



Ohio Recovery Housing

RECOVERY HOUSING IN OHIO: ANALYSIS OF RESIDENT SURVEY DATA

March 2016-November 2020

Prepared by Mighty Crow Media, LLC.
and Ohio Recovery Housing

Table of Contents

Summary	2
Key Findings	2
Overview	3
Limitations	4
Data Collection Methods	4
Demographics	5
Gender.....	5
Race and Ethnicity.....	5
Age.....	5
County of residence prior to moving into recovery housing.....	6
Substance Use History	6
Criminal Justice Involvement	7
Income and Debt	8
Debt Across Cohorts.....	9
Income Across Cohorts.....	10
Vocational and Educational Activity	12
Employment Status.....	12
Personal Documents	15
Parenting Status	16
Custody Status.....	16
Child Welfare Involvement.....	17
Living Situation	17
Health Status	19
Mental Health Status.....	19
Physical Health Status.....	19
Recovery Support Activities	20
Impact of Recovery Housing	21
About us	23
About Ohio Recovery Housing.....	23
About Mighty Crow Media.....	23

Summary

Recovery housing is a housing environment that is free from alcohol and illicit drug use and offers peer support, connection to treatment, recovery supports, and other associated supports in the community. Recovery housing is vital component of the continuum of care for people with substance use disorders. The Ohio Department of Mental Health and Addiction Services has supported the collection of outcomes data through a voluntary resident survey since 2016. The following report highlights the methods of the survey as well as key findings in the data from March 2016 through November 2020.

Key Findings

- The average length of stay for respondents was 18.4 weeks.
- Only 21% of move-in respondents were employed while 52% of move-out respondents were employed.
- 48% of move-in respondents did not have an income compared to 33% of move-out respondents.
- 98% of respondents moving out of recovery housing indicated that they were actively involved in an ongoing recovery support activity that was likely to continue after they left recovery housing.
- 91% of move out respondents indicated that they were moving out to their own home, to rejoin their family, move in with a friend, or other stable independent living environment.
- It was most common for a parent of a child under the age of 18 to state that their child was in their custody but living with another family member, such as a spouse or partner.
- Only 6% of parents of children under the age of 18 had a child in custody of child welfare; 70% of those were working towards getting custody of their child.
- It was nearly twice as common for a parent to indicate that their child was in their custody and residing with them at move-out (11%) vs. move-in (6%), indicating that parents were able to successfully reunite with their children
- 69% respondents were in recovery from opiates, 57% from alcohol, and 53% from cocaine. 60% of respondents were in recovery from multiple substances.
- 47% of residents identified as a parent of a child under the age of 18. 99% of move in respondents indicated debts such as loans, court fees, back utility payments and others.
- 50% of respondents were engaged in the criminal justice system, with 7-11% active in drug court programs and 40-43% actively completing requirements of parole or probation at any given time.
- Very few respondents had experienced a recent arrest, 5% at move-in and 2% at move-out.

Background

Recovery housing (which has also been known as sober living, recovery residences, sober homes and other names) has been around since 1846. However, it is only in recent years that this recovery support has been more carefully defined and integrated into the larger continuum of care for people with substance use disorders. As more attention is placed on a long-term recovery paradigm as well as the social determinants of health, including housing, there is more focus on recovery supports, such as recovery housing.

In 2013, The Ohio Department of Mental Health and Addiction Services partnered with the Ohio Council of Behavioral Health and the Center for Social Innovation to perform an Environmental Scan of Recovery Housing in Ohio. One of the findings in the scan was that “recovery housing providers need data to tell the story of their success... there is no consistent mechanism for collecting and reporting data on recovery housing at a national, state, or local level”.

The Ohio Department of Mental Health and Addiction Services supported Ohio Recovery Housing in creating both a data survey tool as well as associated data reporting and interpretation tools designed to help providers of recovery housing tell their story, examine their outcomes and engage in continuous quality improvement. A small group of 14 Providers began collecting data in 2016, by the end of 2020 that number has increased to 126 individual recovery housing properties. Overtime, adjustments were made to the survey and associated tools, allowing operators to tailor the factors that mean the most to them, as well as have access to data reporting tools that are the most useful to them.

Overview

The Recovery Housing Outcomes Survey is administered to residents in recovery housing at three points: move-in, six months into their stay, and move-out. There is also an option for staff to complete the survey on behalf of a resident who has moved out, during which staff answer a limited number of the survey questions.

The survey does not collect any personal identifying or private health information. We also know from four years of data collection that many residents do not complete all three survey intervals. Thus, the dashboard utilizes data aggregation and compares cohorts of participants defined by each survey interval (move-in, six months, and move-out). The data collected is robust and provides an understanding of progression and change. This data provides a descriptive picture of who is seeking recovery housing, their needs at move-in, and how those needs change as they progress toward move out. As the recognition of recovery housing as a vital part of the continuum of care grows, this type of information is vital to understanding how to best serve residents and how to plan for the future of recovery housing. The following pages provide a summary of the data collected from March 2016 through November 2020.

Limitations

We know that this data does not represent the full spectrum of recovery housing in Ohio during the time period in question. Participation in the Outcomes Survey is voluntary on the part of both the organization and resident. Respondents may also skip any questions.

The ideal situation for data collection is to have a resident complete the tool at move-in, six months into his/her residential stay, and at move-out to allow for three points of comparison. Although the survey does not ask for identifiable information like names, the system is able to make projections regarding surveys that were completed by the same participant at different intervals. At the beginning of survey implementation, many recovery homes and residents were successful in facilitating access to the move-in survey but facilitating access to the survey at six-months and move out was more administratively challenging – leading the move-in cohort to be larger than the other two cohorts. Additionally, the average length of stay in a recovery home among respondents is less than six-months, meaning that many respondents did not live-in recovery housing long enough to complete the six-month interval¹. While all three cohorts have enough respondents for basic data analysis more work is needed to examine data across timepoints and determine change overtime.

As there is no complete comprehensive list of all recovery residences available, and no similar surveys of recovery housing have been conducted in Ohio, it is not possible to determine if the participants in this survey are representative sample of the entire population of residents in recovery homes in Ohio. We are also aware of disparities that exist within our health care and recovery system. While we can see that a majority of individuals who participated in the survey identify as male, white and from urban areas, deeper analysis of the data is needed to examine and address any potential disparities in outcomes related to gender, race, rural/urban environment and other factors.

Data Collection Methods

The outcomes tool launched in March of 2016, providing an opportunity to collect information about the impact of recovery housing. The utilization of the outcomes survey has grown over time. Eighty-two (82) recovery housing organizations participate. Some organizations operate more than one recovery housing property. Data has been collected from a total of 147 recovery properties. Since the launch of the system, nearly 6,700 surveys have been completed (through November 2020).

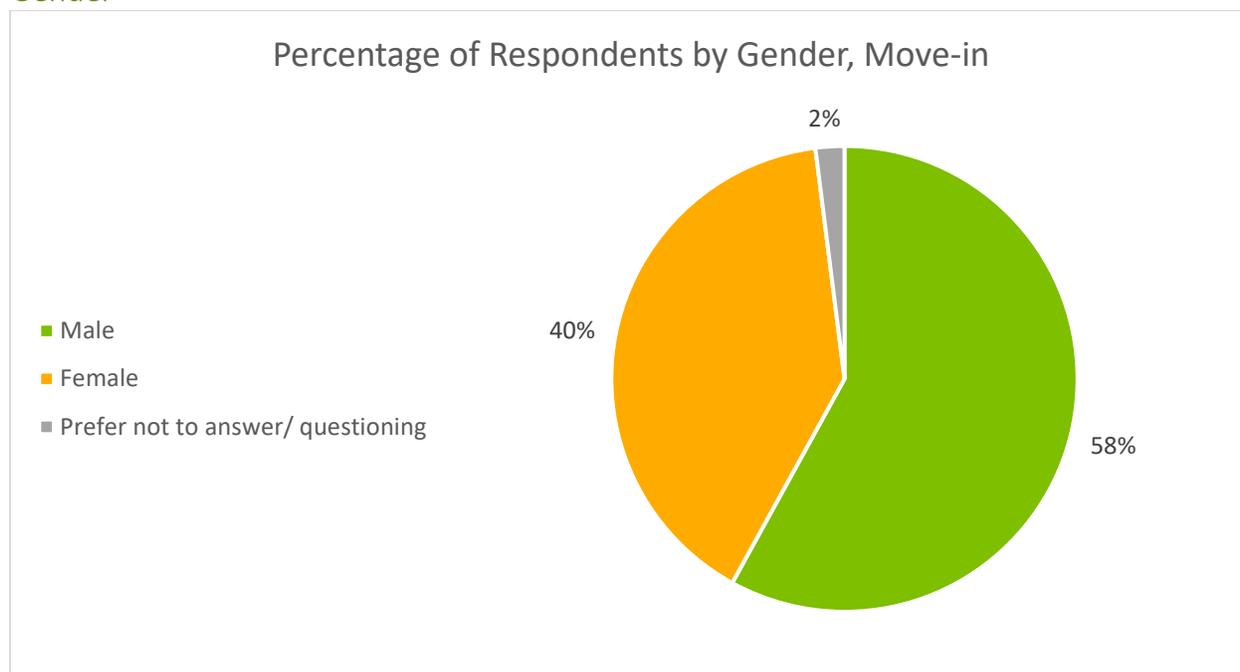


¹ Between March 2016 and November 2020: 315 respondents completed a move-in and six month survey only; 832 respondents completed a move-in and move-out survey only; 141 respondents completed a six month and move-out survey only; 32 respondents completed a move-in, six month, and move-out survey. 4 respondents completed a move-in survey more than once, indicating that they have likely left recovery housing and then returned to it.

