COMMUNITY DEVELOPMENT
BLOCK GRANT
RECOVERY HOUSING PROGRAM

Delaware State Housing Authority
Action Plan

2024/2025

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Program Summary

The Federal Register Notice No. FR-6225-N-01 as authorized under Section 8071 of the SUPPORT for Patients and Communities Act, entitled a Program to Help Individuals in Recovery from a substance use disorder become stably housed, herein referred to as the Recovery Housing Program (RHP). The RHP program authorizes assistance to grantees to provide stable, temporary housing to individuals in recovery from a substance use disorder.

The State of Delaware/DSHA 2024/2025 Recovery Housing Program Action Plan will guide the use of approximately $1,430,099 of the first allocation and $1,430,099 of the second allocation in Recovery Housing Program (RHP) funding received by the State through the U.S. Department of Housing and Urban Development's Community Development Block Grant Program (CDBG) for the period July 1, 2025, through September 1, 2032. These funds are administered by the DSHA who administers the State's CDBG funding. There will be collaboration with the Delaware Departments and Divisions including the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH), the Department of Corrections (DOC) and the Department of Justice (DOJ). A staff person from DSAMH will participate in the review and selection process of the applications.

DSHA has determined to use this funding for Acquisition of Real Property and Rehabilitation, giving priority to organizations that have demonstrated the greatest need and the ability to deliver effective assistance in a timely manner.

This plan identifies the State's priorities and needs for sober living/recovery transitional housing for persons recovering from addiction based on DSHA needs' assessment, and citizen input. It establishes goals for meeting the priority needs for the period of funding and reflects anticipated resources and outcomes.

State of Delaware Executive Summary

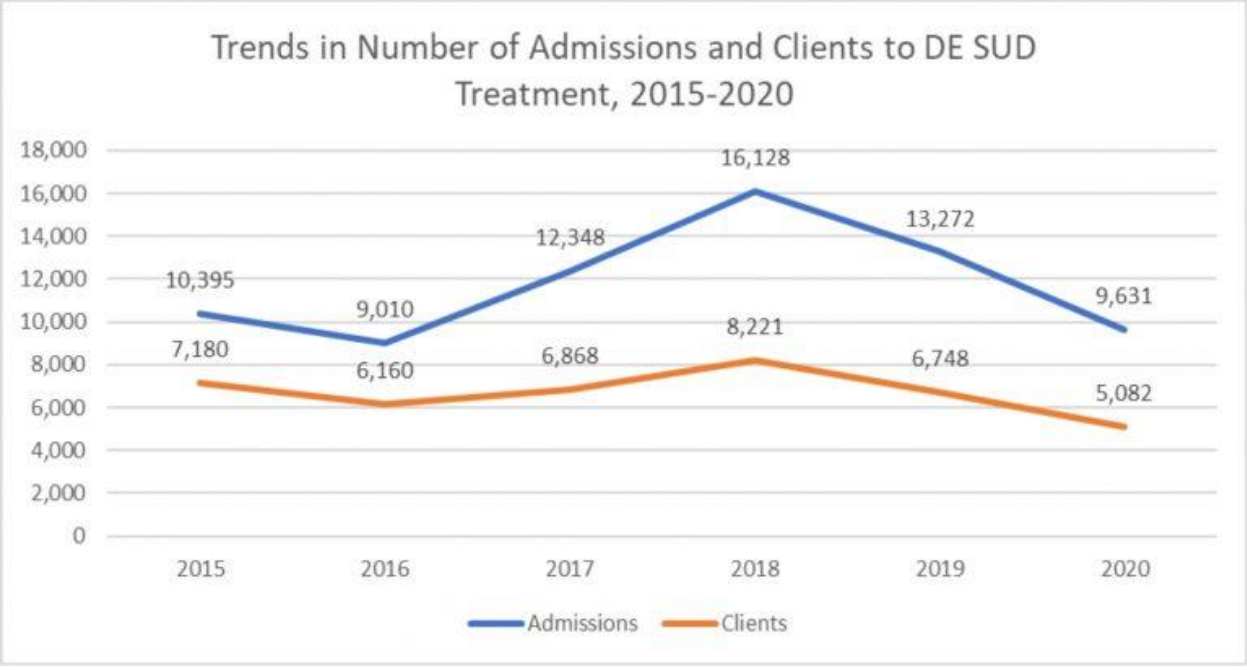
The State of Delaware recognizes that treatment is necessary, but accessibility is insufficient for long-term recovery of low- income and homeless individuals experiencing substance use disorders, mental health conditions, and criminal justice involvement. Housing stability is fundamental to recovery and a critical factor contributing to positive outcomes. Households who know they will exit to stable housing are more likely to successfully complete treatment. Unfortunately, many who exit treatment will return to homelessness without long-term, affordable housing and comprehensive, evidence-based wrap-around case management services.

