

# DISCOVERING WORKFORCE STRATEGIES FOR THE RECOVERY COMMUNITY OF APPALACHIA

January 2025



Appalachian  
Regional  
Commission



Oklahoma Alliance for  
Recovery Resources

recoveryjobs



National Alliance for Recovery Residences (NARR) is a leading nonprofit organization dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing across the United States. Established to set and maintain high standards for recovery residences, NARR's goals include ensuring that individuals in recovery have access to safe and recovery-focused living environments that support their journey towards long-term recovery. NARR is a national organization with a unique two-tier organizational structure that combines national reach and influence with state-level knowledge and accountability. We operate in partnership with a network of state-level affiliate organizations which implement NARR's standards and programs in their states.

NARR's work contributes to a broader understanding of the critical role of residential recovery environments in the recovery process, and actively enhances the quality and availability of recovery residences.

National Alliance for Recovery Residences

569 Selby Ave, Saint Paul, MN 55102

[www.narronline.org](http://www.narronline.org)

The Oklahoma Alliance for Recovery Resources (OKARR) is the Oklahoma state affiliate of the National Alliance for Recovery Residences (NARR). Empowering recovery communities through certification, education, and sustainable development, our organization is committed to fostering positive social change.

OKARR

PO Box 1014, Oklahoma City, OK 73106

[www.okarr.org](http://www.okarr.org)

Oxford Houses are self-run, self-supported homes for individuals in recovery from a Substance Use Disorder.

Oxford House, Inc.

1010 Wayne Avenue, Suite 300, Silver Spring, MD 20910

[www.oxfordhouse.org](http://www.oxfordhouse.org)

To bridge the gap between a supportive treatment setting and independent living so those in recovery can find a path to fulfillment and purpose in their lives.

Recovery Jobs, Inc.

[www.recovery-jobs.com](http://www.recovery-jobs.com)

Advancing the practices of Community Based Recovery Support Services and making a *lifestyle of recovery* more accessible to all who seek it.

Detherage Recovery Solutions, LLC

<https://www.linkedin.com/in/gene-detherage-jr-804674168/>

## **Acknowledgments**

*Discovering Workforce Strategies for the Recovery Community of Appalachia* was prepared for the Appalachian Regional Commission under *ARC Contract Number: IS-21800-24*.

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## Executive Summary

The authors collected survey data from 362 recovery residences across the United States, including 266 from ARC counties and used the non-ARC responses for a comparison group. The surveys focused on understanding the role of **recovery housing** in helping individuals in recovery from substance use disorders (SUD) and opioid use disorders (OUD) becoming part of the workforce again. Listening sessions were conducted as well to collect qualitative information.

The data collected found that many individuals are finding higher rates of success in recovery if they access recovery housing after treatment. The vast majority looked for and found work in the first thirty days of moving into recovery housing programs. Recovery housing is little studied for its role in successful recovery from SUD/OUD. Recovery housing programs **rarely** receive any type of state or federal funding. Many recovery residences form mutually beneficial relationships with local employers, helping individuals find jobs and employers find employees. There are important opportunities to integrate workforce training and educational opportunities with recovery housing.

Oxford House and state NARR affiliates play a critical role in expanding the capacity of quality recovery housing across Appalachia. Most state NARR affiliates lack formal recognition or relationships with their respective state government agencies. Recovery housing appears to be a vitally important part of a recovery ecosystem and likely presents a meaningful practice which can help public payors (Medicaid, state governments) realize increased value from the application of SUD/OUD clinical treatments and see more individuals retain a lifestyle of recovery long-term.

The report concludes by recommending that:

ARC should gain a greater understanding of the return-on-investment potential for recovery housing.

Employers should connect more directly with recovery housing programs and educational/technical training resources should identify and connect with recovery housing programs.

Delivering entrepreneurial support in recovery housing settings could result in additional business development in Appalachia.

Increased or redirected public funding into recovery housing and recovery housing infrastructure (Oxford House and state NARR affiliates) would increase access and quality of recovery housing in Appalachia.

Oxford House, NARR, and state NARR affiliates would be far more effective in helping Appalachia mitigate the SUD/OUD crisis if they were provided greater access to state and federal policymakers to educate them on the role of recovery housing in recovery ecosystems.

## I. Background

The National Alliance of Recovery Residences in collaboration with the Oklahoma Alliance of Recovery Resources engaged in a series of surveys and listening sessions with Oxford House Inc., Recovery Jobs, and several state NARR affiliate organizations in Appalachia to determine the relationship between recovery housing and workforce reentry for the recovery population. We also endeavored to identify specific strategies which support successful for the recovery population of Appalachia. The coalition was also able to successfully recruit comparison states to provide a backdrop of non-Appalachian recovery residences to help benchmark any meaningful performance indicators.

What is a recovery residence?

*“Recovery housing is a recovery support service that was designed by persons in recovery specifically for those initiating and sustaining recovery from substance use issues. Founded on social model recovery principles, the recovery housing setting is the service. Recovery homes mindfully cultivate prosocial bonds, a sense of community, and a milieu that is recovery supportive unto itself. Recovery homes that focus on populations with higher needs often add peer recovery support services and other types of supports or actively link residents to recovery or clinical services in the community.”* - Substance Abuse and Mental Health Services Administration<sup>1</sup>

*“Non-medical settings designed to support recovery from substance use disorders, providing a substance-free living environment commonly used to help individuals transition from highly structured residential treatment programs back into their day-to-day lives (e.g., obtaining employment and establish more permanent residence).”* – Recovery Research Institute<sup>2</sup>

The American Society of Addiction Medicine in their 4<sup>th</sup> Edition describes recovery residences as Peer-Run, Monitored, Supervised, and Clinical in correspondence to the NARR Levels of I, II, III, and IV respectively. This 4<sup>th</sup> Edition publication formally adopted Long-Term Remission Monitoring and incorporated recovery housing at this stage. In other words, ASAM has recognized the recovery housing provides a critical bridge from clinical/medical care to successfully sustaining a *lifestyle of recovery*.<sup>3</sup>

At the behest of the NARR affiliates of Alabama, Georgia, Kentucky, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and West Virginia to establish the importance of recovery housing in recovery ecosystem models, NARR took on this project.

