

Designing a Gap Analysis to Understand Recovery House Needs

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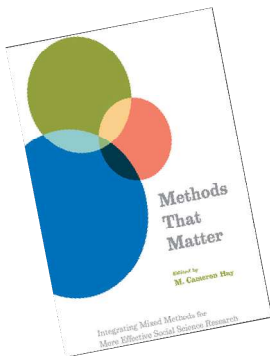
Quick introductions



M. Cameron Hay
Medical & Psychological
Anthropologist & PI



Abbe Lackmeyer
Project Manager



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Goals for today...

- What is a gap analysis?
- Do we need a gap analysis?
- If so, how do we go about doing one?
 - Exemplar of a Recovery Housing Gap Analysis in the Greater Cincinnati area
- Using a gap analysis to design change

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What is a gap analysis?

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What is a gap analysis?

Current situation



Desired situation

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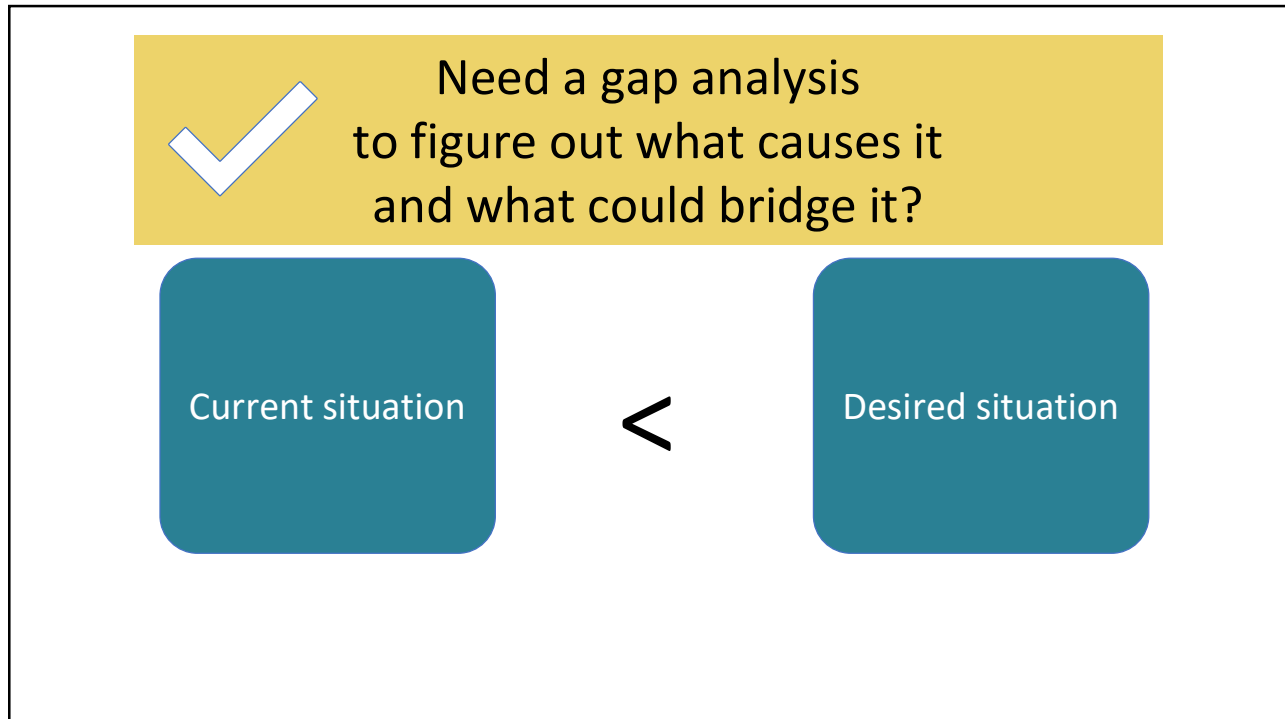
No gap analysis needed.

