RECOVERY HOUSING LANDSCAPE
LANDSCAPE

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REPORT

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RECOVERY HOUSING

AN OVERVIEW OF STATE LAWS, POLICIES, AND FUNDING

ABOUT US

In 2017, the Fletcher Group was established to bring hope, dignity, and holistic fulfillment to people in recovery from substance use. We serve rural communities by helping local organizations to expand the quality and capacity of recovery housing (RH) across the country. RH and the supportive community it provides play an important role in helping many people achieve long-term stability and return to productive lives. Our technical assistance incorporates a multitude of best practices for RH and the communities and providers that support RH residents. Our subject matter experts have a variety of specialties, including mental health and substance use treatment, public health, corrections, economic development, research, and evaluation, with knowledge of funding models, program development, medications for addiction, and the nuances of rural communities. We are deeply committed to serving rural communities and our Health Resources and Services Administration (HRSA) grant has allowed us to establish a Rural Center of Excellence in Recovery Housing.

The Fletcher Group was founded by Dr. Ernie Fletcher, the 60th Governor of Kentucky. He continues a legacy of innovative public service that promises to extend the company's unique "Recovery Ecosystems" model to states across the country.

The inspiration behind this overview stems from earlier reviews and guidance provided by two organizations that have described the RH landscape so as to expand supportive housing strategies for those in recovery. The Fletcher Group recognizes the important work of the Mental Health & Addiction Certification Board of Oregon (MHACBO) and the National Council for Mental Wellbeing (National Council) in documenting national and state RH policy. MHACBO's National Overview of Recovery Housing Accreditation, Legislation and Licensing (Martin et al., 2020) and the National Council's Building Recovery: State Policy Guide for Supporting Recovery Housing (2022) have played an essential role guiding this landscape overview.

ABBREVIATIONS

ACA	The Affordable Care Act
ADA	The Americans with Disability Act of 1990
ASAM	American Society of Addiction Medicine
CARF	Commission on Accreditation of Rehabilitation Facilities
CDBG	Community Development Block Grant
CMS	Centers for Medicare and Medicaid Services
CF	Community Facilities Program
COA	Council on Accreditation
COC	Continuum of Care
CoC	Continuum of Care Program
CSBG	Community Services Block Grant
DOC	Department of Corrections
DOJ	United States Department of Justice
Fannie Mae	Federal National Mortgage Association
FDA	Food and Drug Administration
FHFA	Federal Housing Finance Agency
FHLB	Federal Home Loan Banks
FQHC	Federally Qualified Health Center
Freddie Mac	Federal Home Loan Mortgage Corporation
GSE	Governmental Sponsored Entity
HCBS	Home and Community-Based Services
HHS	United States Department of Health and Human Services
HOME	HOME Investments Partnerships Program
HRSA	Health Resources and Services Administration
HTF	National Housing Trust Fund
HUD	United States Department of Housing and Urban Development
LIHTC	Low Income Housing Tax Credit
MAT	Medication-Assisted Treatment
MAR	Medication Assisted Recovery
MHACBO	Mental Health & Addiction Certification Board of Oregon
MHGB	Community Mental Health Services Block Grant
MOUD	Medication for Opioid Use Disorder
NARR	National Alliance for Recovery Residences
NMTC	New Markets Tax Credit
OUD	Opioid Use Disorder
PBV	Project-Based Section 8 Vouchers
PHA	Public Housing Agency
PH	Permanent Housing
PSH	Permanent Supportive Housing
QAP	Qualified Allocation Plan
RH	Recovery Housing/Recovery Home
RHP	Recovery Housing Program
RR	Recovery Residence
RSS	Recovery Support Service
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SOR	State Opioid Response Grant
SPA	State Plan Amendment
SSA	Single State Agency
SUD	Substance Use Disorder
USDA	United States Department of Agriculture
VASH	HUD-Veterans Affairs Supportive Housing
WebBGAS	Web-based Block Grant Application System

INTRODUCTION

Substance Use Disorder (SUD) continues to be a pervasive public health challenge throughout the United States. According to latest national data, 46.3 million Americans ages 12 and older (16.5%) had a SUD and roughly 107,622 died from drug overdose in 2021(Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2022; CDC/National Center for Health Statistics, 2022). In response, federal, state, and local governments have taken a more holistic approach to addressing the complexity of the disease of addiction. There is growing recognition that in addition to receipt of treatment, individuals experiencing SUD require assistance to address social drivers of health that too often serve as barriers to recovery. One solution to addressing social drivers while treating addiction is the provision of RH. RH is an abstinence-based housing model that is centered on peer support and building recovery capital, providing a supportive environment for individuals in recovery from a SUD (Substance Abuse and Mental Health Services Administration, 2018). The RH landscape has expanded due to public demand for resources to address SUD, increased understanding of the critical role and needs that RH fills in the SUD continuum of care (COC), and the evolving RH program services.

Long-term recovery is often achieved and sustained through a whole-person approach. There are many barriers and challenges to achieving long-term recovery. RH can be an important component of that holistic approach by providing stable housing where an individual receives services to develop skills needed to manage and achieve long-term recovery.

Recognizing that there are multiple pathways that individuals may take to achieve long-term recovery, this overview provides information on state-level resources that may support RH in terms of development and quality improvement. This overview presents information on all fifty U.S. States and the District of Columbia regarding laws, legislation, policies, funding, and other support that may be a resource for RH.

DEFINING RH

The terminology that states use to describe RH can vary widely and is sometimes inconsistent with definitions used by Federal Agencies, such as Substance Abuse and Mental Health Services Administration (SAMHSA), Housing and Urban Development (HUD), and Office of National Drug Control Policy (ONDCP). The term RH exists within a grey space where it can mean different things even if used consistently. For instance, many stakeholders and the public think of RH as synonymous with "transitional housing," which can be confusing when compared with HUD definitions. With RH evolving and becoming a recognized recovery support service (RSS), one way to determine RH status is to assess if RH terms are being used consistently.

SAMHSA defines RH as a safe, healthy, family-like, substance-free living environment that supports individuals in recovery from a SUD (Substance Abuse and Mental Health Services Administration (SAMHSA), 2018).

HUD defines Recovery Housing as housing in an abstinence-focused and peer-supported community for people recovering from substance use issues. Typically, residents choose to actively participate together in community activities focused on supporting recovery (Recovery Housing Policy Brief (hudexchange.info).

Awareness of the use of prevailing terminology allows for the quick discovery of related information, and adoption of that terminology as a standard for best practice. The terms and definitions that states use to describe their RH strategies provide insight into variations in RH policies and how SUD-related resources are allocated. To gain a system-wide perspective of the extent to which a state incorporates RH into its overall response to the SUD epidemic, the following sources pertaining to RH as a state-supported RSS, were examined: Single State Agencies, state laws and legislation, SAMHSA's Substance Abuse Prevention and Treatment (SABG) block grant, State Opioid Response (SOR) grants, and Medicaid.

A SHIFT TOWARD RECOVERY

Through access to behavioral and recovery support services, RH residents can develop the recovery capital needed to maintain long-term recovery. While investment in efforts to address our nation's SUD crisis has largely focused on prevention and treatment, there has been increased understanding that effective recovery practices, including the importance of recovery capital in achieving and maintaining successful, long-term positive outcomes. Recovery capital can be defined as the resources, internal and external to a person, that can be drawn upon to initiate and sustain SUD recovery (White & Cloud, 2008).
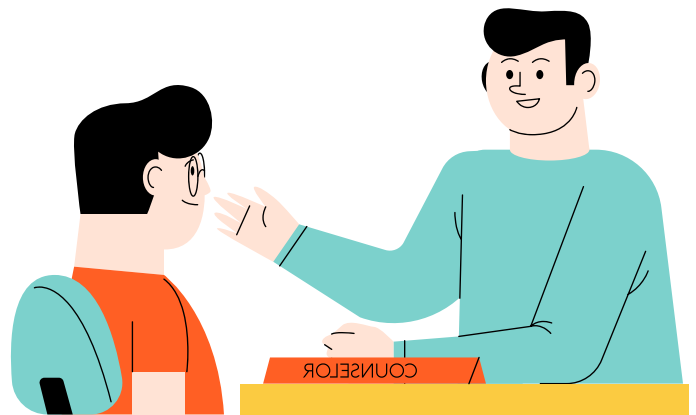
States have developed innovative strategies to modify their Medicaid-funded SUD treatment models to address the service needs of individuals experiencing addiction, resulting in increased access to behavioral and recovery support services. The U.S. Department of Housing and Urban Development's (HUD) Recovery Housing Program (RHP) provides funding to states to increase access to RH services.

In its 2022 National Drug Control Strategy, the White House Office of National Drug Control Policy (ONDCP) has emphasized the importance of RH and the need to adopt consistent standards and allocate additional funding for RH. Recognizing RH as "the most widely available form of recovery support infrastructure in the United States", ONDCP aims to increase the number of certified RHs by 25 percent by 2025. Further solidifying the strong federal focus on recovery, SAMHSA announced the establishment of an Office of Recovery in 2021, which seeks to promote policies, programs, and services to people in recovery.

State Departments of Corrections (DOC) represent another opportunity where individuals experiencing SUD may be connected to treatment and re-entry services such as RH. States have systems in place that define with whom they contract and how services are provided.

CURRENT LANDSCAPE

As previously noted, the prevalence and type of RH terminology used by states can inform how a state views RH for the care of SUD. To ensure the quality of this important RSS, the National Alliance of Recovery Residences (NARR), a nonprofit organization established in 2011, developed the most referenced standards for RH (National Alliance for Recovery Residences [NARR]). These standards are stratified across four house levels (peer run (I), monitored (II), supervised (III), and service provider (IV), and distinguished by the intensity of services offered and staffing provided. State NARR "affiliate" organizations oversee certification activities in their state. NARR certification provides RH owners and operators the opportunity to improve RH services and outcomes. Certification also serves prospective RH residents by providing assurances that a home has been vetted for quality by a third party to achieve NARR certification status.

Single state agencies (SSAs), among other functions, oversee funding for the state's response to the SUD crisis. Single state agencies often have a close relationship with NARR affiliates and may promote RH by referencing the state NARR affiliate on their websites.

Though requirements and practices vary, quality assurance mechanisms for RH such as certification, accreditation, and state licensure of RH exist in many states.While certification and accreditation are often assumed to be synonymous, these terms can have important distinctions. Accreditation involves the oversight and quality assurance provided by a third-party accrediting agency (CARF International, n.d.). Certification requires adhering to or meeting specific criteria identified by a third-party certifying agency (NARR State Affiliate). Accreditation and certification are often voluntary but may be required by some states for a RH to be eligible for state funding opportunities and/or to be included on state RH registries. In some states, accreditation and certification can be required by law. Licensure involves a process where formal recognition is granted by a regulatory agency to organizations demonstrating adherence to licensing requirements.

In summary, this overview provides a current look at the state policy landscape of RH. It delves into the nuances of state-level laws, resource allocations, and identifies innovative programs. State legislation and laws specific to RH govern how states regulate, integrate, and fund RH. Many of the laws included in this document have been documented by MHACBO, but more recent RH laws have passed in states since the release of the referenced MHACBO document in 2020.

The growing attention given to the need for safe and effective RH has provided the opportunity for more diverse funding streams for RH. Most SUD state funding utilized in RH settings is allocated broadly to expand recovery support services. New legislation and innovative funding models are exemplified in this overview to show the progress made in incorporating RH into state strategies and policies. While not a primary component of the RH state policy landscape, terminology fits within the nuances of these three components: state-level laws, resource allocations, and innovative programs outlined in this document. Although progress of the evolving RH policy landscape has occurred, additional efforts are required for RH to be fully integrated and recognized as a primary RSS within the SUD continuum of care of each state to ensure RH capacity for the 46.4 million Americans with SUD.

RESEARCH METHODS

This document provides policy and resource information regarding RH and recovery support services within each state. It addresses the broad range of recovery support services provided both by RH programs as well as by other community organizations.

Topic areas in this overview include laws, legislation, regulations, Medicaid, SAMHSA's SABG block and SOR grants, terminology, housing assistance, and DOC. The funding topic areas included in this document (SABG and SOR grants) were identified as common sources of funding for RH services across all states. This overview does not intend to provide an exhaustive list of all potential funding sources for RH services; areas covered include topics and sources commonly present in all states, enabling comparability.

Topic areas were selected based on the collective experience of the Fletcher Group, a national non-for-profit organization with funding` from the Health Resources and Services Administration (HRSA) to operate the Rural Center of Excellence in Recovery Housing. Subject matter experts within the Fletcher Group were critical in the development of this overview.

Along with the internal resources of the Fletcher Group, this advanced information search and acquisition project primarily relied on targeted internet searches. Several state-level websites were instrumental in data abstraction. Since single state agencies are tasked with managing the publicly funded SUD service system, single state agency (SSA) websites were used as starting points to explore available information for all topic areas. Additional research includes state legislature and DOC websites, and various federal and non-governmental sources.

TERMINOLOGY

State-by-state RH terminology was identified through a variety of sources, as some states do not use consistent terminology for RH. Many single state agencies have a web page dedicated to RH or related terminology. (SSA terminology unique to each state can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.) RH terminology on SSA websites included both definitions for RH as well as general references to RH. Terminology data was collected between 2021 and 2022.

LAWS AND LEGISLATION

MHACBO's National Overview of Recovery Housing Accreditation, Legislation and Licensing guide and the National Council's Building Recovery: State Policy Guide for Supporting Recovery Housing toolkit were used as a baseline for this overview. Given the aforementioned research that has been completed on this topic, information specific to accreditation, legislation, and licensing was reviewed. Laws, regulations, and legislation were collected between September 2021 and December 2022. Only legislation introduced between 2021-2022 was collected, whereas this time requirement wasn't required for laws and regulations. An exhaustive scan of rules and regulations was not included in this overview due to evolving policy shifts at the legislative level. Authorizing legislation was the focus of this overview whereas appropriations legislation was not explored. Discussion of legislation is limited in the topic summary due to the smaller number of pending legislative proposals provided in the state summaries section. (Information about laws and legislation unique to each state can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.)

Most information was derived from SSA and state legislature sites. If those sites did not provide the information, online legal databases such as Cornell Law School's Legal Information Institute and/or LegiScan were leveraged for data acquisition.

SAMHSA FUNDING

Information specific to SABG block grant allocations was gathered by accessing SAMHSA's public Web-based Block Grant Application System (WebBGAS) for the 2020-2021 grant year.

SABG funding allocations to single state agencies can be found on SAMHSA's website under non-discretionary funding. However, the information provided here does not specify how states spend their funds.

WebBGAS is where single state agencies and State Mental Health Authorities (SMHA), the entities overseeing management of block grant funding, submit their applications for funding. (Publicly available state-specific WebBGAS log-in information can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.)