---

<sup>1</sup> Substance Abuse and Mental Health Services Administration. Best Practices for Recovery Housing. Publication No. PEP23-10-00-002. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023.

<sup>2</sup> Recovery Research Institute, 151 Merrimac St., 4<sup>th</sup> Floor. Boston, MA 02114 “Recovery Residences” [www.recoveryanswers.org/resource/recovery-residences/](http://www.recoveryanswers.org/resource/recovery-residences/). January 25<sup>th</sup>, 2025.

<sup>3</sup> American Society of Addiction Medicine, 11400 Rockville Pike, Suite 200, Rockville, MD 20852. “ASAM Criteria” [www.asam.org/asam-criteria](http://www.asam.org/asam-criteria). January 25<sup>th</sup>, 2025.

## II. Overview

Although NARR affiliate organizations exist in all ARC states with the exceptions of Mississippi and Maryland; these affiliate organizations vary widely in overall state government or federally funded supports. Kentucky, Ohio, Virginia, and West Virginia enjoy both formal state statutory recognition and some state funding to support the critical operations of ensuring national best practices are enacted for recovery residence service providers. Alabama's affiliate has meaningful emerging prospects. However, Georgia, New York, North Carolina, Pennsylvania, South Carolina, and Tennessee receive no formal supports from state governments and are often faced with hostility or disregard by established behavioral health and public health systems. Despite this, the affiliate organizations persist and continue to attempt to raise the ethical and quality standards of recovery housing in their respective states on almost wholly voluntary means in a commitment to the individual dignity and autonomy of those seeking a sustained recovery lifestyle. It is of interest that those affiliates which have enjoyed formal governmental support in Appalachia are primarily those in the Central Appalachian region, which is the segment of Appalachia known to have suffered the greatest impacts from the decline of the coal industry and the subsequent opioid addiction crisis. This grant project represents only the second time NARR has received federal funding since its founding in 2011.

Oxford House is widely recognized and respected for their peer-run recovery housing model which is the equivalent of a NARR Level I recovery residence. Oxford House began in 1975 out of a necessity to create a recovery conducive environment for individuals seeking recovery from SUD, recognizing that traditional halfway house models for reentry were insufficient. During the 1980's the Oxford House model was the subject of multiple research studies which clearly demonstrated that recovery housing was very conducive to helping individuals access and retain a lifestyle of recovery. Per the [2023 Oxford House Annual Report](#) 19,651 members responded out of 21,586, the average age of residents was 40 with 76.4% of individuals reporting that they were gainfully employed. There was a total of 3,626 Oxford Houses in 2023 with a presence in all thirteen ARC states. (Distribution amongst the states is viewable on page 22 of the linked report).

Although survey response was not mandatory and recovery housing certification remains voluntary in nearly all states where a NARR affiliate exists, these data should be taken to represent a significant majority of **quality recovery housing** present in ARC counties at the time of this writing. The report's authors were informed during the listening sessions that from their perspective the best recovery housing operators and most recovery housing operators in ARC counties were captured by this project for their respective states.

***The NARR Standard and the Oxford House model are the only two nationally recognized best practices standards for operating recovery housing in the United States.***



Across the 423 ARC counties in thirteen states this project yielded digital responses from 340 recovery residences, both Oxford House's and NARR certified recovery residences. An additional 27 hardcopy responses were received. There were 56 comparison group responses from non-ARC counties. Five responses were not identified as either Oxford House or NARR certified.