Demographics

Demographic information is collected from the move-in cohort only. These data are presented as aggregated data.

Gender



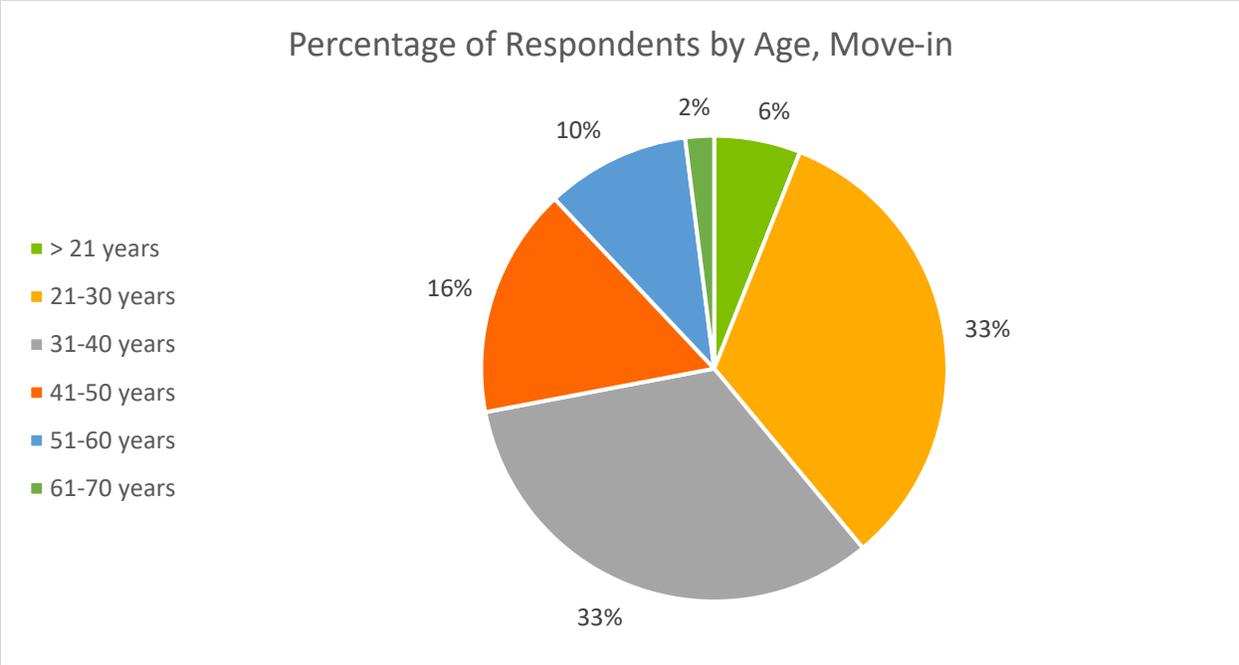
Race and Ethnicity

Respondents were allowed to select as many categories as were applicable for this question. If they selected multiple categories, their data was included in all categories selected. The vast majority (82%) of respondents to the survey identified as White.

- 82% of respondents identified as White.
- 11% of respondents identified as Black or African American.
- 4% of respondents identified as Hispanic or Latino.
- 1% of respondents identified as American Indian or Alaska Native.
- 2% of respondents indicated they preferred not to disclose their Race or Ethnicity
- 1% of respondents fell into the "Other" category, meaning there were less than 1% of responses for the ethnicity.

Age

Two-thirds (66%) of survey respondents were between the ages of 21 and 40 years old. Only 6% were less than 21 years old. Only 2% of respondents were over the age of 61.



County of residence prior to moving into recovery housing

Residents who entered recovery housing came from 83 of Ohio’s 88 counties. The majority of recovery housing organizations that participated in the survey were in urban counties and the respondents reflected that trend. The top five most commonly indicated counties of residence prior to entering recovery housing were:

- Cuyahoga: 17% of respondents.
- Lorain: 13% of respondents.
- Lucas: 11% of respondents.
- Franklin: 6% of respondents.
- Summit: 5% of respondents.

There were no respondents from Monroe, Noble, Paulding, Putnam, and Van Wert counties.

Substance Use History

Respondents were asked to indicate which substances they were in recovery from to understand the complexity of substance use history. Respondents were able to indicate as many substances as applied.

Table 1 details the top five substances from which respondents in the move-in cohort most commonly indicated being in recovery.

Table 1: Number of People in Recovery from Identified Substance, Move-in

Substances	Count of all Respondents ²	% of all Respondents
Opiates	2,810	69%
Alcohol	2,340	57%
Marijuana	2,068	51%
Methamphetamines	1,370	34%
Cocaine	2,150	53%

Data collected at move-in. Multiple selection allowed.

Opiates³ was the most selected response when asked about what substances a respondent is in recovery from. This is not surprising given Ohio’s ongoing opiate crisis. However, the data also reveal that 57% of respondents indicated that they are in recovery from alcohol, followed by 53% indicating that they are in recovery from cocaine. Over half (51%) indicated that they were in recovery from marijuana or its derivatives. A majority (60%) of respondents stated that they were in recovery from multiple substances, highlighting the complexity of this illness.

This data reflects the reality that we are not only facing an opiate crisis, but an overall addiction crisis, with many people facing substance use disorder from multiple substances. This finding is critical, as a majority of the funding for this recovery support is limited to supporting people who have an addiction to opiates or stimulants. There is no funding targeted for individuals with alcohol use disorder, but they do make up a majority of those living in recovery housing.

Criminal Justice Involvement

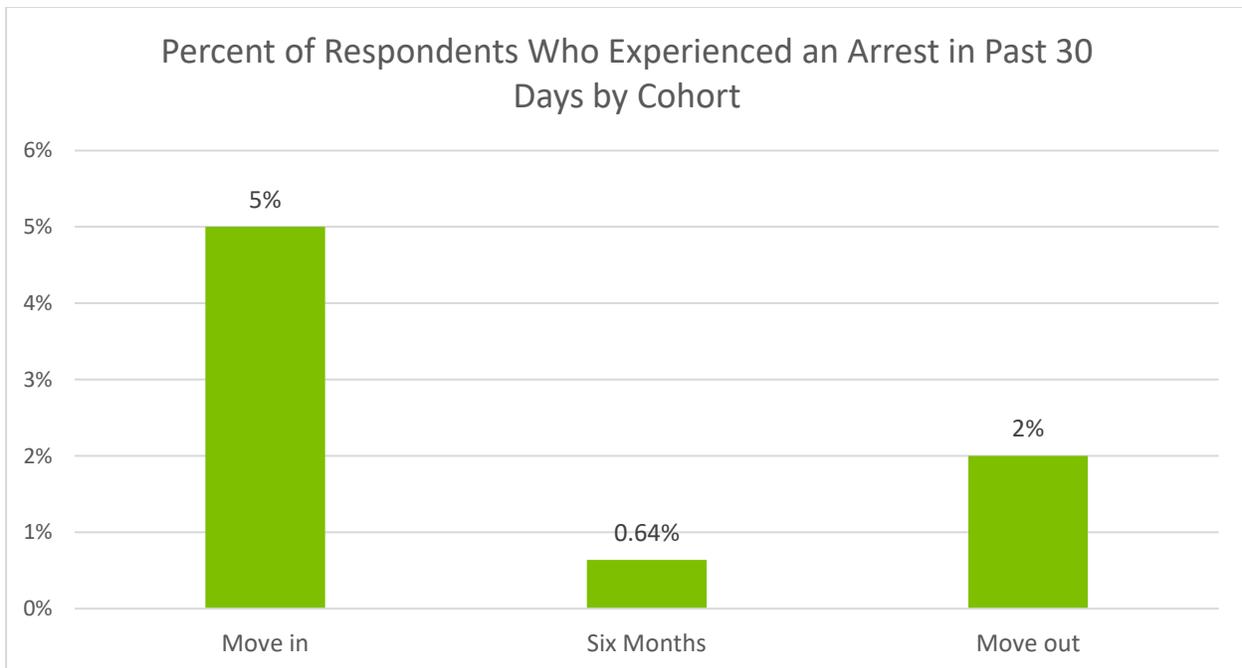
Historically, substance use disorders have been treated as a criminal justice issue, rather than a public health issue⁴. Therefore, it is not uncommon for residents of recovery housing to have ongoing interactions with the criminal justice system. Approximately 50% of respondents indicated that they were involved with some aspect of the criminal justice system, such as an arrest, drug court, parole or probation, etc. in the past 30 days.