Current situation

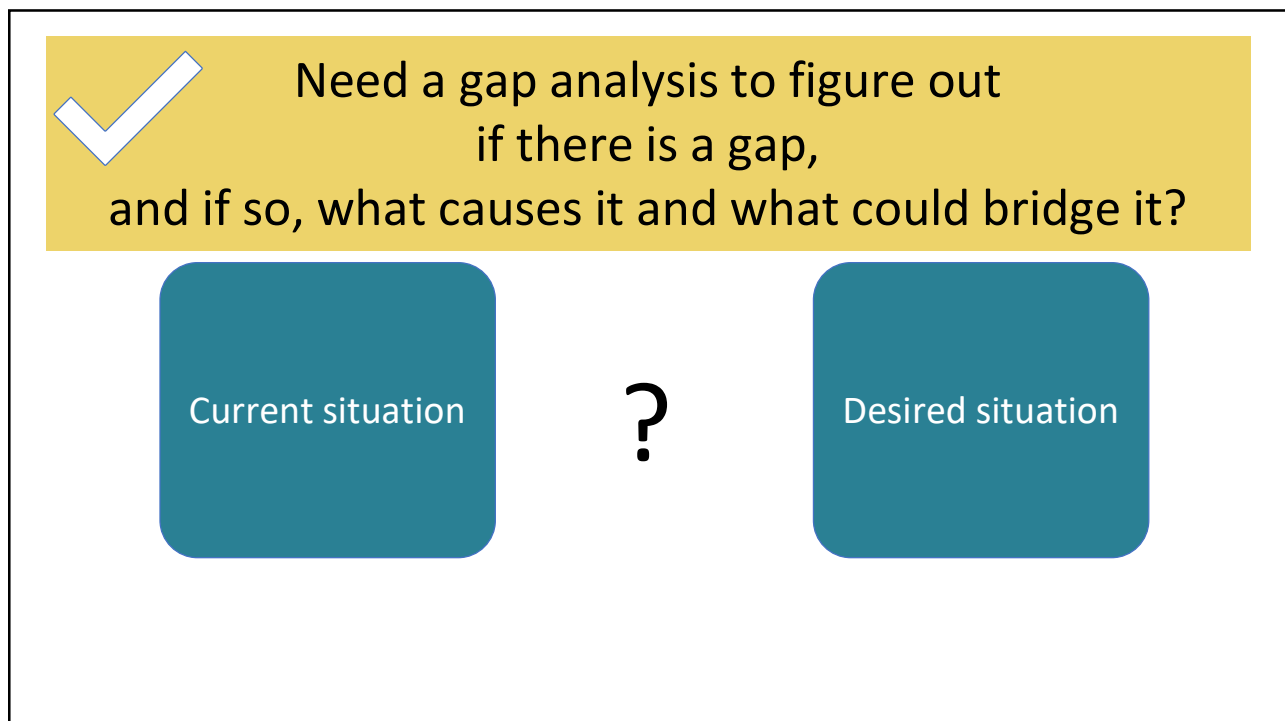


Desired situation

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How do you do a gap analysis?

- Start with a literature review:
 - What is already known about gaps in your topic
 - What gap analyses have already been done
 - What can you learn from them to guide your own study

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How do you do a gap analysis?

- What kind of data do you need to identify if there is a gap?
- What kind of data do you need to understand what causes it?
- What kind of data do you need to understand how to bridge it?

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How do you do a gap analysis?

- What kind of data do you need to identify if there is a gap?



Quantitative data

Survey data

Existing data (census, epidemiological)
Identifiable variables (e.g. demographics)

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Quantitative data: Steps

- IRB?
 - If the data exists and is publicly available, no IRB is needed.
 - If the data exists and is not publicly available, an IRB is needed
 - If you need to collect data via surveys, an IRB is needed.
- Survey design (find a consultant)
 - If possible, use existing, validated surveys/measures
 - If not, design your own questions
 - Collect data
 - Clean & enter data
 - Summarize the numerical data

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How do you do a gap analysis?

- What kind of data do you need to understand what causes it?
- What kind of data do you need to understand how to bridge it?

Qualitative data



Open ended survey questions
Interviews
Focus groups

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Qualitative data: Steps

- IRB?
 - Any collection of new data requires IRB approval
- Open-ended Survey design (find a consultant)
 - Collect data
 - Clean & enter data
 - Analyze for common themes and patterns
- Interviews and focus groups
 - Organize & conduct the interviews and focus groups
 - Transcribe recordings
 - Analyze for common themes and patterns

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Qualitative & Quantitative = Mixed Methods

Ideal for looking at patterns across variables

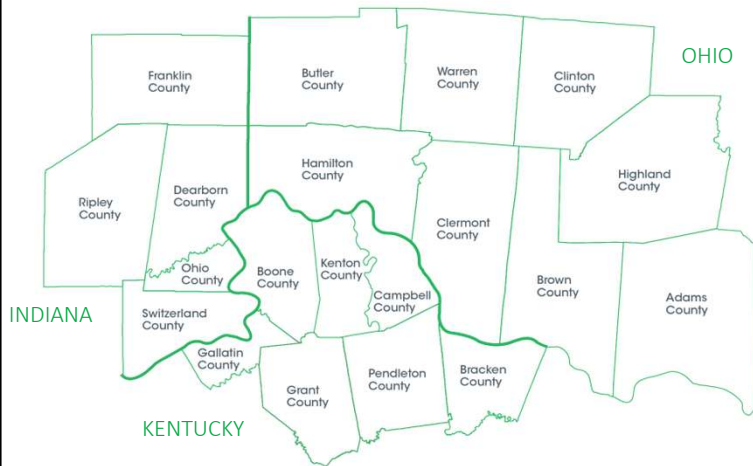


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Ready for an example?

