MENTAL HEALTH & ADDICTION SERVICES
Ohio

Recovery Housing in Ohio

2021 Environmental Scan

ORH
Ohio **Recovery** Housing

C4 Innovations
Community & Behavioral Health | Recovery | Social Change

Contents

Authors and Acknowledgments

Authors

Jennifer Battis
Kristen Paquette
Kristen Harper
Jonathan Cox
Adrienne Kasmally
Sarah Nichols

Acknowledgments

The authors want to thank the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for its continued commitment to recovery housing in Ohio, and for its support and guidance throughout the development of this report. Our thanks go especially to Director Lori Criss, Roma Barickman, Alisia Clark, Joyce Starr, Susan Trafate, and Kaitlin Waggoner. We also thank Maura Klein, formerly of OhioMHAS; Scott Gary at Ohio Development Services Agency; Kelan Craig of Ohio Housing Finance Agency; Cheri Walter at the Ohio Association of County Behavioral Health Authorities; and Teresa Lampl at The Ohio Council of Behavioral Health and Family Services Providers for their advice and contributions.

We thank Ohio Recovery Housing, especially Danielle Gray, for her leadership and support related to this environmental scan report, as well as her efforts to advance the availability and quality of recovery housing in Ohio.

Thank you to Laura Winn and Jen Riha for your support conducting the research to inform this report, and to Jason Howell of RecoveryPeople, and Bethany Marcogliese and Kathleen Ferreira of C4 Innovations for your review and expertise. Thank you also to Brenda Proffitt, copy editor, and Sarah Nichols, graphic designer, for their help producing this report.

We are grateful to the many respondents that provided their time and input to this report, including current and former residents of recovery housing, recovery housing operators and staff, and other government and community stakeholders who dedicate their time to ensuring access to recovery and opportunity for all in Ohio.

We thank you.

Welcome from OhioMHAS

October 2021

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is pleased to introduce the *2021 Recovery Housing Environmental Scan*. This document represents our commitment and ongoing support of housing for people in recovery from substance use disorder. As a social determinant of health, access to quality housing can mean improved health outcomes, decreased healthcare costs, and enhanced quality of life. And recovery housing is about more than residential stability and the benefits of safe, affordable housing; it emphasizes the importance of connecting to a community of people in recovery that help navigate the challenges and celebrate the successes of a life in recovery.

Since 2015, Ohio has invested over $80 million in recovery housing, conducting rigorous research into the existing housing infrastructure, expanding capacity, developing best practice protocols, and formalizing our recovery housing work into law. At the time of this writing, Ohio's recovery residences serve some 5,488 people, including pregnant women, families, members of underrepresented populations and Ohioans returning to their communities following incarceration. Ohio's person-centered, equity-based, statewide approach has distinguished Ohio as a national leader in the field.

These many successes would not have been possible without the partnerships with Ohio Recovery Housing, the local alcohol, drug addiction, and mental health (ADAMH) boards, Ohio's state legislature, and the committed operators of Ohio's recovery homes.

Our work is not done. This report brings into focus the need for Ohio to continue the evolution of recovery housing so that it is more plentiful, safer, more inclusive, sustainably financed, and continues to be responsive to the changing needs of Ohioans and the communities in which they live, work, and play.

Lori Criss, OhioMHAS Director

Glossary

behavioral health: For the purposes of this report, *behavioral health* includes the promotion of physical and mental health; well-being; resilience; and recovery, including treatment of and recovery support for mental and substance use disorders.

house manager: An individual assigned leadership responsibilities. House managers are in recovery and live in the residence. They provide administrative support as well as peer support, and are role models for other residents.

MAT: *Medication-assisted treatment*. Individuals in recovery from *opioid use disorder*, or *OUD*, may use FDA-approved medications such as buprenorphine, methadone, or naltrexone to aid in their recovery process, as prescribed. Sometimes referred to as *medication-assisted recovery* or *MAR* to emphasize a person's commitment to recovery and abstinence from illicit drugs as part of their treatment and recovery pathway.

multiple pathways to recovery: There are multiple avenues to recovery that are dependent on a person's experiences, needs, preferences, culture, and socioeconomic status. Recovery is a personalized experience that should incorporate a range of services, supports, treatments, and other resources that build on an individual's strengths and resources.

owner: Person who owns the recovery residence. Often, the owner is also the operator.

operator: Recovery residence staff member who supports the administrative operations, oversees services and supports, and helps cultivate a sense of community and responsibility within a residence.

recovery housing: A family-like living environment free from alcohol and illicit drug use, for residents in recovery from a substance use disorder. Recovery homes provide communities that center on peer support and connections for residents to improve their overall well-being and gain skills and resources to sustain their recovery. Also known as *recovery residences*, *sober homes*, or *sober living*.

relapse: A recurrence of substance use disorder symptoms.

resident: An individual who has chosen to reside within a recovery residence, which typically involves an application process and a resident agreement which may include specific responsibilities related to fees and household duties, maintaining one's own recovery and supporting a recovery environment for others in the home, and abstaining from alcohol and illicit drug use.

DEFINING RECOVERY HOUSING FOR THE 2021 ENVIRONMENTAL SCAN

In Ohio, recovery housing means "housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance" (Ohio Legislative Service Commission, 2017).

The National Alliance of Recovery Residences (NARR) defines recovery housing as "sober, safe, and healthy living environments dedicated to promoting recovery from alcohol, drugs and other associated problems."

NARR established four levels of recovery housing that offer differing levels of support for residences. NARR recognizes recovery homes that offer clinical treatment services on-site as Level IV recovery residences. The State of Ohio considers these settings residential treatment facilities, which must be licensed by OhioMHAS.

This report focuses on Levels I–III. To be considered a Level I, Level II, or Level III recovery home, the home must do the following:

- Maintain a drug and alcohol-free living environment
- Maintain a resident-driven length of stay
- Not offer clinical treatment services in the same building as the recovery home
- Provide recovery support services to residents at the home
- Allow residents to have free choice of service providers
- Maintain a property owner–tenant relationship with residents
- Issue resident agreements which may include specific responsibilities related to fees and household duties, maintaining one's own recovery and supporting a recovery environment for others in the home, and abstaining from alcohol and illicit drug use

Four Levels of National Alliance for Recovery Residences (NARR) Recovery Housing

1. **Level I Houses:** Peer-run houses that operate democratically, generally without paid positions. Services include drug screenings and house meetings. Housing often provided as shared living within a single-family residence.

2. **Level II Houses:** Residences monitored by house managers or senior residents. Clinical services are unavailable on-site, but there may be drug screenings, house meetings, and peer-run groups. Houses have structure and rules for residents. Housing often provided as shared living within a single-family residence.

3. **Level III Houses:** Supervised houses that have an organizational hierarchy with policies and procedures in place to facilitate recovery and staffed by a facility manager, certified staff, or case managers. Services emphasize life skills development and using clinical services within the community; programs provide limited services. Housing is in various types of residential settings.

4. **Level IV Houses:** Offered through a service provider with an organizational hierarchy, clinical supervision, and administrative oversight. Clinical services are in-house. Level IV residences are often a *step-down house* within a continuum of substance use treatment and recovery supports. Housing is typically within a treatment center or institutional setting. (The State of Ohio considers Level IV houses *residential treatment* that requires licensure by OhioMHAS.)

Recovery Housing in Ohio: Landscape and Accomplishments

Substance Use and Recovery Housing in Ohio

Housing is an essential recovery support. For people in recovery from a substance use disorder, having access to housing that is safe, stable, and affordable is paramount. Often, this means opting to live in a recovery home for the explicit purpose of supporting one's recovery.

Recovery housing in Ohio is growing, although availability varies widely throughout the state. As of July 2021, there were 582 known residence across the state, serving more than 5,488 Ohioans at any one time. As of August 2021, Ohio Recovery Housing (ORH) had certified 268 recovery housing properties statewide, with the ability to serve a total capacity of 2,306 people (see Table 1). There is at least one recovery residence in 76 of Ohio's 88 counties. As of July 2021, four of Ohio's counties had 45 or more recovery residences. These counties were Cuyahoga (74), Franklin (66), Montgomery (48), and Hamilton (44), which are Ohio's second, first, fifth, and third most populous counties, respectively.

Recovery housing access and options tend to be more limited in rural areas, as reflected in the numbers of known recovery residences in the least populous counties of Vinton (1), Monroe (0), and Noble (0) Counties. In rural areas overall, there is often a lack of operators as well as a lack of diversity to meet different population needs (for example, residents on medication-assisted treatment; women and families; faith-based and other recovery pathways; and other racial, cultural, and gender-responsive considerations).

In some cases, local boards of Alcohol, Drug Addiction and Mental Health (ADAMH) can contract with service providers and recovery housing operators outside of their county to improve access and options.

Recovery housing capacity across Ohio is an indicator of how prepared Ohio is to continue responding to substance use as a public health crisis. In 2019, the Health Policy Institute of Ohio (HPIO) reported on health concerns across the state and identified that addiction is a major factor contributing to Ohioans' poor health. Other reports have documented trends that overdose deaths are on the rise in Ohio in 2019 and 2020, following a decrease in 2018 (Cauchon, 2020).

Table 1: *Certification Status of Known Recovery Residences across Ohio*

Resource	Total	Certified	Active applicant	Not certified
Residences	582	**268**	73	314
Beds (if known)	5,488	**2,306**	539	3,182

In 2020, the COVID-19 pandemic appears to have accelerated overdose rates (Centers for Disease Control and Prevention [CDC], 2020). HPIO emphasized that Ohio's substance use prevention and treatment network, including recovery services, uses a patchwork approach, which means that there are gaps and unequal access (Health Policy Institute of Ohio [HPIO], 2019). National trends also reflect such barriers to accessing substance use disorder treatment and recovery services. For example, in 2019, almost 19 million Americans over the age of 12 with a substance use disorder did in the past year did not receive treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). In Ohio, according to the 2017 and 2018 National Surveys on Drug Use and Health, an estimated annual average of 646,000 people ages 12 and older needed but did not receive substance use treatment (SAMHSA, 2019).

For many individuals, having access to evidence-based treatment is lifesaving. Treatment is often the entryway for a range of recovery support services. For example, almost two-thirds (63 percent) of Ohio recovery housing residents who reported 30 days substance-free before move-in were also in residential treatment for the past 30 days. This finding demonstrates the importance of treatment as a pathway into recovery housing. With similar trends in other states, Ohio is not alone in its ongoing efforts to address the unmet demand for substance use disorder prevention, treatment, and recovery services and supports across the lifespan.

Accomplishments in Ohio Since 2013

The first environmental scan of recovery housing in Ohio took place in 2013 and included several recommendations. In the seven years that followed, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and its partners and collaborators made great progress toward implementing these recommendations and strengthening recovery housing visibility, infrastructure, access, and quality for people in recovery from a substance use disorder. Today, Ohio is a national leader among states that aim to support and expand recovery housing in an ongoing way.

Following the 2013 report, OhioMHAS provided financial, technical, and infrastructure support to execute the report's recommendations. These actions resulted in several key accomplishments. At the state level, **the Ohio Revised Code (Section 340.01 (A)(3)) defines and codifies recovery housing**, which remains a priority for the agency. Driven by county Boards of ADAMH, recovery housing is now a required component in community planning.

Since 2015, OhioMHAS has distributed approximately **$80 million in funding** to support recovery housing, including capital and operating expenses, with plans to continue allocating funding while also promoting quality and sustainability for recovery housing operators. Funding sources included dollars from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment Access to Recovery (ATR) grant; State Opioid Response (SOR) and SOR 2.0 programs; Ohio's General Revenue Fund (GRF); and the Ohio Capital Fund. This state funding amplified local county board investments in recovery housing initiatives. These investments were critical in scaling recovery housing access and quality. OhioMHAS was also successful in **engaging other state agencies to partner** to build knowledge and awareness about recovery housing; collaborate across systems; embed recovery housing as an essential resource within the continuum of services and supports; and secure additional funding, vouchers, and tax credits to enable access and expansion.

OhioMHAS identified the need for an organization to develop and support quality recovery housing standards. To address this need, OhioMHAS partnered with the Ohio Council of Behavioral Health and Family Services Providers to establish **Ohio Recovery Housing** in 2014. This partnership was vital to developing and nurturing recovery housing infrastructure and building a voice for the advancement of recovery housing across the state. The Ohio state affiliate of National Alliance for Recovery Residences (NARR), ORH provides infrastructure and support to recovery residence operators and stakeholders, including training, technical assistance, quality reviews and certification, and network development. ORH also acts as a collaborative partner in conjunction with OhioMHAS, recovery housing operators, and state stakeholders, a key role that does not exist in many states. ORH offers one pathway to voluntary certification for Level I, II, and III homes. Other certifying bodies, such as CARF (Commission on Accreditation of Rehabilitation Facilities) and Oxford House, also offer formal recognition for meeting national standards. OhioMHAS licenses Level IV recovery homes as residential treatment facilities. Additionally, all recovery housing operators receiving government funding must comply with OhioMHAS' Quality Housing Criteria.

Since creating their **quality review process for Level I–III homes in 2015**, ORH has certified 268 properties as of August 1, 2021. ORH developed a **centralized, publicly available database of recovery residences**, which many environmental scan participants described as being helpful in locating recovery housing for themselves or others. Participation in the database is voluntary and includes information about a home's location, level, certification status, and other details that may be useful to a prospective resident. Before the creation of this database, people in recovery did not have a streamlined way to seek recovery housing in Ohio, nor to assess whether a specific home's characteristics would meet their needs. ORH provides valuable technical assistance to recovery housing operators—including those not certified or affiliated—and develops best practice guidelines for addressing emerging and critical issues.

In 2016, ORH launched outcomes data tools, comprised of resident surveys and a data dashboard that support operators in collecting data at multiple time points during a resident's stay. OhioMHAS requires that any operator receiving state funds use the tool, which is also available free of charge to other recovery homes. These data are helpful for continuous quality improvement and for reporting to funders and other stakeholders.

Efforts by OhioMHAS and its collaborative partners helped to create a common language around recovery housing and a unified message to clarify knowledge gaps or misconceptions. This messaging resulted in more consistency, standardization, and higher quality among recovery housing across the state. Ohio's concentrated efforts have helped to encourage certification and the adoption of quality standards, and to formalize the field of recovery housing, including the roles of operators, peers, house managers, and other staff members.

In collaboration with several partners including ORH, OhioMHAS fostered a **shift in knowledge, culture, and policies** related to recovery housing in Ohio. Overall awareness of recovery housing has grown, especially among stakeholders outside the recovery continuum. Environmental scan participants indicated that now **recovery housing is embedded within the substance use treatment and recovery continuum** and viewed as a robust, essential resource. County Boards of ADAMH incorporated recovery housing into the full continuum of care, and many ADAMH boards work closely with area agencies across the continuum to ensure that treatment providers and recovery houses are well-trained, well-informed, and closely connected. These activities helped to improve access, quality, and inclusion for recovery housing operators and residents alike while fostering awareness of recovery housing models and the legitimacy, value, and benefits of housing as a critical recovery support.

Reflective of the national landscape, Ohio is successfully navigating various key trends and issues. For example, as the United States responded to the opioid epidemic, Ohio secured and distributed federal funds to recovery housing operators that support residents with OUD. This has meant **increased education, acceptance, and capability related to medication-assisted treatment (MAT)** across the continuum, including among recovery houses**.** At least 62 certified recovery homes of the 582 known recovery homes across Ohio accept clients using MAT. This is likely an undercount since the 157 homes were those receiving State Opioid Response funding, which required accepting MAT in the recovery home. The widespread acceptance and adoption of MAT is a notable difference since the first recovery housing environmental scan in 2013. At that time, there was minimal focus on MAT as being an explicit, well-supported recovery pathway.

In combination with counseling and recovery supports, MAT is one of the most effective modalities for addressing OUD. Nationally and in Ohio, this focus on OUD and MAT has resulted in a shift within parts of the recovery community toward accepting medication as a viable and lifesaving component of recovery plans for many individuals. Related to the growing acceptance of MAT, more recovery community members are **embracing the concept of multiple pathways to recovery**. This includes not only incorporating medication when needed, but also embracing recovery supports and programming that extend beyond traditional 12-step pathways, such as SMART Recovery and Celebrate Recovery. This acceptance is an important step toward promoting equity and inclusion, as more recognize various recovery pathways and value them for their ability to meet the needs of diverse groups. As recovery housing stakeholders look ahead, they see a need to find more ways to support residents who do not have a primary OUD diagnosis as they seek recovery housing and other treatment and recovery support resources on their own pathways.

Throughout most of 2020, Americans grappled with the global coronavirus pandemic. Like most organizations and businesses, recovery residences felt the economic and operational burden of COVID-19, including increased costs, reduced capacity, and concerns about virus transmission to residents and staff. The pandemic affected residents as they balanced social distancing and safety precautions with their recovery and social support needs. Often, these circumstances resulted in a reduction of available recovery supports or a transition to new, virtual ways of seeking services and supports. With continued financial and technical support from OhioMHAS and ORH, recovery housing operators were largely able to **adapt to COVID-19 guidelines and best practices**. Support included emergency funding, distribution of cleaning supplies and personal protective equipment, training and technical assistance, email and help hotlines, best practice guidelines, and regular conference calls for operators and OhioMHAS. At the time of this report, the need for financial and other support is ongoing as pandemic circumstances evolve.

In a relatively short time, OhioMHAS and its partners and collaborators have made significant progress to increase recovery housing access and quality.

Looking Ahead

In a relatively short time, OhioMHAS and its partners and collaborators have made significant progress to increase recovery housing access and quality. As a result of these and other accomplishments, Ohio is in position to continue growing the recovery housing community and promoting quality, certification, and equitable access statewide. Ohio is also prepared to confront the challenges ahead as local and national contexts evolve. For example, Ohio is anticipating the potential impact of the State's Section 1115 Substance Use Disorder Demonstration Waiver developed in collaboration with OhioMHAS and the U.S. Centers for Medicare & Medicaid Services. Ohio's substance use disorder demonstration waiver aims to support a comprehensive continuum of care for Medicaid-enrolled individuals with an opioid use disorder or other substance use disorders. The demonstration expands Ohio's efforts to increase support for individuals in the community and at home — outside of institutions — and improves access to a continuum of high-quality, evidence-based services based on clinical guidelines set by the American Society.

Locally and nationally, the evolution and impact of the COVID-19 pandemic is unknown, although it will likely continue to affect government budgets, nonprofit and small business finances, and operations among service providers. Additionally, among people with substance use disorders, communities of color are often the most marginalized. Increasingly, we see racial inequities recognized and addressed nationwide. Ohio is undertaking efforts to address such inequities in access to care, especially among populations marginalized by racism, such as African American and Latinx communities. Efforts to build equity and develop culturally responsive recovery housing will also help address gaps in access for other marginalized groups, such as women and families, transition-age youth and young adults, people who identify as LGBTQ+, individuals with criminal justice involvement, and others experiencing barriers.

In the years ahead, Ohio will work with the recovery housing community to support funding diversification with the goal of enabling long-term sustainability. Building on initiatives taking place across the behavioral health system, Ohio is prepared to further public education, reduce stigma, and strengthen referral and entry pathways to quality recovery housing. As a national leader, Ohio will continue to both inform and adopt national recovery housing guidelines and best practices as they evolve in the field.

Throughout this 2021 environmental scan report, we discuss these and other themes in detail and we offer recommendations drawn from the research. A summary of all recommendations is in Appendix A.

2021 Environmental Scan Themes: Findings and Recommendations

This section presents findings and recommendations, organized according to eight themes that emerged during the 2021 environmental scan:

- Access and Referrals
- Medication-assisted Treatment
- Equity
- COVID-19 Pandemic
- Quality and Certification
- Recovery Housing Policy
- Recovery Supports
- ORH Outcomes Tool

There is relevant background information for each theme, and our recommendations fall into three categories:

- Policy and planning
- Research
- Practice and training

Access and Referrals

Background

Over the past decade, recovery housing became better defined, understood, and supported in Ohio and the nation. With leadership from the National Alliance for Recovery Residences and innovation by various state agencies, NARR state affiliates, and other stakeholders, recovery housing became recognized as an essential part of the continuum of prevention, treatment, and recovery for substance use disorders. Within Ohio, recovery housing is required as part of local continuums of care and now codified within the Ohio Revised Code Section 340.01 (A)(3) (Ohio Legislative Service Commission, 2017). Together with state general revenue funds to support this work in Ohio, federal resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA) have supported technical assistance to advance recovery housing. Across other states, federal opioid response dollars have also been allocated to support recovery housing.

