



# Mapping the Gap

Assessing Recovery Need in Ohio

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# What is CAST?

- Calculating an Adequate System Tool (CAST)
    - Version 1.0 (2015): Developed in 2015 at Substance Abuse and Mental Health Services Administration (SAMHSA) - *Published in Preventing Chronic Disease*
    - Version 2.0 (2017): Updated to include opioid response module and estimate of risk from social determinants
    - Version 3.0 (2020): Updated to include rural specific estimates, expanded interventions, and additional modules
    - Version 4.0 (now): A web-based platform and adding additional modules
      - Recovery Residences as one of these modules
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# How has CAST been used?

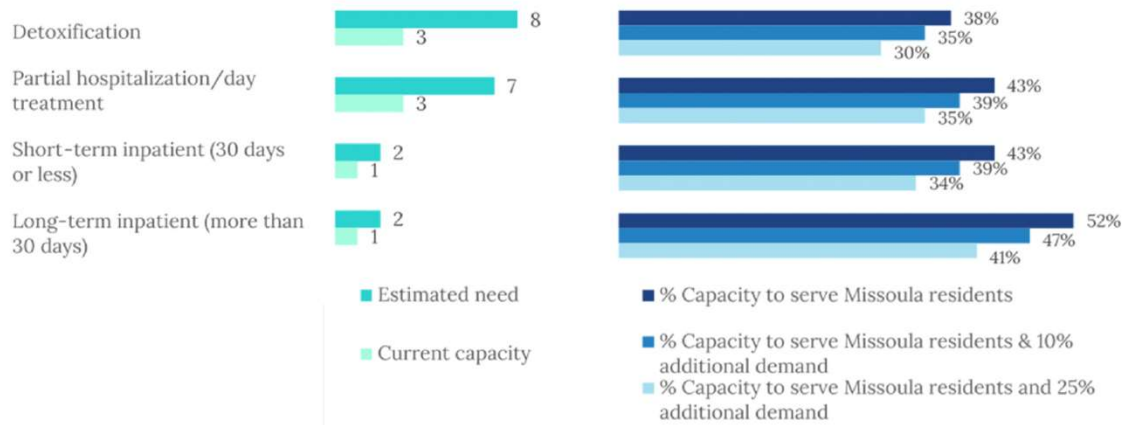
- State-wide assessments: Nevada and Oregon
- Regional assessments: Ohio, Montana, New Hampshire
- County assessments: Delaware, Montana, Pennsylvania, Michigan
- Specialty populations: Adapted for use on U.S. Army installations through a project with the Army Public Health Center

# Why is CAST useful and distinctive?

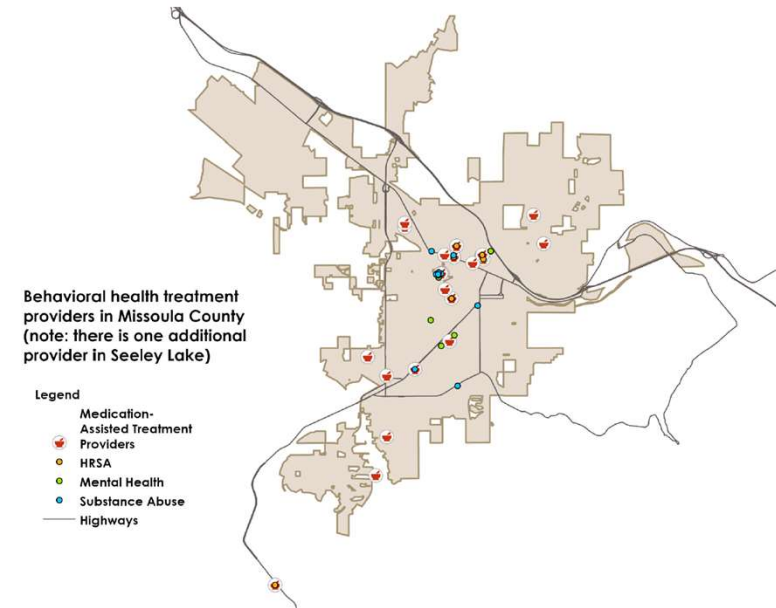
- "A recently developed, promising framework that uses social indicators to estimate substance abuse treatment need in a population is the Calculating for an Adequate System Tool or CAST (Green, et al., 2016). **This methodology provides a framework for estimating needs at the local level and, based on these estimates, calculating community-specific recommendations at the service level for components of the continuum of care (promotion, prevention, referral, treatment, and recovery) by using social indicators to modify estimates of the population's needs.**"
  - *Needs Assessment Methodologies in Determining Treatment Capacity for Substance Use Disorders: Final Report, U.S. HHS, Assistant Secretary for Planning and Evaluation, 2019*


