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Definitions

**Individual in Recovery**: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

**Substance Use Disorder**: 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.

**Drug and Alcohol Recovery House**: Housing for individuals recovering from drug or alcohol addiction, which provides those individuals with a safe and supportive drug and alcohol-free environment that may include peer support and other recovery support services.

Impact of Opioid Pandemic in Pennsylvania

Through the Centers for Disease Control and Prevention-funded Enhanced State Opioid Overdose Surveillance and Overdose Data to Action Grants, the Pennsylvania Department of Health has collected both fatal and non-fatal overdose for the past four years from a variety of sources.

As of December 7, 2020, there were 4,458 drug overdose deaths in Pennsylvania in 2019. Key findings include:

- Of the 4,458 any drug overdose deaths in Pennsylvania in 2019, 83.9% (3,742) have been confirmed to be opioid-related, a 0.1% increase compared to the 3,727 in 2018, and a 19.2% (4,630) decrease compared to 2017 when the Opioid Command Center was established.
  - Of the 3,742 confirmed opioid-related overdose deaths, 42% (1,568) also involved a stimulant such as cocaine and/or methamphetamine contributing to their cause of death, which is a 12.6% increase compared to 2018 (1,392).
  - In 2019, 9.3% (409) of overdose deaths involved a stimulant without an opioid. For comparison, 7.8% (347) of overdose deaths involved a stimulant without an opioid in 2018.
- On average, approximately 12 Pennsylvanians died from drug overdose every day in 2019.
- 27% of overdose deaths occurred among those 25-34 years of age, followed by 26% among those 35-44.
- 78% of drug overdoses decedents were white, 16% were black, and 7% were of other or unknown races.

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1 Definition from the Substance and Mental Health Services Administration: [https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf)

2 Definition from the Substance and Mental Health Services Administration: [https://www.samhsa.gov/find-help/disorders](https://www.samhsa.gov/find-help/disorders)

3 Pennsylvania Act 59 of 2017: [https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2017&sessInd=0&act=59](https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2017&sessInd=0&act=59)

4 Pennsylvania Department of Health Overdose Data Brief 2019: [https://www.health.pa.gov/topics/Documents/Programs/PDMP/Pennsylvania%20Overdose%20Data%20Brief%202019.pdf](https://www.health.pa.gov/topics/Documents/Programs/PDMP/Pennsylvania%20Overdose%20Data%20Brief%202019.pdf)
- 91% drug overdose decedents were non-Hispanic, 8% were Hispanic, and <1% were of unknown ethnicity.

**Pennsylvania Any Drug* Overdose Deaths†† and Crude Death Rate by County, 2019**

Total = 4458

Rate per 10000 population
- 0-1.50
- 1.51-3.00
- 3.01-4.50
- 4.51-6.00
- >6.00

† Fatal overdose data includes death record data from the Bureau of Health Statistics and Registries at DOH, as well as toxicology and coroner/medical examiner records data through partnerships with individual county coroners/medical examiners and the Department of Drug and Alcohol Programs. Non-fatal overdose data includes syndromic surveillance data through our partnerships with emergency departments.
Note: Counts for counties with overdose death counts between 1 and 9 are suppressed.

**Fatal and Non-fatal Drug Overdoses in Pennsylvania, 2019**

Any Drug* Overdose Deaths by Race, 2019

- White: 6%
- Black: 3%
- Other: 28%
- Unknown: 50%

Any Drug Overdose Deaths by Age Group, 2019

- 0-14: 14%
- 15-24: 6%
- 25-34: 6%
- 35-44: 12%
- 45-54: 17%
- 55-64: 21%
- 65+: 21%

Any Drug Overdose Deaths by Gender, 2019

- Male: 50%
- Female: 50%

* Any Drug* Overdoses include overdoses from illicit, prescription or over-the-counter drugs, excluding alcohol-only related overdoses.
† Any Opioid† Overdoses include overdoses from illicit or prescription opioids, including heroin and fentanyl.
†† Overdose deaths include those with a manner of death of “Accidental” or “Undetermined.” Counts/rates do not include “Homicides” or “Suicides.” NOTE: For prosecution purposes, some counties certify “Accidental” and/or “Undetermined” overdose deaths as “Homicides.”
Program Summary
The Commonwealth of Pennsylvania’s Department of Community and Economic Development (DCED) in partnership with Pennsylvania Department of Drug and Alcohol Programs (DDAP) proposes the Commonwealth of Pennsylvania’s Recovery Housing Program (RHP) in response to the U.S. Department of Housing and Urban Development (HUD) Federal Register No. FR-6225-N-01.

