WEST VIRGINIA RECOVERY HOUSING FINANCIAL LANDSCAPE

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INTRODUCTION

Substance use disorder (SUD) is a pressing issue in the state of West Virginia, with the rate of drug overdose deaths increasing from 52 per 100,000 residents in 2016 to over 80.9 deaths per 100,000 residents in 2021, a 56% increase in 5 years.[1] An estimated 18% of West Virginia 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 West Virginia found that opioid use disorder and associated fatal opioid overdoses cost the state of West Virginia $13.2 billion in 2017.[3] Access to recovery support services in rural communities is of special importance in West Virginia as an estimated 50% of West Virginia'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 November 2024, there were approximately 37 recovery housing organizations operating 100 recovery residences certified by West Virginia Alliance of Recovery Residences (WVARR).[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 West Virginia, the RCORP-Rural Center of Excellence on SUD Recovery at the Fletcher Group, in collaboration with WVARR, disseminated a survey to recovery housing organizations in West Virginia 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 WVARR 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 19 minutes.

The survey was disseminated to recovery residence operators in West Virginia by emailed invitations from the WVARR executive director. Survey recruitment focused on recovery residences that were certified or in the process of being certified by WVARR. The total sampling pool included 100 recovery houses that were certified or in the process of being certified by WVARR.[11] The study was approved by the University of Kentucky Institutional Review Board under protocol #53931. All data were collected via Qualtrics between August 13, 2024, and October 8th, 2024.

Participants who began the survey but completed less than 50% of the questions (N = 6) were excluded. Our final sample consists of 27 operators representing 70 recovery residences. Given the total sampling pool in the state, this survey yielded a 70% response rate.

RESULTS

The majority (78%) of recovery housing organizations operated more than one recovery residence, with those who operated more than one residence operating a median of 3 residences. On average, recovery housing organizations had been in operation for 12 years, and WVARR certified for 3 years; this certification option has been available since 2020. The median number of residents served per organization was 19. The 27 recovery housing organizations surveyed represent a total of 70 residences serving 798 residents.

Most (96%) of organizations were non-profit organizations and all organizations indicated they allowed medication assisted treatment (MAT) within their residences (Table 1). Most (73%) indicated they had a resident waitlist, with a median of 14 residents on their waitlist. Across the 19 organizations that reported having a resident waitlist, there was a total of 420 prospective residents on waitlists. The median number of paid staff across housing organizations was five. 12% of organizations indicated they did not have any paid staff working at their organization. Approximately 76% of the organizations surveyed indicated they were serving less residents than their maximum capacity, while 20% were serving their maximum capacity and 4% were serving over their maximum capacity.

Table 1. Characteristics of recovery housing organizations surveyed, West Virginia, 2024, (N = 27)

Characteristic	Count (%)
Operate Many Residences	21 (78)
Offer Clinical Services in House	6 (23)
Require Residents to Work	22 (81)
Support Medication Assisted Treatment	27 (100)
Has a Waitlist	20 (73)
Non-Profit Organization	26 (96)
Use a Resident Management/Data Collection Software	24 (88)

Most (96%) of the recovery housing organizations indicated they were WVARR certified. Of the residences operated by surveyed organizations, 6% were certified as level 1, 60% were level 2, 27% were level 3, and 0% were level 4 (Table 2).[12] The majority of the residences were owned (79%) and 13% were rented by the organization.

Of organizations surveyed, 37% of residences were in a rural area, 31% of residences were in an urban area and 23% of residences were in a suburban area. On average, recovery housing organizations indicated that approximately 71% of the residents they serve are from rural areas. Organizations that do not operate any recovery residences in rural areas indicated that few (60%) of their residents were from rural areas.

