



2026 Annual Advocacy Report

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September 2025 – August 2026
RECOVERY-LED • COMMUNITY-DRIVEN • POLICY-FOCUSED

Executive Summary

This year’s advocacy work began with priorities set by people with lived experience at the Recovering People’s Convention in 2025. The Convention was not a one-time event. It gave OCAAR its mission and a plan for the year. OCAAR carried these priorities forward through advocacy caucuses, community town halls, policy work, tracking new laws, and the report card in this report.

Ohioans across the state shared one clear message: treatment matters, but treatment alone is not enough. Long-term recovery also depends on safe housing, transportation, and peer support. It depends on family and youth services, jobs, and community connection. And it depends on systems that protect people’s dignity and expand their opportunities.

This report covers September 2025 through August 2026. It shares the priorities Ohioans in recovery talked about. It sums up OCAAR’s advocacy work. It also grades certain bills from Ohio’s 136th General Assembly using OCAAR’s report-card rubric.

2025 At a Glance

Convention commitment	2025–2026 progress
Housing	Tracked recovery-housing bills and how they were carried out. Made housing access and quality a top priority at town halls statewide.
Peer Support	Kept developing policy on stable funding, career pathways, workplace protections, and keeping peer-led services true to their purpose.
Recovery Community Organizations	Pushed for RCOs to be recognized as essential recovery infrastructure and a priority for steady, fair investment.
Decriminalizing Addiction	Looked at criminal justice, diversion, competency, and access policies through a public-health and recovery lens.
Family and Youth Services	Gave more attention in the platform to youth recovery, family peer support, recovery-supportive education, consent, and access.
Media Management	Getting media to acknowledge the need for destigmatizing language and stop sensationalizing topics related to substance use disorder and recovery.

About This Report

OCAAR's advocacy model starts with listening. This report brings together community input, caucus priorities, OCAAR's advocacy work, and a review of Ohio laws. It has two goals. First, it holds OCAAR accountable. Second, it serves as a practical guide for policymakers, funders, providers, advocates, and recovery leaders.

Reporting Period and Scope

Reporting period: September 1, 2025 through August 31, 2026. Legislative information is current through August 31, 2026, unless noted otherwise.

Recovery-Informed Lens

OCAAR reviews policy by asking: Does it reduce stigma? Does it respect people's dignity and choices? Does it avoid new barriers and protect people from harm? Does it expand access to recovery support and fund recovery services? Does it help with housing and jobs, support families, and include real input from people in recovery?

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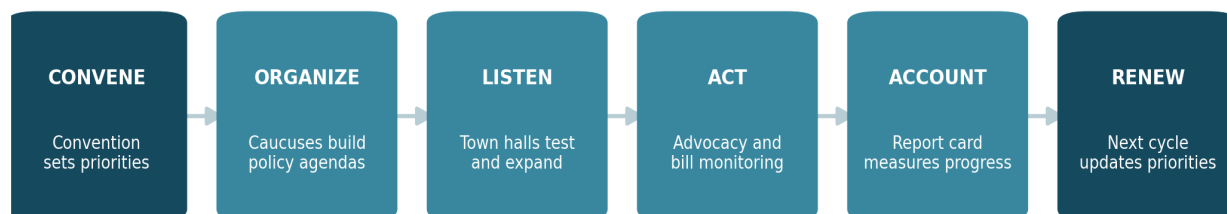
From Convention Priorities to Year-Round Action

OCAAR's advocacy work each year starts with the Recovering People's Convention. At the last Convention, people with lived experience came together. They named shared priorities and built the Recovering People's Platform. OCAAR then used those priorities in several ways: to organize caucuses, guide community listening, and build policy positions. OCAAR also used them to review legislation and plan the next advocacy steps.

