NEW HAMPSHIRE RECOVERY HOUSING FINANCIAL LANDSCAPE

PREPARED BY FLETCHER GROUP RESEARCH TEAM IN COLLABORATION WITH THE NEW HAMPSHIRE COALITION OF RECOVERY RESIDENCES

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INTRODUCTION

Substance use disorder (SUD) is a pressing issue in the state of New Hampshire, with the rate of drug overdose deaths increasing from 12.34 per 100,000 residents in 2012 to nearly 35 deaths per 100,000 residents in 2022, a 184% increase in 10 years. An estimated 17% of New Hampshire 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.[1] Access to recovery support services in rural communities is of special importance in New Hampshire as an estimated 47% of New Hampshire's population lives in rural areas and face unique barriers to care related to access to recovery support services.[2,3]

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.[4,5] 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.[6–8] 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., 100 of which are currently certified by the New Hampshire Coalition of Recovery Residences (NHCORR) in New Hampshire.[9,10]

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.[4] To help inform financial planning and expansion efforts in New Hampshire, the Fletcher Group Rural Center of Excellence, in collaboration with NHCORR, disseminated a survey to recovery housing organizations in New Hampshire 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 NHCORR 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 22 minutes.

The survey was disseminated with recovery residence operators in New Hampshire by emailed invitations from the NHCORR executive director. Survey recruitment focused on recovery residences that were certified or in the process of being certified by NHCORR. Because of the distinct differences between NHCORR-certified recovery housing and the Oxford House model, Oxford Houses were excluded from survey recruitment. The total sampling pool included 100 recovery residences based on the total number of certified residences in the state of New Hampshire.[10] The study was approved by the University of Kentucky Institutional Review Board under protocol #53931. All data were collected via Qualtrics between January 16, 2024, and February 12, 2024.

Participants who began the survey but completed less than 50% of the questions (N = 4) were excluded. Our final sample consists of 22 operators representing 89 recovery residences. Given the total sampling pool in the state, this survey yielded an 89% response rate.

RESULTS

Exactly half (50%) of recovery housing organizations operated more than one recovery residence, with those who operated more than one residence operating an average of 7 residences. On average, recovery housing organizations had been in operation for 4 years, with many having been NHCORR certified for 3 years; this certification option has only been available since 2019. The median number of residents served per organization was 19. The 22 recovery housing organizations surveyed represent a total of 89 residences serving 874 residents.

The majority of the organizations indicated they were for-profit organizations (86%) and all organizations indicated they allowed medication assisted treatment (MAT) within their residences (Table 1). Over half (68%) of the organizations indicated they had a resident waitlist, with an average of 8 residents on their waitlist. Over half (65%) of the organizations surveyed indicated they were serving less residents than their maximum capacity, while 38% were serving their maximum capacity and 5% were serving over their usual capacity.

The median number of paid staff across recovery housing organizations was one, with the number of paid staff ranging from 0 to 41. Approximately 45% of organizations surveyed reported having no paid staff in their recovery residences. The median number of paid staff for organizations operating multiple residences was 3, whereas the median number of paid staff for organizations operating only one residence was 0. The number of paid staff did not differ across the for-profit status of the organization with the median number of paid staff for both for-profit and non-profit organizations being one.

Table 1. Characteristics of recovery housing organizations, New Hampshire, 2024, (N = 22)

Characteristic	Count (%)
Operate Many Residences	11 (50)
Require Residents to Work	19 (86)
Support Medication Assisted Treatment	22 (100)
Has a Waitlist	15 (68)
For-Profit Organization	19 (86)
Use a Resident Management/Data Collection Software	15 (68)

Most (86%) of the recovery housing organizations indicated they were NHCORR certified. Of the 77 residences operated by a recovery housing program that was NHCORR certified, 2% were classified as level 1, 63% were level 2, 18% were level 3, and 1% were level 4 (Table 2).[11] Approximately half of the residences were rented (49%) and half were owned by the organization (51%).