Table 2. Characteristics of recovery residences surveyed, West Virginia, 2024, (N = 70)

Characteristic	Count (%)
NARR Certification Level	
Level 1	4 (6)
Level 2	42 (60)
Level 3	19 (27)
Level 4	0 (0)
Missing	5 (8)
Geographic Location	
Rural	26 (37)
Urban	22 (31)
Suburban	16 (23)
Missing	6 (9)
Residence Ownership	
Rent	9 (13)
Own	55 (79)
Missing	6 (9)

Of the organizations surveyed, approximately one third served men (8 organizations representing 12 residences) and women (8 organizations representing 18 residences). Thirty seven percent of the organizations (10 organizations representing 32 residences) served both men and women. Twenty-six percent served females with children (7 organizations representing 27 residences) and few served males with children (2 organizations representing 8 residences).[1]

Few recovery housing organizations reported serving non-English speaking individuals (4%), pregnant (19%), or parenting (15%) individuals. No organizations reported serving youth. No organizations reported serving youth. Many organizations served individuals with a history of homelessness (67%), criminal justice involvement (93%), and mental health diagnoses (81%). Approximately a quarter of recovery housing organizations served individuals with disabilities (22%) and veterans (30%).

Table 3. Resident populations served by surveyed recovery housing organizations in West Virginia, 2024 (N = 27).

Characteristic	Count (%)
Populations Served	
Male	8 (30)
Female	8 (30)
Both Females and Males	10 (37)
Females with Children	7 (26)
Males with Children	2 (7)
Other	0 (0)
Special Populations Served	
Pregnant	5 (19)
Parenting	4 (15)
Youth	0 (0)
Non-English Speakers	1 (4)
Individuals with Disabilities	6 (22)
Veterans	8 (30)
Individuals with a History of Homelessness	18 (67)
Individuals with Criminal Justice Involvement	25 (93)
Individuals Diagnosed with a Mental Health Condition	22 (81)

The economic conditions of RH residents indicate that almost all organizations serve individuals receiving Medicaid (96%) and most serve those receiving SNAP benefits (78%). Half of the

[1] WVARR-certified residences currently have 1,496 certified beds including 480 beds for women, 74 beds for women with children, 814 beds for men, and 128 co-ed beds.

recovery housing organizations that served unemployed individuals indicated their residents were not receiving unemployment benefits (48%).

Table 4. Economic conditions of residents served in recovery housing organizations surveyed, West Virginia, 2024, (N = 27)

Characteristics	Count (%)
Receiving TANF	3 (11)
Receiving SSI	5 (19)
Receiving Medicaid	26 (96)
Receiving SNAP	21 (78)
Unemployed and Receiving Benefits	3 (11)
Unemployed and Not Receiving Benefits	13 (48)
Not able to Work	6 (22)
Retired and Not Receiving Social Security Benefits	3 (11)
Retired and Receiving Social Security Benefits	2 (7)
Disabled and Receiving Social Security Benefits	5 (19)
Disabled and Not Receiving Social Security Benefits	3 (11)
Veteran and Receiving Benefits	3 (11)
Veteran and Not Receiving Benefits	4 (15)

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

Of the organizations surveyed, a majority provided cleaning supplies (85%), toiletries (78%), transportation (70%), recovery coaching (70%), and life skills training (74%). A little more than half of the organizations provide food (59%), clothes (59%), employment training (48%), and employment opportunities (59%). Less than half of the organizations provide education opportunities (37%).

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 22 organizations (81%) surveyed provided an estimate of their annual operating costs between January 1, 2022, and December 31, 2022. The median annual operating cost was $360,200, with operating costs ranging from $21,000 to $4,947,101 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 $500,000, compared to a median annual operating cost of $200,000 for organizations operating a single home. For organizations operating multiple residences, the median operating cost per home was almost $163,433.

Operating costs also varied significantly depending on how many residents were served. Organizations that served 10 residents or less (N = 4) had a median annual operating cost of $137,827, while organizations that served between 11 and 30 residents (N = 15) had a median annual operating cost of $450,000. Organizations that served 31 residents or more (N = 2) had a median annual operating cost of $2,789,054.

