OHIO RECOVERY HOUSING FINANCIAL LANDSCAPE

PREPARED BY FLETCHER GROUP RESEARCH TEAM IN COLLABORATION WITH OHIO RECOVERY HOUSING

PUBLISHED JUNE 2024

This report was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number UD9RH33631-01-00 as part of an award totaling $3.3M with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor endorsed by HRSA, HHS, or the US Government.

INTRODUCTION

Substance use disorder (SUD) is a pressing issue in the state of Ohio, with the rate of drug overdose deaths increasing from 39.1 per 100,000 residents in 2016 to over 48.1 deaths per 100,000 residents in 2021, a 23% increase in 5 years.[1] An estimated 18% of Ohio residents ages 12 and older met the criteria for a drug or alcohol use disorder in 2021, many of whom did not receive treatment for their SUD.[2] A recent analysis of the economic impact of opioid use disorder in Ohio found that opioid use disorder and associated fatal opioid overdoses cost the state of Ohio $72.6 billion in 2017.[3] Access to recovery support services in rural communities is of special importance in Ohio as an estimated 18% of Ohio's population lives in rural areas and face unique barriers to care related to access to recovery support services.[4]

An important recovery support service for individuals with SUD is recovery housing, a housing model that provides safe, healthy, family-like substance free living environments for those seeking recovery from SUD.[5,6] Recovery housing has been found to be associated with improved recovery related outcomes including reduced substance use, criminal justice involvement, anxiety, depression, and homelessness, and increased employment and income.[7–9] Although the exact number of recovery residences in the United States (U.S.) is unknown, latest estimates suggest there are approximately 10,000 recovery residences in the U.S.[10] As of May 2024, there were approximately 130 recovery housing organizations operating 582 recovery residences certified by Ohio Recovery Housing (ORH).[11]

Although many federal agencies have identified recovery housing as an essential resource and best-practice, the recovery housing industry is still evolving, with many unknowns related to its effectiveness, prevalence, and financial landscape.[5] To help inform financial planning and expansion efforts in Ohio, the Fletcher Group Rural Center of Excellence, in collaboration with Ohio Recovery Housing (ORH), disseminated a survey to recovery housing organizations in Ohio to assess the financial landscape of recovery housing. Specifically, the survey aimed to assess the financial size of recovery residences, revenue sources, operating expenditures, financial resiliency, and barriers related to operation including those related to the grant application process.

METHODS

A cross-sectional survey was employed with development led by Fletcher Group and ORH with feedback solicited from subject matter experts including researchers at the University of Kentucky Injury Prevention and Research Center and recovery residence owners and operators. The survey included questions about the types of individuals served by the recovery housing organization, the programs and services offered, operating costs, revenue sources, operating expenditures, financial resilience, and barriers related to continued operation. The median time to complete the survey was approximately 28 minutes.

The survey was disseminated with recovery residence operators in Ohio by emailed invitations from the ORH executive director. All recovery residence operators that completed the survey received a $20 Amazon gift card for their participation. Survey recruitment focused on recovery residences that were certified or in the process of being certified by ORH. Because of the distinct differences between ORH-certified recovery residences and the Oxford House model, Oxford Houses were excluded from survey recruitment. The total sampling pool included 130 recovery housing organizations that were certified or in the process of being certified by ORH.[11] The study was approved by the University of Kentucky Institutional Review Board under protocol #53931. All data were collected via Qualtrics between February 6, 2024, and April 15, 2024.

Participants who began the survey but completed less than 50% of the questions (N = 31) were excluded. Our final sample consists of 81 operators representing 288 recovery residences. Given the total sampling pool in the state, this survey yielded a 62% response rate.

RESULTS

Over half (65%) of recovery housing organizations operated more than one recovery residence, with those who operated more than one residence operating an average of 6 residences. On average, recovery housing organizations had been in operation for 8 years, and ORH certified for 4 years; this certification option has been available since 2014. The median number of residents served per organization was 13. The 81 recovery housing organizations surveyed represent a total of 288 residences serving 1,902 residents.

Less than a quarter (14%) of organizations were for-profit organizations and nearly all (96%) organizations indicated they allowed medication assisted treatment (MAT) within their residences (Table 1). Over half (58%) of organizations indicated they had turned away residents in the past 6 months due to a lack of capacity and 51% indicated they had a resident waitlist, with a median of 4 residents on their waitlist. The median number of paid staff across housing organizations was three. 13% of organizations indicated they did not have any paid staff working at their organization. Approximately 77% of the organizations surveyed indicated they were serving less residents than their maximum capacity, while 20% were serving their maximum capacity and 3% were serving over their usual capacity.