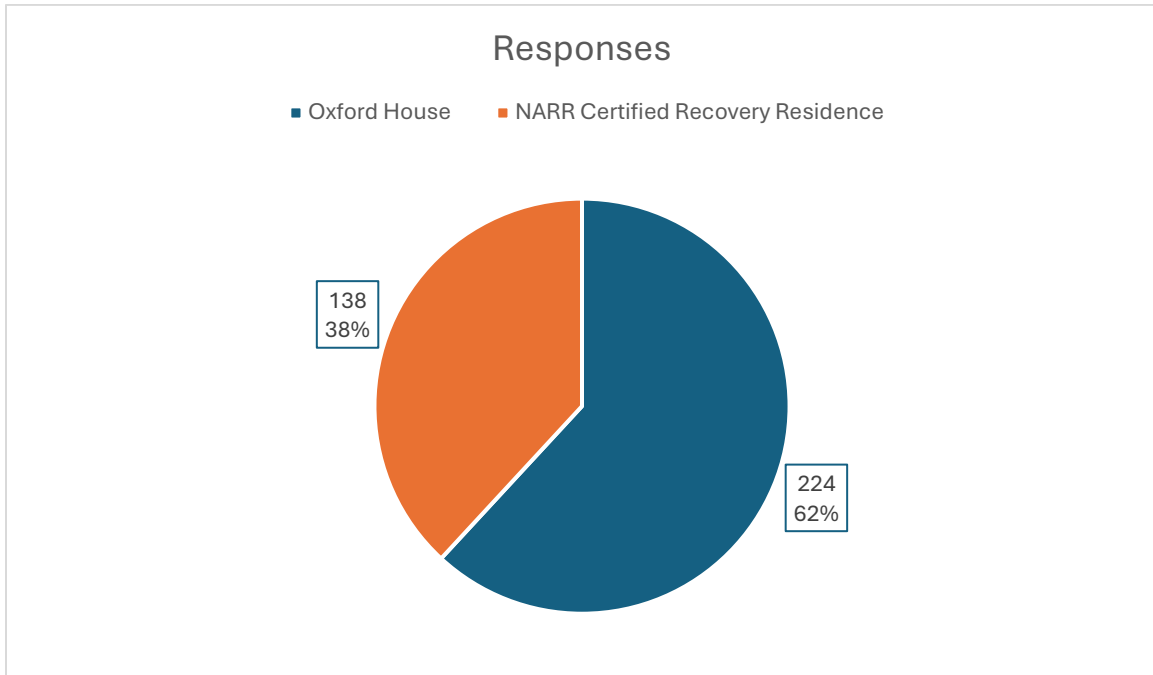


Figure 1

n=362

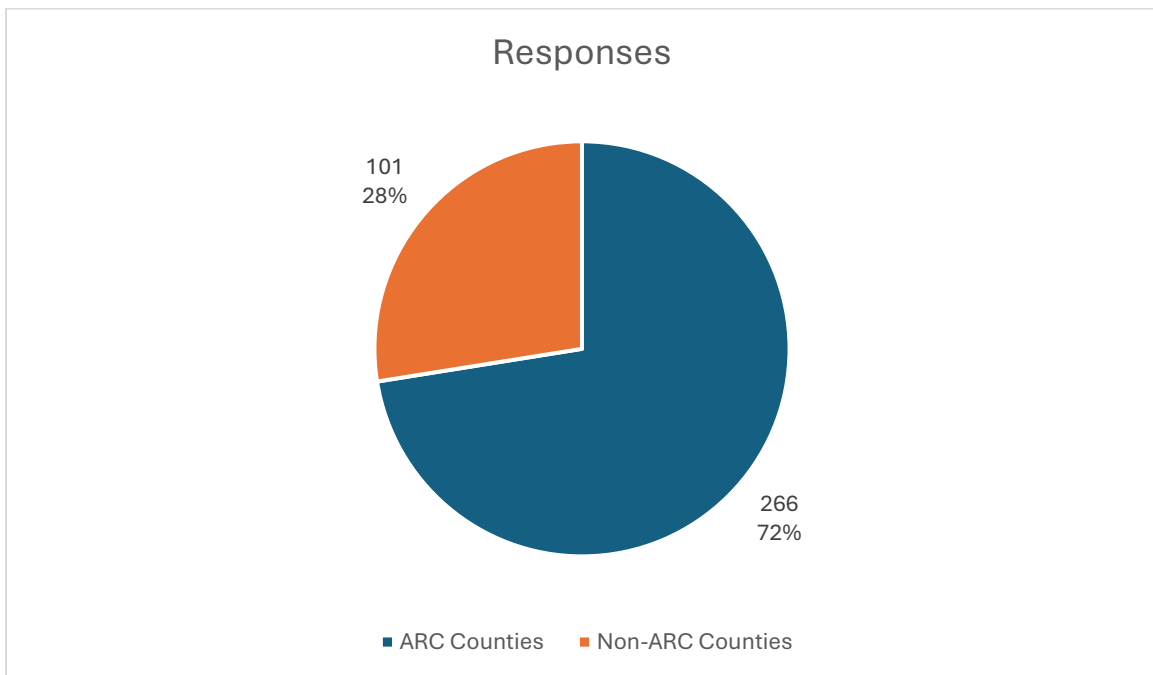


Figure 2

n=367

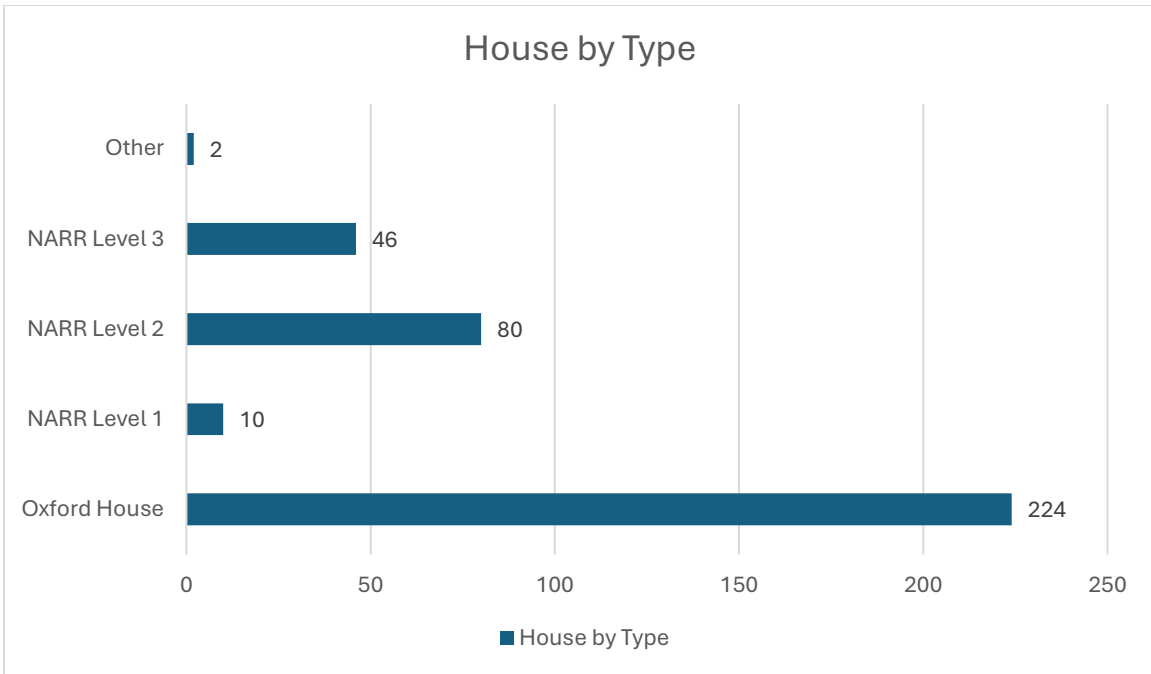


Figure 3

The following is a chart displaying the states for which responses were received. (ARC states only include responses from ARC counties, therefore data is representative of responses from ARC counties)

