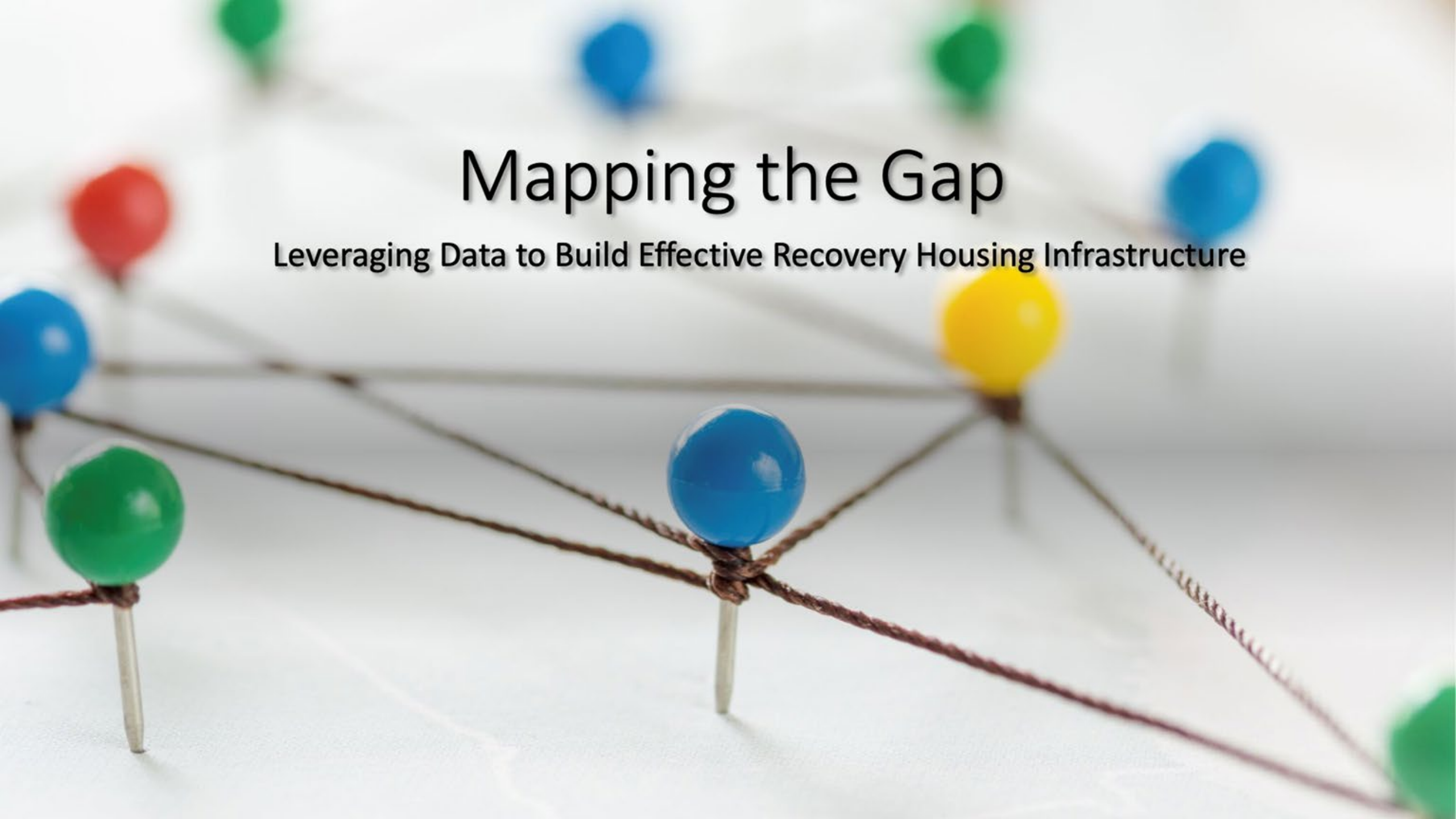


Mapping the Gap

Leveraging Data to Build Effective Recovery Housing Infrastructure

Presenters

- Danielle Gray, Executive Director, Ohio Recovery Housing
- Dr. Gretchen Clark-Hammond, CEO and Founder, Mighty Crow

- Acknowledgement: We wish to acknowledge the contributions of Dr. Brandn Green of JG Research, Inc. and Kathleen Gallant of Mighty Crow who collaborated with us on this project.

Thank you to our funders:

Alkermes

Ohio Mental Health & Addiction Services

Structure of the ORH Outcomes Tool

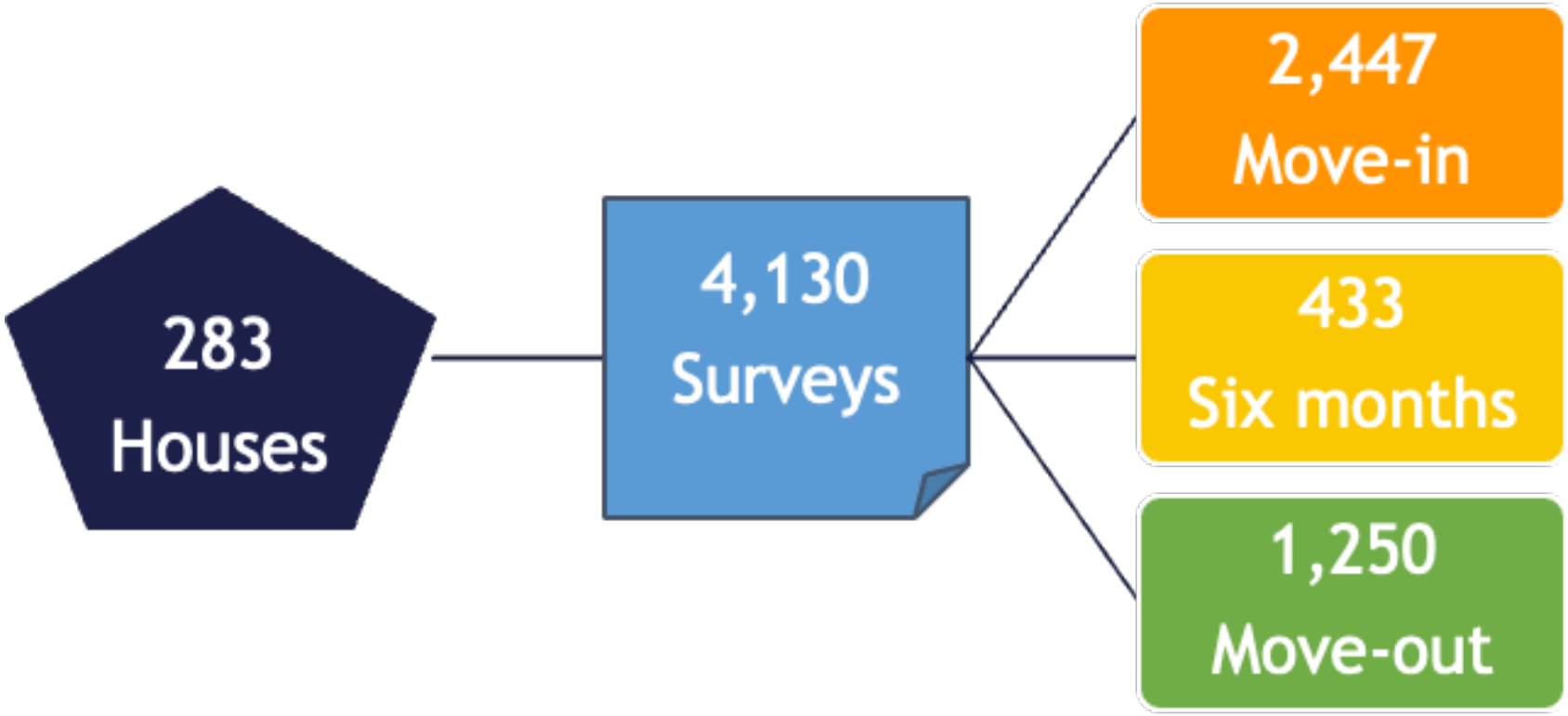
Three time intervals for data collection:

