

**Recovery Housing Webinar Series**

**Cross-Sector Partnerships**

**Wednesday, February 24, 2021**

Rachel Post: Hi. Thank you. Welcome, everyone. Good to be here with everyone today, and we are going to be discussing cross-sector partnerships on today's call.

So first, we'll do welcome and introductions. Then we'll review the SUPPORT Act background and the intent of the recovery housing program. We're going to talk about whole person care, what it is, and why it's relevant to recovery housing. And then we're going to review cross-sector partnerships that you may want to -- partners that you may want to engage in your partnership around recovery housing. We'll do a couple of case studies, and then we'll offer some time for questions and answers.

So, first, I'd like to go ahead and say welcome again.

My name is Rachel Post. I'm a senior associate with the Technical Assistance Collaborative, and we are very lucky today to be joined by Kim Nelson, who is the region seven administrator for the Substance Abuse Mental Health Services Administration.

Kim, would you like to say hello and a few words about yourself?

Kimberly Nelson: Hi there. So glad to be joining you all from region seven, which is in Kansas City. I'll show you a map later that speaks to all of the regional presence of SAMHSA and my -- I have a significant kind of background, history, and interest in recovery in general and specifically in recovery housing. So really glad to be here. Thanks, Rachel.

Rachel Post: Thank you, Kim.

All right. So this -- these are learning objectives for today. So as a result of the webinar, our hope is that participants will be able to describe the importance of including other partners and their resources in the planning and implementation of recovery housing, utilize interstate partners and resources needed to provide comprehensive recovery housing, and identify an example where collaborative partnerships provided coordinated services to promote long-term recovery.

So we like to always just bring folks back to why we're here, and as a reminder, this HUD recovery housing program is the result of the passage of the SUPPORT Act in October of 2018, which was passed in response to the opioid epidemic. We want to make sure that folks on the call today know that this recovery housing is for anyone with any type of substance use disorder. It's not exclusively for people with opioid addictions.

The Section 8071 authorized the program to aid grantees with providing stable, temporary housing for up to two years to individuals in recovery from a substance use disorder. And grantees must give priority to entities with the greatest need and ability to deliver effective, timely assistance.

So HUD would like to remind our listeners today that the recovery housing program notice language says that this program -- to maximize and leverage these resources, that grantees should coordinate recovery housing program funds with other federal and nonfederal assistance related

to substance abuse, homelessness, and at risk of homelessness, employment, and other wraparound services. So we're going to talk a little bit more about those services today.

First, we wanted to make sure that folks have an orientation to a whole person care approach. And whole person care is an approach in which all areas impacted by substance use disorder are addressed, recognizing that each of these areas is a social determinant of health.

And recovery housing programs that take a whole person care approach will improve consumer experience, satisfaction and health outcomes while containing costs and reducing use of emergency systems of care, for example, the emergency department inpatient bed use, emergency response systems.

And when you think about a substance use disorder, it really does impact every aspect of an individual's life. And we have here in this whole person care diagram, looking at the different areas of one's life that a whole person care approach would take.

So it would address people's physical health conditions, as well as the physical environment in which an individual's living, emotional well-being, social connectedness with community, financial stability, spiritual orientation and making sure that care that is offered honors that, as well as behavioral health.

So I mentioned social determinants of health, and so it's -- addressing substance use disorders really does also -- it's important to think about social determinants of health, which are conditions in places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

And so much has been written about social determinants of health probably in the past seven or eight years. And many individuals who have expertise in this field estimate that really only about 10 to 20 percent of a person's health is determined by their access to health care and what happens in a health care setting, and the rest of their health is based upon what happens outside of that setting, in their housing, in their community, access to education, neighborhood, built environment, et cetera.

So it's important to recognize that this recovery housing program is really helping to put together to address that particular social determinants on health, the housing.

Okay. With that, we wanted to do a high-level in this matrix -- and don't worry. We're going to spend more time on each of these systems -- but to talk about including a range of the following partners in the design, funding, and implementation of the recovery housing program in order to be able to serve the whole person and to be able to promote health and long-term recovery outcomes.

And as I said, we'll get to go through each of these systems and the resources that can be brought into the partnership in just a little bit.

First, we're going to talk about developing cross-sector partners in recovery housing and the considerations when forming successful cross-sector partnerships.

So to maximize and leverage the recovery housing program funds, HUD encourages states to engage various state and local systems in collaborative partnerships to bring federal and nonfederal resources to the model. So it's important to, when developing partnership agreements, to articulate contributions in those from funding, staffing, identifying a timeline, and the deliverables so that everybody is clear exactly what it is that they're contributing and can sign the partnership agreement understanding that.

It's also important to orient each system to each other's language and terminology. I was just on a call earlier this afternoon in which -- working with a state health division and housing division and behavioral health division where a partner said, we need a glossary that explains what -- this terminology that the Medicaid program uses, what it means.

And so it's very important to orient each system to each other's language and terminology and the rationale and regulations behind that.

Also, identifying where missions of systems align and where there are common values that lay the foundation for mutually beneficial collaboration, that's important, as well as highlighting complementary areas of expertise across systems that are key to leveraging partner core competencies.