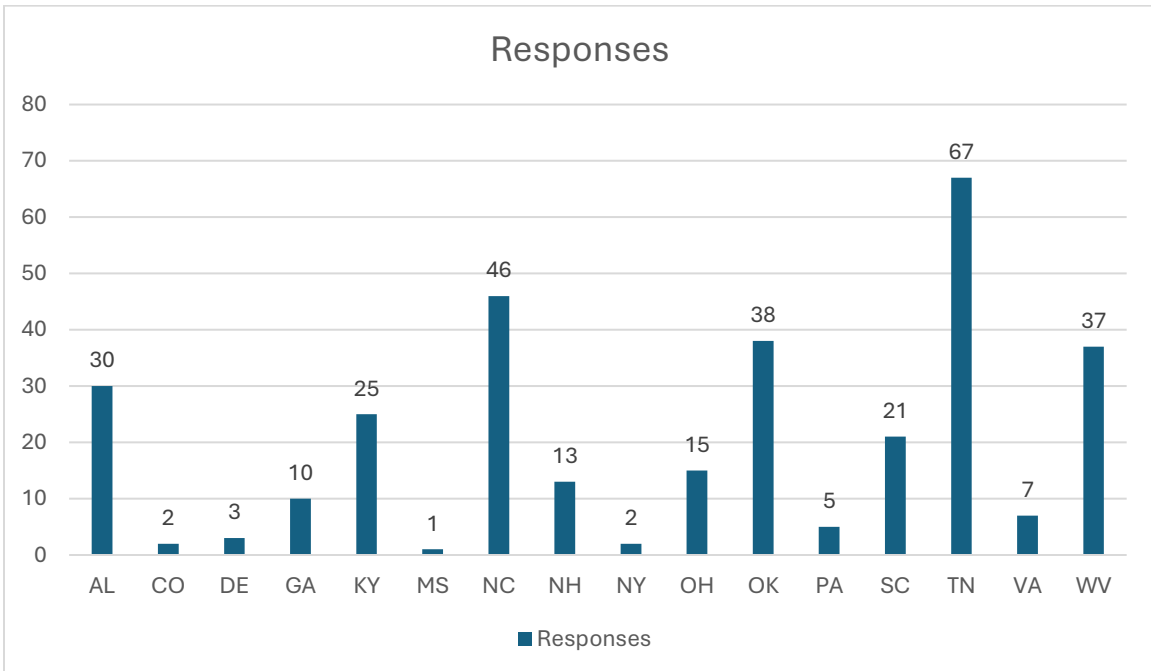


Figure 4

### Responses by County in Alabama

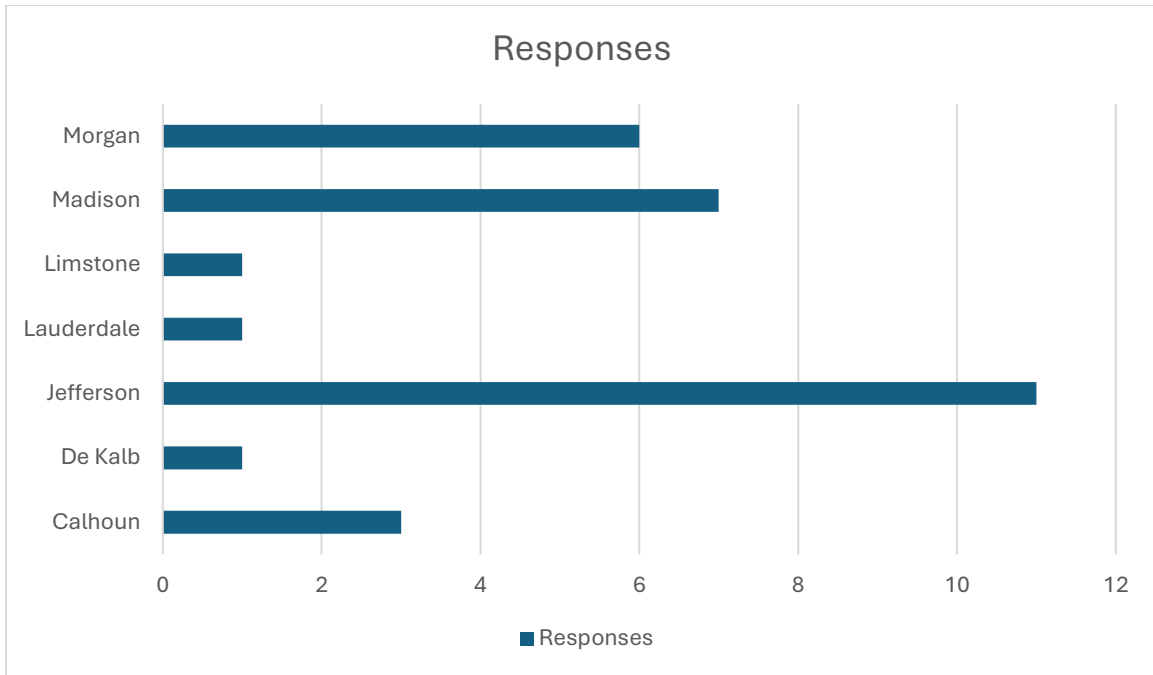


Figure 5

### Responses by County in Georgia