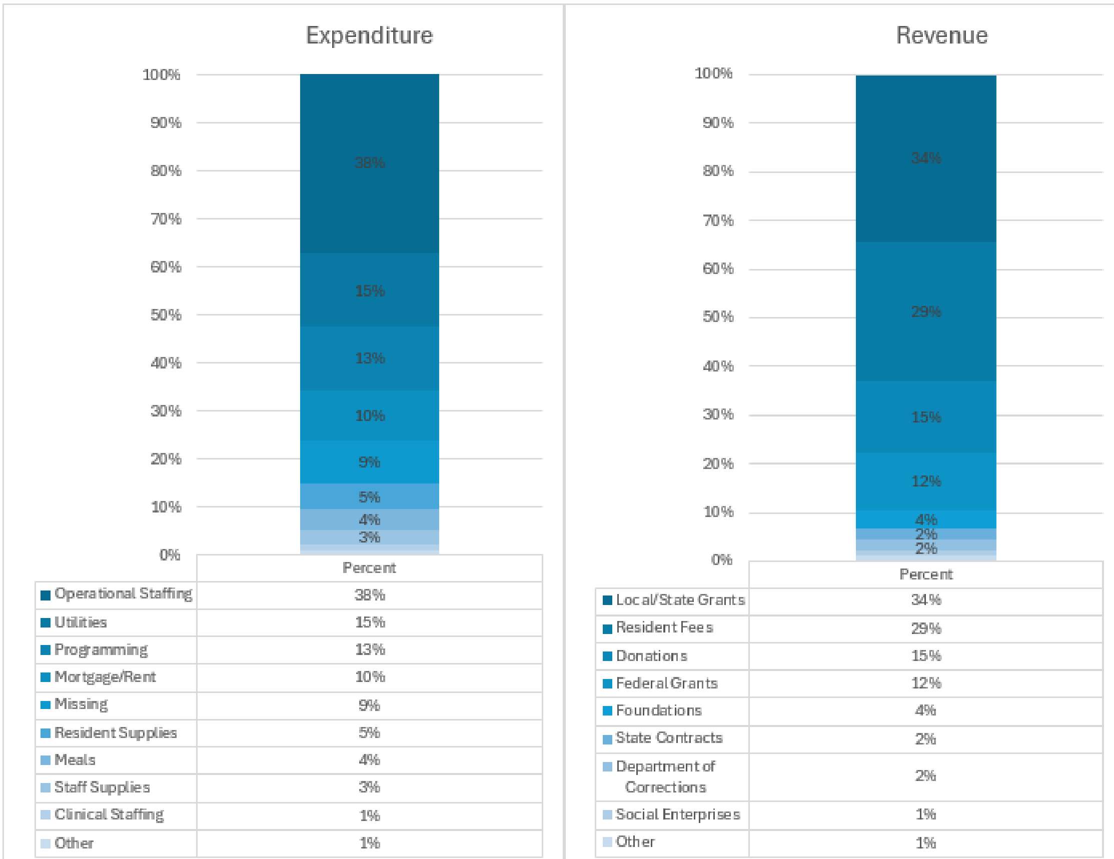
As operating costs at the organization and residence level do not account for differences in the number of residents served by each organization and residence, we also calculate the cost per resident served annually. The median amount spent by organizations was approximately $16,000 per resident served annually or $43.84 per day. The amount spent per resident differs by whether the recovery housing organization operates multiple residences. Organizations that operate multiple residences spent a median of $16,100 per resident annually while organizations operating only one residence spent a median of about $15,900 per resident annually.

Figure 1. Annual median cost per resident under different cost categories reported by West Virginia Recovery Housing Organizations, 2024, (N = 25).