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Greater Cincinnati Recovery Housing Gap Analysis

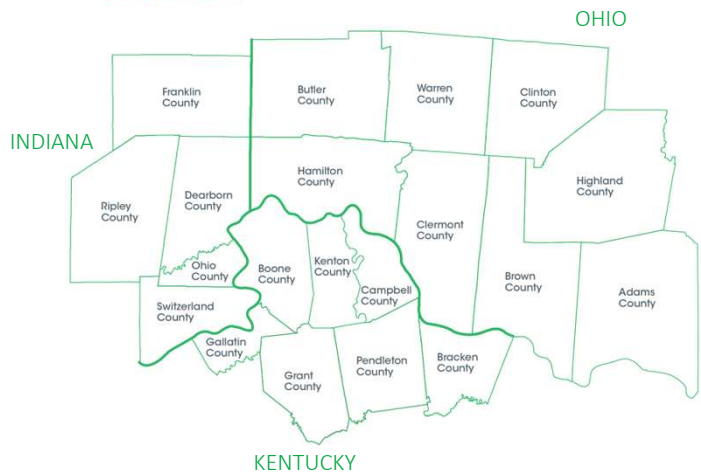


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Background

INTERACT
FOR HEALTH

- Serves the 20-county area across Greater Cincinnati
- Mission: Promote health equity to improve the health of all people
- Focuses on grants, education, research, policy and engagement



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Background

- 2018 Regional Opioid Convening
 - Brought together over 100 regional stakeholders
 - Identified four areas to focus their work one of which was ‘Increase Recovery Supports’ which included an increase in recovery housing.

“How many recovery houses are there and how many are needed?”

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Goal

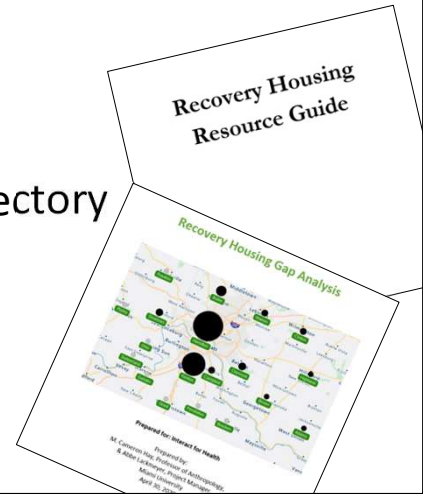
Understand services available in Interact for Health’s region, identify gaps and opportunities for policy change and support to improve the recovery housing landscape.

Qualitative & Quantitative data was needed

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Timeline & Deliverables

- Timeline: July 2019 – February 2020
- Deliverables
 - Recovery Housing Gap Analysis
 - Recovery Housing Resource Guide/Directory



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Left to right:
 Abbe Lackmeyer, MGS; Michelle Afful; Nik Sawade; Isabel Morin; Cameron Hay-Rollins, Ph.D.; Maggie McCutcheon



Michelle Lydenberg



Lisa Myers



Sonia Carrico



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Methodology: Recovery Housing Survey

- **Goals:**
 - Current situation?
 - A comprehensive database to be used as a resource for providers, clients and families
- **Tool:** online survey of existing recover houses
- **Findings:**
 - 92 self-reported surveys completed
 - Surveys coupled with online research served to identify 103 recovery houses

Information Collected:

- Location
- Contact information
- Conditions treated
- Populations served
- Services provided
- Cost
- Size
- Religious guidelines
- MAT acceptance
- Accreditation
- Measure success
- Needs for success

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Quantitative Findings

Total houses identified	103
Total beds	1,259
Total staff	228
Number of houses with paid staff	36
Length of stay (range)	90 days – 3+ years
Cost per week (range)	\$75 - \$120
Cost per month (range)	\$300 - \$600
Number of people denied access because of a lack of beds per week	56
Number of certified houses	22

Level 1: Peer Run	10
Level 2: Monitored	35
Level 1 & Level 2	6
Level 3: Supervised	11
Level 4: Service Provider	16
Unknown	25

- Self-reported service levels
- Level 1 (Peer) & Level 2 (Monitored) together make up 50% of recover housing in the area.

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Other Survey Findings

- Accreditation and certification vary from state to state
- Ohio, Kentucky and Indiana recovery houses are not required to be registered, certified or accredited
- 21% of 103 houses reported certification or registration with accrediting board
- Nearly half (47%) of respondents are in the process of applying or seeking certification
- 13% reported certification as cost-prohibitive

Summarized findings in Resource Guide Directory

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As of Feb. 2020...