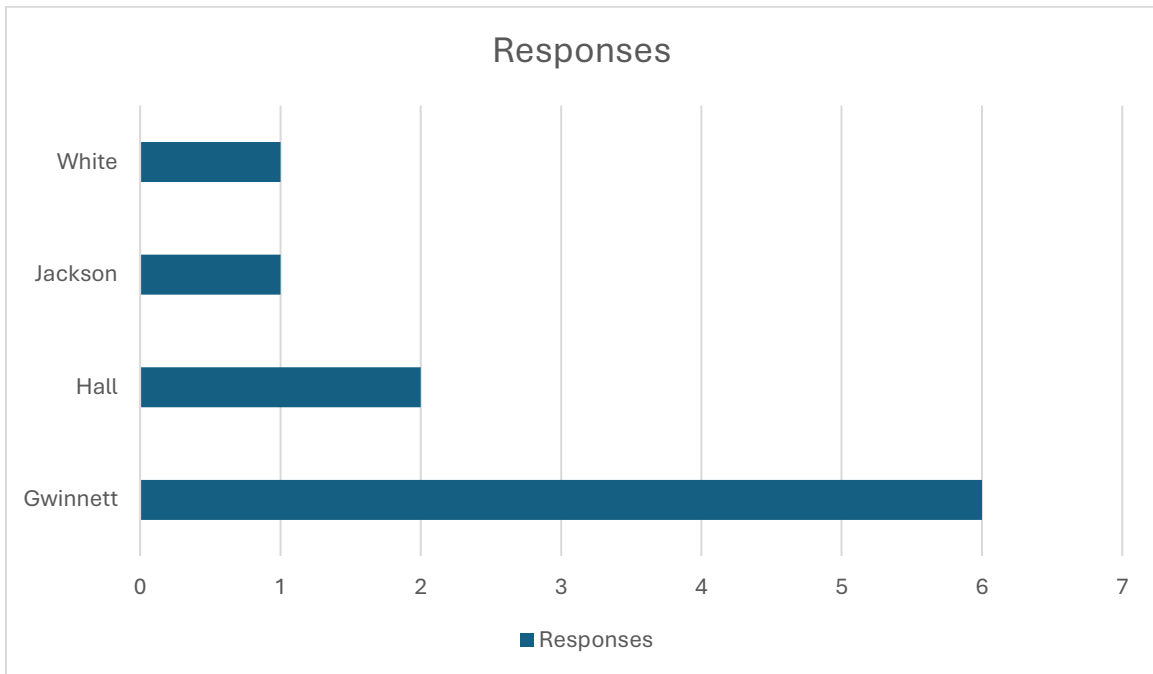


Figure 6

### Responses by County in Kentucky

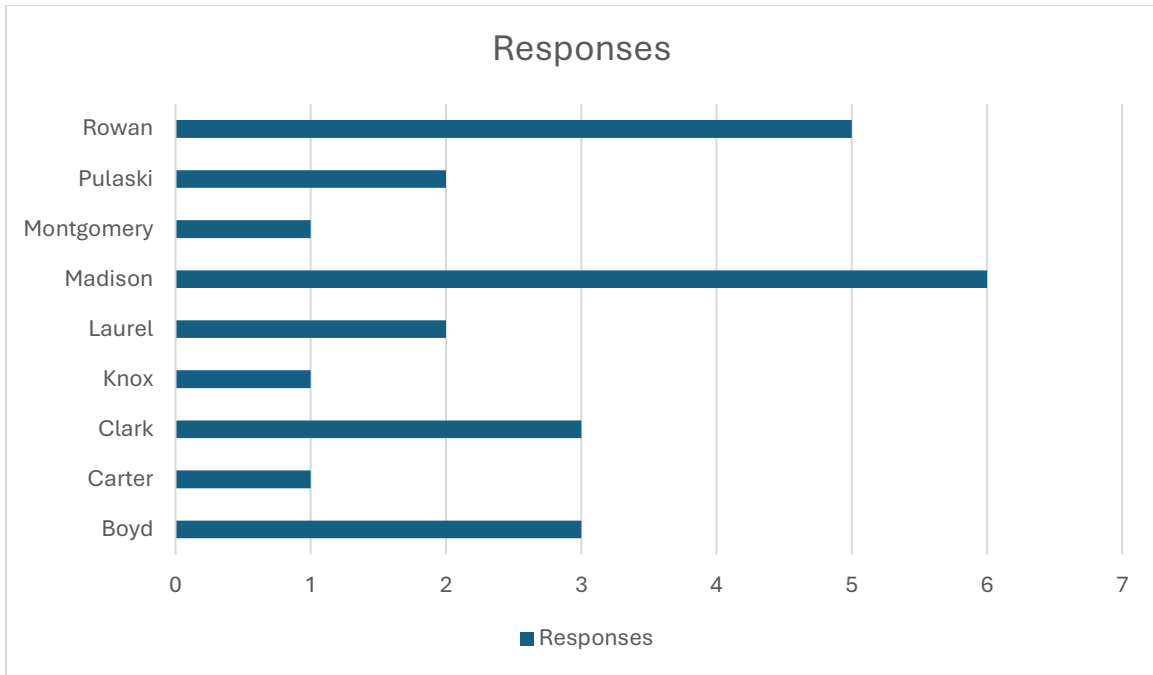


Figure 7

### Responses by County in Mississippi