	Cost per Resident
Operational Staffing	$6,036
Utilities	$2,449
Programming	$2,141
Mortgage/Rent	$1,684
Missing	$1,446
Resident Supplies	$829
Meals	$694
Staff Supplies	$501
Clinical Staffing	$231
Other	$122

Operating costs associated with room and board such as staffing, mortgages/rent, and utilities accounted for 65% of total operating costs (approximately $10,401 per resident served). Operational staffing accounted for the largest share of operating costs (38%), followed by utilities (15%), mortgage/rent (10%) and clinical staffing (1%). Service costs including costs incurred from programming, resident and staff supplies, and meals accounted for 26% of operating costs (approximately $4,166 per resident served). Programming costs accounted for approximately 13% of operating costs, and a relatively small amount of operating costs were spent on resident supplies (5%), meals for residents (4%), and staff supplies (3%).

Figure 2. Percent of annual revenue from different sources and percent of annual expenditures associated with different categories reported by West Virginia recovery residence operators, 2024, (N = 27).



In terms of revenue sources, the largest share of revenue comes from local and state grants (34%). Of those who indicated they had received local or state grants (N = 19), 16% indicated they had received State Targeted Response Funds, 58% indicated they received State Opioid Response funds, 58% indicated they had received Substance Abuse Prevention and Treatment Block Grants.

The second largest share of revenue comes from resident fees (29%). Of those who disclosed the amount they charge in resident fees (N = 24), the average amount charged was $400 per month, with some organizations charging as little as $0 per month and some as much as $600 per month. Organizations indicated they only received about 54% of the resident fees they charge. Additionally, only 84% of organizations indicated they dismissed residents who were unable to pay for resident fees.

Donations accounted for 15% of revenue and federal grants accounted for 12% of revenue. A relatively small amount of revenue was reported to come from foundations (4%), state contracts (2%), and the department of corrections (2%). Social enterprises accounted for 1% of revenue as did other sources of revenue like Medicaid, loans, and funds from corporations.

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 24 organizations that responded to this question, 75% indicated it was the most significant barrier their program faced. The next largest challenge identified was community stigma, followed by staffing shortages. State policies were identified as the 4th greatest challenge to continued operation, followed by resident retention. Federal policies, referrals, 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 = 24).

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 (19 = 21), they reported an average of 31 hours per month spent finding and applying for grants. Further, 72% of organizations indicated that it was somewhat or extremely difficult to find grants and 53% indicated it was somewhat or extremely difficult to apply for grants. Approximately 16% 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 a difficult and time-consuming process. One operator wrote, "*Staff aren't trained and don't have time.*"

Multiple operators mentioned that funding opportunities are highly competitive, making it difficult to secure resources, with one writing *"Fierce competition, support for faith-based initiatives limits options"*. Another operator noted that competition and grant restrictions and scope can be challenging, *"Competition, not meeting restrictive population of focus"*.

The compatibility of funding opportunities with the scope of recovery housing programs also presents challenges. One operator wrote:

> *"This is extremely difficult. By state definition we are considered rural, by federal definition we are one mile within the boundary to be considered urban, this limits funding. Grant funding for recovery is not stable and is not something that is a priority in WV, so grants are limited. Some grants are posted with the intent for specific providers, who have already been unofficially chosen."*

One operator noted, *"Funding compatibility [is an issue]"* and another operator writing, *"When the grants are available it seems that they are always very specific and almost never aligns with the needs that I have."*

Operators mentioned that funding sources supporting operational costs are needed, with one operator writing, *"Most needs are operational and finding grants for operations can be difficult: we incur a significant funding gap between cost per day and state per diem rate."* Another operator noted, *"State funding for recovery residence operational expenses is almost nonexistent, adding additional programing is an option to qualify for federal funding but creating sustainability in our current situation is the priority."*