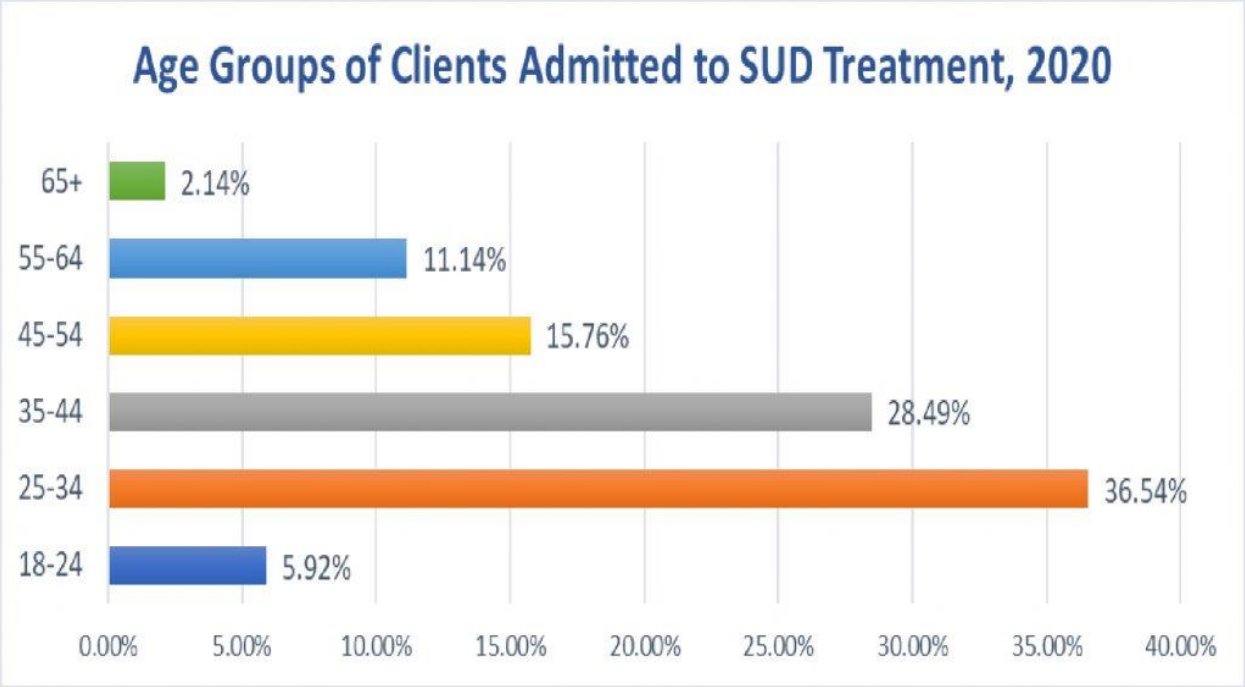
Geographic catchment area: Delaware's project will serve eligible clients through a unified, coordinated system with tailored approaches for specific populations regardless of geographic residence within Delaware. Delaware is one of the smallest states, with 1,500,000 residents[i]. New Castle County has the largest population at 558,093 with 192,690 in Kent County and roughly 271,134 in rural Sussex County (United States Census, accessed December 2024). All of Sussex County is considered a Medically Underserved Area. This project will suffice an unmet treatment modality need within this region.

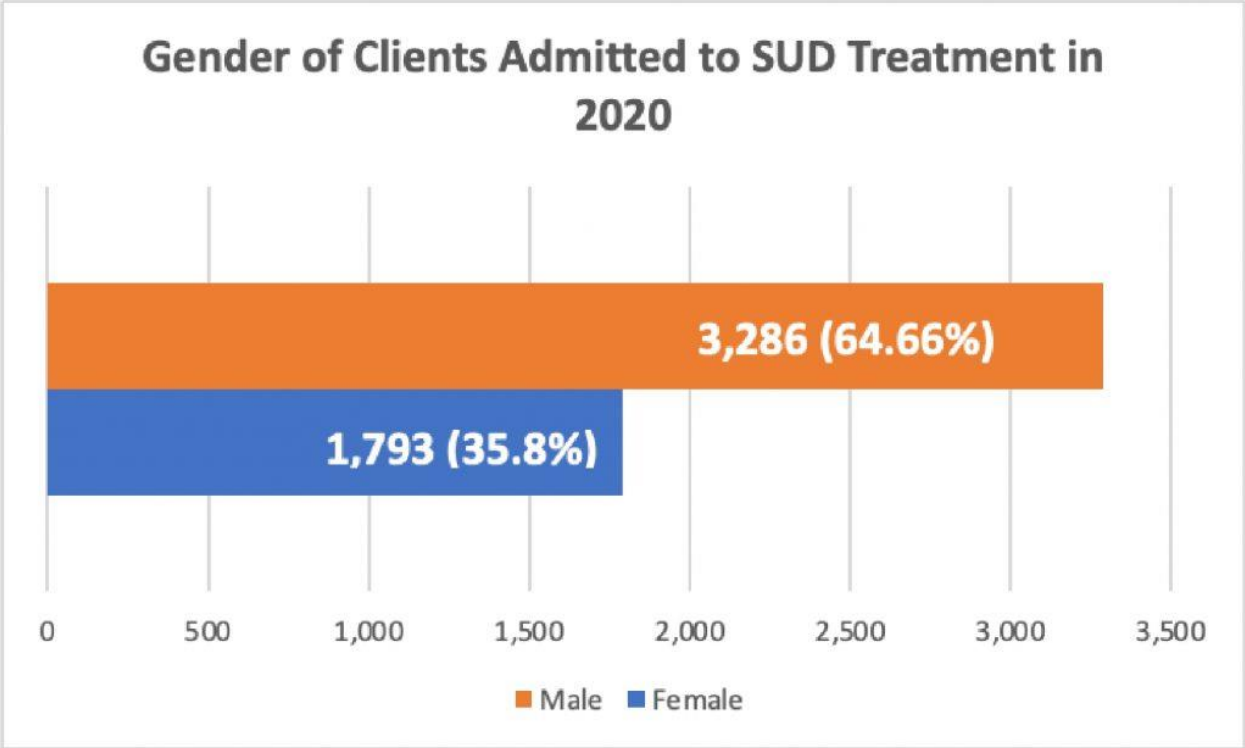
Focus populations: The Delaware Division of Substance Abuse and Mental Health (DSAMH) is responsible for adhering to the responsibilities assigned in the role of the single state agency for the State of Delaware. DSAMH is responsible for the development, implementation, maintenance, and oversight of a state plan for prevention, treatment, and recovery support; coordination of state and federal funding; and development of standards for the certification and approval of prevention, treatment, and recovery support programs. To that purpose, Delaware's current strategic focus for funding activities related to substance use disorder (SUD) and opioid use disorder (OUD) activities are to enhance and further develop its system to support all Delawareans, with additional focus on: 1) those in and leaving the criminal justice system, 2) youth and young adults (age 16-24) transitioning from the youth to adult system, 3) pregnant women and families with children under the age of 18, and 4) populations with a disparate burden of substance use disorder (SUD) and co-occurring mental health disorders.

