

Testimony of Craig Gullion, Compass Point Housing

Before the Ohio House Community Revitalization Committee - Chairman Gary Click

Chairman Click, Vice Chair Demetriou, Ranking Member Baker, and members of the House Community Revitalization Committee, thank you for the opportunity to provide testimony today.

I commend the committee's commitment to quality recovery housing in Ohio and the time spent discussing this bill. My name is Craig Gullion, and I am the CEO of Compass Point Housing and a life-long resident of Scioto County. Compass Point Housing is a private, 501c3 non-profit, non-clinical provider of recovery housing located in Portsmouth, Ohio. Rep. Pizzulli is my state representative, and I support the good work he does for our community. I have met with Rep. Pizzulli on a couple of occasions, and I believe he is an advocate for individuals in recovery from substance use disorders.

Back in 2014, I was fortunate to be a part of the formation committee that founded Ohio Recovery Housing (ORH), the state-wide affiliate of the National Alliance of Recovery Residences (NARR), and I still serve on the ORH board of directors and am a trained peer reviewer of recovery homes.

I want to acknowledge and thank our local Alcohol, Drug and Mental Health Services Board and their director, Sue Shultz and associate director, Michele Bower, and all their staff for their work in our communities supporting quality mental health and addiction treatment and support services. I would also acknowledge and thank our local county and city officials, law enforcement and emergency first responders for their input and dedication to support quality treatment and recovery housing that positively impacts our community. I would also like to thank the Ohio Department of Mental Health and Addiction Services for their leadership and dedication to quality treatment and resources to support recovery housing state-wide. Lastly, I want to thank ORH executive director, Danielle Gray, her staff and my fellow ORH current and former board members that have played a major role in establishing quality recovery housing standards, training, and best practices for recovery housing operators throughout Ohio.

I have watched most of the testimonies given so far on this bill and respect those who have testified and their opinions. I appreciate the questions and insights of this committee and their desire to see improvements made in recovery housing.

My testimony consists of lending clarification to current recovery housing operations and to give my perspective on the content of the current version of HB58.

The following concerns the current recovery housing landscape:

- Ohio Revised Code (O.R.C. [5119.01](#)) defines a recovery housing residence as "*a residence for individuals recovering from alcohol use disorder or drug addiction that provides an alcohol-free and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other recovery assistance for alcohol use disorder and drug addiction.*"

By definition, recovery housing is not treatment; however, recovery housing is vital for individuals in treatment services to enable them to live in a monitored and safe home while furthering their recovery. We partner with local treatment providers that refer their clients to us as residents. Therefore, our recovery housing is a byproduct of the demand generated by local treatment providers clients' needs.

- Medicaid does not pay for recovery housing. Our revenue is dependent upon the rents we charge to our residents and grants we receive.
- There are three levels of recovery housing based upon a person's length of recovery and oversight needed. We strive for a continuum of recovery housing to allow residents to progress through their treatment and gain recovery capital and support. It is not uncommon for individuals to live in recovery housing for a year or more during this process.
- ORH has conducted recovery housing certifications since 2015; therefore, operators have had a decade to certify their properties. Only with the passing of HB33 that was made effective on January 1st of this year, has the state mandated that all recovery housing properties be certified. HB33 gave notice and ample time for all operators to comply with current state law.

With regard to the current version of HB58, the following are my comments:

- Section 1 of the bill is to amend Section 5119.393 calling for the local ADAMHS Boards to conduct annual "*inspections*" of recovery housing and "*investigate*" complaints related to recovery housing.

First, on the item of "*inspections*", the bill is not specific to the criteria of the inspections. Also, it does not make a distinction between already certified properties as per current state law and those properties that are already illegally operating. By what basis would the boards have authority to "*inspect*" uncertified properties? And, again, by what criteria or standard would they be inspected?

Next, on the complaint process, the Department of Mental Health and Addiction Services currently contracts with ORH to process and investigate complaints. If a complaint is substantiated and not resolved, ORH can pull an operators certification therefore ending their legal operation. With this bill, the local boards would report their complaint findings to the Department, but it is not clear how substantiated complaints could impact an operator's certification to continue to operate.

Part "C" of this section states, "*For purposes of conducting the inspections and investigations required by divisions (A) and (B) of this section, a board may contract with individuals to serve as inspectors and investigators*". The bill is silent however to what credentials these "individuals" would need to conduct inspections and/or investigations. I support the idea of the local boards being involved in the complaint process as their input is valued, and it is beneficial for the boards to visit housing locations in their area to familiarize themselves with differing ways operators perform.

Currently, ORH recertification is every two years. As a suggestion, if the state desires an annual inspection and this bill allows for the boards to "*contract with individuals*", perhaps

the boards could contract with ORH to conduct an “off year”, on-site review and report findings to the boards on the certified properties in their area. As previously mentioned, the boards could also collaborate with ORH in the complaint process as desired.


- Section 5119.3910 of this bill states, “*The director of mental health and addiction services shall administer a certificate of need program for recovery housing*”. This bill requires operators desiring to expand or add recovery housing to apply to the department for approval. It then gives a lengthy description of needs assessment criteria based upon presumed cost and quality. The assumption is the department would confer with the local boards; however, it does not specifically include the local boards in this decision. Currently, the department licenses treatment provider locations. Since recovery housing is a byproduct of treatment providers’ clients demand, it would make sense for the department to utilize the same need assessment for recovery services as they would for treatment services. Also, the bill does not consider the levels of recovery housing needed to make sure that an applicant can demonstrate the ability to collaborate with other operators to ensure their residents have an ability to benefit from a continuum of recovery housing throughout their recovery process. In other words, an area may not benefit from another Level 3 men’s recovery home if that was all there was currently. The department and local boards should strive to have ample capacity at all levels of recovery housing to make sure their clients/residents are properly served throughout their recovery process.

In conclusion, HB33, that was enacted on January 1st this year, created regulatory oversight for quality recovery housing with its certification requirement. The state just needs to take measures to enforce its compliance. HB58, in its current version, lacks detail on the desired annual inspection process and enforcement and penalty details for non-compliance. The needs assessment element of the bill does not take into account the need for a continuum of recovery housing and lacks direct input from the local boards.

As a non-profit, non-clinical housing provider, we collaborate with our local communities and follow local zoning and building code requirements. We are Ohio Recovery Housing (ORH) certified and have voluntarily followed their requirements for the last decade. While many recovery housing operators in our area are compliant with certification requirements of HB33, there are those who lack the knowledge, capability, or desire to follow the accepted quality standards. That was why HB33 was enacted; to mandate compliance and to set standards that are uniform and applicable across the state. Proposed HB58 attempts to put “control” at the local level but falls short in language to ensure the local boards have vital input needed.

Please let me know how we can assist in re-working this bill or in re-enforcing HB33 to assist in promoting quality recovery housing options.

Sincerely,


Craig Gullion, CEO
Compass Point Housing