MICHIGAN RECOVERY HOUSING FINANCIAL LANDSCAPE

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INTRODUCTION

Substance use disorder (SUD) is a pressing issue in the state of Michigan, with the rate of drug overdose deaths increasing from 24.4 per 100,000 residents in 2016 to over 31.5 deaths per 100,000 residents in 2021, a 29% increase in 5 years.[1] An estimated 17% of Michigan 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 Michigan found that opioid use disorder and associated fatal opioid overdoses cost the state of Michigan $41.4 billion in 2017.[3] Access to recovery support services in rural communities is of special importance in Michigan as an estimated 20% of Michigan'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., 286 of which are certified by MARR.[10,11]

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 Michigan, the Fletcher Group Rural Center of Excellence, in collaboration with the Michigan Association of Recovery Residences (MARR), disseminated a survey to recovery housing organizations in Michigan 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 MARR 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 house 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 25 minutes.

The survey was disseminated with recovery residence operators in Michigan by emailed invitations from the MARR president. Survey recruitment focused on recovery residences that were certified or in the process of being certified by MARR. Because of the distinct differences between MARR-certified recovery residences and the Oxford House model, Oxford Houses were excluded from survey recruitment.[1] The total sampling pool included 274 recovery residences based on the total number of certified residences in the state of Michigan.[10] The study was approved by the University of Kentucky Institutional Review Board under protocol #53931. All data were collected via Qualtrics between February 14, 2024, and March 28, 2024.

Participants who began the survey but completed less than 50% of the questions (N = 12) were excluded. Our final sample consists of 30 operators representing 101 recovery residences. Given the total sampling pool in the state, this survey yielded a 35% response rate.

RESULTS

Approximately half (57%) of recovery housing organizations operated more than one recovery residence, with those who operated more than one residence operating an average of 5 residences. On average, recovery housing organizations had been in operation for 11 years, and MARR certified for 5 years; this certification option has been available since 2014. The median number of residents served per organization was 18. The 30 recovery housing organizations surveyed represent a total of 101 residences serving 849 residents.

Approximately a quarter (30%) of organizations were for-profit organizations and all organizations indicated they allowed medication assisted treatment (MAT) within their residences (Table 1). Over half (67%) of the organizations indicated they had a resident waitlist, with a median of 8 residents on their waitlist. The median number of paid staff across housing organizations was 3. 20% of organizations indicated they did not have any paid staff working at their organization. Approximately 75% of the organizations surveyed indicated they were serving less residents than their maximum capacity, while 21% were serving their maximum capacity and 10% were serving over their usual capacity.

[1] As of May 2024, there is only one chartered Oxford House in Michigan.

Table 1. Characteristics of recovery housing organizations surveyed, Michigan, 2024, (N = 30)

Characteristic	Count (%)
Operate Many Residences	17 (57)
Offer Clinical Services in House	10 (33)
Require Residents to Work	23 (77)
Support Medication Assisted Treatment	30 (100)
Has a Waitlist	20 (67)
For-Profit Organization	9 (30)
Use a Resident Management/Data Collection Software	21 (70)

Most (90%) of the recovery housing organizations indicated they were MARR certified. Of the 86 residences operated by a recovery housing organization that was MARR certified, 0% were classified as level 1, 52% were level 2, 16% were level 3, and 15% were level 4 (Table 2).[12] The majority of the residences were owned (60%) and 40% were rented by the organization.

Of organizations surveyed, 21% of residences were in a rural area, 68% of residences were in an urban area and 11% of residences were in a suburban area. On average, recovery housing organizations indicated that approximately 24% of the residents they serve are from rural areas. Organizations that do not operate any recovery residences in rural areas indicated that a quarter (14%) of their residents were from rural areas.

Table 2. Characteristics of recovery residences surveyed, Michigan, 2024, (N = 101)

Characteristic	Count (%)
NARR Certification Level	
Level 1	0 (0)
Level 2	17 (17)
Level 3	53 (52)
Level 4	16 (16)
In the Process of Being Certified	15 (15)
Geographic Location	
Rural	21 (21)
Urban	69 (68)
Suburban	11 (11)
Residence Ownership	
Rent	40 (40)
Own	61 (60)

Of the organizations surveyed, approximately half served only males (12 organizations representing 34 residences), both males and females (10 organizations representing 58 residences) or only females (8 organizations representing 10 residences). A quarter of organizations (8 organizations representing 32 residences) served females with children and one organization representing 6 residences served males with children.