System capacity: Although Delaware's capacity for screening, referral, and treatment has improved, it must be *intensified and deepened* to provide optimal care and retain clients. With many organizations using the state's bidirectional electronic referral system, Delaware Treatment and Referral Network (DTRN), approximately 200,000 treatment referrals have been made since the system's 2024. Delaware faces a continued challenge of an insufficient number of behavioral health service providers. To achieve the goals of increased engagement and retention in treatment, Delaware must also intensify and systematize wraparound services to address housing, employment, trauma, transportation, and other needs: 67% of DSAMH SUD clients reported being homeless at admission and discharge from treatment for FY 2023 (DSAMH, Bureau of Research and Evaluation). Reports from Delaware Health and Social Servies Behavioral Health Providers indicate that 13% of those entering mental health treatment and 7% of those entering addiction treatment in Delaware were unhoused.

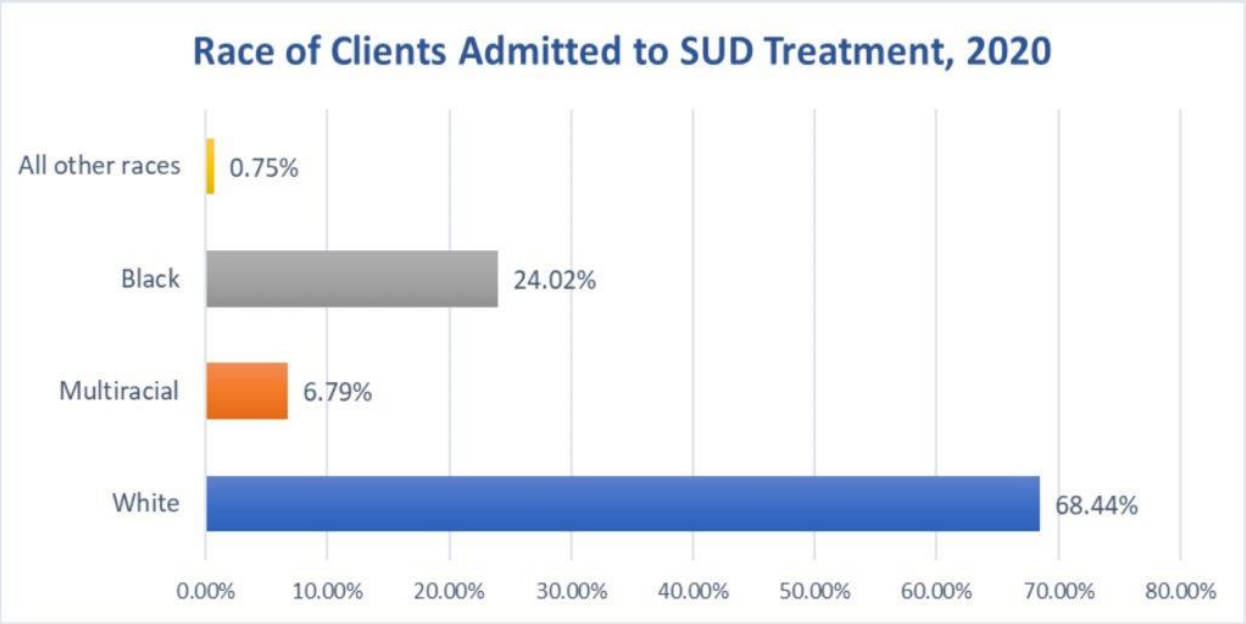
Below: Snapshot of Delaware's demographics for clients engaged in public behavioral health funded treatment services from 2015-2020 (DSAMH Bureau of Research and Evaluation):




Age Groups of Clients Admitted to SUD Treatment, 2020
65+
2.14%
55-64
11.14%
45-54
15.76%
35-44
28.49%
25-34
36.54%
18-24
5.92%
0.00%
5.00%
10.00%
15.00%
20.00%
25.00%
30.00%
35.00%
40.00%


Gender of Clients Admitted to SUD Treatment in 2020
3,286 (64.66%)
1,793 (35.8%)
0
500
1,000
1,500
2,000
2,500
3,000
3,500
Male
Female

White/Caucasian makes up the largest segment of the population with 68.44% of the total. Black/African American makes up the second largest segment with 24.02% of the total population.



Summary of Need:

This project's objectives align with Delaware's strategic drivers for its behavioral health system: 1) Engaging and stabilizing people with behavioral health needs wherever they might be ready to engage, 2) Improving coordination across referrals and transitions, 3) Providing seamless access to care management and social needs that supports mental, physical, social and spiritual well-being, 4) Providing person-centered, peer-supported, long-term treatment support for patients and families in the community, and 5) Building prepared and resilient communities. Both DSAMH's strategic drivers are based on in-depth reviews and recommendations from Pew Charitable Trusts[ii], Johns Hopkins University[iii], and account for the priorities of Delaware's Lieutenant Governor's Behavioral Health Consortium.

This project will leverage the above strategic efforts and allow Delaware to strengthen and create sustainable change to address the full continuum of care, by intensifying and deepening the work that has started, and adding additional supports that build on treatment and recovery support capital.

Administration Summary

DSHA will conduct State Recipient oversight in the administration of the RHP grant. Oversight includes State Recipient grant management, monitoring, completing an environmental review, ensuring Residential Anti-Displacement and Relocation Assistance plans are adopted and followed and complying with acquisition and relocation requirements of the Uniform Relocation Act of Section 104(d) of the Housing and Community Development Act of 1974. In addition, DSHA will ensure federal and DSHA rehabilitation standards are met.

DSHA Point of Contact: Sydney Eihinger, Sydney.Eihinger@delaware.gov, 302-739-0273

State Recipients will be responsible for purchasing and rehabilitating the property as well as administering program services under the guidance of the DSHA Development Section.