# Missoula County, MT

**Figure 6. Inpatient capacity for treatment in Missoula County**

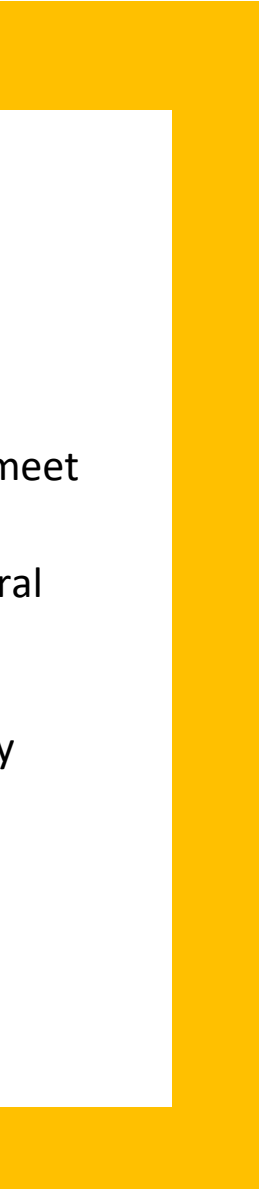


**Figure 5. Geographic distribution of behavioral health treatment providers in Missoula County**



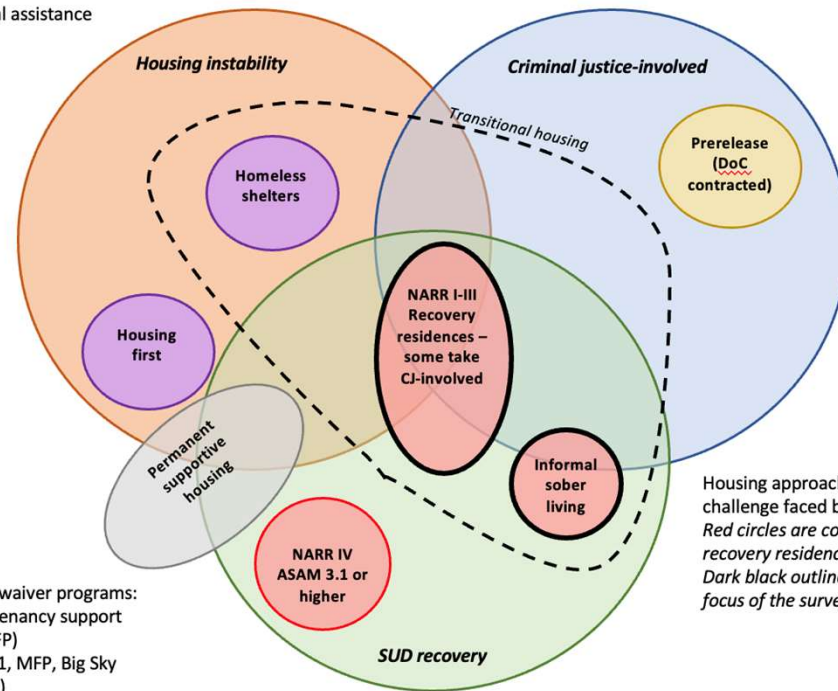


# Three key questions

- What is the current capacity of the existing bed infrastructure of recovery houses in Ohio and does this meet the projected demand for this service?
  - What are projections for the cost savings to the behavioral health treatment care system in Ohio with additional investments in recovery housing?
  - Are there disparities in access or utilization by geography race, gender, and socio—economic status for recovery housing in Ohio?
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# Adapting CAST to support Ohio Recovery Housing


