Observations and Recommendations for Recovery Housing for Justice-Involved Ohioans

A group of individuals representing State agencies and non-profit organizations in Ohio were identified to obtain information pertaining to the Recovery Kentucky Housing model. This report builds off a trip and site visit to Kentucky to observe and document particular areas of interest in the Kentucky model including: targeted population, operational policies, funding structure, fair housing practices, challenges, and lessons learned and then to determine if there are opportunities to bring similar housing models to Ohio. What follows is a summary of the visit and observations as well as considerations, recommendations, and potential next steps for Ohio.

Individuals in Attendance at Recovery Kentucky Visit:

Kentucky:

Don Ball – Former Board Chair of Kentucky Housing Corporation (KHC)
Mike Townsend – KHC
Mark Offerman – KHC
Cecil Dunn – Executive Director of Hope Center
Mark Williams – Department for Local Government
Kevin Pangburn – Director of Substance Abuse – KY Department of Corrections

Ohio:

Lori Criss – Ohio Council of Behavioral Health & Family Services Providers
Doug Bailey – Ohio Department of Mental Health and Addiction Services (ODMHAS)
Roma Barickman – ODMHAS
Ed Rhine – Ohio Department of Rehabilitation and Correction (ODRC)
Stephanie Starr – ODRC
Not in attendance – Jamie O’Toole – ODRC and Alisia Clark – ODMHAS

Sites Visited:

Hope Center for Women / Privett Men’s Center / Brighton Center for Women in Florence / The Grateful Life Center in Erlanger
Status of Recovery Kentucky – Programming:

- Kentucky currently operates ten recovery homes throughout the State, but has four additional homes that were “grandfathered” in using the recovery model. These four homes operate in the same manner, but opened at an earlier date with at last one (The Privett Men’s Center) going back as far as twenty years.
- The initiative began in 2005, headed by Governor Fletcher, and is currently chaired by the First Lady.
- Each facility has 100 beds, 60 or more beds in each facility are contracted by the Kentucky DOC.
- Created to reduce homelessness and help individuals recover from addiction.
- Homes provide supportive housing and programming based on substance abuse education / modified TC. These housing, programming and therapeutic community models that they use were developed in Kentucky and are not affiliated with any national efforts or recognized practices.
- Each center uses a recovery program model that draws heavily on peer support. The curriculum is drawn from Recovery Dynamics – a 28 session lesson plan. Recovery Dynamics is a product designed by Recovery Kentucky. It is not a nationally recognized model though the University of Kentucky is evaluating the program.
- The staff emphasized the program focuses on recovery, not treatment, and a more holistic approach to dealing with the lives of the residents. The focus on recovery is important and affects housing eligibility. There were elements of what Ohio would consider to be treatment services including assessments, treatment plans, and individual and group counseling sessions.
- The model relies heavily on the 12-step philosophy and sponsors have an active role with participants.
- Programming moves from intake (SOS) to a Motivational Track (MT) to Phase I which lasts for six months. Participants in SOS and MT live in dorm-like / bunk room environments. Phases I and II participants live in shared rooms with kitchenettes and a private bathroom. Each resident must earn privileges and other incentives, including what rooms they live in. Upon completion, the resident moves to Phase II which involves peer mentoring/employment. They like to maintain a ratio of 1/6 in terms of mentors to residents.
- A strong emphasis is placed on the “community group” which meets three mornings a week to address residents’ issues and concerns. The ultimate sanction is a resident can be voted out of the program.
- There are random room searches and drug testing of the residents.
Residents placed by DOC who relapse (with a positive drug screen) are removed from the program. The homes have practices around reapplying to the program, though these may be related to only non-DOC participants.

If residents graduate from Phases I and II and subsequently relapse, they can seek assistance from the program.

Turnover rate is estimated to be 20% within the first two months of placement into the facility.

**Partnerships and Building:**

- Recovery Kentucky represents a shared partnership involving the Department for Local Government (DLG), the Department of Corrections (DOC), and the Kentucky Housing Corporation (KHC).
- The homes were constructed initially at a cost of $3.5 – $5.0 million each. They are presently building four new homes each of which is estimated to cost $7.7 million. Representatives indicated that the housing being developed in the second phases of development will be more like traditional housing developments and less like the dormitory environment in Phase I. They will be single room occupancy (SRO) with no transitions from bed-to-bed or unit-to-unit.
- Kentucky legislated tax credits for construction and provided set asides in the state budget.
- The Federal Home Loan Bank of Cincinnati provided the loans to the builders.
- The builders are in the process of paying 10 year loans.
- Builders are incentivized through business tax credits.

**Operational Considerations:**

- It costs approximately $1.0 million/year to operate a 100 bed home.
- The homes utilize $3.0 million/year in community block grant funds.
- The Kentucky DOC contributes approximately $6.7 million/year funding.
- The Kentucky DOC pays a $31.00/per diem – at least 60 beds in each facility. The Kentucky DOC will only pay 192 days per individual. These funds are designated by KYDOC to support service costs, though they may also be used to support general operation.
HUD also provides funding under Section 8 vouchers. HUD project-based Section 8 subsidies are used to support rent subsidies for Phase I and II participants. These subsidies can be portable upon program completion.