Potential State Recipient Point of Contacts:

Impact Life – Domenica Personeti, domenica@impactlifetoday.org
atTAack Addiction – Don Keister don.keister@attackaddiction.org

Regulatory Compliance

RHP is federally funded and subrecipients of RHP funds are required to administer them in a way that complies with applicable federal and state regulations. The following list is not comprehensive and is only intended to provide potential applicants with a basic summary of some important areas of compliance.

Auditing

Pursuant to 2 CFR Part 200, Subpart F, subrecipients expending $1,000,000 or more in federal funds from all sources within a fiscal year are required to conduct a Single Audit for that fiscal year.

Buy America Preference

The Build America, Buy America Act requires that all iron, steel, manufactured products, and construction materials used for federally funded infrastructure projects are produced in the United States. Implementing regulations for the Buy America Preference are located at 2 CFR Part 184.

Civil Rights

Recipients must have policies in place to ensure their compliance with a variety of federal antidiscrimination laws, including:

- Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination,
- Title VIII of the Civil Rights Act of 1968, which prohibits discrimination in housing, and
- Section 504 of the Housing and Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability.

Conflicts of Interest

Pursuant to 24 CFR Part 570.489(h) and Section 112.3143, Florida Statutes, the following individuals or their immediate family members shall not have any direct or indirect financial interest in any contract, subcontract, or the proceeds thereof for work to be performed in connection with the grant during their tenure or for one year thereafter:

- Employees or agents of the subrecipient who exercise any function or responsibility for the RHP project.
- Officials of the subrecipient including members of the governing body.

Environmental Review

Subrecipients of RHP funds are required to comply with the requirements of the National Environmental Policy Act of 1969 and HUD's implementing regulations at 24 CFR Part 58.

Financial Management

DSHA will monitor subrecipients to determine compliance with federal financial management requirements, including 2 CFR Part 200.300-309, 2 CFR Part 200.328-330, and Section 218.33, Florida Statutes. Typically, ledger, invoices, canceled checks and bank statements may be reviewed to determine the adequacy of a subrecipient's financial management system.

Labor Standards

Construction projects must comply with federal labor standards, including:

- The Davis-Bacon Act of 1931 and the implementing regulations at 29 CFR Part 5.
- The Contract Work Hours and Safety Standards Act of 1962.
- The Federal Fair Labor Standards Act of 1938.
- The "Anti-Kickback" provisions of the Copeland Act.

Procurements
When procuring services related to an RHP-funded project, subrecipients must follow the procurement requirements outlined in 2 CFR Part 200.317-327. The procurement process must follow the appropriate procurement method, promote free and open competition and solicit the participation of minority- and women owned businesses.

SAM.gov Registration
Pursuant to 2 CFR Part 25, each applicant must obtain a Unique Entity Identifier from the federal System for Award Management (SAM) in order to be eligible to receive federal funds from FloridaCommerce.

Section 3
Section 3 of the Housing and Urban Development Act of 1968 requires that opportunities for training and employment be given to lower income residents and that contracting opportunities be given to qualified business concerns in HUD programs. Subrecipients carrying out a construction activity will be required to document Section 3 participation in the project and qualitative efforts to encourage.

National Objectives

- Activities receiving RHP funding must comply with the Limited Clientele National Objective, outlined in 24 CFR part 570.483(b)(2) and modified by the notice to broaden its applicability to RHP activities.
- Limited Clientele activities must be tailored to primarily serve low- to moderate-income (LMI) individuals. An individual is considered LMI if their household income is 80% or less of the median income in their area, according to the latest data published by HUD.
- There are three ways in which applicants can establish that their proposed activities will comply with the Limited Clientele National Objective:
    - I. Beneficiaries of the activity must provide family size and household income information in order to limit the activity to only LMI beneficiaries.
    - II. Beneficiaries of the activity must provide family size and household income information, and the applicant must have a method of ensuring that at least 51% of all project beneficiaries are LMI, or
    - III. The activity must be limited exclusively to one or more of the “presumed LMI” groups.
- **The RHP program connection to each program purpose and activity must provide stable, temporary housing for individuals in recovery from a substance use disorder.**

Eligible Activities – Activities Carries Out Directly

- DSHA will not be making funds available to any entitlements or non-entitlements or general local units of governments.
- RHP funds are limited to the eligible activities listed below. Regardless of which activity is chosen, it must be for the purpose of providing stable, temporary housing to individuals in recovery from substance use disorder.
- **Eligible sub-recipients**:
    - Nonprofit entities that have a valid license through the State of Delaware Division of Substance Abuse and Mental Health to provide Substance Abuse and Recovery Residence services including:
        - Nonprofit organizations that are corporations, associations, agencies or faith-based organizations with nonprofit status under the IRS Section 501(c)(3); and
        - Community-Based Development Organizations (CBDOs) that have been certified by the CDBG Program.
    - Non-profits must have experience providing successful services related to substance use disorder recovery and have capacity to carry out the grant in a timely manner
- **Recovery funds will be approved for**:
    - Acquisition
    - Rehabilitation/Renovation Costs

    - Pre-development and Soft Costs
    - Relocation, if applicable
    - RHP is a reimbursement program
- **Types of RHP Projects**:
    - Shared or congregate single family
    - Apartment Buildings
    - Re-purpose buildings
- **Locations:**
    - Statewide, with Kent and Sussex County having priority with the greatest need.

- **Target Populations include:**
    - The target population are adult (18 years of age and over) residents of Delaware meeting need for a NARR Level 2, NARR Level 3, or medical necessity for ASAM criteria for Level 3.1/NARR Level 4services.
    - Subpopulation priority preference for high-risk populations such as justice-involved, transition age youth, intravenous drug users, pregnant women, parents with dependent children, veterans, LGBTQ+, justice-involved populations, individuals who are attempting to regain custody of their children, families, individuals with Opioid Use Disorder (OUD), and culturally diverse populations.
    - High-risk populations as described above must receive first preference for treatment services. State Recipients must describe how they will manage their wait list, with prioritization for these high-risk populations.