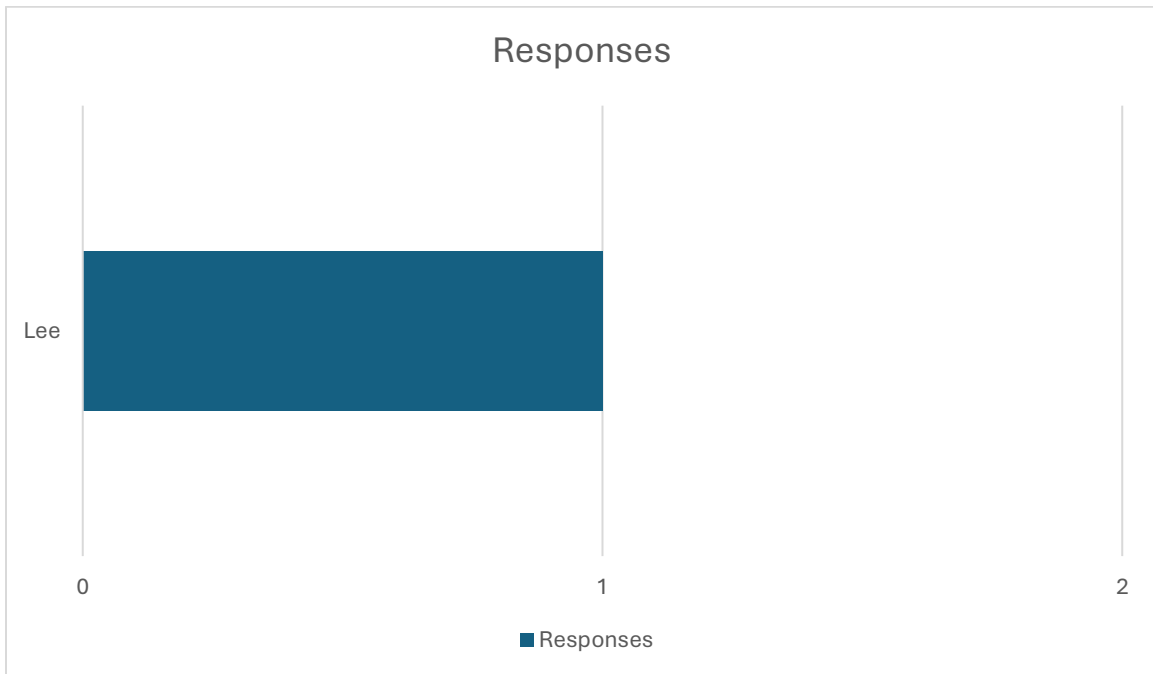


Figure 8

### Responses by County in New York

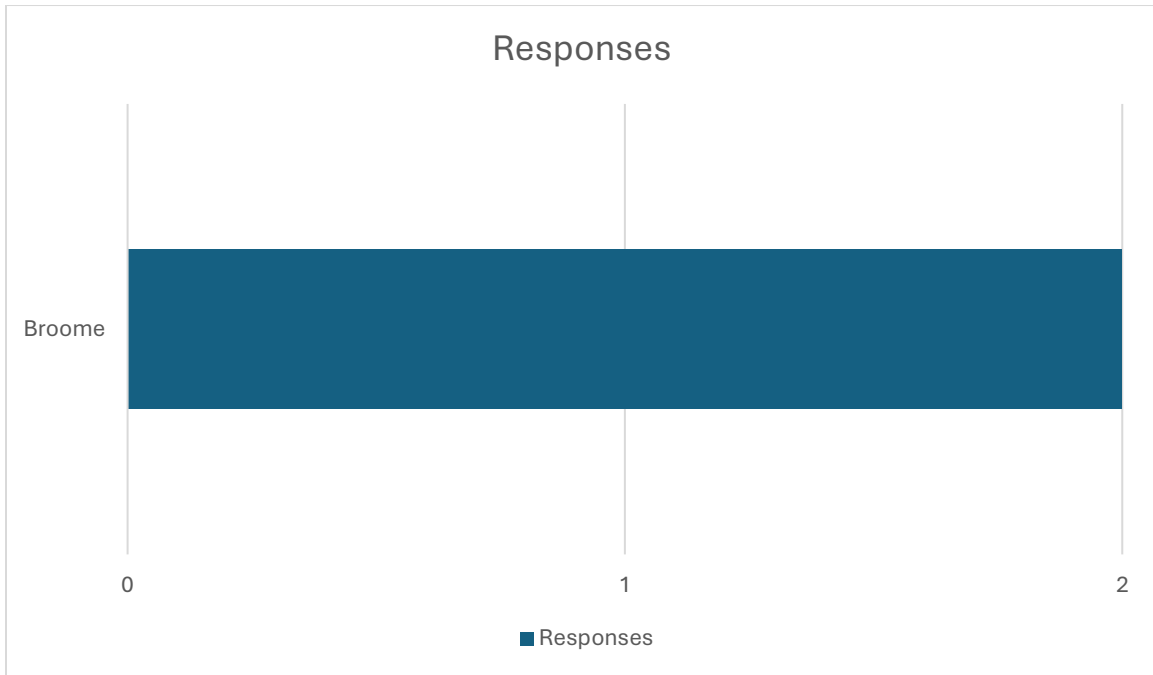


Figure 9

### Responses by County in North Carolina