State revolving loan fund information was found through WebBGAS. Since New Jersey's WebBGAS login was not working during the period in which revolving loan fund information was gathered, the necessary information was found on their FY 2020-21 Substance Abuse Prevention and Treatment and Community Mental Health Service Block Grant Application Plan.

To understand how states might be utilizing SOR funds for Recovery Housing, a review was conducted for fiscal years 2018 to 2022. Primary sources of information include SAMHSA's grants dashboard as well as a search on each SSA website for SOR funding plans, information, and funding announcements.

MEDICAID

A varied approach was used to discover pertinent state-by-state Medicaid information related to recovery support services including RH. FGI staff first searched for state behavioral health provider manuals. (Links to each state's manual can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.) A search was then conducted of state plan amendments (SPA) on the Centers for Medicare and Medicaid Services (CMS) website. Provider manuals aren't always regularly updated nor does every state have a behavioral health manual. However, a mental health provider or rehabilitative manual may include information on SUD services. Thirdly, 1915(b) and 1915(c) waivers were reviewed to search for coverage for RSS. FGI also searched for the most current waiver under section 1115 waiver allowed by the Social Security Act. An 1115 demonstration waiver allows states to waive certain federal requirements to flexibly create innovative programs. Examples of these purposes may include expanding coverage and testing new delivery system models. A State's demonstration project range between three to five years with five-year extensions made available (The Center for Medicaid and CHIP Services, n.d.).
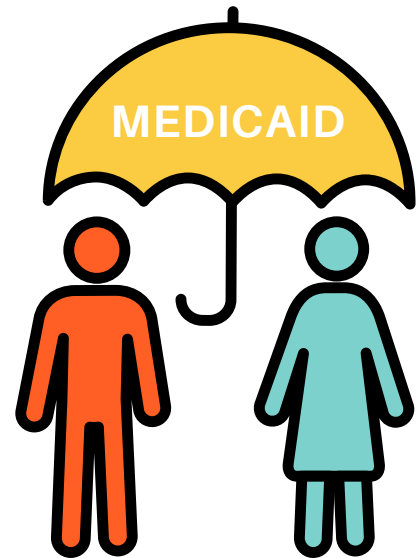
CMS' website includes a list of states with approved 1115 waivered programs. (Information about 1115 waiver services as well as Medicaid services can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.) Only 1115 waiver demonstration approvals have been included. We only include 1115 waivers addressing RSS. To FGI's knowledge, no 1115 demonstration approvals exist in the searched timeframe that recognize RH as a reimbursable Medicaid program service.

Information on Medicaid services was gathered from 2021 to 2022. To narrow the search criteria, only states that use the terms listed in the State-by-State RSS (2022) table have been identified as covering that service. A state may cover a RH service, but this funding is not identified as a part of the Medicaid program in the Medicaid Recovery Support Services national table. For example, Oregon provides funding for services that address life skills and/or skills restoration around "self-care, medication management, reduction/elimination of maladaptive behaviors, skills to maintain household, health hygiene, nutritional issues," (The Centers for Medicare and Medicaid Services, 2021). Although the table does not list all terms that may fit within these services, information from states that use language such as basic living skills, skill building, or skill development was included. These were the most common life skills terms among all fifty states and the District of Columbia.

DEPARTMENTS OF CORRECTIONS

Information on reentry services and contracts for transitional housing and residential treatment may be available on a state's DOC website. Appendix D lists each state's supervising authority, department/division, and contact information.

HOUSING ASSISTANCE

A significant funding resource for RH is located with Housing and Urban Development's (HUD) programs, many which are administered by the State's Housing Authority. HUD programs relevant to RH include Section 8 Housing Vouchers, Community Development Block Grant (CDBG), Low Income House Tax Credits, New Market Tax Credits, Historic Preservations Tax Credits, and more. Of these funds CDBG is generally administered by an agency other than the Housing Finance Agency. A state can choose to allocate ten percent of CDBG funds for services, which can be a resource for RH.

HUD also funds the Continuum of Care (CoC) Program, which may be administered by an entity other than the Housing Finance Agency. The CoC program aims to end chronic homelessness by providing services that help individuals or families enter permanent housing (PH) or transitional housing (U.S. Department of Housing and Urban Development, 2012). Funding recipients include nonprofits, state, and local governments.

A thorough review of the different funding sources within Housing Finance Agency was completed through a web search. Table 4 identifies various HUD programs and their funding sources. Some state examples were also included to provide a better understanding of how these funding sources are utilized. (Links to each state's Housing Finance Agency can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.)

TERMINOLOGY

Understanding the RH landscape requires an understanding of how various housing arrangements for individuals with substance use disorders are defined by each state. This section focuses in greater detail on the definitions of the types of housing options for individuals with substance use disorders that states have incorporated into their laws and legislation. HUD has defined RH as housing in an abstinence-focused and peer-supported community for people recovering from a SUD. Typically, residents choose to actively participate together in community activities focused on supporting recovery (The United States Department of Housing and Urban Development, 2015). Recovery homes, recovery residences, and sober living homes meet HUD's definition, as well as SAMHSA's definition for RH: a "safe, healthy, family-like substance-free living environment that support individuals in recovery from a SUD" (Substance Abuse and Mental Health Services Administration, 2018) though the three housing types can offer different levels of services.

An important aspect of the quality of RH is accreditation, certification, and licensure. These activities are carried out by different entities, e.g., certification is currently carried out by a State NARR affiliate reflecting that the RH meets NARR standards, accreditation is carried out by CARF or JACHO, or COA related to their standards and accreditation protocols, and licensure is a regulatory activity carried out by States or local jurisdictions. NARR standards address a four-level model of program staffing and program services: Level I is peer run, Level II is monitored, Level III is supervised, and Level IV reflects inclusion of health care professionals. The NARR standards exemplifies the range of services, staff, administration, and residence within RH terminology (National Alliance for Recovery Residences, n.d.). A SSA or other state agencies and policy may classify a RH, as a recovery residence, sober living home, halfway house, transitional housing, or similar terms. For a visual representation of the NARR levels, see Appendix F.

Halfway houses or transitional housing vary in the level of program services provided to individuals, but their primary focus is on providing a safe housing environment to individuals as they re-enter society. Lastly, residential treatment is a commonly used term by states. Johns Hopkins defines residential treatment as "a level of service that has 24-hour supervision but does not have the same level of medical monitoring and staffing associated with inpatient treatment," where the "length of time that a person stays on a residential unit can vary considerably, with some stays lasting as little as a few days or a week, and others lasting many months," (The Johns Hopkins Center for Substance Abuse Treatment and Research, n.d.). Halfway houses, transitional housing, and residential treatment focus on providing a safe living environment. However, the level and types of services provided, as well as the populations served, may differ from those found in RH. As such, information regarding these housing services is not included in this document.

Throughout the creation of this overview, FGI has tracked RH terminology for each SSA. The presence of RH terminology can provide an indication of funding, legal, or regulatory oversight of this service. A consistent use of similar terminology can be an indicator of a more defined focus on RH within a state. It can also be an indicator of the still inconsistent nature of RH within a state and nationally. Knowing how different state entities and funding sources use terminology can help create more informed and empowered community members in developing and providing RH programs and services.

> " Knowing how different state entities and funding sources use terminology can help create more informed and empowered community members in developing and providing RH programs and services. "

STATE LAWS

In this section, state-by-state laws are covered with a focus on nationwide trends. In addition, single state agencies may promulgate rules under applicable laws. Of the states that have attempted to address RH, two common areas emerge: credentialing requirements and the development of online registries (state directory) containing information about available RH throughout the state. We highlight these similarities and differences and how states are working to improve the quality of RH. Common topics identified in the research can be found at the end of this section in the State Law infographic.

> Of the states that have attempted to address RH, two common areas emerge: credentialing requirements and the development of online registries (state directories) containing information about available RH throughout the state.

REQUIRED CREDENTIALS

States are working to address RH quality issues by requiring RH to receive some form of credentials to operate within a state (less common) or to apply/receive public funding (more common). Credentials take the form of certification, accreditation, or licensure. At present, certification is more commonly referenced by state law and/or regulations than licensure. Some states require recovery homes and other housing types to receive a credential from the SSA or a third-party certifying entity such as NARR. Often accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), or Joint Commission on the Accreditation of Organizations is accepted as equivalent to certification. Meeting standards is a requirement if the RH seeks state funding for their programs and services. Currently, nine states reference NARR in their laws and regulations as an example of a third-party certifying organization in their state. Though each state affiliate varies in their level of coordination with their respective SSA, 33 states have NARR affiliates, and eight states are developing affiliates.

Not only do credentials matter for the purpose of quality and best-practice but they can also identify safe and effective housing. With the increase in patient brokering, credentials have become an even more crucial tool in fighting against those making a commission, in whatever form, out of referring individuals with an SUD to a RH. Deceptive marketing is related to patient brokering in their use of false claims to make a profit for the owners. Deceptive marketing may take the form of falsely claiming credentialed status or falsely advertising services they are not providing. It is another way for recruiters to receive payment for their referral of individuals with SUD who unknowingly become charged for services. Fewer than ten states have laws and/or regulations about making false claims around having credentials. Tennessee has countered this issue through its Stopping Addiction and Fostering Excellence (SAFE) Act (2021) that requires recovery residences that don't have credentials and/or receive public funds to place a disclaimer in a public place for everyone to see. In addition, Hawaii's Act 193 (2014) states that no clean and sober home should advertise that they have a certificate of registration if in fact they don't. Hawaii does not currently have a NARR affiliate, but RHs are required to be both registered and certified by the SSA.

Patient brokering occurs when a provider or individual is compensated for referring someone to their programs and services. Often the individuals referred have private insurance, which is exploited to charge insurers for unnecessary services, such as a myriad of tests (United States Government Accountability Office, 2019). Reporting has highlighted how brokering practices can prey on individuals needing quality RH services. Currently, Florida (CS/CS/SB 112O) and Georgia (SB 4) are the only states with laws enforcing penalties for individuals or entities that engage in patient brokering. Some states may not use the term patient brokering to describe their efforts to prevent these exploitative practices.

STATE DIRECTORY

States commonly produce online directories or registries of certified/licensed recovery homes, which may be required by law. Some state registries are solely comprised of credentialed RH, and others have less restrictive criteria for a RH to be included on their registries. State directories can serve the purpose of directing those in need of services to a safe and supportive environment. State directories inclusion and exclusion criteria are important for RH operators to understand as it may limit their access to referrals. For example, Wisconsin's SSA requires that recovery homes included on the registry cannot exclude "any resident solely on the basis that the resident participates in medication-assisted treatment" (Act 120, 2020).

The information comprising each state directory varies. Some do not post RH addresses to maintain confidentiality but will post information such as a phone number, the RH operator's name, and the number of beds. In many states, RH may be taken off a registry if they fail to maintain their credentials. Some single state agencies accept complaints and tips if a credentialed RH is out of compliance with credentialing body standards and can be removed from the list.

6 STATES → **Fund Recovery Housing**
Only six states* have laws or regulations that create a fund that includes money for Recovery Housing.

6 STATES → **Have Advisory Committees**
Only six states** have an advisory committee that tracks and identifies opioid funds to inform the legislature.

7 STATES → **Require MAT When Requested**
Only seven states*** require that recovery homes allow residents to receive MAT (Medication-Assisted Treatment).

ALL STATES → **Are Subject to ADA Protections**
The Americans with Disability Act gives all Americans with an OUD the right to use any FDA-approved medication.

* Colorado, Maine, Michigan, Oregon, Pennsylvania, and Washington
** Hawaii, Kentucky, Maine, Minnesota, Texas, and Utah
*** Arizona, Colorado, Indiana, Kentucky, Tennessee, Washington, and Wisconsin

SAMHSA FUNDING

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

The Substance Abuse Prevention and Treatment Block Grant (SABG) is a non-competitive grant program that help "plan, implement, and evaluate activities that prevent and treat substance abuse" in all fifty states and the District of Columbia (The Substance Abuse and Mental Health Services Administration, 2022). SABG funding provides support services not covered by Medicare, Medicaid, or private insurance for low-income individuals with SUD.
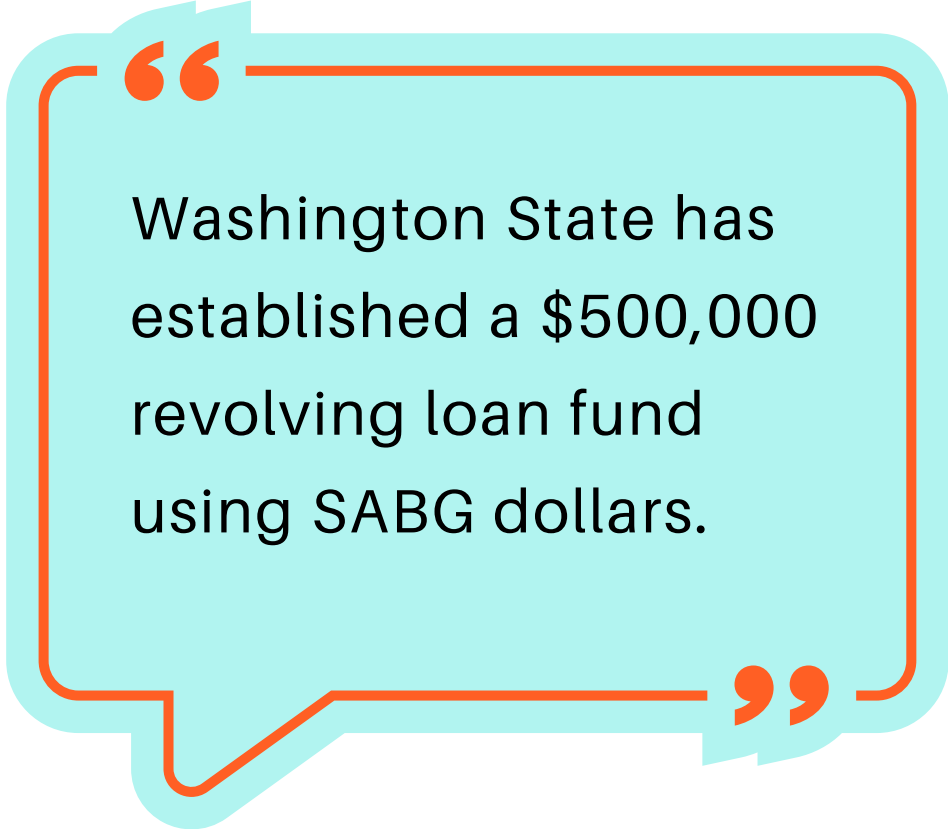
The SABG program funds prevention, treatment, and recovery support services. SAMHSA requires states to spend 20 percent of their SABG allocation on primary prevention plans for people who are not in need of treatment, five percent of their allocation towards HIV early interventions services, and they allow up to five percent for administrative expenditures (United States Government Accountability Office, 2020). Presently, there is no set-aside for recovery support services within this program. However, various stakeholders, have advocated for a RSS set-aside similar to the prevention set-aside (DeLauro, 2021).