Using state and federal resources, Ohio invested more than $80 million in recovery housing since 2015. Funding sources included grants from SAMHSA's ATR, SOR and SOR 2.0 programs, as well as Ohio's GRF and Capital funds. This state funding amplified the existing investments made by local county boards that invested locally available dollars on recovery housing initiatives. These investments resulted in statewide improved recovery housing capacity, access, and quality. OhioMHAS has also invested an additional $1.5 million in funding for technical assistance, trainings, and work to collect outcomes that will assist in sustaining the overall investment.

In 2014, OhioMHAS recognized the need to establish a NARR state affiliate, resulting in the formation of Ohio Recovery Housing, one of 28 active NARR affiliates across the United States. ORH has been a key partner in OhioMHAS efforts to build a statewide infrastructure and establish a centralized network and voice on behalf of recovery housing operators. ORH offers one pathway to certification for interested recovery housing operators that identify as Level I, II, or III. Currently, Ohio considers Level IV homes residential treatment that OhioMHAS must license. Other certification pathways for recovery housing operators include CARF and Oxford House. OhioMHAS also established Quality Housing Criteria that are required by recovery housing operators that receive government funding. Certification and other quality standards help to encourage use of best practice guidelines; certification status also conveys quality and confidence to prospective residence, other recovery housing stakeholders, and referral sources.

These capacity-building efforts improved access to recovery housing for those who need it, although gaps persist for various communities and populations. For example, in Ohio in 2017 and 2018, an estimated annual average of 646,000 people ages 12 and older needed—but did not receive—substance use treatment (SAMHSA, 2019). In 2019, HPIO found that addiction was a major factor in Ohioans' poor health and that the continuum of substance use disorder support used a patchwork approach, leading to service gaps and unequal access. These observations reflect national trends and are critical indicators of unmet need for recovery housing and access to other substance use treatment and recovery supports.

In addition to gaps in services and systems, stigma often marginalizes people who experience substance use disorders, affecting access to treatment and recovery support resources. Individuals who believe that others will judge or isolate them after they seek help tend to have lower self-esteem, recovery capital, and hope, which are all key characteristics to recovery (Ashford et al., 2019; Jason et al., 2016). When individuals can overcome stigma, they can access a supportive community that increases their likelihood for success in recovery while also improving general wellness and decreasing symptomology (Polcin et al., 2016). Membership in a recovery community can build an individual's social identity and self-esteem, ultimately providing a person with the hope and self-efficacy to power through an oftentimes long, arduous recovery (Ashford et al., 2019; Dingle et al., 2015; Miles, 2019). Recovery housing and recovery community organizations (RCOs) often provide these and other essential recovery supports.

As a result of the significant investment and support provided by OhioMHAS in recent years, access to recovery housing has improved since the first environmental scan report in 2013.

> Access challenges include ". . . accessing intensive treatment, or the lack of intensive treatment available for people who need immediate assistance to get their bearings and reenter the home is an issue. Access to what people need as their needs ebb and flow. We need a continuum where people can be slotted with ease based on their need."
>
> ***— Community Stakeholder***

Findings

As a result of the significant investment and support provided by OhioMHAS in recent years, access to recovery housing has improved since the first environmental scan report in 2013. This improvement is partially related to the increased education and awareness fostered by OhioMHAS and other collaborative partners including ORH. As more people have become aware of what recovery housing is and is not, its value, and where to find it, more individuals and families have been able to access recovery housing. As is the case across most continuums and systems serving people with substance use disorders, however, gaps remain in how many beds are available for those who need them. This is especially the case for populations such as women and families, individuals from communities of color (Lo & Cheng, 2011), LGBTQ+ individuals, people with certain criminal histories, and others. Currently, it is unknown how many of Ohio's recovery homes target LQBTQ+ individuals or meet a level of cultural competence to serve this population or others who have been systematically marginalized. Due to discrimination and racism, people with marginalized identities experience structural barriers throughout behavioral health systems that can compound challenges to accessing community-based recovery supports. Fragmented referral pathways, including recovery homes that are closely connected to treatment services, may add difficulties for an individual trying to access the right recovery housing and meet their needs (Mericle et al., 2019).

Overall, the affordable housing crisis in Ohio and nationally is worsening the challenges to accessing recovery housing. This housing shortage makes it harder for operators to open and sustain homes, and makes it harder for residents to exit recovery housing into independent housing and open a slot for the next person on the waiting list.

ADAMH boards incorporated recovery housing into the full continuum of care offered; however, some ADAMH board staff commented that ongoing work is needed to address health equity and specific populations' needs, such as LGBTQ+ individuals, youth under the age of 18, women, families, and others. Many ADAMH boards work closely with area agencies across the continuum to ensure treatment providers and recovery house staff are well-trained, well-informed, and closely connected. As a result of the requirements to have a complete continuum of care, ADAMH boards have worked toward ensuring that at least one recovery house exists in each county, thereby addressing a gap of need in counties where recovery housing was previously unavailable.

Over recent years, access improved for people who are using MAT to manage an opioid use disorder. With funding support from SAMHSA's SOR grants, OhioMHAS was able to increase education and reduce stigma associated with MAT as one of many viable pathways for a person's recovery. This shift in attitudes resulted in more operators accepting and supporting residents with MAT, taking steps to foster a culture of acceptance among recovery housing residents and staff and ensuring safety related to medication storage and administration (*also see the MAT theme*).

Findings from the environmental scan related to access and referrals fall into three categories:

1. **Gaps and barriers**
2. **Employment, income, and funding**
3. **Referrals and choice**

1 Gaps and Barriers

- **Gaps in access remain, although they are difficult to quantify across counties and communities.** Many respondents noted challenges in accessing recovery housing. These gaps may depend on an overall lack of availability in specific areas, long waiting lists, or limited housing to serve special populations, such as families with children, transition-age youth and young adults, LGBTQ+ individuals, or individuals from communities of color, especially Black and Latinx populations. A few past and current residents related a different experience, where recovery housing was readily available but that the first available home did not necessarily met their needs well. Such variation is expected as the organization and funding of recovery housing resources is relatively new, and many factors contribute to housing stock, services, and opportunity in any given community. Additionally, despite significant progress in educating stakeholders about recovery housing, many operators still struggle with NIMBY (not in my back yard) opposition from local residents, as well as a general lack of understanding at city, county, and commission levels.

  Assessing recovery housing stock and specific gaps in community availability is challenging. In 2019, Vermont undertook an analysis at the county level to inform state planning for recovery residences (Ryan, 2019). Currently, Ohio is considering ways that may help to gauge capacity demands at the community level, including the possibility of gathering demand and capacity data from operators and boards.

- **Waiting lists remain a challenge.** Many respondents observed that long waiting lists are an ongoing challenge for individuals seeking recovery housing. Lengthy wait times and interview procedures may result in a person moving on before a bed becomes available. Screening and assessing a person's needs and preferences, however, is important to promote a quality experience, as specified by NARR's Code of Ethics (NARR, 2016). During COVID-19, this was initially less of a concern for homes, as people were uncomfortable opting into congregate living settings. As the pandemic progressed, recovery housing operators saw the demand for recovery housing remain steady or grow.

- **Rural areas experience additional gaps in access.** Rural areas often experience more significant gaps in services than urban areas. Issues such as a lack of affordable housing stock, transportation, and employment can make it difficult to open and sustain recovery housing at scale to meet residents' needs. These shortages result in longer lengths of stay in rural areas, as it is difficult for residents to exit to safe, affordable, independent housing. Several ADAMH boards in rural areas struggle to find available recovery housing operators or have limited options when making referrals and funding decisions or seeking operators that support diverse pathways and populations. Rural recovery homes embedded within or in close partnership with larger service organizations that can help provide funding or in-kind resources to sustain operations tend to fare better.

- **Racial inequities drive gaps in recovery housing capacity.** A few operators noted disproportionalities when comparing house residents to other residents; for example, an operator may observe that a home hosts mostly White individuals despite the neighborhood having a large Black, Latinx, or Indigenous population. A lack of equity can undermine choice and public health efforts to improve recovery outcomes at the population level. Operators describing NIMBY opposition observed that this disproportionality among house residents is often the case when seeking to open a home in an area with stronger economic opportunities. In these cases, operators may limit access for people with specific criminal histories to appease neighbors. This limitation further exacerbates equity and access, as people of color are disproportionately represented in prisons and jails and therefore unable to access available housing. Furthermore, communities of color often face barriers within health and social services systems more broadly, which can have a downstream effect on a person's ability to find, enter, and sustain recovery housing or related recovery resources.

- **Racial inequities and other barriers for marginalized populations may be invisible to operators and stakeholders.** Operators reported that they are committed to creating welcoming environments for all their residents, regardless of race, ethnicity, gender, age, or sexual identity. This commitment is essential for anyone providing services and supports, especially in a congregate setting. Different individuals, however, may have varied needs for a range of reasons. For example, in addition to meeting specific cultural needs, age matters. Young adults in recovery are in a key developmental stage, and they need supports and skills that are developmentally appropriate and different from the needs of older adults.

  To ensure equity in how communities make recovery housing available, operators and other stakeholders must understand who they serve, who is underserved or not served at all, and what policies and practices can create equitable access, experiences, and outcomes for all. Others observed that prospective residents are not voicing a need for more culturally competent care. As a national leader in recovery housing, Ohio can lead the way in equipping operators with information and tools to drive equity and cultural responsiveness for people of all races and backgrounds and to engage residents and other stakeholders in doing so. ORH began this work by using outcomes data to compare residence demographics to local demographics and engaging operators

in this process. ORH will be releasing practical guidance and tools that will help operators conduct and disseminate these types of analyses on their own. Additionally, quality standards require cultural competence training for operators.

- **Stigma is a barrier to people accessing recovery housing and other supports.** Often, individuals seeking treatment and recovery support for themselves or a loved one may not know about the range of services available until they need them. Even when they do need support, reaching out and navigating the behavioral health system may be challenging due to stigma and fragmentation of services and supports. These barriers may limit people's ability to connect to the right service and supports when and how they need them.

2 Employment, Income, and Funding

- **Access to funding and business-oriented technical assistance is critical for operators to open and sustain homes.** Ohio has been able to invest significantly in growing the infrastructure and quality of recovery housing. Resources have included federal and state funds, county tax levy dollars, and other resources. Funding has been critical for operators to open and sustain homes and support residents, especially those with OUD. Being able to access this funding has helped to increase the number of homes and beds across Ohio, including the number of homes that have opted to certify or affiliate with the ORH network. Some operators succeed in diversifying funding sources beyond state funds; others struggle to do so and would benefit from technical assistance to support business practices and sustainability planning. Other funding streams include resident rent payments, donations, fundraising events and activities, and other grants. In some cases, operators may be able to seek Medicaid reimbursement for some substance use recovery support services, though capacity to do so among independent operators is especially limited. Residents who are also receiving clinical services outside of a residence may be utilizing Medicaid benefits to support ongoing substance use treatment and recovery support services.

- **Employment is critical for both residents and operators to support ongoing access to recovery housing.** Throughout the environmental scan process, respondents repeatedly named employment as a primary priority. It is essential for residents to be able to earn an income, begin to overcome financial challenges, build skills, and spend their days occupied in pursuit of a purpose. Most operators rely in part on residents paying a portion of rent, even if not right away. If a person is unable to work for an extended period, this unemployment challenges the resident and operator alike. During the COVID-19 pandemic, unemployment was particularly challenging as many residents were unable to work due to safety considerations in the workplace or recovery residence, creating financial strain. Many operators maintain innovative social enterprise businesses that can both yield revenue to support operations while providing employment and workforce training to residents who are in early recovery. While these models are valuable for sustainability and recovery support, many homes halted or slowed business activities due to COVID-19.

- **Recovery housing operators felt that resources were most available for individuals with opioid use disorder.** Many operators and stakeholders expressed concern that given the requirements tied to current federal funding for OUD, they were unable to support individuals with addictions to other drugs or alcohol. This is supported by ORH outcomes data that show 49% of residents report an alcohol use disorder. Others noted that operators need to diversify funding strategies to ensure that they can serve all residents, including residents who might struggle to find employment due to their age, education, skills, work experience, or criminal convictions. The new round of federal opioid response funding will have added flexibility to serve people with addictions to additional substances beyond opioids.

- **Recovery housing operators do best when they engage and integrate within the continuum.** Operators who struggle to access funding resources tend to be less integrated within their local and broader continuums, from county boards to RCOs, and other systems that may touch people who are in recovery. Operators may need assistance to conduct the necessary strategic outreach and engagement to build these relationships.

3 Referrals and Choice

- **ADAMH boards play a key role in supporting recovery housing operators and access.** Ohio requires county ADAMH boards to incorporate recovery housing into their local continuum. This local emphasis on planning may help to identify location-specific gaps and needs and to plan resources accordingly. Many ADAMH boards actively included and supported recovery housing in their counties through both funding allocations and inclusion as key stakeholders in training, meetings, and other system activities. In other counties, ADAMH boards opted to prioritize recovery homes connected to clinical treatment agencies. This practice can hinder access by reducing referrals to recovery homes that may be providing high-quality recovery support and housing, yet they are not connected to treatment agencies. Additionally, some ADAMH boards are challenged by how to interpret guidance related to contracting with recovery housing operators who are not licensed by OhioMHAS or otherwise certified.
- **For residents who can connect quickly to recovery housing, the options are not always reflective of their choices, preferences, or needs.** Residents reported their experiences of opting into the first recovery home that called them or had an available bed. Under some circumstances, residents preferred going into recovery housing to remaining on a lengthy waiting list. In these cases, however, residents found these homes did not always meet their needs, and they moved to other settings. Additionally, primary referral pathways remain word of mouth or referrals when exiting treatment or jail. These fragmented pathways may limit people's awareness of available options and undermine choice and the opportunity to assess mutual fit. Data from the ORH outcomes tool indicate that an average length of stay for Ohio recovery housing residents is approximately five months, which is lower than the recommended minimum of six months that is reflected in outcomes research. Further research is needed to identify factors that might be leading to a limited length of stay.
- **Many recovery homes have opened as part of multiservice treatment agencies.** In recent years, many treatment centers opened recovery homes as part of their multiservice system, often as a formal or informal step-down setting. In some cases, this means that a recovery housing resident must continue to engage in outpatient services with the treatment center once they enter a recovery residence, or at least engage for a time (Mericle et al., 2017). Often this is a welcome and supportive resource for residents; others expressed a desire to have more choice when selecting a recovery residence after treatment. In extreme circumstances, such arrangements could lead to incentives, kickbacks, or other fraudulent practices based on a person's placement in a specific program.
- **Prospective residents, especially those exiting prisons and jails or those experiencing homelessness, do not always understand their housing choices.** Respondents reported that a few individuals who are eligible for recovery housing resources may not choose these resources because the county does not offer them, or the individual may perceive recovery housing to be restrictive. For example, individuals exiting prisons or jails may prefer to live in housing with fewer rules after their experience of incarceration. Similarly, some individuals who are homeless and struggle with substance use may be eligible for recovery housing, but they do not see themselves as needing recovery housing or they may think that the program would not benefit them. Choice is essential for recovery housing residents. Outreach and community education can inform prospective residents about the resource, subsequently meeting the needs of more Ohioans who would benefit from and choose to live in a recovery-focused housing environment.

> "I think adhering to fair housing practices, first come, first serve . . . peer interviews are a best practice, but can be a two-edge sword so to speak. Many of our recovery housing, they share chores, resources, you want to assure people are a good fit for the home. Helps people are accountable and are serious about your recovery but it also does go the other way where someone could use the peer interview to discriminate against people they don't want in the home for personal reasons. We do use peer interviews to some degree at our homes and we watch it closely because we want to make sure it's fair."
>
> ***—Community Stakeholder***

- **Operators recognize that prospective residents have different needs and are at different stages of change.** Many operators described the need to assess a person's stage of change, along with other characteristics, to best align their current needs with a recovery housing setting. Assessment can help individuals find a residence that has the strongest mutual fit, and therefore a stronger possibility of success. Living with people who are at different stages of change can be helpful in promoting recovery and peer support. Depending on the available recovery housing capacity in any given community, it may be difficult to align a person's needs with available housing. Some operators try to assign roommates based on people's preferences and backgrounds to strengthen peer support and a sense of community and shared experience. Some residents and operators reported that they use peer interviewing as a part of the application and intake process to ensure a good fit for residents already in the recovery house as well as the new residents moving in. Operators observed that staff must conduct this interview process in a mindful, careful way as it is a potential area for discrimination.
- **Stakeholders envision a continuum of recovery housing options where a person can move up and down levels at various times to meet their needs.** An ideal continuum includes a range of recovery housing options representing different levels and locations, and having the ability to meet the unique needs of specific populations. The RecoveryOhio initiative reflects this vision, which encourages stakeholders to improve the continuum of mental health and substance use services and supports for Ohioans. The continuum would feature recovery housing along with prevention, treatment, recovery, wellness, and housing stability resources. Such a continuum would allow individuals to move within—and in and out of—services and housing over time as their needs change. To achieve this type of recovery housing continuum, stakeholders will need to continue growing recovery housing capacity that reflects local needs, ensure equity and cultural competence, and foster quality and transparency within the homes and across the continuum. As Ohio explores the potential impact of the state's Section 1115 Substance Use Disorder Demonstration Waiver submitted in 2019 by the Ohio Department of Medicaid, the waiver may yield new opportunities to expand and integrate the continuum of behavioral health services and supports and better meet the needs of Ohioans.






Recommendations

POLICY AND PLANNING

- Identify anticipated gaps and inequities that may occur when funding streams limit grantees to serving only individuals with certain addictions or specific diagnoses.
- Enhance consumer and public education and outreach within and beyond treatment, recovery, housing, and criminal justice systems. Focus on reducing stigma surrounding substance use and recovery, educate the community about available services and how to access them, and clarify expectations about housing quality and residents' rights. Engage with RCOs and other recovery stakeholders to design and execute such outreach initiatives.
- Using an equity framework, assess how operators market recovery housing and how individuals access housing.
- Engage cross-system stakeholders to identify and redress inequities in behavioral health and adjacent and upstream systems.
- Explore policy changes that could reduce barriers for individuals in substance use recovery who also have specific criminal offenses. Such policy changes could support people in finding and sustaining housing and employment, both of which are essential long-term recovery supports.
- Conduct outreach to courts, judges, and other key stakeholders in the criminal justice system to further awareness about substance use and recovery, reduce stigma and other attitudinal barriers to recovery, and educate stakeholders about recovery housing resources and quality.
- Support recovery housing operators in engaging with other relevant systems such as criminal justice, and in identifying and leveraging resources and strategies that support people in recovery.
- Explore solutions to resolve lack of transportation in rural areas.
- Investigate solutions that will incentivize employers and promote training and jobs that achieve livable wages for people in recovery.
- Look at the impact of the state's Section 1115 Substance Use Disorder Demonstration Waiver, and when available, disseminate this information and any associated guidelines to recovery housing operators and other stakeholders.
- Explore financing models that will support the development, expansion, and sustainability of recovery housing models for the long-term. Include how financing models may vary by level.

RESEARCH

- Identify ways to monitor demand for recovery housing, perhaps by extending the use of ORH's outcomes tool and waiting lists, and finding additional ways to measure unmet needs in communities served.
- Conduct research to assess the true demand for recovery housing and its types, levels, and characteristics at community, county, or state levels. Such research could help to inform an intentional development plan for recovery housing.
- Support research to assess the impact of length of stay, resident subsidies and self-pay strategies, and other related factors that may drive outcomes.
- Support research on the recovery housing needs of specific populations, as well as on the value and outcomes of providing culturally specific recovery housing.

PRACTICE AND TRAINING

- Prioritize training on sustainability and business planning to ensure that Ohio maintains its current recovery housing capacity even as state and federal budgets fluctuate.
- Offer enhanced cultural competence and equity training to prompt operators to ask questions about who is served, who is not served, and how well operators are delivering services.
- Explore referral pathways and identify gaps that could undermine access, equity, and choice.