Even though it is common for residents of recovery homes to have criminal justice histories, very few residents have experienced a recent arrest. For those moving into recovery homes, only 5% of respondents reported an arrest in the past 30 days; that number dropped to 0.64% at six months and was 2% at move-out.

² indicates the total number of respondents who selected that option.

³ Opiates include the following substances: heroin, oxycodone HCL, morphine, opium, codeine, fentanyl and fentanyl analogs, and hydrocodone bi-tartrate. They are collapsed into one category due to the use of the word “opiates” often being used to describe all of these substances.

⁴ Volkow, N.; Poznyak, V; Saxena, S.; Gerrea, G, UNODC-WHO Informal International Scientific Network “Drug Use disorders: impact of a public health rather than a criminal justice approach” *World Psychiatry* 2017 Jun 16(2) 213-214



Recovery housing residents with criminal justice histories demonstrated that they were working towards meeting their requirements and engaging in activities to demonstrate that they are good neighbors. Between 7% and 11% of respondents in each cohort were actively participating in a drug court program. Many more respondents indicated that they were active in parole or probation: 40-43% of respondents in each cohort.

Drug court programs can last up to two years, and parole or probation periods may also be years in length, so most residents of recovery housing participating in such programs are likely to be involved for their entire length of stay. Their criminal justice histories are also likely to follow them well into the future, impacting ability to find employment and future housing.

The large number of residents with criminal justice histories reflects a wider need for services and supports for this population. People with criminal justice histories will face continued barriers to employment, education, housing and other critical needs.

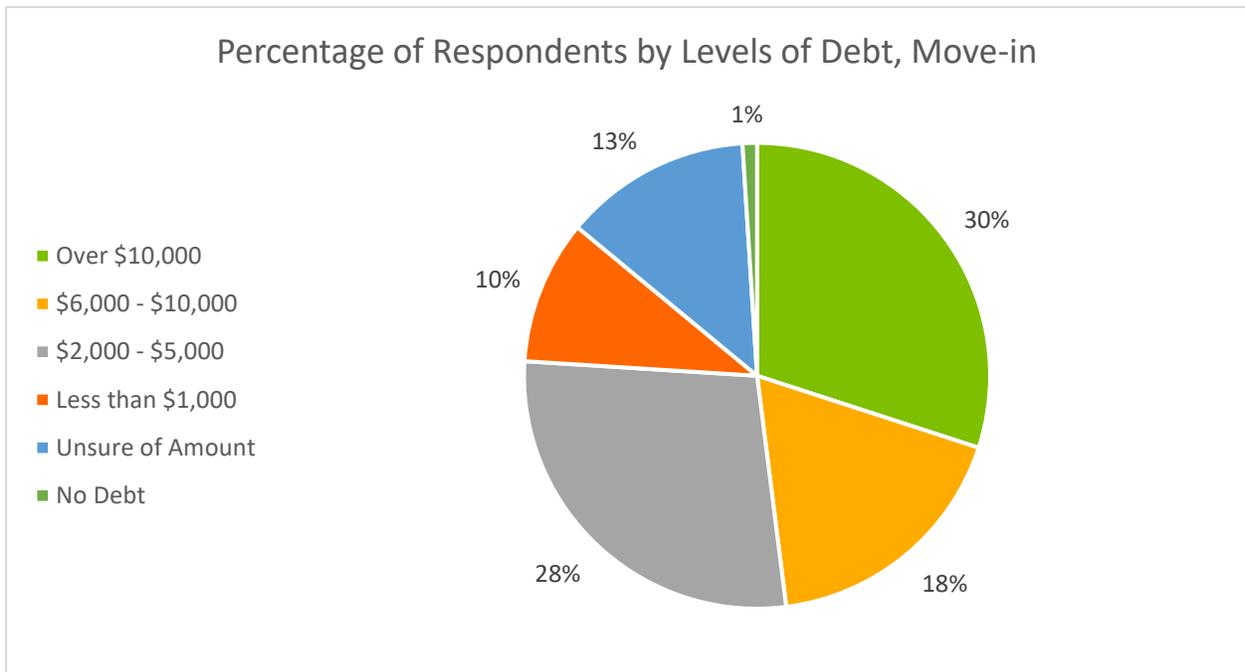
Income and Debt

The financial impacts of active addiction are significant, resulting in many residents entering recovery housing with extensive debts, obligations, and credit histories in need of repair. Resolving this situation requires two factors to be present: (1) the ability to earn an income, and (2) the opportunity to manage expenses so that one's income can impact overall debt. The importance of recovery housing as a safe and supportive environment and an affordable housing option cannot be understated.

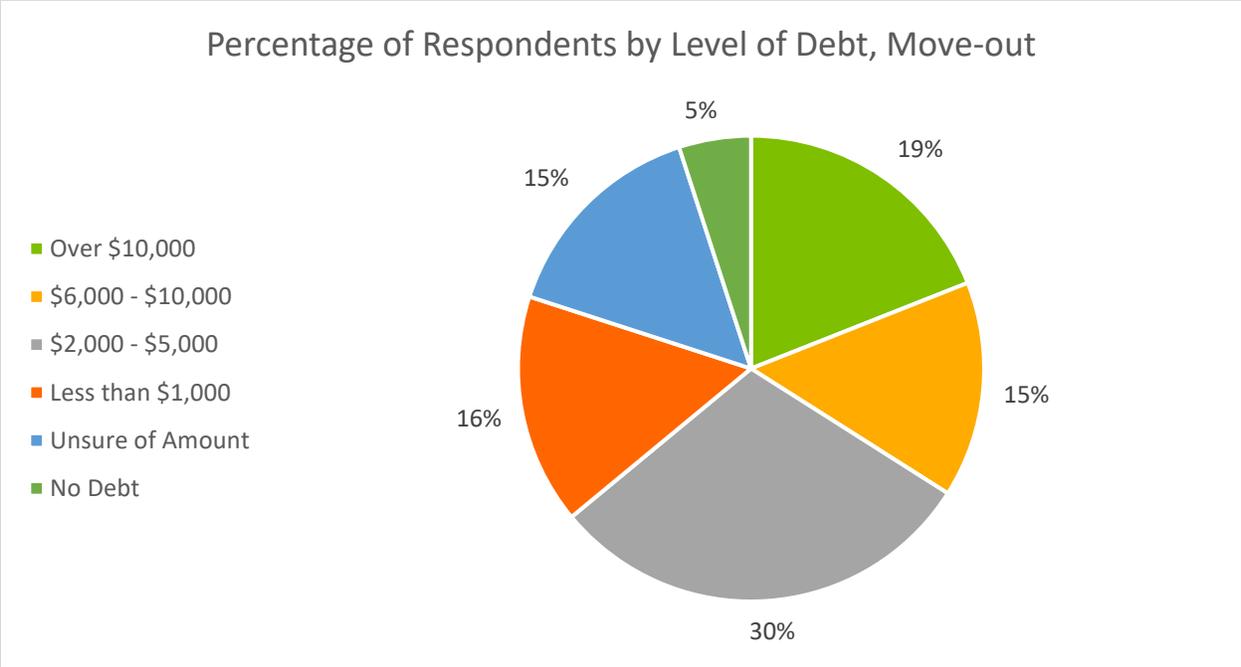
The affordability factor is a key component of a resident's ability to start addressing these debts and obligations and begin building a financial future. The outcomes tool examines debts and income to help illustrate these points.

Debt Across Cohorts

Nearly every resident in recovery housing entered with debts. Only 1% of respondents indicated they had no debt at time of move in. Residents often move into recovery housing at a time when they are just starting to build the skills needed to manage their finances. Therefore, many residents may know that they have debts, but not yet be aware of exactly how much debt they have.



Reported levels of debt by respondents who completed the move-out outcomes measure saw the reductions in debts.