Review of the Previous Convention

The 2025 Recovering People's Convention met in September 2025. It brought together 78 people with lived experience. They named five top priorities: recovery housing, Recovery Community Organizations (RCO's) peer support, decriminalizing addiction, and Family and youth services,

FROM RECOVERING PEOPLE'S CONVENTION TO YEAR-ROUND ACTION



Community priorities move through a repeating cycle of leadership, action, accountability, and renewal.

The Year's Advocacy Pathway

Stage	What happened	What it produced
1. Convene	People with lived experience named shared challenges and priorities at the Recovering People's Convention.	The Recovering People's Platform and five advocacy pillars.
2. Organize	Advocacy caucuses turned Convention priorities into agreed-on policy statements and agendas.	Specific goals for housing, peer support, RCOs, decriminalization, and families/youth.
3. Listen statewide	Town halls gathered more perspectives from communities across the state.	Evidence of what is working, what is missing, and which barriers cut across every pillar.
4. Act and monitor	OCAAR tracked bills, laws, rules, budgets, and system changes using the platform's recovery lens.	Advocacy positions, policy education, and opportunities for testimony, amendments, and coalition action.
5. Hold systems accountable	OCAAR applied its 12-category legislative rubric.	A clear report card showing whether legislation lines up with recovery priorities.
6. Return and renew	Findings from the year inform the next Convention and advocacy cycle.	Updated commitments, new action steps, and measurable priorities for the coming year.

THE FIVE CONVENTION COMMITMENTS



Priority	Work advanced during the year	Progress Made	Next step
Recovery Housing	Reviewed recovery-housing bills and how they were carried out. Town halls confirmed housing as a foundation for recovery.	HB 58 graded F SB 138 graded C	Continue to advocate for safe access to recovery housing in all communities.
Peer Support	The caucus agenda focused on billing, pay, career ladders, supervision, and workplace fairness.		Secure sustainable, non-Medicaid funding and career pathways that remain peer-led.
Recovery Community Organizations	RCOs were positioned as essential community infrastructure that needs recognition and equitable financial support.		Pursue direct, multi-year funding and formal inclusion in system planning.
Decriminalizing Addiction	Apply a policy lens to diversion, criminal justice, competency, record barriers, and community supports.	Caucus Group had no participation.	OCAAR Policy and Advocacy Committee: expand recovery supports as alternatives to incarceration and reduce collateral consequences. Block HB 88 legislation attempting to increase felony penalties for drug use and remove mens rea protections.
Family and Youth Services	Town halls and bill tracking raised the profile of youth recovery, family engagement, consent, schools, and family peer support.	Caucus group had no participation. HB 57 and HB 172 reviewed	

A Year of Advocacy: OCAAR's Work

During the reporting period, OCAAR connected everyday community experience to statewide advocacy. Think of OCAAR's work as a cycle. First, listen to communities. Then name shared priorities and build lived-experience leadership. Next, turn those priorities into policy positions and review what government is doing. Finally, share the findings with advocates and decision-makers.

Advocacy function	Progress during the reporting period
Listen	Held recovery town halls and pulled together findings from across communities.
Organize	Kept up issue-based engagement through the five advocacy pillars.
Develop policy	Connected community priorities to the Recovering People's Platform and legislative rubric.
Educate	Wrote recovery-focused explanations of legislation, laws, and rules.
Advocate	Tracked legislation and pushed recovery-informed positions.
Build leadership	Created pathways for people with lived experience to help shape public decisions.

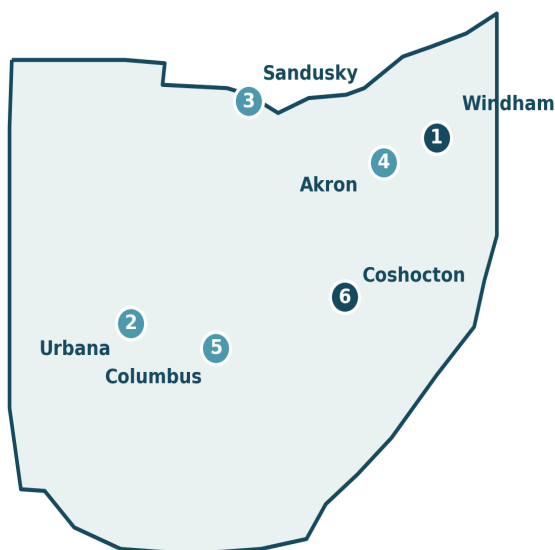
Community Engagement and Priority Setting