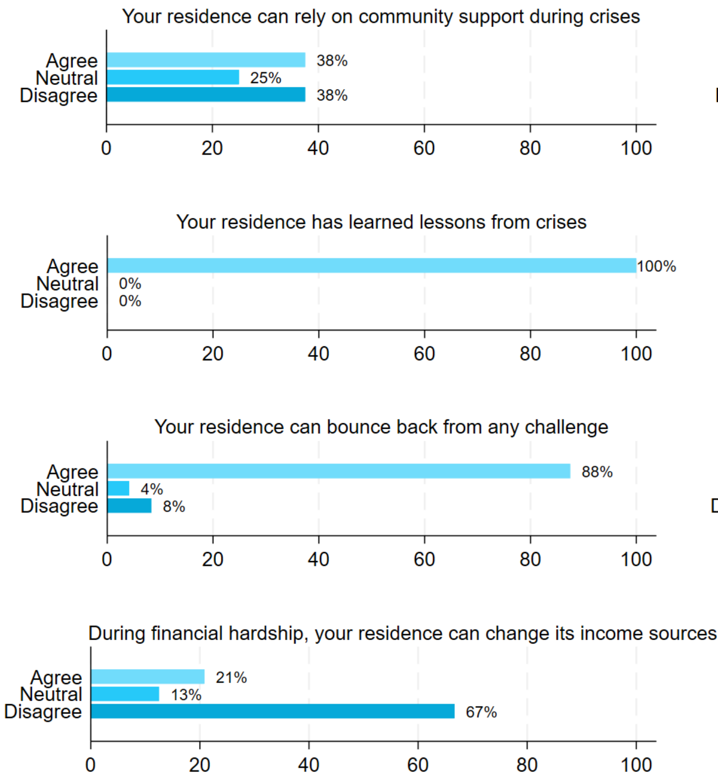
FINANCIAL RESILIENCE

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 West Virginia, 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 5.5, indicating a relatively low level of financial resiliency.

Most of the organizations surveyed (87%) indicated they were slightly or moderately capable of overcoming funding disruptions and 13% indicated they were not at all capable of overcoming funding disruptions. Revenue diversification is also key to financial resilience. Almost half (44%) 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 38% of organizations agreed that they could rely on their community for support during financial crises while 38% disagreed (Figure 4). Recovery housing organizations also indicated a lack of perceived government support during financial crises, with only 17% agreeing that they could rely on government partners during crises and 50% disagreeing. A total of 100% indicated that their recovery housing program has learned lessons from crises and 88% agreed that their residence can bounce back from any challenge. Similarly, 83% agreed that they would be able to get by if threats to their program were more frequent. Only 38% agreed that their organization is prepared for any crisis and only 21% agreed that their organization can change its income sources during financial hardships.

Figure 4. Share of West Virginia recovery housing organizations that agreed, disagreed, or were neutral for various financial resiliency statements, 2024, (N = 24).



FUNDING NEEDS AND BARRIERS IN WEST VIRGINIA

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 = 16).

First, operators noted the need for more funding in general. One operator wrote,

> *"At the end of September we have no security of any funding sources to continue the work that we do. We have applied for millions of dollars and have not received funding. Searching for and obtaining and reporting on funding takes up 95% of my time to the point I cannot effectively focus on operating the homes we currently have. It seems like there should be easier access to funding for well established, WVARR certified homes that have proven that recovery is happening in them. I continually have to "prove" on grant applications that what we are doing is working. I can do that but eventually there*

should be a sufficient stream of funding from the state or federal level to help support the work so we can quit having to convince all of funders that what we do works."

One funding pathway mentioned was Medicaid reimbursement billing for peer support, which is part of a more recent expansion of services in West Virginia. In 2018, West Virginia passed a waiver that allows Medicaid reimbursement for peer support services, which are services often provided within, or in partnership with, recovery residences. However, recovery housing is not Medicaid reimbursable as a stand-alone service. To benefit from the waiver, recovery housing providers would have to either become state-approved licensed behavioral health centers (LBHCs) themselves or partner with one that is approved to provide PRSS services. It is important to note that state and federal regulations prevent recovery housing operators from financially benefiting from referrals within the context of such a partnership.