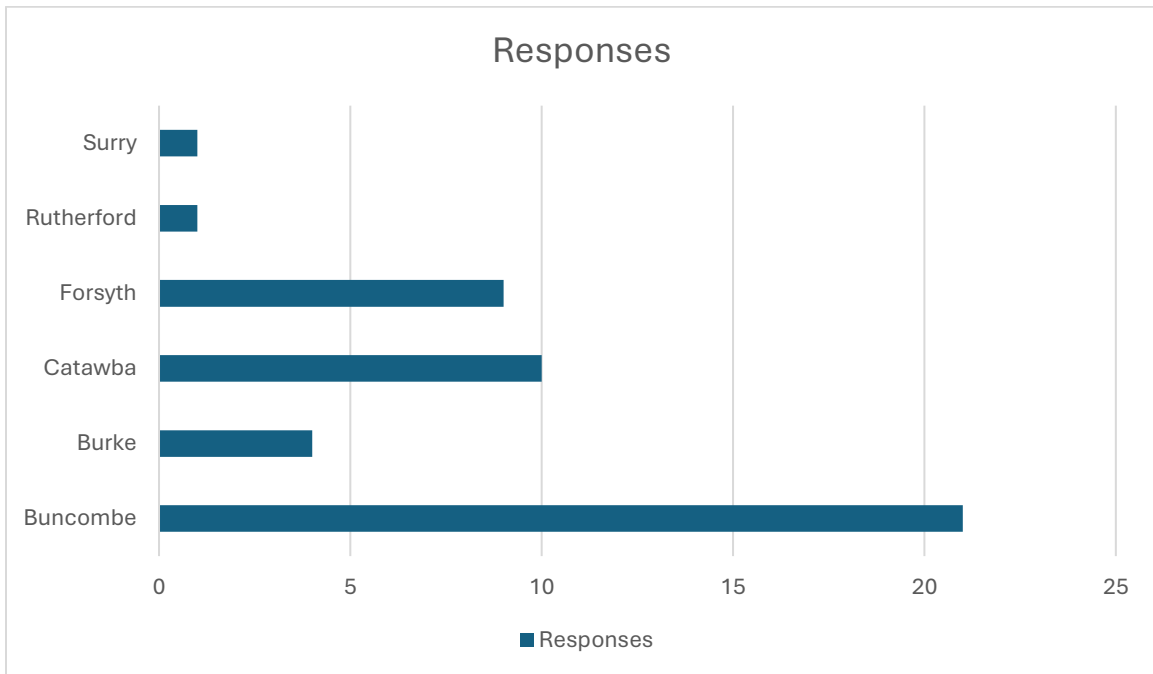


Figure 10

### Responses by County in Ohio

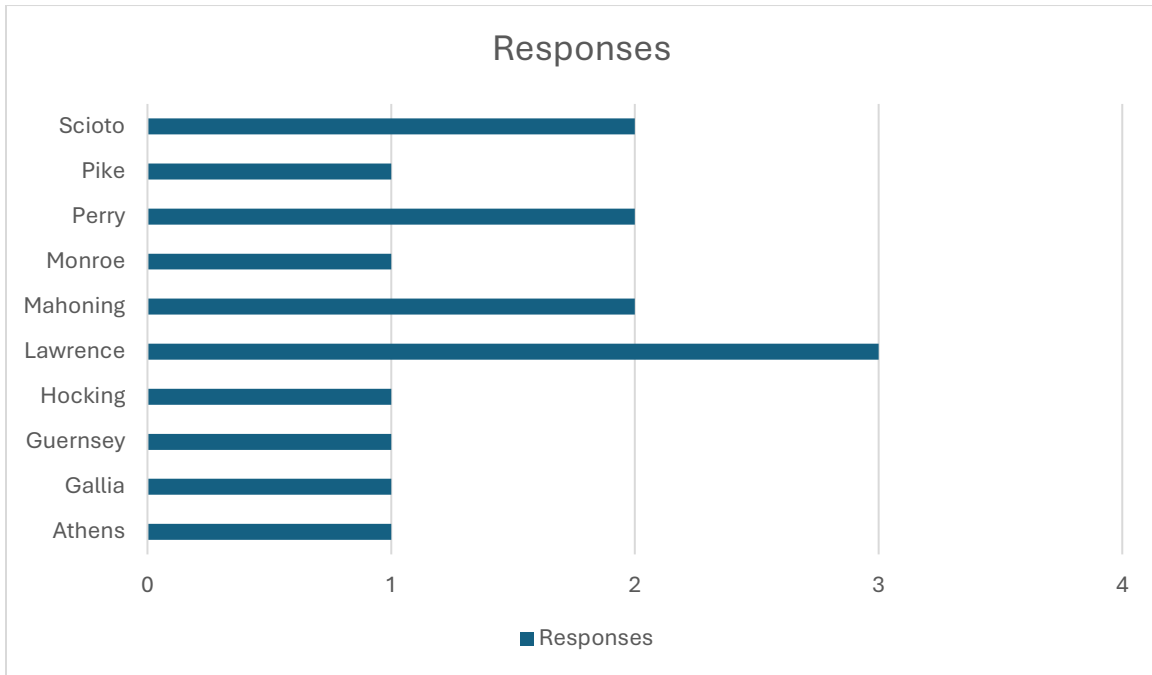


Figure 11

### Responses by County in Pennsylvania