Table 1. Characteristics of recovery housing organizations surveyed, Ohio, 2024, (N = 81)

Characteristic	Count (%)
Operate Many Residences	53 (65)
Offer Clinical Services in House	45 (56)
Require Residents to Work	46 (57)
Support Medication Assisted Treatment	78 (96)
Turn Away Residents due to Lack of Capacity	47 (58)
Has a Waitlist	41 (51)
For-Profit Organization	11 (14)
Use a Resident Management/Data Collection Software	40 (49)

Most (93%) of the recovery housing organizations indicated they were ORH certified. Of the residences operated by surveyed organizations, 14% were certified as level 1, 60% were level 2, 16% were level 3, and 0% were level 4 (Table 2).[12] The majority of the residences were owned (65%) and 32% were rented by the organization.

Of organizations surveyed, 32% of residences were in a rural area, 37% of residences were in an urban area and 29% of residences were in a suburban area. On average, recovery housing organizations indicated that approximately 37% of the residents they serve are from rural areas. Organizations that do not operate any recovery residences in rural areas indicated that less than a quarter (16%) of their residents were from rural areas.

Table 2. Characteristics of recovery residences surveyed, Ohio, 2024, (N = 288)

Characteristic	Count (%)
NARR Certification Level	
Level 1	40 (14)
Level 2	172 (60)
Level 3	47 (16)
Level 4	0 (0)
Not ORH Certified	22 (8)
Unknown/Missing	7 (4)
Geographic Location	
Rural	85 (30)
Urban	106 (37)
Suburban	82 (29)
Missing	15 (5)
Residence Ownership	
Rent	93 (32)
Own	187 (65)
Missing	8 (3)

Of the organizations surveyed, approximately three quarters served women (58 organizations representing 222 residences) and men (56 organizations representing 213 residences). A quarter of the organizations (19 organizations representing 97 residences) served adults with children. Additionally, a quarter of organizations indicated they served those who were genderqueer (27%), gender fluid (23%), non-binary (25%), questioning or unsure (25%), transgender (25%), trans men (21%), and trans women (25%).

Few recovery housing organizations reported serving veterans (12%), individuals with disabilities (10%), non-English speaking individuals (2%), or indigenous individuals (1%). No organizations reporting serving youth. Many organizations served individuals with a history of homelessness (68%), criminal justice involvement (80%), and mental health diagnoses (77%). Approximately a quarter of recovery housing organizations served individuals identifying as LGBTQIA+ (20%), individuals that were pregnant (16%) and parenting (27%).

Table 3. Resident populations served by recovery housing organizations in Ohio, 2024 (N = 81)

Characteristic	Count (%)
Populations Served	
Men	56 (69)
Women	58 (72)
Adults with Children	19 (23)
Genderqueer	22 (27)
Gender fluid	19 (23)
Non-binary	20 (25)
Questioning or Unsure	20 (25)
Transgender	20 (25)
Trans men	17 (21)
Trans women	20 (25)
Other	6 (7)
Special Populations Served	
Indigenous	1 (1)
Pregnant	13 (16)
Parenting	22 (27)
Youth	0 (0)
Non-English Speakers	2 (2)
Individuals with Disabilities	8 (10)
Veterans	10 (12)
LGBTQIA+	16 (20)
Individuals with a History of Homelessness	55 (68)
Individuals with Criminal Justice Involvement	65 (80)
Individuals Diagnosed with a Mental Health Condition	62 (77)

The economic conditions of RH residents indicate that almost all serve individuals receiving Medicaid (89%) and SNAP benefits (86%) Most of the recovery housing organizations that served unemployed individuals indicated their residents were not receiving unemployment benefits (57%).

Table 4. Economic conditions of residents served in recovery housing organizations surveyed, Ohio, 2024, (N = 81)

Characteristics	Count (%)
Receiving TANF	33 (41)
Receiving SSI	30 (37)
Receiving Medicaid	72 (89)
Receiving SNAP	70 (86)
Unemployed and Receiving Benefits	11 (14)
Unemployed and Not Receiving Benefits	46 (57)
Not able to Work	15 (19)
Retired and Not Receiving Social Security Benefits	11 (14)
Retired and Receiving Social Security Benefits	7 (9)
Disabled and Receiving Social Security Benefits	21 (26)
Disabled and Not Receiving Social Security Benefits	11 (14)
Veteran and Receiving Benefits	9 (11)
Veteran and Not Receiving Benefits	8 (10)

TANF = Temporary assistance for Needy Families; SSI = social security income; SNAP = supplemental Nutrition assistance program.