Voucher and assistance programs for:  
Emergency rental assistance (HCSD)



Very specific waiver programs:  
SDMI (PACT tenancy support specialist, MFP)  
Disability (811, MFP, Big Sky Waiver, 0208)

Housing approaches by primary challenge faced by client  
*Red circles are considered recovery residences*  
*Dark black outline will be the focus of the survey*

# NARR Levels

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> <li>• Democratically run</li> <li>• Manual or P&amp;P</li> </ul>	<ul style="list-style-type: none"> <li>• House manager or senior resident</li> <li>• Policy and Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational hierarchy</li> <li>• Administrative oversight for service providers</li> <li>• Policy and Procedures</li> <li>• Licensing varies from state to state</li> </ul>	<ul style="list-style-type: none"> <li>• Overseen organizational hierarchy</li> <li>• Clinical and administrative supervision</li> <li>• Policy and Procedures</li> <li>• Licensing varies from state to state</li> </ul>
	SERVICES	<ul style="list-style-type: none"> <li>• Drug Screening</li> <li>• House meetings</li> <li>• Self help meetings encouraged</li> </ul>	<ul style="list-style-type: none"> <li>• House rules provide structure</li> <li>• Peer run groups</li> <li>• Drug Screening</li> <li>• House meetings</li> <li>• Involvement in self help and/or treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Life skill development emphasis</li> <li>• Clinical services utilized in outside community</li> <li>• Service hours provided in house</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical services and programming are provided in house</li> <li>• Life skill development</li> </ul>
	RESIDENCE	<ul style="list-style-type: none"> <li>• Generally single family residences</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily single family residences</li> <li>• Possibly apartments or other dwelling types</li> </ul>	<ul style="list-style-type: none"> <li>• Varies – all types of residential settings</li> </ul>	<ul style="list-style-type: none"> <li>• All types – often a step down phase within care continuum of a treatment center</li> <li>• May be a more institutional in environment</li> </ul>
	STAFF	<ul style="list-style-type: none"> <li>• No paid positions within the residence</li> <li>• Perhaps an overseeing officer</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 compensated position</li> </ul>	<ul style="list-style-type: none"> <li>• Facility manager</li> <li>• Certified staff or case managers</li> </ul>	<ul style="list-style-type: none"> <li>• Credentialed staff</li> </ul>





# CAST-RR outputs

- Estimates of demand for recovery housing services, by level of support (Levels 1-3) by county, region and state
- Modeling of equity in access – income, education, racial/ethnic disparities in access to care and utilization of services
- Cost-benefit estimation of recovery residences in Ohio
- Determination of the percent of capacity that is being met by current housing stock within each Ohio county



# CAST-RH Inputs

- What was needed in Ohio in order to complete CAST
    - Quality information on homes – Census and capacity
    - Demographic data about clients – Allowed for disparities assessment
    - Publicly available federal and state data – Supplements and comparisons
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## Basic CAST equation

$$\frac{\text{Relevant Population} * \text{Program usage rate} * \text{Frequency}}{\text{Group size}}$$

**Relevant population** - Estimate of the total number of individuals in a county or region who could use the intervention (broken down further below)

**Usage rate** - Estimate of the eligible population who are likely to use the service

**Frequency** - Estimate of the frequency with which the population will use the service in one year

**Group size** - Estimate of the total number of individuals who are served by an intervention (units vary by intervention type)



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## Inclusion Criteria

- Certified by ORH
- Applied for certification in past 5 years
- Applied for state or federal funds to support recovery housing
- Reported to be offering recovery housing by local county boards of mental health and addiction services
- Completed an online survey from ORH