- Move in
- Six months into the stay
- Move out

Categories of questions include:

- Demographics
- Addiction history
- Living situation
- Economic and social circumstances (e.g., debts, personal documents, parenting status)
- Education and Employment
- Experience with recovery and recovery supports
- Recovery capital
- Questions about experience as a resident (at move-out)

Outcomes Data: May - December 2022



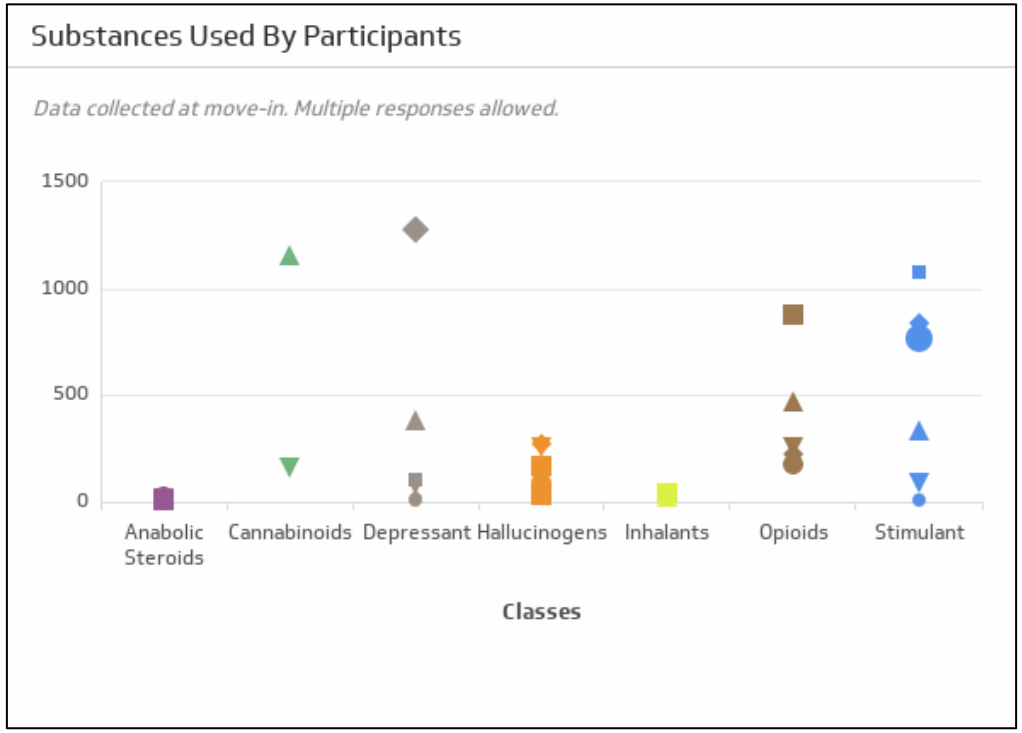
Dispelling Myths with Data

- Myth: “By only funding opioid addiction we can stop this crisis”
- Fact: It is an addiction crisis that needs to be addressed comprehensively.

Top 4 Substances of Abuse:

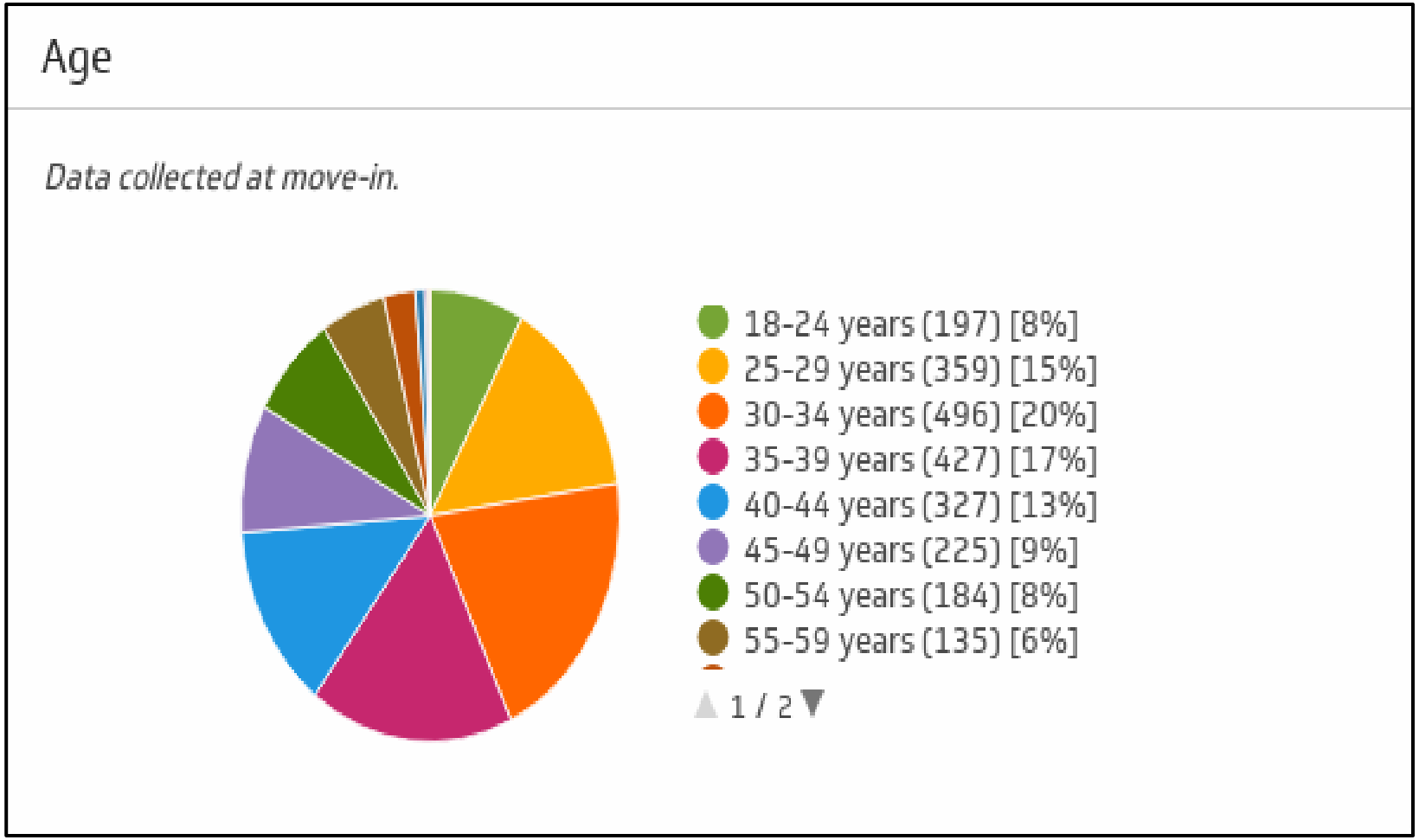
- **Alcohol (52.0%)**
- **Marijuana (47.4%)**
- **Methamphetamines (44.0%)**
- **Fentanyl (35.8%)**

80%+
reported poly-substance use



Dispelling Myths with Data

- Myth: “The addiction crisis is mainly impacting young people”
- Fact: The addiction crisis is being felt across the lifespan