Number of Recovery Houses by State and County

State	County	# of Known Houses	# of Known Beds*
Indiana	Dearborn	4	22
Kentucky	Boone	3	118
	Campbell	3	27
	Kenton	29	311
Ohio	Adams	1	--
	Brown	1	6
	Butler	10	153
	Clermont	5	47
	Clinton	3	8
	Hamilton	40	521
	Highland	1	16
	Warren	3	30
<i>Totals</i>		103	1,259

The following counties in the service area do not currently have any recovery housing facilities:

State	County
Indiana	Franklin, Ohio, Ripley, Switzerland
Kentucky	Bracken, Gallatin, Grant, Pendleton

Represents data as of February 2020

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Example of listing:

INDIANA ~ Dearborn County

Oxford House – 3 Houses

Aurora House: 207 Prwyn Street ~ Aurora, Indiana 47001 (8 beds; Female)

Finn House: 329 Ridge Avenue ~ Greendale, Indiana 47029 (8 beds; Male)
812-318-4727

Supernova House: 505 West Comwell Street ~ Aurora, Indiana 47001 (6 beds; Female with Children)
812-318-4727

www.oxfordhouse.org

of beds:

Type of contract:

Cost: \$

Religious Guidelines to Follow:

Level:

Accreditation/Certification:

Accepts MAT:

Conditions Treated: Substance use disorder (drugs); Substance use disorder (alcohol)

Populations Served: Male; Female; Female with Children

Services Provided:

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**ARE THOSE 103 HOUSES
WITH THEIR 1259 BEDS
ENOUGH?**

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Epidemiological Analysis

- Goal: To examine any gap between available recovery housing and epidemiological need for recovery housing.
- Estimated using:
 - Census data
 - Published literature
 - Information from focus groups
- Compared findings against the number of beds we had found

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**Focus group finding:
30-50% of people
need recovery
housing post
treatment.**

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State	County	Population size 18+ (2018 estimates)	Recovery Houses	Known Beds	Estimated State Drug use prevalence as percent of population: age 18+	Estimated number of people 18+ using substances based on state prevalence data	Estimated number of adults with SUD over 18 who receive treatment for SUD in a given year	Number of people in recovery would seek admission to a recovery house if available, estimated at 50%.	Bed Gap between available beds and needed beds if 50% in recovery seek recovery housing.	Number of people in recovery would seek admission to a recovery house if available, estimated at 30%.	Bed Gap between available beds and needed beds if 30% in recovery seek recovery housing.
Kentucky					9.26%						
	Boone	97,334	3	118		9,013	685	343	-225	206	-88
	Bracken	6,311	0	0		584	44	22	-22	13	-13
	Campbell	73,776	3	27		6,832	519	260	-233	156	-129
	Gallatin	6,695	0	0		620	47	24	-24	14	-14
	Grant	18,464	0	0		1,710	130	65	-65	39	-39
	Kenton	126,531	29	311		11,717	890	445	-134	267	44
	Pendleton	11,260	0	0		1,043	79	40	-40	24	-24
Totals		340,371	35	456		31,518	2,395	1,198	-742	719	-263
Indiana					11.64%						
	Dearborn	38506	4	22		4482	341	170	-148	102	-80
	Franklin	17505	0	0		2038	155	77	-77	46	-46
	Ohio	4733	0	0		551	42	21	-21	13	-13
	Ripley	16688	0	0		1942	148	74	-74	44	-44
	Switzerland	8072	0	0		940	71	36	-36	21	-21
Totals		85504	4	22		9953	756	378	-356	227	-205
Ohio					10.42%			0	0	0	0
	Adams	21126	1			2201	167	84	-84	50	-50
	Brown	33618	1	6		3503	266	133	-127	80	-74
	Butler	285451	10	153		29744	2261	1130	-977	678	-525
	Clermont	153834	5	47		16030	1218	609	-562	365	-318
	Clinton	31916	3	8		3326	253	126	-118	76	-68
	Hamilton	621077	40	521		64716	4918	2459	-1,938	1476	-955
	Highland	32656	1	16		3403	259	129	-113	78	-62
	Warren	166428	3	30		17342	1318	659	-629	395	-365
	Totals		1346106	64	781		140264	10660	5330	-4,549	3198
Region Totals		1,771,981	103	1259	10.44%	181735	13812	6906	-5,647	4144	-2,885

2018 population estimates from www.census.gov.
 Estimated state prevalence from www.samhsa.gov/data/report/2016-2017-nsduh-state-prevalence-estimates.
 7.6% estimate of adults with SUD who receive treatment in any given year from Lipari and Van Horn, 2017.

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A significant gap!

Number of people in recovery would seek admission to a recovery house if available, estimated at 50%.	Bed Gap between available beds and needed beds if 50% in recovery seek recovery housing.	Number of people in recovery would seek admission to a recovery house if available, estimated at 30%.	Bed Gap between available beds and needed beds if 30% in recovery seek recovery housing.
6906	-5,647	4144	-2,885

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Does Existing RH Meet the Needs?

