

Chair Huffman, Vice Chair Johnson and Ranking Member Liston,

Thank you for allowing me the opportunity to provide testimony today.

My name is Kelly Manns and serve as the Director of Quality for Ohio Recovery Housing. We are a non-profit organization with the mission to increase access to high quality recovery housing options for Ohioans with substance use disorder. We are members of the Coalition for Health Communities and work with our partners to ensure that Ohioans have access to the behavioral health services and support they need.

Recovery housing is a critical component of the continuum of care for people with substance use disorders. A recovery home is not defined by the people who live in the home, but the environment that is created. A recovery home provides a safe, supportive living environment where individuals in recovery from a substance use disorder can receive peer support, connection to services, community support, and participate in resident driven recovery planning.

We know that recovery housing works. We have been collecting outcomes data on recovery housing from participating organizations since 2016. Looking at our most recent data collected, we found that:

- Prior to recovery housing, most residents were living in substance use treatment centers, were incarcerated or were living in a residential facility or halfway house. When leaving recovery residences, residents were most likely to move back in with their family, move in with a friend, or into a residence that is being rented by them.
- 88% of residents who are moving out of recovery housing indicate that they are connected to ongoing recovery support services needed to maintain long-term recovery when they are leaving recovery housing, with nearly 75% connected to peer support services.
- 57% of residents had no income when they moved into recovery housing, this percentage drops to 23% for residents who have lived in recovery housing for six months
- Only 5% of residents had an income of \$25,000 per year when they moved into recovery housing. This increases to nearly one fifth (19%) after living in recovery housing for six months.
- Over half of residents have over \$5,000 in debt when they move into recovery housing, compared to 42% of residents at move out. While this may not seem like a small decrease, considering the relatively low incomes of residents of recovery housing, it is impressive how many are able to use living in an affordable recovery home as an opportunity to pay off debt and prepare for the future.
- For residents who lived in recovery housing for six months, 17% of residents achieved a high school diploma or equivalent, 5% achieved technical or vocational certification.

Ohio Recovery Housing

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These results indicate that recovery housing not only provides support for recovery, but also helps residents gain employment, increase their income, and build lasting recovery capital for their future.

Without this recovery support, people will be at risk of homelessness or returning to environments where they are surrounded by people, places and things that promote a life in active addiction instead of being surrounded by people, places and things that support a life in long-term recovery. The demand for this recovery support is high and funding is limited. According to a recent survey performed by ORH, 67% of recovery housing operators reported that they did not have sufficient capacity to serve everyone who had requested services in the past year.

Recovery housing is not an eligible benefit under Medicaid or private insurance – therefore, recovery housing operators rely on public and private grants, resident rent payments, fundraising and other efforts to ensure they have enough revenue to cover expenses and ensure that the housing is affordable for the people who need it.

We appreciate the continued investment in recovery and recovery support services that have been made by the state of Ohio and the General Assembly. Much has been changed in the structure of this budget, and we have significant questions about how the dollars will be allocated to essential recovery support services, such as recovery housing. In 2016, a line item was created to support recovery housing as a way of ensuring that there would be resources available for this essential recovery support. The dollars in this line item have been transitioned to a larger block grant. While recovery housing is still technically an eligible expense, this change undoes the work of the Ohio General Assembly when they specifically created this line item to ensure that there would be resources for this essential recovery support. We ask that these dollars be returned to the recovery housing line item so our communities can continue to have access to this critical recovery support.

We know that quality of services matters. The passage of House Bill 33 in the previous general assembly allowed the Ohio Department of Mental Health and Addiction Services to provide quality oversight of recovery housing residences in the state of Ohio. We have been honored that the certification provided by Ohio Recovery Housing has been recognized by the Ohio Department of Mental Health and Addiction Services as an appropriate credential for meeting the requirements of HB 33. We are also privileged to work with the Ohio Department of Mental Health and Addiction Services to ensure that complaints about recovery homes are investigated in a timely and appropriate manner.

Starting January 1, 2025, all recovery housing residences must be appropriately credentialed to operate in the state of Ohio, receive referrals from community behavioral health providers, or receive any public funding. While these requirements are only a few weeks old, we have already seen a significant change.

Ohio Recovery Housing has received applications from nearly three hundred and fifty organizations seeking to have recovery housing residences appropriately certified. Our staff is working diligently



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with these operators one on one to help them make any needed modifications and changes to ensure that their programs and properties meet standards of quality.

We have also received over one-hundred complaints concerning recovery housing residences. While a majority of these complaints were unsubstantiated, we were able to forward complaints concerning uncredentialed entities to the Ohio Department of Mental Health and Addiction Services. For those involving organizations in the process of certification or certified, we were able to engage in quality improvement plans. In one instance, we were required to remove certification from the program.

I know that bad actors remain in our communities, but this early data demonstrates that we are on the right path, and we will continue to see the positive outcomes of HB 33 into the future. We appreciate the continued support and commitment of the Ohio General Assembly in ensuring that recovery housing services are not only available but high quality.

Thank you again for your time, and I will happy to answer any questions that you may have.