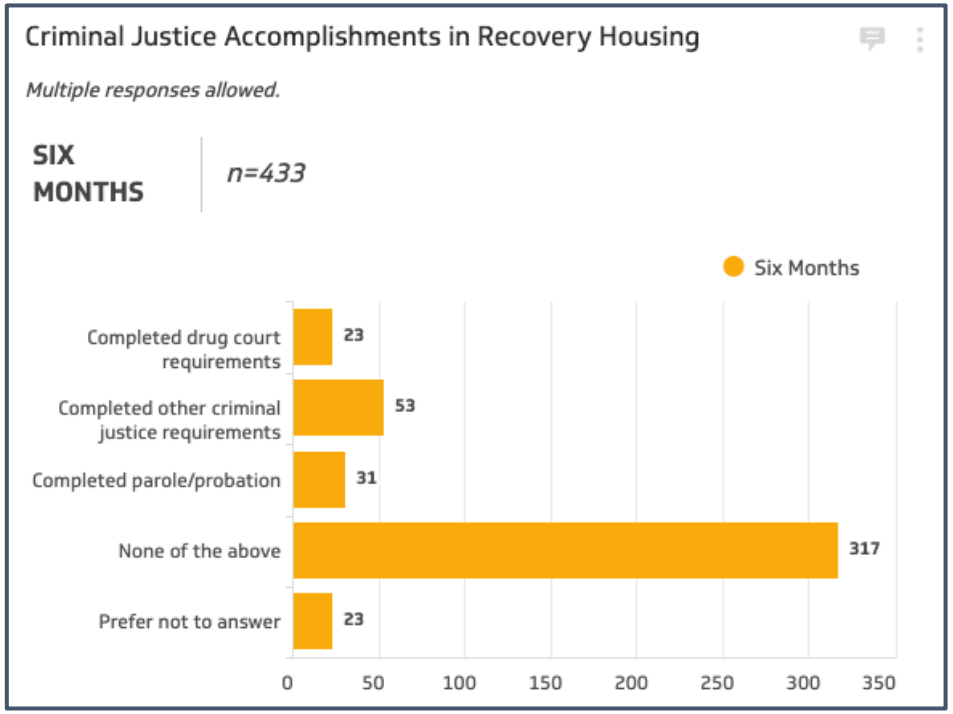


Dispelling Myths with Data

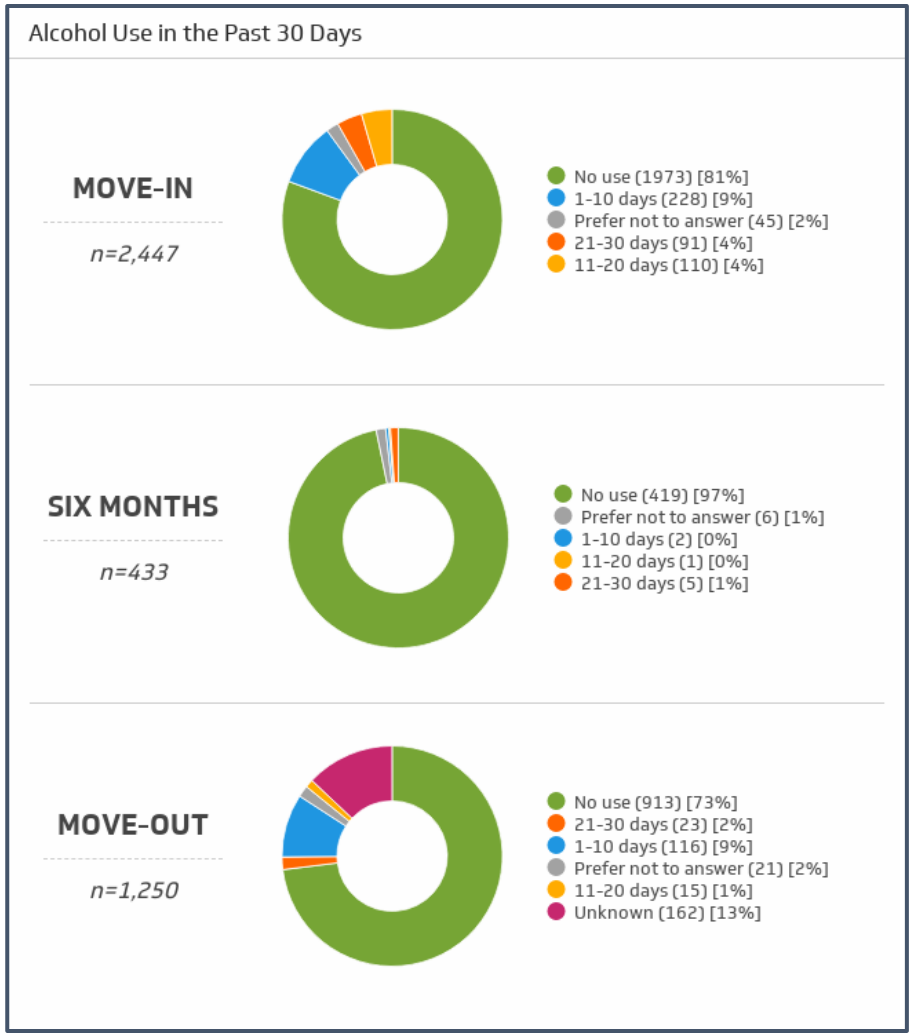
- Myth: “All people in recovery housing are criminals”
- Fact: Many people in recovery housing are not involved in the criminal justice system

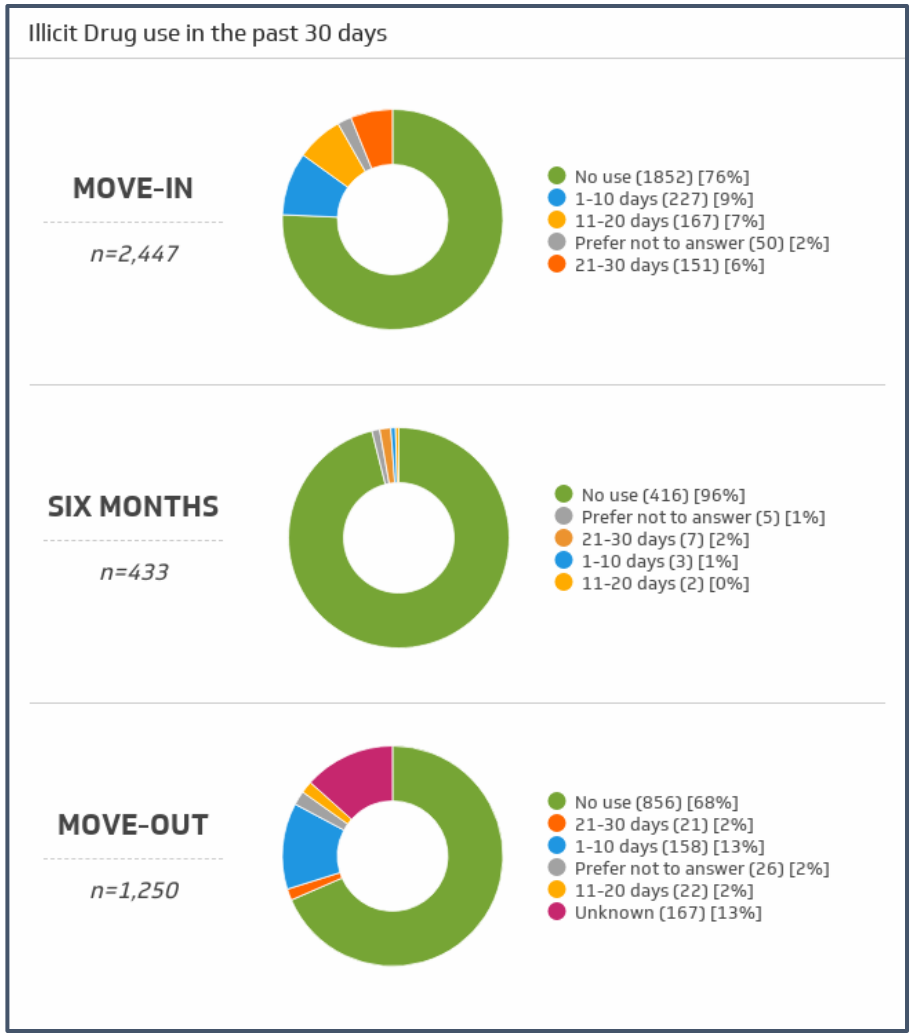
At any given time, slightly less than half of respondents were involved in the criminal justice system.