Equity

Background

Among people experiencing a substance use disorder, individuals from Black, Latinx, and Indigenous communities often experience the most significant barriers to care, along with other groups who are systematically marginalized due to sexual and gender identity, socioeconomic or housing status, geographic location, disabilities, and other factors. The COVID-19 pandemic reflected and exacerbated these persistent health inequities. Additionally, across the United States, the call to initiate and sustain anti-racism efforts across systems is growing and urgent. Disparities among systematically marginalized populations, however, are long-standing and well-documented as many American institutions embark on equity initiatives in earnest for the first time.

In 2019, HPIO identified that Ohioans who are racial or ethnic minorities have lower incomes or educational attainment, are sexual or gender minorities, are living with disabilities, or living in rural or Appalachian counties experience poorer health outcomes and face barriers to being healthy (HPIO, 2019). Black and Latinx individuals across the United States face increased barriers to substance use treatment both in general and specifically to quality substance use treatment due in part to lower employment rates when compared to White individuals. Lack of employment can affect a person's access to employer-based private health insurance (Matsuzaka & Knapp, 2019). This lack of insurance creates a significant barrier to receiving recovery housing and other recovery supports given that treatment serves as a major referral pathway to additional services. When cultural adaptations are available, outcomes are likely to improve. For example, recent research on Oxford Houses (Level 1 recovery homes) with Latino men suggests that access to recovery housing that meets a person's cultural needs results in residents receiving what they need in a shorter amount of time, resulting in a briefer length of stay. Even with the briefer length of stay, Latino men in the study tended to experience fewer relapses than Latino men who stayed in non-culturally modified homes (Jason et al., 2018).

Other research has shown that Americans experiencing cultural and language barriers have reduced or completely impeded ability to access substance use treatment compared to White English-speaking Americans (Lo & Cheng, 2011). For those individuals with disabilities and chronic illness, the separation of medical care and behavioral health care, which includes mental and substance use treatment, creates additional challenges to successful holistic care (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016). In addition, for Ohio's LGBTQ+ population, the list of protected classes under Ohio's laws against discrimination does not include sexual or gender identity. Meaning that Ohio lacks any statewide law that prohibits discrimination in housing, employment, or public accommodations, although 33 local city or county entities do have laws prohibiting discrimination based on sexual identity (American Civil Liberties Union (ACLU) of Ohio, 2021). Awareness of intersectionality, and how these and other identities and experiences of people interact, is essential to providing supports that are safe, effective, and responsive.

> "I haven't been around a lot of people that can really understand African American culture in these settings . . . . Someone coming from where I came from and who can know what the values are and what someone might need. Everyone's recovery is different, but it also comes with different cultural aspects of recovery. Different people come from different places and their recovery looks different."
>
> ***—Recovery House Resident***

Documenting these and other types of disparities is a critical first step toward equity, although action must follow. Currently, Ohio is in position to be a leader in driving equity within the continuum of behavioral health services. In August 2020, Ohio Governor Mike DeWine announced an initiative based on the blueprint set out by the COVID-19 Ohio Minority Health Strike Force. The initiative, known as the Ohio Executive Response: A Plan of Action to Advance Equity, would require the State Cabinet to promote racial equity in all state agencies. Ohio has issued funding to support local communities as they conduct culturally tailored, effective outreach and engagement that supports behavioral health.

Findings

Many stakeholders acknowledged that being able to connect in general with peers about a shared experience is a valuable and important element to recovery housing. In recovery-focused settings, the emphasis is typically on recovery, not on other unique characteristics that a person may have. Operators and residents alike noted that recovery housing turns no one away based on their identity or cultural background. This open approach, however, does not always mean that recovery housing addresses a person's specific cultural needs and preferences or their preferred concepts of recovery and support. Location is another important consideration for many residents, both to be close to natural support networks and employment opportunities, and to be away from people and places where they were actively using alcohol or other drugs.

Findings from the environmental scan related to equity:

- **Addiction and recovery may mean different things depending on a person's cultural background.** These concepts bring up different ideas for different people, particularly those who are part of diverse racial, cultural, or gender groups. While the recovery community aims to welcome all who need it, there is often a disconnect when it comes to how the community views the variety of recovery pathways, what recovery means for each person, and how community services and supports align or are available and responsive based on different cultural needs. These differences also occur across age groups, with younger adults facing different challenges and developmental needs compared to older adults, including how they may understand and pursue their recovery.
- **Demographic makeup of recovery houses may reflect disproportionalities within broader systems of care.** Some respondents observed that residents in a recovery home may not be representative of the local community. For example, respondents noted that recovery housing residents are often White men, despite the local community being more racially diverse. One observation was that the racial makeup of recovery housing residents tends to vary based on how residents were referred to a specific recovery home. For example, referrals made through treatment rather than criminal justice systems may result in more White residents. These pathways and disparities reflect systemic racism and disparities that exist across systems, including systems of care as well as carceral systems. Currently, data are unavailable to assess these types of observed disparities. Having access to consistently collected, disaggregated data will be important to advance equitable access to recovery housing.
- **Culturally appropriate and responsive services must do more than meet a person's language needs.** Some operators noted they had trouble meeting the language needs of past residents. Because of that barrier, those residents had to move to another housing option. Language is not the only barrier driving inequities, however. For example, having the ability to share and celebrate a person's culture may be an important part of their recovery journey, or it may affect how they view various components of treatment and recovery. Additionally, having access to recovery housing as a family is critical to parents who are in or seeking recovery and requires significant adaptations to be child-friendly and able to support parents and their families. For many individuals, having accessible recovery homes in different locations is important to ensure that residents reflect the local community and have a degree of choice in where they reside.
- **Underserved communities must shape cultural adaptations to services.** Multiple operators described their efforts and intentions to meet the needs of all who come to their residence. Without a concerted effort to contact local communities that are not well represented in the recovery residence population, operators may have blind spots about whether their efforts to attract diverse residents are culturally responsive and effective, or if they incorporate unintended biases. Examining these gaps in access is critical to ensuring that recovery housing is available in an equitable way for all who need it.
- **Ohio is positioned to lead the way in driving equity across the continuum.** Ohio is a national leader in providing recovery housing, which OhioMHAS supports and strengthens across the behavioral health system. As Ohio implements equity-centered activities, it can lead the way by using best practices that focus communities and marginalized voices on defining barriers and designing equitable solutions. Additionally, Ohio began using outcomes tool data to identify potential disproportionalities in how homes serve residents in each community. The state is building tools to help operators conduct these analyses on their own.

Recommendations

POLICY AND PLANNING

- Evaluate RFPs (requests for proposals) and other funding opportunities to ensure that the evaluation and funding considerations include equity.
- Recognize and address barriers to access for people who identify as specific races and ethnicities, as well as specific gender and sexual identities, disabilities, parents or families with children, and other marginalized populations.
- Identify NIMBY-related factors that perpetuate racial inequities in recovery housing; support operators to implement solutions to overcome these barriers.
- Include a diverse representation of stakeholders to inform policy, funding, and programming priorities. This could be through the creation of an advisory group to support OhioMHAS or ORH, with priority emphasis on equitable representation and lived experience of recovery and recovery housing.
- Evaluate outcomes data tools and other state data sources to ensure that they consistently address race as well as language preference, disability status, and other factors that may contribute to marginalization within recovery housing as well as the broader behavioral and physical health continuum.
- When possible, ensure that researchers:
    - disaggregate and analyze data
    - consider intersectionality
    - use data to identify gaps or barriers to accessing recovery housing
    - measure successes
    - identify best practices in serving diverse populations
- Incorporate expectations for recovery housing operators specific to how they serve their local community, connect with diverse partners, and seek to reduce barriers toward equity for underserved populations.
- Explore what role ADAMH boards might play in fostering a culture of equity and accountability, and in establishing best practices and expectations for recovery housing operators.

RESEARCH

- Apply a racial equity framework when conducting any evaluation or research on Ohio's recovery housing and behavioral health services continuum of care. Explore how structural racism in treatment and other systems of care lead to racial inequities in how people access recovery housing and other recovery supports.
- Review available data sources in Ohio to identify disparities across race, gender, and other demographics that may predict access to and outcomes in recovery housing.
- Apply available data to ongoing equity work to identify who is and who is not accessing recovery housing across Ohio; identify gaps and needs, target strategies for improvement and next steps, and regularly measure progress.

PRACTICE AND TRAINING

- Develop a statewide strategy to provide equity training opportunities to advance equity and cultural responsiveness.
- Develop a statewide strategy to employ an equity framework for recovery housing.
- Review data regularly to make midcourse corrections, address gaps or disparities, and monitor progress.
- Ensure that housing capacity matches the demographics of residents in need, and that staffing patterns consider residents' background.
- Partner with organizations to build relationships with communities that may not have previously had access to substance use treatment, recovery housing, or other recovery supports.
- Partner with organizations and community groups that have expertise in serving systematically marginalized populations.
- Support training to ensure that promotional materials, intake forms, and other written documents take into consideration language needs and literacy level. Incorporate video or audio messaging options.
- Integrate evidence-based approaches into recovery housing settings, where applicable, to support and address the unique and diverse needs of people with disabilities.

Quality and Certification

Background

Ohio is a national leader in developing models and practices that drive quality and accessibility of recovery housing statewide. A primary finding of the 2013 environmental scan report was that Ohio "lacked the infrastructure, resources, and technical assistance to support growth and quality oversight of recovery housing." These deficiencies included a lack of quality standards, centralized listings, public funding, training and technical assistance, and data collection capabilities. As a result of OhioMHAS' continued investment, leadership, and support together with its partners and collaborators, Ohio has since transformed the state's recovery housing landscape. For example, Ohio defined and codified recovery housing and incorporated it as a required element within local continuums of behavioral health treatments and recovery support. As of July 2021, there were 582 known residence across the state, serving more than 5,488 Ohioans at any one time. There is at least one recovery residence in 76 of Ohio's 88 counties.

OhioMHAS has established Quality Housing Criteria, which articulates expectations for a range of housing models that may receive funding from OhioMHAS or local behavioral health authorities, or through levy, state, and federal funds. The criteria offer a shared vision for quality, effectiveness, and efficiency across the continuum of housing options for Ohioans. Key tenets focus on safety, affordability, choice, independence, privacy and dignity, community integration, access to services and supports, special accommodations, and trauma-informed and culturally competent environments. The recovery residence criteria focus on Levels I, II, and III and describe key elements such as choice, social model of recovery, resident agreements or leases, quality, length of stay, staffing, and policies related to relapse and medication. Recovery housing operators accessing funds through OhioMHAS or ADAMH Boards must adhere to these criteria. However, there is not a consistent approach to applying and enforcing these criteria; rather, they are intended as a vision for foundational, minimum criteria to be built upon by local authorities and certifying bodies (Ohio Department of Mental Health and Addiction Services [OhioMHAS] Bureau of Recovery Supports and Housing, 2018). Currently, recovery housing operators can seek certification from multiple entities, including Oxford Houses, the Commission on Accreditation of Rehabilitation Facilitates (CARF), and Ohio Recovery Housing (ORH). Certification helps operators adopt quality standards, and conveys an endorsement of quality and confidence for prospective residents and referral resources.

Figure 1: *ORH Resources Created to Support Ohio's Recovery Housing Operators and Residents*

When it comes to making referrals, ADAMH board stakeholders noted that OhioMHAS efforts to standardize recovery housing have helped boards to better understand and assess the quality of recovery homes.

With support from OhioMHAS, ORH was launched as the statewide NARR affiliate in 2014, and succeeded in establishing, applying, and refining quality standards for recovery residences, and offering an infrastructure to support recovery housing operators statewide. ORH quality standards are based on NARR's national standards (National Alliance of Recovery Residences, 2018) and enhanced by several ORH best practice guidelines related to topics such as serving parents with children, supporting the inclusion of LGBTQ+ residents, integrating MAT, and navigating COVID-19 guidelines (Ohio Recovery Housing [ORH], n.d.) (see Figure 1). Ohio offers training and technical assistance on these and other topics pertinent to operators. Recovery housing operators that receive funding through OhioMHAS are also provided access to the ORH Outcomes Tools (Ohio Recovery Housing, 2015) and a reporting dashboard, which support operators, ORH, and OhioMHAS to gauge who access recovery housing in Ohio, and how they fare at various timepoints. In 2020, Ohio included the adoption of new quality elements related to COVID-19 safety practices. Today, other states look to Ohio as a leader and seek to replicate their approaches to certification, quality, and data related to advancing recovery housing.

Nationally, researchers are also learning which recovery residence program characteristics improve outcomes for residents. For example, house meetings, resident autonomy, and the presence of peer staff members in recovery can foster an overall sense of belonging, community, and hope (Miles, 2019). Additionally, studies show that recovery housing that creates specialized spaces for and caters to the cultural needs of racial and ethnic minority groups improves outcomes. These specialized approaches help to foster an equitable, person-centered environment for people in recovery to thrive, ultimately leading to healthier communities (Dingle et al., 2015; Harrison et al., 2017). These and other research findings help to inform quality in recovery housing, including consideration of what quality means to different populations.

Findings

As of August 2021, Ohio Recovery Housing (ORH) had certified 268 recovery housing properties statewide, with the ability to serve more than 2,300 Ohioans. Several additional quality reviews of homes were pending due to a COVID-19-related backlog. Most respondents acknowledged OhioMHAS and ORH efforts such as these, which have significantly grown Ohio's infrastructure and improved quality. Operators appreciate the clarity and consistency resulting from these quality reviews. As the statewide recovery housing infrastructure and voluntary certification process continues to grow, Ohio can also be a leader in examining how well the current quality standards meet the needs of *all* residents, including those from marginalized communities such as Black, Latinx, Indigenous, and other non-White individuals (Lo & Cheng, 2011), individuals who identify as LGBTQ+, and people exiting the criminal justice system. This work also includes efforts to strengthen how operators understand who they serve from their communities and who may be underserved (*see also Equity theme*). As acceptance and integration of MAT grow, it is important to equip operators in building a culture and setting policies that fully support all recovery pathways.

Findings from the environmental scan related to quality and certification:

- **Interest in seeking certification is growing among recovery housing operators.** Currently, recovery housing operators can seek certification or accreditation through multiple pathways, including ORH certification, CARF, and Oxford House. Additionally, recovery housing operators receiving government funding are required to comply with OhioMHAS's Quality Housing Criteria, although this does not include a certification process. The ORH network includes 268 certified homes and is growing steadily. Certification helps to encourage quality by using criteria that reflect best practice guidelines. Certification status also conveys quality and confidence to prospective residents and other recovery housing stakeholders such as ADAMH boards and others seeking quality referral options. Ongoing promotion of certification will continue to build a culture of excellence, and improve access, referrals, transparency, and quality.

- **Stakeholders appreciate and value Ohio's commitment to quality and the development of recovery housing.** Overall, recovery stakeholders praised Ohio's ongoing commitment to strengthen recovery housing statewide. This commitment includes not only the significant funding made available through federal and state sources in recent years, but also the explicit commitment to supporting recovery housing as an essential and required part of the recovery housing continuum. OhioMHAS also succeeded in spreading education and awareness about the value and benefit of recovery housing across state agency partners and among other state, county, and community stakeholders. Some respondents expressed a desire for more state involvement and expanded efforts to certify homes and require quality standards for those that are active.
- **Variations in quality persist across the continuum of recovery housing, due in part to the voluntary nature of certification.** Section 340.034 of the Ohio Revised Code establishes that certification of recovery residences is voluntary. In some counties, funding is prioritized to certified homes, as a means of ensuring quality. However, recovery residences that are not recognized as meeting quality standards, by ORH or any other entity, are able to access public funding, barring any county or local restrictions. Some respondents acknowledged that some recovery residences continue to operate, despite not meeting quality standards of any kind, and that these homes often did not support residents' needs or preferences in their recovery. Additionally, the skills, experience, and philosophies of different housing operators and owners tend to influence the quality and programming offered in any given residence.
- **There is a strong awareness of what generally defines a quality recovery house among operators, residents, and other stakeholders.** Many respondents readily described quality homes as those that offer a full range of recovery supports that keep residents engaged and accountable throughout the week, promote employment or other types of purpose-driven pursuits, and provide flexible, individualized support to the extent possible. Similarly, some residents expressed previous negative experiences staying in recovery homes that offered minimal support, lacked consistency in applying house rules, and did not strengthen their recovery. These negative experiences generally resulted in residents leaving and seeking alternatives, either at the time or later in their recovery process. When it comes to making referrals, ADAMH board stakeholders noted that OhioMHAS efforts to standardize recovery housing have helped boards to better understand and assess the quality of recovery homes.
- **Prospective residents and their families do not always understand what it means to achieve specific quality standards or certification status.** Not surprisingly, operators and community or government stakeholders best understand notions of certification and quality standards. Individuals who may be seeking recovery housing for themselves or their family members, however, do not understand these concepts well. Many residents find themselves taking the first available bed in a recovery home, rather than exploring a range of options and characteristics with quality standards in mind. ORH staff provide information to current and prospective residents who call them, and if a person has a concern about their current residence, ORH provides information about their rights as a resident. This service may include referring the person to legal aid, the attorney general, or fair housing resources.
- **The ORH certification process enforces quality while allowing flexibility in how homes apply certain standards.** ORH encourages certified homes to promote their affiliation as a means of conveying that the home meets standards deemed appropriate by ORH and NARR. These standards include multiple principles,

items, and components. Overall, the expectation is that operators apply policies and practices reflecting the standards fairly, consistently, and transparently. For example, the standards require that operators provide residents with information about relevant policies and rights before entry and policies must address specific points. The standards, however, do not dictate exactly what operators must include in each policy, such as a relapse policy. Additionally, the standards require that staff receive cultural competency training related to the priority population served in the home, and this training varies depending on the home. Standards also require that residents drive policies regarding length of stay. Various operators referenced expected length-of-stay time frames, from 12 to 18 months, to 2 years or longer. Length of stay tends to be longer in areas where there are fewer housing options upon exit, such as in rural areas.

- **Operators strive for relapse policies that are supportive and responsive.** Operators described the reality that for a number of individuals, relapse may occur during the recovery process and that there is a need to build residence policies reflecting this possibility. Compared to the 2013 environmental scan, more operators used flexible and supportive relapse policies rather than zero-tolerance policies resulting in immediate exit from the home. These relapse policies still aim to protect the individual and others in the home, and use person-centered strategies to navigate whether the person may need detox, a new or different treatment or recovery housing setting, and what the relapse may mean for the person's ability to stay in the home or return later. If a person is unable to stay in the home, recovery housing staff generally support them in finding alternative housing or treatment support to the extent possible. Many keep in touch with affected individuals and welcome them back in the home when appropriate to do so.
- **Training and technical assistance funded by OhioMHAS has been key to supporting ongoing quality.** OhioMHAS provided and funded essential training and technical assistance to support and sustain recovery housing statewide. Many operators described the valuable role that ORH played in delivering aspects of this support, such as providing guidance documents describing best practices for serving special populations or navigating challenges such as COVID-19. In addition, ORH holds regular technical assistance calls; for example, ORH hosted calls that provided guidance related to COVID-19 considerations and best practices, which respondents found valuable in educating them and supporting their operations. ORH staff are available to answer calls and respond to inquiries from operators, including those using the ORH outcomes data tool. This ongoing presence and learning support are critical to fostering a culture of quality and best practices, both during and after completing certification.

Recommendations

POLICY AND PLANNING

- Establish a long-term (5 to 7 years) strategic plan for recovery housing in Ohio and align funding and technical assistance accordingly. Include plans for providing housing options, subsidies, and supports for individuals after they exit a recovery residence, to promote long-term recovery and housing stability.
- Continue state support for activities that advance certification, quality, training and technical assistance, and network development for recovery housing operators and stakeholders.
- Explore how increased quality results in improved outcomes and resident satisfaction.
- Strengthen outreach, education, and referral pathways for prospective residents, families, and stakeholders.
- Create and facilitate opportunities for consistent feedback and conversation with residents and their families.
- Clarify guidance to ADAMH boards regarding quality standards (ORH, CARF, Oxford House, and OhioMHAS Quality Housing Criteria) and homes that do not meet such standards.
- Incorporate sustainability and business planning as essential components of quality.
- Clarify how the state uses recovery housing data and identify ways to strengthen data analysis, dissemination, and potential alignment with other relevant state data.
- Clarify expectations and enforcement of OhioMHAS Quality Housing Criteria. Examine what has worked in other states in terms of legislation and enforcement of quality housing criteria and explore what would work in Ohio.