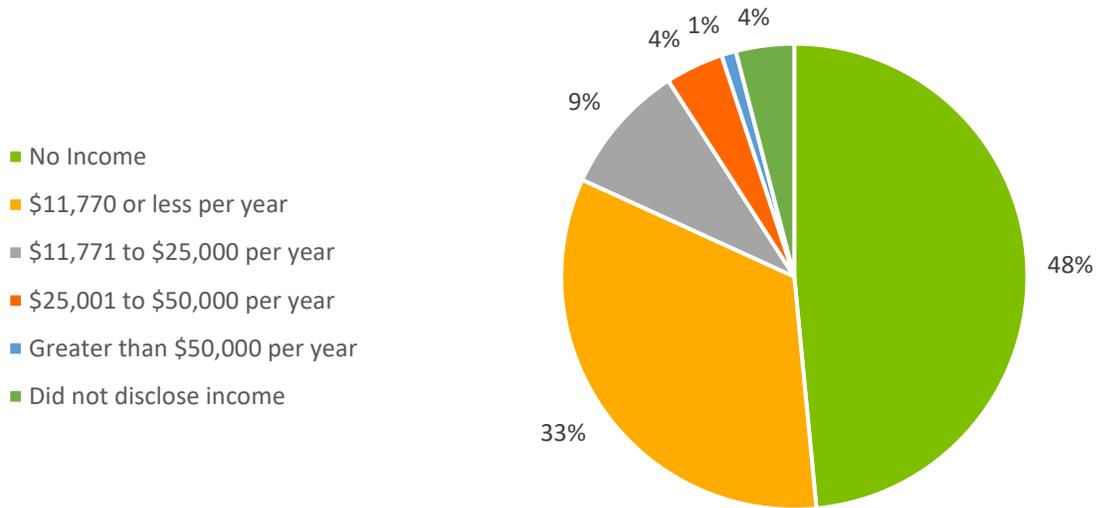
The data reveals that it is more common for a resident moving out of recovery housing to report that they had no debt (5%) compared to a resident who is moving into recovery housing (1%). Considering that the average length of stay in recovery home is only four and a half months, this is an incredibly positive finding.

However, many residents at move-in and move-out report being in debt. As with the general public, it can take a long time to pay off debts, even if they are relatively small amounts. The large percentage of residents who remain in debt after leaving recovery housing indicates that people in early recovery will be rebuilding their financial wellness for years after leaving recovery housing.

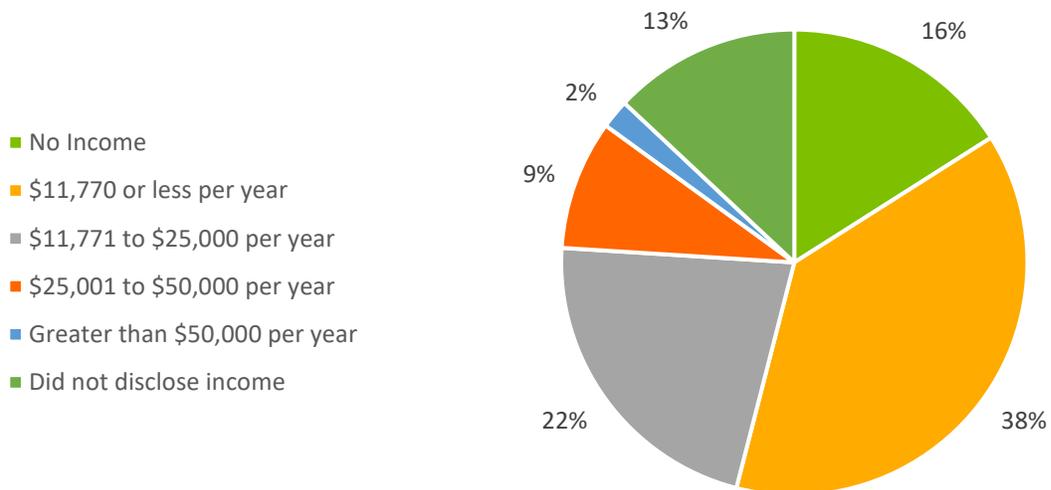
Income Across Cohorts

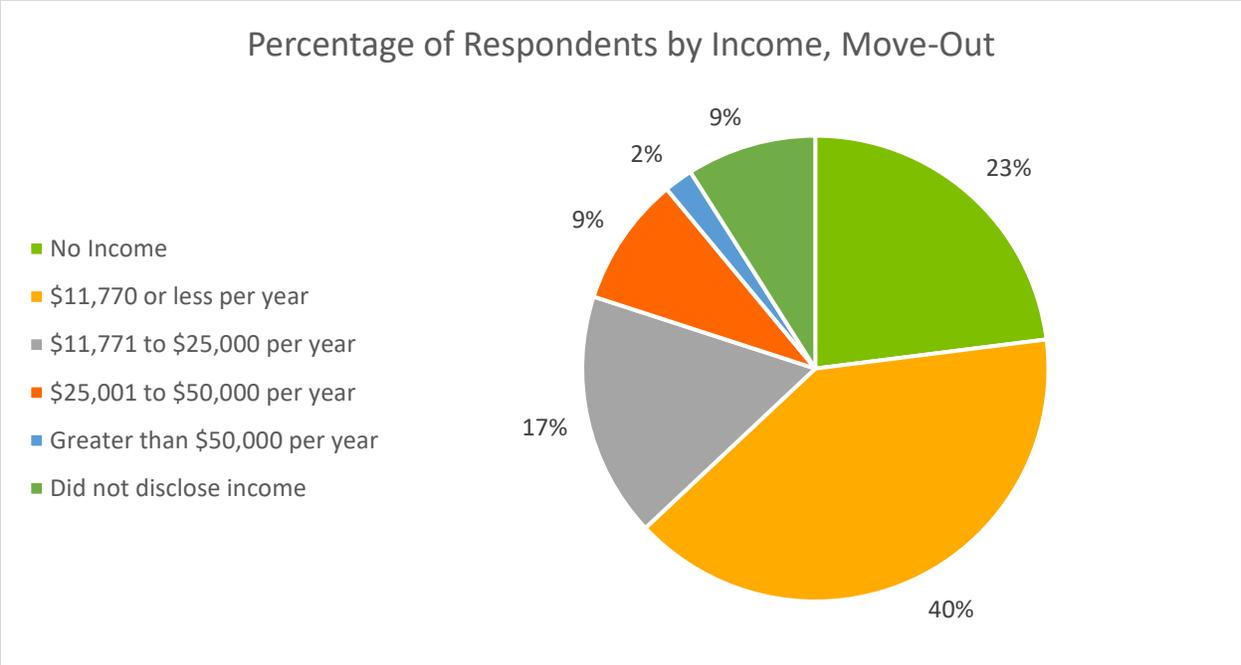
Residents of recovery housing often are moving in directly from treatment, incarceration, or other circumstances where employment was not possible or extremely limited. Therefore, many residents have low incomes when they enter recovery housing. Over time, residents identify employment and earning a paid income as a recovery goal and recovery homes help them achieve that goal by providing life skills development, peer support, and providing training or connecting them to training and job search resources in the community. Other residents may have incomes from sources other than employment, such as social security or retirement income.

Percentage of Respondents by Income, Move-In



Percentage of Respondents by Income, Six-Months





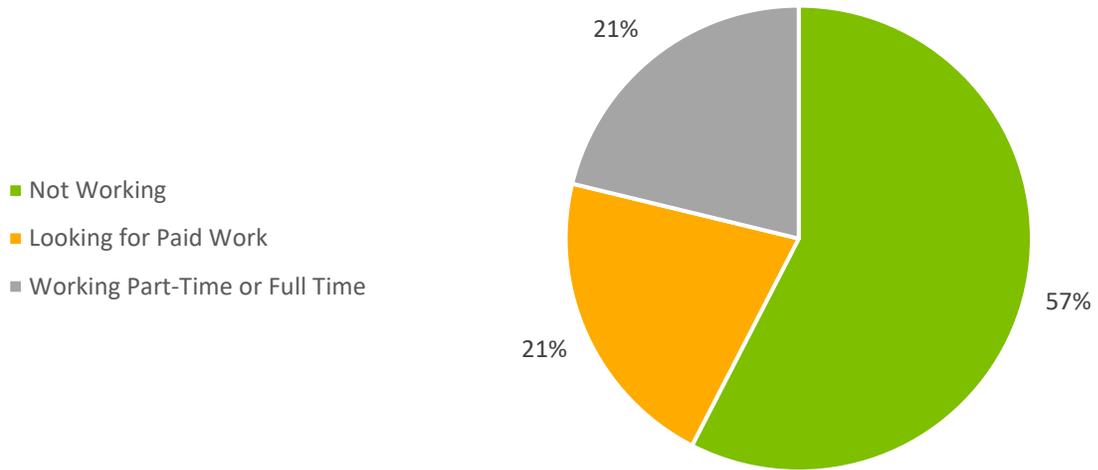
Comparing cohorts, 48% of move-in respondents indicated that they had no income compared to 23% of move-out respondents, indicating that residents were building on their earned income while residing in recovery housing. For those who were able to live in recovery housing for at least six months, only 16% had no income.