Additionally, it's important to define eligibility criteria and well-structured referral processes.

This recovery housing program isn't going to be able to serve every individual in your state that could benefit from recovery housing. And so making a decision about the subset of individuals that it can serve, what the criteria of eligibility will look like, and how referral processes will be made is equally important.

It's important to ensure open communications among partners are well -- are developed to include regularly scheduled meetings, and it's important to commit staffing as the capacity and with the skill set required to contribute to the partnership.

An area that a lot of partnerships may run into challenges relates to accurately estimating the full range of resources that will be required to achieve end goals. Sometimes those are underestimated. So really doing some cost analysis and time management analysis to make sure that the full range of resources are available will save some time and help maintain trust in the partnership.

Develop and track cross-partner analytics and performance metrics. This is important because it helps programs to be able to continuously improve using quality assurance measures, as well as this last bullet.

It also helps to support sustainable funding. So I'm excited to have Kim from SAMHSA share with us an example in which, as a result of documenting efficacy, more funding was made available. So let's go ahead and move on.

We wanted to provide you with a poll, and you can answer. So the question is, which of the following agencies and organizations do you currently partner with or plan to partner with?

And if you open up, you'll see in sort of below the chat, there's a polling question, and you can select as many of the following that is true for your state right now with regards to the recovery housing program. And if you select other, which is the last option, we just ask if you could write what that is into the Q&A box.

And we're going to give this a little bit. John, I'll sort of let you handle the timing of when we analyze these results.

John Panetti: Just a reminder to please submit -- hit the submit button after you're done selecting.

The poll will be closing in 20 seconds. Please submit your answers now.

Rachel Post: All right, so it looks like we have 8 of the 53 states are partnering with their state Medicaid. I'm sorry, not 53 states. 8 of the 53 respondents selected state Medicaid agencies, single state agency. That's really great. The agency that oversees the SAMHSA block grants, State Housing Finance Agency. We've got a lot that are partnering with their HUD continuum of care. And it looks like -- oh, sorry. The next most frequent partner is community health centers.

So that's great, and we have four others. And I'm wondering where can we -- is that in the chat, those answers? Oh, maybe not.

John Panetti: That will be in the Q&A box. Carrie, I think you're monitoring the Q&A box.

Carrie: So we had one person said homelessness programs and another said Governor's Interagency Council on Homelessness.

Rachel Post: Great. Thank you.

All right. Well, that's great. We're going to talk about each of those systems next because it may be that in some of your states, you've looked at each of these and determined that some of these systems, there just aren't opportunities to partner with. It could also be that your state or the folks who are on the call aren't familiar with these other systems. So let's move on and talk a little bit about each of these systems.

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

So considerations are that Medicaid expansion states which extended coverage to those below a certain income, so, typically, 138 percent of the federal poverty level, include all of the recovery housing program grantee states except for Florida and Tennessee.

And several states are authorized through CMS waiver authority to utilize Medicaid funds for housing-related activities and supports for specialty populations, and these can include tenant -- pre-tenancy support. So that could be helping people locate housing or getting whatever source of I.D. or paperwork they need in order to be able to access housing, as well as tenancy sustaining supports, which can help pay for ongoing supportive services in housing.

So it's important to examine your state Medicaid authority's participation in these waivers and to determine if these housing-related activities and supports can be paired with your recovery housing program efforts.

Okay. Next resource system is your substance abuse services, which is typically managed by the state, a single state agency that oversees the Substance Abuse and Mental Health Services Administration, substance abuse prevention and treatment block grants, state opioid response grant, and other funding that Kim will be reviewing momentarily.

She'll has lots of great insights, but just initial considerations here is to examine opportunities to pair the recovery housing program with the single state agency funding to maximize coordination with SUD prevention, treatment, and recovery support funding. It's important to know that you cannot use these recovery housing program funds to pay for prevention or treatment but just sort of talking about the ways in which it can interface with the single state agency system.

So -- and, again, this is the agency that typically oversees recovery housing efforts. Remember that the Federal Register notice encourages collaboration with this partner, and funding can be passed to the agency. And your single state agency for substance abuse services can assist with or oversee the administration of recovery housing program funds.

And with that, I'm going to pass it to Kim, who is really going to do a bit of a deeper dive into SAMHSA and the potential for partnership.

Kimberly Nelson: So, again, I'm happy to be joining you. I want to thank those of you on this webinar for being on the webinar, for caring about getting services to people in recovery, for believing that people with behavioral health conditions can recover, if they get the care that they need. And so I just appreciate you for your work in this space.

So, as I said, I'm Kim Nelson. I'm right there. You're looking at a map of the regional offices for SAMHSA. Hopefully, you all know -- hopefully, this is old information and everyone on here knows that SAMHSA has a regional presence throughout the country. There's ten of our offices. I'm right there in the center serving Kansas, Iowa, Nebraska, Missouri. And then there are my nine counterparts throughout the country.

Each of our offices also has an assistant regional administrator and then sometimes a third kind of part-time staff. So we're small but mighty offices. The reason I show you this information is to know, if you -- I know several of you said that you are in contact with your what's called single state authority for behavioral health, that you're already in contact with that office in your state. Great.