Currently, states are required to target SABG funds to priority populations including pregnant women and women with dependent children (PWWDC), individuals engaged in intravenous drug use, tuberculosis services, early intervention services for HIV/AIDS, and primary prevention services. Each state develops a state plan describing goals and objectives and how funds will be distributed. State plans address services for priority populations and show they will prioritize ethnic/racial minorities, LGBTQ, and military families.

Certain costs for RH services can be covered through this block grant. For example, a provision in the SABG program allows states to allocate SABG funds for the creation of a revolving loan fund. Loans made through the fund are meant to cover some of the cost of establishing recovery homes. States that use SABG funds to establish a revolving loan may have some flexibility to determine legitimate purposes for how the funds will be spent, however, federal statute requires that loans made from the fund do not exceed $4,000 per loan, such loans are to be made only to non-profit private entities, and the cost of housing, including fees for rent and utilities, are paid by the residents of the home, among other requirements. In addition to this revolving loan fund some states are also supporting RH with revolving loan fund dollars.

For example, Washington State has established a $500,000 revolving loan fund using SABG dollars that is available to any Recovery Residence on its registry or any residence working on becoming a Washington Alliance of Quality Recovery Residences approved residence (Washington State Health Care Authority, 2023). The money from this fund can be used for startup costs and for implementing MOUD policies and practices.

While the use of SABG funds for the cost of housing outside of the revolving loan fund is prohibited, states are permitted to expend SABG funds for recovery support services in recovery homes. Recovery support services that can be covered through the SABG program may include peer mentors, certification of peer mentors, and supported employment, among others. If a state does not reference funding RH services in this document, it doesn't necessarily mean that SABG resources aren't allocated toward recovery support services within RH, but rather that states have not included this information. In addition, although states may not widely utilize SABG directly for recovery support services in recovery housing, RH operators can partner with other community stakeholders that receive SABG funds for recovery support services to assist RH clients.

> " Washington State has established a $500,000 revolving loan fund using SABG dollars. "

STATE OPIOID RESPONSE GRANT

The State Opioid Response (SOR) competitive grant program also administered by the SSA is another potential funding opportunity for RH. Each State SSA defines the application and distribution process for these funds. This Substance Abuse and Mental Health Services (SAMHSA) administered program is designed to address the "opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders" (Substance Abuse and Mental Health Services Administration, n.d.-c).

In a 2021 Report to Congress on the State Opioid Response Grants (SOR), SAMHSA reported that as of September 2020, SOR funding has been used to provide recovery support services, including RH, employment services, peer support, case management, family services, and transportation assistance to 223,102 individuals (Substance Abuse and Mental Health Services Administration, n.d.-a).

According to the National Association of State Alcohol and Drug Abuse Directors (NASADAD), this program evolved from the State Targeted Response (STR) program, which was enacted in 2016 by Congress as a part of the 21st Century Cures Act. In 2018, this effort to provide additional funding resources to states transitioned from STR to the SOR program.

Congress has appropriated more than $1 billion in each fiscal year since 2018 to be disseminated to all U.S. States, Territories, and the District of Columbia (National Association of State Alcohol and Drug Abuse Directors, 2022).

A 2019 survey conducted by NASADAD of single state agencies found that half of all states reported using STR/SOR funding for RH (Thompson et al., 2023). Specifically, NASADAD found that "In terms of housing supports, funds were used to develop or expand recovery housing, to aid residents' access to and utilization of MAT for OUD. These efforts included providing temporary housing support, increasing group recovery home capacity, expanding Oxford Houses, and developing recovery residences specific to women or justice-involved individuals in recovery."

Our analysis found that, since the SOR program's inception in 2018 to 2022, more than thirty states have used SOR funding to fund recovery housing-related activities. Further analysis determined that the most common activities funded through SOR focused on efforts to increase capacity and access to RH that provides MOUD, to include efforts to develop new RH, offset the cost of RH for clients, and expand services within the recovery home. In addition, some states used SOR funding to develop standards and best practices to promote quality RH and provide support to existing RH operators to implement best practices.

West Virginia has utilized SOR funding to support RH activities throughout the state by expanding RH inclusive of evidence-based treatment, with medication, for OUD. Starting in FY 2020, West Virginia's Bureau of Behavioral Health has awarded SOR funds annually to nine recovery homes across the state for per-diem, MAT-friendly beds for individuals in recovery. According to the FY20 Announcement of Funding Availability, the per-diem rate is $17.50 per day for filled beds (West Virginia Department of Health and Human Resources, Bureau for Behavioral Health, 2020). Per-diem funds can be used to provide for client needs such as food, shelter, supplies, housekeeping, maintenance, operation of home, and peer salaries, and the Bureau of Behavioral Health has recently expanded to cover some dependent costs at four locations.

> "Since the SOR program's inception in 2018 to 2022, more than thirty states have used SOR funding to fund recovery housing-related activities.

MEDICAID

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. States must ensure they can fund their share of Medicaid expenditures for the care and services available under their state plans. Because the program is funded jointly by states and the federal government, states have the ability to change the way they pay Medicaid providers by submitting a state plan amendment or a state Medicaid waiver. This process involves a series of complex activities, but it allows for innovation and promotes opportunities for SUD providers and RH operators to present alternative payment models including value-based payments based on outcomes.

With the passage of the Affordable Care Act (ACA), access to Medicaid was made available to persons who fall within 138% FPL ($20,130 per year for an individual) provided that a state adopted the program. This expanded the number of individuals eligible for Medicaid, which has included many individuals with a SUD. Prior to Medicaid expansion a person with an SUD and income at, or below the poverty line, would only be eligible for Medicaid by applying as a person with a disability—a long and difficult process. Many persons who live in recovery housing are likely to qualify for Medicaid or they are currently enrolled in a Medicaid plan. Some recovery homes even offer qualified Medicaid services, including recovery and clinical support services. These RH operators may or may not receive reimbursement for these services because they are not a credentialled Medicaid provider and have not established the process and procedures to bill Medicaid. As RH works on a sustainable model, Medicaid may provide a new source of funding to support RH programs and services.

There are a range of barriers and gaps that limit access to SUD services. The structure of the state Medicaid behavioral health benefit is important to understand in developing a program and services eligible to receive funding from Medicaid.

Issues to consider include what services are a covered benefit (identified by CMS Healthcare Common Procedure Coding System (HCPCS/CPT), place of service, licensing and credential requirements of programs and providers, which, taken together limit less restrictive settings of care, such as Recovery Housing.

Across the US, there is a high degree of variability in how states adopt, leverage, or expand services for SUD, with some states covering the entire continuum of care blending SABG, SOR and Medicaid funds. The following examples show promise and the growing recognition of the need to align medical and social recovery models of care.

- Washington state has leveraged the Medicaid waiver to support housing and employment services and has developed guidance for recovery housing to establish service partnerships (Washington State Health Care Authority, 2022).

- Michigan blends SABG funding within its Prepaid Health Plans (administering Medicaid mental health and substance use treatment services) to establish per diem rates for RH (Mid-State Health Network, 2022).

- West Virginia has applied for RH per diem model in its Medicaid waiver (The Centers for Medicare and Medicaid Services (CMS), 2022).

SUD SERVICES CONTINUUM

Substance use treatment services are delivered in a variety of settings, based on the severity of the SUD and availability of social supports. SUD treatment standards are informed by the American Society of Addiction Medicine (ASAM), Commission on Accreditation of Rehabilitation Facilities CARF, COA and the Joint Commission.

These standards provide the framework for RSS reimbursed by Medicaid across the COC. ASAM is the nation's most widely used standards for classifying a level of care with criteria to guide level of care placement based on the level of need and the intensity of service to address the severity of the individual's SUD e.g., intensive outpatient, inpatient, and residential treatment.

What is missing from ASAM's COC is RH as a component, making it challenging for RHs to be included within payers CoC with defined payment models by private insurance and Medicaid Managed Care Organization(s) (Thompson et al., 2022).

RH is a necessary addition to the ASAM COC because it adds a person-centered approach to long-term recovery not seen in the current paradigm. Note: ASAM criteria is currently being revised and a new edition is expected in 2023. The ASAM criteria establishes levels of care in which the intensity of services increases from Level .5 to Level 4.0.

Awareness of these criteria and standards are important for RH operators wishing to expand their financial model and to position their programs for Medicaid funding.

The current landscape of SUD treatment services is limited to specialty care settings and addiction medicine clinical providers. However, with the growing need, focus and emphasis on integrated behavioral health care, integrated whole person care, and social drivers of health, there is a shift in where and how SUD services are delivered.

The current landscape of SUD treatment services is limited to specialty care settings and addiction medicine clinical providers. However, with the growing need, focus and emphasis on integrated behavioral health care, integrated whole person care, and social drivers of health, there is a shift in where and how SUD services are delivered.

For instance, an expanded workforce includes peers, recovery support specialists, employment specialists, housing specialists, and community health workers.

SUD treatment services are delivered by specialty providers and residential treatment programs, inpatient hospital settings, and in community mental health agencies and federally qualified health centers. Community mental health agencies have a workforce to address co-occurring mental health needs and with the evolving Certified Community Behavioral Health Centers (CCBHC) provide nine core services including medical screenings (Substance Abuse and Mental Health Services Administration, 2023).

Federally Qualified Health Centers also include mental health and substance use treatment providers (social workers and psychologists) and medical professionals who can prescribe medicines for opioid use and address the medical needs of persons with SUD. These organizations can be partners in the recovery ecosystem for RH programs as well as employ individuals in recovery as peer support specialists.

Room and Board is not a Medicaid benefit, which is a major barrier for RH to obtain Medicaid funding. However, states are exploring waivers to cover room and board. For example, West Virginia has a pending 1115 waiver that seeks to cover RH room and board if clinical treatment services are offered (The Centers for Medicare and Medicaid Services (CMS), 2022). Currently, only inpatient settings can be reimbursed for room and board.

Medicaid pays for services administered by credentialled providers in medical settings. Each state defines the types of services to be included within their State Plans as well as reimbursement rates. Services that a state may cover include: 1) peer services, 2) case management, 3) care coordination, 4) life skills, and 5) supported employment, and others which are consistent with many RH programs. To be eligible to bill for these services a RH may find partnering with an established Medicaid provider as a means to obtain Medicaid funding.

As discussed in the previous paragraph, RH may contract with other providers for residents to access RSS. RH is not generally considered to be a reimbursable setting. Although most states don't regulate the setting where RSS are provided, some states require services to be billed only if provided in specific settings, so that the setting determines whether the service is billable (MACPAC: Medicaid and CHIP Payment and Access Commission, 2019).

> " Services that a state may cover include peer services, case management, care coordination, life skills, and supported employment. "

Another challenge in serving Medicaid beneficiaries residing in RH is that state Medicaid programs set their own certification and licensing requirements (Gerber et al., 2019). As such, persons qualified to provide SUD counseling in one state may not be able to meet certification and licensure requirements in other states. Because Medicaid is a medical benefit, access to care often requires assessments completed by credentialed professionals. Given the current workforce gap, this requirement poses significant barriers, particularly in rural communities. It is important to note the challenges of getting RSS reimbursed through a contracted provider. Although certification and licensure of RH's themselves are increasing, a similar effort is needed for other RSS.

MAT, peer support, counseling and/or therapy, case management, life skills, and supported employment are the most covered Medicaid services among the fifty states and the District of Columbia related to SUD treatment/programs and recovery services. Though not a CMS required benefit, States can submit a State Plan Amendment (SPA) or a demonstration waiver to cover peer support services. The Medicaid services discussed in this overview are specific to adults. RSS, such as peer support, counseling and/ or therapy, life skills, and supported employment, are non-clinical services that work to address social determinants of health (Whitter et al., 2010).

Since 2018, the SUPPORT ACT requires that between October 2020 to September 2025, all Medicaid plans initiate coverage of MAT with "drugs and biologicals" approved by the FDA, which include methadone, buprenorphine, and naltrexone (Costello, 2020). The act also requires Medicaid to cover counseling and behavioral therapy services in addition to MAT. However, MAT implementation is inconsistent across states due to state dosing limits, lack of approval for all formulations, and discrepancies with federal laws which allow nurse practitioners and physician assistants to administer MAT (Cohen, 2022).

THE IMPACT OF STANDARDS

Addiction industry standards are derived from the American Society of Addiction Medicine (ASAM), Commission on Accreditation of Rehabilitation Facilities CARF, COA and the Joint Commission. These standards provide the framework for RSS reimbursed by Medicaid across the COC. ASAM is the nation's most widely used industry standard with defined levels of service based on the intensity of services to be provided.

ASAM's criteria helps providers determine placement of public or private insurance beneficiaries based on their level of need and where they are within the continuum (for ex., intensive outpatient treatment and residential treatment). ASAM levels 3.1, 3.3 and 3.5 represent services provided in residential treatment settings. ASAM Level 3.1 and 3.3 are most consistent with NARR RH levels II and III, while a NARR Level 4 is consistent with ASAM level 3.5.

However, ASAM standards characterize RH as an adjunct service to the medical services described in the criteria and not as a primary service. Consequently, RHs experience significant barriers and challenges in obtaining funding through Medicaid benefit designs for their residents (Thompson et al., 2022). Addressing these policy issues is important for RH to be included as a recognized recovery support service within the COC.

THE OPPORTUNITY FOR MEDICAID:

ALIGNING SOCIAL AND MEDICAL INTERVENTIONS

Payment for health services takes on many forms and methods ranging from a traditional fee-for-service arrangement in which a unit of service is provided and charged at a defined rate to capitation arrangements in which health services are prepaid on a per member per month (PMPM) arrangement in which the provider is paid a set amount for health services for each person enrolled with the provider. A variety of other payment arrangements are evolving, including "case rates" in which a group of services may be "bundled" and incorporated in the payment rate; a global contract, a set amount to provide a defined service for a set number of individuals; and a variety of alternative payment methodologies (APM) and value-based payments (VBP) (Alternative Payment Model Framework & and Progress Tracking (APM FPT) Work Group, 2017; MACPAC: Medicaid and CHIP Payment and Access Commission, 2018). More recently the Addiction Recovery Medical Home-Alternative Payment Model, has advocated for a "risk-based payment model." The model details a full risk-based payment using capitated payments to cover a range of bundled services for two discrete episodes of care: 1) recovery initiation and active treatment, and 2) community-based recovery management (Leavitt Partners, 2018).

Medicaid funding offers additional payment alternatives that may be incorporated in providing services to individuals with SUD. Billable support services reflecting a social recovery model provided in RH from a fee-for-service perspective includes:

- Peer Support Services
- Recovery Support Specialists
- Group Peer Support Services
- Case Management
- Recovery Navigation Support
- Substance Use Care Coordination

Table 1 identifies Medicaid services covered by each state.