OCAAR's town halls gave people affected by substance use disorder and recovery systems a chance to speak. They shared what helps, what harms, and what Ohio needs to change. Across every community, participants said the same thing: recovery is a long process of rebuilding health, relationships, stability, purpose, and belonging.

2026 Town Hall Listening Sessions

2026 TOWN HALL LOCATIONS ACROSS OHIO

Community listening sessions identified in source materials



1 HopeTown Town Hall

Mar 3, 2026 • Windham, Ohio

2 RecoveryZone Town Hall

May 7, 2026 • Urbana, Ohio

3 Sandusky Artisans Town Hall

May 14, 2026 • Sandusky, Ohio

4 Hope United Town Hall

May 18, 2026 • Akron, Ohio

5 Heartland Town Hall

May 27, 2026 • Columbus, Ohio

6 BlueSky Town Hall

Jun 8, 2026 • Coshocton, Ohio

WHAT'S WORKING

- ✓ Peer relationships, sponsors, and mentors
- ✓ Recovery communities, schools, and faith spaces
- ✓ Supportive families and trusted adults
- ✓ Multiple pathways to recovery
- ✓ Trauma-informed, person-centered care

WHAT'S MISSING

- ! Safe, affordable, recovery-supportive housing
- ! Reliable transportation to services and work
- ! Long-term support after treatment
- ! Trauma and mental health care that work together
- ! Youth-specific recovery communities
- ! Coordinated systems, not disconnected agencies
- ! Freedom from stigma everywhere

The State of Recovery in Ohio

Pillar	What it includes	Policy direction
Recovery Infrastructure	Housing, transportation, insurance, identification, childcare, employment, and technology.	Fund and coordinate these practical supports as core recovery services.
Recovery Relationships	Peers, sponsors, families, recovery coaches, teachers, and welcoming communities.	Expand peer-led, family-centered, and community-based supports.
Recovery Systems	Treatment, healthcare, education, housing, benefits, and criminal justice.	Create warm handoffs between systems, shared accountability, and fewer paperwork barriers.
Recovery Culture	Public understanding, stigma reduction, dignity, and multiple pathways.	Use person-first language and recovery-oriented practices across institutions.

Recovery Leadership	Real authority for people with lived experience.	Build lived experience into planning, funding, oversight, and evaluation.
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The town hall findings point to five connected parts of a strong recovery system. If one part is weak, it can hurt progress in another. When all five are strong, people, families, and communities have what they need to thrive.

FIVE DIMENSIONS OF A STRONG RECOVERY ECOSYSTEM



Policy Priorities Across All Areas

- Expand recovery-supportive housing and housing navigation.
- Improve transportation to treatment, work, recovery services, and family obligations.
- Increase investment in peer recovery support and Recovery Community Organizations.
- Expand behavioral health services that understand trauma.
- Strengthen youth-specific recovery programming and recovery schools.
- Improve coordination across healthcare, treatment, schools, housing, criminal justice, and community organizations.
- Expand second-chance employment and reduce barriers created by criminal records.
- Support multiple pathways to recovery.
- Make sure people with lived experience help guide every stage of public decisions.

The Recovering People's Platform

OCAAR's five advocacy pillars give a structure for turning community voice into coordinated policy action. The 2026 platform should set clear goals, near-term policy asks, and ways to measure progress for each pillar.

Housing

Recovery requires a safe and stable place to live.

- Increase affordable and recovery-supportive housing supply.
- Protect resident safety without creating unnecessary access barriers.
- Support housing navigation and fair access in rural areas.