Few recovery housing organizations (10%) served indigenous populations, veterans, or individuals with disabilities. No organizations reporting serving youth or non-English speaking individuals. Many organizations served individuals with a history of homelessness (93%), criminal justice involvement (93%), and mental health diagnoses (83%). Approximately a quarter of recovery housing organizations served individuals identifying as LGBTQIA+ (27%).[2] Less than a quarter of the organizations reported serving individuals that were pregnant (17%) and parenting (20%).

Table 3. Resident populations served by recovery housing organizations in Michigan, 2024 (N = 30)

Characteristic	Count (%)
Populations Served	
Male	12 (40)
Female	8 (27)
Both Females and Males	10 (33)
Females with Children	8 (27)
Males with Children	1 (3)
Other	0 (0)
Special Populations Served	
Indigenous	3 (10)
Pregnant	5 (17)
Parenting	6 (20)
Youth	0 (0)
Non-English Speakers	0 (0)
Individuals with Disabilities	3 (10)
Veterans	3 (10)
LGBTQIA+	8 (27)
Individuals with a History of Homelessness	28 (93)
Individuals with Criminal Justice Involvement	28 (93)
Individuals Diagnosed with a Mental Health Condition	25 (83)

[2] In response to the addition of "gender" to the listed categories of protected classes under the Michigan Elliot-Larson Civil Rights Act, MCLA 37.2101, MARR produced a policy on inclusion of trans-persons in single-sex recovery residences, with the assistance of PHIP representatives, experienced RR operators, the Detroit Office of the A.C.L.U. and MARR legal staff. See www.michiganarr.com.

The economic conditions of RH residents indicate that almost all serve individuals receiving Medicaid (87%) and SNAP benefits (73%) Most of the recovery housing organizations that served unemployed individuals indicated their residents were not receiving unemployment benefits (60%).

Table 4. Economic conditions of residents served in recovery housing organizations surveyed, Michigan, 2024, (N = 30)

Characteristics	Count (%)
Receiving TANF	8 (27)
Receiving SSI	13 (43)
Receiving Medicaid	26 (87)
Receiving SNAP	22 (73)
Unemployed and Receiving Benefits	3 (10)
Unemployed and Not Receiving Benefits	18 (60)
Not able to Work	3 (10)
Retired and Not Receiving Social Security Benefits	3 (10)
Retired and Receiving Social Security Benefits	1 (3)
Disabled and Receiving Social Security Benefits	6 (20)
Disabled and Not Receiving Social Security Benefits	4 (13)
Veteran and Receiving Benefits	1 (3)
Veteran and Not Receiving Benefits	1 (3)

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

Of the organizations surveyed, a majority provided cleaning supplies (73%), toiletries (57%), and transportation (53%) to residents. Approximately half of the organizations offer residents employment opportunities (47%) and education opportunities (43%). Approximately a quarter of organizations provide meals (40%), clothing (40%), and employment skills training (23%).

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 18 organizations (60%) surveyed provided an estimate of their annual operating costs between January 1, 2022, and December 31, 2022. The median annual operating cost was $182,000, with operating costs ranging from $49,000 to $20.5 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 $330,000, compared to a median annual operating cost of $110,000 for organizations operating a single home. For organizations operating multiple residences, the median operating cost per home was almost $69,000.