- **48% at move-in**
- **45% at six months**
- **44% at move-out**



Successes in Recovery Housing - Substance Use





Successes in Recovery Housing - Employment

Move-In

- 23% unemployed and not looking for work.
- 7% working part-time.
- 10% working full-time.

Six Months

- 6% unemployed and not looking for work.
- 23% working part-time.
- 38% working full-time.

Move-Out

- 15% unemployed and not looking for work.
- 13% working part-time.
- 29% working full-time.

Successes in Recovery Housing - Debt

Respondents Over $5,000 in Debt

50% at move-in

42% at move-out

Most Common Types of Debt

1. **Court Fees**
1. **Past Due Bills**
1. **Child Support**
1. **Credit Cards**

Successes in Recovery Housing - Education

Educational Status

	College	Vocational School	Skilled Training
Move-In	5.36%	1.09%	2.49%
Six Months	7.11%	4.00%	11.11%

Educational Attainment

- 17.32% had achieved a high school diploma by six months.
- 14.80% had achieved a high school diploma by move-out.
- 5.31% had achieved a technical/vocational certification by six months.
- 2.64% had achieved a technical/vocational certification by move-out.

Successes in Recovery Housing - Length of Stay

- 29% stayed less than a month
- 44% stayed one to six months
- 25% stayed more than six months

Possession of Personal Documents

	Stayed Longer than a Month	Total Population
Possess a driver's license	42%	36%
Possess a state ID	67%	61%

Employment Status

	Stayed Longer than a Month	Total Population
Part-time paid work	38%	29%
Full-time paid work	17%	13%

Equity in Analysis

Outcomes of Special Populations - LGBTQ+

Members of the LGBTQ+ population were more than twice as likely to identify as female.

LGBTQ+ population had the highest rate of uninvolvement in recovery supports at move-in (31.48%), but by move-out, no one in this population reported uninvolvement.

34% of LGBTQ+ rated their mental health as "Good on most days" compared to 50% of their heterosexual counterparts.
By move-out, that gap had narrowed, with 60% of LGBTQ+ and 64% of heterosexual populations rating their mental health as "Good on most days."

Though they reported relatively low rates of a sense of community and belonging at move-in, those identifying as LGTBQ+ had surpassed the percentage of heterosexual respondents reporting the same at move-out.

Equity in Analysis

Outcomes of Special Populations - Other Populations

Males and females showed similar employment rates at move-in, but by move-out, males were twice as likely to be working full-time.

BIPOC population had the 2nd highest rate of uninvolvement in recovery supports at move-in (31%), but by move-out, no one in this population reported uninvolvement.

28% of BIPOC were over 50 years old, compared to 15% of residents identifying as White.

Females were more likely to report having people to rely on in support of their recovery. Males were more likely to report having a clear sense of who they were.

Building off Data Collected

- **After 5 years of collecting data, ORH evaluated the tool and made updates.**
  - Based on changes in cultural conversations, what we'd realized was missing, and with a better understanding of what data was most valuable
- **Added some questions, revised others to make the tool easier, promote equity.**
  - E.g. change a question from multiple-response to single response
- **Enables us to ask deeper questions**
  - E.g., expanded options for gender and sexual identity, education/criminal justice accomplishments specifically asked

Building on the Basics

- Leverage your existing data to answer deeper questions
- “How much recovery housing do we need?” and “Are we meeting that need?”

What is CAST?

- Calculating an Adequate System Tool (CAST)
  - Version 1.0 (2015): Developed in 2015 at Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Version 2.0 (2017): Updated to include opioid response module and estimate of risk from social determinants
  - Version 3.0 (2020): Updated to include rural specific estimates, expanded interventions, and additional modules
  - Version 4.0 (now): In process, shifting to a web-based platform, and adding additional modules
    - Recovery Residences as one of these modules

How has CAST been used?

- State-wide assessments: Nevada and Oregon
- Regional assessments: Ohio, Montana, New Hampshire
- County assessments: Delaware, Montana, Pennsylvania, Michigan

- Specialty populations: Adapted for use on U.S. Army installations through a project with the Army Public Health Center

Why is CAST useful and distinctive?

- ”A recently developed, promising framework that uses social indicators to estimate substance abuse treatment need in a population is the Calculating for an Adequate System Tool or CAST (Green, et al., 2016). **This methodology provides a framework for estimating needs at the local level and, based on these estimates, calculating community-specific recommendations at the service level for components of the continuum of care (promotion, prevention, referral, treatment, and recovery) by using social indicators to modify estimates of the population’s needs**.”

  - *Needs Assessment Methodologies in Determining Treatment Capacity for Substance Use Disorders: Final Report, U.S. HHS, Assistant Secretary for Planning and Evaluation, 2019*

CAST in Ohio

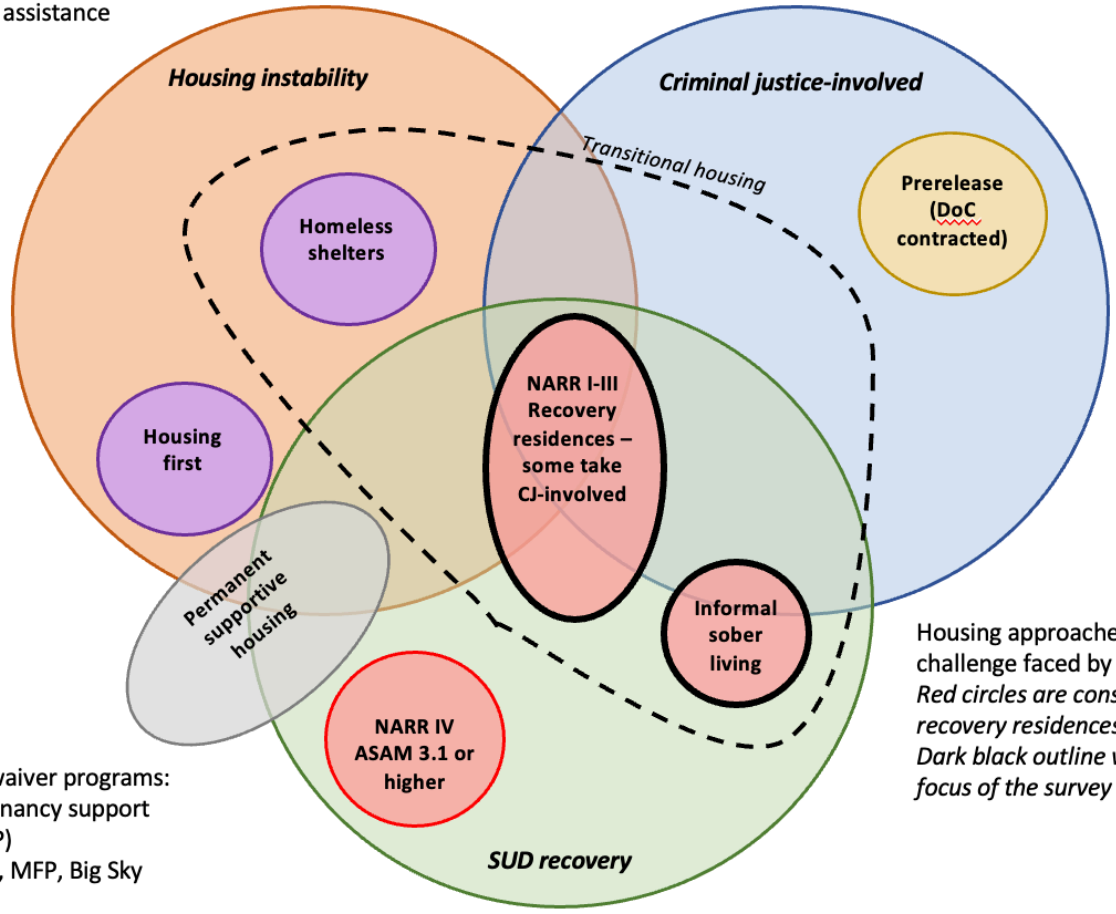
- Partnership with Might Crow to assess Franklin and Scioto Counties in 2021
- In discussions with ORH, it became clear that the logic of CAST could be adapted to estimate capacity of recovery residences