Vocational and Educational Activity

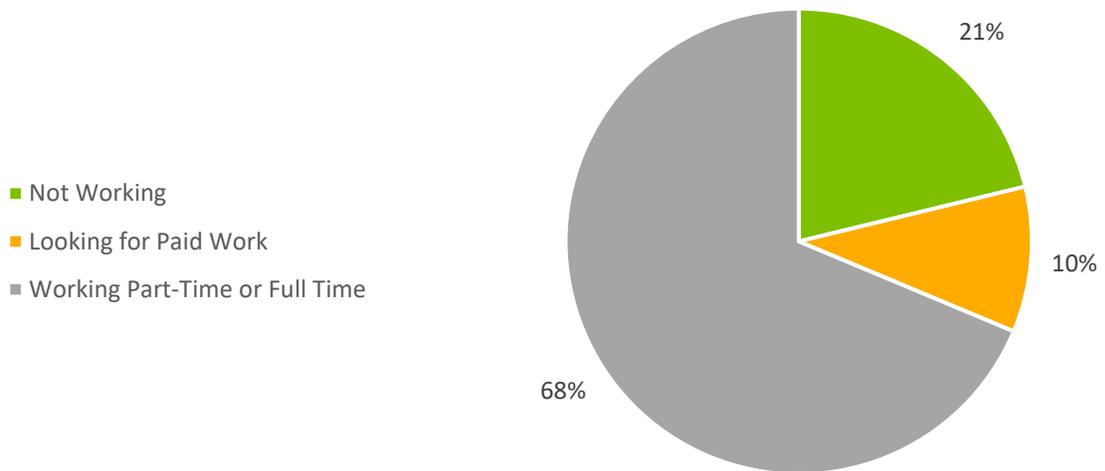
Employment Status

As discussed in the section on income, most residents are not working when they first enter recovery housing. In early recovery, their main focus is often on stabilization of their recovery. However, over time many residents seek employment as a recovery goal and homes assist them by connecting them with programs and services that can help them achieve their goals.

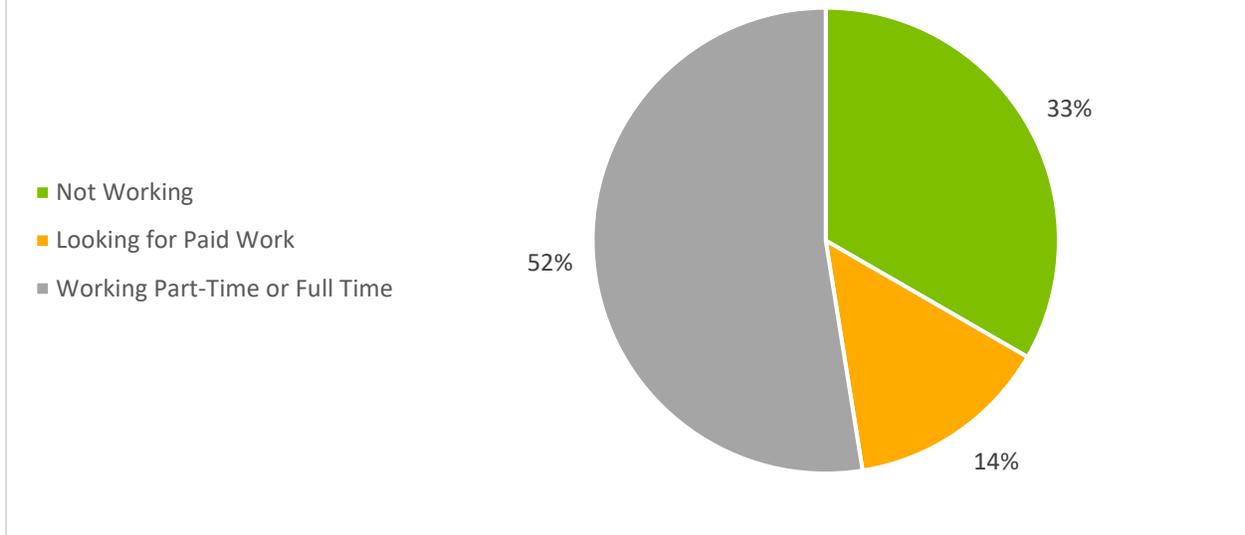
Percentage of Respondents by Employment Status, Move-In



Percentage of Respondents by Employment Status, Six Months

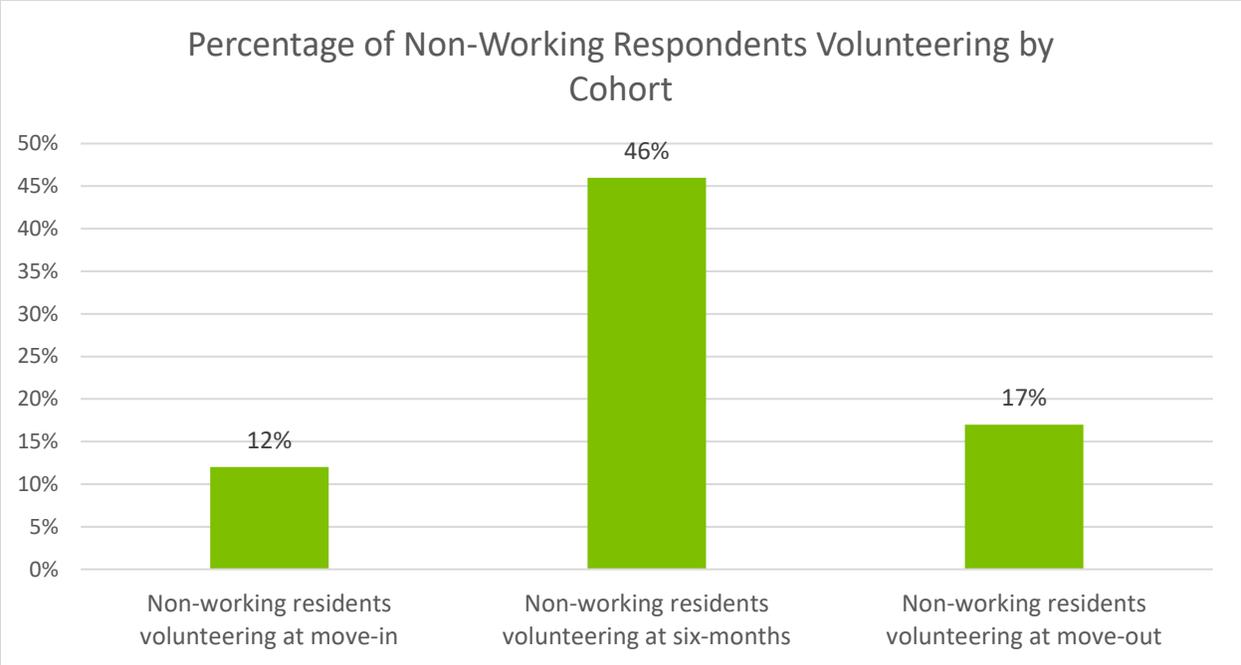


Percentage of Respondents by Employment Status, Move-Out



The data demonstrate that residents in recovery housing are able to gain employment while living in recovery housing. At move-in 21% of residents were working; at move-out 52% of residents were engaged in paid work. For those residents who were able to stay in recovery housing for at least six-months, 68% were engaged in employment.

For residents who are unable to engage in employment, many recovery homes connect them to volunteer or service work and require them to participate in these activities in lieu of working. These opportunities allow residents to gain skills, build positive community relationships, and develop soft skills that may be needed for future employment. They allow residents who may be struggling to gain employment to move forward in their recovery goals and spend their time on worthwhile activities and contribute to the local community.



Almost half (46%) of residents who were not working after living in recovery housing for at least six months were engaged in service work. This dropped to 17% upon move-out. More research needs to be done, but residents who are moving out of recovery housing may no longer be requested to perform regular volunteering or service work and may plan on discontinuing these efforts once they leave the housing leading to a lower percentage indicating that they volunteer.

Personal Documents

One of the most important ways that recovery homes assist residents with employment is helping them gather personal documentation. Oftentimes, people in recovery have lost or misplaced essential documents that are needed in order to engage in paid work, such as identification and proof of citizenship. Recovery homes often work with residents to ensure that they are able to overcome this barrier to employment. Additionally, having a driver’s license is often a key to employment in areas where public transit is not available.

Table 2: Possession of Personal Documents by Cohort

	Move-In	Move-out
At Least One Personal Document	88%	94%
Driver’s License	36%	47%
State ID	59%	65%
Social Security Card	62%	75%
Birth Certificate	60%	74%

While recovery homes are able to assist residents with gaining many forms of identification while in recovery housing, it is important to note that at move-out a majority of residents lack a driver’s license. This is not surprising, as it can often take years for someone to pay all fines and resolve all issues in order to obtain their driver’s license. However, the lack of a license will continue to impact the ability of people in recovery to access employment, training, and educational opportunities into the future. This factor disproportionately impacts residents in rural areas where access to public transportation is limited.