This model is not referred to as transitional housing. They must call it permanent housing. It is not SRO (single room occupancy); rather, it is a “zero-bedroom” unit.

Residents sign leases in Phases I and II. Program criteria apply to the residents, but are not addendum to the lease.

There are a few items that can result in immediate termination from the housing program, including relapse, possession of drugs on site, acts of violence, and physical relationships on site.

The residents can apply for food stamps while in the program.

Due to HUD requirements, the homes cannot accept sex offenders, offenders convicted of arson, violent offenders, and methamphetamine manufacturers. Other drug offenses are waived.

They only accept limited SMI cases and medical cases that can be controlled by medication. They turn away only those who cannot be functionally independent upon graduation from the program. They do not allow the use of medication-assisted treatment for addiction (e.g., Methadone, Buprenorphine, Suboxone, and Vivitrol).

The Center on Drug and Alcohol Research at the University of Kentucky provides ongoing evaluation and program reports.

Individuals can reside at the home for up to 2 years. Most leave after 6 months.

The KYDOC determines appropriate placement (recovery home / halfway house). It was previously based on offender choice, but currently recommendations are made by the parole board and the offender’s engagement in AOD treatment. Recovery is required for early release from prison. Offenders can opt out and serve their full term in prison.

All KYDOC beds are filled by offenders who have been granted parole release by the parole board and are placed under parole supervision. The parole officers appear to assume an active role in the program with their offenders.

All partners from the state and local areas meet quarterly to discuss implementation success and challenges.

A procurement process was used for service providers where each site was required to have an alcohol and drug free permanent housing program that used tax credits, HUD vouchers, provides staff, along with services that are required rather than optional.

While services are not optional, program participation is optional. A person can decline the opportunity to live in this housing and can leave when they choose.
Items from KY to Build on for Ohio:

- Residential treatment for the last six months that a person is serving instead of serving out sentence (Treatment and Recovery focused Pre-Release).
- Philosophy of a Community of Recovery – accountability and responsibility found through peer support and an alcohol and drug free environment.
- Connection to a 12-step community.
- Employment focus during residential stay and not upon release.
- Public-private partnerships for capital development, operating, service delivery and financing.
- New housing model that does not require individuals to transition through different living/sleeping situations as their length of stay progresses.
- Per diem for operating and service costs

Recommendations for Moving Forward in Ohio:

- Relapse policies that are flexible and supportive of helping people avoid relapse and receiving correct level of support if relapse does occur.
- Provision of clinical treatment services according to Ohio’s certification and professional licensure standards; can use existing community treatment providers in public-private partnerships.
- Trauma-informed care: providing services that are recovery-focused and take into account the addiction and trauma recovery needs of participants.
- Using risk assessment criteria (ORAS) for offenders to ensure that the appropriate individuals are placed in this environment to support their addiction recovery and also decrease the likelihood of recidivism. Also ensure a separation of individuals by risk score.
- Use nationally recognized evidence-based practices.
- Use model for re-entry and diversion.
- Housing and recovery strategies in place before exiting program.
- Ohio needs to explore single site and scattered site housing or residential models that currently exist and could work for Ohio’s financial structure and long term recovery for justice-involved Ohioans.
- Ensure that recovery housing strategies for justice-involved Ohioans align with Fair Housing laws and are compliant with ADA.
Next Steps: required to ensure the momentum and sustainability of the initiative that is eventually proposed. The timeframe for issuing a final proposal from the Multi-Agency Work Group is April 2014.

- Continue to consult with Kentucky as needed and explore models in Ohio and other states in order to benchmark planning and implementation of recovery housing for justice involved Ohioans.
- Obtain follow-up information from each of the Kentucky agencies represented in the discussions. The DOC representative referenced the recent passage of “penal reform” legislation called HB 463 that redefined addiction as a public health and treatment issue, along with other provisions impacting the criminal code. These provisions included decodifying some felonies and downgrading some felonies to misdemeanors.
- Form a Multi-Agency Working Group to prepare a final proposal with an action plan addressing implementation. The Working Group will evaluate the need for recovery centers, their location, potential funding sources, and where they would fit within a statewide continuum of behavioral health and correctional care. The membership represented should include, but not necessarily be limited to, individuals from the following agencies and organizations, inclusive of both the public and private sector.
  - ODRC
  - ODJFS
  - Medicaid
  - Developmental Services Agency
  - Housing Finance Agency
  - Governor’s Office
  - Office of Criminal Justice Services
  - ODMHAS
  - Community-Based Correctional Facilities
  - Halfway Houses
  - Local Reentry Coalitions
  - Federal Home Loan Bank of Cincinnati
  - Addiction Treatment Providers
  - Recovery Housing Providers
  - County Corrections Planning Boards