TABLE 1: STATE-BY-STATE RECOVERY SUPPORT SERVICES (2022)

Table 1: State-by-State Recovery Support Services (2022)					
State	Peer Services	Case Management	Individual and Group Therapy	Life Skills and Development	Supported Employment
Alabama	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	None/unknown
Arizona	Yes	Yes	Yes	Yes	None/unknown
Arkansas	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	None/unknown	None/unknown
Colorado	Yes	Yes	Yes	Yes	None/unknown
Connecticut	Yes	Yes	Yes	Yes	None/unknown
Delaware	Yes	Yes	Yes	None/unknown	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	None/unknown
Georgia	Yes	Yes	Yes	Yes	None/unknown
Hawaii	Yes	None/unknown	Yes	None/unknown	None/unknown
Idaho	Yes	Yes	Yes	None/unknown	None/unknown
Illinois	Yes	Yes	Yes	None/unknown	Yes
Indiana	Yes	Yes	Yes	Yes	None/unknown
Iowa	Yes	Yes	Yes	Yes	None/unknown
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	None/unknown	None/unknown
Louisiana	Yes	Yes	Yes	None/unknown	None/unknown
Maine	Yes	Yes	Yes	Yes	None/unknown
Maryland	None/unknown	Yes	Yes	None/unknown	None/unknown
Massachusetts	None/unknown	Yes	Yes	None/unknown	None/unknown
Michigan	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	None/unknown	Yes	None/unknown	None/unknown
Mississippi	Yes	Yes*	Yes	Yes*	None/unknown
Missouri	Yes	Yes	Yes	None/unknown	None/unknown
Montana	Yes	Yes	Yes	None/unknown	None/unknown
Nebraska	Yes	Yes	Yes	Yes	None/unknown
Nevada	Yes	Yes	Yes	None/unknown	None/unknown
New Hampshire	Yes	Yes	Yes	None/unknown	None/unknown
New Jersey	Yes	Yes	Yes	None/unknown	None/unknown
New Mexico	Yes	Yes	Yes	Yes	None/unknown
New York	Yes	Yes	Yes	Yes	Yes
North Carolina	None/unknown	Yes	Yes	Yes	Yes
North Dakota	Yes	None/unknown	Yes	Yes	Yes*
Ohio	Yes	Yes	Yes	None/unknown	None/unknown
Oklahoma	Yes	Yes	Yes	Yes	None/unknown
Oregon	Yes	Yes	Yes	Yes	None/unknown
Pennsylvania	Yes	Yes	Yes	None/unknown	None/unknown
Rhode Island	Yes	Yes	Yes	None/unknown	None/unknown
South Carolina	Yes	None/unknown	Yes	None/unknown	None/unknown
South Dakota	Yes	None/unknown	Yes	None/unknown	None/unknown
Tennessee	Yes	Yes	Yes	None/unknown	Yes
Texas	Yes	Yes	Yes	None/unknown	None/unknown
Utah	Yes	Yes	Yes	Yes	None/unknown
Vermont	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	None/unknown
Washington	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	None/unknown
Wisconsin	Yes	Yes	Yes	Yes	None/unknown
Wyoming	Yes	Yes	Yes	Yes	None/unknown

* Services with an asterisk have not been made clear whether their reimbursement is in relation to SUD, mental health (MH), or both.
Source: SPA's, 1115 waiver, and other waivers discussed below.

TABLE 2: STATE PLAN AMENDMENTS (SPA)

Name	Description	Services
Section 1915(i) State Plan Option	A way for targeted populations, such as those with a SUD, to receive services in a home and community based (HCBS) setting as opposed to an institutional one. This also allows for flexibly designed service packages.	Recovery support services generally are not covered by the state plan option. Case management and rehabilitative services are covered.
State Plan Rehabilitative (Rehab) Option	This state plan option offers flexibility in terms of service delivery, design, location of services and limiting restrictions on required licensure for those performing services (Corcoran, M., Kackloudis Saneholtz, D., & Easterday, et al. et al., 2013).	It can provide a variety of services, especially recovery support services (e.g., employment support and life skills) in non-institutional locations. Services such as vocational, educational and room and board are not covered (Corcoran, M., Kackloudis Saneholtz, D., & Easterday, et al. et al., 2013).
Health Home State Plan Option	This state plan option allows SUD services to be delivered along with behavioral and physical health needs if a state chooses to combine them.	There are six required services in health homes including care management, care coordination, transitional care, patient and family support, referral to community and social support services, and use of health information technology to link services.

Source: SAMHSA's "Medicaid Handbook: Interface with Behavioral Health Services," Medicaid and CHIP Payment and Access Commission (MACPAC), and information housed on the Centers for Medicare and Medicaid Services website.

TABLE 3: WAIVERS

Table 3: Waivers

Name	Description	Services
1115 Demonstration Waiver	Offers states the opportunity to provide additional services through limited-time pilots and/or demonstrations. Outcomes are required to be measured to see if goals were met.	Can include recovery support services
1915(b) Waiver	Also known as a "Freedom of Choice" waiver, 1915(b) gives states the option not to have to follow certain Medicaid requirements while still requiring them to establish a managed care program.	Recovery support services can be covered through this option.
1915(c) Waiver	This is an HCBS waiver that offers long-term care in a non-institutional setting. States can direct services to specific populations with limitless services available.	Recovery support services can be covered through this state plan option.

Source: SAMHSA's "Medicaid Handbook: Interface with Behavioral Health Services," Medicaid and CHIP Payment and Access Commission (MACPAC), and information housed on Centers for Medicare and Medicaid Services website.

CORRECTIONS

Departments of Corrections (DOC) are increasingly using the reentry phase for persons with an SUD and who are incarcerated as a critical point of intervention and support. By preparing individuals for reentry while they are still incarcerated, they can access the tools needed to transition back into society successfully. Housing is one of many important recovery support services that may be part of the reentry process. DOC commonly recommends transitional housing as a reentry service. RH may also be used as transitional housing and offer recovery support services. State examples discussed in this section stand out for their focus on recovery services and RH as states are recognizing the effectiveness of RH as a part of reentry. Thus, we find DOCs establishing contractual relationships with RH, and recovery support services. DOCs also promote RH information on their DOC websites as a community resource.

The Recovery Kentucky model stands out as a leader of the critical inter agency collaboration often needed to expand access to RH. Through a partnership between DOC, Kentucky Housing Corporation, and Department of Local Government, 18 Recovery Centers were created across the state with an average length of resident stay nearing one year. However, residents can stay up to two years. Services in Recovery Kentucky Centers include, but are not limited to, life skills, peer support, and job readiness (Cole et al., 2022). Recovery Kentucky exemplifies the cost effectiveness of Recovery Centers being a reentry option or alternative to incarceration. The most recent annual Recovery Center Outcome Study (RCOS) report overseen by the University of Kentucky's Center on Drug and Alcohol Research Behavioral Health Outcomes Study team states that, "for every dollar invested in recovery, there was a $2.45 return in avoided costs," (Cole et al., 2022). This reduction in cost is due to a decreased reliance on social services, family members, and an increase in employment. The annual report also indicates that 80% of Recovery Center residents have been referred by the criminal justice system, including DOC (Cole et al., 2022).

The Stopping Addiction and Fostering Excellence (SAFE) Act requires Tennessee's DOC to recognize the SSA registry of certified recovery residences as an approvable placement for community supervision (The Stopping Addiction and Fostering Excellence (SAFE) Act, 2022). This is a major step forward in integrating RH into the larger reentry system. This analysis found that other state DOCs do not appear to have a formal relationship with RH, as seen on DOC websites, but they may frequently utilize RH services.

Idaho's reentry services are offered through a large provider, GEO Reentry Services, LLC, which is nationally known for creating non-residential reentry programs and temporary housing. Along with housing, it combines housing with recovery support services, including life skills, counseling, and employment readiness training.

The Idaho Legislature allocated funds to the Idaho Department of Corrections (IDOC) to expand reentry services, leading to IDOC contracting with GEO Reentry Services (GEO Reentry Services, n.d.). It is not uncommon for a state legislature to allocate funds to DOC for reentry services, but it is much less common for the allocation to be directed toward RH.

Colorado's DOC works with sober living homes as community re-entry partners (Colorado Department of Corrections, n.d.). These sober living homes are not a part of the Community Corrections programs listed on the Colorado DOC site, whereas intensive residential treatment and substance use therapeutic community programs are included on that list. Other states also promote RH as a resource on their DOC reentry pages but are not contracted programs. The benefit of including RH as a part of that list is to enable an individual to find a supportive living environment while focusing on their recovery and successful reentry.

HOUSING ASSISTANCE

Several Federal Agencies have oversight of programs and budget allocations that address housing issues and provide funding for housing programs supporting individuals with a SUD. There is a lack of consistency between these programs and often a lack of coordination between the federal agencies on program design and funding allocations. An increased focus on social drivers of health has led to increased attention and development of programs and funding to address issues such as food insecurity, housing, transportation, and other supportive services. Housing initiatives related to SUD programs is an area with a specific connection between SUD as a health condition and the role of housing supports. For example, HUD provides guidance on RH and how to implement best practices so that outcomes are enhanced for its COC program grantees (The United States Department of Housing and Urban Development, 2015). In addition, HUD's Pilot Recovery Housing Program (RHP) is the first form of federal funding dedicated specifically for recovery housing.

> "HUD's Pilot Recovery Housing Program (RHP) is the first form of federal funding dedicated specifically for recovery housing."

HUD's RHP, also known as the Pilot Program to Help Individuals in Recovery From a Substance Use Disorder Become Stably Housed, was established by the SUPPORT for Patients and Communities Act (2019). RHP provides transitional housing for low and moderate income individuals for up to two years, or until they can obtain permanent housing (United States Department of Housing and Urban Development, 2023). As of 2020, 24 states and the District of Columbia have received funding from the RHP program. States eligible for funding under this program are those with age-adjusted mortality rates from drug overdose exceeding the national drug overdose mortality rate. RHP funding recipients are allowed to spend their funding on actions including technical assistance, administrative costs, public facilities, enhancements, acquiring property, lease, rent, utilities, new construction, switching locations, clearance, demolition, transferring property, rehabilitation, and reconstruction (public housing, single-unit residential and multi-unit residential) (United States Department of Housing and Urban Development, 2023).

RHP is managed within the CDBG program because of its program requirements (The United States Department of Housing and Urban Development, 2021). Unlike the CDBG program, states can choose to handle RHP funds directly or indirectly. HUD guidance on the RHP notice of funding (2020), specifies that funds can go directly to subrecipients including nonprofits and tribes. Not only does this allow subrecipients to receive funds faster than other funding, but the funds can go directly to organizations already working in treatment and recovery of SUDs. HUD encourages recipients to work with other programs such as HUD Veterans Affairs Supportive Housing (VASH) and the Continuum of Care (CoC) Program (The United States Department of Housing and Urban Development, 2020). Since recovery support services are not covered by RHP, utilizing SAMHSA funding is also encouraged. Some states, such as Washington and New Mexico, are developing state level RH programs with funding through RHP.

The CDBG program provides annual funding for brick-and-mortar expenses, on-going operational costs, and infrastructure that supports economic development. All states, except for Hawaii, participate in the program (U.S. Department of Housing and Urban Development, n.d.-e). CDBG recipients must meet one of three national objectives: support low to mid-income individuals, prevention and elimination of slums and blight, or meet an urgent need (U.S. Department of Housing and Urban Development, n.d.-e). State community development agencies have the flexibility to direct CDBG funds to smaller local governments that do not receive direct funding from HUD promoting greater local control. CDBG is one of HUD's programs with a broader focus, targeting both affordable housing and economic development. RH is included within this focus.

Although they are not specifically designed for RH, the National Housing Trust Fund (HTF) and the HOME Investments Partnerships Program (HOME) can be utilized as "soft funds" in the form of grants to fill gaps between larger sources of funding (LIHTC and Federal Home Loan Bank) and total project costs. HTF and HOME are two examples of funding that can help create an affordable housing model for RH, so long as they are used in collaboration with established systems of care within local service networks.

HTF is a newer resource, having been passed through the Housing and Economic Recovery Act (HERA) of 2008. Funds directed to states and state designated entities are based on a formula, with 80% of funding going towards rental housing, 10% to homeownership and 10% for administrative costs (Nanayakkara, 2022). There are a variety of ways funds can be used; preservation efforts, production, and reconstruction of modest homes (Jones, 2021).

HOME is an additional HUD administered program that is almost two decades older than the HTF. The Recovery Kentucky Program has used HOME funds to supplement the Low-Income Housing Tax Credit program (LITHC) to create a debt free project. HOME funding can go towards community housing development organizations (CHDOs) and rental housing when supported by the state or local municipality. Annually, 40% of funds must go towards states and 60% to cities, urban constituencies, and businesses (U.S. Department of Housing and Urban Development, 2001). It is the largest federal block grant states and municipalities can receive for affordable housing (U.S. Department of Housing and Urban Development, n.d.-a). Similar to HTF, much of the grant money goes towards brick-and-mortar expenses. The benefit of both programs is that allocations are not formulated so strictly that they inhibit states from deciding where they want the funds directed.

Complimentary to HUD federal support tools are Governmental Sponsored Entities (GSE's). They work in both the public and private sector, support the housing finance economy and are overseen by the Federal Housing Finance Agency (FHFA). Federal Home Loan Banks (FHLB) are one of the GSEs, which includes 11 regional banks operated by cooperative members. FHLB's regional disbursement allows cooperative members to address exigencies in their communities, with Community Development Financial Institutions (CDFI's) being one of the places they champion (Federal Home Loan Banks, n.d.).

Two other GSE's are Fannie Mae (Federal National Mortgage Association) and Freddie Mac (Federal Home Loan Mortgage Corporation). They are debt incentive programs that help promote affordable housing opportunities. Both fund the National Housing Trust Fund All three GSE's help bring stability to the housing market and offer affordable housing incentives. Recovery Kentucky RH programs have been successful in obtaining funding through a Regional FHLB to support facilities capital development.

Several states are implementing innovative approaches such as voucher programs to support RH. This is a unique form of financial assistance coming from the state rather than the federal government that helps to provide SUD services. North Dakota, for example, has an SUD Voucher program that covers services such as room and board, therapy, and recovery coaching (North Dakota Department of Health and Human Services, n.d.). Also, Connecticut has a short-term RH Voucher, and Wisconsin has a Recovery Voucher Grant Program (RV) that can be used to pay for the cost of stay at a RH and administrative needs (Connecticut Department of Mental Health and Addiction Services, n.d (The Division of Energy, Housing and Community Resources, n.d.). The Wisconsin RV program is using Opioid Settlement dollars to fund vouchers. New York also has a state voucher for supportive housing.