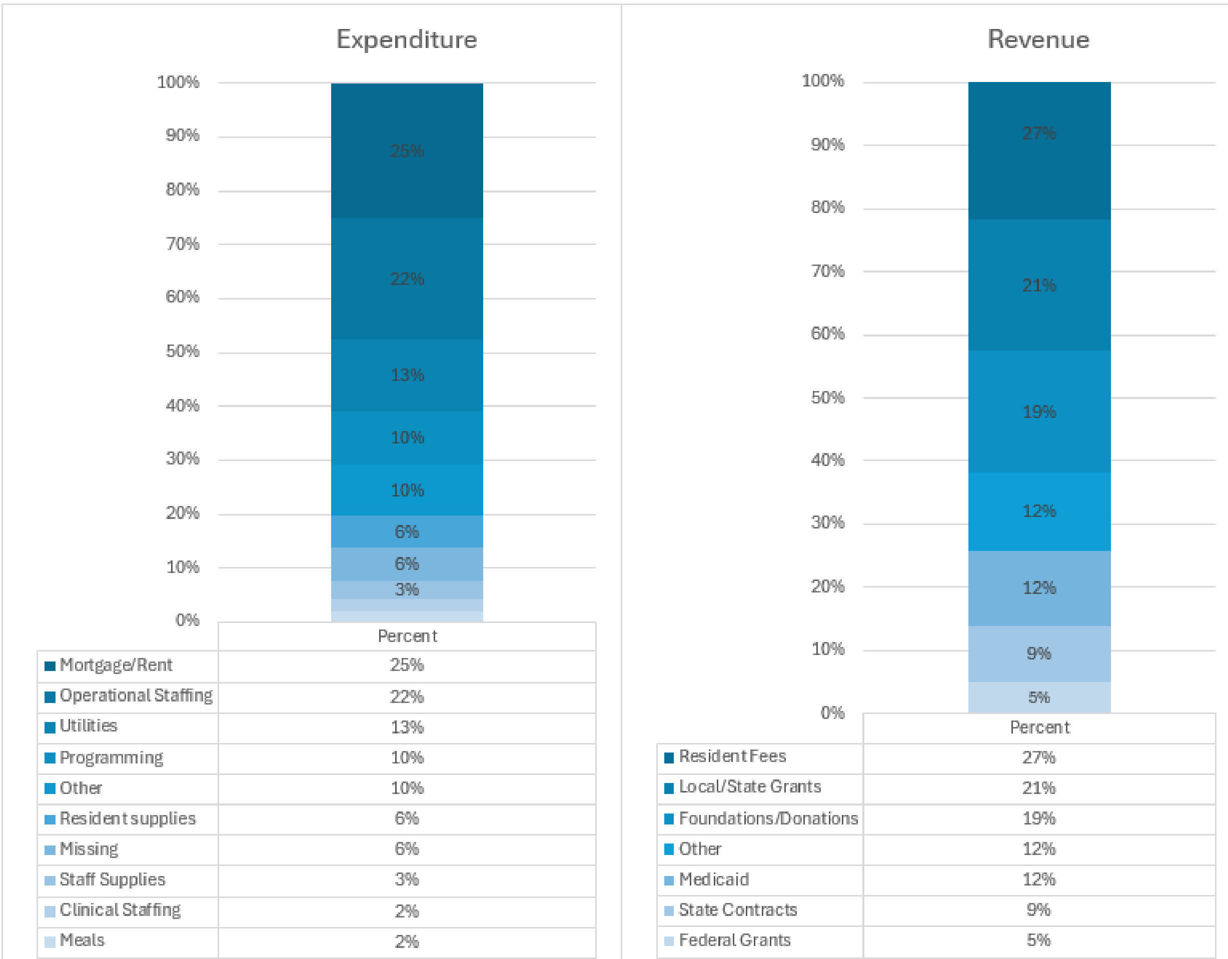
Operating costs also varied significantly depending on how many residents were served. Organizations that served 20 residents or less (N = 8) had a median annual operating cost of $80,000, while organizations that served between 21 and 50 residents (N = 5) had a median annual operating cost of $400,000. Organizations that served 51 residents or more (N = 3) had a median annual operating cost of $700,000.

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 $6,000 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 $4,800 per resident annually while organizations operating only one residence spent a median of about $7,400 per resident annually.

Figure 1. Annual average cost per resident under different cost categories reported by Michigan Recovery Housing Organizations, 2024, (N = 26).

Operating costs associated with room and board such as staffing, mortgages/rent, and utilities accounted for 63% of total operating costs (approximately $3,815 per resident served). Mortgage/rent accounted for the largest share of operating costs (25%), followed by operational staffing (22%), utilities (13%), and clinical staffing (2%). Service costs including costs incurred from programming, resident and staff supplies, and meals accounted for 21% of operating costs (approximately $1,272 per resident served). Programming costs accounted for approximately 10% of operating costs, and a relatively small amount of operating costs were spent on resident supplies (6%), meals for residents (2%), and staff supplies (3%).

Figure 2. Percent of annual revenue from different sources and percent of annual expenditures associated with different categories reported by Michigan recovery residence operators, 2024, (N = 26).



Expenditure	Percent
Mortgage/Rent	25%
Operational Staffing	22%
Utilities	13%
Programming	10%
Other	10%
Resident supplies	6%
Missing	6%
Staff Supplies	3%
Clinical Staffing	2%
Meals	2%

Revenue	Percent
Resident Fees	27%
Local/State Grants	21%
Foundations/Donations	19%
Other	12%
Medicaid	12%
State Contracts	9%
Federal Grants	5%

In terms of revenue sources, the largest share of revenue comes from resident fees (27%). Of those who disclosed the amount they charge in resident fees (N = 26), the average amount charged was $583 per month, with some organizations charging as little as $0 per month and some as much as $1,800 per month. Organizations indicated they only received about 83% of the resident fees they charge. Additionally, 54% of organizations indicated they dismissed residents who were unable to pay for resident fees.