If you're not and you're looking to get into contact with them, contacting one of your --contacting the SAMHSA regional administrator in your region and asking questions and leveraging us in order to get into contact with those folks is a perfectly good way to do that.

These -- we've been in these offices for about 10 years, and while state staff might change at times, you're always going to be able to get ahold of the SAMHSA presence in your region that can help you connect in case you're not connected with those state folks.

So that is just -- and, lastly, I'll say, you know, really the work that we do in the region, in each region across the country is often centered in the need for cross-system partnerships in order to advance recovery. So reach out. As Rachel said, substance use disorders crosses all -- many systems. And so we may be able to help you forge relationships there.

All right. Next slide. So now, just a little bit more information. When we talk about SAMHSA funding, what we're really -- SAMHSA is a granting agency. And so most or a lot of what we do is grant dollars to states and also provider networks, but mainly to states.

And so the federal government, we at SAMHSA have an allocation of dollars from Congress that kind of flows through us into states. Those are called formulary grants, and that's where our block grant that hopefully you notice -- but just generally speaking, each state gets a substance abuse prevention and treatment block grant and a mental health block grant, as well as some dollars to help prevent homelessness.

Those are formulary grants. So they are based on a formula that's in statute, and year after year, each state gets those dollars.

States also can get from us what are called discretionary grants, and those grants are certain areas of focus within behavioral health. So here's a few examples, the pregnant and postpartum women and substance use disorders grants. Perhaps you've heard of certified community behavioral health clinics. We have an expansion grant for that at SAMHSA. Drug courts, medication assisted grants, grants that are trying to prevent opioid use disorder and opioid overdoses in the form of prevention through making sure people have access to naloxone, et cetera. Those are -- that list is large, that list of discretionary grants. Those are just a few examples.

And then SAMHSA also administers what has been since 2016, again, a result of the 21st Century Cures Act state opioid response grants. And those are grant dollars that go to states specifically and then get allocated kind of out into the community. That grant is a bit of a hybrid between a formulary and a discretionary grant.

States, of course, also have access to, I'm sure you know, county and city funding, additional state-level dollars. Kind of depends on the state what that looks like. Obviously, Medicaid, which Rachel mentioned. All of these things kind of go together to create what's called the publicly funded behavioral health safety net system.

Just a quick example for -- to maybe make this more clear. In Missouri -- we'll just pull out Missouri as an example. In formulary dollars for fiscal year '20, Missouri got \$40 million from SAMHSA in discretionary dollars, which included their portion of the state opioid response grant. They got \$57 million. So near \$100 million dollars for fiscal year '20 goes into Missouri for programs to address behavioral health conditions. Just one example. And that's a state that has about six million people. So those amounts vary by population.

Okay. Next slide. So this just, again, dives a little deeper into what I just said. The federal government gets most of these dollars to states, and then state behavioral health authorities or single state authorities, that's really the place in the state that usually gets these dollars. And then that agency contracts with providers, behavioral health providers, substance use disorder, mental health, community mental health centers, those types of providers in the community.

That might look like an inpatient provider. Might be an outpatient clinic. Again, a community mental health center, which might also be a certified community behavioral health clinic, and then recovery supports. Those various types of recovery supports are available in various states. One type of recovery supports is recovery housing, of course, as you all on this call know. Peer support, the recovery community organizations. These are the types of agencies that get funds.

So this system, important to understand, kind of is typically a stand-alone system separate from the health system, the primary care health system, hospitals, clinics, primary care doctors. Those things kind of are operating separately in many communities. So it's just important to know that this is out here.

Now, we are starting to see more and more kind of this physical health and behavioral health system coming together and functioning together, sometimes in co-located locations called integrated care. That's really what the idea of a certified community behavioral health clinic is. And then also kind of using the screening and brief intervention referral to treatment model to try to kind of bridge those two health systems.

All right. Thanks, Rachel.

Rachel Post: Great. Thank you so much, Kim.

All right. Moving on to the list of other systems. Let's talk about state housing finance agencies. So these are set up to meet the affordable housing needs of residents of their states, and 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.

So considerations here would be to examine opportunities to align recovery housing programming with needs outlined in a state's consolidated plan, which is a document written by a state or local

government that describes housing needs of low- and moderate-income residents, outlines strategies to meet these needs, and lists the resources available to implement the strategies.

If your state's Housing Finance Agency doesn't administer HUD CPDs funds, then review their published priorities because they've likely defined what populations they're prioritizing and geographic areas.

Okay. The HUD continuum of care, I noticed that a lot of folks who answered the survey have said that they are partnering with their area continuums of care. And most of you are likely familiar with the HUD continuum of care grant program, which is designed to promote community-wide commitment to the goal of ending homelessness.

I'm not going to read this entire definition because it's there for you all to review, but considerations here, it would be to examine opportunities to align recovery housing program funded activities with those outlined by the various continuums of care and explore partnerships with continuums of care or their designated subgrantees to bring additional housing and service funding to recovery housing programs and funded activities.