The Housing Choice Voucher Program (HCV), also known as Section 8, helps low-income families and individuals find housing of their choice. Vouchers are distributed by local public housing agencies (PHAs) that also define the criteria and priorities for distribution of vouchers (U.S. Department of Housing and Urban Development, n.d.-b). There are common challenges of waiting lists and vouchers being available without accessible affordable housing units. The HUD-VASH program voucher works with the HCV program to connect veterans with rental assistance, case management and clinical services (U.S. Department of Housing and Urban Development, n.d.-c). Project-Based Section 8 Vouchers (PBVs) are an extension of the HCV program. PBV's allow for property based rather than tenant-based vouchers which provides greater stability for a RH that can obtain PBV. A PHA is allowed to allocate up to 20 percent of its vouchers for project-based units (U.S. Department of Housing and Urban Development, n.d.-d). PBVs can help incentivize development of affordable housing in rural areas by guaranteeing a long-term source of rental contracts. Along with having longer term contracts that help the property owner maintain the affordable housing property, PBV's provide assistance to priority populations such as veterans and people with mental health/substance use and other health conditions through supportive services (Sard, 2019).

A tax credit that works well in concert with PBV's is the Low Income Housing Tax Credit (LIHTC), which helps create affordable housing through tax incentives awarded to private investors. LIHTC is a major contributor to brick-and-mortar expenses, and it is often combined with other housing assistance funding sources. The presence of PBVs helps demonstrate to investors that LIHTC is effective in rural areas. The cost of rent for property owners that utilize LIHTC sometimes must pay a higher cost than the Fair Market Rent (FMR) or a lower cost based upon the PHA Section 8 rent even if the PBV rent is higher than the LIHTC rent (National Low Income Housing Coalition, 2020). LIHTC can also be used alongside state housing agency resources such as bond programs. Particularly, these include tax-exempt multifamily bonds that help subsidize mortgages, construct, and restore apartments for low-income families (National Council of State Housing Agencies, n.d.). LIHTC is administered by a state's designated finance housing agency that is responsible for creating an annual Qualified Allocation Plan (QAP) to guide how funds will be allocated each year. Community housing projects that align with federal requirements are included in the QAP, but those approved by the designated state finance housing agency usually address state-specific priorities as well. See Appendix E for more information on each state's QAP.

LIHTC can be a significant funding source for large-scale projects, as an equity source. A state that has notably employed LIHTC is Kentucky through its Recovery Kentucky program. Although the Kentucky Housing Corporation (KHC) no longer issues a "set-aside" of credits for new developments, its partnerships with the Department of Local Government (DLG) and DOC helped alleviate homelessness and SUD through their supportive housing and RH programs (Kentucky Housing Corporation, n.d.).

Michigan has also created a model for the future in terms of collaboration and coordination. Winner of the 2021 Charles L. Edson Tax Credit Excellence Award in the Special Needs Populations category, Andy's Place in Jackson, Michigan, has made available its apartments to individuals and families who worked with the Michigan Drug Treatment Courts. They are the first in Michigan to implement a Permanent Recovery Supportive Housing (PRSH) model. This has been made possible by the Michigan State Housing Development Authority (MSHDA), the Michigan Department of Health and Human Services (MDHHS), the Governor's Office, and Cinnaire, a CDFI non-profit (Andy's Angels, n.d). Much the same as Recovery Kentucky, Andy's Place offers recovery supports, life skills, and other supportive services (Affordable Housing Tax Credit Coalition, n.d.).

LIHTC is a vital resource used by states to offer affordable housing, including supportive recovery environments. Another program, the New Markets Tax Credit (NMTC) is divergent from LIHTC because it can incentivize private investment in low-income communities that includes business enterprises. The NMTC program is a Community Development Financial Institutions Fund (CDFI Fund) program, whereas LIHTC is a HUD Federal Investment program, and therefore is intended to achieve different aims. Nashville, Tennessee has applied to the NMTC program through the creation of a non-profit organization facility called Renewal House. This organization provides services to women and children such as treatment and RH (Renewal House, n.d.). Blended funding, including NMTC, facilitated building construction to increase the number of people who can stay at the Renewal House (Williams, 2020).

Affordable housing sources for RH can be scarcer in rural parts of the country. Along with LIHTC being an important source of funding, another is the United States Department of Agriculture (USDA). Rural development is one of USDA's mission areas, and it has recognized the role housing plays in the recovery process (Freeman, 2019). USDA has partnered with the Department of Health and Human Services (HHS) to create transitional housing for opioid use disorders. In terms of USDA programs that provide funding assistance that can potentially be used for RH, its Community Facilities (CF) Program provides loans and grants to support community infrastructure. Funding can go towards the rehabilitation or production of facilities, which help to revitalize communities and attract economic development. Non-profit organizations, public bodies, and federally recognized American Indian tribes are eligible for funding under the program (Community Facilities Direct Loan & Grant Program, n.d.). A second tool is the Multi-family Housing program that works with rural property owners to finance rents for "low-income individuals, elderly, disabled individuals and families as well as domestic farm laborers," (U.S. Department of Agriculture and Rural Development, n.d.). Rural property owners receive loans and grants to finance the upkeep and construction of properties.

The funding sources discussed in this topic summary emphasize the effect affordable housing not only has on individuals, families, non-profits, and investors, but on community economic development. RH can be funded and made sustainable by a creative combination of these programs. There are other funding sources that are not included in this topic summary such as the HHS Community Services Block Grant (CSBG) and State Affordable Housing Trust Funds. As RH continues to evolve, community organizations are well positioned to propose quality RH projects increasing the capacity of RH programs in rural communities.

TABLE 4: HOUSING ASSISTANCE FUNDING TOOLS

Agency	Name	Description	Funding Type
HUD	*Variable* RHP	The program is instrumental in helping revitalize the infrastructure in distressed communities. Through this federal partnership, funding can go towards the creation of jobs, housing, public services, and facilities.	Variable by state
HUD	CDBG	Provides annual funding for brick-and-mortar expenses, on-going operational costs, and infrastructure that supports community development.	Block Grant
HUD	HTF	There are a variety of ways funds can be used; some include preservation, production, and reconstruction of affordable homes (Jones, 2021).	Grant
HUD	HOME	Flexible program administered at the state level that supports affordable housing for extremely low-income households.	Block Grant
FHFA	FHLB	Made up of 11 regional banks and run by cooperative members. Their regional disbursement allows cooperative members to address exigencies in their communities, with CDFI's being one of the programs they champion (Federal Home Loan Banks, n.d.).	Loan
FHFA	Fannie Mae	Supports affordable housing as a debt incentive program. It offers rewards programs that boost services and health design, in addition to incentivizing the financing of affordable housing (Fannie Mae, n.d.).	Loan
FHFA	Freddie Mac	Supports affordable housing as a debt incentive program. It offers targeted affordable financing, such as cash loans and tax-exempt loans, to houses in low to very low-income communities (Freddie Mac, n.d.).	Loan
State Housing Support Programs	State Vouchers	Rental stipends that vary in availability and amount by state.	Voucher
HUD	Housing Choice Vouchers	PHAs manage vouchers that low-income individuals and families use, along with some of their own money, to move into an apartment, townhouses, or a single-family home (U.S. Department of Housing and Urban Development, n.d.-b). Individuals and families may move to a place of their choice so long as it meets the safety and health standards of the PHA. Local PHA's may hold certain groups at a higher priority than others such as the homeless or lower income relative to the area.	Voucher
HUD	HUD-VASH	VASH works with the HCV program to connect veterans with rental assistance, case management, and clinical services (U.S. Department of Housing and Urban Development, n.d.-c).	Voucher
HUD	PBV	Housing voucher assigned to a specific housing unit for a defined contractual period, usually a decade or longer.	Voucher
HUD	LIHTC	Federal tax credits are awarded to states who then transfer these credits to developers working on constructing or reconstructing buildings to be used for affordable housing. Private investors will usually sell their credits once they get them to lessen the costs of construction, allowing them to lower the cost of rent. A qualified allocation plan (QAP) is required by state agencies awarding federal tax credits (Gramlich, n.d.).	Tax incentive
U.S. Department of Treasury	NMTC	A federal tax credit designed to draw investment into low-income communities (Community Development Financial Institutions Fund, 2020). Overall, this helps build business, housing, and jobs in underserved communities.	Tax incentive
USDA	CF Program	CF provides loans and grants to support community infrastructure. Funding can go towards the rehabilitation or production of facilities, which help to revitalize communities and attract economic development.	Loans and Grants
USDA	Multi-family Housing Program	Rural property owners receive loans and grants to be able to finance the upkeep and construction of multifamily properties.	Loans and Grants
HHS	CSBG	The program's core focus is reducing poverty. Funds are handled by state agencies to address state specific needs. Services are meant to reach low-income individuals with education, housing, and employment (Office of Community Services, U.S. Department of Health & Human Services (HHS), 2019).	Block Grant
State Housing Support Programs	State Affordable Housing Trust Fund	States establish these funds to address the need for more affordable housing for low-income individuals.	Trust Fund

*While these programs are not specifically designed for RH, the criteria are expansive enough for organizations to pursue as funding sources.
Source: The Congressional Research Service, FHLBank System, Fannie Mae, Freddie Mac, U.S. Department of the Treasury, National Low Income Housing Coalition, U.S. Department of Health & Human Services, and the U.S. Department of Housing and Urban Development.

CONCLUSION

This national landscape of recovery housing (RH) resources serves as a guide for RH operators, policymakers, community leaders, researchers, recovery allies, and other stakeholders invested in the development and quality improvement of RH. FGI has presented national trends and state-specific information on 1) leading language/terminology used to describe RH across agencies, 2) legal oversight, and 3) funding mechanisms, including the Substance Abuse and Mental Health Services Administration (SAMHSA), Medicaid, Department of Corrections (DOC), and Housing Assistance. (State-specific information can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.) With these findings and resources viewable at both the state and national level. FGI's findings illuminate the fragmented nature of RH resources across and within states.

TERMINOLOGY

The language or terminology states use to describe RH has wide-reaching impacts, including the scope of law, regulations, and funding opportunities. Terminology reflects a state's recognition of allocating resources to support long-term recovery. State terminology can also be influenced by third-party certification bodies. When states require third-party certification for funding RH, definitions can become fixed by the single state agency (SSA). (SSA terminology used to describe RH can be accessed by clicking on the interactive map on the Fletcher Group's "State Resources" web page at fletchergroup.org.)

The presence of terms such as RH, recovery residences, sober living, or clean and sober homes, can indicate the level of funding, legal, or regulatory oversight within a state by type of RH. Creating standardized terms across states and their entities may lead to improved outcomes and resources. While having more uniform language is vital for better communication, ultimately only a deeper knowledge and understanding of RH as an important recovery support service can lead to systemic change and improvement.

LAWS AND LEGISLATION

An assessment was made of state-level laws and legislation pertaining to RH and categorized by subject area. Two main subject areas discussed in the State Law Topic Summary are RH credentialing requirements and the establishment of RH state directories (e.g., registries). A correlating State Law infographic is included at the end of the topic summary. Within the infographic are elements of the larger subject areas, such as registries, states that require RH credentialling, or states that encourage credentials, and licensure. Three smaller subject areas discussed in the topic summary are also included in the infographic. The first discusses the formulation of RH task forces and committees. Second, addresses establishing a fund supporting RH efforts, and the last reflects states that legislatively address medication assisted treatment (MAT). It is promising that many states are incorporating legislation addressing RH. When informed by best practices, the presence of laws can encourage safe and effective RH settings, increasing public confidence for prospective residents and referral entities as well as position RH for sustainable state and federal funding.

MEDICAID

A major takeaway on the current state of Medicaid is that RH is not considered a reimbursable setting. Therefore, RH residents may have to receive services from federally qualified health centers or community mental health centers in providing qualified Medicaid services. Our State-by-State Recovery Support Services (2022) table on p.21 shows which recovery support services states cover. These services may include peer support, case management, counseling, life skills, and supported employment. States have increasingly covered RSS in recent years, through a state plan amendment (SPA), 1115 waiver, or other Medicaid initiatives. However, RH remains a necessary addition to the American Society of Addiction Medicine (ASAM) level of care continuum, integrating a peer-based social recovery model as a bona fide recovery service. RH enhances a person-centered approach to the recovery support services that already exist in states. Including RH as a primary program within ASAM level of care, integrating the medical and social model, leading to improved outcomes for individuals to achieve making long-term recovery.

SAMHSA FUNDING

Outside of Medicare and Medicaid, SAMHSA provides the largest source of federal funding to address the SUD crisis in states and communities across the nation. The SAMHSA topic summary highlighted two major funding options for RH and recovery support services, the Substance Abuse Prevention and Treatment Block Grant (SABG) and the State Opioid Response (SOR) grant. In our analysis, we found that 39 states have indicated using SOR funds to support RH activities. In addition, we found that 18 states have established a revolving loan fund using SABG funds to develop RH. That said, even with the availability of these resources, current and aspiring RH operators can find it challenging to identify, apply for, and manage federal grant opportunities like those described in this section.

HOUSING ASSISTANCE

Housing Assistance funding is another important funding resource for RH. There are a variety of financial programs and tools available to RH. However, most financial programs are not specifically designed for RH but intended rather to more broadly foster affordable and supportive housing. These tools and incentives come in various forms: vouchers, loans, equity, grants, and tax credits. Therefore, familiarity with the programs and eligibility parameters is critical to effectively access these funds. Creative application and combinations of these programs are often necessary to create resilient and sustainable RH, closing critical funding gaps and making the projects financially feasible. States that establish a dedicated set aside in housing assistance funding programs for RH would ease the application process in supporting development of recovery homes in rural communities.

DEPARTMENT OF CORRECTIONS

To address the growing challenge of substance use disorder (SUD), and its associated legal consequences, many Departments of Corrections are investing in reentry service programs, such as recovery support services. Housing is considered part of reentry service. Terms such as transitional housing and reentry/treatment services are commonly used to describe services offered by state DOC sites.

A few states were chosen for discussion to illustrate DOC programs that include RSS including RH. State DOCs incorporate transitional housing and reentry/treatment services for individuals being released from prison, however, recovery support services including RH are not a commonly used resource.

Although there is less program-specific information on this topic summary, future partnerships between state housing authorities, DOC, SSA, and Medicaid would facilitate development of RH capacity and quality in addressing the needs of individuals with SUD and criminal justice involvement.
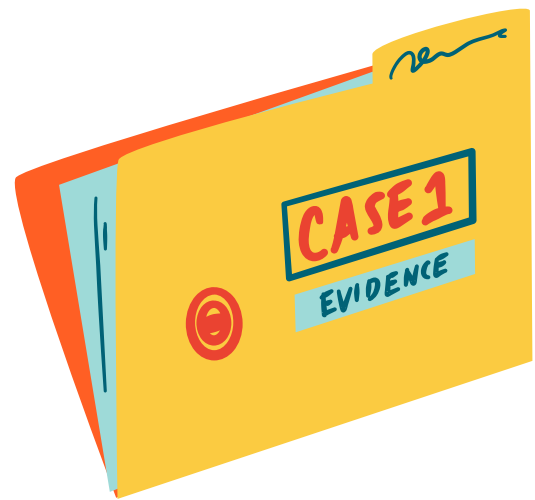
LOOKING AHEAD

In addition to state-level work around RH, there are new federal activities. An area of national interest surrounding substance use disorders is the Opioid Settlement Funds. Pharmaceutical distributors, pharmacies, consultants, and manufacturers such as McKesson, Cardinal Health, AmerisourceBergen, and Johnson and Johnson have been sued by states for their role in the opioid crisis (National Opioid Settlement, n.d.). A total of $26 billion has been awarded in state settlements. North Carolina and Kentucky are two states using part of their settlement funds for RH. This is an example of using funding to make RH more affordable and attainable. To help determine funding allocations, Colorado has created an Opioid Crisis Recovery Funds Advisory Committee with the intent to advise regarding allocation of funds. The Opioid Settlement Funds are not considered a sustainable long-term funding source. Nevertheless, as this document has posited, even funding that is not long-term is helpful in supporting RH, where sustainable funding sources nationwide are limited.