Throughout Pennsylvania, there are numerous drug and alcohol recovery facilities providing necessary resources to protect the health and welfare of individuals in recovery from a substance use disorder (SUD). DDAP has identified and prioritized the need to develop a licensure program for these facilities within the Commonwealth. Through the development of regulatory requirements and subsequent public comment period, it became apparent these facilities would require physical system upgrades to comply with the proposed regulations. The primary need identified was the cost for compliance with health and safety matters and compliance with the Americans with Disabilities Act of 1990. This identified need has the potential to hinder the ability of some recovery house facilities to be able to continue providing services, protect the health and welfare of this vulnerable population, and sustain affordable living environments for individuals in recovery.

Therefore, the specific goals for Pennsylvania’s (RHP) will be to financially assist those seeking licensure to comply with the required health and safety matters and compliance with the Americans with Disabilities Act of 1990 and all federal, state, and local laws. This would include the rehabilitation, reconstruction, and construction of both single family, multifamily, and public housing.

Program Resources
The Commonwealth of Pennsylvania’s RHP will be funded with the FY 2020 allocation of $1,200,000. Additionally, other federal funding, such as Community Development Block Grant (CDBG) Program, HOME Investment Partnerships Program (HOME) or Emergency Solutions Grant (ESG) Program may be used as a resource to augment the RHP funding.

Administration Summary
The RHP will be administered by the DCED and DDAP. The roles and responsibilities of each agency will be as follows:

DCED
- The submission of the action plan;
- Activity setup in the Disaster Recovery Grant Reporting (DRGR) system;
- Review invoices and requests for reimbursement;
- Review and submission of all reporting to HUD through DRGR;
- Provide ongoing technical assistance and consultation to ensure the compliance with the eligibility and the national objective requirements of the RHP;
- Responsible for ensuring compliance with cross-cutting requirements, such as environmental review, labor standards, and Fair Housing and Equal Opportunity and
- Monitor DDAP to ensure compliance with all applicable federal regulations.
DDAP

• Identify eligible activities for the rehabilitation of recovery housing facilities;
• Set parameters for fund distribution;
• Execute Grant Agreements with drug and alcohol recovery house providers;
• Provide day-to-day oversight and monitoring of subrecipients in performance under the RHP and with pertinent grant agreement requirements;
• Acceptance and review, and approval or disapproval of all expenditures applicable to the RHP subrecipients;
• DDAP will report to DCED, expenditure and performance data as requested by DCED; and
• Collect data and information on eligibility and national objective compliance.

Method of Distribution

The funding for the RHP will be distributed through a competitive process to all eligible applicants, based on scoring of established criteria of the submitted application. An eligible applicant shall be a registered entity with the Pennsylvania Department of State and be able to provide recovery housing for individuals in recovery from SUD, in accordance with Act 59 of 2017 [Pennsylvania State Law] and any subsequent regulations thereafter. Additionally, an applicant shall be licensed or certified by DDAP as a Drug and Alcohol Recovery House, as defined by PA Act 59 of 2017.

Finally, all eligible applicants shall permit the use of Medication Assisted Treatment (MAT) using one of the FDA-approved medication for the maintenance treatment of opioid use disorder, such as methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, and extended release, long-acting injectable buprenorphine formulations and injectable naloxone.

Activities Carried Out Directly

The activities under RHP will be carried by making grants to subrecipients. The eligibility requirements to be considered for funding are listed in the next section.

Subrecipient Eligibility

All applicants shall be registered with the Pennsylvania Department of State as an entity able to provide recovery housing for individuals recovering from SUD according to Act 59 of 2017 and any subsequent regulations thereafter.

All applicants shall be licensed or certified by DDAP as a Drug and Alcohol Recovery House as defined by Act 59 of 2017 to be part of this funding opportunity. Applicants that cannot meet this requirement will not be considered.

All applicants shall be able to provide individuals recovering from SUD with a safe and supportive drug and alcohol-free environment which may include peer support and other recovery support services. Furthermore, the applicants shall permit the use of Medication Assisted Treatment (MAT) using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, and extended release, long-acting injectable buprenorphine formulations and injectable naloxone) is a required activity for this funding.
Evaluation Criteria of Applications

All applications for funding shall include the following components to be considered for funding:

A. A statement of need for individuals in recovery from SUD within their catchment area, which shall at a minimum, include:

- Prevalence rates or incident data of SUD and need for drug and alcohol recovery housing services for individuals in recovery;
- An explanation of the resources currently available to this population and the identification if there are gaps in services within the service area;
- The source of the data used;
- A description of the existing capacity to permit the use of Medication Assisted Treatment (MAT) on the premises; and
- Identification of the specific health, safety, and/or accessibility improvements to be corrected to be licensed through DDAP’s recovery housing regulations.