Of the organizations surveyed, a majority provided cleaning supplies (72%), toiletries (64%), and transportation (59%) to residents. Approximately a quarter of the organizations offer residents employment opportunities (30%), education opportunities (27%), meals (30%), clothing (25%), and employment skills training (19%). Over half of the organizations provide recovery coaching (65%) and life skills training (54%).

OPERATING COSTS AND REVENUE

Reflecting the diversity of recovery housing models and service offerings, operating costs, which incorporate both services and room and board, varied widely among organizations surveyed. A total of 56 organizations (69%) surveyed provided an estimate of their annual operating costs between January 1, 2022, and December 31, 2022. The median annual operating cost was $140,000, with operating costs ranging from $10,000 to $2.4 million per year.

Larger operating costs were generally associated with organizations that operate multiple homes, with organizations that operate multiple homes having a median annual operating cost of $181,000, compared to a median annual operating cost of $95,000 for organizations operating a single home. For organizations operating multiple residences, the median operating cost per home was almost $50,000.

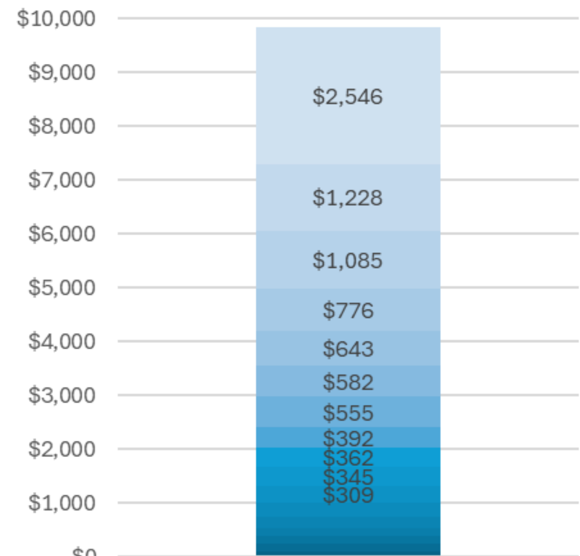
Operating costs also differed by the level of services provided within the organizations. Organizations that operated only level 1 certified residences (N = 3) had a median operating cost of $46,000, whereas organizations that operated only level 2 certified residences (N =35) had a median operating cost of $120,000 and organizations that operated only level 3 certified residences (N = 4) had a median operating cost of $254,000.

Operating costs also varied significantly depending on how many residents were served. Organizations that served 20 residents or less (N = 39) had a median annual operating cost of $120,000, while organizations that served between 21 and 50 residents (N = 12) had a median annual operating cost of $204,000. Organizations that served 51 residents or more (N = 4) had a median annual operating cost of $558,000.

As operating costs at the organization and residence level do not account for differences in the number of residents served by each organization and residence, we also calculate the cost per resident served annually. The median amount spent by organizations was approximately $9,800 per resident served annually. The amount spent per resident differs by whether the recovery housing organization operates multiple residences. Organizations that operate multiple residences spent a median of $9,400 per resident annually while organizations operating only one residence spent a median of about $11,300 per resident annually.

The annual cost per resident served also differed by the level of services provided within the organizations. Organizations that operated only level 1 certified residences (N = 3) had an average cost per resident of $8,000, whereas organizations that operated only level 2 certified residences (N =31) had an average cost per resident of $11,000 and organizations that operated only level 3 certified residences (N = 4) had an average cost per resident of $13,900.