## Sample – Housing capacity



300 organizations



800 residences

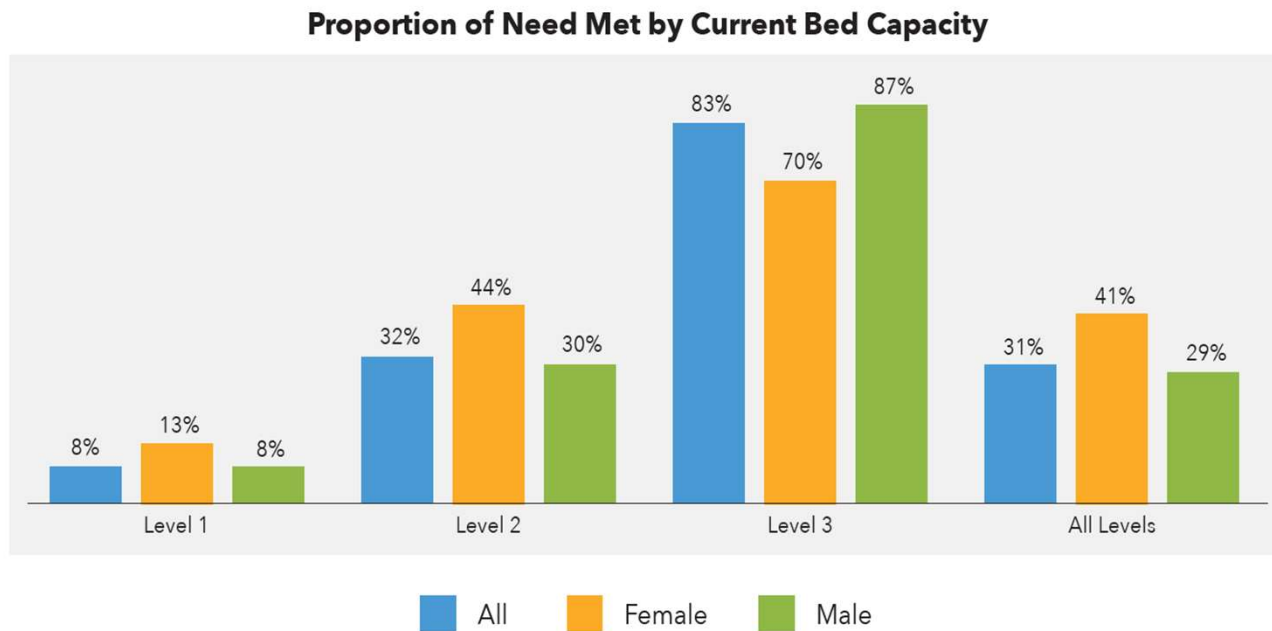
Table 1. Statewide estimates of Level 1 recovery housing bed capacity - By sex

<b>Statewide Bed Needs - Level 1</b>			
<b>INTERVENTION</b>	<b>ESTIMATED NEED</b>	<b>CURRENT CAPACITY</b>	<b>ESTIMATED PERCENT OF NEED MET</b>
All	5,769	456	8%
Female	1,826	238	13%
Male	3,943	335	8%

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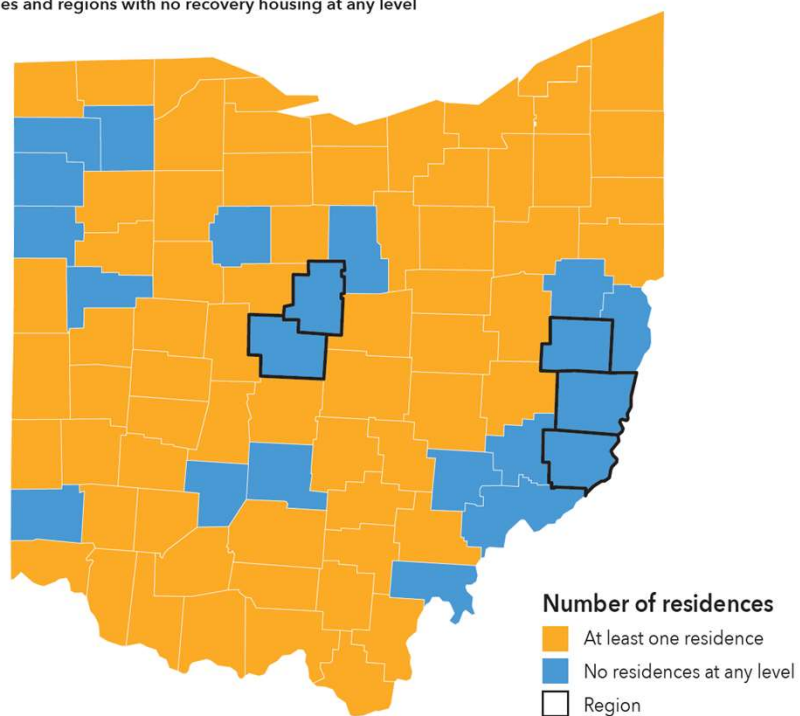
## Results – Level 1 (state)