As part of the American Rescue Plan Act (ARPA) of 2021, SAMHSA received $3.56 billion in funding. $1.5 billion will be dispersed between the MHBG and SABG programs (The Substance Abuse and Mental Health Services Administration, 2021). Further, the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act of 2021 provides coverage of SABG services (The Substance Abuse and Mental Health Services Administration, n.d.). Federal allocations like these are not permanent, but they show how federal agencies recognize the implications of national and global emergencies on diseases like substance use disorder. SAMHSA also supports a 10 percent set-aside for recovery support services as it pertains to SABG. In its 2022 Budget Request, SAMHSA reported that this set-aside will go towards peer recovery support services and recovery community organizations, to include RH (Substance Abuse and Mental Health Services Administration, n.d.-b).

FUNDING A QUALITY RH SOCIAL MODEL

Throughout this overview we have discussed the role of accreditation, certification, or licensure as a means to address RH quality. However, there is a balance to maintain between oversight and program innovation and rigorous enforcement of standards without consideration of individual nuances and accommodations. An additional challenge is the reconciliation between the various approaches to services to support an individual's recovery ranging from harm reduction services to highly regulated medical/clinical models. A social recovery approach recognizes and builds upon lived experience and the role of peers in supporting the individual, builds on personal empowerment and responsibility, and acknowledges many pathways to recovery. A clinical model is led by Licensed Health Care Professionals. This model tends to be prescriptive and not driven by the wishes and desires of the individuals with SUD. The philosophy of the social model of recovery needs to be preserved which includes, Peers, Empowerment, and Hope (Luce, n.d.). Oversight remains important and the National Alliance for Recovery Residences (NARR) has provided significant leadership in developing standards. NARR encourages interaction among residents, as well as RH workers, volunteers, and being good neighbors in establishing quality RH programs.

The social model of recovery within RH is supported by state-level laws, funding, and innovative programs. While the term social model of recovery is not explicitly stated in the law, the presence of terms such as peer support, RSS, and stable housing carry a similar essence. Improved funding for this approach helps to bring these elements together in a RH. The increase in the number of states using RH terminology seems to correlate with an increase in laws/regulations and funding. While there are a few states pioneering the implementation of RH in their continuum of care, more progress can be made. States are not alone in their effort to promote RH. Federal agencies are also taking action to promote RH.

Increases in SUD and overdose deaths has had a dramatic impact across the U.S. The compilation of a national landscape document to support the expansion and evolution of RH is a valuable resource for all states and community organizations with a focus on SUD and social drivers of health—housing, transportation, and employment. This resource informs RH operators, community-based organizations seeking to expand RH programs, and policy makers in understanding the range of policy and funding mechanisms deployed throughout the U.S. The information is presented to mobilize state resources to advance the conversation on RH and provide a platform for new ideas and collaboration nationally.

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APPENDIX A — SINGLE STATE AGENCIES

The following SSA information was collected from SAMHSA's Directory of Single State Agencies (SSA) For Substance Abuse Services:

Alabama
Alabama Department of Mental Health
https://mh.alabama.gov/saban/?sm=d

Alaska
Alaska Department of Health - Division of Behavioral Health
https://health.alaska.gov/dbh/Pages/default.aspx

Arizona
Arizona Health Care Cost Containment System (AHCCCS)
https://www.azahcccs.gov/

Arkansas
Arkansas Department of Human Services
https://humanservices.arkansas.gov/

California
Department of Health Care Services (DHCS)
https://www.dhcs.ca.gov/PAGES/DEFAULT.ASPX

Colorado
Colorado Department of Human Services / Office of Behavioral Health
https://cdhs.colorado.gov/behavioral-health

Connecticut
Connecticut Department of Mental Health and Addiction Services
https://portal.ct.gov/dmhas

Delaware
Division of Substance Abuse and Mental Health
Delaware Health & Social Services
https://dhss.delaware.gov/dhss/dph/index.html

District of Columbia
District of Columbia Department of Behavioral Health
https://dbh.dc.gov/

Florida
Substance Abuse and Mental Health Program Office
Florida Department of Children and Families
https://www.myflfamilies.com/services/substance-abuse-and-mental-health

Georgia
Georgia Department of Behavioral Health and Developmental Disabilities
https://dbhdd.georgia.gov/be-supported/help-substance-abuse

Hawaii
Alcohol and Drug Abuse Division
Department of Health, Behavioral Health Administration
http://hawaii.gov/health/substance-abuse/index.html

Idaho
Division of Behavioral Health
Idaho Department of Health and Welfare
https://healthandwelfare.idaho.gov/services-programs/behavioral-health/about-substance-use-disorder

Illinois
Division of Substance Use Prevention and Recovery
Illinois Department of Human Services
https://www.dhs.state.il.us/page.aspx?item=29759

Indiana
Indiana Family and Social Services Administration
https://www.in.gov/fssa/dmha/index.html

Iowa
Division of Behavioral Health
Iowa Department of Public Health
https://idph.iowa.gov/substance-abuse

Kansas
Kansas Department for Aging and Disability Services (KDADS)
https://kdads.ks.gov/

Kentucky
Behavioral Health Division
Cabinet for Health and Family Services
Department of Behavioral Health, Developmental and Intellectual Disabilities
https://dbhdid.ky.gov/kdbhdid/default.aspx

Louisiana
Office of Behavioral Health
Louisiana Department of Health
https://ldh.la.gov/

Maine
Office of Substance Abuse and Mental Health Services
Maine Department of Health and Human Services
https://www.maine.gov/dhhs/obh

Maryland
Behavioral Health Administration
Maryland Department of Health
https://health.maryland.gov/springgrove/Pages/home.aspx

Massachusetts
Massachusetts Department of Mental Health
https://www.mass.gov/orgs/bureau-of-substance-addiction-services

Michigan
Bureau of Community Based Services
Behavioral Health and Developmental Disabilities Administration
Michigan Department of Health and Human Services
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories

Minnesota
Behavioral Health
Alcohol and Drug Abuse Division
Minnesota Department of Human Services
https://mn.gov/dhs/

Mississippi
Bureau of Alcohol and Drug Abuse Services
Mississippi Department of Mental Health
http://www.dmh.ms.gov/service-options/alcohol-and-drug-services/

Missouri
Division of Behavioral Health
Missouri Department of Mental Health
https://dmh.mo.gov/behavioral-health

Montana
Chemical Dependency Bureau
Addictive and Mental Disorders Division
Montana Department of Public Health and Human Services
https://dphhs.mt.gov/bhdd/

Nebraska
Division of Behavioral Health
Nebraska Department of Health and Human Services
https://dhhs.ne.gov/Pages/default.aspx

Nevada
Division of Public and Behavioral Health
Nevada Department of Health and Human Services
https://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/

New Hampshire
Department of Health and Human Services
Division for Behavioral Health Bureau of Drug and Alcohol Services
https://www.dhhs.nh.gov/

New Jersey
Division of Mental Health and Addiction Services
Department of Human Services
https://www.state.nj.us/humanservices/dmhas/home/index.html

New Mexico
New Mexico Human Services Department
http://www.hsd.state.nm.us/

New York
New York State Office of Alcoholism and Substance Abuse Services
https://oasas.ny.gov

North Carolina
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
North Carolina Department of Health and Human Services
https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse-services

North Dakota
Behavioral Health Division
https://www.hhs.nd.gov/behavioral-health

Ohio
Ohio Department of Mental Health and Addiction Services
https://mha.ohio.gov/

Oklahoma
Oklahoma Department of Mental Health and Substance Abuse Services
https://oklahoma.gov/odmhsas.html

Oregon
Oregon Health Authority
Health Systems Division
https://www.oregon.gov/oha/hsd/amh/Pages/index.aspx

Pennsylvania
Pennsylvania Department of Drug and Alcohol Programs
https://www.ddap.pa.gov/pages/default.aspx

Rhode Island
Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals (BHDDH)
https://bhddh.ri.gov/

South Carolina
South Carolina Department of Alcohol and Other Drug Abuse Services
https://www.daodas.sc.gov/

South Dakota
South Dakota Department of Social Services Division of Behavioral Health
https://dss.sd.gov/behavioralhealth/services.aspx

Tennessee
Tennessee Department of Mental Health and Substance Abuse Services
https://www.tn.gov/behavioral-health.html

Texas
Medical and Social Services, Division
Texas Health and Human Services Commission
https://www.hhs.texas.gov/

Utah
Division of Substance Abuse & Mental HealthUtah Department of Human Services
https://dsamh.utah.gov/

Vermont
Alcohol and Drug Abuse Programs Division
Department of Health
Vermont Agency of Human Services
https://www.healthvermont.gov/alcohol-drugs

Virginia
Virginia Department of Behavioral Health and Developmental Services
https://dbhds.virginia.gov/developmental-services/substance-abuse-services/

Washington
 Division of Behavioral Health and Recovery Washington Healthcare Authority
https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery

West Virginia
Bureau for Behavioral Health and Health Facilities
West Virginia Department of Health and Human Services
https://dhhr.wv.gov/office-of-drug-control-policy/programs/Pages/default.aspx

Wisconsin
Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services
Wisconsin Department of Health Services
https://www.dhs.wisconsin.gov/dcts/index.htm

Wyoming
Wyoming Department of Health
https://health.wyo.gov/behavioralhealth/mhsa/

APPENDIX B

LAWS AND LEGISLATION

The National Council for Mental Wellbeing published their Building Recovery: State Policy Guide for Supporting Recovery Housing report in 2022. It serves as a helpful toolkit with information on state laws and legislation.

https://www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing/

APPENDIX C – MEDICAID

https://www.asam.org/asam-criteria/about-the-asam-criteria
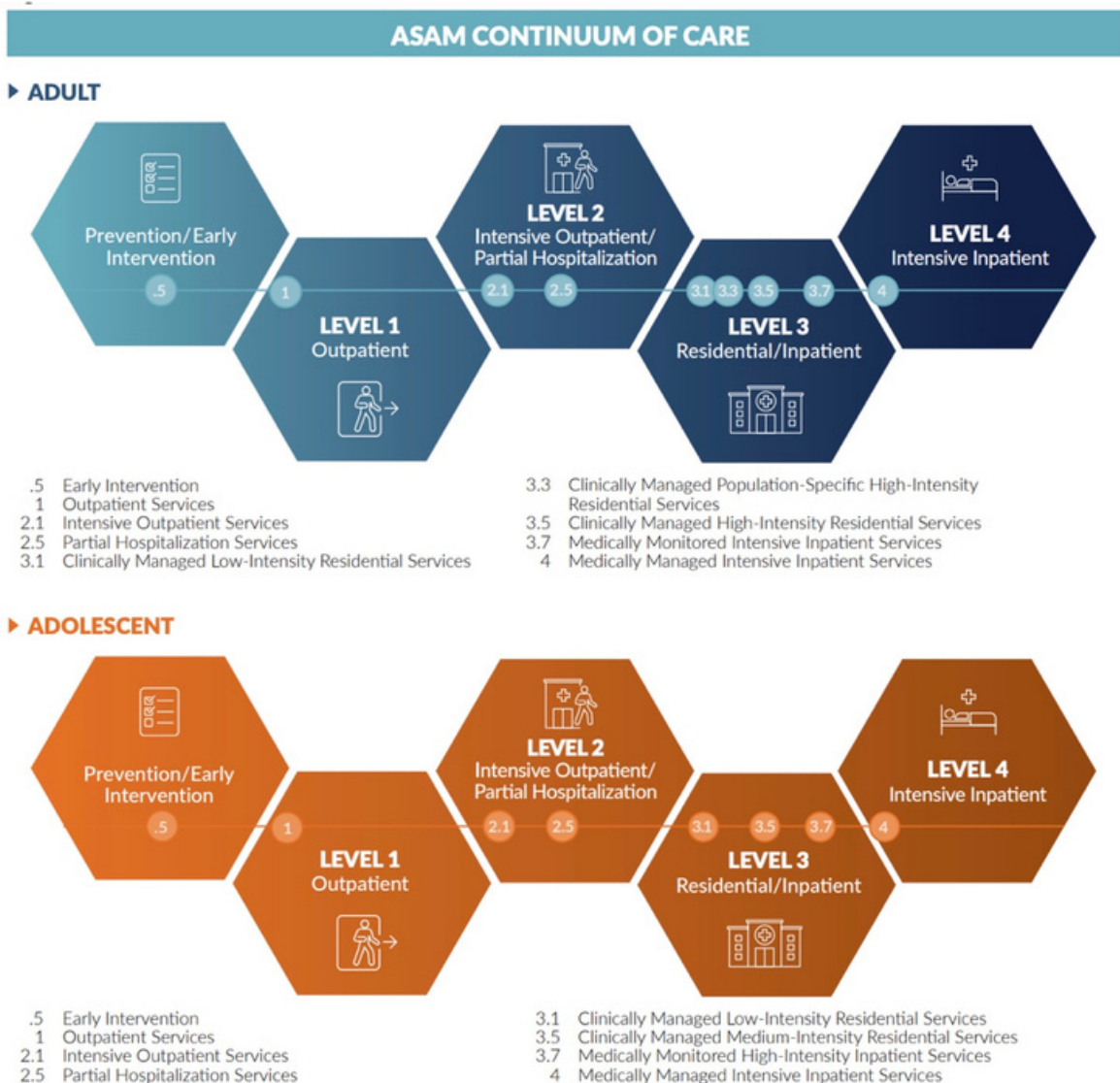
MACPAC's issue brief on Medicaid coverage for recovery support services was helpful in the making of the Medicaid topic summary and national table.
https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf

APPENDIX D — CORRECTIONS

STATE	Supervising Authority	Department/ Division	Contact Information
AL	DOC	Institutional Prerelease/Reentry Program and Transitional Services	Based within DOC prisons https://doc.alabama.gov/ReentryOverview
	Bureau of Pardons and Parole Headquarters	Probation, Parole and Pre-Trial Services	Field offices located throughout the state. For local offices https://paroles.alabama.gov/locations/field-offices-by-county/
AK	DOC	Reentry and Prerelease	Based within DOC prisons https://doc.alaska.gov/rehabilitation-reentry
		Division of Pretrial, Probation and Parole	Field offices located throughout the state. For local offices https://doc.alaska.gov/probation-parole/offices
AZ	Dept. of Corrections Rehabilitation & Reentry	Inmate Programs and Reentry	Reentry based within DOC prisons https://corrections.az.gov/
	Dept. of Corrections Rehabilitation & Reentry	Parole	Local offices can be found at https://corrections.az.gov/parole-offices
	Arizona Judicial Branch	Adult Probation Services	Field offices located throughout the state. For a map of local offices https://www.azcourts.gov/apsd/
AR	Division of Corrections	Reentry and Community Services	Based within DOC prisons https://doc.arkansas.gov/correction/reentry/
	Division of Community Corrections	Probation and Parole	Field offices located throughout the state. For local offices https://doc.arkansas.gov/community-correction/office-locations/area-offices/

STATE	Supervising Authority	Department/ Division	Contact Information
CA	Dept. of Corrections and Rehabilitation	Reentry Services	Based within DOC prisons https://www.cdcr.ca.gov/adult-operations/fops/reentry-services/
	Dept. of Corrections and Rehabilitation	Division of Adult Probation 916-445-6200	Field offices located throughout the state. For local offices https://www.cdcr.ca.gov/parole/public-officers-and-regional-offices/
	Probation services are developed by individual counties	Chief Probation Officers of California	County office information can be located at https://www.cpoc.org/
CO	DOC	Parole and Reentry Services	Field offices are located throughout the state. For local offices https://cdoc.colorado.gov/parole-and-re-entry-services/general-information/parole-offices
	Judicial Branch	Probation	Field offices are located throughout the state. For a map of local offices https://www.courts.state.co.us/Probation/County/Choose.cfm
CT	DOC	Parole and Community Services	Local office information can be found at https://portal.ct.gov/DOC/Org/Parole-and-Community-Services
	DOC	Offender Reentry Services	Based within DOC prison https://portal.ct.gov/DOC/Org/Offender-Re-Entry-Services
	Judicial Branch	Adult Probation Services	Field offices are located throughout the state. For local offices https://jud.ct.gov/directory/directory/adultprob.htm
DE	DOC	Correctional Reentry Commission	Initiated in institutions https://doc.delaware.gov/dcrc/index.shtml
	DOC	Bureau of Community Corrections	DOC directory including Probation and Parole local offices https://doc.delaware.gov/views/contactus.blade.shtml
FL	DOC	Office of Programs and Reentry	Based within DOC prison http://www.dc.state.fl.us/development/index.html
	DOC	Probation and Parole	Circuit office lists can be found at http://www.dc.state.fl.us/cc/index.html

STATE	Supervising Authority	Department/ Division	Contact Information
GA	Dept. of Community Supervision	Reentry Services	https://dcs.georgia.gov/reentry-services/housing-programs
	Dept. of Community Supervision	Felony Supervision	Field offices are located throughout the state. For local offices https://dcs.georgia.gov/locations/field-office
	DOC	Reentry and Cognitive Programming	Institutional based transitional centers https://gdc.georgia.gov/inmate-services-division-0/reentry-cognitive-programming-unit/reentry-cognitive-programming
HI	DOC	Reentry Coordination Office Program Services Administrator	808-587-1266
	State Judiciary	Probation Main Office	808-541-1283
ID	DOC	Reentry Services	Additional information can be found at https://www.idoc.idaho.gov/content/probation-and-parole/reentry-services
	DOC	Probation and Parole	Field offices throughout the state. Local offices https://www.idoc.idaho.gov/content/locations/district-offices
IL	DOC	Reentry	Field office locations are listed in the resource guide provided by DOC at https://www2.illinois.gov/idoc/communityresources/Pages/ResourceGuides.aspx
	Illinois State Courts	Probation Services	Field office contact information https://www.probation.illinoiscourts.gov/field
IN	DOC	Division of Parole Services (Reentry)	District and field office information https://www.in.gov/idoc/operations/parole/division/
	Office of Court Services	Probation	County and local office contacts listed at https://www.in.gov/courts/iocs/probation/
IA	DOC	Community Based Corrections	District office information is listed at https://doc.iowa.gov/find-facility/iowa-prisons-cbcs#:~:text=It%20allows%20the%20offender%20to,aids%20in%20case%20planning%20needs.

STATE	Supervising Authority	Department/ Division	Contact Information
KS	DOC	Reentry	Central Office Statewide reentry team directory https://www.doc.ks.gov/reentry/reentry-staff
	DOC	Parole Services	Field offices throughout the state. Local offices https://www.doc.ks.gov/cfs/parole-services/contacts
	DOC	Community Corrections	Field offices throughout the state. Local office map https://www.doc.ks.gov/ccmap
KY	DOC	Reentry	Community and institutional coordinators listed by district at https://corrections.ky.gov/Reentry/Pages/default.aspx
	State Judiciary	Probation and Parole	Field offices throughout the state. District offices listed at https://corrections.ky.gov/Probation-and-Parole/Pages/default.aspx
LA	Dept. Of Public Safety and Corrections	Reentry Initiatives and Transitional Work Programs	Institutional facilities focused on reentry. Find a facility and contact info at https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/
	DPSC	Probation and Parole	Field offices cover various Parishes. Directory can be found at https://doc.louisiana.gov/about-the-dpsc/facility-locations/?location-category=probation-parole-offices
ME	DOC	Adult Community Corrections	Offices are divided in regions with Probation listed at https://www1.maine.gov/online/mdoc/search-and-deposit/index.htm
	DOC	Adult Facilities	Men's facilities may offer reentry program. Only women have a center dedicated to reentry. Individual contact info can be found at https://www.maine.gov/corrections/facilities
MD	Department of Public Safety and Correctional Services	Division of Probation and Parole	Regional and field offices information located at https://dpscs.maryland.gov/locations/dpp_offices.shtml
	Department of Public Safety and Correctional Services	Division of Corrections	Institutions offer Reentry Preparation Programs. Facility contacts information found at https://dpscs.maryland.gov/locations/prisons.shtml

STATE	Supervising Authority	Department/ Division	Contact Information
MA	DOC	Prisons Division	Facilities offer Reentry Programming only a few are dedicated to Reentry https://www.mass.gov/orgs/massachusetts-department-of-correction/locations
	DOC	Staff directory lists a Commissioner of Clinical Services and Reentry at Parole Services	Staff directory lists a Commissioner of Clinical Services and Reentry at https://www.mass.gov/lists/department-of-correction-division-and-staff-directory
	Court System	Probation – Field Service Division and Program Services Division	Probation Service Contacts listed at https://www.mass.gov/lists/massachusetts-probation-service-contacts
MI	DOC	Parole and Probation	Administration, Region and field office information found at https://www.michigan.gov/corrections/parole-probation/parole-probation-office-directory
	DOC	Prisons	Facilities offer Prerelease programming. Individual facility contact info found at https://www.michigan.gov/corrections/prisons/carson-city-correctional-facility
	DOC	Office of Community Corrections	Provides oversight community services, programming and case management https://www.michigan.gov/corrections/offender-success/community-corrections
MN	DOC	Reentry Services and Resources	DOC contact list and community based resources for reentry planning https://mn.gov/doc/community-supervision/reentry-resources/
	DOC	Community Supervision and Reentry	Field office information and resource directory found at https://mn.gov/doc/community-supervision/community-supervision/contact-information/
MS	DOC	Community Corrections	Probation and Parole field offices across the state. Locations listed at https://www.mdoc.ms.gov/About/Pages/Area-Locations.aspx
	DOC	MS Reentry Council through the Division of Programs, Education and Reentry	A reentry guide of resources and contact can be found at http://www.msreentryguide.com/about-us

STATE	Supervising Authority	Department/ Division	Contact Information
MO	DOC	Office of Reentry Services	Office site dedicated to reentry services and contacts https://doc.mo.gov/director/office-director/office-reentry-services
	DOC	Transitional housing units – Adult facilities	Facilities designed for community transition. Contact information https://doc.mo.gov/programs/missouri-reentry-process/transitional-housing-units
	DOC	Probation and Parole	Office site listing field office and Community Supervision/Release Centers. Contact info https://doc.mo.gov/facilities/probation-parole/address-listing
MT	DOC	Facilities	Prerelease center offering prerelease programming and an alternative to incarceration. Contact info https://cor.mt.gov/Facilities/PrereleaseCenters
	DOC	Bureau of Probation and Parole	Regional and field offices information located at https://cor.mt.gov/ProbationandParole/
	DOC	Programs and Services	Transitional assistance for housing and program resources https://cor.mt.gov/ProgramsandServices/TransitionalAssistanceandRentalVoucherInformation
NE	Judicial Branch	Community Based Programs and Field Service Division	Division map, services and field office locations found at https://supremecourt.nebraska.gov/probation/districts
	Board of Parole	Division of Parole Supervision	Administration, Region and field office information found at https://parole.nebraska.gov/office-locations
	DOC	Dept. Of Correctional Services	Reentry services to provide resource access for successful transition located in each facility. https://www.corrections.nebraska.gov/about/rehabilitation/reentry-services. Facilities contact info https://www.corrections.nebraska.gov/facilities

STATE	Supervising Authority	Department/ Division	Contact Information
NV	DOC	Facilities	Reentry programming services provided at each facility. Two transitional facilities. Contact info found at https://doc.nv.gov/Facilities/Home/
	Dept. of Public Safety	Probation and Parole – Prerelease Unit	Coordinates with DOC facilities to assist the release of inmates http://npp.dps.nv.gov/Home/Support_Services/Pre-Release_Unit/
	Dept. of Public Safety	Probation and Parole	Supervision districts and field office information found at http://npp.dps.nv.gov/Contact/Contact_Information/
NH	DOC	Division of Rehabilitative Services	Consists of transitional housing units. Facility information found at https://www.nh.gov/nhdoc/divisions/community/index.html
	DOC	Field Services Division	Field service local office info listed at https://www.nh.gov/nhdoc/divisions/fieldservices/index.html
NJ	State Parole Board	Division of Community Programs	Offers parolees specialized programming and housing opportunities. Information listings found at https://www.nj.gov/parole/functions/community-programs/
	State Parole Board	Bureau of Probation and Parole	Map of field offices and contact information - https://data.nj.gov/dataset/State-Parole-Board-Agency-Locations-Map/f88c-7viw
	DOC	Office of Transitional Services	Transitional services offered statewide to inmates. Resource and programming info located at https://www.state.nj.us/corrections/pages/ots.html
	State Courts	Probation Division	Administrative and field office listings found at https://archive.njcourts.gov/public/conferences.html?Conference=probation
NM	DOC	Adult Prisons – Reentry Division	Reentry programming offered at each facility. Reentry staff listing can be found at https://www.cd.nm.gov/divisions/adult-prison/reentry-division/recidivism-reduction-education/
	DOC	Probation and Parole	Region and field office information found at https://www.cd.nm.gov/divisions/probation-and-parole/

STATE	Supervising Authority	Department/ Division	Contact Information
NY	Dept. of Corrections and Community Supervision	Reentry Services	Coordinated service between facilities and community supervision to assist with transition. Staff contacts listed at https://doccs.ny.gov/re-entry-services
	Dept. of Corrections and Community Supervision	Community Supervision and Reentry	Contact list of County Reentry Task Force https://doccs.ny.gov/location/albany-county-re-entry-task-force
	Division of Criminal Justice Services	Reentry Initiatives	Coordination with DCCS Reentry Task for providing services in 20 counties. More info https://www.criminaljustice.ny.gov/crimnet/ojsa/initiatives/offender_reentry.htm
	Division of Criminal Justice Services	Office of Probation and Correctional Alternatives	Listing of county offices https://www.criminaljustice.ny.gov/opca/index.htm
NC	Dept. Of Public Safety	Adult Corrections	Transition service listing inmate program opportunities for reentry and resource guide for all correction agencies with contact information https://www.dac.nc.gov/divisions-and-sections/rehabilitation-and-reentry/transition-services
	Community Corrections	919-716-3100	District map with local office directory https://www.ncdps.gov/our-organization/adult-correction/community-corrections/division-local-offices
ND	Corrections and Rehabilitation	Parole and Probation	Provides a listing of county offices throughout the state https://www.docr.nd.gov/parole-and-probation
OH	Dept. of Rehabilitation and Correction	Office of Prisons	Reentry services program directory. Provides information to become a Dept. approved reentry program https://drc.ohio.gov/reentry
	Dept. of Rehabilitation and Correction	Bureau of Community Sanctions	Created to oversee grant and contractual Dept. funds and develop community partnerships to provide residential community services. For more information https://drc.ohio.gov/community
	Dept. of Rehabilitation and Correction	Adult Parole Authority	Provides supervision and assists reentry to parolees. Field office directory https://drc.ohio.gov/parole-regions

STATE	Supervising Authority	Department/ Division	Contact Information
OK	DOC	Probation and Parole Services	A listing of local offices can be found at https://oklahoma.gov/doc/organization/chief-of-operations/community-corrections-and-contract-services/probation-and-parole-services/sub-office-locations.html
	DOC	Adult Facilities	Provides reentry programming. Offers a listing of resource services for inmates at https://www.ok.gov/re-entry/ADDITIONAL_RESOURCES/Reentry_Paperwork/
OR	DOC	Community Corrections	Two centers run as an alternative to incarceration and provides supervision. Contact info found at https://www.oregon.gov/doc/community-corrections/pages/home.aspx
	DOC	Community Corrections	State probation and parole county offices as well as Federal probation offices can be found at https://www.oregon.gov/doc/community-corrections/pages/home.aspx
PA	DOC	Parole	A listing of district offices can be found at https://www.cor.pa.gov/parole-supervision/Pages/Parole-Offices.aspx
	DOC	Community Reentry	Reentry services and administrative contacts can be found at https://www.cor.pa.gov/community-reentry/Pages/Reentry.aspx
	DOC	County Probation and Parole	An interactive map to find the contacts for county offices in PA can be found at https://www.parole.pa.gov/About%20PBPP/county/Pages/default.aspx
RI	DOC	Community Corrections	Offers a sentencing option for inmates that require structured supervision while reentering the community. More info found at https://doc.ri.gov/community-corrections/community-confinement
	DOC	Probation and Parole	Contact info for local offices can be found at https://doc.ri.gov/community-corrections/probation-parole/office-locations-phone-numbers
	DOC	Programs and Services	Institutional based programs which provide transitional and discharge planning. Programs based in individual facilities. Program Supervisor contact info https://doc.ri.gov/programs-services/transitional-services-discharge-planning