Parenting Status

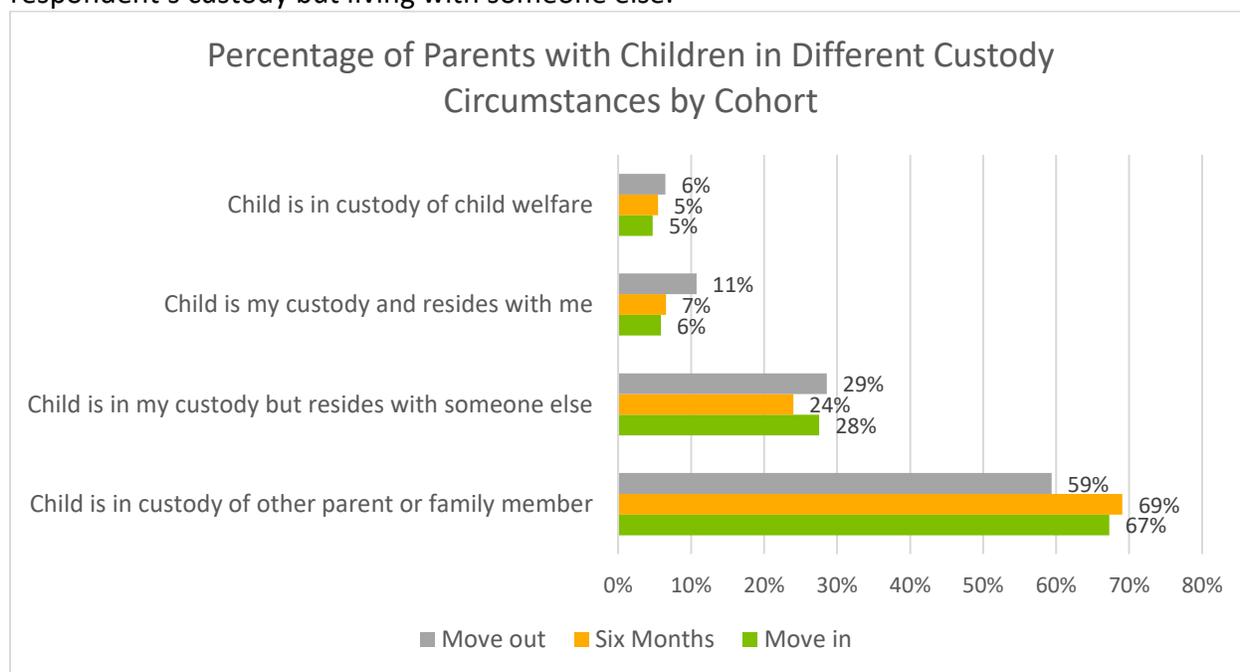
We know that addiction of parents has an impact on the entire family, including children⁵. Thus, the resident survey collects information on parenting and custody status from its respondents. Many residents in recovery housing identify as parents. Specifically,



- 64% of the move-in cohort indicated they were a parent.
- 47% of the move-in cohort reported having a child/children under 18 years old.

Custody Status

It was most common for a person’s minor child to be not in their custody but living with another parent or family member: 67% of parents reported this at move-in, 69% at six months, and 59% at move-out. This situation was more than twice as likely as any other scenario in all three cohorts. The second-most likely scenario was for a child/children to be in the respondent’s custody but living with someone else.



⁵ Lipari, RN “Children Living with Parents who have Substance Use Disorder” SAMHSA Short Report August 24, 2017 https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

We do see that it was nearly twice as common for a parent to indicate that their child was in their custody and residing with them at move-out (11%) vs. move-in (6%), indicating that parents were able to successfully reunite with their children.

Child Welfare Involvement

Six percent (6%) of parents at move-in reported they had at least one child in custody of child welfare. These percentages did not fluctuate much between the cohorts: 5% of the six-month cohort reported involvement with child welfare as did 6% of the move-out cohort.

Survey data revealed that a majority of parents with child welfare involvement were working on regaining custody of their children.

- 70% of respondents at move-in indicated they were working to obtain or regain custody.
- 82% of respondents at six months reported they were working to obtain or regain custody.
- 69% of respondents at move-out reported they were working to obtain or regain custody.

It is not surprising that these numbers do not fluctuate substantially over time, as working to regain custody is often a long process that is likely to continue over many months. A stay in recovery housing may only be one part of the resident's journey and process for family reunification.

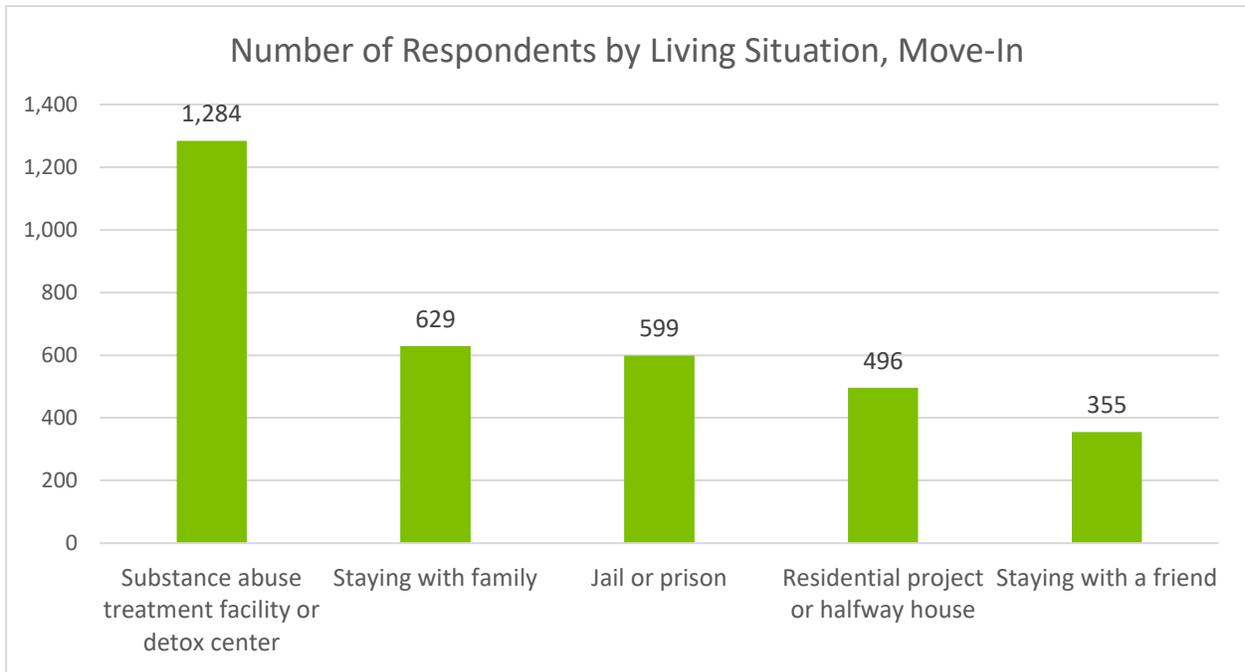
Living Situation

The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes four domains that are necessary to support a life in recovery: (1) Health, (2) Home, (3) Community, and (4) Purpose.⁶ Recovery housing provides a safe and sober place for a person to live and may be the first stable environment they have experienced in a long time. Where respondents were living prior to entering recovery housing is a question that allows us to better understand what "home" did or did not entail for residents. Where respondents plan to go after move-out also allows us to see how their "home" experience looks after living in recovery housing.