I think there are a lot of continuums of care that, as they look at some of the data available through the homeless management information system and if they're working in partnership with the health care system, will identify that people with substance use disorders may be some of the more difficult populations of people to place in housing and to provide supports to keep folks housed.

And so they may be particularly interested in a program where -- that's focused on recovery housing for people who express an interest in living in that kind of environment to support their long-term recovery in opportunities for partnerships.

Public housing agencies. So any state, county, or 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.

So public housing is assisted under the provision of the U.S. Housing Act of 1937 or under a state or local program having the same general purpose as the federal program. And here it would be good to examine opportunities to partner with public housing agencies to explore available subsidies and units that may be dedicated to individuals participating in recovery housing program.

Okay. Next, we're going to talk about Department of Corrections or Community Justice. These systems oversee state prisons, local jails, and sanctioned supervision post-discharge. So explore the availability of reentry programs and jail diversion programs that are designed to assist incarcerated individuals with successful transition to their community after they are released.

Many of the folks -- I'm sure most of you on the call know that a large proportion of people who are incarcerated have substance use disorders and may be incarcerated as a result of their substance use disorder, whether it was their use or sale or possession. And more and more of

those corrections systems are recognizing the importance of having post-discharge programming for this population and partnerships with behavioral health and housing partners. So those would be important partners to approach.

Okay. Workforce Investment Board. These are typically governor appointed boards that are responsible for overseeing the Workforce Investment and Opportunity Act funding for the state, and funds are typically administered by the local partner agencies that offer workforce training and job support to unemployed or underemployed individuals.

I think that sometimes in our behavioral health -- through our behavioral health lens or housing lens, sometimes employment supports are kind of thing is icing on the cake, when in reality they're so important to helping people be able to financially sustain their housing in the long-term, as well as, oftentimes, to maintain recovery, if they have something meaningful to get up for in the morning like a job.

So here you can explore your state unified plan, which you can locate through the Department of Labor Workforce Investment Board. We're about to issue a quick guide on the cross-sector partnerships, and we have a link for the unified state plan, if you don't know who that agency is or how to locate them.

But to determine if those served through recovery housing programs may be members of a targeted community that's supposed to be served through local partners, and to develop partnerships with the local workforce investment boards and pair available resources with state recovery housing programs.

So we heard a little bit about that in our last session from Central City Concern and about how they have been able to sort of offer recovery housing in combination with employment support services.

Similarly, the Department of Vocational Rehabilitation, which is administered by the Department of Education, Rehabilitation Services Administration, provides grants to assist states in operating statewide vocational rehabilitation programs designed to provide services for individuals with disabling conditions.

And there may be individuals you're serving for your recovery housing program who have federally recognized disabling conditions in addition to substance use disorders. And so exploring partnerships with local Department of Vocational Rehab may provide opportunities to pair available employment related resources with the recovery housing program.

State agencies administering SNAP, TANF, and Child Welfare. So Supplemental Nutrition Assistance Program, formerly known as food stamps, is a benefit that supplements the food budget of needy families so they can purchase healthy foods and move toward self-sufficiency. There is some funding that is designated to support employment and education skill building that comes through the SNAP program.

Temporary Assistance for Needy Families is a block grant designed to operate programs for needy families with cash assistance and job preparation.

And child welfare is designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully.

So here it's important to examine or explore partnerships with these systems to pair their resources with those served by the state recovery housing program. If your RHP program is going to be serving families who have -- are working to reunite with their children from child welfare, there may be opportunities to pair some of those resources together to make the program more successful and holistic.

And also, some states have greater flexibility to use sources of funding from these systems to cover short-term rental assistance, child care, and employment support services when they promote economic self-sufficiency or family permanency.

Okay. Community colleges. The U.S. Department of Education Office of Career Technical and Adult Education awards federal grants to community colleges to support adult education and literacy services, including GED preparation and vocational and technical skills training. So you can also explore partnerships 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.

Next, we're going to move on to talk about managed care organizations. So these are health care delivery systems organized to manage cost, utilization, and quality. Medicaid managed care providers provide for the delivery of Medicaid health benefits and additional services through contracting arrangements between the state Medicaid Agency and the MCO.

And some states are implementing a range of initiatives to coordinate and integrate care beyond traditional managed care. And these initiatives are focusing on improving care for populations with chronic and complex conditions, of which individuals with chronic substance use disorders typically fall into that category, and align payment incentives with performance goals and building in accountability for high quality care.

So identify if your state uses a managed care organization health care delivery system and if individuals with substance use disorders are identified as a population of target for payment incentives with performance goals are available. And these may target social determinants of health, including the provision of housing support services and recovery supports. They may pay for peer support services. Additionally, in community health workers, those would be potentially good partners.

Hospitals. So to maintain their tax-exempt status, nonprofit hospitals must contribute resources that improve the communities they serve. This is actually a law, part of the IRS designation as a nonprofit hospital. So they have to actually conduct these community needs assessments every three years to determine how to direct these resources.

And 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 substance use disorders. So identify hospital systems that have or may be interested in partnering with the recovery housing program to target individuals with substance use disorders who are high utilizers of emergency services.