Others noted that the types of funding that recovery housing programs can acquire may not be adaptable to their needs, *"Flexible spending would be a huge help; crises and unexpected events happen all of the time. Currently we are having Covid issues again. This affects residents and staff. There's no support for flexibility."*

Finding funding opportunities can take significant effort and expertise. One operator mentioned that they would like to find a central location with funding opportunities to stay informed in a timely manner, such as, *"A newsletter or informational email outlining grant opportunities."* Another operator would like to receive support on developing diversified funding sources: *"It would be helpful for more information about how to make recovery residences sustainable through options like billing insurance for services and conversation about funding in general."*

DISCUSSION

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

The results show that, on average, 71% of residents served by recovery housing organizations in West Virginia are from rural areas, yet only 37% of residences are located in a rural area. This suggests there is a shortage of recovery housing resources in rural areas of West Virginia as nearly 50% of the West Virginia population lives in a rural area.

This survey also found that the median annual operating cost of recovery housing organizations was $360,200, but that there was significant variation in the financial size of individual organizations, with annual operating costs ranging from $21,000 to $4.9 million. On average, organizations spent approximately $16,000 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 West Virginia.

Results also show that most of the revenue for recovery housing organizations comes from local and state grants, resident fees, donations, and federal grants. In qualitative analysis of write-in responses of program operators, a major theme that arose was the need for increases in the number of funding opportunities available for organizations. Specifically, operators noted the need for funding opportunities that are sustainable and flexible enough to meet changing conditions and needs.

The survey also found that recovery residences in West Virginia do not consider themselves to be very financially resilient, and that there are vulnerabilities related to financial diversification and external partnerships. Approximately 67% of organizations disagreed when asked if they would be able to change their organization’s income sources during financial hardship, suggesting the need for increased financial diversification in revenue sources. 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 WVARR. Additionally, this survey targeted recovery housing organizations that were currently certified or in the process of being certified by WVARR. The results presented may not be representative of all recovery housing organizations in the state of West Virginia.

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 West Virginia.

1. Conduct a recovery housing needs assessment to determine the recovery housing capacity needs of West Virginians with substance use disorders, including special populations.
2. Increase certified recovery residence capacity in rural areas and develop strategies to address operating and sustainability barriers, to include the lack of available transportation to, and within, these communities.
3. Provide targeted education and training to recovery housing operators related to funding available and sustainable, diversified funding models.
4. Increase the flexibility of funding available to recovery housing organizations to allow for the funding of capital expenditures, initial start-up expenses, and programmatic operating expenditures, to include staffing.
5. Develop long-term (more than one year), sustainable funding opportunities for certified recovery residences.
6. Develop incentives and sustainable funding opportunities for residences to serve special populations, to include pregnant and parenting people, families, veterans, individuals who speak English as a second language, and people with disabilities.
7. Provide targeted education and training to facilitate easier access to, and maintenance of, state grants and to promote understanding of the grant application process.
8. Consider and develop a voucher program for indigent residents to cover recovery housing fees for a specific period of time, to include an outcomes reporting requirement.
9. Develop and implement a 1115 Medicaid waiver to cover a range of bundled services provided in recovery houses for up to 180 days (See Kentucky's 1115 Medicaid Waiver)
10. Evaluate braided funding models that incorporate funding from Medicaid, corrections, housing authority, and SAMHSA block grants.
11. Evaluate the state recovery residence per diem rate in relation to total average costs per resident and consider increasing the rate in accordance with the findings. Work towards broader implementation of the state recovery residence per diem rate or other financial incentive for all certified recovery residence operators, especially for those operating higher levels of care (levels 3 and 4).
12. Develop incentives for residences to participate in resident outcomes tracking and other data collection initiatives relative to funding invested and develop training and support for operators to use outcomes data to demonstrate value of programs and services.

13. Cultivate new relationships and reinforce current relationships among recovery housing organizations and other recovery support providers along the substance use disorder continuum of care with a specific focus on breaking down barriers to sustainable and meaningful partnerships.
14. Provide training and resources to recovery housing organizations to encourage community partnerships, to reduce stigma, and increase community support.
15. 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.

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