PRACTICE AND TRAINING

- Continue and enhance training and technical assistance offerings that align with Ohio's priorities to advance equity, quality, accessibility, and sustainability.
- Enhance operators' use of the outcomes tool and dashboard to promote a culture of continuous quality improvement.
- Explore interest in statewide peer-to-peer learning and exchange groups, including groups among non-certified or unaffiliated residences.

Recovery Supports

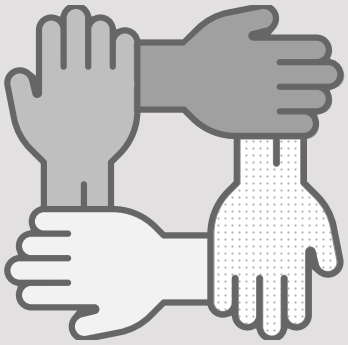
Background

As people first initiate their recovery, it is critical for them to have access to safe and dignified housing, peer support, adequate health care, employment, and educational opportunities. Each of these domains is the foundation for an individual's *recovery capital*: the quantity and quality of internal and external resources that help initiate and sustain recovery from addiction (Granfield & Cloud, 1999; 2001). Across the continuum of treatment and recovery supports—including recovery housing—the availability, accessibility, and quality of recovery supports varies. Among recovery housing that is considered high quality, recovery support offerings (e.g. recovery coaching, peer support, mutual aid meetings, education and employment supports, life skills, and other services and supports) tend to be more robust and reflect the diverse needs of its residents.

Early recovery is often fraught with difficult realizations and situations (for example, facing the consequences of the past, a lack of resources, limited housing options, physical and mental health concerns, and deteriorated social and family ties). People in early recovery may feel tested when trying to acquire skills to cope with stress in healthy and adaptive ways (Laudet & White, 2008). Having access to a wide range of recovery support services throughout the community, including recovery housing, RCOs, and diverse recovery support resources, buffers these challenges. Many communities strive to have a robust continuum of recovery support options by adopting a recovery-oriented system of care (ROSC) model.

In 2014, Ohio created *Recovery Is Beautiful: A BluePrint for Ohio's Community Mental Health and Addiction System*, a 5-year plan for moving Ohio's mental health and addiction system from one that focused on acute care to one that focused on recovery management to help individuals not only get well, but stay well (Ohio Association of County Behavioral Health Authorities, n.d.). The goal of the initiative was to fully involve clients and families in orienting Ohio toward a ROSC encompassing mental health and addiction prevention, treatment, and recovery supports. A 2019 report that compiled the statewide assessment data examining the effectiveness of Ohio's Recovery Is Beautiful ROSC implementation looked at the degree to which state and local behavioral health systems were recovery-oriented, and identified areas of strength and opportunities for development and improvement (Bunger & Beer, 2019). Several of the report's key points and implications supported themes found during the 2020 State of Ohio Recovery Housing Environmental Scan. In the last few years, Ohio also incorporated peer support into the continuum of care and created a certification program.

In early 2019, Governor Mike DeWine formed the RecoveryOhio Advisory Council, resulting in the launch of the RecoveryOhio initiative. RecoveryOhio established several priorities aimed at building a comprehensive continuum of mental health and substance use services and supports. The state developed this initiative in response to the ongoing public health crises of addiction, suicide, and related mental health and substance use conditions. An explicit priority of RecoveryOhio focused on treatment and recovery supports, including an emphasis on planning for and ensuring access to safe, affordable housing options for Ohioans with different needs, including recovery housing. The initiative also prioritized recommendations spanning peer and other recovery supports, employment, family support, prevention, early intervention, and other domains that align with the treatment and recovery support needs of recovery housing residents.



What Is a Recovery-Oriented System of Care or ROSC?

The central focus of ROSC is creating infrastructure to support a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug use (SAMHSA, 2010).

While ROSC is inclusive of prevention, intervention, treatment, and posttreatment, or recovery support services, a large benefit of creating ROSC is the cultivation of resources that can assist individuals in building their recovery capital due to increased access to recovery support services.

Findings

We asked community and county stakeholders, recovery housing operators, and residents about their experience with recovery support services in a recovery housing setting and in the local community. Residents can access many different recovery supports within or through the recovery home; the availability and diversity of recovery supports tends to vary with the quality of a home. Increasingly, operators are recognizing that residents may pursue multiple pathways of recovery and the importance of finding ways to connect residents to services and supports. Connecting with RCOs and other community resources is a helpful way to enhance offerings.

Findings from the environmental scan related to recovery supports:

Recovery Supports in Recovery Homes

- Recovery coaching
- Peer support
- Mutual aid meetings
- Telehealth and digital peer support
- Life skills
- Education and employment support
- Transportation support
- Collaboration with prescribers and providers
- Rent or move-out assistance

- **Residents look to recovery housing as a resource as they build recovery capital, such as transportation, rental assistance, employment opportunities, life skills, and family services.** These and other recovery supports are essential both in early recovery, and for long-term stability, well-being, and financial independence. A person's ability to access these supports varies based on what is available in the community, and what residences offer and promote. Higher quality homes tended to offer more recovery support resources to residents (*see also Quality and Certification theme*). For residents who are unable to access the necessary range of supports, long-term recovery and stability may remain challenging.
- **Peer support services are a critical part of the service continuum.** Several stakeholders reported that 12-step mutual aid groups, peer support specialists, and support from other residents played a large part in their recovery. House managers may seek peer support certification, although Ohio does not require certification and there is no specialist designation for recovery housing staff. House managers tend to be individuals who have lived in the house for an extended period and housing operators appointed to serve in this role. Some operators reported that house managers burn out quickly due to work fatigue and trying to maintain their own recovery and employment outside of the house. Respondents expressed a desire to increase the salaries of house managers and train them when training is available, but operators are often unable to pay a living wage. Many house managers receive free rent, but little to no salary for the support they provide in the residence.
- **Housing operators do not always know how to connect residents to needed services and supports.** Housing operators and residents reported gaps in community recovery support services such as employment, education, and family services. Some were unsure where to look for these types of resources, besides county services. Like other behavioral health services, referral pathways for recovery supports are complicated by the public's lack of knowledge about addiction and mental illness, and the types of services and systems that are available to respond.
- **Community recovery stakeholders do not always know how to refer people to recovery housing.** Operators reported consistent referral sources coming from treatment facilities, criminal justice organizations, and healthcare providers. Other referral pathways within communities and systems were less clear or consistent. When we asked community and county stakeholders about their knowledge of referral sources, they were unsure how residents generally connected to recovery housing. Such inconsistencies can lead to gaps in quality and accessibility, and lead individuals to recovery residences that do not align with their needs and preferences. Recovery-oriented entities, such as RCOs and others within ROSC, may be helpful in strengthening connections among community recovery supports and recovery housing.
- **Location matters for recovery housing and other recovery supports.** Several residents noted that the physical location of recovery housing can be problematic. Residents may not feel that their recovery is safe when they enter parts of town where they previously had traumatic experiences, including active substance use. For some individuals, the available recovery housing is far away from loved ones in their support network. Location can also affect people's access to other community-based recovery supports.

> "As a house manager, my job is to make sure people follow curfew, cleaning and chores around the house are done, make sure we are attending our meetings. I make sure to touch in with the guys and get a gauge where people are at and just be a support and role model."
>
> ***—Recovery House Manager***

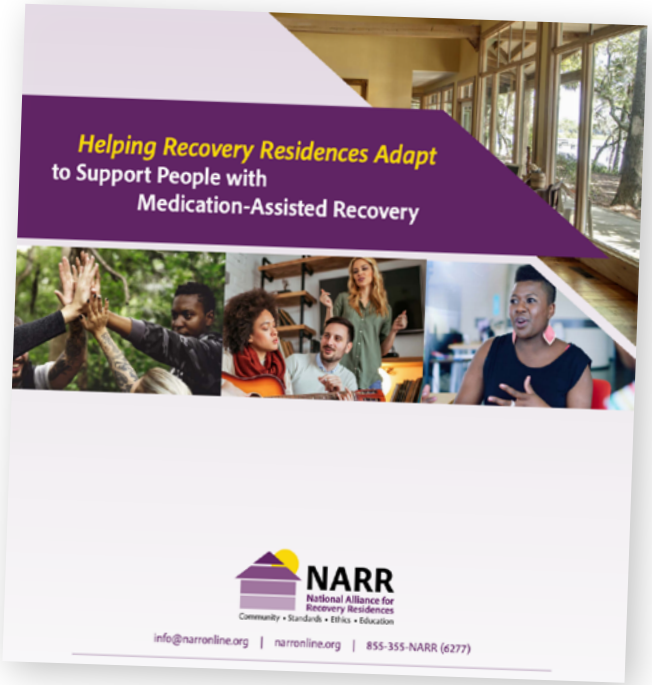
Recommendations

POLICY AND PLANNING

- Expand Ohio's efforts to promote awareness of behavioral health services, including a specific focus on recovery supports and recovery housing.
- Further explore barriers to housing, employment, and education with a special emphasis on re-entry programs. Use an equity framework when conducting assessments of barriers to housing, services, and supports.
- Strengthen professional development for house managers. Establish a statewide peer-to-peer learning academy for house managers or another mechanism to encourage peer learning and exchange.
- Clarify roles and responsibilities for house managers to develop consistency and increase professionalization while maintaining a peer orientation.
- Ensure that house managers receive appropriate training and supervision to succeed in these roles. Such training should include best practices for sharing lived experience in leadership roles.
- Integrate peer support specialists throughout the continuum to strengthen referral pathways and enhance engagement in treatment and recovery supports.
- Seek comments and recommendations from people with lived experience of recovery on how to prioritize and fund recovery support services.
- Explore specific, developmentally appropriate recovery support needs for transition-age youth and young adults to inform priorities and funding. Engage youth and young adults meaningfully in this process.
- Consider what role RCOs can play in these and other efforts to connect residents to recovery supports.

PRACTICE AND TRAINING

- Prioritize life skills training as being an essential recovery support as residents prepare to move on from recovery housing.
- Develop and disseminate toolkits to support recovery housing operators in integrating essential knowledge, skills, and practice (e.g., life skills training, employment supports, social enterprise models).
- Strengthen pathways to employment through linkages and outreach to cultivate recovery-friendly employers.
- Provide consumer education that empowers consumers to know their options and rights.
- Provide recovery capital and ROSC training to housing operators and treatment providers.
- Disseminate outcome data to state funders, county partners, and community stakeholders to demonstrate the importance and value of recovery supports, including recovery housing, on individual outcomes.



Medication-Assisted Treatment

Background

Across the United States, rates of opioid misuse rose exponentially from 2005 to 2015, as did the treatment received for both heroin use disorder and OUD. Studies estimate that among people ages 12 and older, self-reported lifetime misuse of heroin and opioid analgesics is nearly 2 percent and 14 percent of the population, respectively (Connery, 2015). Ohio was one of the states hit hardest by the opioid epidemic. State leadership was quick to respond and invest heavily in opioid response initiatives, including allocating millions of federal State Opioid Response dollars to increase recovery housing. According to the Ohio Department of Health, in 2018, 3,764 people died of unintentional drug overdoses, a decrease of 1,090 compared to 2017 and the lowest number of deaths since 2015 (Ohio Department of Health [ODH], 2021). Recent analyses, however, indicate that overdose deaths are on the rise again (Cauchon, 2020), with over 4,000 deaths in Ohio in 2019 and national rates accelerating through 2020 (CDC, 2020).

One of the most effective modalities for supporting those in need of recovery support services for OUD is medication-assisted treatment (MAT) delivered in combination with counseling and recovery supports. According to SAMHSA, MAT is clinically effective and significantly reduces relapse risk and the need for inpatient detoxification services for individuals (SAMHSA, 2021). When delivered as intended, MAT provides a comprehensive, individually tailored program of medication, behavioral therapy, and recovery supports that addresses the needs of most individuals with OUD (SAMHSA, 2021). Medications approved by the U.S. Food and Drug Administration include methadone, buprenorphine, and naltrexone.

The availability of MAT varies widely across the State of Ohio. As of 2018, 79 of Ohio's 88 counties had access to MAT and at least 62 certified recovery homes throughout Ohio currently accept residents receiving MAT, however, the available types of MAT vary. For example, Highland County reported buprenorphine as the only form of MAT available by providers within the county. Across Ohio, 50 counties had providers who offered buprenorphine and vivitrol; 16 counties had access to buprenorphine, methadone, and vivitrol; and 12 counties had access to vivitrol only. Nine Ohio counties did not have any MAT providers, although three—Adams, Fulton, Henry—of those nine counties did have recovery housing. This lack of providers means that residents must travel out of county to access MAT (ODH, n.d.).

Thanks to guidance put out by recovery housing organizations like ORH and NARR, as well as departments within state health systems, recovery housing operators now have access to policy papers, technical assistance, implementation guides, and other tools to support the adoption of MAT. The availability of these resources represents a significant shift in recent years as individuals in recovery and other recovery stakeholders began to embrace MAT as one of many viable pathways to recovery.

> "I think the work around decreasing the stigma of substance use and accepting MAT as a form of treatment, people have changed their views from just needing to do the 12-step program, MAT is still using, to how MAT can be beneficial as part of treatment, not as full treatment, but in conjunction with treatment."
>
> ***—Community Stakeholder***

Findings

We asked community stakeholders, recovery housing operators, and residents, about their perspectives and experiences with MAT in the context of recovery housing.

Findings from the environmental scan related to MAT**:**

- **The allocation of federal funds to address opioid use disorder helped transform the recovery housing landscape in Ohio.** These federal funds have helped owners and operators to open and sustain recovery housing and improve practice related to integrating MAT support for residents. Overall, the conversation about MAT has shifted dramatically from 2013, when many recovery housing operators and other recovery stakeholders did not recognize or support medication as a viable abstinence-based pathway to recovery. Now, most respondents expressed their understanding of MAT as being an effective, lifesaving resource for many people with OUD, especially when delivered in conjunction with counseling and individualized recovery supports.
- **Acceptance of MAT continues to grow among recovery housing residents and stakeholders.** While there were many reports of residents and stakeholders accepting MAT more widely in recent years, there are a few recovery houses that refuse to take residents receiving MAT. Others might accept funding that requires acceptance of MAT residents, even if they have not fully embraced the model. Additionally, several stakeholders felt that not all in the 12-step recovery community accept MAT as a legitimate pathway of recovery. Those in recovery themselves, either housing operators or residents, reported that even though MAT is more available and accessible, especially in urban areas, there is a "don't ask, don't tell" approach in a few recovery residences. Operators encourage those receiving MAT to disclose to the house staff for accountability purposes, but a few operators ask residents not to talk to other residents about their use of MAT. In other homes, operators actively encourage open dialogue, sharing, and education to foster learning and acceptance related to residents receiving MAT along with other pathways to recovery.
- **Data tracking and reporting helped increase acceptance of MAT.** As researchers collect and report more data on MAT usage and its effect on recovery outcomes, this information is helping reduce resistance among providers. Operators and county and community stakeholders need recovery outcome data to help shape best practices for dealing with MAT for opioid addiction and recovery support services.
- **Rural access and acceptance of MAT remains a problem in parts of Ohio.** Stakeholders reported that rural Ohio does not always have access to MAT. Additionally, the overall perception of MAT in rural areas by the recovery community and the public is often fraught with stigma at various levels. Researchers have also found that rural recovery housing options that accept MAT were less common than in urban settings. Despite strong, empirical evidence that MAT is highly effective for treating individuals with OUD, there is still hesitation to adopt MAT as a meaningful recovery pathway by healthcare providers and many in the recovery housing community, particularly in rural areas like Ohio's southern Appalachian region (Richard et al., 2020). While there is limited data on the availability of MAT in this region specifically, in 2017, 60 percent of rural counties in the United States did not have any DATA 2000-waivered providers who could prescribe buprenorphine in an office-based setting (Richard et al., 2020).

Changing Perspectives on MAT

One operator described how their perspective changed after learning more about MAT. After initially hearing residents say that MAT was their "drug of choice," the operator did some research and asked questions to learn more. While the recovery house had always been accepting of residents receiving MAT, the operator considered its prescription to be private health information and not a topic that people discussed openly. Now, the home educates residents about MAT and trains staff regularly. The operator stated that it is important to stay current on what is happening in the field and be accepting of different pathways, despite one's personal opinions. In a recovery-oriented system, the operator said, recovery is paramount and acceptance is key: you need to be accepting of others, even if their journey looks different from yours.

- **Recovery housing operators demonstrated competence related to MAT.** Environmental scan participants routinely explained how they apply best practice guidelines related to supporting and administering MAT in the recovery home. This is another notable shift from the 2013 environmental scan, when acceptance of MAT in recovery housing was more rare.
- **These guidelines cover practices from safe medication storage and distribution, to medication monitoring, drug testing, fostering a house culture that accepts multiple pathways to recovery, and supporting communication among prescribers.** Many operators reported that they support residents contacting prescribers about medication concerns, and directly contact prescribers themselves when appropriate. A few operators reported having difficulties due to the additional burden placed on house managers and other staff associated with MAT administration and compliance.
- **Operators faced challenges when seeking to support residents who did not have a primary OUD diagnosis.** The federal opioid response funding has been critical to growing the recovery housing infrastructure in Ohio, along with other funding from state, county, and private sources. A few operators expressed concern that the emphasis of federal resources on serving people with opioid addiction to the detriment of individuals seeking recovery from addiction to alcohol, methamphetamine, or other substances. Follow-on federal opioid response funding is more flexible in terms of how it may be used to serve individuals with addictions to specific substances other than opioids, such as stimulant drugs. Even so, supporting operators to further diversify funding sources is critical to serving current and future residents.
- **Opioid treatment programs (OTPs) have restrictions on how many patients they can prescribe to, which is a potential barrier to recovery housing residents receiving MAT, especially in rural areas.** In Ohio, an OTP is an entity certified by OhioMHAS to provide certain alcohol and drug addiction services. OTP providers must follow strict guidelines related to prescribing different types of opioid treatment medication, including limits on the number of patients at various time points during the certification process. Impacts to recovery housing residents can be significant if they are unable to reside in a home close to a prescriber so that they can receive MAT. This factor may determine where an individual decides to live when examining recovery housing options.

Recommendations

POLICY AND PLANNING

- Continue efforts to address stigma and misunderstanding among healthcare, criminal justice, and other systems regarding the use of medication to treat OUD.
- Engage stakeholders representing various professions and perspectives to build consensus toward a common vision of an integrated, person-centered continuum of treatment and recovery supports.
- Expand efforts to promote understanding of and access to MAT as a recovery pathway in rural areas. Suggested activities:
    - Execute social marketing and media campaigns
    - Host community events that center lived experience with other treatment and recovery professions and perspectives
    - Build support for rural areas to administer telehealth using models such as hub and spoke to enable access to MAT
- Identify specific barriers to accessing MAT, such as cost, location, and prescriber capacity, and build solutions to overcome these barriers in an equitable way.
- Promote access to peer support for people with OUD, as well as those with other substance use disorders, as a means of decreasing self-stigma and promoting longer, more regular treatment engagement.
- Improve tracking of recovery homes' ability to support and monitor MAT access.

PRACTICE AND TRAINING

- Build on opioid response initiatives to enhance and expand the MAT-inclusive culture, which embraces multiple pathways while fulfilling the evidence-based model of MAT combined with psychosocial services and recovery supports. Continue training and technical assistance that will deepen the cultural change among recovery operators who currently support MAT, and strengthen outreach and inclusion of those who are not.
- Further anti-stigma education and best practices within recovery homes and in the broader recovery community.

COVID-19 Pandemic

Background

Like in most communities across the United States, the spread of the novel coronavirus had a significant impact throughout Ohio. Its rapid spread, along with an initial lack of knowledge and best practices, created difficulties for recovery residence operators, staff, and residents alike. Some residents opted out of living in a congregate setting to protect themselves and others, and many residents were unable to work. Operators found themselves needing to adapt safety policies and procedures while facing increasing costs with reduced revenue. Among Ohio communities more broadly, initial data from 2020 indicate that the onset of COVID-19 may have accelerated overdose deaths (Cauchon, 2020).