Available:
1,259

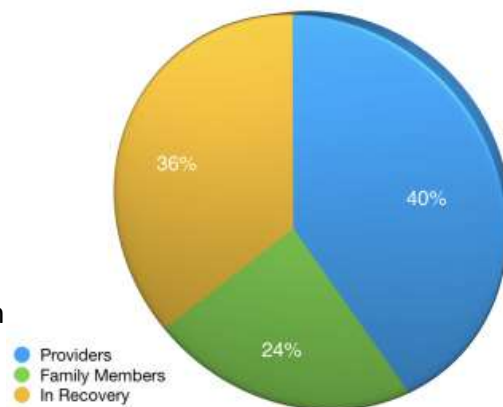
Needed at 30%:
2,885

Needed at 50%:
5,647

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What causes the problem & how to bridge it? Focus Groups

- 40 Focus Groups & 194 participants
 - At least 1 focus group in every county*
 - Median # of participants: 4 (range 1-12)
 - Participant Demographics
 - Average age: 44.3 (range 20-81)
 - 67.3% were female
 - 69.6% employed full time
 - Average of 18.9 years of involvement with SUD in some form



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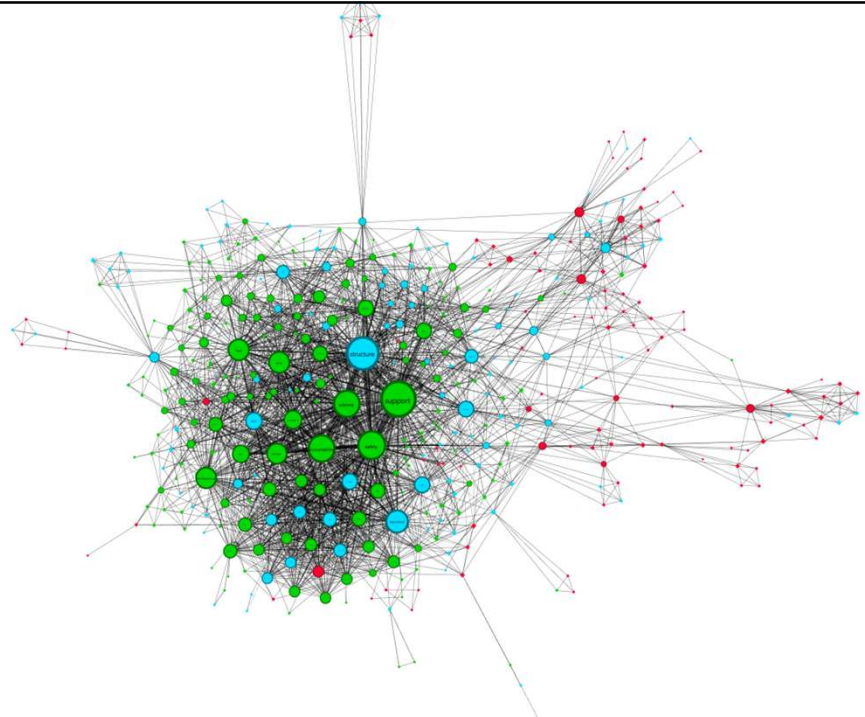
Started with: **What is Recovery Housing?**