Figure 2. Overall proportion of need for recovery housing bed met by current capacity in Ohio



Results –  
All Levels  
(state)

Figure 4. Counties and regions with no recovery housing at any level



Counties/Service  
Areas with no RR





Table 5. Estimated percent of need met for Levels 1-3 by Behavioral Health Authority Region

REGION	Level 1			Level 2			Level 3		
	All	Female	Male	All	Female	Male	All	Female	Male
Adams, Lawrence, Scioto	0%	0%	0%	59%	57%	60%	386%	565%	262%
Allen, Hardin, Auglaize	0%	0%	0%	102%	116%	96%	187%	167%	200%
Ashland	0%	0%	0%	15%	30%	8%	121%	298%	0%
Ashtabula	0%	0%	0%	36%	20%	43%	0%	0%	0%
Athens, Hocking, Vinton	9%	0%	13%	33%	46%	28%	71%	0%	118%
Belmont, Harrison, Monroe	0%	0%	0%	0%	0%	0%	0%	0%	0%
Brown	0%	0%	0%	16%	0%	23%	0%	0%	0%
Butler	0%	0%	0%	0%	0%	0%	0%	0%	0%
Champaign, Logan	0%	0%	0%	21%	38%	17%	0%	0%	0%
Clark, Greene, Madison	0%	0%	0%	22%	44%	12%	51%	60%	46%
Clermont	0%	0%	0%	17%	23%	15%	0%	0%	0%
Clinton, Warren	0%	0%	0%	3%	0%	4%	34%	26%	39%
Columbiana	0%	0%	0%	5%	0%	7%	0%	0%	0%

## Results – By County/Service Area

# Net Economic Benefit

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Lo Sasso et al. (2012)

Net economic benefit – overall savings and benefits for individuals and society

**Net Economic Benefit = Cost-Savings + Cost-Benefit**

# Estimates for Ohio

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ESTIMATED COST-SAVINGS  
FROM FUNDED RECOVERY  
HOUSING (2022): \$34,897,500



ESTIMATED TOTAL ECONOMIC  
BENEFIT OF RECOVERY  
HOUSING (2022): \$51,042,000.

# Financial impact of increased enrollment

Table 6. Potential cost impacts of 10% or 25% increased enrollment in recovery housing in Ohio

<b>Economic Impact of Increased Enrollment</b>		
<b>SCENARIO</b>	<b>COST-BENEFITS</b>	<b>COST SAVINGS</b>
10% increase in enrollment	\$3,489,750	\$8,593,950
25% increase in enrollment	\$8,724,375	\$21,484,875