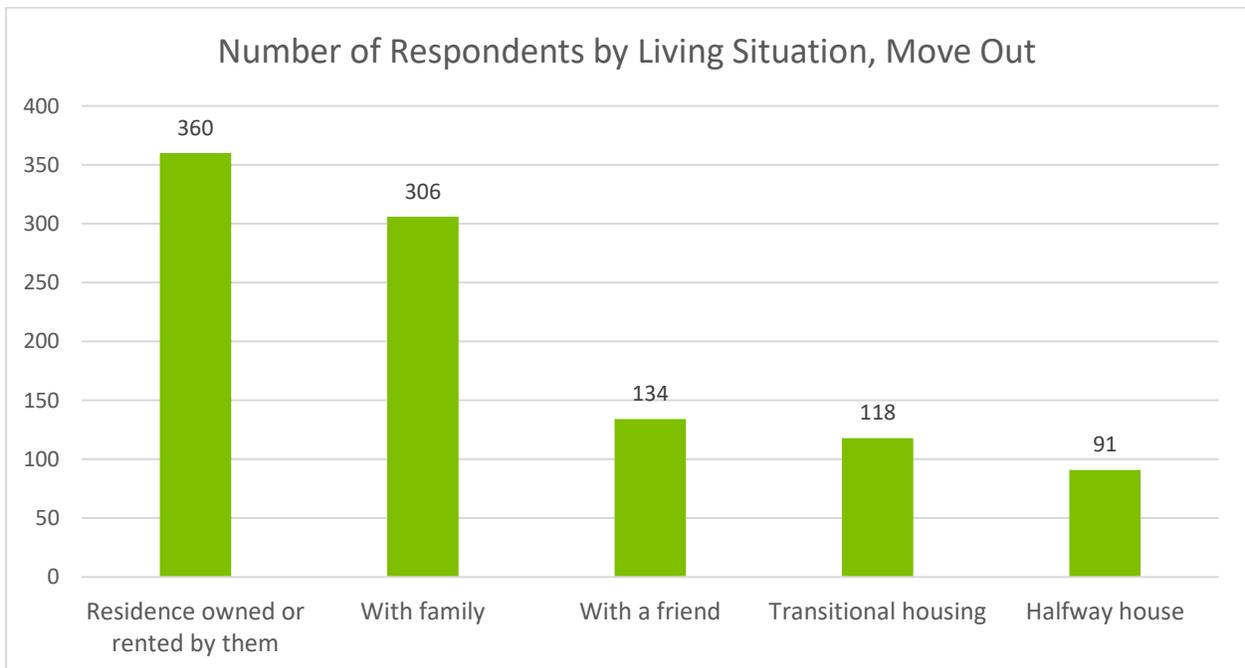
During move-in, respondents were asked where they lived in the past 30 days prior to entering recovery housing. Respondents were able to pick as many as applied from a list of options to describe what the previous days' living situation included.

⁶ <https://www.samhsa.gov/find-help/recovery>

When moving into recovery housing, many people were coming from more unstable living environments, such as treatment or jail or prison. Respondents also indicated that they were staying temporarily with friends or family before moving into recovery housing.



This question is not asked at the six-month outcome tool because they are presumably residing in recovery housing. At move-out, residents are provided the same list of options and asked where they are planning to go.



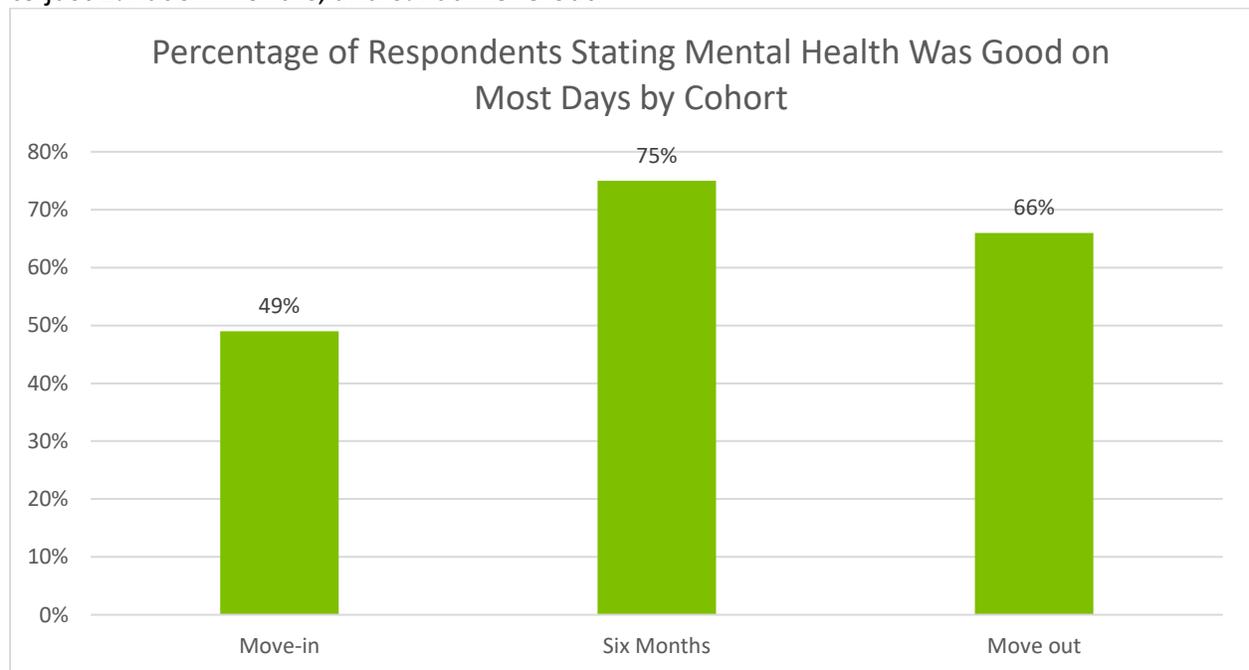
As indicated by these responses, one can see the changes in living situations from move-in to move-out. Jail or prison and residential treatment is no longer a common response. Rather, the most common responses were going to live in their own home or with family.

Health Status

The survey does not capture personally identifiable health information, but it does ask respondents to self-report their mental and physical health status at each survey interval as either “Good on most days,” “Fair on most days,” or “Poor on most days.”

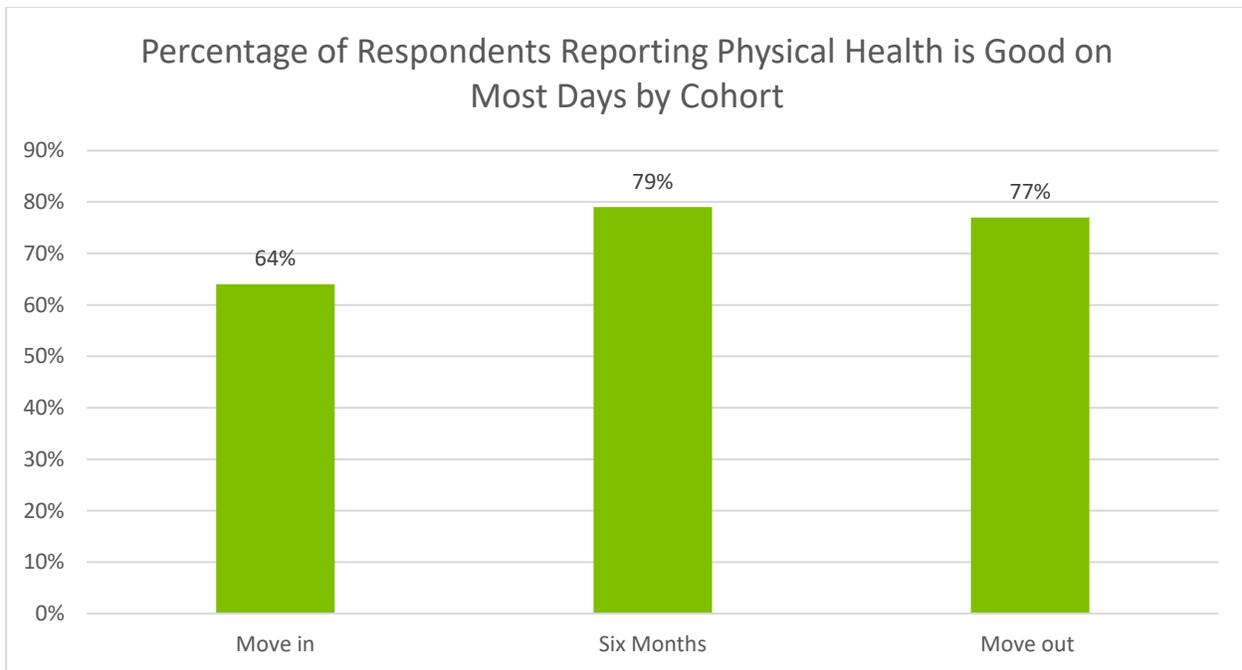
Mental Health Status

At move-in, 49% of respondents indicated their mental health status was good on most days. That number rose to 75% at six months and was 66% at move-out. In contrast, 14% of respondents at move-in reported their mental health status was poor on most days, compared to just 2% at six months, and 6% at move-out.