- **Service Provision (not funded with Recovery Funds)-Expectation of how RHP supported project will operate and fulfill RHP national objectives:**
    - Current operation of a DSAMH contracted Recovery Residence and service provision that meets the NARR Level 2, NARR Level 3, or NARR Level 4, ASAM 3.1 Level of Care and expected licensing and staffing levels as defined in Section 6001,13.1.2 of Title 16 of the Delaware Administrative Code related to Operation, Staffing, and Staff Schedules for transitional residential treatment.
    - Services may include the provision of recovery support with accessible services, both medical, and non-medical, based on needs rather than on insurance status or the initial diagnosis of the individual.
    - State Recipients are expected to engage in meaningful continuing care collaboration and coordination of care with, primary care providers, acute care facilities, existing outpatient services, as well as other community treatment resources.
    - State Recipients are expected to provide trauma-informed care practices that promote a culture of safety, empowerment, and healing and person-centered planning methods with the goal of guiding the client towards full inclusion in the community.
    - State Recipients will also be subject to contractual compliance under DSAMH for the treatment operation of the Recovery Residence and service provision.
    - State Recipients will be certified through any DSAMH certification process as necessary during the term of the RHP grant.

Non-Eligible Activities

- Operational Costs (water/sewer, taxes, utilities, supplies, etc.)
- Supportive Services or Management staffing
- Planning

Methods of Distribution

After evaluating the existing substance use disorder (SUD) treatment and recovery housing landscapes in the State of Delaware, all available RHP funds may be used to develop or maintain housing for individuals in recovery from SUD, preserve existing recovery housing units, or develop new recovery housing units. The method of distribution will be direct implementation via written agreements (or grant agreements) with State Recipients. Eligible State Recipients will be identified through our partnership with DSAMH and their approved public and private service provider non-profit organizations.

A working partnership will be established consisting of staff from DSAMH, DOC and DSHA. The Review committee will use a scoring matrix, review applications, prioritize projects and decide which organizations to fund based on ranking criteria. A copy of these criteria and application will be provided to all organizations during the application process.

Resources and Projects

DSHA will use 5% of the total award: 5% for Administration costs. DSHA will have a Notice of Funding Availability (NOFA) for the FY24 and FY25 allocations and will be distributed to State Recipients approximately $2,717,190 for Acquisition of and Rehabilitation of Real Property. Total DSHA RHP allocations include:

FY2024 Total Award	$ 1,430,099
-5% General Admin	71,504
Total Amount Available	$ 1,358,595

FY2025 Total Award	$ 1,430,099
-5% General Admin	71,504
Total Amount Available	$ 1,358,595

Total available for four allocations: $2,717,190

All State Recipients must identify and utilize other state or federal resources for RHP activities including:

- Sober Living Funding and Grants.
- State or Federal Transitional Housing Grants
- American Rescue Plan (ARP), local or State, if available
- SAMSHA funding and grants.
- Other state funding from other state agencies
- Local contributions and donations

Program Income

If any Program Income is generated by a program or project served with RHP funds, all the generated program income received must be returned to DSHA. DSHA will transfer any program income generated from a RHP grant to another open RHP grant, when applicable. If all other RHP grants are closed it will be part of DSHA's regular CDBG program income and will be subject to regular CDBG program rules. Revolving Loan Funds are prohibited.

Use of Funds - Evaluation and Criteria of Application Process

DSHA will award RHP funds through a competitive process. Applications are evaluated using a three-step process: threshold review; project evaluation; and funding recommendations. Applications will not pass threshold and be rejected if: 1) the application is not complete; 2) the application is not received by the established due date/time; or 3) the proposed project and/or activities do not meet the eligibility requirements.

Applicants will be contacted if additional information is required. Applications will be scored and ranked competitively by a review committee composed of DSHA, Division of Substance Abuse and Mental Health (DSAMH), Department of Corrections (DOC) program staff with participation from other state and/or federal government agencies when appropriate.

Point ranges have been established for each criterion to gauge the extent to which the applicant meets the criterion. The following factors will be considered in determining the points assigned. Applicants should base their narratives on the following scoring categories (see Appendix for Scoring Matrix for more detail).

Project Description, Affordability, Team Capacity and Experience, Data Collection and Greatest Unmet Need and Outcomes – 60 points

- Description (20 points)
    - Briefly describe your proposed project and explain how the RHP funding will change or enhance existing services.
    - Describe the populations your agency currently serves and the population that will be served by this project.
    - Describe the frequency and types of support offered after program exit to support long term recovery
    - How does your agency prioritize households with the greatest need and address real or perceived barriers to entry?
    - Suitability of location
    - Provide any information or data justifying the need and unmet needs for RHP projects/funding.

- Affordability (5 points)
    - Targeted Area Median Income (AMI)
        - Describe the methods used to determine income eligibility and qualifications for residency
        - Describe the average amount of RHP assistance per household
    - Duration of affordability term (cannot be less than twenty (20) years)

- Team Capacity, Experience and Services (20 points)
    - Experience with other federal, state or local housing programs
    - Experience with other recovery and/or permanent supportive housing, include the types of clients served and services provided, and how the projects were funded and maintained.
    - Describe the agency/staff experience and ability to provide comprehensive recovery services
    - Demonstrate financial capacity to undertake, comply and manage projects
    - Evidence of grants, loans and/or projects that are in the DSHA portfolio of applicant or affiliates in good standing
    - Provide oversight and management policies and procedures for
        - Eligibility determination
        - Support of client’s success after exit
        - Referral process and tracking follow-up

        - Relapse protocol
        - Civil Rights
        - Fair Housing
        - Coordination with Law Enforcement
        - Client discharge, evicted or no longer interested after assistance in accessing other housing services
- Outcomes (15 points)
    - Briefly describe the benefits and accomplishments that will be achieved with RHP funding, include the following information:
        - Number of Households that may be assisted
        - Number of Households that will transition to permanent housing
        - The average amount of assistance per household
    - Describe the plan to sustain and continue services if the RHP funding is invested in this project.
    - Describe how this project will measure success.