Hospitals may be desperate to figure out how to keep some of their high utilizers with unaddressed substance use disorders out of the hospital and may be looking for innovative housing that helps to address people's substance use disorders.

Okay. We only have one more of these, and then we get some sort of talk about a couple of case studies.

So the last one -- and I also saw a number of people have selected this --they are partnering with community health and behavioral health centers.

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

So here, considerations would be to explore partnerships with these entities that are licensed, qualified, and have the infrastructure to bill Medicaid, to determine if there are opportunities to collaborate on recovery housing programming.

So, for example, again, in Portland, where the federally qualified health care center also manages recovery housing, the Medicaid covered services that are delivered with the housing are able to billed through the infrastructure of the health center. So these systems are well-positioned to bring their clinical services to a partnership and typically have needs for more housing for their patients experiencing substance use.

So that was a lot -- that's a lot of different partners to consider, to explore, and, now, I'm excited to get to pass this back to Kim so she can talk about an example in the state of Missouri, which she referenced earlier, and how they've been able to expand recovery housing there.

Kimberly Nelson: Great. Thank you, Rachel. So I'm also excited to be able to relay kind of what has happened in Missouri around recovery housing as a case study.

So Missouri has really invested in this area. And as the result, here is kind of what that looks like. So in 2003, then President George W. Bush announced a program that was really focused on bringing faith-based -- the faith-based community to the table to help kind of in a formal way to provide care for folks who have substance use disorders.

We know that this happens informally, of course. So this year, they kind of launched out on a path to bring folks in to a system of care that could help kind of pull up a system, the behavioral

health care system that is always overtaxed. There's always more demand than there are resources for people that need help in this area.

So in 2004, SAMHSA started a grant program called the Access to Recovery Grant that was really based on what then President Bush talked about related to faith-based groups coming into a system to provide care. So we called that the ATR or Access to Recovery Grant. That started in 2004.

Missouri applied for and was awarded that grant the first year it was available. What that grant looked like was centralized hubs had vouchers, and people seeking recovery would receive a voucher and purchase recovery services, recovery supports of their choice from an array of credentialed providers that the state created a system for bringing providers into their system and then training them and credentialing them in order to be able to provide services to folks seeking recovery services using their vouchers.

One of those services was recovery housing, and so that started to grow. Recovery housing has kind of always been around, but in a more formulated [sic] way it started to really grow recovery housing in the state of Missouri in the year 2004.

Missouri then continued to apply for and receive four rounds, all of the rounds that were possible for this multi-year ATR grant. So that was close to 15 years of funding. About 14 years of funding. So that program was operational as a grant program in Missouri from 2004 to 2018.

About 2015, 2016 the Missouri group of folks that has continued to grow and grow and be able to provide more and more care to people in the state said, hey, we really need to do something to make sure that we can sustain this network of providers, many of whom were recovery housing providers. What can we do that would help us sustain our network so that we can continue to help people that need support?

So they formed what's called the Missouri Coalition of Recovery Supports Providers. For short, we call that MCRSP. And so this is a statewide coalition across the entire state of Missouri that has representatives, all different types of recovery supports providers, many of whom are recovering housing providers, that have come together and formed this coalition.

I often refer to them when I talk about them as kind their powerhouse. These are just folks who are highly committed to providing high quality recovery supports to folks in the community.

They've been affiliated with NARR. You heard about -- you heard from Dave Sheridan with NARR, the National Alliance for Recovery Residences. So they affiliated with NARR so that they could kind of ensure that the quality of recovery housing was standard across the state.

Next slide. Thank you, Rachel.

So the coalition started lobbying the Missouri -- the state of Missouri, first, kind of making the case to the governor that they needed state funding to continue this recovery support services

program. They had at that point 14 years' worth of GPRA data. GPRA is the Government Performance and Results Act. It's just a type of data that most government grants require.

So they had amassed about 14 years of this data, and they could demonstrate the success of recovery supports in serving thousands of people each year, many of whom are criminal justice involved. So something like 60 -- more than 65 percent of people in these programs that are being served have criminal justice involvement.

So they had this data. The governor looked at the data, listened to them, and made a request for \$3 million in state dollars into the budget to keep the recovery supports program going as the ATR grant funding was ending.

They then developed an aggressive legislative advocacy program -- again, this is the coalition, the statewide coalition of those providers targeting all of the legislators throughout the state -- to sell their program, and they succeeded in doing that. And they partially did that by creating regional kind of recovery services hubs that became kind of part of that coalition.

So in fiscal year 2019, they were awarded a state budget line of \$2.625 million to do recovery support services. The following year, the governor requested an increase to that program of another \$1 million. And so since fiscal year 2020, their budget line is \$3.67 million annually in general revenue -- general revenues state funds. But each year, the coalition has to kind of go before the legislature and defend their budget line, like anybody would have to.

They do that using data. And as you can see, they've been successful. They were -- they received an increase from the first year, and they believe that this will continue. They have strong support.

And in Missouri, part of that strong support is because they have included a faith component in many of the providers that are doing that work. They're also -- they're not all faith-based providers in this program. Important to just -- some are community-based organizations, but many are faith-based organizations that have come together and are providing a vast amount of especially recovery housing.