Of organizations surveyed, 7% of residences were located in rural areas, 52% of residences were located in urban areas and 42% of residences were located in suburban areas. On average, recovery housing organizations indicated that approximately 32% of the residents they serve are from rural areas. Organizations that do not operate any recovery residences in rural areas indicated that a quarter (25%) of their residents were from rural areas.

Table 2. Characteristics of recovery residences surveyed, New Hampshire, 2024, (N = 89)

Characteristic	Count (%)
NARR Certification Level	
Level 1	2 (2)
Level 2	56 (63)
Level 3	18 (20)
Level 4	1 (1)
In progress	5 (6)
Not Certified	7 (8)
Geographic Location	
Rural	6 (7)
Urban	46 (52)
Suburban	37 (42)
Residence Ownership	
Rent	44 (49)
Own	45 (51)

Of the organizations surveyed, most served only males (9 organizations representing 13 residences), both males and females (8 organizations representing 67 residences), or only females (4 organizations representing 5 residences). Only one organization operating one residence served females with children, with no organizations serving males with children. Few recovery housing organizations served indigenous populations (5%) and non-English speaking individuals (5%), with no organizations reporting serving youth. Many organizations served individuals with a history of homelessness (73%), criminal justice involvement (82%), and mental health diagnoses (68%). Less than a quarter of recovery housing organizations served veterans and individuals identifying as LGBTQIA+ (18%). A smaller fraction of organizations reported serving individuals with disabilities (9%), pregnant (5%), and parenting individuals (14%).

Table 3. Resident populations served by recovery housing organizations in New Hampshire, 2024 (N = 22)

Characteristic	Count (%)
Populations Served	
Male	9 (41)
Female	4 (18)
Both Females and Males	8 (36)
Females with Children	1 (5)
Males with Children	0 (0)
Other	0 (0)
Special Populations Served	
Indigenous	1 (5)
Pregnant	1 (5)
Parenting	3 (14)
Youth	0 (0)
Non-English Speakers	1 (5)
Individuals with Disabilities	2 (9)
Veterans	4 (18)
LGBTQIA+	4 (18)
Individuals with a History of Homelessness	16 (73)
Individuals with Criminal Justice Involvement	18 (82)
Individuals Diagnosed with a Mental Health Condition	15 (68)

The economic conditions of RH residents indicate that almost all serve individuals receiving Medicaid (82%) and support from the supplemental nutrition assistance program (SNAP) benefits (82%). Most of the recovery housing organizations that served unemployed individuals indicated their residents were not receiving unemployment benefits (45%).

Table 4. Economic conditions of residents served in recovery housing organizations surveyed, New Hampshire, 2024, (N = 22)

Characteristics	Count (%)
Receiving TANF^	9 (41)
Receiving SSI#	8 (36)
Receiving Medicaid	18 (82)
Receiving SNAP	18 (82)
Unemployed and Receiving Benefits	2 (9)
Unemployed and Not Receiving Benefits	10 (45)
Not able to Work	2 (9)
Retired and Not Receiving Social Security Benefits	2 (9)
Retired and Receiving Social Security Benefits	1 (5)
Disabled and Receiving Social Security Benefits	6 (27)
Disabled and Not Receiving Social Security Benefits	2 (9)
Veteran and Receiving Benefits	2 (9)
Veteran and Not Receiving Benefits	0 (0)
Completed Basic Training and Not Receiving Benefits	0 (0)

^ = Temporary Assistance for Needy Families; # = Social security income

Of the organizations surveyed, almost all provided cleaning supplies (95%) and toiletries (60%) to residents. Approximately half of the organizations offer residents educational opportunities (41%) and life skills training (50%). A quarter of organizations offer residents employment opportunities (27%). Approximately a quarter of organizations provide meals (27%), transportation (18%) and clothing (18%) to residents. Half of the organizations (45%) provide recovery coaching to residents.

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 14 organizations (64%) surveyed provided an estimate of their annual operating costs between January 1, 2022, and December 31, 2022. The median annual operating cost per organization was $95,000, with operating costs ranging from $19,000 to $983,000 per year.