Local and state grants accounted for the second largest source of revenue with organizations indicating that an average of 21% of revenue came from local and state grants. Of those who indicated they had received local or state grants (N = 19), 5% indicated they had received State Targeted Response Funds, 37% indicated they received State Opioid Response funds and 47% indicated they had received Substance Abuse Prevention and Treatment Block Grants.

Finally, donations and funding from corporations and foundations accounted for approximately 19% of revenue. Medicaid accounted for 12% of revenue and state contracts accounted for 9% of revenue. Organizations indicated that approximately 5% of revenue came from federal grants.

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 25 organizations that responded to this question, 64% indicated it was the most significant barrier their program faced. The next largest challenge identified was community stigma, followed by staffing shortages. Resident retention was identified as the 4th greatest challenge to continued operation, followed by state policies. 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 = 25).

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 = 17), they reported an average of 5 hours spent per month finding and applying for grants. Further, 77% 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 29% 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 "*Grants rarely will pay for needed capital expenditures (houses, vehicles)*" and another writing, "*Most grants are for general operation and not recovery housing specific*." Another operator noted the grant requirements as a limitation, specifically writing, "*they want expansion or we don't qualify*" and another noting, "*We are a for-profit business. I am unable to locate many grants for corporations*."

Operators also noted the lack of knowledge about the grant process as all as the lack of time needed to engage with the process. Specifically, one operator noted the costs associated with the process and the inaccessibility for newer organization, "*cost associated and because we are new, we don't have the financial documentation many require*." Another operator wrote, "*Lack of knowledge, lack of availability, lack of time to create 501(c)3*". Other operators noted inabilities to find grant opportunities, writing they had "*no idea how to find them*" and struggled "*finding time to search*."

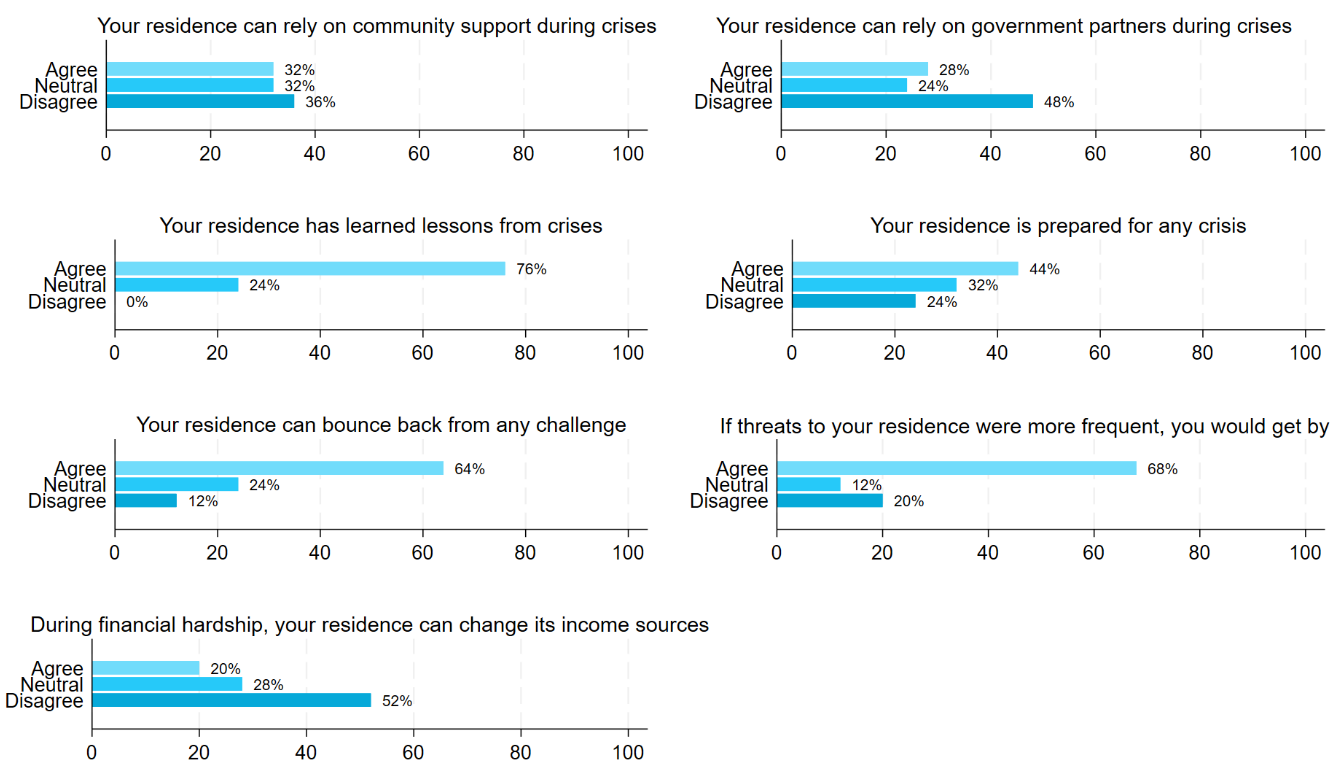
FINANCIAL RESILIENCE

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 Michigan, 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.

