



Issue Brief

COVID-19 Pandemic



Ohio Recovery Housing



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Innovations

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Background

Like most communities across the United States, the spread of the novel coronavirus had a significant impact throughout Ohio. Its rapid spread, along with an initial lack of knowledge and best practices, created difficulties for recovery residence operators, staff, and residents alike. Some residents opted out of living in a congregate setting to protect themselves and others, and many residents were unable to work. Operators found themselves needing to adapt safety policies and procedures while facing increasing costs and reduced revenue. Among Ohio communities more broadly, initial data from 2020 indicate that the onset of COVID-19 may have also accelerated over-dose deaths (Cauchon, 2020). In contrast to the wider community, anecdotal data from operators at certified, high quality recovery homes stated they believed relapses did not significantly increase within recovery homes due to an increase in activities and supports provided within certified, high-quality recovery homes.

Ohio Recovery Housing (ORH) distributed two member surveys in 2020 requesting information on the effect of the pandemic on recovery housing operators. Commonly reported problems include decreased revenue, decreased capacity, increased needs of residents, unforeseen expenses, and reduced employment and income for residents. In the early months of the pandemic, the necessary quarantine guidelines resulted in a sense of isolation, employment barriers, and a move to virtual services and supports. More recently, there has been a slow progression toward re-engaging with support networks, meetings and services, employment and education, and other community settings.

Survey respondents indicated that the emergency funding provided by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) was critical to sustaining recovery housing as a safe, essential recovery support and limiting potential relapses and overdoses during the pandemic. While capacity in recovery homes typically decreased because of COVID-19, the demand for recovery housing remained strong, with almost half of survey respondents indicating that demand remained steady or increased during this time.

Findings

- **Operators appreciated the response of OhioMHAS and ORH to the pandemic.** This included increased financial support from OhioMHAS, through emergency payouts and increased State Opioid Response (SOR) funding; hosting solution-focused statewide support calls to highlight peer best practices and up-to-date national policies and best practices; and hard copy and online guidance from both agencies, such as infection protocols.
- **The COVID-19 pandemic created a strain on interpersonal relationships.** Recovery housing residents indicated one of the principal challenges during the pandemic was the strain it put on interpersonal relationships. Some houses did not allow residents to leave the property without permission, and if residents did leave, they were unable to return. Those who stayed in a recovery residence reported they were unable to see friends and family or they could only visit others outdoors.
- **The COVID-19 guidelines affected resident peer relationships.** Residents noted that the temporary lack of structure adversely affected them, being unable to visit with friends and family, work, attend higher education, or leave the grounds while spending the majority of their time with other residents who were in differing stages of recovery. Some house managers provided additional social activities to engage residents.
- **The pandemic increased the use of remote technology within recovery houses as a means of accessing recovery meetings and other services and supports remotely.** In particular, the use of online peer support groups was a significant support for residents during the pandemic. However, this also increased costs for operators.
- **The pandemic caused a significant loss of income and extra expense to recovery housing operators, with 84 percent of residences relying on resident fees as income.** Social enterprise programs, where housing is linked to an income base through a business venture, saw drops in revenue or had to be closed completely or partially as part of the state's pandemic response.
- **Many operators reduced capacity take new residents by an average of 16 percent.** This was due in part to residents opting out of congregate recovery housing and operators preserving space that could serve as an isolation area. This, in turn, meant longer waitlists.

- **Among some recovery residences, the impact of COVID-19 on resident relapse and overdose was not significant.** Respondents acknowledged that relapse and overdose were a primary concern during the COVID-19 pandemic, although effects differed across residences and communities.
- **Operators made significant shifts in practice such as:**
 - adapting medication storage and dispensing procedures to accommodate medication-assisted treatment (MAT) take-home doses;
 - updating house maintenance and upkeep policies;
 - limiting visits with family, friends, and the larger recovery community;
 - supporting remote access to recovery meetings when possible;
 - implemented new screening procedures; and
 - providing personal protective equipment (PPE) and cleaning services.
- **Operators made significant shifts in their priorities.** While a person's health is generally part of building recovery capital, it became operators' and residents' central focus during COVID-19. Operators shifted from preparing residents to be independent in the community through employment, life skills, community engagement to restricting residents' movement to stay healthy.
- **COVID-19 responses helped make behavioral health resources more visible.** As OhioMHAS aimed to meet pandemic-related physical and mental health needs of Ohio residents, new resources—such as a 24/7 hotline with its own media campaign—amplified the focus on behavioral health resources.

Recommendations

POLICY AND PLANNING

- Continue gathering operators best practice guidance for preventing COVID-19 and other communicable disease transmission; regularly update online FAQs and best practice documents on ORH's website.
- Establish an ongoing, remote peer resident group to advise on project policy, best practices, and the pandemic's effect on Ohio's recovery housing residents. Have an external third-party (ORH or other) facilitate the group.
- Explore and document relapse and overdose rates from the last six months, comparing rates within the recovery housing community to the larger community. These data could support fundraising, public education, and advocacy.
- Expand and enforce standards related to the prevention of communicable disease transmission, and preparedness for future pandemics.
- Identify populations who experience a disproportionate impact of COVID-19 in Ohio, and how this disparity intersects with access to treatment and recovery supports. Work with affected populations to develop and implement strategies to redress these inequities.
- Assess how to continue eviction guidelines and other COVID-19 relief strategies after the pandemic to reduce barriers to recovery housing and ensure equity.
- Leverage and support the use of technology to connect residents to multiple treatment sources and recovery supports, including those that meet their specific cultural needs.

PRACTICE AND TRAINING

- Continue to refine best practice guidance; support implementation of procedures that prevent transmission of COVID-19 and other communicable diseases.
- Ensure that recovery housing operators have pandemic and disaster contingency plans.
- Ensure that residents have access to a range of flexible, digital, or hybrid recovery support options.
- Ensure that residents are aware of safety procedures and have necessary supplies and equipment to protect themselves and others.