2015-2016 Missouri Coalition of Recovery Support Providers (MCRSP) a state-wide coalition was created to represent RSS providers and self-regulate recovery housing using NARR standards via affiliation with NARR

Missouri Case Study

- MCRSP made the case to the Governor for continuing the RSS program with state funding
 - 18 years of GPRA data to demonstrate the success of the program
 - Governor requested \$3 million in his budget to keep the program going
- MCRSP developed an aggressive legislative advocacy campaign to sell the program and succeeded
 - This included developing a statewide regional recovery coalition system
- New budget line: \$2.625 million for FY2019
 - The following year the Governor requested to increase the program by another million dollars
 - Since FY2020, budget includes \$3.67 million annually in general revenue funds, which the coalition defends each year
- In Missouri, the faith component is a strong sales point. While not all RSS providers have a faith connection, that is what sells with elected officials in Missouri

Recovery Support Services are EFFECTIVE! Outcomes

- 45% of this budget is spent on Recovery Housing
 - Varies by region – for instance; St. Louis spends 75% on recovery housing
- Accredited more than 130 recovery homes representing more than 1,200 recovery beds for men, women and families
- At the 6-month Follow-up:
 - 98% of clients have not had any new arrests
 - **90% are in stable housing**
 - 88% are abstinent from alcohol and illicit drugs
 - 94% have had no additional consequences from drug and alcohol use
 - 63% are employed
 - 91% demonstrate greater pro-social connectivity
 - 97% expressed said they were satisfied or very satisfied with their RSS services

Case Study: Portland, OR



Cross-sector Partnership in Portland, Oregon

Central City Concern (CCC) is a 501(c)(3) nonprofit agency serving single adults and families in the Portland metro area who are impacted by homelessness, poverty and addictions. Founded in 1979, the agency has developed a comprehensive continuum of affordable housing options integrated with direct social services including healthcare, recovery and employment serving over 13,000 individuals annually.

Recovery Housing cross-sector partners

- Hospital community benefit funds, MCO and State Housing Finance Agency funds contribute to housing development
- HUD CoC, Section 8 and County general funds cover rental assistance and peer recovery supports
- WIOA, DVR, USDA FSET and City general funds contribute towards employment programming
- HRSA and Medicaid funds outpatient SUD treatment, MH services and primary care
- SAMHSA Block Grant funds cover residential treatment, rental assistance and peer recovery supports for families with children
- County Department of Community Justice covers rental assistance and peer recovery supports



Q & A

SAMHSA Resources – Recovery Is Our Specialty!

- [SAMHSA Practitioner Training](#): SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.
- [Evidence-Based Practices Resource Center](#): The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.
- [Technology Transfer Centers \(TTC\)](#): The purpose of the TTC is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment and recovery support services for substance use disorder (SUD) and mental illness. The TTC program is comprised of three networks: the [Addiction Technology Transfer Centers \(ATTC\)](#), the [Mental Health Technology Transfer Centers \(MHTTC\)](#), and the [Prevention Technology Transfer Centers \(PTTC\)](#).
- [Peer Recovery Center of Excellence](#): New resource which provides Training and technical assistance regarding peer recovery support services (national reach).

NEW SAMHSA Resource for Recovery Housing



Homeless and Housing Resource Center

The Homeless and Housing Resource Center (HHRC) was established by the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the availability of high-quality training in evidence-based housing and treatment models focused on adults, children, and families who are experiencing or at risk of homelessness and have a serious mental illness, serious emotional disturbance, substance use disorders, or co-occurring disorders.

About

HHRC provides training on housing and treatment models focused on adults, children, and families who are experiencing or at risk of homelessness and have serious mental illness and/or serious emotional disturbance, substance use disorders, and/or co-occurring disorders.

Vision

The vision of HHRC is to be a central hub of easily accessible, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Resources and Training

Based at Policy Research, Inc., HHRC works in partnership with national experts in homelessness, mental health, and substance use to develop up-to-date, comprehensive toolkits, webinars, and self-paced online trainings.

Contact

Email us your questions at info@hhrctraining.org.

Sign up for the [HHRC email list](#) to be the first to hear about new training opportunities.