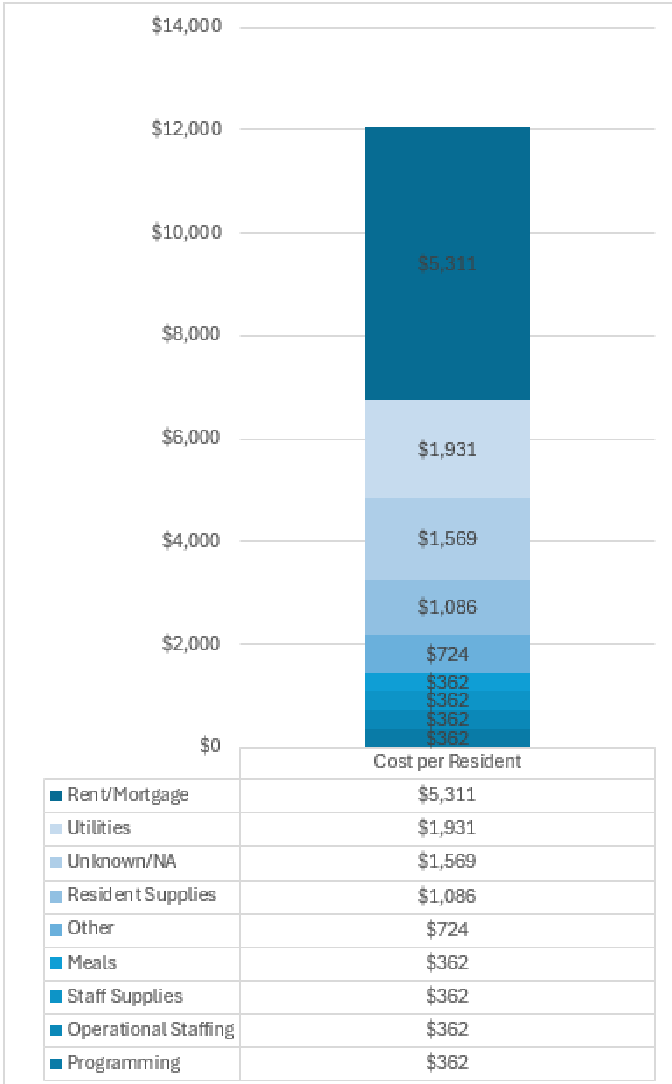
Larger operating costs were generally associated with organizations that operate multiple homes, with organizations that operate multiple homes having a median annual operating cost of $240,000, compared to a median annual operating cost of $40,000 for organizations operating a single home. Operating costs also differed by the for-profit status of the organization, with for-profit organizations generally having lower operating costs (median of $90,000) compared to non-profit organizations (median of $294,000)

Operating costs per residence also differed by whether the organization operated multiple residences or just one. For organizations operating multiple residences, the median operating cost per residence was almost $82,000. For organizations operating a single residence the median annual operating cost per residence was $40,000. Operating costs also varied significantly depending on how many residents were served. Organizations that served 20 residents or less (N = 10) had a median annual operating cost of $40,000, while organizations that served between 21 and 50 residents (N = 2) had a median annual operating cost of $170,000. Organizations that served 51 residents or more (N = 2) had a median annual operating cost of $779,000.

As operating cost 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. On average, organizations spent approximately $12,000 per resident served annually. The average amount spent per resident differs by whether the recovery housing organization operates multiple residences. Organizations that operate multiple residences spent an average of about $4,000 per resident annually while organizations operating only one residence spent an average of about $17,000 per resident annually.