Free List:
452
unique words

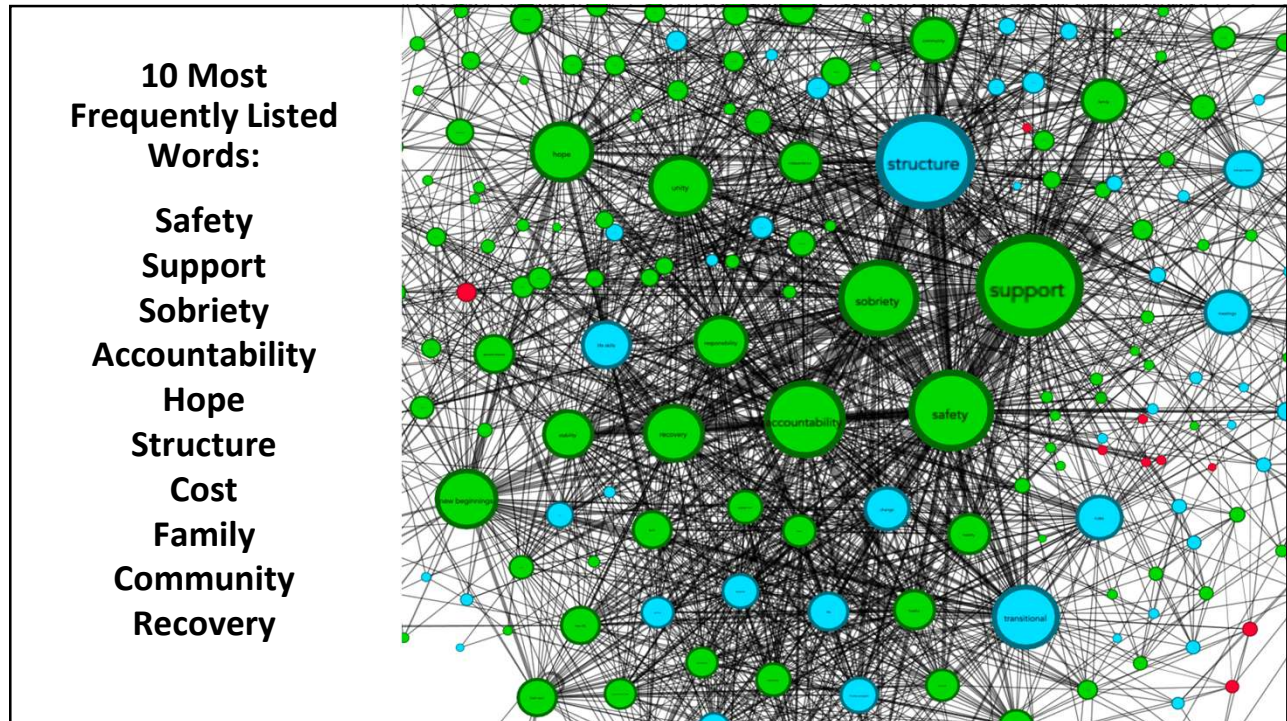
Clustering:
resulted in
5851 pairings

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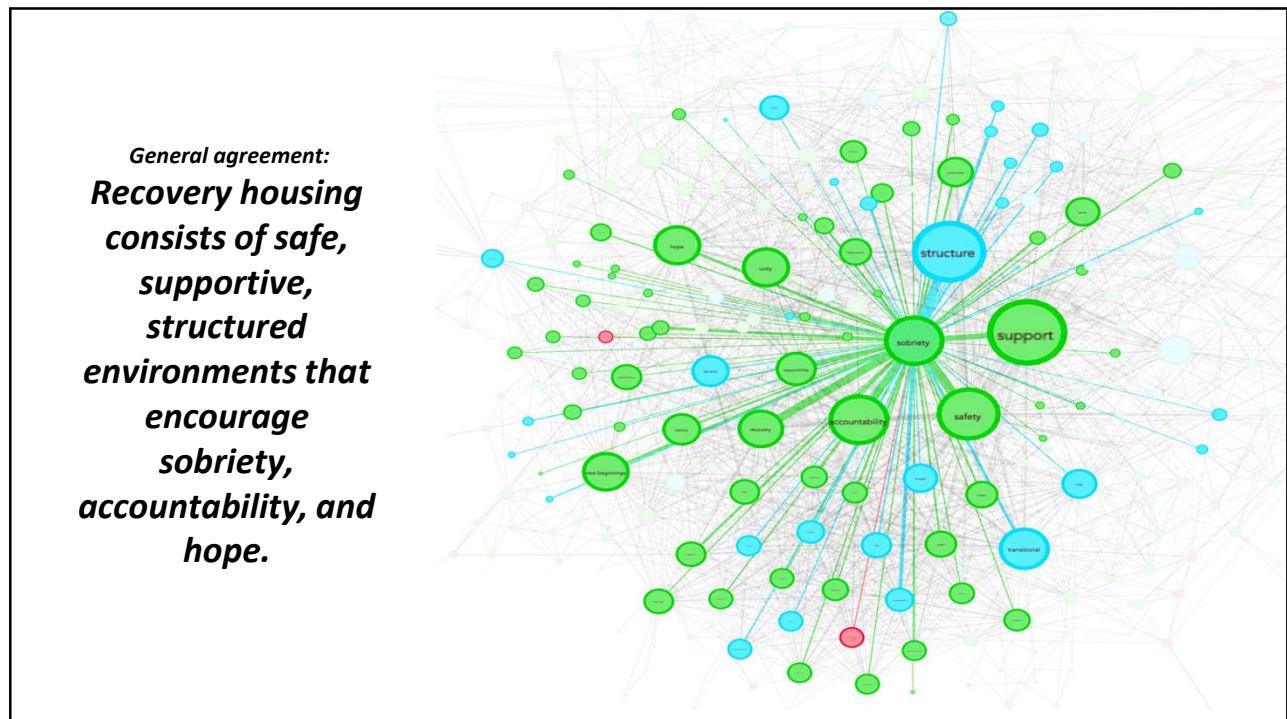
Points to the
complexity of
the concept
of recovery
housing