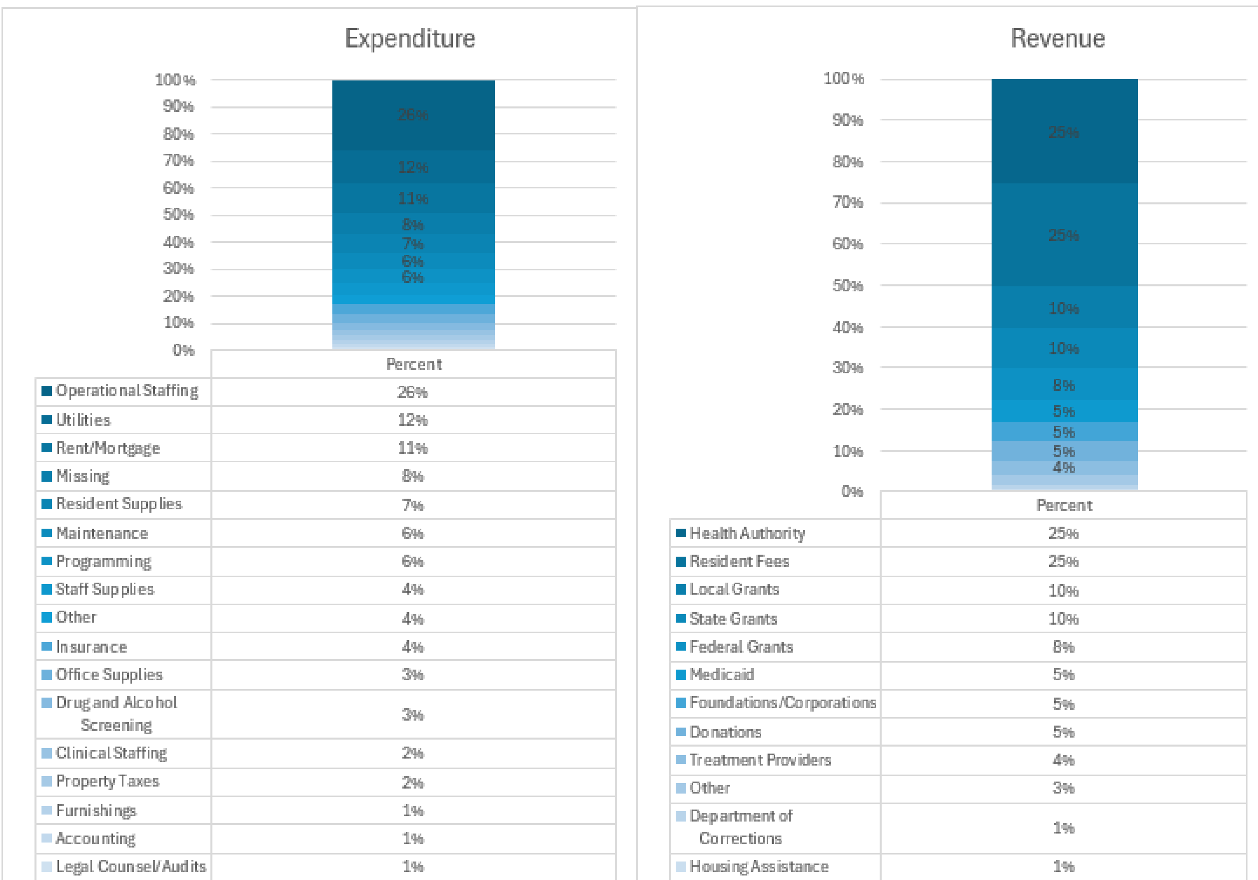
Figure 1. Annual average cost per resident under different cost categories reported by Ohio Recovery Housing Organizations, 2024, (N = 67).



	Cost per Resident
Operational Staffing	$2,546
Utilities	$1,228
Rent/Mortgage	$1,085
Missing	$776
Resident Supplies	$643
Maintenance	$582
Programming	$555
Staff Supplies	$392
Other	$362
Insurance	$345
Office Supplies	$309
Drug and Alcohol Screening	$267
Clinical Staffing	$201
Property Taxes	$163
Furnishings	$143
Accounting	$129
Legal Counsel/Audits	$106

Operating costs associated with room and board such as staffing, mortgages/rent, utilities, maintenance, insurance, property taxes, accounting, legal counsel and audits, and furnishings accounted for 66% of total operating costs (approximately $6,489 per resident served). Operational staffing accounted for the largest share of operating costs (26%), followed by mortgage/rent (22%), utilities (13%), maintenance (6%), insurance (4%), clinical staffing (2%), property taxes (2%), furnishings (1%), accounting (1%), and legal counsel and audits (1%). Service costs including costs incurred from programming, resident and staff supplies, and drug and alcohol screening accounted for 22% of operating costs (approximately $2,163 per resident served). Programming costs accounted for approximately 6% of operating costs, and a relatively small amount of operating costs were spent on resident supplies (7%), staff supplies (4%), and drug and alcohol screenings (3%). A negligible amount of operating costs (<1%) were reported to have been spent on childcare, diapers, and Naloxone.