hhrctraining.org

National Coordinating Office - NCO

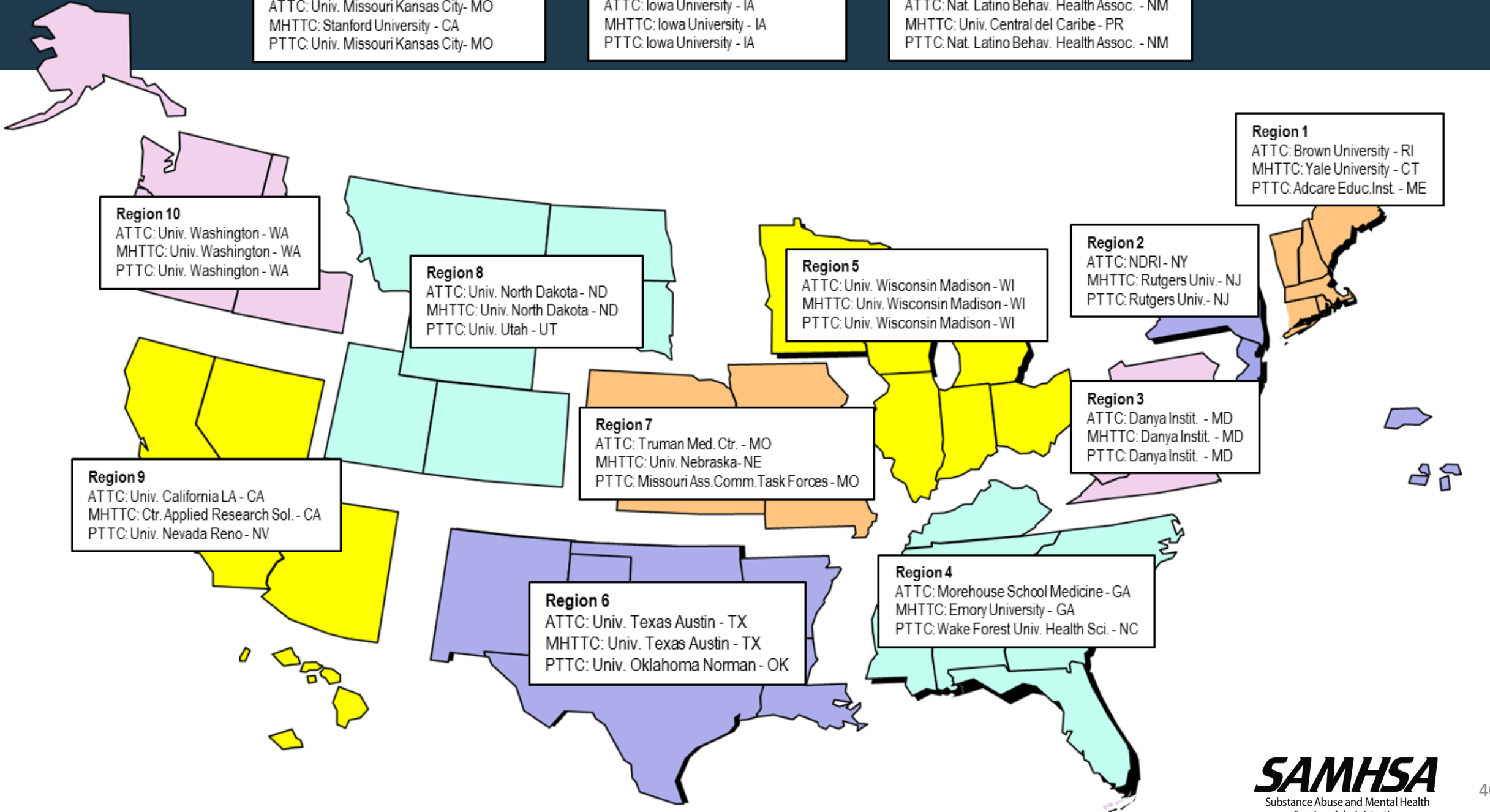
ATTC: Univ. Missouri Kansas City- MO
MHTTC: Stanford University - CA
PTTC: Univ. Missouri Kansas City- MO

National Tribal Affairs Centers

ATTC: Iowa University - IA
MHTTC: Iowa University - IA
PTTC: Iowa University - IA

National Hispanic & Latino Centers

ATTC: Nat. Latino Behav. Health Assoc. - NM
MHTTC: Univ. Central del Caribe - PR
PTTC: Nat. Latino Behav. Health Assoc. - NM



Region 1
ATTC: Brown University - RI
MHTTC: Yale University - CT
PTTC: Adcare Educ.Inst. - ME

Region 2
ATTC: NDRI - NY
MHTTC: Rutgers Univ. - NJ
PTTC: Rutgers Univ. - NJ

Region 3
ATTC: Danya Instit. - MD
MHTTC: Danya Instit. - MD
PTTC: Danya Instit. - MD

Region 4
ATTC: Morehouse School Medicine - GA
MHTTC: Emory University - GA
PTTC: Wake Forest Univ. Health Sci. - NC

Region 5
ATTC: Univ. Wisconsin Madison - WI
MHTTC: Univ. Wisconsin Madison - WI
PTTC: Univ. Wisconsin Madison - WI

Region 7
ATTC: Truman Med. Ctr. - MO
MHTTC: Univ. Nebraska- NE
PTTC: Missouri Ass.Comm.Task Forces - MO

Region 6
ATTC: Univ. Texas Austin - TX
MHTTC: Univ. Texas Austin - TX
PTTC: Univ. Oklahoma Norman - OK

Region 8
ATTC: Univ. North Dakota - ND
MHTTC: Univ. North Dakota - ND
PTTC: Univ. Utah - UT

Region 10
ATTC: Univ. Washington - WA
MHTTC: Univ. Washington - WA
PTTC: Univ. Washington - WA

Region 9
ATTC: Univ. California LA - CA
MHTTC: Ctr. Applied Research Sol. - CA
PTTC: Univ. Nevada Reno - NV

Resources

- **CDC** [Social Determinants of Health](#)
- **Center for Healthcare Strategies, Inc.** [An Inside Look at Partnerships between Community-Based Organizations and Health Care Providers](#)
- **Center on Budget and Policy Priorities**, [Housing and Health Partners Can Work Together to Close the Housing Affordability Gap](#)
- [Central City Concern](#)



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