Three key questions

- What is the current capacity of the existing bed infrastructure of recovery houses in Ohio and does this meet the projected demand for this service?
- What are projections for the cost savings to the behavioral health treatment care system in Ohio with additional investments in recovery housing?
- Are there disparities in access or utilization by geography race, gender, and socio—economic status for recovery housing in Hio?

Adapting CAST to support Ohio Recovery Housing

Voucher and assistance programs for:
Emergency rental assistance (HCSD)



Very specific waiver programs:
SDMI (PACT tenancy support specialist, MFP)
Disability (811, MFP, Big Sky Waiver, 0208)

Housing approaches by primary challenge faced by client
Red circles are considered recovery residences
Dark black outline will be the focus of the survey

NARR Levels

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

CAST-Recovery Residence outputs

- Estimates of demand for recovery housing services, by level of support (Levels 1-3)
- Modeling of racial/ethnic disparities in access to care and utilization of services
- Cost-benefit estimation of recovery residences in Ohio
- Determination of the percent of capacity that is being met by current housing stock within each Ohio county

CAST-Recovery Housing Inputs

- What was needed in Ohio in order to complete CAST
  - Quality information on homes – Census and capacity
  - Demographic data about clients – Allowed for disparities assessment
  - Publicly available federal and state data – Supplements and comparisons

Basic CAST equation

$$\frac{\text{Relevant Population} * \text{Program usage rate} * \text{Frequency}}{\text{Group size}}$$

Relevant population – Estimate of the total number of individuals in a county or region who could use the intervention (broken down further below)

Usage rate – Estimate of the eligible population who are likely to use the service

Frequency – Estimate of the frequency with which the population will use the service in one year

Group size – Estimate of the total number of individuals who are served by an intervention (units vary by intervention type)

Inclusion Criteria

Certified by ORH
Applied for certification in past 5 years
Applied for state or federal funds to support recovery housing
Reported to be offering recovery housing by local county boards of mental health and addiction services
Completed an online survey from ORH

Sample – Housing capacity

300 ORGANIZATIONS

800 RESIDENCES

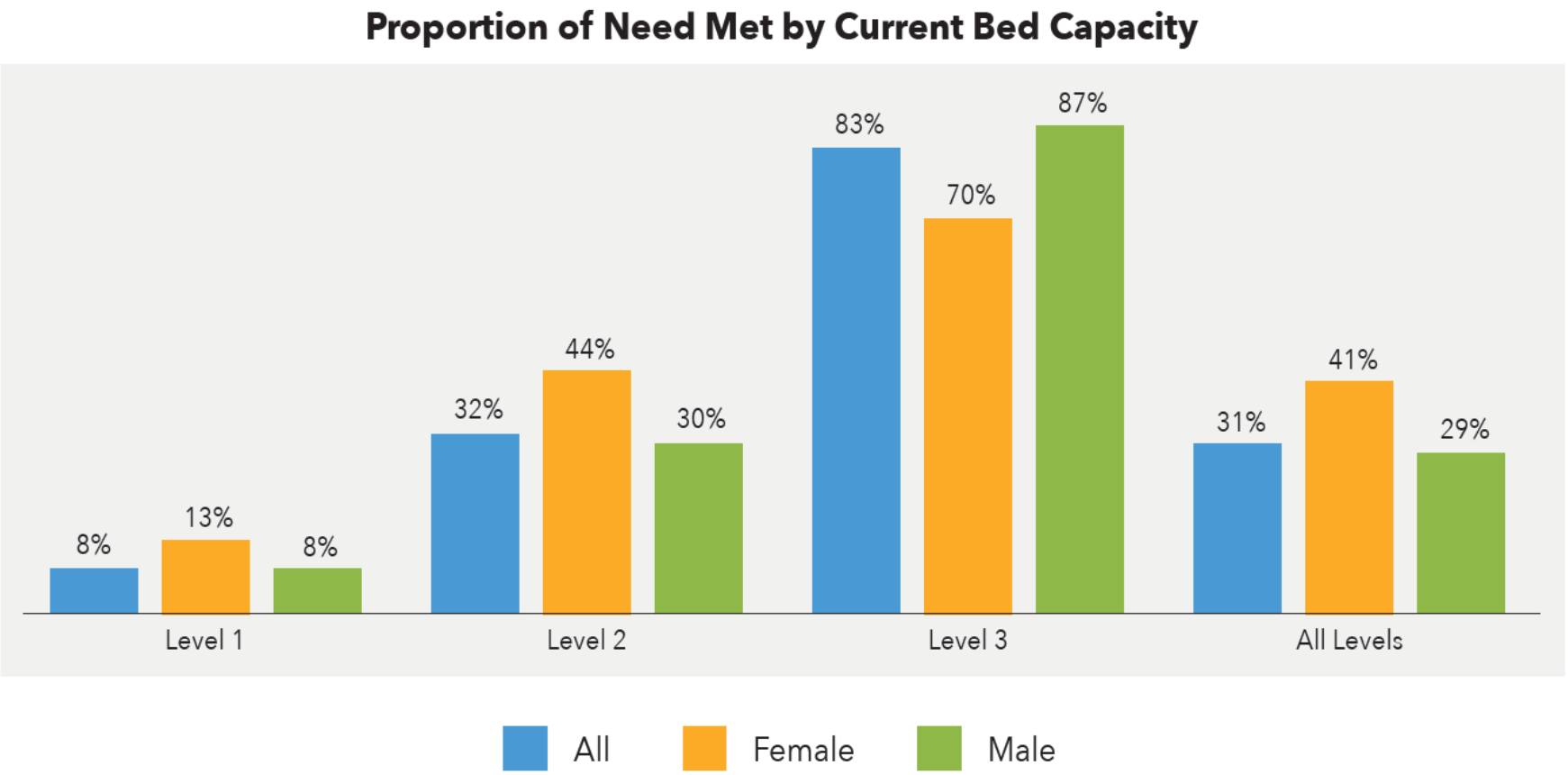
Results – Level 1 (state)

Table 1. Statewide estimates of Level 1 recovery housing bed capacity - By sex

Statewide Bed Needs - Level 1			
INTERVENTION	ESTIMATED NEED	CURRENT CAPACITY	ESTIMATED PERCENT OF NEED MET
All	5,769	456	8%
Female	1,826	238	13%
Male	3,943	335	8%

