

Testimony on House Bill 58

Erin Helms, Executive Director, The Woodrow Project and Briermost Foundation

House Community Revitalization Committee

Chairman Click, Vice Chair Mullins, Ranking Member Brewer, and members of the committee,

Thank you for the opportunity to testify today. My name is Erin Helms a person in long-term recovery, and I serve as the Executive Director of The Woodrow Project and Briermost Foundation, recovery organization dedicated to providing safe, supportive, and high-quality recovery housing in Cuyahoga County.

Let me begin by saying that I fully support the intent behind House Bill 58. We all share the goal of improving the quality of recovery housing and protecting vulnerable Ohioans. However, I must express strong opposition to the bill as currently drafted, because I believe it would unintentionally disrupt existing oversight, create confusion, and reverse much of the progress our state has made over the last decade.

Ohio's Existing Oversight System Works

Ohio has already implemented a statewide structure through House Bill 33, which took effect on January 1, 2025. This legislation requires all recovery homes to be credentialed and listed on a state registry in order to operate, receive referrals, or access funding. Ohio Recovery Housing is one of the credentialing entities recognized under this law, alongside Oxford House and, in some cases, CARF-accredited providers.

Ohio Recovery housing (ORH) certification process is rigorous and comprehensive, including:

1. A detailed review of policies and procedures
2. An onsite interview to verify implementation
3. An in-person inspection of each dwelling

This process is based on nationally recognized standards set by the National Alliance of Recovery Residences. It has evolved over time to meet legal and community needs.

Understanding What Recovery Housing Is—and Isn't

Recovery housing is not treatment. It is not a clinical facility. It is a home—a residence where individuals in recovery can live in a substance-free environment and access peer support and other services. Residents live in recovery housing during and after treatment and are not required to be actively engaged in clinical services to maintain housing.

There is often confusion about funding. Let me be clear: Medicaid does not pay for recovery housing. Medicaid pays for clinical services. Some providers use Medicaid reimbursement for treatment services to help cover housing costs while a person is in outpatient treatment, but this is not recovery housing as defined in Ohio law.

House Bill 58 Would Disrupt Progress

While the goal is noble, HB 58 as written would undermine the progress Ohio has made:

- It splits oversight, assigning complaint investigations to local boards, while credentialing remains with OhioMHAS. This disconnect would create confusion and inefficiency, delaying action against bad actors and making it unclear where the public should report concerns.
- It imposes duplicative inspections by local boards without clarifying standards or authority to act, adding unnecessary bureaucracy without improving outcomes.
- The proposed Certificate of Need process is modeled on nursing homes—but recovery housing is not a medical facility and does not rely on Medicaid data. This framework would only create additional barriers.
- Finally, the bill proposes a new system without clear funding mechanisms. Any new fees or “bed taxes” would burden residents already paying modest amounts for housing—potentially increasing their costs by nearly 5%.

What Can Be Done Instead

We don’t need to start from scratch—we need to build upon the strong foundation already in place. I urge you to consider the following improvements:

1. Add criminal penalties for operating uncredentialed recovery homes. This would empower local authorities to take swift action.
2. Invest in meaningful, sustained funding for recovery housing. Current funding is inadequate, and providers are resorting to risky workarounds simply to offer shelter.
3. Educate local communities about recovery housing. Many municipalities are unfamiliar with how it is regulated, or actively oppose it, leading to legal barriers and concentration in only the poorest areas.

Conclusion

We agree: Bad actors have had too long to exploit vulnerable Ohioans. But the solution is not to dismantle a functioning system and start over. Instead, let’s strengthen what works, close the gaps that remain, and ensure every Ohioan seeking recovery has a safe, supportive place to call home. Over the past ten years, I’ve witnessed countless women transform their lives—rising from homelessness, unemployment, and despair to becoming homeowners, rebuilding their families, securing meaningful employment, and discovering true freedom. The unintended consequences of this bill threaten to undermine

these life-changing opportunities—opportunities that must remain accessible to anyone seeking a new beginning.”

Thank you again for your time and consideration. I welcome any questions you may have.