ORH distributed two member surveys in 2020 requesting information on the effect of the pandemic on recovery housing operators. The responses provided a snapshot of pandemic-related challenges and how operators used financial and other support to navigate these difficulties. Commonly reported problems include decreased revenue, decreased capacity, increased needs of residents, unforeseen expenses, and reduced employment and income for residents. In the early months of the pandemic, the necessary quarantine guidelines resulted in a sense of isolation, employment barriers, and a move to virtual services and supports. More recently, there has been a slow progression toward re-engaging with support networks, meetings and services, employment and education, and other community settings. Survey respondents indicated that the emergency funding provided by OhioMHAS was critical to sustaining recovery housing as a safe, essential recovery support and limiting potential relapses and overdoses during the pandemic. While capacity in recovery homes typically decreased because of COVID-19, the demand for recovery housing remained strong, with almost half of survey respondents indicating that demand remained steady or increased during this time. Recovery housing stakeholders are still determining the long-term impact of COVID-19 on both resident outcomes and the financial sustainability of residences.

Findings

We gathered feedback from recovery housing residents, operators, ORH, and OhioMHAS to identify the immediate and ongoing challenges and adaptations made in response to COVID-19. Generally, respondents reported initial, significant challenges to operators and residents. With financial support and technical assistance from the state and ORH, many operators successfully and safely implemented new procedures to ensure resident safety and continue operations. Nevertheless, significant challenges remain for residents and operators as they navigate the ongoing pandemic.

Findings from the environmental scan related to the COVID-19 pandemic:

- **Operators appreciated the response of OhioMHAS and ORH to the pandemic.** Throughout our interviews and focus group discussions, respondents acknowledged the swift response of the two agencies in supporting recovery homes. This response included increased financial support through emergency payouts and increased SOR funding; hosting solution-focused statewide support calls to highlight peer best practices and up-to-date national policies and best practices; and hard copy and online guidance from both agencies. Written guidance from OhioMHAS and ORH, for example, provided an infection protocol for recovery homes. Operators generally followed the protocol with success, preventing transmission and successfully isolating confirmed or probable cases of COVID-19. This feedback from operators highlighted the system's strengths and reflected the success of Ohio's efforts to support recovery housing.
- **The COVID-19 pandemic created a strain on interpersonal relationships.** Recovery housing residents indicated that one of the principal challenges during the pandemic was the strain that it put on interpersonal relationships. Several houses did not allow residents to leave the property without permission, and if residents did leave, they were unable to return. While some residents opted to stay with family, those who stayed in a recovery residence reported that they were unable to see family and friends or that they could only visit with others outdoors.
- **COVID-19 guidelines also affected resident peer relationships.** Residents spent more time than usual with their housemates. With many residents unable to work or go into the community, pandemic guidelines limited them to the company and support of one another. Residents noted that the temporary lack of structure adversely affected them, being unable to work, attend higher education, or leave the grounds while spending time with other residents who were in differing stages of recovery. Some house managers provided additional social activities to engage residents.

- **The pandemic increased the use of remote technology within recovery houses.** Technology played a critical role in allowing residents to access recovery meetings and other services and supports remotely. Recovery houses used online video platforms and other software such as Facebook to attend community meetings, check in with individuals, and communicate remotely. In particular, the use of online peer support groups was a significant support for residents during the pandemic. This came at a cost, however. According to one survey, there was an average cost increase of $135 per operator per month to ensure that every house had the technology capabilities for residents to increase linkage to the outside world.
- **The pandemic caused a significant loss of income and extra expense to recovery housing operators.** The ORH survey found that overall recovery housing operators were anticipating a loss of income for several reasons. The most recent survey indicated that 84 percent of residences relied on resident fees as income pre-pandemic. The number of residents able to continue their employment and pay rent, however, dropped during COVID-19. Many residents were unable to work because the business they worked for closed, or because the operator implemented a shelter-in-place requirement. Additionally, many operators relied on local donations or fundraising events to raise funds. Social enterprise programs, where housing is linked to an income base through a business venture, saw drops in revenue or had to be closed—completely or partially—as part of the state's pandemic response. Since the survey, local operators have followed state guidance and begun allowing residents to work and be present in the community. Guidelines are subject to change as state and local COVID-19 guidance changes.

  Certain expenses increased significantly during the pandemic. With all residents staying at home, staffing expenses increased, for instance. ORH estimated an average increase of $690 per month for residences that employed paid staff. Additionally, costs for utilities, food, and cleaning increased. As operators balanced increased expenses and reduced income, they were providing additional support to residents, such as extra food, technology, and internet supports.
- **Many operators reduced capacity to take new residents.** ORH's survey identified an average reduction of 16 percent in capacity across its respondents. While this is due in part to residents opting out of congregate recovery housing, many operators also preserved space that could serve as an isolation area for a resident with infectious disease such as COVID-19. One impact of reduced capacity was that it became harder for some to find recovery housing. Operators managed waiting lists as they were unable to accept applicants immediately. This in turn sparked operators' concern as they wondered if they could provide quick or immediate access to recovery housing when an applicant felt motivated to move in. Operators saw being able to respond effectively as a strength of the projects (Mericle et al., 2019). If they were unable to provide this service, they believed they lost an opportunity just at the time when the applicant felt motivated to begin or continue their recovery journey. Other operators reported that waiting list numbers were down during COVID-19, perhaps due to resident concerns about congregate living.
- **Among some recovery residences, the impact of COVID-19 on resident relapse and overdose was not significant.** Respondents acknowledged that relapse and overdose were a primary concern during the COVID-19 pandemic, although the effects differed across recovery residences and communities. Most believed that relapses did not significantly increase within recovery homes during this time, although this feedback was generally from certified, high-quality recovery homes. This finding contrasts with experiences in the broader community where overdoses did increase (Cauchon, 2020: Robeznieks, 2020). One operator noted that "there hasn't been a huge change in relapse. People have seen an uptick in struggling with anxiety and depression." Several resident interviews also reflected this belief. Residents stated that the swift change in procedures to safeguard residents compounded their difficulties and uncertainties around:
  - employment and money;
  - separation from families, sponsors, and the recovery community; and
  - disrupted structures and routines.

Many recovery residences provided increased activities and support in response to these challenges.

- **Operators made significant shifts in practice.** To respond to the pandemic, operators made necessary shifts in their practice and changes in the house, such as:
  - adapting medication storage and dispensing procedures to accommodate MAT take-home doses;
  - updating house maintenance and upkeep policies;
  - limiting visits with family, friends, and the larger recovery community;
  - supporting remote access to recovery meetings when possible;
  - implemented new screening procedures; and
  - providing personal protective equipment (PPE) and cleaning services.

As COVID-19 funding became available to service providers and recovery housing operators, this support afforded OhioMHAS an opportunity to identify additional recovery homes statewide.

- **Operators made significant shifts in their priorities.** To focus on acute needs brought about by the pandemic, operators had to defer earlier plans and priorities for 2020. Several operators had to delay refurbishment and renovation plans because they had less capacity to manage the process. Often, safety protocols would not allow having contractors on-site. Operators instead focused on residents' health and well-being. While residents' health is generally part of building recovery capital, it became operators' and residents' central focus during COVID-19. Operators shifted from preparing residents to be independent in the community—through employment, life skills, community engagement—to restricting residents' movement to stay healthy. Operators also had to build peer and staff relationships in ways different from pre-pandemic activity.
- **COVID-19 responses helped make behavioral health resources more visible.** As OhioMHAS aimed to meet pandemic-related physical and mental health needs of Ohio residents, new resources—such as a 24/7 hotline with its own media campaign—amplified the focus on behavioral health and Ohio resources available to residents. ORH also adopted quality standards responding to COVID-19 and future communicable disease outbreaks.

Recommendations

POLICY AND PLANNING

- Continue gathering operators' best practice guidance for preventing COVID-19 and other communicable disease transmission; regularly update online FAQs and best practice documents on ORH's website.
- Establish an ongoing, remote peer resident group to advise on project policy, best practices, and the pandemic's effect on Ohio's recovery housing residents. Have an external third-party (ORH or other) facilitate the group.
- Explore and document relapse and overdose rates from the last six months, comparing rates within the recovery housing community to the larger community. These data could support fundraising, public education, and advocacy.
- Expand and enforce standards related to the prevention of communicable disease transmission, and preparedness for future pandemics.
- Identify populations who experience a disproportionate impact of COVID-19 in Ohio, and how this disparity intersects with access to treatment and recovery supports. Work with affected populations to develop and implement strategies to redress these inequities.
- Assess how to continue eviction guidelines and other COVID-19 relief strategies after the pandemic to reduce barriers to recovery housing and ensure equity.
- Leverage and support the use of technology to connect residents to multiple treatment sources and recovery supports, including those that meet their specific cultural needs.

PRACTICE AND TRAINING

- Continue to refine best practice guidance; support implementation of procedures that prevent transmission of COVID-19 and other communicable diseases.
- Ensure that recovery housing operators have pandemic and disaster contingency plans.
- Ensure that residents have access to a range of flexible, digital, or hybrid recovery support options.
- Ensure that residents are aware of safety procedures and have necessary supplies and equipment to protect themselves and others.

Recovery Housing Policy

Background

While the State of Ohio does not certify or license recovery residences, many state policies and guidelines shape the formation and operation of recovery housing. For example, the Ohio Revised Code defines recovery housing, and OhioMHAS established criteria to encourage consistency, quality, and effective service delivery among recovery housing and other housing operators. These criteria apply to any housing setting seeking levy, state, or federal funds distributed by OhioMHAS or a local behavioral health entity, including Permanent Supportive Housing, Recovery Housing, Residential Facility (Class 2 and 3), and Time-Limited/Temporary Housing. These policies are minimum criteria, meaning that local behavioral health authorities or other municipalities may adopt local standards exceeding those created by OhioMHAS (Ohio Department of Mental Health and Addiction Services [OhioMHAS] Bureau of Recovery Supports and Housing, 2018). There is no consistent approach, however, to applying and enforcing these criteria.

Entities such as ORH, CARF, and Oxford House offer a voluntary certification. OhioMHAS encourages certification and certified homes may receive preferential treatment for funding that flows through ADAMH boards. Ohio developed the Ohio Recovery Residence certification process with NARR's assistance, creating protocols for recovery housing standards and practices in Ohio. Currently, interested recovery housing operators may seek certification for Level I, II, and III homes through ORH. The state considers Level IV homes residential treatment, which must seek state licensure. Operators of recovery housing must follow laws pertaining to Ohio Landlord Tenant Law and Federal Fair Housing Law (OhioMHAS & Ohio Recovery Housing, n.d.) If ORH certifies the houses, ORH maintains a concern review process for residents or neighbors related to the quality standards, but ORH has no legal enforcement ability. If it is a fair housing issue, residents can file a charge with the Ohio Civil Rights Commission through its website or a regional office. Concerned residents can also receive individualized legal advice from local legal aids, fair housing organizations, or Disability Rights Ohio.

> Under Section 340.01 (A)(3) of the Ohio Revised Code, recovery housing is "housing for individuals recovering from drug addiction that provides an alcohol- and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance."

While the state does not prohibit communities from using criminal history as a factor in tenant selection, doing so could lead to a liability under fair housing law. For example, if a criminal history policy, without justification, has a disparate impact on minority applicants, this could be discrimination. Similarly, a criminal screening policy that considers arrest records as a reason for rejection could be violating federal fair housing requirements. An exception may be when an arrest occurred for a crime that indicated potential danger to the community, and for which there has not yet been an adjudication. Other than this exception, HUD has stated clearly that screening based on arrest records is likely to have a discriminatory impact based on race and national origin (*Hall v. Philadelphia Housing Authority*, 2019).

Operators of recovery housing must also follow all local zoning, building, and municipal codes in their communities. Operators should contact their local government to learn more about these laws, but a few examples of these policies include: Legally Enforceable Lease or Resident Agreement, Code and Licensing Enforcement, Ohio Building Codes, and several more. These policies also vary in how consistently governments enforce codes at the local level. (To see a complete list of codes, visit OhioMHAS). Adjunct to foundational housing laws, recovery residences have additional criteria that they must meet to qualify and maintain public funding, including these items included in the OhioMHAS Quality Housing Criteria for recovery housing (OhioMHAS Bureau of Recovery Supports, 2018):

- Choice
- Social model of recovery
- Quality of standard
- Length of stay
- Relapse policy
- Medications
- Staffing

The OhioMHAS definition of a *recovery residence* is based on NARR's definition and levels of homes:

> *"A recovery residence is an alcohol- and drug-free living environment with various levels of recovery-based services such as peer support, employment assistance, and community/house meetings" (OhioMHAS Bureau of Recovery Supports, 2018).*

A closely related definition is in the Ohio Revised Code:

> *". . . housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance" (Ohio Legislative Service Commission, 2017).*

Depending on the level of a residence, various programming rules may be applicable to all residents to provide structure and support, but a legal tenant–property owner lease may also apply related to the provision of housing. Homes are agency- or owner-operated with various levels of professional and peer staffing (OhioMHAS Bureau of Recovery Supports and Housing, 2018), as well as varied services and supports that operators may deliver through or in conjunction with recovery housing.

Findings

We asked community stakeholders, recovery housing operators, and residents about their experience with policies that support or limit housing options for those with substance use disorder.

Findings from the environmental scan related to recovery housing policy:

- **Ensuring resident accountability is sometimes in tension with housing rights.** Operators said that housing policies do not limit their ability to protect the integrity of recovery support services. The type of legal lease used, however, can become a barrier if a situation arises where a resident violated the house's recovery goals. To ensure that the operator and the resident can assess the appropriate level of care in this situation, a week-to-week rental agreement may offer a high degree of flexibility. This type of lease allows the housing operator to dismiss a resident from the home without having to go through an eviction process should other efforts to intervene and support residents fail.
- **It remains challenging to find housing for people who have experienced past interaction with the criminal justice system.** Community stakeholders, especially those operating inpatient treatment or re-entry programs, stated that they have a difficult time referring clients to recovery housing when individuals have certain kinds of criminal histories, especially sex offenses, arson, or violent crimes. Some recovery homes contract with the county or state to provide housing specifically to this population, which helps alleviate the problem significantly. It was unclear if every county or region has access to these homes. Concerns about criminal histories also occurs within the context of NIMBY opposition. When recovery housing operators opt to limit who can reside in the home based on criminal justice involvement, this can lead to overly restrictive barriers to entry that often have the greatest impact on people of color.
- **Inconsistent referral pathways may result in referrals to non-certified or low-quality homes.** Ensuring quality recovery housing is an important component in protecting individuals seeking recovery support. Stakeholders reported that not every recovery home is certified or recommended as a referral source. Most operators, recovery residents, and community partners agreed that potential residents should receive referrals to certified homes to prevent confusion and inappropriate placements. Respondents would like clarity and support related to enforcing OhioMHAS Quality Housing Criteria to ensure that quality recovery homes receive priority for referrals.

Recommendations

POLICY AND PLANNING

- Include more lived experience perspectives at the county board level to inform funding allocations. Ensure diversity and equity among individuals selected for these roles because of their lived experience, and support their participation and decision making.
- Explore policies to reduce barriers for individuals with criminal justice involvement because of a substance use disorder.
- Include LGBTQ+ specific language and guidance in policies that affect recovery housing settings—especially for the transgender community—to shape intake, screening, and house policies and procedures; these policies need to be inclusive, culturally responsive, and trauma-informed. Ensure that LGBTQ+ individuals engage in developing these guidelines.
- Clarify expectations and enforcement related to the OhioMHAS Quality Housing Criteria.
- Develop a referral policy that recommends certified houses as preferred referrals to enhance access to quality recovery housing.
- Create networking opportunities or community forums for recovery housing operators to interact regularly with their county boards. Encourage communication and data sharing among operators and boards. Ensure that these mechanisms include marginalized communities.
- Explore ways to support the placement of recovery homes in locations with economic opportunity, including zoning, pricing, or financing solutions. Such efforts should aim to reduce barriers by identifying and eliminating discriminatory actions by local zoning boards.
- Create a public, statewide list of priority areas in need of recovery housing capacity based on geographic area, population, and levels of resident support. Consider incentivizing operators to start recovery homes that respond to these needs.

PRACTICE AND TRAINING

- Establish a peer-to-peer group to discuss opportunities for recovery housing projects within urban, suburban, and rural settings that best match resident, operator, and community needs.
- Develop written guidance and deliver technical assistance to new operators to ensure that they understand regulations, such as zoning, and are familiar with recovery housing best practices.

ORH Outcomes Tool

Background

Ohio saw a need for quantitative data to describe recovery housing experiences and outcomes. At the time, most recovery housing literature was qualitative in nature and focused on U.S. areas outside of Ohio and otherwise not always comparable. In 2015, OhioMHAS partnered with ORH and Mighty Crow Media to develop an outcomes tool comprised of resident surveys and a data dashboard for operators. Data collection began in 2016. The resulting tools included many questions that recovery housing operators were already answering, either through GPRA (i.e., Government Performance and Results Act) or other grant and county reporting requirements. Additional questions were created and added to collect information for operators to assist them in providing services and supporting residents' recovery and housing needs, education, employment, and financial planning. Currently, the tools are primarily a resource for operators to continuously assess their services and engage in quality improvement. Operators benefit by having instant access to their data that they can download through the dashboard. ORH will continue to make improvements and updates to support Ohio's recovery housing, as ORH owns the tool and does not rely on a third-party platform for improvements.

The ORH outcomes tool is available to any Ohio operator that would like to use them, regardless of certification status. ORH promotes its outcomes tool to interested operators as being value-added, and OhioMHAS requires the tool's use by residences receiving funding. As of August 2021, 91 organizations were using the outcomes tool; 79 of these were organizations with ORH-certified recovery residences. ORH offers this training monthly:

- an overview of the survey,
- the data collection process, and
- an introduction to the dashboard.

Less frequently, ORH offers in-depth training on how to read, interpret, and use dashboard-provided data. The training is available to those in charge of reviewing the outcomes tool data at each recovery residence.

Over recent years, ORH witnessed interest from other states that were seeking access to and technical assistance with Ohio's outcomes tool for their own recovery residences. Currently, Indiana and West Virginia use this outcomes tool, providing potential for researchers to access data that covers multiple states.

As part of the 2021 environmental scan, the authors reviewed the outcomes tool to assess missing or redundant data points and to recommend next steps for research and implementation. These in-depth findings are in a separate report to ORH.

Findings

When asked about the ORH outcomes tool, operators expressed gratitude to ORH for providing training and administration support. Operators expressed little consistency, however, in how they use the dashboard data available to them. Many operators have residents complete the questionnaire but do not use the dashboard. Operators could greatly benefit from additional training and guidelines created for those with little data analysis experience. For example, such training could provide an overview of dashboard data and give concrete examples of how operators can integrate their data into fundraising appeals, grant applications, promotional brochures, and other collateral materials.

Findings from the environmental scan related to the ORH outcomes tool:

- **Operators find the tools comprehensive.** In its current state, operators noted the outcomes survey takes a resident about 10 to 15 minutes to complete and is not burdensome. When asked, operators generally did not think any questions were missing from the survey. Changes to question wording, however, may help clarify key residential details and ensure inclusivity and consistent data reporting.
- **Incorporating the regular administration of the ORH outcomes tool into practice can be challenging, particularly for residences with a small staff size or staff without much experience with technology.** Most operators reported that they incorporated the move-in survey into their intake process, although many noted that it was challenging to conduct six-month and move-out surveys with a small number of staff or staff members without technology savvy skills. Some operators found that the process ran smoothest when a single staff member was responsible for administering and tracking the completed surveys.

- **Residents drive length of stay, which is often less than six months; collecting the six-month time point data from residents is difficult.** According to the dashboard, the average length of stay for residents staying more than seven days is 19.9 weeks or just about five months. The number of survey completions by matched residents (that is, residents who completed the tool at more than one time point), also highlights this issue. A total of 748 people completed move-in and move-out surveys; 281 people completed a move-in and six-month survey. Operators suggested that collecting outcomes data at more realistic time points would be beneficial, for example, conducting monthly surveys after move-in through six months.
- **Outcome data are used most frequently to report to ADAMH boards and in funding or grant applications.** Operators have built managing the outcomes survey into their processes, but their use of data in innovative ways is limited. Operators frequently mentioned they do not review their dashboard data as often as they should and do not use their data for much beyond funding applications and reporting to their county ADAMH boards. As noted previously, the surveys originally included questions to support these reporting requirements. The variety of data collected supports more analysis and reporting than operators are currently conducting.
- **The ORH outcomes tool holds potential for enhanced data use.** As a growing field, recovery housing stakeholders would benefit from enhanced, consistent data drawn from residents and operators. In its current form, the ORH outcomes tool holds promise to serve this purpose, both on its own and potentially in concert with other state data sources that can help identify needs, gaps, and solutions and improve recovery outcomes. Depending on research and data objectives, ORH may need to refine the tool's data collection design and practices, and dissemination support.