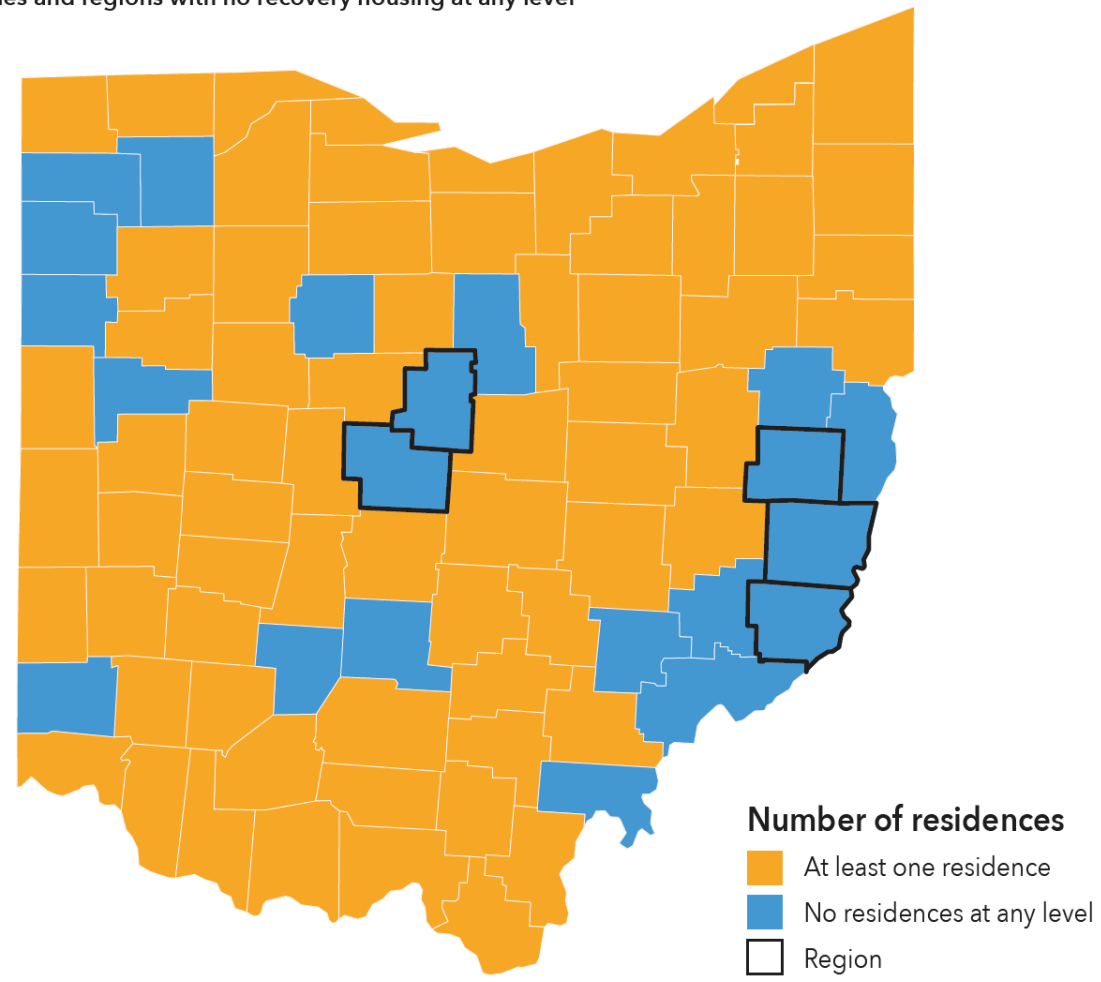
Results – All Levels (state)

Figure 2. Overall proportion of need for recovery housing bed met by current capacity in Ohio



Counties/Service Areas with no RR

Figure 4. Counties and regions with no recovery housing at any level



Results – By County/Service Area

Table 5. Estimated percent of need met for Levels 1-3 by Behavioral Health Authority Region

	Level 1			Level 2			Level 3		
REGION	All	Female	Male	All	Female	Male	All	Female	Male
Adams, Lawrence, Scioto	0%	0%	0%	59%	57%	60%	386%	565%	262%
Allen, Hardin, Auglaize	0%	0%	0%	102%	116%	96%	187%	167%	200%
Ashland	0%	0%	0%	15%	30%	8%	121%	298%	0%
Ashtabula	0%	0%	0%	36%	20%	43%	0%	0%	0%
Athens, Hocking, Vinton	9%	0%	13%	33%	46%	28%	71%	0%	118%
Belmont, Harrison, Monroe	0%	0%	0%	0%	0%	0%	0%	0%	0%
Brown	0%	0%	0%	16%	0%	23%	0%	0%	0%
Butler	0%	0%	0%	0%	0%	0%	0%	0%	0%
Champaign, Logan	0%	0%	0%	21%	38%	17%	0%	0%	0%
Clark, Greene, Madison	0%	0%	0%	22%	44%	12%	51%	60%	46%
Clermont	0%	0%	0%	17%	23%	15%	0%	0%	0%
Clinton, Warren	0%	0%	0%	3%	0%	4%	34%	26%	39%
Columbiana	0%	0%	0%	5%	0%	7%	0%	0%	0%

Net Economic Benefit

- Lo Sasso et al. (2012)
  - Net economic benefit – overall savings and benefits for indiivduals and society

Net Economic Benefit = Cost-Savings + Cost-Benefit

Cost Savings

- Estimated cost-savings from funded recovery housing (2022): $34,897,500

- Estimated total economic benefit of recovery housing (2022): $51,042,000.

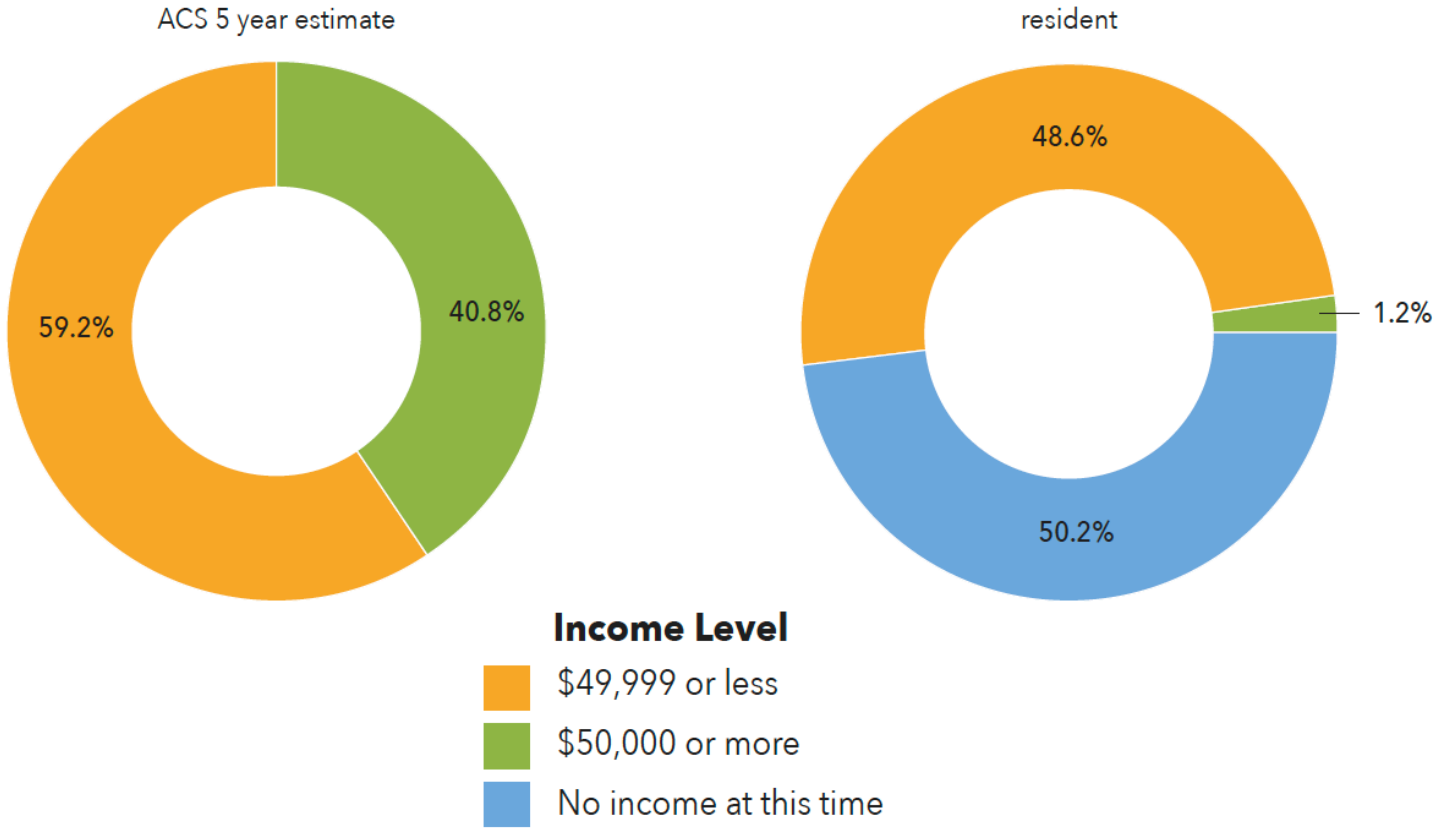
Financial impact of increased enrollment