Leveraging and Demonstrated Coordination with other Federal and Non-Federal assistance as related to – 10 points

- Coordination of other federal and non-federal assistance for this project as it relates to substance abuse, homelessness, at risk of homelessness, employment and wraparound services
- Cost efficiency of project

Operating Funds, and project self-sufficiency – 10 points

- Describe the dedicated Operating Income and/or Supportive Services funding and how the daily operating expenses will be funded.
- Priority points will be given to projects that can document dedicated non-RHP operating sources
- Cash flow pro forma positive cash flow (sources and uses)

Collaboration, Commitments, and Coordination – 10 points

- Describe any partnerships for your agency and this project
- Provide any commitments and/or coordination of services including Peer Support programs

Readiness to Proceed - 10 points

- Describe how your organization will be ready to proceed should funding be approved. Include implementation of the project, grant management, timetables/schedules and other information that supports the feasibility of this project.
- Include any items that may demonstrate Readiness to Proceed such as:
    - Site Control (Purchase Sales Contract)
    - Zoning, Water and Sewer approvals
    - Development team members
    - Building Permits
    - Plans and Specs

Applications and Activities will be evaluated based on their impact and meeting the criteria above. Applicants must clearly describe needs, solutions, and proposed benefits and accomplishments. <u>As Congress and HUD have mandated that funds must be spent in a timely manner</u>, the applications and Activities will be evaluated based on capacity and readiness to proceed. Applicants must describe how they will implement each Activity.

Funding Recommendations

The highest-rated applications are recommended for funding until the available funding for the round is exhausted. DSHA reserves the right to reduce requested amounts or to not fund specific activities identified in an application. The recommendations of the Working Partnership for both approval and rejection of applications are reviewed and approved by the Director of DSHA.

Anticipated Outcomes

Anticipated Outcomes, Goals, number of units/beds created, rehabbed or expected to be assisted - 32.

Anticipated number of individuals expected to transition to permanent housing - 15.

Expenditure Plan

DSHA will comply with all RHP guidelines We anticipate spending 100% of the FY24 and FY25 RHP funds by December 2030.

Administrative costs will not exceed the 5% allotment. Any program income generated will be used to continue RHP- eligible activities.

DSHA fully anticipates following the requirement of expending 30% of funds from one year of the date of grant agreement executed with HUD.

Citizen Participation Plan

DSHA will hold a public meeting and make it available to citizens, public agencies, and other interested parties' information that includes the amount of assistance DSHA expects to receive and the activities that will be undertaken with these funds. DSHA will make this information available on the DSHA's Website at least 15 days prior to submitting the Action Plan.

In addition, DSHA will make the information available through other mechanisms in accordance with DSHA's Citizen Participation Plan, included advertising in the local newspapers and media and list serve notice via e-mail to interested parties involved in permanent recovery housing.

DSHA will consider any comments or views received in writing, or orally at the public hearing. A summary of these comments or views, and a summary of any comments or views not accepted and the reasons therefore will be included.

RHP PROPOSED TARGETED TIMELINE

- **May 2026** — **NOFA released to public**
- **June 2026** — **Virtual Public Information Session**
- **July 2026** — **Technical Assistance Day with DSHA & DSAMH**
- **September 2026** — **Applications Due to DSHA by 4:00 p.m.**
- **December 2026** — **DSHA award announcement**

Partner Coordination

DSHA has been meeting with our DSAMH and DOC partners since early Spring to discuss current programs and initiatives for sober living/recovery housing in Delaware for additional permanent transitional housing for persons that are recovering from substance abuse disorder. In addition, DSHA met with DOC representatives

to discuss their goals for increasing Recovery Housing for individuals leaving incarceration. DSAMH is part of the Review Committee and will continue to partner with DSHA as projects evolve.

Monitoring and Inspections

All RHP activities will be carried out by DSHA staff. DSHA will ensure that the project(s) is carried out in accordance with all program regulations and other federal requirements. The RHP program manager will work with the selected projects throughout the life of the project to assist them through the process. Projects will be monitored annually. Current monitoring checklists and forms will be used to monitor the project and DSHA will utilize underwriting and Design and Construction Standards.

Pre-Award/Pree-Agreement Costs

Following DSHA's Community Development Block Grant policies and procedures, the only pre-agreement costs that can be reimbursed with RHP funds would be associated with the environmental review clearance.

Cross Cutting Requirements and Certifications

(1) DSHA certifies that it has in effect and is following a residential anti-displacement and relocation assistance plan in connection with any activity relocation assistance, and one-for-one replacement housing requirements of section 104(d) of the Housing and Community Development Act of 1974, as amended (42 USC § 5304(d)) and implementing regulations at 24 CFR part 42, as applicable, except where waivers or alternative requirements are provided.

(2) DSHA certifies its compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by part 87.

(3) DSHA certifies that the RHP Action Plan is authorized under state and local law (as applicable) and that DSHA, and any entity or entities designated by DSHA, and any contractor, State Recipients, or designated public agency carrying out an activity with RHP funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations and the grant requirements. DSHA certifies that activities to be undertaken with RHP funds are consistent with its RHP Action Plan.

(4) DSHA certifies that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 et seq.), and implementing regulations at 49 CFR part 24, except where waivers or alternative requirements are provided.

(5) DSHA certifies that it will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 75.

(6) DSHA certifies that it is following a citizen participation plan adopted pursuant to 24 CFR 91.115 or 91.105 (as imposed in notices for its RHP grant). Also, each unit of general local government receiving RHP assistance from a state must comply with the citizen participation requirements of 24 CFR 570.486(a)(1) through (a)(7) for proposed and actual uses of RHP funding (except as provided in Federal Register notices providing waivers and alternative requirements for the use of RHP funds).