Recommendations

RESEARCH

- Conduct a thorough analysis of the outcomes data and publish research.
- Use outcomes data to support Ohio's equity initiatives, including assessment of potential disproportionalities and gaps in access or quality.
- Update data tools to include survey response options that allow for comprehensive, disaggregated analyses of data based on factors reflecting equity concerns, such as:
    - race, gender, and sexual identity;
    - language preference;
    - disability status; and
    - other demographic factors.

PRACTICE AND TRAINING

- Continue to provide regularly scheduled training on how to administer the ORH outcomes tool and use the dashboard. Incorporate training and discussion to build a culture that values data as a way of driving quality, equity, and accountability.
- Ensure that the responses to demographics questions are inclusive and displayed in the dashboard in a way that aligns with the ORH outcomes tool.
- Ensure that data adequately represent recovery housing residents' needs and experiences; disseminate these data.
- Develop templates for brochures, flyers, infographics, and provider-specific data tools, so that operators can create customized materials by adding their dashboard data to the templates.
- Provide operators and residents comprehensive training on using the outcomes tool to boost understanding and quality of responses.
- Add an automated function to the outcome tool to promote participation.
- Consider increasing the data collection intervals.
- Create an interface so that operators can see survey results at the individual resident-level across multiple time points.
- Create a filtering option so that operators can query their data using the dashboard with additional customization.

References

American Civil Liberties Union of Ohio. (2021). Legal discrimination. https://www.acluohio.org/en/legal-discrimination

Ashford, R. D., Brown, A. M., Canode, B., McDaniel, J., & Curtis, B. (2019). A mixed-methods exploration of the role and impact of stigma and advocacy on substance use disorder recovery. *Alcoholism Treatment Quarterly*, *37*(4), 462–480.

Bunger, A. C., & Beer, O. (2019). *Recovery-oriented systems of care (ROSC) in Ohio: Statewide assessment results (2018)* [PDF]. Ohio Association of County Behavioral Health Authorities. https://www.oacbha.org/docs/ROSC_State_Report.pdf

Cauchon, D. (2020). *Special COVID report: Ohio overdose deaths rise estimated 29% in first half of 2020.* Harm Reduction Ohio. https://www.harmreductionohio.org/exclusive-ohio-overdose-deaths-rise-estimated-23-in-first-half-of-2020

Centers for Disease Control and Prevention. (2020, December 17). *Overdose deaths accelerating during COVID-19: Expanded prevention efforts needed* [Press release]. https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html

Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions. *Harvard Review of Psychiatry*, *23*(2), 63–75. doi:10.1097/HRP.0000000000000075

Dingle, G. A., Stark, C., Cruwys, T., & Best, D. (2015). Breaking good: Breaking ties with social groups may be good for recovery from substance misuse. *British Journal of Social Psychology*, *54*(2), 236–254.

Granfield, R., & Cloud, W. (1999). *Coming clean: Overcoming addiction without treatment.* New York University Press.

Granfield, R, & Cloud, W. (2001). Social context and "natural recovery": The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse*, *36*(11), 1543—1570. https://www.tandfonline.com/doi/abs/10.1081/JA-100106963?journalCode=isum20

Hall v. Philadelphia Housing Authority, April 2019.

Harrison, R., Cochrane, M., Pendlebury, M., Noonan, R., Eckley, L., Sumnall, H., & Timpson, H. (2017). *Evaluation of four recovery communities across England: Final report for the Give It Up project* [PDF]. Public Health Institute, Liverpool John Moores University.

Health Policy Institute of Ohio. (2018). *Ohio addiction policy scorecard: Prevention, treatment, and recovery* [PDF]. https://www.healthpolicyohio.org/wp-content/uploads/2020/11/AddictionScorecard_PreventionTreatmentRecovery_updated-11.24.2020.pdf

Health Policy Institute of Ohio. (2019). *2019 Health Value Dashboard.* https://www.healthpolicyohio.org/2019-health-value-dashboard

Jason, L. A., Luna, R. D., Alvarez, J., & Stevens, E. (2018). Collectivism and individualism in Latino recovery homes. *Journal of Ethnicity in Substance Abuse*, *17*(3), 223–236.

Jason, L. A., Stevens, E., & Light, J. M. (2016). The relationship of sense of community and trust to hope. *Journal of Community Psychology*, *44*(3), 334–341.

Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. *Substance Use & Misuse*, *43*(1), 27–54. https://doi.org/10.1080/10826080701681473

Lo, C. C., & Cheng, T. C. (2011). Racial/ethnic differences in access to substance abuse treatment. *Journal of Health Care for the Poor and Underserved*, *22*(2), 621–637. doi:10.1353/hpu.2011.0054

Matsuzaka, S., & Knapp, M. (2019). Anti-racism and substance use treatment: Addiction does not discriminate, but do we? *Journal of Ethnicity in Substance Abuse*, 1–27. https://doi.org/10.1080/15332640.2018.1548323

Mericle, A. A., Mahoney, E., Korcha, R., Delucchi, K., & Polcin, D. L. (2019). Sober living house characteristics: A multilevel analyses of factors associated with improved outcomes. *Journal of Substance Abuse Treatment*, *98*, 28–38.

Mericle, A. A., Polcin, D. L., Hemberg, J., & Miles, J. (2017). Recovery housing: Evolving models to address resident needs. *Journal of Psychoactive Drugs*, *49*(4), 352–361. https://doi.org/10.1080/02791072.2017.1342154

Miles, J. (2019). *Examining the effects of licensed recovery residences on alcohol and other drug disorders in Massachusetts: A multilevel analysis.* Brandeis University, The Heller School for Social Policy and Management. ProQuest Dissertations Publishing. https://www.proquest.com/openview/d0df423efc26cd31314e78bbf82b2c9b/1?pq-origsite=gscholar&cbl=18750&diss=y

National Alliance for Recovery Residences. (2016). *NARR Code of Ethics* [PDF]. https://narronline.org/wp-content/uploads/2016/08/NARR_Ethics_Code_final_July-2016.pdf

National Alliance of Recovery Residences. (2018). *NARR Standard 3.0* [PDF]. https://narronline.org/wp-content/uploads/2018/11/NARR_Standard_V.3.0_release_11-2018.pdf

Ohio Association of County Behavioral Health Authorities. (n.d.). R*ecovery is beautiful: A blueprint for Ohio's community mental health and addiction system* [PDF]. https://www.oacbha.org/docs/Recovery_is_Beautiful.pdf

Ohio Department of Health (n.d.). *2019 Ohio state health assessment: Access to behavioral health.* https://analytics.das.ohio.gov/t/ODHPIPUB/views/SHA_FINAL_Domain_HlthCareAccess/26_Access?:linktarget=_self&:isGuestRedirectFromVizportal=y&:embed=y

Ohio Department of Health. (2021, June 17). *Drug overdose*. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/Drug-overdose

Ohio Department of Mental Health and Addiction Services & Ohio Recovery Housing. (n.d.) *Recovery housing development guidebook* [PDF]. https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/CommunityAndHousing/HousingResources/RecoveryHousing/Recovery_Housing_Guidebook_Final.pdf?ver=2019-07-26-111942-127

Ohio Department of Mental Health and Addiction Services Bureau of Recovery Supports and Housing. (2018). *Quality housing criteria* [PDF]. https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/Funding%20Opportunities/2019/OMHAS_Quality_Housing_Criteria_Final_.pdf

Ohio Legislative Service Commission. (2017, July 1). Ohio Revised Code, Section 340.01 (A)(3). https://codes.ohio.gov/ohio-revised-code/section-340.01

Ohio Recovery Housing. (n.d.). *Quality standards*. https://www.ohiorecoveryhousing.org/standards

Polcin, D., Korcha, R., Gupta, S., Subbaraman, M. S., & Mericle, A. A. (2016). Prevalence and trajectories of psychiatric symptoms among sober living house residents. *Journal of Dual Diagnosis*, *12*(2), 175–184.

Richard, E. L., Schalkoff, C. A., Piscalko, H. M., Brook, D. L., Sibley, A. L., Lancaster, K. E., Miller, W. C., & Go, V. F. (2020). "You are not clean until you're not on anything": Perceptions of medication-assisted treatment in rural Appalachia. *International Journal of Drug Policy*, *85*, 102704.

Robeznieks, A. (2020, May 28). *COVID-19 may be worsening opioid crisis, but states can take action*. American Medical Association. https://www.ama-assn.org/delivering-care/opioids/covid-19-may-be-worsening-opioid-crisis-states-can-take-action

Ryan, J. (2019). *Housing: A critical link to recovery. An assessment of the need for recovery residences in Vermont* [PDF]. Downstreet Housing & Community Development. https://vtarr.org/wp-content/uploads/2019/10/Housing_A_Critical_Link_to_Recovery_Report_6_.pdf

Substance Abuse and Mental Health Services Administration. (2010). *Recovery-oriented systems of care resource guide*. https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

Substance Abuse and Mental Health Services Administration. (2019). *2017–2018 National Surveys on Drug Use and Health: Model-based estimated totals (in thousands; 50 states and the District of Columbia)* [PDF]. Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/sites/default/files/reports/rpt23259/NSDUHsaeTotals2018/NSDUHsaeTotals2018.pdf

Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* [PDF]. Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/

Substance Abuse and Mental Health Services Administration. (2021). *Medication-assisted treatment (MAT)*. U.S. Department of Health and Human Services. https://www.samhsa.gov/medication-assisted-treatment

U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). Health care systems and substance use disorders. In *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. https://www.ncbi.nlm.nih.gov/books/NBK424848

SOURCES FOR GLOSSARY DEFINITIONS

Blue, S. C., & Rosenberg, L. (2017). *Recovery housing issue brief: Information for state policymakers*. National Council for Behavioral Health. https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief_May-2017.pdf?daf=375ateTbd56

C4 Innovations. (n.d.). *Medication-assisted treatment (MAT) / medication-assisted recovery (MAR)*. https://c4innovates.com/training-technical-assistance/medication-assisted-treatment-recovery

C4 Innovations. (n.d.). *Recovery housing*. https://c4innovates.com/training-technical-assistance/recovery-housing

Facing Addiction with NCADD. (2018). *Multiple pathways of recovery: A guide for individuals and families*. http://www.william-whitepapers.com/pr/dlm_uploads/Multiple-Pathways-of-Recovery-Guide-2018.pdf

National Association of Recovery Residences. (2011). *Standard for recovery residences: Version 1.0*. https://narronline.org/wp-content/uploads/2014/02/NARR-Standards-20110920.pdf

National Association of Recovery Residences. (2019). *National standard 3.0 compendium*. https://narronline.org/wp-content/uploads/2019/02/NARR-Standard-Compendium-v3.pdf

National Institute on Drug Abuse. (2020, July 10.) *Treatment and recovery*. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Paquette, K., Greene, N., Sepahi, L., Thom, K., & Winn, L. (2013). *Recovery housing in the state of Ohio: Findings and recommendations from an environmental scan*. Ohio Council of Behavioral Health and Family Services Providers.

Polcin, D. L., Korcha, R., Bond, J., & Galloway, G. (2010). What did we learn from our study on sober living houses and where do we go from here? *Journal of Psychoactive Drugs*, *42*(4), 425–433. https://doi.org/10.1080/02791072.2010.10400705l

Appendices

APPENDIX A SUMMARY OF RECOMMENDATIONS

Appendix A features a summary of our recommendations, organized according to the eight themes that emerged from the 2021 environmental scan:

- Access and referrals
- Equity
- Quality and certification
- Recovery supports
- Medication-assisted treatment
- COVID-19 pandemic
- Recovery housing policy
- ORH outcomes tool

Access and Referrals

POLICY AND PLANNING

- Identify anticipated gaps and inequities that may occur when funding streams limit grantees to serving only individuals with certain addictions or specific diagnoses.
- Enhance consumer and public education and outreach within and beyond treatment, recovery, housing, and criminal justice systems. Focus on reducing stigma surrounding substance use and recovery, educate the community about available services and how to access them, and clarify expectations about housing quality and residents' rights. Engage with RCOs and other recovery stakeholders to design and execute such outreach initiatives.
- Using an equity framework, assess how operators market recovery housing and how individuals access housing.
- Engage cross-system stakeholders to identify and redress inequities in behavioral health and adjacent and upstream systems.
- Explore policy changes that could reduce barriers for individuals in substance use recovery who also have specific criminal offenses. Such policy changes could support people in finding and sustaining housing and employment, both of which are essential long-term recovery supports.
- Conduct outreach to courts, judges, and other key stakeholders in the criminal justice system to further awareness about substance use and recovery, reduce stigma and other attitudinal barriers to recovery, and educate stakeholders about recovery housing resources and quality.
- Support recovery housing operators in engaging with other relevant systems such as criminal justice, and in identifying and leveraging resources and strategies that support people in recovery.
- Explore solutions to resolve lack of transportation in rural areas.
- Investigate solutions that will incentivize employers and promote training and jobs that achieve livable wages for people in recovery.
- Look at the impact of the state's Section 1115 Substance Use Disorder Demonstration Waiver, and when available, disseminate this information and any associated guidelines to recovery housing operators and other stakeholders.
- Explore financing models that will support the development, expansion, and sustainability of recovery housing models for the long-term. Include how financing models may vary by level.

RESEARCH

- Identify ways to monitor demand for recovery housing, perhaps by extending the use of ORH's outcomes tool and waiting lists, and finding additional ways to measure unmet needs in communities served.
- Conduct research to assess the true demand for recovery housing and its types, levels, and characteristics at community, county, or state levels. Such research could help to inform an intentional development plan for recovery housing.

- Support research to assess the impact of length of stay, resident subsidies and self-pay strategies, and other related factors that may drive outcomes.
- Support research on the recovery housing needs of specific populations, as well as on the value and outcomes of providing culturally specific recovery housing.

PRACTICE AND TRAINING

- Prioritize training on sustainability and business planning to ensure that Ohio maintains its current recovery housing capacity even as state and federal budgets fluctuate.
- Offer enhanced cultural competence and equity training to prompt operators to ask questions about who is served, who is not served, and how well operators are delivering services.
- Explore referral pathways and identify gaps that could undermine access, equity, and choice.

Equity

POLICY AND PLANNING

- Evaluate RFPs (requests for proposals) and other funding opportunities to ensure that the evaluation and funding considerations include equity.
- Recognize and address barriers to access for people who identify as specific races and ethnicities, as well as specific gender and sexual identities, disabilities, parents or families with children, and other marginalized populations.
- Identify NIMBY-related factors that perpetuate racial inequities in recovery housing; support operators to implement solutions to overcome these barriers.
- Include a diverse representation of stakeholders to inform policy, funding, and programming priorities. This could be through the creation of an advisory group to support OhioMHAS or ORH, with priority emphasis on equitable representation and lived experience of recovery and recovery housing.
- Evaluate outcomes data tools and other state data sources to ensure that they consistently address race as well as language preference, disability status, and other factors that may contribute to marginalization within recovery housing as well as the broader behavioral and physical health continuum.
- When possible, ensure that researchers:
    - disaggregate and analyze data
    - consider intersectionality
    - use data to identify gaps or barriers to accessing recovery housing
    - measure successes
    - identify best practices in serving diverse populations
- Incorporate expectations for recovery housing operators specific to how they serve their local community, connect with diverse partners, and seek to reduce barriers toward equity for underserved populations.
- Explore what role ADAMH boards might play in fostering a culture of equity and accountability, and in establishing best practices and expectations for recovery housing operators.

RESEARCH

- Apply a racial equity framework when conducting any evaluation or research on Ohio's recovery housing and behavioral health services continuum of care. Explore how structural racism in treatment and other systems of care lead to racial inequities in how people access recovery housing and other recovery supports.
- Review available data sources in Ohio to identify disparities across race, gender, and other demographics that may predict access to and outcomes in recovery housing.
- Apply available data to ongoing equity work to identify who is and who is not accessing recovery housing across Ohio; identify gaps and needs, target strategies for improvement and next steps, and regularly measure progress.

PRACTICE AND TRAINING

- Develop a statewide strategy to provide equity training opportunities to advance equity and cultural responsiveness.
- Develop a statewide strategy to employ an equity framework for recovery housing.
- Review data regularly to make midcourse corrections, address gaps or disparities, and monitor progress.
- Ensure that housing capacity matches the demographics of residents in need, and that staffing patterns consider residents' background.
- Partner with organizations to build relationships with communities that may not have previously had access to substance use treatment, recovery housing, or other recovery supports.
- Partner with organizations and community groups that have expertise in serving systematically marginalized populations.
- Support training to ensure that promotional materials, intake forms, and other written documents take into consideration language needs and literacy level. Incorporate video or audio messaging options.
- Integrate evidence-based approaches into recovery housing settings, where applicable, to support and address the unique and diverse needs of people with disabilities.

Quality and Certification

POLICY AND PLANNING

- Establish a long-term (5 to 7 years) strategic plan for recovery housing in Ohio and align funding and technical assistance accordingly. Include plans for providing housing options, subsidies, and supports for individuals after they exit a recovery residence, to promote long-term recovery and housing stability.
- Continue state support for activities that advance certification, quality, training and technical assistance, and network development for recovery housing operators and stakeholders.
- Explore how increased quality results in improved outcomes and resident satisfaction.
- Strengthen outreach, education, and referral pathways for prospective residents, families, and stakeholders.
- Create and facilitate opportunities for consistent feedback and conversation with residents and their families.
- Clarify guidance to ADAMH boards regarding quality standards (ORH, CARF, Oxford House, and OhioMHAS Quality Housing Criteria) and homes that do not meet such standards.
- Incorporate sustainability and business planning as essential components of quality.
- Clarify how the state uses recovery housing data and identify ways to strengthen data analysis, dissemination, and potential alignment with other relevant state data.
- Clarify expectations and enforcement of OhioMHAS Quality Housing Criteria. Examine what has worked in other states in terms of legislation and enforcement of quality housing criteria and explore what would work in Ohio.

- PRACTICE AND TRAINING
- Continue and enhance training and technical assistance offerings that align with Ohio's priorities to advance equity, quality, accessibility, and sustainability.
- Enhance operators' use of the outcomes tool and dashboard to promote a culture of continuous quality improvement.
- Explore interest in statewide peer-to-peer learning and exchange groups, including groups among non-certified or unaffiliated residences.

Recovery Supports

POLICY AND PLANNING

- Expand Ohio's efforts to promote awareness of behavioral health services, including a specific focus on recovery supports and recovery housing.
- Further explore barriers to housing, employment, and education with a special emphasis on re-entry programs. Use an equity framework when conducting assessments of barriers to housing, services, and supports.
- Strengthen professional development for house managers. Establish a statewide peer-to-peer learning academy for house managers or another mechanism to encourage peer learning and exchange.

- Clarify roles and responsibilities for house managers to develop consistency and increase professionalization while maintaining a peer orientation.
- Ensure that house managers receive appropriate training and supervision to succeed in these roles. Such training should include best practices for sharing lived experience in leadership roles.
- Integrate peer support specialists throughout the continuum to strengthen referral pathways and enhance engagement in treatment and recovery supports.
- Seek comments and recommendations from people with lived experience of recovery on how to prioritize and fund recovery support services.
- Explore specific, developmentally appropriate recovery support needs for transition-age youth and young adults to inform priorities and funding. Engage youth and young adults meaningfully in this process.
- Consider what role RCOs can play in these and other efforts to connect residents to recovery supports.

PRACTICE AND TRAINING

- Prioritize life skills training as being an essential recovery support as residents prepare to move on from recovery housing.
- Develop and disseminate toolkits to support recovery housing operators in integrating essential knowledge, skills, and practice (e.g., life skills training, employment supports, social enterprise models).
- Strengthen pathways to employment through linkages and outreach to cultivate recovery-friendly employers.
- Provide consumer education that empowers consumers to know their options and rights.
- Provide recovery capital and ROSC training to housing operators and treatment providers.
- Disseminate outcome data to state funders, county partners, and community stakeholders to demonstrate the importance and value of recovery supports, including recovery housing, on individual outcomes.