Table 6. Potential cost impacts of 10% or 25% increased enrollment in recovery housing in Ohio

Economic Impact of Increased Enrollment		
SCENARIO	COST-BENEFITS	COST SAVINGS
10% increase in enrollment	$3,489,750	$8,593,950
25% increase in enrollment	$8,724,375	$21,484,875

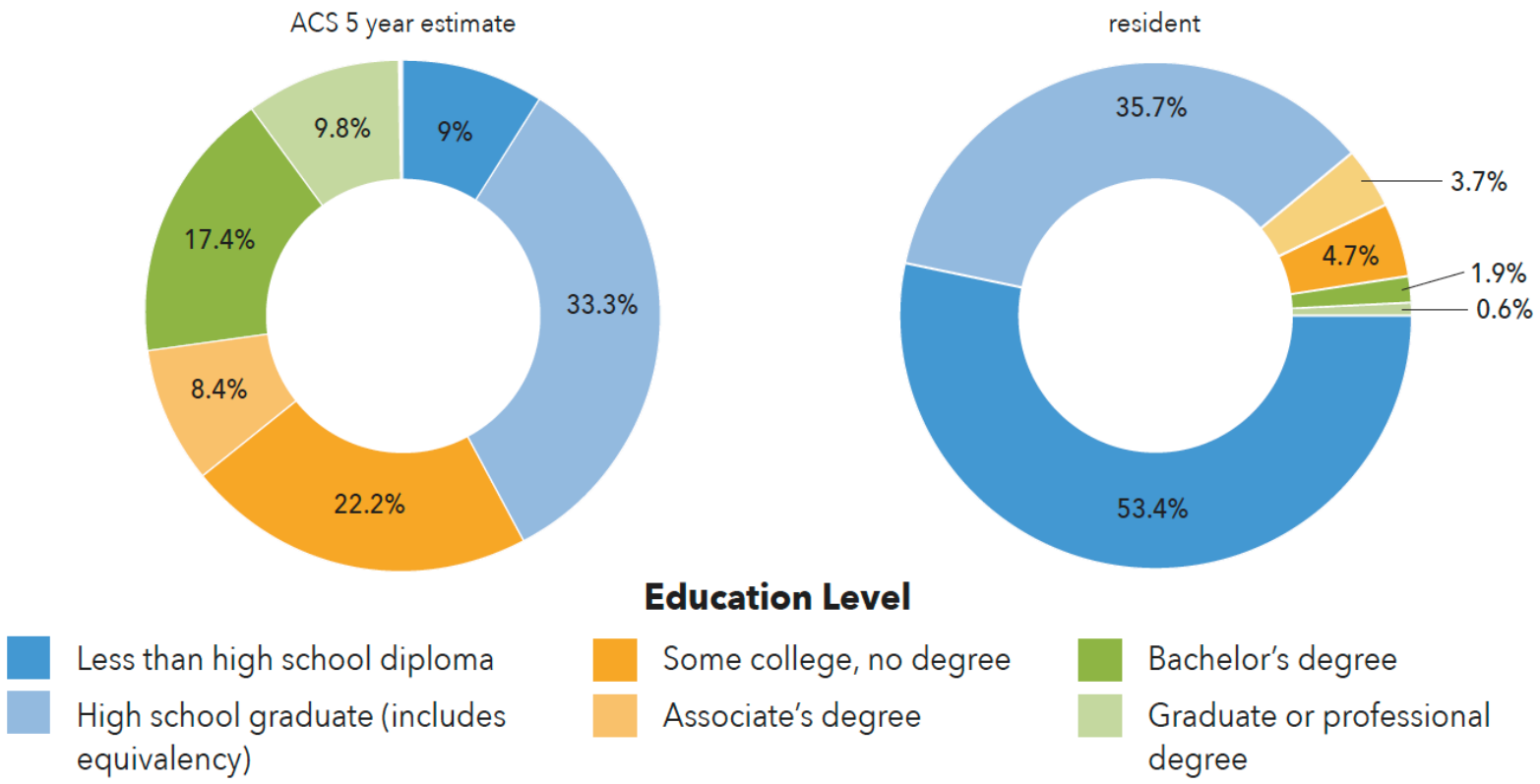
Equity in access analysis – Income

Figure 11. Comparison of income level of recovery residents and Ohio population



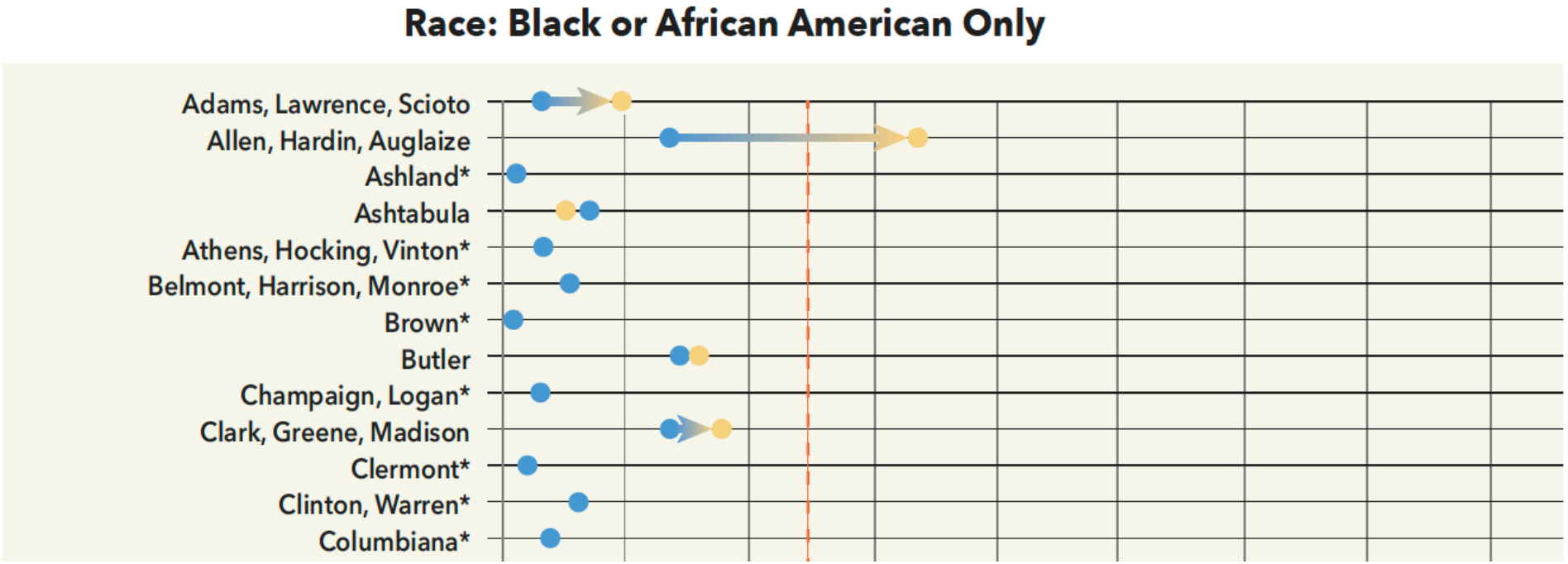
Equity in access - Education

Figure 12. Comparison of education level of recovery residents and Ohio population