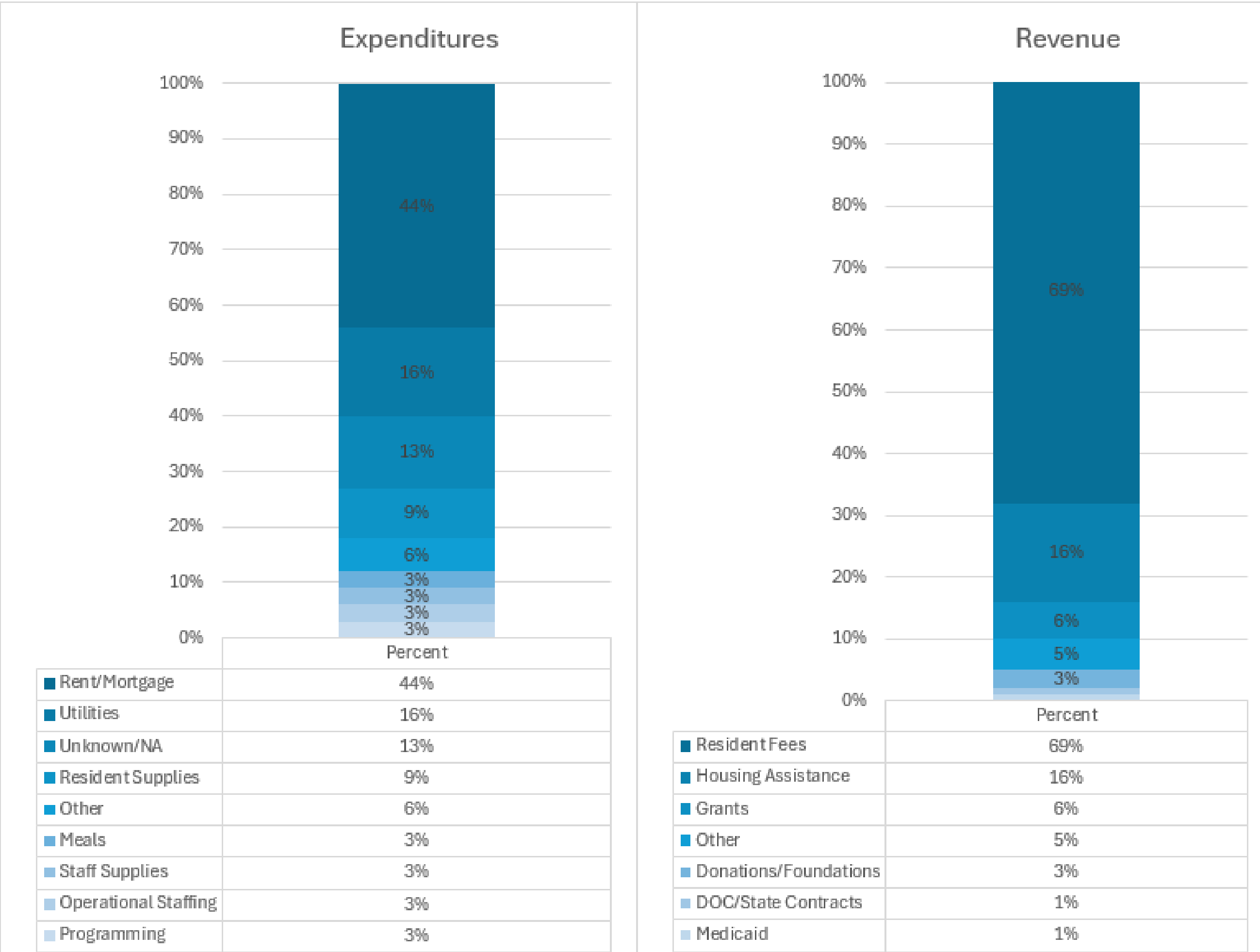
One of the three non-profit organizations surveyed operated the only level 4 organization in the data. Due to the services provided and costs associated with level 4 recovery housing programs being significantly higher than those associated with level 2/3 housing, that data point was dropped from our analysis comparing the per resident annual costs across for-profit status of organizations. The median amount spent per resident annually also differed by the for-profit status of the organization. For-profit organizations spent an average of $5,000 per resident annually, whereas non-profit organizations spent an average of $14,000 per resident annually.

Figure 1. Annual Average cost per resident under different cost categories reported by New Hampshire Recovery Housing Operators, 2024, (N = 22).