Medication-Assisted Treatment

POLICY AND PLANNING

- Continue efforts to address stigma and misunderstanding among healthcare, criminal justice, and other systems regarding the use of medication to treat OUD.
- Engage stakeholders representing various professions and perspectives to build consensus toward a common vision of an integrated, person-centered continuum of treatment and recovery supports.
- Expand efforts to promote understanding of and access to MAT as a recovery pathway in rural areas. Suggested activities:
    - Execute social marketing and media campaigns
    - Host community events that center lived experience with other treatment and recovery professions and perspectives
    - Build support for rural areas to administer telehealth using models such as hub and spoke to enable access to MAT
- Identify specific barriers to accessing MAT, such as cost, location, and prescriber capacity, and build solutions to overcome these barriers in an equitable way.
- Promote access to peer support for people with OUD, as well as those with other substance use disorders, as a means of decreasing self-stigma and promoting longer, more regular treatment engagement.
- Improve tracking of recovery homes' ability to support and monitor MAT access.

PRACTICE AND TRAINING

- Build on opioid response initiatives to enhance and expand the MAT-inclusive culture, which embraces multiple pathways while fulfilling the evidence-based model of MAT combined with psychosocial services and recovery supports. Continue training and technical assistance that will deepen the cultural change among recovery operators who currently support MAT, and strengthen outreach and inclusion of those who are not.
- Further anti-stigma education and best practices within recovery homes and in the broader recovery community.

COVID-19 Pandemic

POLICY AND PLANNING

- Continue gathering operators' best practice guidance for preventing COVID-19 and other communicable disease transmission; regularly update online FAQs and best practice documents on ORH's website.
- Establish an ongoing, remote peer resident group to advise on project policy, best practices, and the pandemic's effect on Ohio's recovery housing residents. Have an external third-party (ORH or other) facilitate the group.
- Explore and document relapse and overdose rates from the last six months, comparing rates within the recovery housing community to the larger community. These data could support fundraising, public education, and advocacy.
- Expand and enforce standards related to the prevention of communicable disease transmission, and preparedness for future pandemics.
- Identify populations who experience a disproportionate impact of COVID-19 in Ohio, and how this disparity intersects with access to treatment and recovery supports. Work with affected populations to develop and implement strategies to redress these inequities.
- Assess how to continue eviction guidelines and other COVID-19 relief strategies after the pandemic to reduce barriers to recovery housing and ensure equity.
- Leverage and support the use of technology to connect residents to multiple treatment sources and recovery supports, including those that meet their specific cultural needs.

PRACTICE AND TRAINING

- Continue to refine best practice guidance; support implementation of procedures that prevent transmission of COVID-19 and other communicable diseases.
- Ensure that recovery housing operators have pandemic and disaster contingency plans.
- Ensure that residents have access to a range of flexible, digital, or hybrid recovery support options.
- Ensure that residents are aware of safety procedures and have necessary supplies and equipment to protect themselves and others.

Recovery Housing Policy

POLICY AND PLANNING

- Include more lived experience perspectives at the county board level to inform funding allocations. Ensure diversity and equity among individuals selected for these roles because of their lived experience, and support their participation and decision making.
- Explore policies to reduce barriers for individuals with criminal justice involvement because of a substance use disorder.
- Include LGBTQ+ specific language and guidance in policies that affect recovery housing settings—especially for the transgender community—to shape intake, screening, and house policies and procedures; these policies need to be inclusive, culturally responsive, and trauma-informed. Ensure that LGBTQ+ individuals engage in developing these guidelines.
- Clarify expectations and enforcement related to the OhioMHAS Quality Housing Criteria.
- Develop a referral policy that recommends certified houses as preferred referrals to enhance access to quality recovery housing.
- Create networking opportunities or community forums for recovery housing operators to interact regularly with their county boards. Encourage communication and data sharing among operators and boards. Ensure that these mechanisms include marginalized communities.
- Explore ways to support the placement of recovery homes in locations with economic opportunity, including zoning, pricing, or financing solutions. Such efforts should aim to reduce barriers by identifying and eliminating discriminatory actions by local zoning boards.
- Create a public, statewide list of priority areas in need of recovery housing capacity based on geographic area, population, and levels of resident support. Consider incentivizing operators to start recovery homes that respond to these needs.

PRACTICE AND TRAINING

- Establish a peer-to-peer group to discuss opportunities for recovery housing projects within urban, suburban, and rural settings that best match resident, operator, and community needs.
- Develop written guidance and deliver technical assistance to new operators to ensure that they understand regulations, such as zoning, and are familiar with recovery housing best practices.

ORH Outcomes Tool

RESEARCH

- Conduct a thorough analysis of the outcomes data and publish research.
- Use outcomes data to support Ohio's equity initiatives, including assessment of potential disproportionalities and gaps in access or quality.
- Update data tools to include survey response options that allow for comprehensive, disaggregated analyses of data based on factors reflecting equity concerns, such as:
    - race, gender, and sexual identity;
    - language preference;
    - disability status; and
    - other demographic factors.

PRACTICE AND TRAINING

- Continue to provide regularly scheduled training on how to administer the ORH outcomes tool and use the dashboard. Incorporate training and discussion to build a culture that values data as a way of driving quality, equity, and accountability.
- Ensure that the responses to demographics questions are inclusive and displayed in the dashboard in a way that aligns with the ORH outcomes tool.
- Ensure that data adequately represent recovery housing residents' needs and experiences; disseminate these data.
- Develop templates for brochures, flyers, infographics, and provider-specific data tools, so that operators can create customized materials by adding their dashboard data to the templates.
- Provide operators and residents comprehensive training on using the outcomes tool to boost understanding and quality of responses.
- Add an automated function to the outcome tool to promote participation.
- Consider increasing the data collection intervals.
- Create an interface so that operators can see survey results at the individual resident-level across multiple time points.
- Create a filtering option so that operators can query their data using the dashboard with additional customization.

APPENDIX B METHODOLOGY AND PARTICIPANTS

C4 Innovations (C4) used a mixed-methods approach to gather and report data for the environmental scan, drawing from multiple sources:

- Current literature
- Brief surveys
- State- and community-level stakeholder interviews
- Interviews with residents of recovery housing
- Publicly available surveillance data
- Aggregate data from ORH's outcomes tool

Initially, the proposed methodology included in-person travel to conduct semi-structured interviews and focus group discussions with stakeholders, recovery residence operators, and residents of recovery housing. The ongoing COVID-19 pandemic, however, impeded on-site visits. Instead, the team collected qualitative data virtually including telephone and video conferencing. We used purposive sampling to identify participants who could speak to current needs and practices in recovery housing in Ohio and (if possible) how things have changed since the 2013 environmental scan. The team worked with ORH staff and recovery residence operators to identify potential resident interviewees based on their ability and willingness to provide information on services.

DATA SOURCES

Literature Review

C4 began the environmental scan by conducting a thorough literature review to find the latest research in recovery housing on topics such as:

- best practices in serving people with opioid use disorder (OUD),
- medication-assisted treatment (MAT)-proficient recovery housing, and
- best practices in supporting families, transition-age youth, and other priority populations during their time in recovery housing.

To ensure the literature review was inclusive, C4 set criteria to guide the team in identifying the latest, appropriate research; C4 also established preliminary primary, secondary, and tertiary search terms. ORH reviewed and approved the key terms. In addition to identifying current best practices and trends across the literature, the literature review informed our qualitative data collection protocols.

Surveillance Data Review

To better understand the demographic and regional differences across the State of Ohio, C4 inventoried these and other surveillance data:

- U.S. Census Bureau
- Ohio State Health Assessment
- Healthy Policy Institute of Ohio Health Value Dashboard
- U.S. Department of Agriculture Economic Research Service state-level data

Surveillance data, in conjunction with the literature review, allowed C4 to identify potential needs and gaps in services as well as geographic areas that warrant further investigation through focus groups and interviews.

Ohio Recovery Housing Outcomes Tool

C4 conducted a thorough review of the Ohio Recovery Housing Outcomes Tool by examining the questionnaire and dashboard. The team interviewed dashboard developers and operators using the dashboard to learn the following:

- how they developed the outcomes tool,
- how operators administer the questionnaire to residents, and
- how operators use the data available via the dashboard.

C4 used ORH Outcomes Tool data to examine the demographic similarities and differences between Ohio residents as a whole and residents of recovery residences in Ohio who responded to the questions in the tool.

QUALITATIVE DATA

Recovery Residences Operator Survey

To make the most of the time available for the recovery residences operator focus groups, C4 developed a brief survey to gather details about residences as well as preliminary information about resident populations that operators serve or hope to serve.

Recovery Residences Operator Surveys collected the following data points:

- Operator's name
- Recovery residence(s) name
- Role(s)
- County(ies)
- Number of years operating residence
- Number of residents at the home
- Populations served
- Whether or not the residence accepts individuals who are receiving MAT
- Whether or not the operator uses the Ohio Recovery Housing Outcomes Tool
    - If yes, how often does the operator review their Outcomes Tool data?

Survey data provided context before C4 conducted interviews or focus groups; 11 of the 13 operators who participated in the focus groups completed the operator survey.

Recovery Residences Operator Focus Groups

C4 staff facilitated focus groups with recovery residence operators by dividing the operators into two groups of no more than 10 operators in each cohort for a total of 20 operators. Each cohort met twice using RingCentral Meetings to allow webcams and create a virtual face-to-face experience. C4 developed focus group protocols, building on key informant survey responses and focusing on the environmental scan's priorities. Focus group discussions covered three topics:

- Ohio's recovery housing response to COVID-19
- Environmental scan
- ORH outcomes tool

The focus groups comprised no more than 10 people who were on the same staffing level (that is, direct service staff did not group with administrators). Thirteen operators participated in focus groups; three operators who had scheduling conflicts with the focus groups participated in one-on-one interviews.

State-, County-, and Community-Level Stakeholder Interviews

C4 partnered with ORH to identify state-, county-, and community-level stakeholders who had the knowledge to comment on the topics—especially access to and availability of recovery residences—we were researching through the environmental scan. C4 conducted these interviews:

- five state-level stakeholder interviews,
- four county-level stakeholder interviews, and
- 12 community-level stakeholder interviews.

C4 conducted four additional interviews with ORH staff, Mighty Crow Media staff, and a recovery housing research expert. C4 created semi-structured interview protocols that focused on the scan's priorities. The team interviewed stakeholders individually, lasting no more than 60 minutes per interview. Table B1 lists participants' names, role, and organization; the table does not include the names of the residents interviewed.

Table B1: Interview List

Name	Role	Organization
Erin Helms	Operator	Woodrow Project
Nicole Wesley	Operator	Nikki's House
Yolanda Green	Operator	Mommy and Me Too
Tony Correa	Operator	B. Riley
Chelsea Hackney	Operator	John Clem House
Dorothy Crusoe	Operator	Community House
Amy Peoples	Operator	Zepf Recovery Housing
Korey McCreery	Operator	Phoenix House, UMADAOP
Suzann Mark	Operator	Lower Lights Ministries
Rick Mason	Operator	House of Hope
Jennifer Gorsuch Walter	Operator	Pearl House, Fairfield Homes
DeeAnn Camp	Operator	First Step Homes
Perry Clark	Operator	Truly Reaching You
Cheri Walters	County Stakeholder	Ohio Association of County Behavioral Health Authorities
Robin Harris	County Stakeholder	Gallia, Jackson, Meigs ADAMHS Board
April Caraway	County Stakeholder	Trumbull ADAMHS Board
Pam Stanley	County Stakeholder	Montgomery County ADAMHS Board
Jeremy Morris	Community Stakeholder	Centers for Independent Living
Katie Kitchin	Community Stakeholder	CSH
Josh Johnson	Community Stakeholder	Coalition on Homelessness and Housing in Ohio
Christopher Galli	Community Stakeholder	Ohio Department of Corrections and Reentry
Sarah Thompson	Community Stakeholder	Ohio Citizen Advocates for Addiction Recovery
Marc Jacobson	Community Stakeholder	Crossroads
Dustin Mets	Community Stakeholder	CompDrug
Heather Bruno	Community Stakeholder	Hopewell Health
Jimmy Wilson	Community Stakeholder	Talbert House
Ramona Peel	Community Stakeholder	Equitas Health
Mike Frazier	Community Stakeholder	Ohio Development Services Agency
Alisha Nelson	Community Stakeholder	Ohio Minority Health Strikeforce
Lori Criss	State-level Stakeholder	Ohio MHAS
Alisia Clark	State-level Stakeholder	Ohio MHAS
Joyce Starr	State-level Stakeholder	Ohio MHAS
Roma Barickman	State-level Stakeholder	Ohio MHAS
Sue Tafrate	State-level Stakeholder	Ohio MHAS
Danielle Gray	State-level Stakeholder	Ohio Recovery Housing
Gretchen Clark Hammond	Other Stakeholder	Mighty Crow Media
Kathleen Gallant	Other Stakeholder	Mighty Crow Media
Amy Mericle	Other Stakeholder	Alcohol Research Group

Note: The table does not include names of residents interviewed

Resident Interviews

C4 conducted 11 interviews with current and past residents of recovery houses throughout Ohio to better understand their experiences accessing and using recovery housing. The interviews were to identify gaps and service needs as well as the strengths of Ohio's recovery housing. Interviews lasted no longer than 60 minutes each. Recovery residence operators who participated in the focus groups assisted in recruiting residents by distributing an informational flyer to residents. Interested residents contacted C4 to schedule an interview. Each participating resident received a $25 gift card in appreciation for their time.

APPENDIX C STATEWIDE DATA AND MAPS

The availability of recovery housing in Ohio varies widely based on location within the state. As of July 2021, there were 582 known residences across the state, serving more than 5,488 Ohioans at any one time. As of August 2021, Ohio Recovery Housing (ORH) had certified 268 recovery housing properties statewide, with the ability to serve a total capacity of 2,306 people. There is at least one recovery residence in 76 of Ohio's 88 counties.

As of September 17, 2020, a total of 132 recovery houses across Ohio had participated in Ohio Recovery Housing's Outcomes Tool with residents having completed 6,011 surveys. Recovery houses completing the ORH Outcomes Tool cover 83 of Ohio's 88 counties. Figure C1 shows the number of surveys completed across three time points: move-in, 6-months, and move-out. Most surveys (61 percent) are at the move-in time point, with slightly more than one quarter (29 percent) of surveys conducted at move-out. The team collected six-month surveys from residents who had lived in the recovery residences for six or more months. The average number of weeks of stay for those who completed the ORH Outcomes Tool at any time point was 18.4 weeks, with the average length of stay for those who stayed at the residence for more than seven days was 19.9 weeks. The majority (92.5 percent) of residents completing the survey stayed longer than one week.

Figure C1

Number of ORH Outcome Tool Surveys Completed by Time Point

According to U.S. Census data, Ohio residents fall into the following categories:

- 81.9 percent White alone
- 13.0 percent Black or African American alone
- 2.5 percent Asian alone
- 2.3 percent two or more races
- 0.1 percent Native Hawaiian or other Pacific Islander alone
- 3.9 percent are Hispanic or Latino, and
- 78.7 percent are White alone, not Hispanic or Latino.

Table C1 shows race and ethnicity of recovery housing residents who completed the ORH Outcomes Tool survey at move-in. Note that the U.S. Census and the ORH Outcomes Tool collect and analyze race and ethnicity data differently. To identify how reflective residents are of the broader community, county, or state demographics, we need further analysis of the ORH Outcomes Tool since the dashboard does not present this data.

Table C1: *Race and Ethnicity of Residents Who Completed ORH Outcomes Tool at Move-In*

Race and ethnicity	n	%
White	3,097	82
Black or African American	412	11
Hispanic or Latino	145	4
I prefer not to disclose	55	1
American Indian or Alaska Native	41	1
Other Race or Ethnicity, not specified	19	1

Note: Residents could give more than one response

Looking at population on a county-level, according to the U.S. Census, these are Ohio's five most populous counties as of July 2021:

- Franklin County (66 recovery houses; 27 certified)
- Cuyahoga County (74 recovery houses; 32 certified)
- Hamilton (44 recovery houses; 17 certified)
- Summit (29 recovery houses; 20 certified)
- Montgomery (44 recovery houses; 23 certified)

Access to Health Care, Including Substance Use Treatment and Recovery Services

While geared toward a general definition of *health* than *behavioral health*, HPIO (2019) found that Ohioans who are racial or ethnic minorities share these characteristics:

- Have lower incomes or educational attainment
- Are often sexual or gender minorities
- Are living with disabilities
- Live in rural or Appalachian counties
- Experience poorer health outcomes
- Face barriers to being healthy

HPIO noted that addiction is a major factor in Ohioans poor health. Existing substance use prevention, treatment, and recovery services, however, have gaps and result in unequal access due to a patchwork approach. Results of the 2017 National Survey on Drug Use and Health (SAMHSA, 2019) showed that 2.53 percent of people age 12 and older in Ohio needed, but were not receiving, treatment services for illicit drug use. This rate is similar to the national U.S. rate of 2.45 percent. Of the 1,944 individuals who had 30 days of no substance use before move-in, almost two-thirds (63 percent) were in residential treatment for the past 30 days. The remaining one-third of residents stated they were either incarcerated for the past 30 days (19 percent) or were neither in treatment nor incarcerated for the past 30 days (18 percent).

According to recovery housing residents completing the ORH Outcomes Tool, residents were using these recovery support activities at move-in:

- almost three-quarters (74 percent) were in 12-step programs or other recovery activities (76 percent), and
- over one-third (39 percent) had a sponsor.

A move-out, survey results showed that:

- most residents (95 percent) were in a 12-step program,
- 88 percent were involved in other recovery activities, and
- three-quarters (75 percent) had a sponsor.

Note that responses are not matched across time points, therefore, we cannot identify change over time given the way that the ORH Outcomes Tool Dashboard presents data. For example, it could be that residents involved in 12-step programs when they left the recovery residence were the same residents in 12-step programs when they entered the residence.

Table C2: *Recovery Support Activities Across Resident Cohorts*

Resident cohort in time	n	% in 12-step program	% with a sponsor	% with recovery activity
at move-In	3,340	74.40	38.50	76.35
at 6-months	562	97.33	82.03	97.86
at move-Out	1,470	95.03	75.44	88.16

Note: Does not show change over time

HPIO's Addiction Evidence Project found that Ohio needs more providers of MAT, psychosocial treatment, and recovery services (including but not limited to recovery housing, peer support, and 12-step programs), and that the state needs additional data to identify capacity within the treatment system and among the behavioral health workforce. According to the report, the state lacks policies to address recovery in comparison to its policies focusing on prevention and treatment. Ohio also lacks adequate long-term supports for ongoing recovery. The fact that Ohio Recovery Housing-certified housing is only available in 46 counties in Ohio contributes to the state's gaps in recovery services. State-level policies and funding for supported employment services focus on people with severe and persistent mental illness, creating a gap for people recovering from substance use disorders (HPIO, 2018).

The availability of MAT varies widely across the State of Ohio. As of 2018, 79 of Ohio's 88 counties (90 percent) had access to MAT, however, the forms of MAT available varied. For example, Highland County reported that buprenorphine was the only medication in the county to treat opioid use disorder. Fifty counties across Ohio had providers who offered buprenorphine and vivitrol; 16 counties had access to buprenorphine, methadone, and vivitrol; and 12 counties had access to vivitrol only. Nine counties throughout Ohio did not have any providers prescribing MAT, yet three of these counties (Adams, Fulton, Henry) had recovery housing. This meant that residents had to travel out of county to access MAT. The remaining six counties—Wyandot, Morrow, Holmes, Harrison, Noble, Morgan—lacked recovery residences at the time of the survey (ODH, n.d.).

APPENDIX D LITERATURE REVIEW

As a component of the environmental scan, C4 conducted a literature review to identify current best practices and trends in recovery housing. The tables in Appendix D provide an overview of the literature in recent years that related to recovery residences both in the United States and internationally. We organized our findings into these topics:

- Recovery support services
- Access
- Medication-assisted treatment (MAT)
- COVID-19 pandemic
- Equity

Each section begins with a brief introduction and features a table that includes the applicable literature organized by similar subtopics, such as stigma or peer-run and Oxford Houses.

Recovery Support Services

The success of recovery support services in substance use treatment are largely dependent on individual characteristics, preferences, and personal history. The literature suggests, however, that the peer support provided in recovery housing can be vital to developing and maintaining one's resiliency, self-efficacy, and hope throughout the recovery process. Individuals in recovery also benefit from stable housing, access to clinical treatment, and the continuum of care following services.