So next slide. Just want to talk about a few outcomes from that program. There are a lot of outcomes, but these are just some highlights. So 45 percent of \$3.67 million, so their budget line, goes for recovery housing. So -- and this varies a little bit by region.

So here you can see the St. Louis region spends upwards of 75 percent on recovery housing. Other areas of the state might spend closer to that 50 percent or so. But a large -- the point is a large portion of this budget goes into recovery housing.

They have starting with zero accredited recovery homes, and then they got this NARR affiliation. They started accrediting recovery homes according to the NARR standards. They now have 130 recovery homes, which represents 1200 recovery beds just in the matter of a couple years. So -- and these are beds for men, women, families.

One example I would just -- if you're interested in actually looking at what this looks like, you can go to our website, [healinghouse.org](http://healinghouse.org). In Missouri, the woman that founded this recovery housing and -- she does all kinds of recovery support services, but a large percentage of what she does is recovery housing. Her name is Bobbi Jo Reed.

She started out in the year 2001, I want to say, with just buying one house and wanting to help 10 women with their recovery. And, now, that organization, gosh, 20 years later she's got 200- plus beds for recovery supports just at her organization, Healing House.

There's also kind of a documentary at that website that talks about her story, which is pretty powerful. Just -- and those 200 beds are at multiple houses. She's basically transformed kind of an entire block in Kansas City, Missouri, which was much in need of transformation, let's just say, the area that this housing is in.

So just a few other outcomes are listed there. It's highlighted or bolded, the one that's probably particularly important, and that's that at six-month follow up, 90 percent of folks were in stable housing that received this supportive housing that has led to them continuing to be housed and in recovery.

So I think important to note, number one, the executive director for the MCRSP, the Missouri Coalition, said to me that a legislator recently said to him, well, gosh, when you look at these numbers, this is a no brainer that we would continue funding this. So that's just an example of the support they get.

I think one last thing that's important to note about this is that, because of this network of accredited recovery homes and 1200 beds across the state, what has happened is this network now has started drawing dollars from other systems to provide more and more and more recovery housing for people.

So the recent state opioid response grant that the states received, a pretty big portion of those dollars can be spent in this recovery homes network in the state of Missouri. So -- as well as other funds. And so just, I think, echoing the words of that legislator, really investing in recovery housing is kind of a no brainer. And Missouri certainly has seen kind of the results of that.

So, Rachel, that's it. I am, of course, happy to answer any questions about any of this whenever it's time for that. Did we lose you, Rachel? I can't hear you, Rachel.

John Panetti: On mute.

Kimberly Nelson: Well, I am certainly happy for us to have questions and have a discussion. Those are the slides I had, I think Rachel has, if we can get her back, one other case study she might want to talk about, but I'm certainly happy to have a discussion, a dialog with folks, if that's -- if people have questions about anything that I could help with.

Carrie: Well, I'll use the opportunity to encourage folks to type their questions into the box because we do have -- hopefully, we can get Rachel back and have one more case study, but then we're on to the questions and answers. So please --

Rachel Post: Hi. Can you guys hear me now?

Carrie: -- type them in.

Rachel Post: No? You still can't hear me.

Kimberly Nelson: We can hear you.

Rachel Post: Oh, great. All right. Yeah.

Carrie: We can hear you now.

Rachel Post: Sorry. It wouldn't let me unmute. I kept pushing the button, and nothing was happening. I apologize. All right. Great.

Well, let's just real briefly, I think, go ahead. And if you have questions, type them into the chat box, and I'm just going to quickly do a review of the Portland program that we heard from just a few weeks ago, Central City Concern. If folks were on that webinar, this will be familiar. If not, I'll go through this, and you may want to go back and listen to that, which is on the HUD Recovery Housing Program website.

So Central City Concern is a nonprofit agency serving single adults and families in Portland and mostly working to address homelessness and poverty. It was founded in 1979, and they've developed a comprehensive continuum of affordable housing. They have about 2,000 units of very low-income affordable housing that is operated using both Housing First, some of the units, and others as recovery housing.

And the recovery housing programs have been able to develop partnerships with the hospitals and managed care organizations and state housing finance agencies, which have funded additional new housing developments.

Additionally, housing operated by Central City receive HUD continuum of care funding. They have Section 8 vouchers. There's county general funds, which covers rental assistance and peer recovery supports. They also partner with the local Workforce Investment Board, the Department of Voc Rehab.

They also use USDA food stamp employment and training funds to help pay for the employment programming, as well as city general funds, both the Health Resource Service Administration and Medicaid funds, outpatient treatment, mental health services and primary care.

SAMHSA block grant funds cover residential treatment, rental assistance, and peer recovery supports for families and children. And County Department of Community Justice covers rental assistance and peer recovery support for individuals exiting incarceration.

So I think -- I appreciate, Kim, that you sort of gave the timeline for -- from the time that the state of Missouri got the access to recovery funds until 2020.

These kinds of -- building these programs can take time. Building partnerships with other systems can take time. But in the end, those relationships and partnerships can really help enhance the recovery housing program, both in terms of making -- having it operate within a whole person care orientation, as well as expanding the capacity of recovery housing across the state.