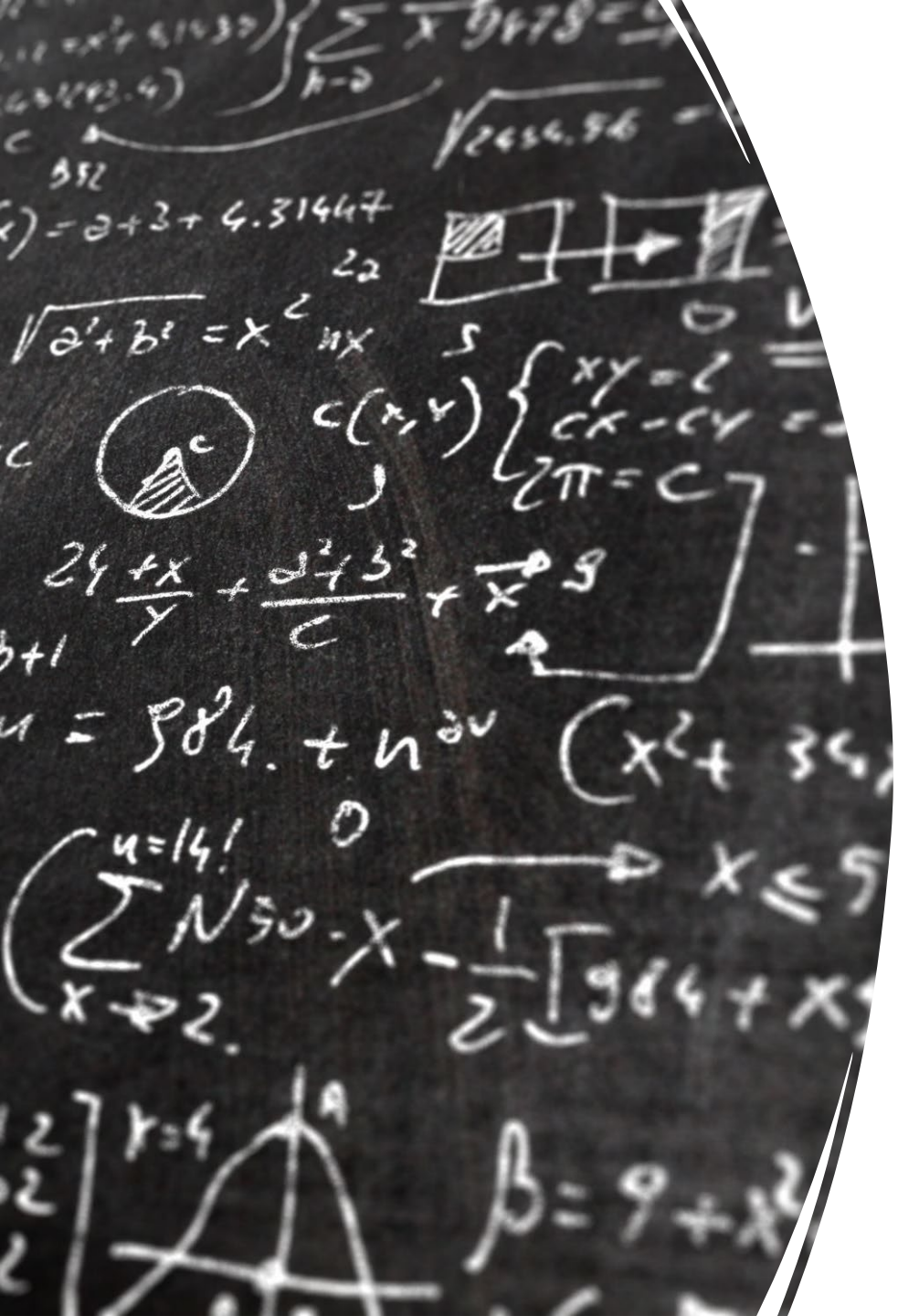
Equity in access - Race

Figure 14. Differences in proportion of black population: Region v. Recovery residents



Equity in access - Results

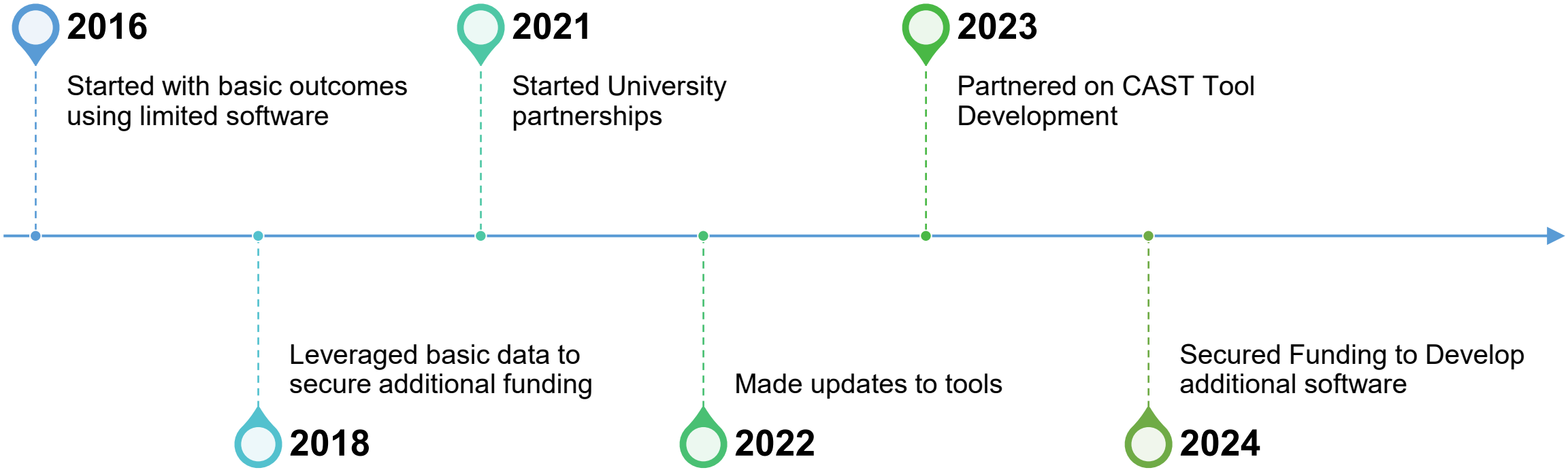
- Race/ethnicity aligns with Ohio, with significant variation across regions
- More females engaged in RH in Ohio than proportion of adult population in Ohio
- Low household incomes (less than $15,000 per year) in recovery housing is much higher than population of Ohio



How it has been received/ how did it make a difference

- Impact
  - Allowed statewide and local coalitions to prioritize needs
- Testimony
  - Utilized by Danielle and ORH to advance legislative goals
- News publications
  - Created opportunities for a focus and awareness raising across the state
  - Intention is to recreate the report annually, drawing attention to improvements and continued needs

How we have grown



Final Questions

Contact Us

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