STATE	Supervising Authority	Department/ Division	Contact Information
SC	DOC	DOC Reentry	Institutions offer Reentry Preparation Programs. They maintain a list for contact information for housing resources https://www.doc.sc.gov/programs/reentry_resources.html
	Dept. of Probation, Parole and Pardon Services	Dept. of Probation, Parole and Pardon Services	County office contact information is listed on an interactive map on their website https://www.dppps.sc.gov/About-PPP/County-Office-Directory
	Commission for Minority Affairs	Second Chance	Provides housing resources for formerly incarcerated individuals. It maintains a listing for agencies who serve this population.Applications to be placed on the list can be found at https://cma.sc.gov/second-chance
SD	Unified Judicial System	Probation Services	Probation is supervised by the court system. Local contacts can be found by accessing their website and search under the needed judicial district which is listed under "court finder" https://ujs.sd.gov
	DOC	Parole Services	Provide supervision for parolees throughout the state. Local offices can be found at https://doc.sd.gov/parole/services/offices.aspx
TN	DOC	Community Supervision	DOC does not regulate transitional housing but it keeps a list of houses approved for consideration for those under DOC supervision. Application for approval is found at https://www.tn.gov/correction/redirect-agency-services/approved-transitional-housing.html
	DOC	Probation and Parole	Contact information for district and field offices found at https://www.tn.gov/correction/cs/field-office-directory.html

STATE	Supervising Authority	Department/ Division	Contact Information
TX	Dept. of Criminal Justice	Reentry and Reintegration Division	This agency maintains a Reentry Resource Guide. To be considered to have your agency added to the guide, contact this address rid@tdcj.texas.gov.
		Parole Division – Residential Reentry Centers	Some districts contract privately operated Reentry Centers. Contact info can be found at https://www.tdcj.texas.gov/divisions/pd/halfway_houses.html
		Parole Division – Contract Facilities	The division contracts with private agencies to provide community-based facilities to include substance abuse services. More info can be found at https://www.tdcj.texas.gov/divisions/pd/contracts_facilities_monitoring.html
		Parole Division – Field Offices	Region and field office contact info as well as Division wide directory can be found at https://www.tdcj.texas.gov/divisions/pd/index.html
		Community Justice Assistance Division – Adult Probation	State agency which provides administrative oversight to local community corrections departments that supervise offenders. Local community supervision offices located at https://www.tdcj.texas.gov/divisions/cjad/who_we_serve.html
UT	DOC	Division of Probation and Parole	An interactive map with contact information for region and local offices can be found at https://corrections.utah.gov/probation-parole/contact-app/#
		Reentry Planning	Each institution provides reentry preparation programming. For more information https://corrections.utah.gov/reentry-planning/#
VT	DOC	Community and Restorative Justice Unit	DOC funds transitional housing by partnering with various community providers. More info can be found at https://doc.vermont.gov/content/transitional-housing
		Probation and Parole	Field office contact information https://doc.vermont.gov/probation-and-parole-offices
VA	DOC	Facilities	Institutions offer reentry programming and resources including residential programs https://vadoc.virginia.gov/inmates-and-probationers/reentry-resources/
		Probation and Parole	A complete directory of field offices, facilities and community centers can be found at https://vadoc.virginia.gov/facilities-and-offices/

STATE	Supervising Authority	Department/ Division	Contact Information
WA	DOC	Reentry Community Supervision	A complete directory of field offices, facilities and community centers can be found at https://www.doc.wa.gov/corrections/community/field-offices.htm
WV	Division of Corrections and Rehabilitation	Parole Services	Reentry coordinators are assigned to each parole region. Field office directory can be found at https://dcr.wv.gov/facilities/Pages/Parole-Services-Offices.aspx
WV	WV Judiciary	Division of Probation Services	Probation offices (as well as problem solving courts) are located within each judicial district. A listing of field offices can be found at http://www.courtswv.gov/lower-courts/adult-drug-courts/adult-drug-courts.html
WI	DOC	Division of Adult Institutions	Each institution provides reentry and pre-release programming. Institutional contact info is found at https://doc.wi.gov/Pages/OffenderInformation/AdultInstitutions/AdultFacilities.aspx
WI		Division of Community Corrections	Probation and Parole field offices across the state. Locations listed at https://doc.wi.gov/Pages/AboutDOC/CommunityCorrections/ProbationParoleOfficesList.aspx
WY	DOC	Adult Institutions	Reentry Specialists are located in each institution. A facility directory can be found at https://corrections.wyo.gov/services-and-programs/reentry-and-offender-resources
WY		Probation and Parole	Field service local office info listed at https://corrections.wyo.gov/contact-us

APPENDIX E — HOUSING ASSISTANCE

The following link was helpful in collecting information on Qualified Allocation Plan's (QAP's).
https://www.novoco.com/resource-centers/affordable-housing-tax-credits/2021-qaps-and-applications

HA Contact Information by State (Local Housing Authority Info)
https://www.hud.gov/program_offices/public_indian_housing/pha/contacts

The following are recent state Qualified Allocation Plans (QAP's):

Alabama QAP (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/alabama_2020_qap_092519.pdf
https://www.novoco.com/sites/default/files/atoms/files/alabama-lihtc-qap-2021-final.pdf

Alaska QAP (2019)
https://www.novoco.com/sites/default/files/atoms/files/alaska_2020_qap_062619.pdf

Arizona QAP (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/arizona_2020_qap_121819.pdf
https://housing.az.gov/sites/default/files/documents/files/2021%20QAP%20posted%2012.31.2020.pdf

Arkansas QAP (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/arkansas-lihtc-qap-final-01032020.pdf
https://www.novoco.com/sites/default/files/atoms/files/arkansas-lihtc-qap-2021-final.pdf

California QAP (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/california-lihtc-2021-regulations-06162021.pdf

Colorado QAP (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/colorado-lihtc-qap-amended-second-draft-2021-22-11182021.pdf

Connecticut QAP (2020)
https://portal.ct.gov/-/media/DOH/FINAL-2020-QAP-PendingGLappvl.pdf

Delaware QAP (2020) - (2021-2022)
https://www.novoco.com/sites/default/files/atoms/files/delaware-lihtc-qap-2020.pdf
https://www.novoco.com/sites/default/files/atoms/files/delaware-lihtc-qap-2021-final-01122021.pdf

District of Columbia (2021)
https://www.novoco.com/sites/default/files/atoms/files/dc-lihtc-qap-2021-092021-signed.pdf

Florida (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/florida-lihtc-qap-2020-final.pdf
https://www.novoco.com/sites/default/files/atoms/files/florida-lihtc-qualified-allocation-plan-2021.pdf

Georgia (2021)
https://www.novoco.com/sites/default/files/atoms/files/georgia_2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/georgia-lihtc-qap-2021-board-approved-11182020.pdf

Hawaii (2019-2020) - (2021)
https://www.novoco.com/sites/default/files/atoms/files/hawaii_2019_2020_qap_110118.pdf
https://www.novoco.com/sites/default/files/atoms/files/hawaii-lihtc-qap-2021-final.pdf

Idaho (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/idaho-lihtc-qap-2020-final.pdf
https://www.novoco.com/sites/default/files/atoms/files/idaho-lihtc-qap-2021-final-approved-03262021.pdf

Illinois (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/illinois_2020_2021_final_qap.pdf

Indiana (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/indiana_2020-2021_final_qap.pdf

Iowa (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/iowa_2020-2021_9_percent_qualified_allocation_plan.pdf

Kansas (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/kansas_2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/kansas-lihtc-qap-2021-final.pdf

Kentucky (2019-2020) - (2021-2022)
https://www.novoco.com/sites/default/files/atoms/files/kentucky_2019-2020_final_qap_053118.pdf
https://www.novoco.com/sites/default/files/atoms/files/kentucky-lihtc-qap-2021-2022.pdf

Louisiana (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/louisiana-lihtc-qap-2020-final.pdf
https://www.novoco.com/sites/default/files/atoms/files/louisiana-lihtc-qap-2021-final.pdf

Maine (2020) - (2021-2022)
https://www.mainehousing.org/docs/default-source/qap/2020-qap.pdf?sfvrsn=679ab315_4
https://www.novoco.com/sites/default/files/atoms/files/maine-lihtc-qap-2021-2022.pdf

Maryland (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/md_2020_qap_060820.pdf
https://www.novoco.com/sites/default/files/atoms/files/maryland-lihtc-clean-draft-2021-qap-10292021.pdf

Massachusetts (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/massachusetts-2021-qap-amendments-042021.pdf

Michigan (2021)
https://www.novoco.com/sites/default/files/atoms/files/michigan-lihtc-qap-2021-final.pdf

Minnesota (2021)
https://www.novoco.com/sites/default/files/atoms/files/minnesota_2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/minnesota-lihtc-qap-2021-final.pdf

Mississippi (2019-2020) - (2021)
https://www.novoco.com/sites/default/files/atoms/files/mississippi-lihtc-qap-2019-2020.pdf
https://www.novoco.com/sites/default/files/atoms/files/mississippi-lihtc-qap-2021-final.pdf

Missouri (2021)
https://www.novoco.com/sites/default/files/atoms/files/missouri-lihtc-qap-2020-final.pdf
https://www.novoco.com/sites/default/files/atoms/files/missouri-lihtc-qualified-allocation-plan-09012021.pdf

Montana (2021)
https://www.novoco.com/sites/default/files/atoms/files/montana_2020_final_qap_091218.pdf
https://www.novoco.com/sites/default/files/atoms/files/montana-lihtc-qap-2021-final.pdf

Nebraska (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/nebraska-9-percent-qap-2021-final.pdf
https://www.novoco.com/sites/default/files/atoms/files/nebraska-lihtc-qap-4-percent-2021-final.pdf

Nevada (2021)
https://www.novoco.com/sites/default/files/atoms/files/nevada-lihtc-qap-2021-final.pdf

New Hampshire (2020)
https://www.novoco.com/sites/default/files/atoms/files/new-hampshire-qap-lihtc-2021-2022-final.pdf

New Jersey (2019-2020)
https://www.nj.gov/dca/hmfa/developers/docs/lihtc/qap/tc_qap_proposed_2019_2020.pdf

New Mexico (2020)
https://www.novoco.com/sites/default/files/atoms/files/new-mexico-lihtc-qap-2021-final.pdf

New York (2021)
https://www.novoco.com/sites/default/files/atoms/files/new-york-qap-9-percent-lihtc-part-2040-052021.pdf
https://www.novoco.com/sites/default/files/atoms/files/new-york-qap-4-percent-lihtc-part-2188-052021.pdf

North Carolina (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/north_carolina_2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/north-carolina-lihtc-qap-2021-final.pdf

North Dakota (2021)
https://www.novoco.com/sites/default/files/atoms/files/north-dakota-qap-lihtc-2021.pdf

Ohio (2020-2021)
https://www.novoco.com/sites/default/files/atoms/files/ohio-qap-technical-revisions-2021-board-approved.pdf

Oklahoma (2021)
https://www.novoco.com/sites/default/files/atoms/files/oklahoma-lihtc-qap-2021-final.pdf

Oregon (2019)
https://www.novoco.com/sites/default/files/atoms/files/oregon-2019-updated-qap-final-01202021.pdf

Pennsylvania (2019-2020) - (2021)
https://www.novoco.com/sites/default/files/atoms/files/pennsylvania_2019_final_qap_071218.pdf
https://www.novoco.com/sites/default/files/atoms/files/pennsylvania-lihtc-allocation-plan-qap-2021.pdf

Rhode Island (2021)
https://www.novoco.com/sites/default/files/atoms/files/south_carolina_2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/rhode-island-qap-2021-final-09032020.pdf

South Carolina (2021)

https://www.novoco.com/sites/default/files/atoms/files/south_carolina_2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/south-carolina-lihtc-qap-2021-final.pdf

South Dakota (2020-2021)

https://www.novoco.com/sites/default/files/atoms/files/south-dakota-qap-lihtc-2021.pdf

Tennessee (2019-2020) - (2021)

https://www.novoco.com/sites/default/files/atoms/files/tennessee_2019-2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/tennesssee-final-qap-2021-updated-03302021.pdf

Texas (2019-2021) - (2020)

https://www.novoco.com/sites/default/files/atoms/files/tennessee_2019-2020_final_qap.pdf
https://www.novoco.com/sites/default/files/atoms/files/texas-10tac11-qap-draft-for-comment-09032021.pdf

Utah (2020-2021)

https://www.novoco.com/sites/default/files/atoms/files/utah_2020_final_qap_080719.pdf
https://www.novoco.com/sites/default/files/atoms/files/utah-qap-lihtc-2021-07312020.pdf

Vermont (2020-2021)

https://www.vhfa.org/documents/developers/2020_qap_final.pdf

Virginia (2019-2020) - (2021)

https://www.novoco.com/sites/default/files/atoms/files/virginia_2019-2020_final_qap_120418.pdf
https://www.novoco.com/sites/default/files/atoms/files/virginia-lihtc-tax-credit-manual-01012021.pdf

Washington (2021)

https://www.novoco.com/sites/default/files/atoms/files/washington-lihtc-qap-2021.pdf

West Virginia (2019-2020) - (2021-2022)

https://www.novoco.com/sites/default/files/atoms/files/west_virginia_2019-2020_final_qap_030519.pdf
https://www.novoco.com/sites/default/files/atoms/files/west-virginia-lihtc-qap-2021-2022-final.pdf

Wisconsin (2019-2020) - (2021-2022)

https://www.novoco.com/sites/default/files/atoms/files/wisconsin_2019-2020_final_qap_071018_0.pdf
https://www.novoco.com/sites/default/files/atoms/files/wisconsin-lihtc-qap-2021-2022-update-1-10222020.pdf

Wyoming (2020)

https://www.novoco.com/sites/default/files/atoms/files/wyoming_2020_qap.pdf

APPENDIX F — ADDITIONAL ITEMS

MHACBO-NARR RECOVERY RESIDENCE ACCREDITATION MANUAL

NARR STANDARDS CRITERIA

LEVELS OF SUPPORT	1. PEER-RUN	2. MONITORED	3. SUPERVISED	4. SERVICES PROVIDED
ADMINISTRATION	• Democratically run • Manual or P&P	• House manager or senior resident • Policy & procedures	• Org hierarchy • Admin oversight of service providers • Policy & procedures • Licencing varies	• Overseen hierarchy • Clinical & admin supervision • Policy & procedures • Licensing varies
SERVICES	• Drug screenings • House meetings • Self-help meetings encouraged	• House rules • Peer-run groups • Drug screenings • House meetings • Self-help and/or treatment services	• Emphasis on developing life skills • Clinical services in outside community • Service hours provided in-house	• Clinical services and programming provided in-house • Life skills development
RESIDENCE	• Generally single-family residences	• Primariy single-family residences • Possibly apartments or other dwellings	• Varies — all types of residential settings	• All types — often a step-down phase within center's continuum of care • Possibly more institutional
STAFF	• No paid positions within residence • Perhaps an overseeing officer	• At least one compensated position	• Facilty manger • Certified staff or case managers	• Credentialled staff

https://mhacbo.org/media/MHACBO.NARR.Accreditation%20%281%29.pdf

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We thank you for your continued support in our efforts to expand the quality and capacity of Recovery Housing.