Operating costs associated with room and board such as staffing, mortgages/rent, and utilities account for 63% of total operating costs (approximately $7,604 per resident served). Mortgages/rent accounted for the largest share of operating costs (44%), followed by utilities (16%), and operational staffing (3%). Service costs including costs incurred from programming, resident and staff supplies, and meals account for 18% of operating costs (approximately $2,172 per resident served). Programming costs accounted for approximately 3% of operating costs, and a relatively small amount of operating costs were spent on resident supplies (9%), meals for residents (3%), and staff supplies (3%).

Figure 2. Percent of revenue from different sources and percent of expenditures associated with different categories reported by New Hampshire Recovery Housing Operators, 2024, (N = 22).



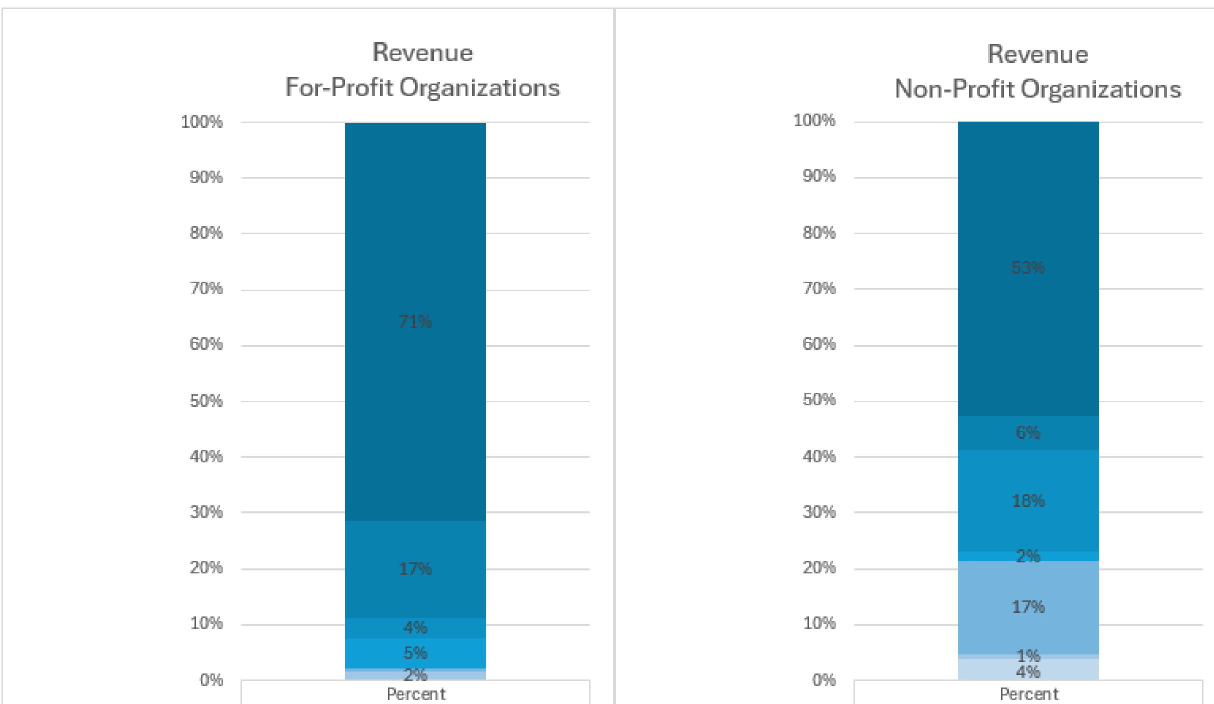
In terms of revenue sources, the largest share of revenue comes from resident fees, with an average of 69% of revenue coming from resident fees (Figure 2). Of those who disclosed the amount they charge in resident fees (N = 20), the average amount charged was $882 per month, with some organizations charging as little as $225 per month and some as much as $1,300 per month. For-profit organizations reported charging an average of $873 per month, with resident fees ranging from $225 to $1,082 per month. Non-profit organizations charged an average of $960 per month in resident fees, with resident fees ranging from $620 to $1,300. Although resident fees make up a large portion of revenue, organizations indicated they only received about 90% of the resident fees they charge. Additionally, only 33% of organizations indicated they dismissed residents who were unable to pay for resident fees.