(7) DSHA certifies that it is complying with each of the following criteria: (1) funds will be used solely for allowable activities to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier; (2) with respect to activities expected to be assisted with RHP funds, the RHP Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate income individuals and families; (3) the aggregate use of RHP funds shall principally benefit low- and moderate-income families in a manner that ensures the grant amount is expended for activities that benefit such persons; and (4) DSHA will not attempt to recover any capital costs of public improvements assisted with RHP grant funds, by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) RHP grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than RHP; or (b) for purposes of assessing

any amount against properties owned and occupied by persons of moderate income, DSHA certifies to the Secretary that it lacks sufficient RHP funds (in any form, including program income) to comply with the requirements of clause (a).

(8) DSHA certifies that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations, and that it will affirmatively further fair housing.

(9) DSHA certifies that it has adopted and is enforcing the following policies, and, in addition, must certify that it will require local governments that receive grant funds to certify that they have adopted and are enforcing: (1) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and (2) a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.

(10) DSHA certifies that the grant will be conducted and administered in conformity with the requirements of the Religious Freedom Restoration Act (42 U.S.C. 2000bb) and 24 CFR 5.109, allowing the full and fair participation of faith-based entities.

(11) DSHA certifies that it (and any State Recipients or administering entity) currently has or will develop and maintain the capacity to carry out RHP eligible activities in a timely manner and that DSHA has reviewed the requirements of the grant.

(12) DSHA certifies that its activities concerning lead-based paint will comply with the requirements of HUD's lead-based paint rules (Lead Disclosure; and Lead Safe Housing (24 CFR part 35)), and EPA's lead-based paint rules (e.g., Repair, Renovation and Painting; Pre-Renovation Education; and Lead Training and Certification (40 CFR part 745)).

(13) DSHA certifies that it will comply with environmental review procedures and requirements at 24 CFR part 58.

(14) DSHA certifies that it will comply with applicable laws.

(15) DSHA certifies that it will comply with the requirements of the Buy America Preference at 2 CFR 184.

Written Agreements

DSHA will utilize written grant agreements with sub recipients that will include all RHP requirements. A deed restriction will remain on the property for a 30-year period. If the RHP property does not remain as a recovery residence as intended, the RHP funds must be returned and will be treated as Program Income to be utilized for additional recovery housing or CDBG-eligible activities, as applicable based on when program income is received.

Standard Form 424 and 424B Certifications

Standard Forms 424 and 424B and the RHP Action Plan certifications are attached.

Definitions

Substance Use Disorder (SUD)
The US Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) defines substance use disorder when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Diagnostic criteria for SUD is described further by the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*[iv]

Individual In Recovery
According to the United State Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), an individual in recovery is one who:

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

Mental Illness
SAMHSA defines mental illness as someone over the age of 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Diagnostic criteria for SUD is described further by the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*[v]

Co-occurring/Co-morbidity Disorders
The coexistence of both a mental health and a substance use disorder (SAMHSA.ORG; accessed November 24, 2021)

Recovery
SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential[vi].

There are ten (10) guiding principles of recovery[vii]:

- *Recovery emerges from hope:* The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- *Recovery is person-driven* Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).
- *Recovery occurs via many pathways:* Individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds, including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
- *Recovery is holistic:* Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
- *Recovery is supported by peers and allies:* Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery
- *Recovery is supported through relationship and social networks:* An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who

offer hope, support and encouragement; and who also suggest strategies and resources for change.

- *Recovery is culturally based and influenced:* Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.
- *Recovery is supported by addressing trauma***:** Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment and collaboration.
- *Recovery involves individual, family and community strengths and responsibility:* Individuals, families and communities have strengths and resources that serve as a foundation for recovery.
- *Recovery is based on respect:* Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

Recovery occurs in four primary dimensions: Health, Home, Purpose, and Community.

- Persons in recovery develop new meaning, purpose, and identity as they grow beyond the catastrophic effects of mental illness.
- Persons in recovery grow beyond the damaging effects of alcohol and drug misuse.
- Persons in recovery move from a management view of illness (physical, mental, and substance misuse) to a holistic, wellness-centered view, and
- Persons in recovery grow beyond the effects of stigma, and related cultural barriers such as classism, racism, sexism and homophobia.

Recovery Residences

Recovery residences provide a safe and supportive living environment that is alcohol-free and illicit-drug free housing for individuals with substance-related disorders, addictive disorders, and/or co-occurring mental health, substance-related or addictive disorders. The purpose of a recovery residence is to provide a healthy living environment for individuals to initiate and sustain recovery.

Recovery Residences shall address the biopsychosocial aspects of the individual in a supportive environment. Services should include a trauma informed approach, integrating motivational interviewing, peer support, and other evidence-based strategies. The primary purpose of Recovery Residences is to promote transition to continued recovery in an independent living setting. As such, programs include a focus on developing natural supports where available and will engage individuals' support networks while they are living in the Recovery Residence setting.

Recovery Residences must adhere to the National Association of Recovery Residence (NARR) standards for Recovery Residences: https://narronline.org/affiliate-services/standards-and-certification-program/. NARR Level 4 is further subjected to licensing standards under Section Title 16 of the Delaware Administrative Code as an ASAM 3.1 level of care.