So we do have sort of this question-and-answer time, and then I wanted to -- I'll point people, while we're waiting for some questions to come in, once you see the slide deck, which will be loaded up again to the HUD Recovery Housing Program sight, there are a number of additional resources that SAMHSA has offered that are listed here in the slides after the Q&A.

And if you are working with your single state agency, you will hopefully have partners from that system who are very familiar with each of these resources.

So with that. Carrie, do we have any questions?

Carrie: I don't have any questions coming into the box, but I have a couple that occurred as I was listening.

Rachel Post: That's great.

Carrie: So maybe they'll inspire some more questions I wanted to ask about Central City Concern.

So looking at -- and I don't know if you can go back to that side, but looking at all of those partnerships and putting myself in the shoes of the grantee, it seems -- if you're starting from scratch, it seems like that's a lot to try to forge at once.

So I know they were founded in 1979. So I imagine some of these evolved over time. So I guess if you could maybe talk about that, how maybe as you demonstrate success, you bring more partners to the table and maybe some of how Central City Concern has done that.

Rachel Post: Yeah. Great question. I think that the majority of these partnerships probably developed over the course of the last, I'd say, 10 years. And I think much of it was about an organization that was really well-known by the business community and public safety for addressing what used to be Skid Row in Portland.

And this was the agency that operated a city detox [inaudible] station and started to build housing because we quickly realized there wasn't really much point in detoxing people if they didn't have a place to go.

And over time, because those -- the executive directors were very engaged with the county commission and the mayor's office and public safety and the business community, and as people could visually see the difference of the actual corridor, that downtown corridor of fewer people being intoxicated on the street, I think more [technical difficulty] people and figure out how to -- how to expand.

It was -- actually, when Central City Concern was approached by the county to take over the federally qualified health care for homeless clinic in about -- I want to say that would have been around 2003 -- that things started to pick up because then, not only were they a substance use treatment clinic with a little bit of housing, but they became a Medicaid biller.

I think that many of these systems that we discussed, they're already aware of the impact of untreated substance use disorders to the populations they're serving, and they may just not know what to do and welcome the opportunities to sit down and have discussions about how to bring their resources together with the recovery housing program resources to have a greater impact.

And, certainly, a lot of states have governor-led initiatives to address the opioid epidemic, where there's interest and recognition that it's not just people with opioid use disorders but people with other substance use disorders where there needs to be some system alignment.

So I think it does take time and partnership, and there are lots of case studies besides that we presented today where they've been able to build large portfolios of recovery housing that provides the whole person care orientation.

Kim, do you have anything to sort of add to that from what you see in your region or across the country?

Kimberly Nelson: Yeah. I think -- I don't know that I'll have more to add, other than to definitely reiterate folks that work with substance use disorder care are accustomed to working in a cross-system partnership because substance use disorders touch every aspect of a person's lives -- life. Excuse me. Every aspect of a family's life. It's -- the community's impacted, the family, the person, the -- all of the systems.

And so I think folks are, like you said, very willing to come to the table and figure out how do we take these resources that each of us have and really optimize them? So that's my experience for sure.

Carrie: Great. Okay. We have a couple of questions that have come in. One might be for HUD.

"Not to put the cart before the horse, but will this allocation continue? Is this a one-and-done allocation, or if there is success, is there discussion on continuing?"

Cory Schwartz: Hi. This is Cory Schwartz [ph] from HUD. So the second allocation of RHP funds -- and there is one that was provided for by the fiscal year 2021 Appropriations Act that Congress passed at the end of last year -- those allocation announcements will be coming out in the coming days. So there is a second allocation.

As far as future allocations beyond that, that is up to Congress. The SUPPORT Act provided authorizations through fiscal year -- potential authorizations or that could be issued through FY - - fiscal year '23. But it is up to Congress to actually appropriate funds for the program.

But we do have a second round of allocations. Some of the grantees that received the initial allocation will receive them, but not all. But, again, HUD will announce those in the coming days.

Carrie: I have actually kind of a question that can relate to that, and maybe providing -- I imagine HUD will have to provide information to Congress on how this program is going and it will be measured through what is reported in DRGR.

But thinking about what Kim was talking about in Missouri and how they had decades of -- or was it 12 years of success and data to demonstrate success. So my question is for Kim or Rachel.

How would you set that up now; right? If you're at the beginning of this program, of your recovery housing program as a state, what are some key considerations as you're measuring success maybe beyond what DRGR will require?

Kimberly Nelson: Do you want me to --

Rachel Post: Sure, Kim.

Kimberly Nelson: -- [inaudible] first, Rachel?

Rachel Post: Yeah.

Kimberly Nelson: So I will just say that several groups are wrestling with this very question right now, kind of what are the most important items of data to collect around recovering housing. Some work has already been done. I would say don't reinvent the wheel.

I certainly -- we recently had a recovery housing technical expert panel, and as part of that panel, several researchers were part of that discussion. And so, if folks are interested, I certainly could - - I don't know if my e-mail is part of -- I can -- I'll write my e-mail in the chat, and please feel free to e-mail me if you're interested.