Figure 2. Percent of annual revenue from different sources and percent of annual expenditures associated with different categories reported by Ohio recovery residence operators, 2024, (N = 67)



In terms of revenue sources, the largest share of revenue comes from contracts with local County Behavioral Health Authorities (25%) and resident fees (25%). Of those who disclosed the amount they charge in resident fees (N = 70), the average amount charged was $411 per month, with some organizations charging as little as $0 per month and some as much as $1,560 per month. Organizations indicated they only received about 75% of the resident fees they charge. Additionally, only 21% of organizations indicated they dismissed residents who were unable to pay for resident fees.

Local and state grants accounted for the third and fourth largest source of revenue with organizations indicating that an average of 10% of revenue came from local and state grants. Of those who indicated they had received local or state grants (N = 28), 7% indicated they had received State Targeted Response Funds, 43% indicated they received State Opioid Response funds, 7% indicated they had received Substance Abuse Prevention and Treatment Block Grants, and 14% indicated they had received State Recovery Housing Initiative Funds.

Federal grants accounted for 8% of revenue and Medicaid, foundations and corporations, and donations accounted for 5% respectively. Finally, organizations indicated that an average of 4% of their revenue came from contracts with treatment providers and 1% of revenue came from contracts with the Department of Corrections and Housing Assistance funds.

CHALLENGES TO CONTINUTED OPERATION

Recovery housing is a service model that is privately developed, owned, and operated. Prior research indicates that sustainability of recovery housing organizations often face challenges pertaining to unstable funding sources (i.e., resident fees and rent and government funding), as well as stigma, "NIMBY beliefs".[13,14] In this study, among a list of 8 challenges to continued operations, the challenge that was ranked highest that impacted continued operation was a lack of financial resources. Of the 66 organizations that responded to this question, 62% indicated it was the most significant barrier their program faced. The next largest challenge identified was staffing shortages, followed by community stigma. Resident retention was identified as the 4th greatest challenge to continued operation, followed by state policies. Referrals, federal policies, and COVID-19 were identified as some of the least significant challenges faced by owners and operators.

Figure 3. Ranking of challenges to continued operation with 1 representing the most significant barrier and 8 representing the least significant challenge (N = 66).

While lack of financial resources is a multi-faceted issue, difficulties finding and applying for grants may compound this barrier. Of organizations that had received grants of any kind (N = 29), they reported an average of 11 hours per month spent finding and applying for grants. Further, 59% of organizations indicated that it was somewhat or extremely difficult to find grants and 31% indicated it was somewhat or extremely difficult to apply for grants. Approximately 24% of organizations indicated it was somewhat or extremely difficult to comply with the terms of the grants they receive.

When asked why recovery housing owners and operators found applying and finding grants difficult, organizations indicated that it was difficult to find grants that would meet the needs of their organizations, with one operator writing that "*Most grants do not cover operational costs for recovery housing.*" Recovery housing owners and operators also noted the grant requirements as a limitation especially for new operators specifically writing, "*we are relatively new housing and grantors want 3-year track records"* and another noting, "*no [opportunities] for new providers.*"

Operators also noted the lack of available grants, lack of knowledge about the grant process, and lack of time needed to engage with the process writing "*There does not appear to be as many grants available*" and another operator writing "*Because I'm not familiar with that area* *and we can't afford to hire someone to write the grants for us*." Operators also noted the difficulties with grants being applicable to recovery housing in particular, writing, "*Recovery housing doesn't fit into the right categories. Many, many people believe that recovery housing is covered by insurance and folks don't understand that housing is not covered by insurance*" and another writing that recovery housing is "*not traditionally seen as a service to be funded*".