Half of the organizations surveyed (48%) indicated they were slightly or moderately capable of overcoming funding disruptions and 4% indicated they were very or extremely capable of overcoming funding disruptions. However, 16% 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 32% of organizations agreed that they could rely on their community for support during financial crises while 36% disagreed (Figure 4). Recovery housing organizations also indicated a lack of perceived government support during financial crises, with only 28% agreeing that they could rely on government partners during crises and 48% disagreeing. A total of 76% indicated that their recovery housing program has learned lessons from crises and 64% agreed that their residence can bounce back from any challenge. Similarly, 68% agreed that they would be able to get by if threats to their program were more frequent. Only 44% agreed that their organization is prepared for any crisis and only 20% agreed that their organization can change its income sources during financial hardships.

Figure 4. Share of Michigan recovery housing organizations that agreed, disagreed, or were neutral for various financial resiliency statements, 2024, (N = 25).



FUNDING NEEDS AND BARRIERS IN MICHIGAN

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 = 9).

First, operators noted the need for more funding in general, with one operator writing, *"We fundraise pretty constantly for the entire continuum of care, recovery housing ("transitional housing") being a piece of that. Where we need further funding is actually in the spending purse. We'd like to remove ourselves from renting apartments and get more and more into free-standing houses, which costs money."* Another noted the difficulty with funding stability when first opening a recovery house, "*Most of the expenses were at the beginning and it took a few years to become financial stable. The funding from the county which came a few years after it started has been the major funder that … allowed us to be stable*."

Another operator noted the need for grants that extend beyond one year, "*[Our organization] would benefit from multi-year grants/sponsorships and a consistent donor base.*" Finally, operators also cited unique barriers faced by faith-based recovery housing organizations, "*Because we are faith based, we find it difficult to obtain grants. We are solely privately funded*."

Other operators noted the need for funding for specific things within their organizations with one operator noting the need for "funding for furniture & clothing" and another writing "*We need staffing and capital campaign funds*". Funding related to recovery coaches, data collection systems, and rent/mortgages were also noted with one operator writing, "*The cost for [current data collection software] with 100 clients is extensive. We need more funds for more recovery coaches. Rent and the cost of homes is no longer reachable to us.*" and another writing "*PIHP daily bed rate of $15 is very poor. Reimbursement for recovery coaching subsidizes operating costs of the homes*."

Another operator noted the financial resiliency and sustainability difficulties associated with operating a single residence, writing "*Great need and desire to expand into more than one home. All resilience depends upon one residence, so any structural, illness, utility breakdowns are incredibly impactful. Having more than one home would greatly increase sustainability.*"

DISCUSSION

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

The results show that, on average, 24% of residents served by recovery housing organizations in Michigan are from rural areas and approximately 21% of residences are located in a rural area. As approximately 20% of the Michigan population lives in a rural area, this suggests that the proportion of rural recovery residences is consistent with the proportion of rural residents.

The survey also found that the majority of recovery residences surveyed were classified as NARR level 3 and 4. Specifically, 68% of residences were levels 3 and 4, while only 17% of residences were level 2 and no residences were level 1. This suggests a lack of resources to support those who may benefit from a lower intensity of services in recovery housing.

This survey also found that the median annual operating cost of recovery housing organizations was $182,000, but that there was significant variation in the financial size of individual organizations, with annual operating costs ranging from $49,000 to $20.5 million. On average, organizations spent approximately $6,000 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 Michigan.

Results also show that most of the revenue for recovery housing organizations comes from resident fees, local and state grants, and donations. 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 staffing, capital costs, data collection software, and recovery coaches. 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 Michigan 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, 52% 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.

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 Michigan.

1. Increase the capacity of certified recovery residences that can provide culturally appropriate services to special populations, including pregnant and parenting people, families, veterans, LGBTQ+, individuals who speak English as a second language, and people with disabilities.
2. 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.
3. 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.
4. Provide training and resources to recovery housing organizations to encourage community partnerships, to reduce stigma, and increase community support.
5. Increase the availability of start-up funding, funding for capital expenditures, and the development of a long-term (more than one year), sustainable funding stream for certified recovery residences.

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