I know Missouri has their own kind set of wrestling they've done with this and the data that they've used, but then also the data that they're expanding into around quality of life outcomes. Like Rachel talks about and that whole person healing approach, housing is part of that.

So, anyway, lots of work there kind of happening and still yet to happen. And so I'd say to tap into some of those resources that are already kind of wrestling with those topics. And, again, I don't have those resources off the top of my head. I'm going to put my e-mail in the chat and feel free to e-mail me, and I will connect you to what I know. And maybe, Rachel, you know of some of those resources.

Rachel Post: Yeah. No. I think that would be great to share those.

Additionally, Kim -- and if I can go back actually, when you look at the indicators of success for Missouri, what they were tracking in terms of percents that had no new arrests, percents who are stably housed, percent remaining abstinent, these are all really important, significant indicators.

And so, if communities are able to work with an evaluator either through university or evaluation team that the state has worked with before to be able to track some of this data for the recipients of their recovery housing program, that will be really instrumental in terms of documenting the effectiveness and the cost savings.

In Portland, what we did was we looked at -- we were able to get a release of information so that we could get the number of jail bed and prison bed days for all the folks who entered the program and then look at that 12 months later in terms of -- and the costs associated with it, as well as estimate the cost of crimes that people have committed in the past and the savings.

So I think getting that resource from Kim will be really helpful, as well as just looking at these -- this list of indicators here would be important to track.

Kimberly Nelson: Let me say one more thing, if I could. So -- on this topic. Rachel, if you can go to the slide where the TTC network is shown.

So SAMHSA has a technical assistance network of providers throughout the country. And these are addiction technology transfer centers. They are mental health technology transfer centers, and prevention technology transfer centers. These are at universities and they are, like I said, throughout the country.

And so the Addiction Technology Transfer Center may be a great resource because they're located within universities, most of these, to partner with to develop and to assess what has been developed and what might you want to develop in your area specific to evaluation around recovery housing. Just another idea.

Rachel Post: Thank you, Kim. Carrie, do we have another question?

Carrie: We do. We have one that came in about the LGBTQ community and black and Latino trans and nonbinary women in particular. "So they've historically created houses for themselves as bases of support, safety, and community. Is there any way we can lean on this long history to engage the LGBTQ community organically?"

Rachel Post: Well, so the list of systems and providers is not an exhaustive list. So I think we would encourage that you partner with whatever system in your state or in local communities that have some success at supporting populations of people with substance use disorders.

And, certainly, culturally specific programming is really important. So if that is a population that in your state, you are able to include in your recovery housing program to enhance, I would say absolutely.

But does any -- Kim or HUD, do you all want to weigh in on that?

Kimberly Nelson: I can weigh in with a resource and then if HUD wants to weigh in, of course, feel free.

So much like this TA center kind of network that is on this slide, SAMHSA has a new center of excellence that we've just funded that is specifically -- it's the Center of Excellence for LGBTQ on Behavioral Health Equity. So that is a brand-new resource that, again, may be a great spot to reach out to and just talk through what you are trying to do and access to resources that this center of excellence could potentially provide. I can put information into the chat that tells you how to get in touch with this new center.

Rachel Post: That would be great.

Kimberly Nelson: Done. Done deal.

Carrie: Okay. Great. So we have one more question at this moment, and I think it's for HUD.

"If we get a second allocation, do we have to do two action plans? Or if the allocation is announced prior to our submittal, can we combine?"

Cory Schwartz: So we are currently in the works of drafting a notice for the second round of allocations. We -- since it's in draft form, there's not much I can reveal exactly how it's going to look. But what I can say is we don't intend to change the substantive rules of the program.

As far as action plans go, we are actually the bulk of the draft notice in trying to accommodate how grantees will submit their action plan for the second allocation, which might include grantees submitting dual or combined action plan for both allocations or, as the question was, if they've submitted an action plan for the first allocation and they just want to tack that on -- tack on the second allocation to that action plan, the notice will describe the instructions on how to do that.

But we're going to work -- do our best within the system capabilities of DRGR to accommodate each of the little permutations there because we're aware that that's -- everyone is or most people are new to DRGR. So we want to make those -- make that as easy as possible for grantees.

Carrie: That's all the questions we have. Do any of our panelists have any last thoughts?

Rachel Post: Kim, any last thoughts?

Kimberly Nelson: I would just reiterate I'm really grateful for the folks on this webinar because, clearly, there's 40 attendees and earlier there were 45 and that's 40, 45 people throughout our country who are interested in helping people access an absolutely necessary resource like housing to support recovery.

And I am -- I'm grateful for your commitment to that. And if I can be of assistance in that, no matter where you are, I am happy to be of assistance. So that's all I would say. Thanks.

Rachel Post: Great. Thank you so much, Kim, for being here with us today, and I'm sure we'll be calling upon you for your expertise as we launch into communities of practice, which will be five-week learning sessions for states around different topical areas. So stay tuned.

I think with that, we're done.

Kimberly Nelson: Great.

Carrie: Thank you, everyone.

Kimberly Nelson: Thank you.