Peer Support

Peer support is a professional relationship that bridges different systems.

- Invest in peer-led services and pay for them in a sustainable way.
- Strengthen career pathways, supervision, and workplace protections.
- Keep peer support non-clinical and focused on recovery.

Recovery Community Organizations

RCOs are community infrastructure led by and for people in recovery.

- Provide sustained, direct funding.
- Include RCOs in local and state planning.
- Create certification rules that fit peer-led organizations.

Decriminalizing Addiction

Systems should reduce harm and expand pathways to recovery.

- Choose treatment and recovery support over jail time when appropriate.
- Reduce side effects of a criminal record that block housing and jobs.
- Protect dignity, due process, and access to medication and peer support.

Family and Youth Services

Recovery affects families and young people, and they can help strengthen it too.

- Expand youth recovery supports and recovery-supportive education.
- Fund family peer support and navigation.
- Design consent and service policies around safety, dignity, and access.

Ohio Legislative Report Card

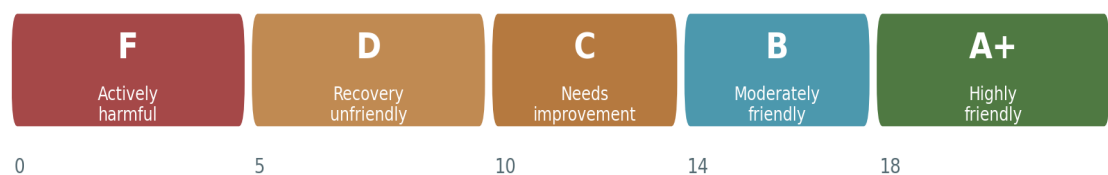
The report card looks at bills that relate to or affect people recovering from substance use disorder. A bill's grade reflects its impact on recovery, not who sponsored it, their political party, or how big the bill is overall. Read each grade together with the bill analysis, since one large bill can include both helpful and harmful parts.

Methodology

Each bill is scored from 0 to 2 in 12 categories, for a possible total of 24 points. The rubric OCAAR provided only lists grade ranges up to 22 points. This draft keeps OCAAR's original ranges and flags scores of 23–24 for OCAAR to clarify before publishing

OCAAR RECOVERY REPORT CARD SCALE

Each bill is scored 0–2 across 12 categories, for up to 24 points.



Score	Meaning	
2	Fully meets the criterion	
1	Partially meets the criterion	
0	Does not meet the criterion	
Total points	Grade	Interpretation
18–22	A+	Highly recovery-friendly
14–17	B	Moderately recovery-friendly
10–13	C	Needs improvement
5–9	D	Recovery unfriendly
0–4	F	Actively harmful