B. The total number of individuals recovering from SUD to be served within the first twelve month after licensure or certification by DDAP with an anticipated number to be served monthly, including the types and amounts of support services provided monthly.

C. A statement from the applicant stating what services provided either by the applicant or through a Memorandum of Understanding with a partner agency (or partner agencies). The services to individuals in recovery from SUD shall include but are not limited to the following:

- Outreach and engagement services;
- Coordination with the local Single County Authority (SCA) for assessment and provision of MAT and SUD and use treatment services;
- Substance abuse education and relapse education;
- Medication control and self-administration;
- Referral for necessary medical, dental, and other health care services, including depression and anxiety disorders and medication needs;
- Specialized assessment, monitoring, and referrals for education, peer support, therapeutic intervention, and physical safety;
- Mental health care that includes a trauma-informed system of assessments and interventions;
- Provision of evidence-based interventions, or referral to evidence-based interventions;
- Nutritional education;
- Home management and life skills training;
- Education, testing, counseling, and treatment of hepatitis, HIV/AIDS, other STIs, and related conditions;
- Employment readiness and job training and placement;
- Education and tutoring assisting for obtaining a GED, high school diploma and beyond;
- Recovery support activities such as groups, mentoring, and coaching; and
- Transportation and other necessary wraparound services.
D. Demonstrate the capacity to provide drug and alcohol recovery housing in accordance with DDAP regulations.

E. An explanation of its process regarding points of entry for individuals seeking recovery housing including referral sources and residency admission criteria.

F. Explain the care coordination process in the catchment area or surrounding area in which an individual in recovery from SUD can receive support services.

G. An explanation of the coordination of care and assure a referral for one hundred percent (100%) of the services to include timeframes for both.

H. An explanation of the communication strategy to facilitate the coordination among any potential treatment provider(s), health system clinical staff, and any recovery support services.

I. Inclusion of a list of additional resources and adjunct service currently available in the community which will strengthen proposed initiatives and assist the individuals served.

J. Certification the applicant will operate the program which adheres to all applicable federal and state confidentiality laws and the Health Information Portability and Accountability Act (HIPAA) requirements.

K. An explanation of the applicant plans to collaborate with the SCAs or another entity to assist qualified individuals in obtaining transportation to and from treatment.

L. A detailed description outlining the capacity of the applicant to measure and report the effectiveness of the services provided under the funding.

M. A description of involvement in other Federal programs.

N. Each application shall contain a budget narrative. The narrative will provide accurate budget details and clearly explain the relationship between budgeted costs and the proposed physical plant upgrades to the facility. The budget narrative, in addition, will provide a justification for all the costs submitted in the Budget Template.

   o All expenses shall be described and justified in the budget narrative and corresponding Budget Template. DDAP will approve all final budgets. Each cost shall be a separate line-item and include the itemization or calculation. The following are examples of expenses that directly support this funding application:
      
      ▪ Administrative Costs: This category will not be used for this funding opportunity.
      
      ▪ Activity Delivery Costs: This category will identify the services to be provided by each consultant including hourly rate and number of hours to be used under the
grant. In addition, an explanation of the services to be provided. An example of this would be architectural or engineering services.

- Project Costs: This category shall identify the services to be provided by each subcontractor under the grant.
- Patient Services: This category will not be used for this funding opportunity.
- Equipment: This category will not be used for this funding opportunity.
- Supplies: This category will not be used for this funding opportunity.
- Travel: This category will not be used for this funding opportunity.
- Other Costs: This category will not be used for this funding opportunity.

All funds will be used solely for the improvement of the physical facilities to improve accessibility and the overall health and safety of the residents. Funding will not be awarded to any facility which has been deemed to be in a floodway.

Each application will be scored based on the priorities of DCED and DDAP. Those priorities include the following:

- Does the applicant have a current contract with a SCA or Managed Care Organization (MCO)?
- Does the applicant have a letter of support from the SCA or MCO demonstrating the services provided by the applicant are needed in the community or catchment area?
- Does the applicant, using reputable data sources, show there is a high community need of the services?
- Has the applicant applied for licensure or certification through DDAP?

**Anticipated Expenditures**

DCED in partnership with DDAP will comply with all RHP guidelines and expend at least thirty percent (30%) of the funds within one year from the date when funds are made available. We anticipate meeting the requirement that all funds be fully expended (100%) by September 1, 2027.