Author(s)	Year	Title	Journal	Main Findings
Mericle A. A., Mahoney, E., Korcha, K., & Polcin, D. L.	2019	Sober living house characteristics: A multilevel analyses of factors associated with improved outcomes	The Journal of Substance Abuse Treatment	Researchers found that large networks, treatment programs, and sobriety requirements were associated with higher levels of success.
Jason, L. A., Mericle, A. A., Polcin, D. L., & White, W. L.	2013	The Role of Recovery Residences in Promoting Long-term Addiction Recovery	American Journal of Community Psychology	The authors of this report call for government support and increased funding, research, professional training, and public education strategies to address stigma surrounding recovery residences.
Miles, J.	2019	Examining the Effects of Licensed Recovery Residences on Alcohol and Other Drug Disorders in Massachusetts: A Multilevel Analysis	N/A	In this study, certain program characteristics, such as house meetings, allowing residents to leave the residence without staff permission, and higher levels of peer staff improved resident outcomes. Larger capacity, nonclinical services, close adherence to 12-step principles, and family-style meals resulted in worse resident outcomes.
Brown, A. M., & Ashford, R. D.	2019	Recovery-informed theory: Situating the subjective in the science of substance use disorder recovery	Journal of Recovery Science	Recovery informed theory (RIT) states that "successful long-term recovery is self-evident and that such recovery is a fundamentally emancipatory set of processes." RIT uses the insights of successful recovery experiences to incorporate lived experiences in policy and practice.
Manuel, J. I., Yuan, Y., Herman, D., Svikis, D., Nichols, O., Palmer, E., & Deren, S.	2017	Barriers and Facilitators to Successful Transition from Long-Term Residential Substance Abuse Treatment	Journal of Substance Abuse Treatment	The authors of this paper suggest that a continuum of care including stable housing, employment, aftercare services, positive support networks, discharge planning services, and funding to address gaps in service delivery may assist high-risk individuals after their discharge from a recovery residence.

Author(s)	Year	Title	Journal	Main Findings
do Carmo, D. A., Palma, S. M. M, Ribeiro A., Trevizol, A. P., Brietzke, E., Abdalla, R. R., Alonso, A. L. S., da Silva, C. J., Cordeiro, Q., Laranjeira, R., & Ribeiro, M.	2018	Preliminary Results from Brazil's First Recovery Housing Program	*Trends in Psychiatry and Psychotherapy*	The first recovery house in Brazil was effective in reducing relapse and facilitating community integration and employment opportunities for residents in recovery.
Polcin, D. L., Mahoney, E., & Mericle, A. A.	2020	House Manager Roles in Sober Living Houses	*Journal of Substance Use*	Sober living house managers play a variety of roles in their houses that vary from primarily administrative tasks to providing high levels of support for residents.
Dingle, G. A., Stark, C., Cruwys, T., & Best, D.	2015	Breaking Good: Breaking Ties with Social Groups May Be Good for Recovery from Substance Misuse	*British Journal of Social Psychology*	Individuals living in a therapeutic community (TC) for a long period began to develop social ties with members of the TC, while previous substance use social ties lessened. The development of a new social identity provided social support benefits and aided the recovery process.
Bleiberg, J. L., Devlin, P., Croan, J., & Briscoe, R.	2009	Relationship between Treatment Length and Outcome in a Therapeutic Community	*International Journal of the Addictions*	When compared to residents who received 1 month of treatment in a therapeutic community, residents in the 6-month program had more successful outcomes.
Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T.	2006	Communal Housing Settings Enhance Substance Abuse Recovery	*American Journal of Public Health*	Oxford House residents were less likely to engage in substance use and criminal activity, and more likely to be employed than those in usual-care conditions. Researchers attributed this difference to the positive impact of social connection and communal living.
Jason, L. A., Salina, D., & Ram, D.	2015	Oxford Recovery Housing: Length of Stay Correlated with Improved Outcomes for Women Previously Involved with the Criminal Justice System	*Substance Abuse*	Individuals who lived in an Oxford House and had stable employment for at least 6 months reported less drug and alcohol use. Longer stays in Oxford Housing were also correlated with abstinence and self-efficacy.
Isler, B., Mineau, M., Hunter, B., Callahan, S., Gelfman, N., Bustos, Y., Dovale, I., Peterson, A., & Jason, L. A.	2017	Relationship Themes Present between Parents and Children in Recovery Homes	*Alcoholism Treatment Quarterly*	Children who live in Oxford Homes with their parents experienced higher levels of support and safety. Parents also experienced lower levels of stress, thus decreasing their risk for relapse.
Chavira, D.	2017	The Lived Experience of Recovery Home Residents: An Interpretative Phenomenological Analysis	*College of Science and Health Theses and Dissertations*	This study revealed that Oxford Houses' governing structure and communal living model promoted residents' self-sufficiency throughout their recovery.
Guerrero, M.	2019	Social Networks as Mediators of Proximal Recovery Outcomes for Veterans Living in Recovery Homes	*College of Science and Health Theses and Dissertations*	Oxford Houses with multiple veteran residents saw closer friendships among residents, when compared to Oxford Houses with only one veteran resident.

Author(s)	Year	Title	Journal	Main Findings
Jason, L. A., Olson, B. D., Ferrari, J. R., Majer, J. M., Alvarez, J., & Stout, J.	2007	An Examination of Main and Interactive Effects of Substance Abuse Recovery Housing on Multiple Indicators of Adjustment	*Addiction*	Residents who lived in Oxford Houses reported less substance use, more employment, and better self-regulation at a 6-month follow up than those who discharged to usual after-care conditions.
Jason, L. A., Stevens, E., & Light, J. M.	2016	The Relationship of Sense of Community and Trust to Hope	*Journal of Psychology*	Researchers found that trust and community within an Oxford House resulted in higher levels of hope, engagement, and investment in recovery.
Jason, L. A., Davis, M. I., & Ferrari, J. R.	2007	The Need for Substance Abuse After-Care: Longitudinal Analysis of Oxford House	*Addictive Behaviors*	Abstinence support, guidance, and information from recovery home members can increase residents' self-efficacy and reduce relapse rates in discharged individuals.
Polcin, D., Mericle, A., Howell, J., Sheridan, D., & Christensen, J.	2014	Maximizing Social Model Principles in Recovery Settings	*Journal of Psychoactive Drugs*	This study explained the potential benefits of the social model approach in SUD treatment. The *social model* approach involves the presence of mutual-help groups, involvement of residents in decisionmaking processes, and defining recovery as an interaction between the individual and their environment.
Mericle, A. A., Polcin, D. L., Hemberg, J., & Miles, J.	2017	Recovery Housing: Evolving Models to Address Resident Needs	*Journal of Psychoactive Drugs*	The researchers of this study used California's social model criteria as a lens to examine a group of recovery houses in Texas that provided both social support and housing for individuals in recovery. These homes did not meet social model criteria.
Mericle, A. A., Miles, J., Cacciola, J., & Howell, J.	2014	Adherence to the Social Model Approach in Philadelphia Recovery Homes	*International Journal of Self Help and Self Care*	The authors of this paper examined the presence of the social model in Philadelphia recovery residences and found that only a small number of houses met the criteria of the California social model houses.
Eckley, L., Harrison, R., Cochrane, M., Pendlebury, M., Sumnall, H., & Timpson, H.	2016	Evaluation of Four Recovery Communities across England: Interim Report for the Give it Up Project	N/A	Authors explored the idea that individuals in recovery communities may benefit from connections with peers, family members, and community members who are not in recovery.
Harrison, R., Cochrane, M., Pendlebury, M., Noonan, R., Eckley, L., Sumnall, H., & Timpson, H.	2017	Evaluation of Four Recovery Communities across England: Final Report for the Give it Up project	N/A	Researchers discovered that peer support networks and activities help build self-confidence, resilience, and structure, while enabling people to take care of their physical health, obtain housing support, and develop the resilience to maintain abstinence. The authors believe that these findings suggest that social capital is among the most important aspects for maintaining resilience.
Heslin, K. C., Singzon, T., Aimiuwu, O., Sheridan, D., & Hamilton, A.	2011	From Personal Tragedy to Personal Challenge: Responses to Stigma among Sober Living Home Residents and Operators	*Sociology of Health and Illness*	Participants in this study, aware of stereotypes and stigma surrounding sober living home residents, developed identities as helpers in their communities by organizing community service activities and engaging with their neighbors.

Author(s)	Year	Title	Journal	Main Findings
Best, D.	2019	What Do You Need to Recover? Jobs, Friends and Houses	*Pathways to Recovery and Desistance*	Jobs, Friends, and Houses (JFH) is a model that offers apprenticeships to employment linked to housing renovations. JFH provides safe housing, a meaningful occupation, and a sense of community for participants.
White, W.		Recovery Is Beautiful: A BluePrint for Ohio's Community Mental Health and Addiction System	N/A	This blueprint discusses the importance of collaboration among recovery supports in an individual's substance use recovery.
Laudet, A. B, & White, W. L.	2008	Recovery Capital as Prospective Predictor of Sustained Recovery, Life Satisfaction and Stress among Former Poly-substance Users	*Substance Use Misuse*	Authors of this paper believe that recovery capital enhances one's ability to cope with the stress of recovery and improves overall life satisfaction.
Polcin, D. L., & Korcha, R.	2017	Social Support Influences on Substance Abuse Outcomes among Sober Living House Residents with Low and Moderate Psychiatric Severity	*Journal of Alcohol and Drug Education*	In this study, researchers learned that social support predicted positive substance use outcomes for individuals with low to moderate psychiatric distress severity.
Polcin, D., Korcha, R., Gupta, S., Subbaraman, M. S., & Mericle, A. A.	2016	Prevalence and Trajectories of Psychiatric Symptoms among Sober Living House Residents	*Journal of Dual Diagnosis*	Psychological distress, symptoms of depression, and phobic anxiety improve among sober living house residents over time, but are still a risk factor for relapse.
Ashford, R. D., Brown, A. M, Canode, B., McDaniel, J., & Curtis, B.	2019	A Mixed-Methods Exploration of the Role and Impact of Stigma and Advocacy on Substance Use Disorder Recovery	*Alcoholism Treatment Quarterly*	Stigma can result in lower recovery capital and self-esteem. The authors posit that this may hinder recovery success.
Panella Winn, L., & Paquette, K.	2016	Bringing Recovery Housing to Scale in Ohio: Lessons Learned	*Journal of Dual Diagnosis*	Improving definitions, models, funding, and network collaboration among recovery systems of care will reduce misconceptions and stigma surrounding substance use.
Polcin, D. L., Mericle, A., Callahan, S., Harvey, R., & Jason, L. A.	2016	Challenges and Rewards of Conducting Research on Recovery Residences for Alcohol and Drug Disorders	*Journal of Drug Issues*	The authors of this paper identified several challenges to researchers studying the efficacy of recovery residences: lack of funding, research designs, data collection across multiple sites, and longitudinal studies with residents. Rewards of this research may include the examination of sustaining long-term recovery, improvement of recovery residences, and interactions with residents.

Access

Lack of access to recovery support services is a major barrier for individuals in recovery. Providing a network of care, especially following discharge from an inpatient or residential treatment center, can reduce the risk of relapse. Those living in rural settings, individuals on parole, youth, and people living in predominantly Spanish-speaking neighborhoods are groups with lower access to services. Increasing the availability of services, decreasing cost, and minimizing stigma will increase access while promoting recovery and resilience among more groups.

Author(s)	Year	Title	Journal	Main Findings
Ashford, R. D., Brown, A. M., & Curtis, B.	2018	Systemic Barriers in Substance Use Disorder Treatment: A Prospective Qualitative Study of Professionals in the Field	*The Journal of Rural Health*	Researchers discovered new barriers to substance use disorder treatment, including lack of treatment services, lack of technological resources, lack of recovery support services, lack of collaboration and leadership, and unethical practices within the field.
Gale, J., Janis, J., Coburn, A., & Rochford, H.	2019	Behavioral Health in Rural America: Challenges and Opportunities	*Rural Policy Research Institute*	The authors of this paper suggest that rural leaders and behavioral health service providers focus on community engagement, prevention, and access to telehealth services and continuums of care.
Browne, T., Clone, S., Priester, M. A., & Iachini, A.	2015	Barriers and Facilitators to Substance Use Treatment in the Rural South: A Qualitative Study	*The Journal of Rural Health*	Barriers to substance use disorder care in southeastern rural communities include availability of services, access to technology for client services, cost, and stigma. The authors suggest that operators use these barriers as guidelines to improve care in rural areas.
Gale, J., Hansen, A., Elbaum, M., & Williamson, E.	2017	Rural Opioid Prevention and Treatment Strategies: The Experience in Four States	N/A	The authors emphasize the importance of a continuum of care following OUD treatment, especially in rural settings.
Mericle, A. A., Karriker-Jaffe, K. J., Gupta, S., Sheridan, D. M., & Polcin, D. L.	2016	Distribution and Neighborhood Correlates of Sober Living House Locations in Los Angeles	*American Journal of Community Psychology*	The authors used census data and maps of sober living houses (SLHs) to learn about their prevalence in various neighborhoods. Predominantly Black neighborhoods had more SLHs, while neighborhoods with high levels of Spanish-speaking residents had lower numbers of SLHs.
Bjorling, S. A.	2018	The Intersection between Substance Use, Incarceration, and Disability: An Exploration of Intervention Efficacy for Persons with Disabilities within the Criminal Justice System	N/A	This literature review examined the connection between disability, substance use, and incarceration. The author calls for increased access to rehabilitation and substance use treatment within prisons, increased resources for rural prisons, and reasonable accommodation for disabilities.
Polcin, D. L., Korcha, R., Mericle, A. A., Mahoney, E., & Hemberg, J.	2017	Problems and Service Needs Among Ex-offenders with HIV Risk Behaviors Entering Sober Living Recovery Homes	*Criminal Justice Studies*	Sober living houses can provide previously incarcerated individuals with a safe, sober place to stay. The presence of stable housing is associated with lower substance use, HIV risk, and severity of legal and psychiatric problems.
Polcin, D. L.	2017	Role of Recovery Residences in Criminal Justice Reform	*International Journal on Drug Policy*	Individuals on parole may face unique challenges in their recovery. Therapeutic communities are the most common resource for individuals on parole, and those living in these communities have lower rates of reincarceration.

Author(s)	Year	Title	Journal	Main Findings
Curry, S. R., Samuels, G. M., Cerven, C., & Dworsky, A.	2019	Navigating Housing Instability and Substance Use: Hidden Tensions Facing Youth in Small Town America	*Journal of Social Service Research*	Youths experiencing homelessness and high rates of substance use often must live in recovery residences that require sobriety, which acts as a large barrier to treatment. The authors recommend increased formalized and specialized treatments for youth and young adults.

Medication-Assisted Treatment (MAT)

The stigma surrounding the use of medication-assisted treatment (MAT) remains high, especially among healthcare providers. MAT is one of the most effective treatments, however, when combined with counseling and recovery supports during recovery from OUD. Treatment providers are continually developing comprehensive treatment programs to increase access to MAT in a variety of settings.

Author(s)	Year	Title	Journal	Main Findings
Ashford, R. D., Brown, A. M., McDaniel, J., Neasbitt, J., Sobora, C., Riley, R., Weinstein, L., Laxton, A., Kunzelman, J., Kampman, K., & Curtis, B.	2019	Responding to the Opioid and Overdose Crisis with Innovative Services: The Recovery Community Center Office-based Opioid Treatment (RCC–OBOT) Model	*Addictive Behaviors and their Treatment*	The authors discuss a new treatment model, Recovery Community Center Office-Based Opioid Treatment (RCC–OBOT), developed to expand the availability, accessibility, and engagement of individuals with OUD. They provide plans including emergency department peer support, pharmacological treatments, and referrals to RCC–OBOT.
Connery, H. S.	2015	Medication-Assisted Treatment of Opioid Use Disorder: Review of the Evidence and Future Directions	*Harvard Review of Psychiatry*	The authors discuss the use of MAT for adults with OUD and physiological dependence. MAT reduces illicit opioid use and opioid craving, and provides relief of opioid withdrawal syndrome. MAT can be effective in addition to other interventions such as Narcotics Anonymous.
Richard, E. L.	2020	"You Are Not Clean Until You're Not on Anything": Perceptions of Medication-Assisted Treatment in Rural Appalachia	*International Journal of Drug Policy*	Stigma surrounding MAT can reduce its usage, especially in rural settings.

COVID-19 Pandemic

During the COVID-19 pandemic, recovery residences faced several challenges:

- Finding spaces for potential isolation and social distancing
- Increasing sanitization procedures
- Continuing to support those in recovery throughout a highly stressful situation

As researchers begin to understand the pandemic dynamics, recovery operators will be able to further support the people they serve.

Author(s)	Year	Title	Journal	Main Findings
Mericle, A., Sheridan, D., Howell, J., Braucht, G. S., Karriker-Jaffe, K., & Policin, D.	2020	Sheltering in Place and Social Distancing When the Services Provided Are Housing and Social Support: The COVID-19 Health Crisis and Recovery Housing	*Journal of Substance Abuse Treatment*	The COVID-19 pandemic revealed several problems within recovery residences such as a lack of emergency funds, lack of space for social distancing, limited staff to sanitize the residence, and lack of PPE. NARR developed recovery residence-specific guidance resources and hosted weekly webinars for operators to learn more.

Equity

Recovery residences are not one-size-fits-all. The literature suggests that the development of specialized recovery support services could benefit certain groups, such as women, racial and ethnic minorities, and the LGBTQ+ community. Providing culturally modified services can facilitate more sustainable treatment and reduce barriers to access.

Author(s)	Year	Title	Journal	Main Findings
Lo, C. C., & Cheng, T. C.	2011	Racial/Ethnic Differences in Access to Substance Abuse Treatment	*Journal of Health Care for the Poor and Underserved*	Racial minority Americans typically access non-specialty care from providers who may feel unprepared to treat patients with SUD.
Jason, L. A., Kassanits, J., Reilly, A., Bobak, T. Guerrero, M., Stevens, E., Light, J. M., & Doogan, N. J.	2019	A Promising Recovery Housing Model for American Indian Communities	*Journal of Community Psychology*	Providers established an Oxford House on the Suquamish Tribal reservation. Findings indicate that culturally modified recovery models can benefit Indigenous populations.
Jason, L. A., Luna, R. D., Alvarez, J., & Stevens, E.	2018	Collectivism and Individualism in Latino Recovery Homes	*Journal of Ethnicity in Substance Abuse*	Latinx people who report higher levels of collectivism spent less time, but had less relapse, in culturally modified recovery residences when compared to traditional Oxford Houses.
Mericle, A. A., Carrico, A. W., Hemberg, J., Stall, R., & Polcin, D. L.	2018	Improving Recovery Outcomes among MSM: The Potential Role of Recovery Housing	*Journal of Substance Use*	This study revealed that recovery housing and formalized substance use treatment and community-based support can benefit men who have sex with men (MSM).

Author(s)	Year	Title	Journal	Main Findings
Mericle, A. A., Carrico, A. W., Hemberg, J., de Guzman, R., & Stall, R.	2020	Several Common Bonds: Addressing the Needs of Gay and Bisexual Men in LGBT-Specific Recovery Housing	*Journal of Homosexuality*	Gay, bisexual, and men who have sex with men often experience co-occurring conditions (trauma, depression, HIV). Recovery residences should address the development of culturally tailored treatments for this group.
Elms, N., Link, K., Newman, A., & Brogly, S. B.	2018	Need for Women-Centered Treatment for Substance Use Disorders: Results from Focus Group Discussions	*Harm Reduction Journal*	This study revealed that the most common reason that women did not attend a substance use program, despite wanting to, was fear of losing their children. Other barriers included lack of gender-specific counseling services, safety, stigma, and accessibility. Facilitators of treatment included personal motivation and wanting what's best for their children, custody, positive relationships between participants and staff, and personalized treatment.
Brogly, S., Link, K., & Newman, A.	2019	Barriers to Treatment for Substance Use Disorders among Women with Children	*Canadian Journal of Addiction Medicine*	Mothers who participated in this study reported that they did not attend a SUD treatment program due to fear of losing their children. They reported parenting support and programs would be useful aspects of SUD treatment.