Housing assistance funding through programs at NHCORR and Doorways accounted for the second largest source of revenue with organizations indicating that an average of 16% of revenue comes from housing assistance funds. Organizations indicated that approximately 6% of revenue came from state, local, or federal grants. Of those who indicated they had received local or state grants (N = 6), 17% indicated they had received State Targeted Response Funds, 50% indicated they received State Opioid Response funds and 50% indicated they had received Substance Abuse Prevention and Treatment Block Grants.

Donations and funding from corporations and foundations accounted for approximately 3% of revenue. Medicaid and Department of Corrections/State contracts accounted for approximately 1% of revenue received, respectively.

As for-profit and non-profit organizations are eligible for different sources of funding, we also examine the percentage of revenue that comes from different sources across for-profit status.

Figure 3. Percent of revenue from different sources across for-profit and non-profit organizations reported by New Hampshire Recovery Housing Operators, 2024, (N = 22).



	Percent
Resident Fees	71%
Housing Assistance	17%
Grants	4%
Other	5%
Donations/Foundations	1%
DOC/State Contracts	2%
Medicaid	0%

	Percent
Resident Fees	53%
Housing Assistance	6%
Grants	18%
Other	2%
Donations/Foundations	17%
DOC/State Contracts	1%
Medicaid	4%

For-profit organizations reported receiving more of their revenue from resident fees (71% compared to 53%) and housing assistance funded through programs at NHCORR and Doorways (17% compared to 6%) than non-profit organizations. However, for-profit organizations reported receiving a smaller share of their revenue from federal, state, and local grants (4% compared to 18%) and donations/foundations (1% compared to 17%) than non-profit organizations.

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".[12,13] 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 22 organizations that responded to this question, 50% indicated it was the most significant barrier their program faced. The next largest challenge identified was community stigma, followed by state policies. Resident retention was identified as the 4th greatest challenge to continued operation, followed by staffing shortages. Federal policies, referrals, and COVID-19 were identified as some of the least significant challenges faced by owners and operators.

Figure 4. Ranking of challenges to continued operation with 1 representing the most significant barrier and 8 representing the least significant challenge (N = 22).

While lack of financial resources is a multi-faceted issue, difficulties finding and applying for grants may compound this barrier. Organizations that had received grants of any kind (N = 6), they reported an average of 10 hours spent per month finding and applying for grants. Further, 67% of organizations indicated that it was somewhat or extremely difficult to find grants and 50% indicated it was somewhat or extremely difficult to apply for grants. Approximately 33% 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, some operators noted the limited ability of for-profit organizations to qualify for most grants with one operator writing "*they seem to be for all nonprofit*" and another writing "*because I'm for profit*. Additionally, organizations indicated that it was difficult to find grants that would meet the needs of their organizations, with one operator writing that "*there are no specific grants for operations, but instead for project basis funding*" Finally, operators also noted the difficulty navigating the grant system, specifically writing "*I don't know where or how to look*".