Physical Health Status

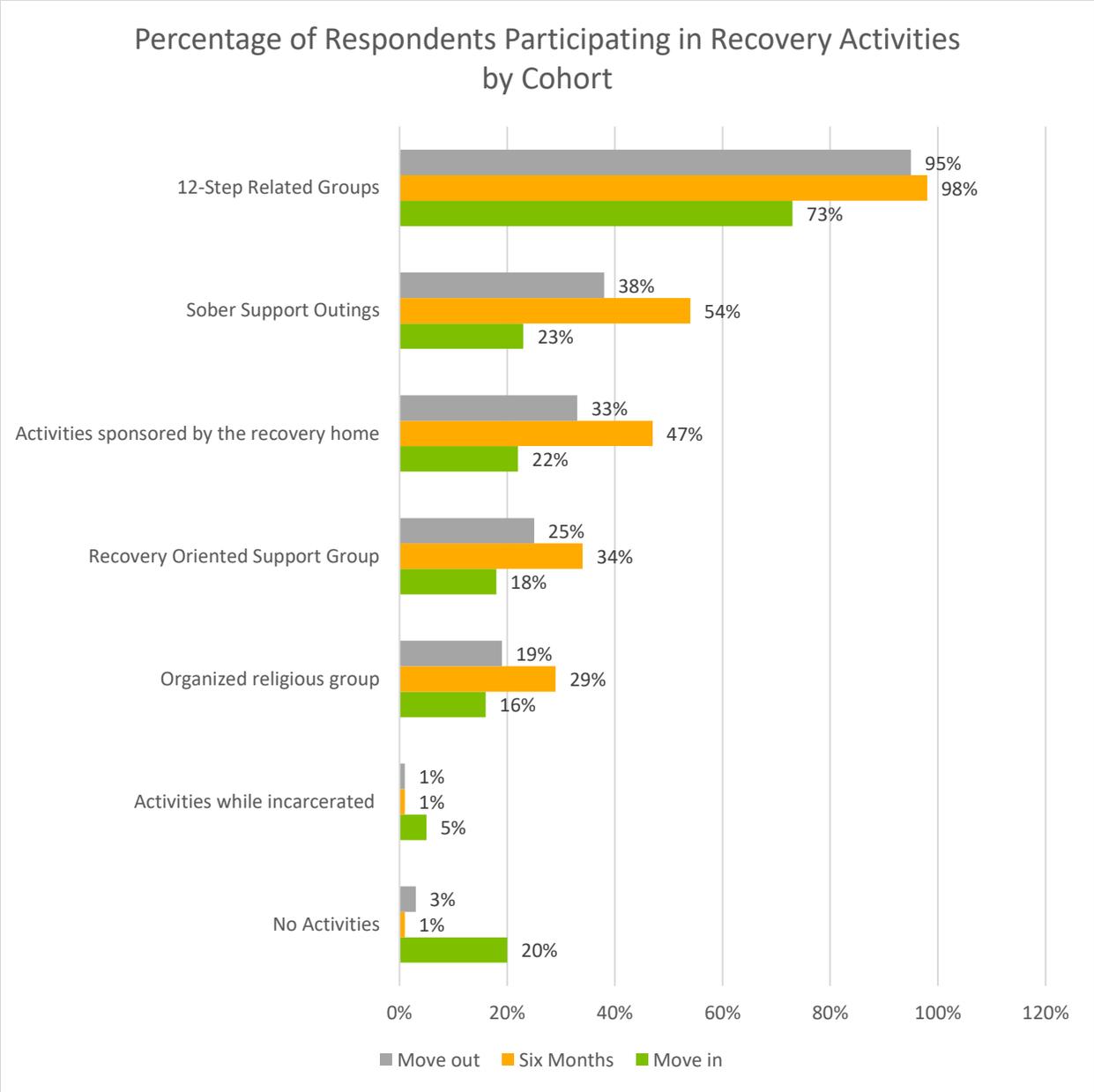
At move-in, 64% of respondents indicated their physical health status was good on most days. That number rose to 79% at six months and was 77% at move-out. In contrast, 8% of respondents at move-in reported their physical health status was poor on most days, compared to just 2% at six months, and 3% at move-out.



Recovery Support Activities

The survey tool is unable to follow residents after they leave recovery housing, but we can capture data on outcomes that indicate that a person’s future success after leaving the recovery home. Specifically, research suggests that building recovery capital, or the relationships and systems that engage them in regular ongoing recovery activities, is a key predictor of positive recovery outcomes for residents⁷.

⁷ 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>



Residents indicated a higher participation in all recovery support activities at six months and move-out as compared to the rate of participation at move-in. At move-in 20% of people were not participating in recovery activities. By six months, 99% of respondents were participating in ongoing activities. At move out, 97% of residents were participating in ongoing activities.

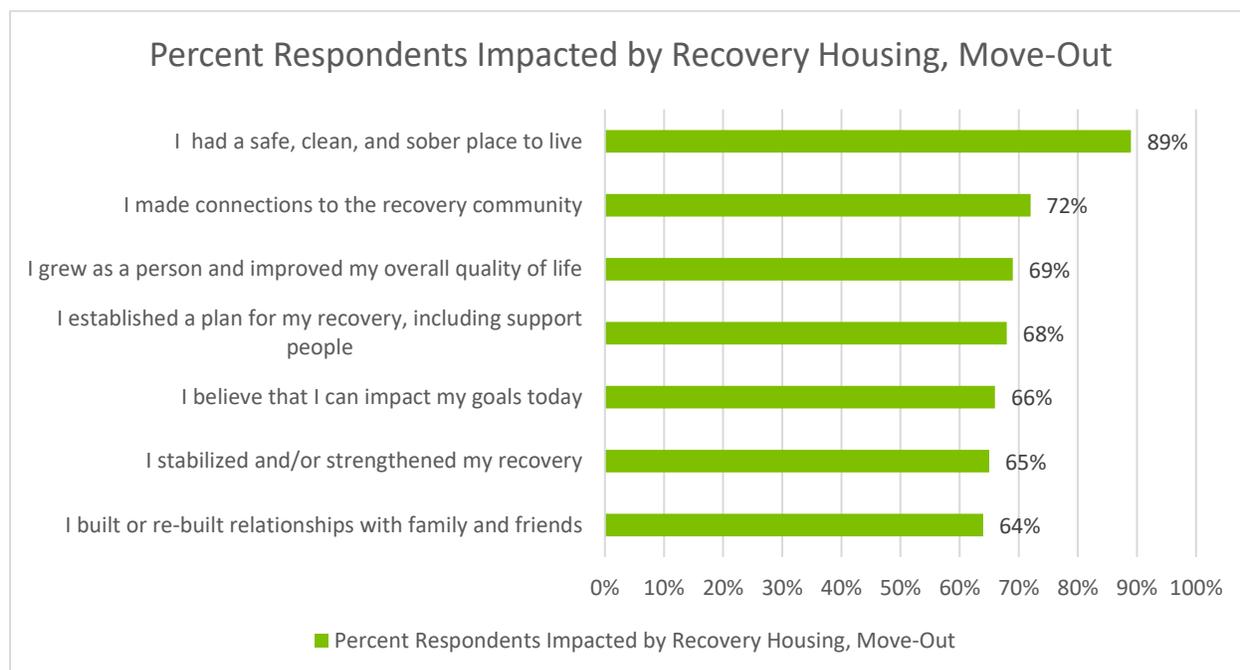
Impact of Recovery Housing

We know that living in recovery housing is beneficial to a person’s long-term success in addiction recovery⁸. The Social Model of Recovery places heavy emphasis on peer support in

⁸ 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/10.1080/02791072.2010.10400705>

recovery from addiction and is a set of founding principles for programs with enduring long-term success like Alcoholics Anonymous. In this model, people learn from each other and build self-esteem and confidence as well as other life skills⁹. Similarly, SAMHSA emphasizes four domains that are necessary to support a life in recovery: (1) Health, (2) Home, (3) Community, and (4) Purpose, as discussed earlier. Recovery housing draws upon both of these models to provide safe and secure environments where individuals with shared life experiences can continually reinforce their recovery while strengthening their relationships and establishing themselves in their communities.

With these goals in mind, respondents at move-out were provided a series of statements and asked if they agreed that the statements were true to their experience in recovery housing.



A vast majority (89%) of residents agreed that recovery housing provided them with a safe, clean, and sober place to live. Respondents also agreed that they were able to build relationships with family and friends (64%), stabilized in their recovery (65%) and established a recovery plan and met people supportive of recovery (68%).

⁹ Polcin, D. L., Mericle, A., Howell, J., Sheridan, D., Christensen, J. (2014) Maximizing Social Model Principals in Residential Recovery Settings. *Journal of Psychoactive drugs*, 46(5) 436-443. doi: 10.1080/02791072.2014.960112

About us

About Ohio Recovery Housing

Ohio Recovery Housing (ORH) is a state affiliate for the National Alliance of Recovery Residences (NARR). ORH certifies recovery houses across the state of Ohio that meet the quality standards set by NARR. Ohio Recovery Housing provides training, technical assistance and tools that assist operators of recovery housing in improving their understanding of and ability to implement quality standards in their recovery homes/

About Mighty Crow Media

Mighty Crow Media administers the outcomes survey and data dashboard. Mighty Crow worked with the Ohio Department of Mental Health and Addiction Services, the ORH Board of Directors, key staff and other stakeholders in the development of the questions and the testing of the survey and associated data dashboards. Mighty Crow built the outcomes tool and oversaw enhancements to the tool. Mighty Crow monitors the data and provides technical assistance to recovery housing operators and other users of the dashboard.