Additionally, administrative costs will not exceed the five percent (5%) cap. Program income is not anticipated to be incurred during this program.
Anticipated Outcomes

The anticipated outcomes of the RHP are as follows:

<table>
<thead>
<tr>
<th>Estimated Number of Recovery Housing Facilities to be Assisted</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Average Number of Individuals Per Recovery Housing Facility</td>
<td>10</td>
</tr>
<tr>
<td>Estimated Number of Individuals Assisted through RHP</td>
<td>250</td>
</tr>
</tbody>
</table>

Citizen Participation Summary

Before the RHP Action Plan is submitted, DCED will make available to citizens, public agencies, and other interested parties information that includes the amount of assistance DCED expects to receive and the activities that will be undertaken with these funds. DCED will make this information available on the DCED website and publish the notice of release for the Action Plan through the PA Bulletin and email distribution lists to all potential stakeholders. Additionally, a public hearing will be held on Wednesday, June 30, 2021 at 11AM using Microsoft Teams. The public comment period will be for fifteen (15) days as required.

Any comments or views received in writing, or orally at the public hearing will be considered. A summary of the comments or views will be included with the RHP Final Action Plan.

Partner Coordination

As the collaborative applicant for the PA-509 and PA-601 CoC grants and the State Recipient for the ESG and HOPWA program, DCED recognizes that individuals with SUD often have a need for the services of homeless programs. Data from the PA HMIS administered by DCED can support this and identify the current engagement of individuals with SUD in the homeless service system. Working with DDAP and its providers will allow the opportunity to cultivate partnerships to better serve the housing needs of those who are in recovery.

Additionally, coordination with workforce development resources will be of benefit to the program participants as employment readiness, job training and placement can be important to recovery success. At DCED the Center for Community Services provides funding to community action agencies to implement workforce investment programs. Encouraging providers to link participants to these services will enhance coordination efforts and better support individuals with SUD.

Subrecipient Management and Monitoring

DCED as the state-designated grantee will oversee all activities and expenditures of the RHP funds. DCED is partnering with the Department of Drug and Alcohol Programs (DDAP) to implement the RHP. Existing Commonwealth employees will be used to aid in the administration of, and to carry out, recovery programs. Not only will these personnel remain involved in ensuring that there are layers of financial control, they also will undertake administrative and monitoring activities to better assure compliance with applicable requirements, including, but not limited to, meeting the eligibility, national objective compliance, fair housing, nondiscrimination, labor standards, environmental regulations, and procurement requirements at 2 CFR Part 200.
Pennsylvania has implemented oversight and monitoring processes to ensure proficient financial
controls and procurement processes; processes to ensure timely expenditure of funds; processes to
detect and prevent waste, fraud, and abuse of funds; and processes ensuring all projects are compliant
with the Uniform Act (relocation), Davis-Bacon and other labor standards, fair housing, Section 3,
uniform administrative requirements at 2 CFR Part 200, and other applicable federal laws.

DCED and DDAP will maintain a high level of transparency and accountability by using a combination of
risk analysis of programs and activities, desk reviews, site visits, and checklists modeled after HUD’s
Recovery Housing Monitoring Checklists and existing monitoring checklists used in monitoring regular
program activities. DCED will determine appropriate monitoring of grants, considering prior grant
administration performance, audit findings, as well as factors such as the complexity of the project.

Some of the RHP funding will be utilized to provide technical assistance to subrecipients receiving RHP
funds so that the RHP will be implemented efficiently, effectively and in compliance with the federal,
state, and local regulations.

**Pre-Award/Pre-Agreement Costs**

Pre-award or pre-agreement costs will not be eligible for reimbursement with RHP funds.

**Certifications**

1. The grantee certifies that it has in effect and is following a residential anti-displacement and
   relocation assistance plan in connection with any activity assisted with funding under the RHP program.
   The grantee certifies that it will comply with the residential anti-displacement and relocation assistance
   plan, 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. The grantee certifies its compliance with restrictions on lobbying required by 24 CFR part 87,
   together with disclosure forms, if required by part 87.

3. The grantee certifies that the RHP Action Plan is authorized under state and local law (as applicable)
   and that the grantee, and any entity or entities designated by the grantee, and any contractor,
   subrecipient, 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. The grantee certifies that activities to be undertaken with RHP
   funds are consistent with its RHP Action Plan.

4. The grantee 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. The grantee certifies that it will comply with section 3 of the Housing and Urban
(6) The grantee 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) The grantee 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) the grantee 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, the grantee 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) The grantee 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) The grantee 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) The grantee 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) The grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out RHP eligible activities in a timely manner and that the grantee has reviewed the requirements of the grant.
(12) The grantee 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) The grantee certifies that it will comply with environmental review procedures and requirements at 24 CFR part 58.

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