

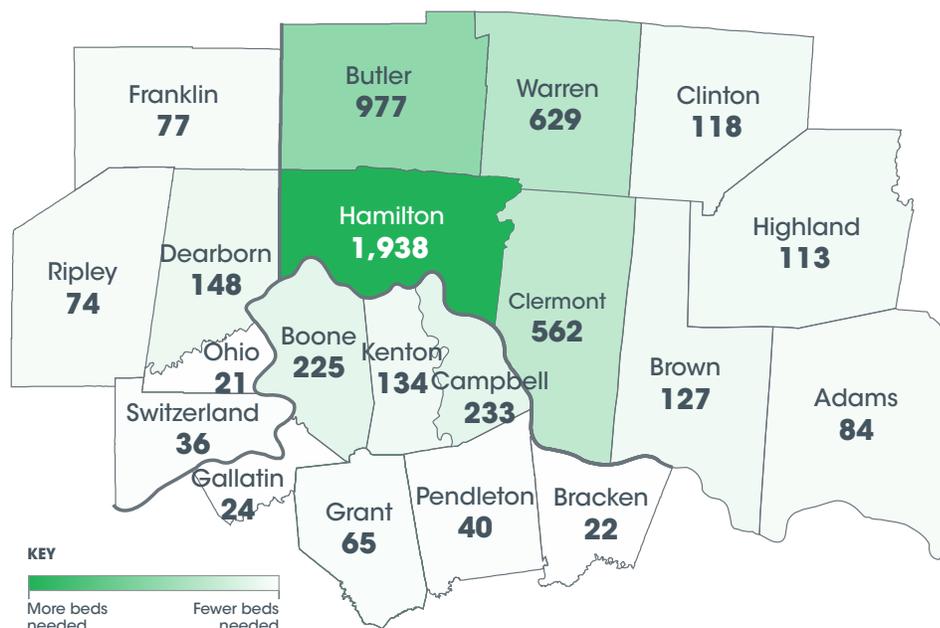
## Study identifies gaps in availability, understanding of recovery housing

One of the goals of Interact for Health’s work in addressing the opioid epidemic is to reduce overdoses and relapse. Providing adequate supports for people in recovery such as recovery housing is one way to do that.

Recovery housing provides a substance-free living environment combined with supportive services such as peer support, employment, transportation and other assistance for people in recovery. It gives people time to develop sustained recovery while rebuilding other aspects of their lives. Research has found that people with substance use disorders who live in recovery housing have a greater chance of achieving long-term recovery than those who do not.<sup>1</sup>

The importance of recovery housing has grown quickly. Houses have opened organically in response to the opioid crisis in our region. Interact for Health recently partnered with researchers at Miami University led by M. Cameron Hay-Rollins, Ph.D., to analyze recovery housing in the 20 county Greater Cincinnati region that Interact for Health serves. Between July 2019 and February 2020, researchers examined data and statistics and conducted 40

**Estimated number of additional beds needed if 50% of people in need of treatment sought recovery housing**



focus groups with 194 people with substance use disorders, providers, people in recovery and family members.

The following are some of the key findings of the study.

### More houses, beds needed

The study identified 103 recovery houses with 1,259 beds in Greater Cincinnati. However, some counties, particularly those that are rural, have no recovery houses at all. All eight counties in Ohio<sup>2</sup> have recovery housing:

35 houses with 781 beds. In Kentucky, the three more urban counties<sup>3</sup> have 64 houses with 456 beds, while the four more rural counties<sup>4</sup> have no recovery housing. In the five counties in Indiana,<sup>5</sup> only Dearborn County has recovery housing, four houses with 22 beds. It should be noted that a community’s resources, regulations and capacity affect whether it has recovery housing.

All counties have fewer beds than needed to meet demand.

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<sup>1</sup> Reif, S., George, P., Braude, L., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Recovery Housing: Assessing the Evidence. *Psychiatric Services*, 65(3), 295-300. doi:10.1176/appi.ps.201300243.

<sup>2</sup> Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren counties.

<sup>3</sup> Boone, Campbell and Kenton counties.

<sup>4</sup> Bracken, Gallatin, Grant and Pendleton counties.

<sup>5</sup> Dearborn, Franklin, Ohio, Ripley and Switzerland counties.

Researchers found that recovery houses in Greater Cincinnati had to turn away 56 people per week on average because of the lack of beds. Providers in the focus groups estimated that as many as 50% of people in treatment may benefit from recovery housing. The Substance Abuse and Mental Health Services Administration estimates that 7.6% of people with substance use disorder seek treatment each year.<sup>6</sup> Researchers estimated that if 50% of those who seek treatment in Greater Cincinnati were to seek recovery housing, the region would need 5,647 more beds. (See map on previous page.)

## Need to ensure quality through certification

Certification ensures recovery houses meet basic standards. The National Association of Recovery Residences established the standards and states have adopted them. Ohio and Indiana have state-supported certification processes. Kentucky is developing one. States that have certification award funding only to state-certified houses. However, none of the three states *requires* recovery houses to be certified.

Only 1 in 5 recovery houses in Greater Cincinnati (21%) reported being certified. This is concerning

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://bit.ly/3jkoBw7>

because some focus group participants described recovery housing with varying quality. Some told of drugs being sold and used at recovery houses.

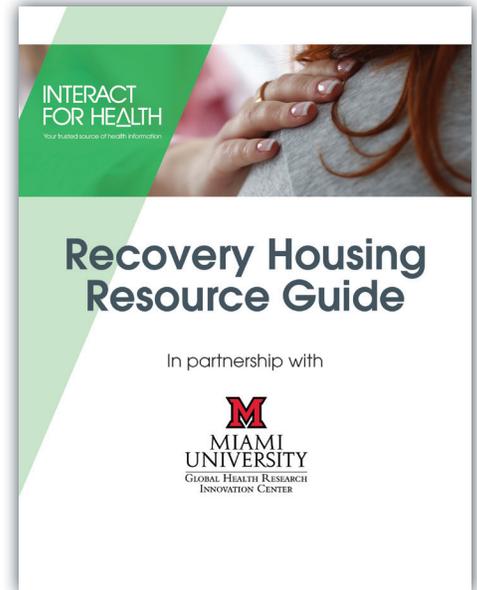
Certification with regular monitoring would ensure well-managed, clean and substance-free houses. It would boost confidence in the quality of a recovery house for family members, people in recovery and community members.

## Definition of recovery housing unclear

Focus group participants varied in their understanding of recovery housing. Researchers asked participants to share words they associate with recovery housing. They produced 504 unique words. The most frequently used words suggest that recovery houses are safe, supportive, structured environments that encourage sobriety, accountability and hope.

However, the number of different words used to describe recovery housing hints at uncertainty about the concept. In addition, participants showed confusion about the differences between recovery housing, transitional housing, halfway houses and other types of supportive housing.

Consistent, clear messaging about recovery housing and its attributes is needed. Explaining how and when one might seek different types of housing could help address uncertainty.



## Directory of recovery housing available

To improve information about recovery housing in Greater Cincinnati, researchers have created a resource guide using data collected for this study. The guide aims to help people find housing that meets their recovery needs. It lists the location, contact information, populations served and services provided by the 103 recovery houses in the region identified as of February 2020. Visit [www.interactforhealth.org/recovery-housing](http://www.interactforhealth.org/recovery-housing) to download the guide and the full survey.

For more information about the study, contact Evaluation Officer Michelle Lydenberg at [mlydenberg@interactforhealth.org](mailto:mlydenberg@interactforhealth.org).