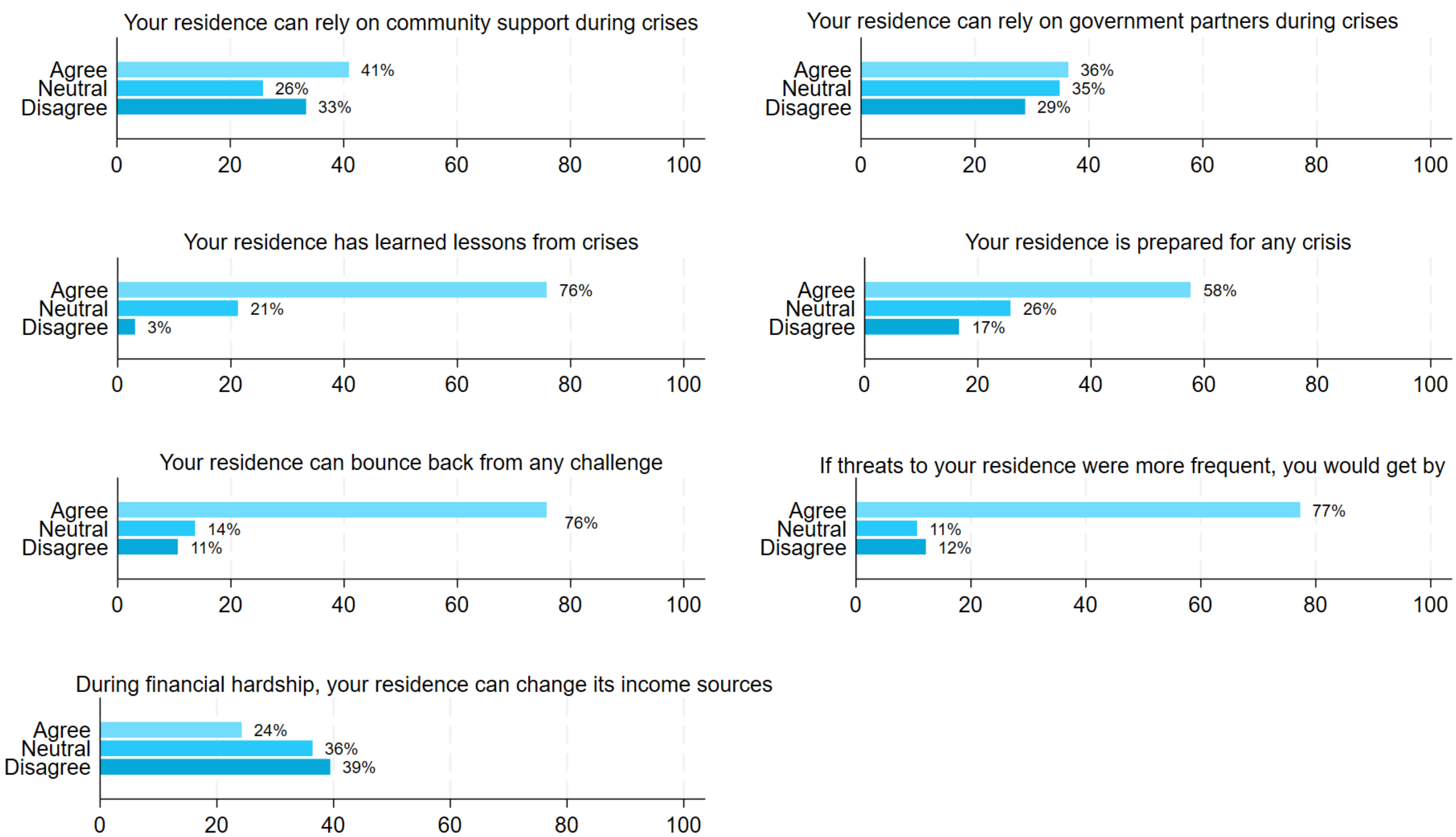
FINANCIAL RESILIENCE

Financial resilience, the ability of an organization to cope with financial shocks and difficulties, is essential to recovery housing organizations. To assess the financial resilience of recovery housing organizations in Ohio, owners and operators were asked to rank on a scale of 1 to 10 how financially resilient they felt their recovery housing program was, with higher scores indicating higher resiliency. On average, organizations ranked their resilience at 6.2, indicating a relatively moderate level of financial resiliency.

Over half of the organizations surveyed (66%) indicated they were slightly or moderately capable of overcoming funding disruptions and 22% indicated they were very or extremely capable of overcoming funding disruptions. However, 12% indicated they were not at all capable of overcoming funding disruptions. Revenue diversification is also key to financial resilience. Over half (52%) of recovery housing organizations surveyed indicated they received 75% or more of their revenue from one source.

Additionally, a series of questions were asked to ascertain operators' perceived ability to overcome financial crises, how community and government partnerships could help them overcome such crises, and if they had learned lessons from prior financial crises. Reflecting the barrier of community stigma discussed in the previous section, only 41% of organizations agreed that they could rely on their community for support during financial crises while 33% disagreed (Figure 4). Recovery housing organizations also indicated a lack of perceived government support during financial crises, with only 36% agreeing that they could rely on government partners during crises and 29% disagreeing. A total of 76% indicated that their recovery housing program has learned lessons from crises and 76% agreed that their residence can bounce back from any challenge. Similarly, 77% agreed that they would be able to get by if threats to their program were more frequent. Only 58% agreed that their organization is prepared for any crisis and only 24% agreed that their organization can change its income sources during financial hardships.