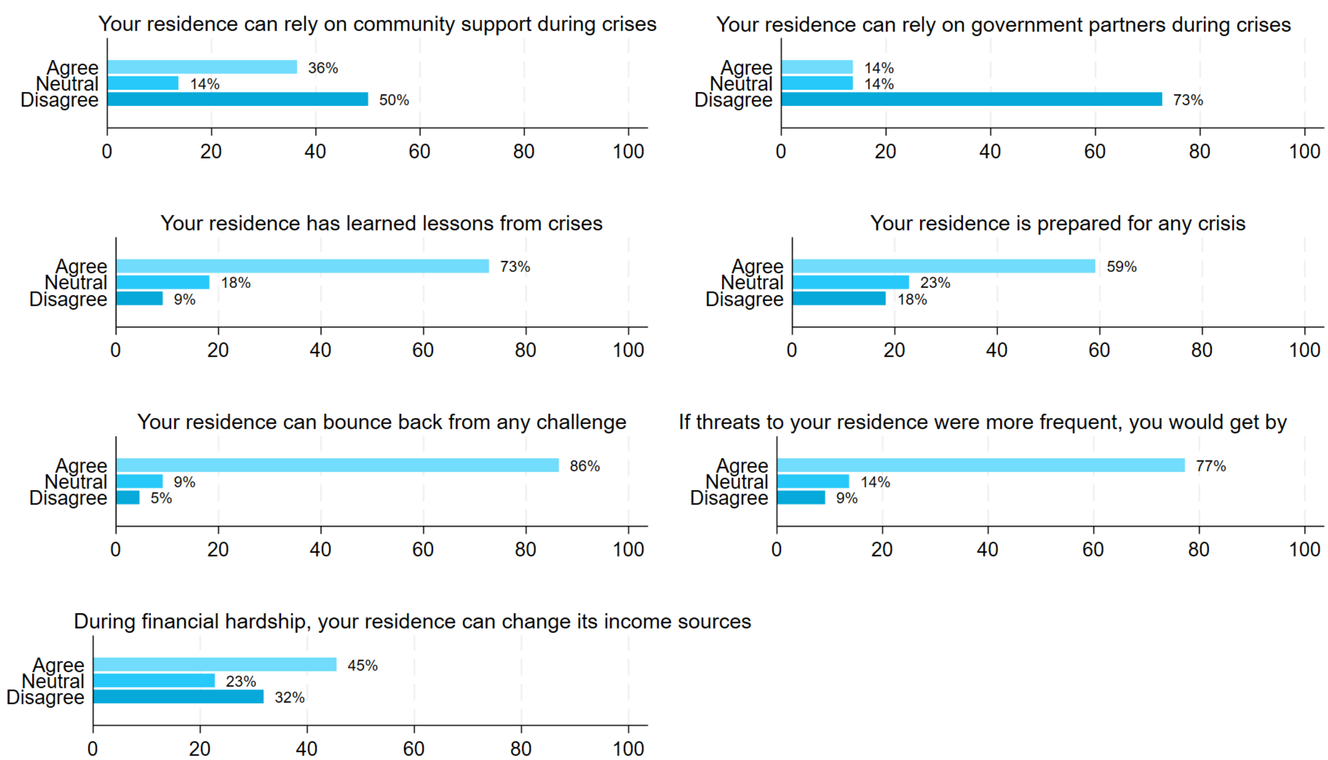
FINANCIAL RESILIENCE

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 New Hampshire, 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, indicating a relatively moderate level of financial resiliency. Perceived financial resiliency varied significantly by the for-profit status of the organization with for-profit organizations ranking their financial resilience to be at 6.4 whereas non-profit organizations ranked their financial resilience for a 3.7.

A total of 18% indicated they did not believe they were capable of overcoming funding disruptions, 55% indicated they were slightly or moderately capable, and 27% indicated they were very or extremely capable of overcoming funding disruptions. Revenue diversification is also key to financial resilience, yet 50% of recovery housing organizations surveyed indicated they received 75% or more of their revenue from one source. Revenue diversification also differed by for-profit status, with 53% of for-profit organizations indicating they received over 75% of their revenue from one source and only 33% of non-profit organizations indicating they received over 75% 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 36% of organizations agreed that they could rely on their community for support during financial crises while 50% disagreed (Figure 5). Recovery housing organizations also indicated a lack of perceived government support during financial crises, with only 14% agreeing that they could rely on government partners during crises. A total of 82% indicated that their recovery housing program has learned lessons from crises and 73% 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. A majority of recovery housing organizations (45%) agreed that they believed their program could change its income sources during financial hardship. Only 59% of organizations agreed that their program is prepared for any crisis.

Figure 5. Share of New Hampshire recovery housing organizations that agreed, disagreed, or were neutral for various financial resiliency statements, 2024, (N = 22).



FUNDING NEEDS AND BARRIERS IN NEW HAMPSHIRE

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 = 13).