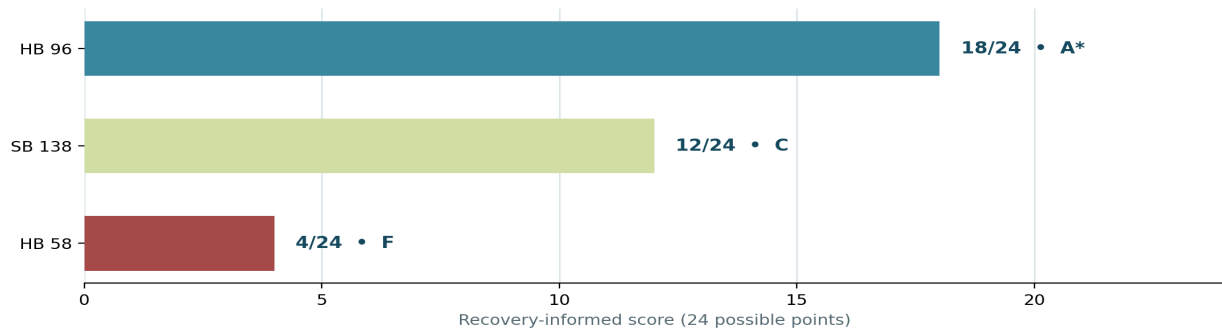
The 12 Criteria

THE 12 SCORING CRITERIA



2025–2026 Legislative Snapshot

COMPLETED OCAAR LEGISLATIVE SCORES



Bill	Issue	Grade
SB 138	ADAMH boards, behavioral health governance, and recovery housing registration	C
HB 58	Recovery housing certification/oversight and certificate-of-need proposal	F
SB 137	Hospital provision of overdose-reversal medication at discharge	
HB 57	School policies for overdose-reversal medication	
HB 172	Consent and mental-health treatment of minors	
HB 622	Mental Health and Community Wellness Act	
HB 811	Behavioral-health licensed residential facilities	
HB 96	State operating budget (FY2026–2027) — behavioral health and recovery provisions	A

Bill Analyses and Grades

Each bill below starts with a short executive summary of what OCAAR believes matters most, followed by its grade and full analysis.

House Bill 96 — State Operating Budget

Executive summary: *HB 96 is Ohio's two-year state budget and the single biggest lever for recovery funding. OCAAR gives it a strong grade overall, with the clearest next step being better employment and housing pathways and documented input from people with lived experience.*

OCAAR Grade: A

Recovery-friendly overall, based on OCAAR's completed scoring. The worksheet totals 18 points. OCAAR's spreadsheet calls this grade "A," but the separate rubric document labels 18–22 points as "A+." This naming difference should be fixed before publishing.

HB 96 is Ohio's two-year operating budget for fiscal years 2026 and 2027. Its behavioral health provisions affect OhioMHAS, local ADAMH boards, crisis services, workforce development, recovery supports, and other state programs. OCAAR's score recognized several strengths: direct funding, a broad range of supports, family provisions, and fewer access barriers. It also found room to improve. The bill needs stronger recovery-focused language, better employment and housing pathways, and documented input from people with lived experience.

House Bill 58 — Recovery Housing

Executive summary: *HB 58 would add new certification and certificate-of-need rules for recovery housing. OCAAR opposes the bill as written because it could shrink housing access instead of protecting it, and is calling for resident-safety changes that do not create new barriers.*

OCAAR Grade: F

Actively harmful, based on OCAAR's completed scoring. OCAAR's worksheet gives this bill 4 of 24 points and records an opposed position.

HB 58 covers recovery housing certification, oversight, services, and a certificate-of-need process. Quality and consumer protection are worthwhile goals. But OCAAR's grade reflects a concern. This approach could add financial barriers and limit housing choice or availability. It could also leave out key protections, funding, job pathways, family support, and lived-experience input.

Senate Bill 138 — ADAMH Boards and Recovery Housing

Executive summary: *SB 138 updates ADAMH board duties and adds penalties tied to recovery housing registration. OCAAR is monitoring the bill: it uses recovery-friendly language, but needs stronger funding, family support, and employment provisions to earn a higher grade.*

OCAAR Grade: C

Needs improvement, based on OCAAR's completed scoring. The worksheet totals 12 points, and OCAAR's position is listed as monitoring.

SB 138 changes laws on alcohol, drug addiction, and mental health services. This includes ADAMH board duties and penalties for recovery housing registration. OCAAR's score recognized the bill's person-first language, its protection from harm, and its preserved access. But it found limited direct funding, family support, employment pathways, and documented lived-experience input.

Senate Bill 137 — Hospital Naloxone

Executive summary: *SB 137 requires hospitals to give overdose-reversal medication to eligible patients before discharge. OCAAR sees this as a strong harm-reduction step, and is waiting on details about how it will be carried out before assigning a final grade.*

SCORE

SB 137 requires hospitals to give an overdose-reversal drug to certain eligible patients before they leave the hospital. This can lower the risk of a fatal repeat overdose. It also creates a chance to connect patients with education, treatment, and recovery resources. The final analysis should cover how the law will be carried out, who qualifies, and discharge practices. It should also look at warm handoffs to care, funding, and whether people with lived experience helped shape the bill.