Figure 4. Share of Ohio recovery housing organizations that agreed, disagreed, or were neutral for various financial resiliency statements, 2024, (N = 66).



FUNDING NEEDS AND BARRIERS IN OHIO

Recovery housing owners and operators were also asked to describe any other funding needs their organizations had. A few themes emerged from the qualitative analysis of the write in responses (N = 29).

First, operators noted the need for more funding in general, with one operator writing, "*We need financial support to meet the overwhelming need for transitional recovery housing. Substance use shows no sign of going away, and long-term transitional recovery housing provides safe, stable support for individuals*" and another writing "*Our current funding streams cover the bare minimum. We would be able to provide an array of additional services if there were more funding streams available and consistent renewals*."

Operators also noted funding needs specifically related to rental assistance, food, and other resident supplies with one operating writing they needed "*funding to provide food and clothing to clients who come in with nothing. We could also utilize funding for bus passes and other methods of transportation to help clients get to appointments and 12-step meetings*" and another operator noted that "*more funding opportunities are needed for rental assistance food and home improvements. financial assistance is needed for clothing and toiletries.*" Another operator noted need for funding for "*maintenance repairs, home improvements, better larger appliances, public utility support, financial support for programing, and furniture stipend due to wear & tear.*"

Operators also indicated the need for funding for capital expenditures, writing "*One of the most significant issues we continue to deal with is the lack of being able to access programs like tax credits for capital dollars*" Additionally, operators noted funding needs related to operational costs and staffing, "*We need more funding for operational costs. Most grants do not look at the house itself as being a significant part of recovery programs*" and "*Our main funding need is for salaries for more in-home staff (specifically childcare staff and peer support, residential aid staff if funding were available). Also: Capital funding to add facilities*"

Finally, difficulties with short-term grants were also noted, with one operator writing "*Every year we are on edge about the funding being cut, or redirected to other areas. At the end of each funding period it is a very stressful time. Grant writers are very expensive*" and another writing "*Our program has been funded for a few years and we are a little nervous every year hoping our funding will be renewed. It assist so many women that need assistance. The founders are willing to pay out of pocket to keep the house running… we need other funders… but grant writers charge over $6,000 to write just small grants. It is very expensive and we only have one property in need.*"

DISCUSSION

Assessing the financial landscape of recovery housing is crucial to understanding the ability of recovery residences in Ohio to continue providing quality services to those who need it. Further, understanding the implications of how the financial landscapes of recovery housing organizations differ across rural and non-rural communities will support evidence-based allocation of resources for expansion and capacity building to occur. As there are many unknowns about the operating costs, revenue sources, and financial resilience of recovery housing in Ohio, the Fletcher Group partnered with ORH to conduct a statewide cross-sectional survey of recovery residence owners and operators.

The results show that, on average, 37% of residents served by recovery housing organizations in Ohio are from rural areas and approximately 32% of residences are located in a rural area. As approximately 18% of the Ohio population lives in a rural area, this suggests that the proportion of rural recovery residences is consistent with the proportion of rural residents needing access to recovery housing resources.

This survey also found that the median annual operating cost of recovery housing organizations was $140,000, but that there was significant variation in the financial size of individual organizations, with annual operating costs ranging from $10,000 to $2.4 million. On average, organizations spent approximately $9,800 per resident served annually. This suggests that recovery housing organizations, the services offered within, and the resources needed to support them vary significantly among organizations in the state of Ohio.

Results also show that most of the revenue for recovery housing organizations comes from contracts with local County Behavioral Health Authorities, resident fees, local, state, and federal grants, and Medicaid. In qualitative analysis of write-in responses of program operators, a major theme that arose was the need increases in the number and types of funding opportunities available for organizations. Specifically, operators noted funding barriers related to operational costs, staffing, capital costs, rental assistance, food, transportation, and home improvements and maintenance. Further, operators also noted the need for increased multi-year grant funding opportunities and funding that can support recovery residence expansion.

The survey also found that recovery residences in Ohio are moderately financially resilient, but that there are vulnerabilities related to financial diversification and external partnerships. Approximately 52% of organizations surveyed reported receiving more than 75% of their revenue from one source, suggesting the need for more organizations had diversified revenue streams. Similarly, 39% of organizations disagreed when asked if they would be able to change their organization’s income sources during financial hardship. Finally, many organizations disagreed that community and government partnerships would be helpful in dealing with future financial crises.