First, operators noted the need for funding resources that directly help residents, especially when they first arrive at the residence. Specifically, one operator wrote "*There just needs to be more funding sources for the residents. They should be focusing on rebuilding their lives*" and another wrote "*There is always a need for the residents to have help when first coming into the houses*". Additionally, reflecting the unique nature of New Hampshire recovery housing organization structures, many operators noted the funding difficulties associated with being a for-profit organization rather than a non-profit. Specifically, operators noted that "*because we are a for profit organization it decreases our ability to receive adequate state or federal funding*" and "*we need more funding for for-profits*". Additionally, operators noted the difficulty with public funding in New Hampshire, with one operator writing "*public funding in NH is not readily released, there are too many hoops to jump through to apply and qualify*."

Another theme of note that emerged was the lack of funding available to support individuals with an alcohol use disorder in the state. Specifically, operators noted that "*There is a lack of funding in the state for those with alcohol use disorder. Those with alcohol use disorder have a harder time getting settled due to the lack of funding sources. We would like to see more funding available to help the people with alcohol use disorder we serve*" and another wrote "*There absolutely needs to be more state funding for those with alcohol use disorder. It's really pathetic that those with alcohol use disorder cannot get funding from the state due to the funding only being for the opioid epidemic.*" Finally, one operator noted the need for additional resources in general and noted the funding disparity for those with alcohol use disorder "*There aren't enough resources to tap into. And the bias against recovering people with alcohol use disorder is discouraging*."

DISCUSSION

Assessing the financial landscape of recovery housing is crucial to understanding the ability of recovery residences in New Hampshire 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 New Hampshire, the Fletcher Group partnered with NHCORR to conduct a statewide cross-sectional survey of recovery residence owners and operators.

We found that approximately 86% of recovery housing organizations in New Hampshire are for-profit organizations rather than non-profit organizations and that for-profit and non-profit organizations differed in their annual operating costs, revenue sources and diversification, and financial resiliency. Specifically, we found that for-profit recovery housing organizations had lower annual operating costs and lower cost per resident served annually than non-profit organizations. For-profit organizations also indicated they were more financially resilient than non-profit organizations but were less likely to have diversified revenue streams. Given the reliance on resident fees to fund for-profit recovery housing organizations, additional funding resources that account for the for-profit organizational structure of New Hampshire recovery housing organizations are needed.

The results show that, on average, 32% of residents served by recovery housing organizations in New Hampshire are from rural areas, yet only 7% of residences are located in a rural area. This suggests there is a shortage of recovery housing resources in rural areas of New Hampshire as nearly 47% of the New Hampshire population lives in a rural area. Further, we find evidence that many residents access recovery housing services in non-rural areas, as residences in non-rural areas reported that 25% of their residents were from rural areas.

This survey found that the median annual operating cost of recovery housing organizations was $95,000, but that there was significant variation in the financial size of individual organizations, with annual operating costs ranging from $19,000 to $983,000. 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 New Hampshire.

Results also show that most of the revenue for recovery housing organizations comes from resident fees, state housing assistance organizations, and state and local grants. In qualitative analysis of write in responses of program operators, a major theme in needed funding was funding to support those with alcohol use disorder and organizations that serve them. Further, of those who did receive grant funding for their program, most indicated it was difficult to find and apply for grants.

The survey also found that, on average, recovery housing organizations believe themselves to be moderately financially resilient. The majority of organizations believed they were able to overcome funding disruptions. However, many organizations disagreed that community and government partnerships would be helpful in dealing with future financial crises. Further, 50% of organizations received most of their revenue from one source suggesting vulnerabilities in financial diversification.

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 New Hampshire.

1. Increase certified recovery residence capacity in rural areas and develop strategies to address barriers presented by the lack of available transportation to, and within, these communities.
2. Increase the capacity of certified recovery residences that can provide culturally appropriate services to special populations, including women, women with children, pregnant and parenting people, families, veterans, individuals who speak English as a second language, and people with disabilities.
3. Increase the number and type of funding opportunities available for for-profit recovery housing organizations.
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. Increase the number of funding supports available to individuals with alcohol use disorder and organizations serving those with alcohol use disorder, potentially leveraging the state alcohol proceeds as a state funding source.
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. Increase the availability of start-up funding and the development of a long-term (more than one year), sustainable funding stream for certified recovery residences.

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