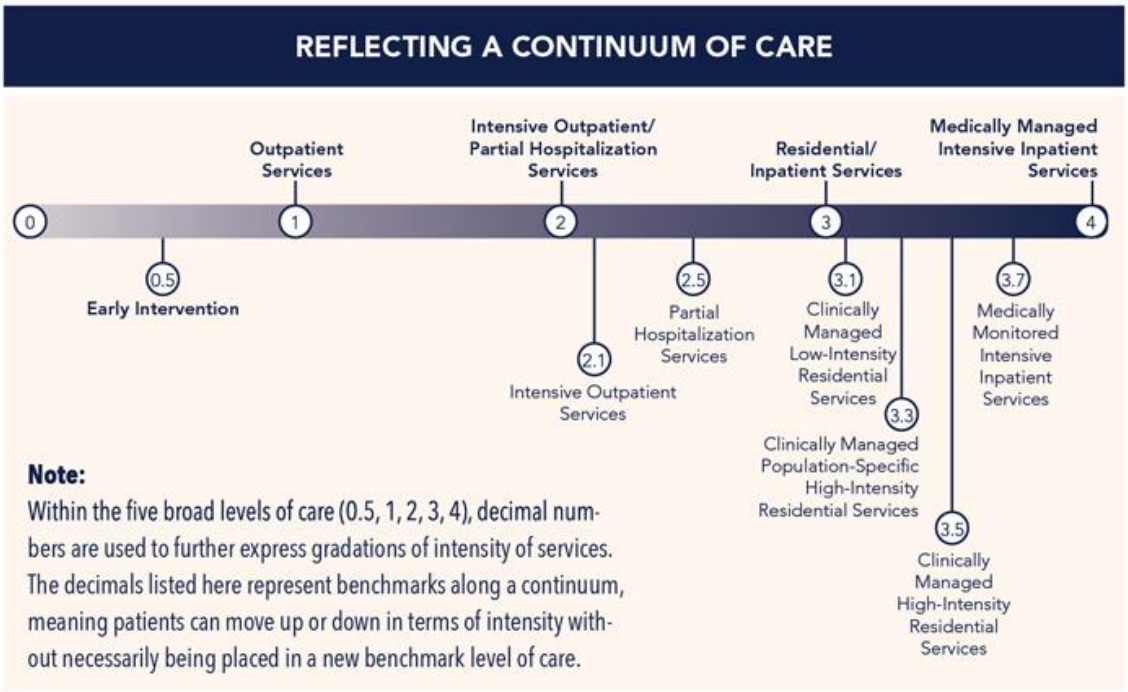
The infographic below depicts the NARR Recovery Residence Levels of Support[viii]:

NARR National Association of Recovery Residences		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL 1 Peer-Run	LEVEL 2 Monitored	LEVEL 3 Supervised	LEVEL 4 Service Provider
STANDARDS CRITERIA	ADMINISTRATION	• Democratically run • Manual or P&P	• House manager or senior resident • Policy and procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and procedures • Licensing varies from state to state	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and procedures • Licensing varies from state to state
	SERVICES	• Drug screening • House meetings • Self-help meetings encouraged	• House rules provide structure • Peer run groups • Drug screening • House meetings • Involvement in self-help and/or treatment services	• Life skills development emphasis • Clinical services utilized in outside community • Service hours provided in-house	• Clinical services and programming are provided in-house • Life skills development
	RESIDENCES	• Generally single family residences	• Primarily single family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – often a step down phase within care continuum of a treatment center • May be a more institutional environment
	STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least 1 compensated position	• Facility manager • Certified staff or case managers	• Credentialed staff

ASAM Levels of Care Criteria

The American Society of Addiction Medicine Criteria is the authoritative source of standards for multidimensional assessment, patient placement, and level of care service characteristics in addiction treatment (www.asam.org, accessed November 23, 2021)[ix].

The continuum of the ASAM Levels of Care can be found in the infographic below[x]:



- Level 3.1-The American Society of Addiction Medicine (ASAM) Clinically Managed Low-Intensity Residential Services, this adolescent and adult level of care typically provides a 24-hour living support and structure with available trained personnel and offers at least 5 hours of clinical service a week.

Peer Support

Peer Support is an evidence-based practice[xi] delivered by Certified Peer Recovery Specialists which focuses on promoting and maintaining an individual's wellness throughout recovery for mental health and/or substance use issues. Peer Support services are person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms, while facilitating the utilization of natural resources and the enhancement of recovery-oriented attitudes such as hope and self-efficacy, and community living skills. SAMHSA's initiatives and the literature on peer-based recovery support services https://www.samhsa.gov/brss-tacs indicate the growing significance of peer culture, support and leadership as fundamental to the long-term recovery of people receiving SUD and mental health services.

The significant value of persons with lived experiences of mental health and substance use conditions, as professional staff persons in inpatient and outpatient behavioral health service settings, is nationally known, well-defined, and considered to be a best practice by SAMHSA, the National Association for State Mental Health Program Directors, the National Association for State Alcohol and Drug Directors, the National Council for Community Behavioral Health, Mental Health America and the National Association on Mental Illness.

References

[i] www.census.gov accessed November 23, 2021
[ii] "Substance Use Disorder Treatment Policy Recommendations for the State of Delaware", The Pew Charitable Trustsde, March 2019
[iii] "A Blueprint for Transforming Opioid Use Disorder Treatment in Delaware", John Hopkins Bloomberg School of Public Health and the Bloomberg American Health Initiative, July, 2018.
[iv] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5.* 5th ed., American Psychiatric Association, 2013. *DSM-V*, doi-org.db29.linccweb.org/10.1176/ appi.books.9780890425596.dsm02.
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[vi] Substance Abuse and Mental Health Services Administration, "SAMHSA's Working Definition of Recovery, Publication ID: PEP12-RECDEF, February 2012
[vii] Substance Abuse and Mental Health Services Administration, "SAMHSA's Working Definition of Recovery, Publication ID: PEP12-RECDEF, February 2012
[viii] NARR_levels_summary.pdf (narronline.org) access November 23, 2021
[ix] Level of Care Certification (asam.org) Accessed on November 23, 2021
[x] P105_ASAM-Continuum-of-Care_700pxwide.jpg (700×437) (asamcontinuum.org) Accessed November 23, 2021
[xi] State Letter recognized Peer Support as evidence-based, Center for Medicaid and State Operations, 2007, SMDL#07-11, TO: (cms.gov) accessed November 23, 2021