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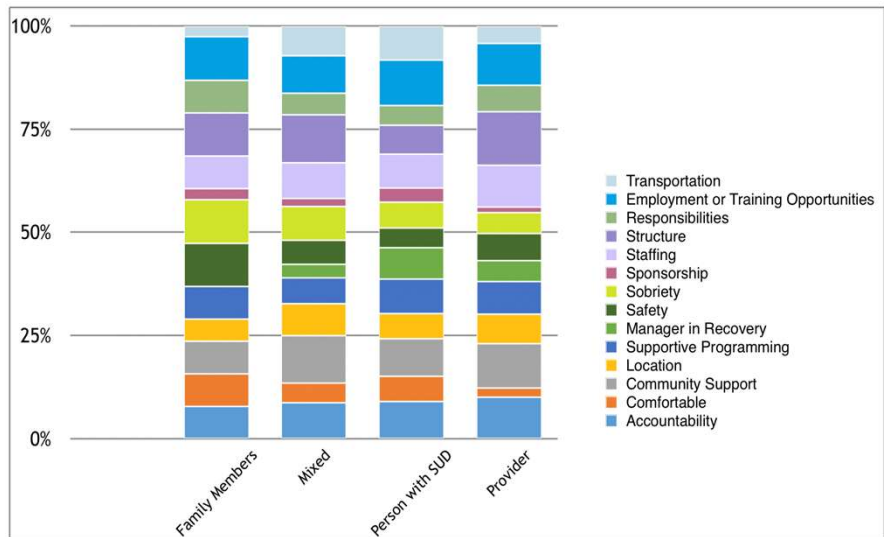
We asked about...

- Experiences in recovery housing
- Characteristics of an ideal recovery house
- Change one thing to make it better
- Does it meet current needs?

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Focus Groups: What are the characteristics of an ideal recovery house?

Overall, **structure** was the most frequently mentioned characteristic of an ideal recovery house followed closely by **training** or **employment opportunities**.



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Individuals generously told stories of addiction, relapse, overdose, recovery, and recovery housing experiences.

- Scarcity made many people felt they did not have a choice of found a bed and did not know where to turn if there was no availability
- Underscored “luck” of knowing the right person who could help them navigate the way to a recovery house

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Change one thing?

- Make it easier to find houses that fit
- More houses & beds
- Funding
- Support for families
- Support for parents of both sexes
- Fix NIMBY

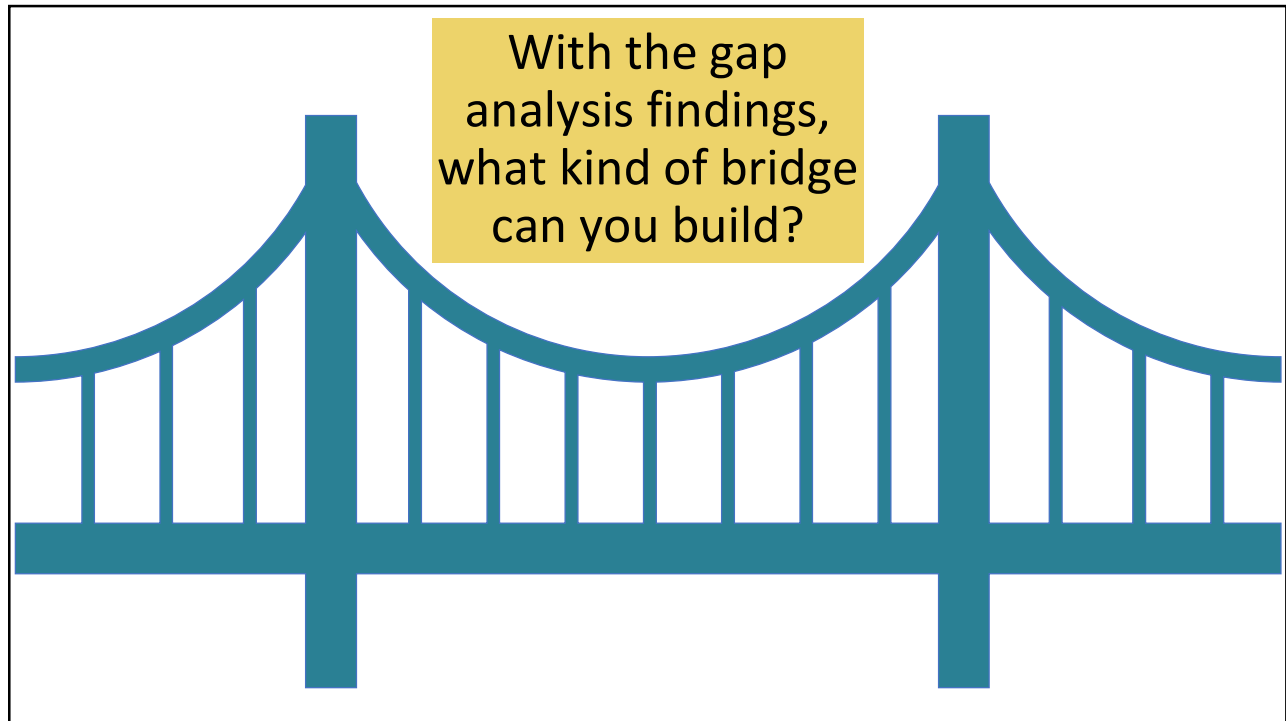
Meet current needs?

Overwhelming response of:

NO!