House Bill 57 — Naloxone in Schools

Executive summary: *HB 57 would let schools give students overdose-reversal medication. OCAAR sees potential to save lives, but wants assurance the policy protects students from punishment and connects them to ongoing recovery support, not just emergency response.*

SCORE

HB 57 covers school policies for giving students overdose-reversal medication. OCAAR's review should ask several questions. Do the policies protect students from punishment? Do they use person-first language? Do they include training and support after an overdose event? Do they connect students and families to services? And do they avoid relying only on emergency response, instead of prevention and recovery support?

House Bill 172 — Treatment of Minors

Executive summary: *HB 172 would update consent rules for treating minors. OCAAR has not yet scored this bill — the open questions are whether it speeds access to timely care, protects privacy and safety, supports family involvement the right way, and avoids new paperwork barriers.*

SCORE

Review the consent rules with youth access and family support in mind. Key questions: Does the bill help young people get timely care? Does it protect privacy and safety? Does it support family involvement in the right way? Does it avoid creating new paperwork barriers?

House Bill 622 — Mental Health and Community Wellness Act

Executive summary: HB 622 would change community-based mental health and substance use provisions, including competency-to-stand-trial rules. OCAAR has not yet scored this bill — the open questions are whether it expands diversion options, connects people to recovery support, and protects people from unnecessary criminal charges.

SCORE

Review this bill's community-based mental health and substance use provisions. Look at the changes to competency-to-stand-trial rules, and check the funding. Does it offer diversion options? Does it connect to recovery support? Does it protect people from unnecessary criminal charges?

House Bill 811 — Behavioral-Health Residential Facilities

Executive summary: HB 811 would change licensing rules for behavioral-health residential facilities. OCAAR has not yet scored this bill — the open questions are the effect on resident safety, service availability and cost, rural access, and whether people who use these services helped shape it.

SCORE

Review how the licensing changes affect residents. Do they protect safety? Do they affect service availability, quality, or cost? Do they affect access in rural areas? Do they keep a recovery focus, and include input from people who use these services?

Medicaid Section 1115 Work Requirement/Waiver Activity

Executive summary: This Medicaid Section 1115 waiver activity could add work requirements tied to eligibility. OCAAR is treating it as a major access issue and has not yet scored it — the open questions are the scope of exemptions, the reporting burden, the risk of coverage loss, and the effect on treatment continuity.

SCORE

Treat changes to Medicaid eligibility as a major access issue. This is true even when the change comes through a budget, waiver, or administrative process, not a stand-alone bill. Look closely at exemptions and reporting requirements. Check the risk of losing coverage and the effect on treatment continuity. Also look at the effect on people with substance use disorder and behavioral health needs.

Policy Alignment: Community Voice and Legislative Action

Community priority	Relevant activity
Housing	HB 58; SB 138; HB 33 implementation
Overdose prevention	SB 137; HB 57
Peer support and RCOs	HB 96 appropriations; administrative rules
Youth and families	HB 57; HB 172
Decriminalizing addiction	HB 622; diversion and jail initiatives
Access to care	HB 96; Medicaid waiver/work requirement activity

Conclusion

Across Ohio, people described recovery as something made possible by community, stability, dignity, opportunity, and hope. Their message was clear: build systems that make recovery easier to keep, not harder to reach. OCAAR's role is to make sure the people closest to these issues are not just consulted. They should be recognized as leaders who help shape the laws, investments, and institutions that affect their lives.

The past year built a stronger foundation for that work. OCAAR listened across communities. Together with the recovery community, we turned priorities into a statewide platform. And we used a recovery-informed standard to judge legislative activity. The next step is to turn this evidence into lasting policy commitments. That means housing people can access. It means peer-led support and sustainable communities of recovery that support long-term recovery. It means services that young people and families can navigate. And it means public systems that are accountable to the people they serve.

Recovery is happening across Ohio.

Public policy should make room for it to grow.