This study has a few limitations to note. First, this study relies on convenience sampling methods. As such, the data presented in this report may not be representative of all recovery housing organizations certified by ORH. Additionally, this survey targeted recovery housing organizations that were currently certified or in the process of being certified by ORH. The results presented may not be representative of all recovery housing organizations in the state of Ohio. Second, due to a limited sample size, analysis examining the breakdown of cost by housing level should be regarded as exploratory.

POLICY CONSIDERATIONS

In response to the findings described above, there are a number of policy considerations that may aid the expansion and support of recovery housing in the state of Ohio.

1. Increase the capacity of certified recovery residences that can provide culturally appropriate services to special populations, including pregnant and parenting people, families, veterans, individuals who speak English as a second language, and people with disabilities.
2. Increase the funding available to recovery housing organizations including funding for capital expenditures, initial start-up expenses, and programmatic operating expenditures.
3. Develop long-term (more than one year), sustainable funding opportunities for certified recovery residences.
4. Provide education and training to facilitate easier access to state grants and understanding of the grant application process; potentially a designated grant specialists at the state supporting recovery providers.
5. Develop an individual level voucher program for recovery housing residents such that funding support follows residents throughout their engagement in recovery support services and can be transferable between certified recovery housing residences.
6. Cultivate new relationships and reinforce current relationships among recovery housing organizations and other recovery support providers along the SUD continuum of care with a specific focus on breaking down barriers to sustainable and meaningful partnerships.
7. Provide training and resources to recovery housing organizations to encourage community partnerships, to reduce stigma, and increase community support.
8. Conduct another assessment of the recovery housing financial landscape study in the future that includes additional financial incentives to program operators to increase study engagement.

REFERENCES

1. Drug Overdose Mortality by State. Published March 1, 2022. Accessed June 13, 2023. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

2. Substance Abuse and Mental Health Services Administration. NSDUH State Estimates. Accessed April 24, 2024. https://datatools.samhsa.gov/saes/state

3. Luo F. State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017. *MMWR Morb Mortal Wkly Rep*. 2021;70. doi:10.15585/mmwr.mm7015a1

4. Rural health for Ohio Overview - Rural Health Information Hub. Accessed May 14, 2024. https://www.ruralhealthinfo.org/states/ohio

5. Substance Abuse and Mental Health Services Administration. *Recovery Housing: Best Practices and Suggested Guidelines*. Substance Abuse and Mental Health Services Administration; 2018. https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf

6. U.S. Department of Housing and Urban Development (HUD). *Recovery Housing Policy Brief*.; 2015:9. https://files.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf

7. Mericle AA, Slaymaker V, Gliske K, Ngo Q, Subbaraman MS. The role of recovery housing during outpatient substance use treatment. *J Subst Abuse Treat*. 2022;133:108638. doi:10.1016/j.jsat.2021.108638

8. Jason LA, Ferrari JR. Oxford house recovery homes: Characteristics and effectiveness. *Psychological Services*. 2010;7(2):92-102. doi:10.1037/a0017932

9. Polcin DL, Korcha R, Bond J, Galloway G. Eighteen-month outcomes for clients receiving combined outpatient treatment and sober living houses. *Journal of Substance Use*. 2010;15(5):352-366. doi:10.3109/14659890903531279

10. Mericle AA, Patterson D, Howell J, Subbaraman MS, Faxio A, Karriker-Jaffe KJ. Identifying the availability of recovery housing in the U.S.: The NSTARR project. *Drug and Alcohol Dependence*. 2022;230:109188. doi:10.1016/j.drugalcdep.2021.109188

11. Find a Residence. ORH. Accessed May 14, 2024. https://www.ohiorecoveryhousing.org/find-a-residence

12. National Alliance for Recovery Residences (NARR). *Recovery Residence Levels of Support*.; 2016:1. Accessed August 22, 2022. https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf

13. Ashworth M, Thunström L, Clancy GL, Thompson RA, Fletcher E, Johnson D. Facts and Personal Recovery Stories to Reduce Substance Use Disorder Stigma and Increase Support for Recovery Housing. *International Journal of Mental Health and Addiction*. Published online 2023. doi:https://doi-org.libproxy.uwyo.edu/10.1007/s11469-023-01101-2

14. Ashworth M, Thompson R, Fletcher E, Clancy GL, Johnson D. Financial landscape of recovery housing in the United States. *Journal of Addictive Diseases*. 2022;0(0):1-4. doi:10.1080/10550887.2022.2036575