(Especially in rural areas)

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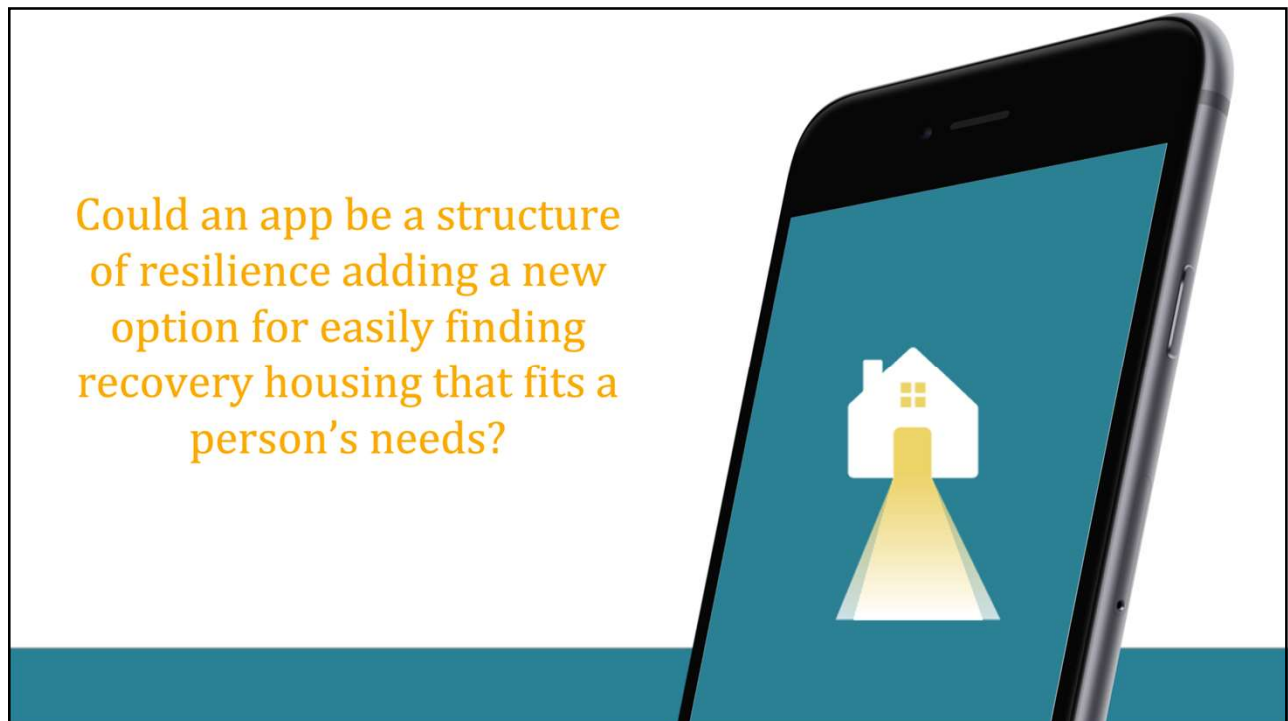
What can you do with the findings?

- Policy changes
- Data to support grant proposals
- Outreach to funders
- Can lead to new/additional projects

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Our Finding Recovery Project Goals...

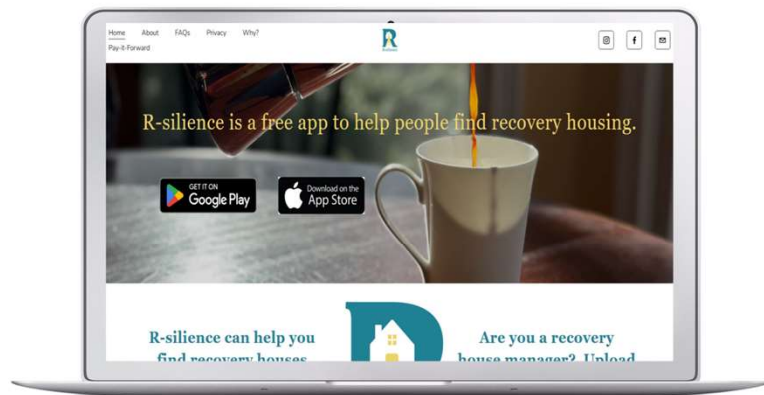
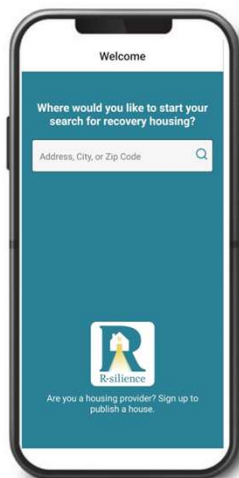
- To help fill one of the gaps
- Build an academic-community partnership
- Use a practice-to-research model to produce findings that matter.
- Develop an app as a contributing resource
 - search for recovery houses that fit
 - houses to update bed availability

Finding the right recovery house & starting a successful recovery journey shouldn't be left to luck.



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R-silience: FREE Resource: App & Website



www.rsilience.org



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With a strong gap analysis, you can identify the gaps
AND identify ways to bridge them.



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Thank you

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