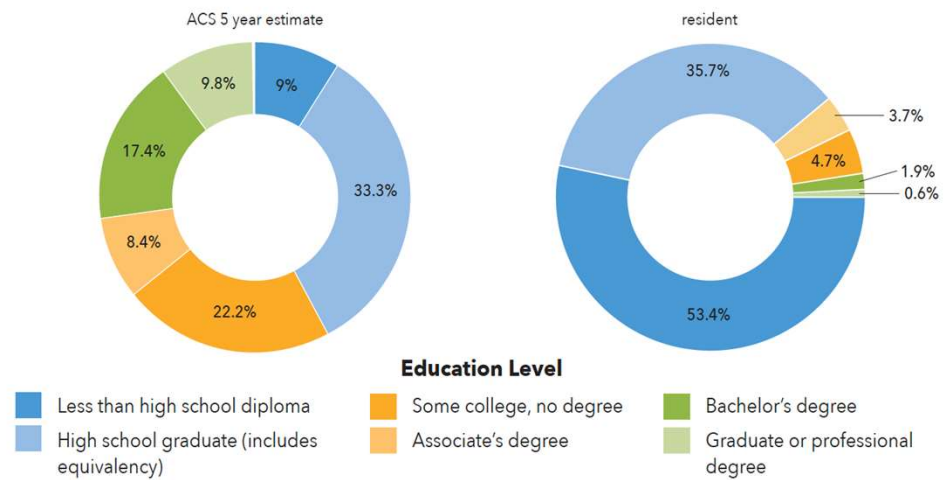
# Equity in access analysis – Income

Figure 11. Comparison of income level of recovery residents and Ohio population



# Equity in access - Education

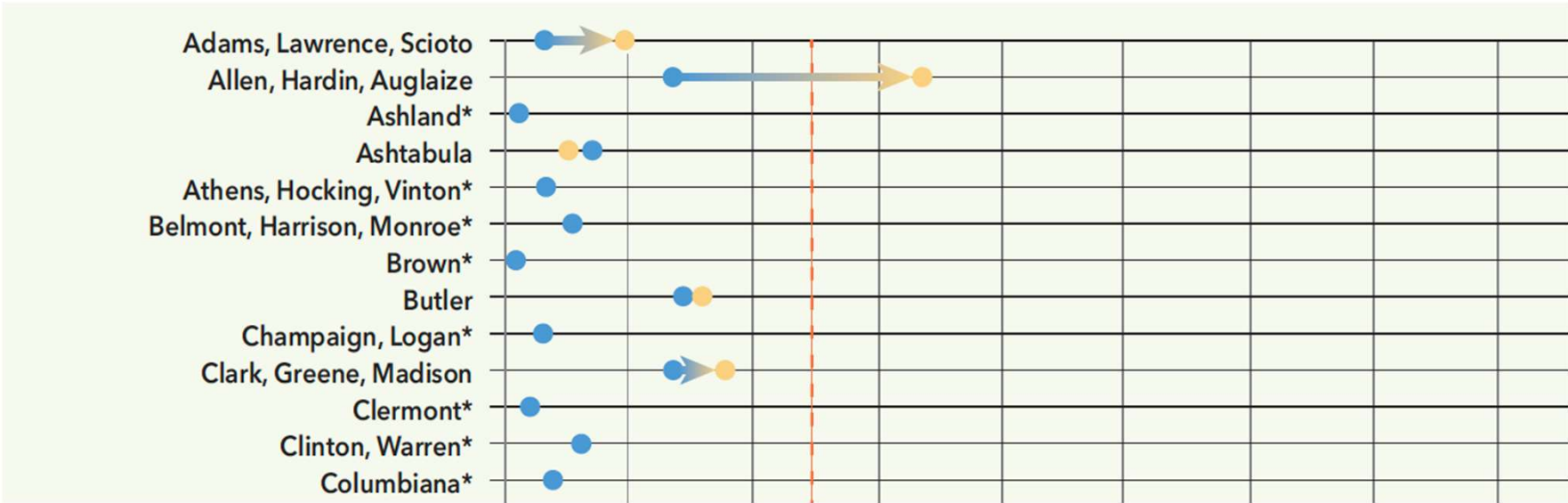
Figure 12. Comparison of education level of recovery residents and Ohio population



# Equity in access - Race

Figure 14. Differences in proportion of black population: Region v. Recovery residents

## Race: Black or African American Only





# Equity in access - Results

- Race/ethnicity aligns with Ohio, with significant variation across regions
- More females engaged in RH in Ohio than proportion of adult population in Ohio
- Low household incomes (less than \$15,000 per year) in recovery housing is much higher than population of Ohio





# How it has been received/ how did it make a difference

- Impact
  - Allowed statewide and local coalitions to prioritize needs
- Testimony
  - Utilized by Danielle and ORH to advance legislative goals
- News publications
  - Created opportunities for a focus and awareness raising across the state
  - Intention is to recreate the report annually, drawing attention to improvements and continued needs



# Contact Information

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