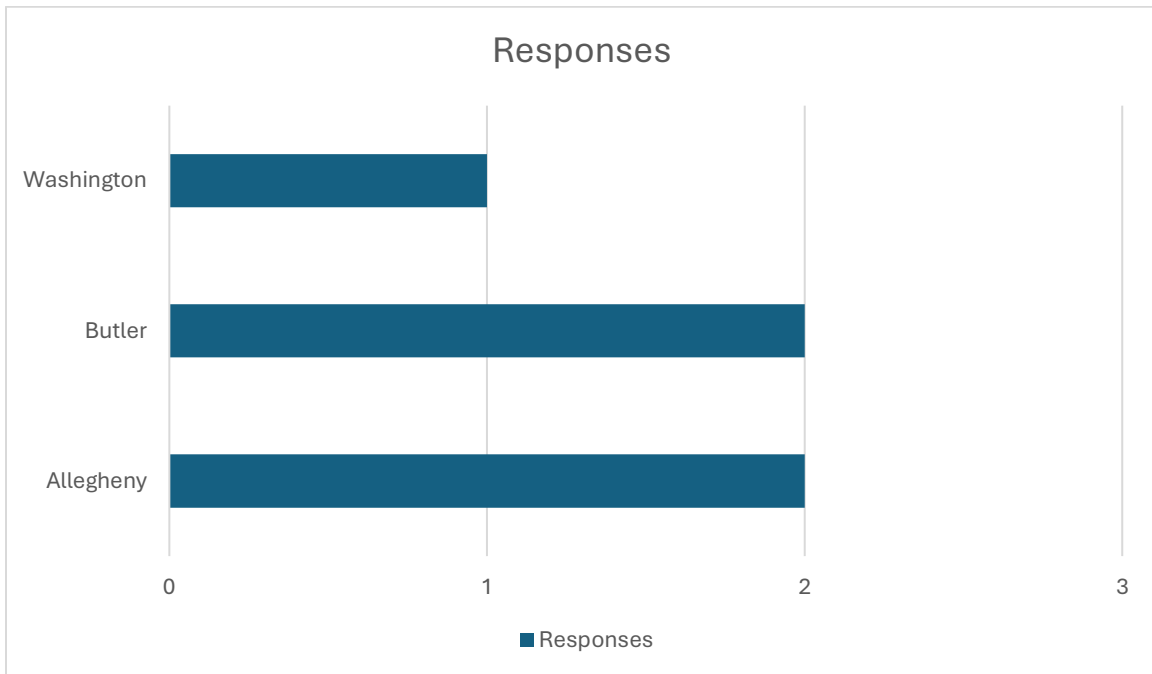


Figure 12

Responses by County in South Carolina

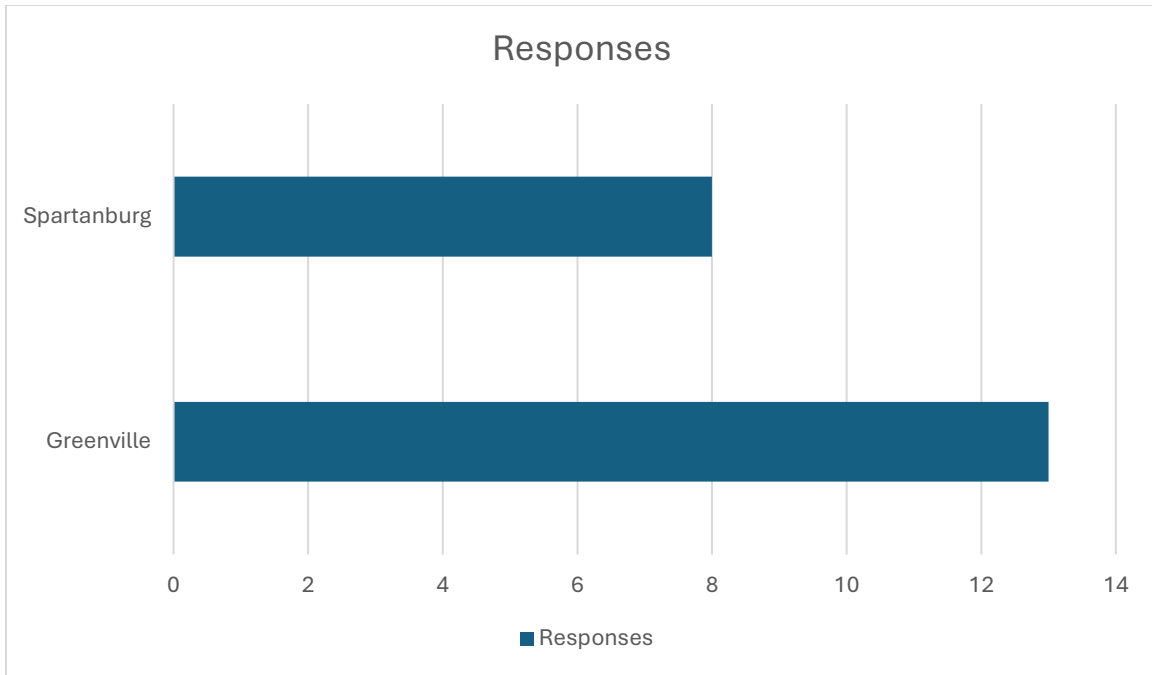


Figure 13

Responses by County in Tennessee

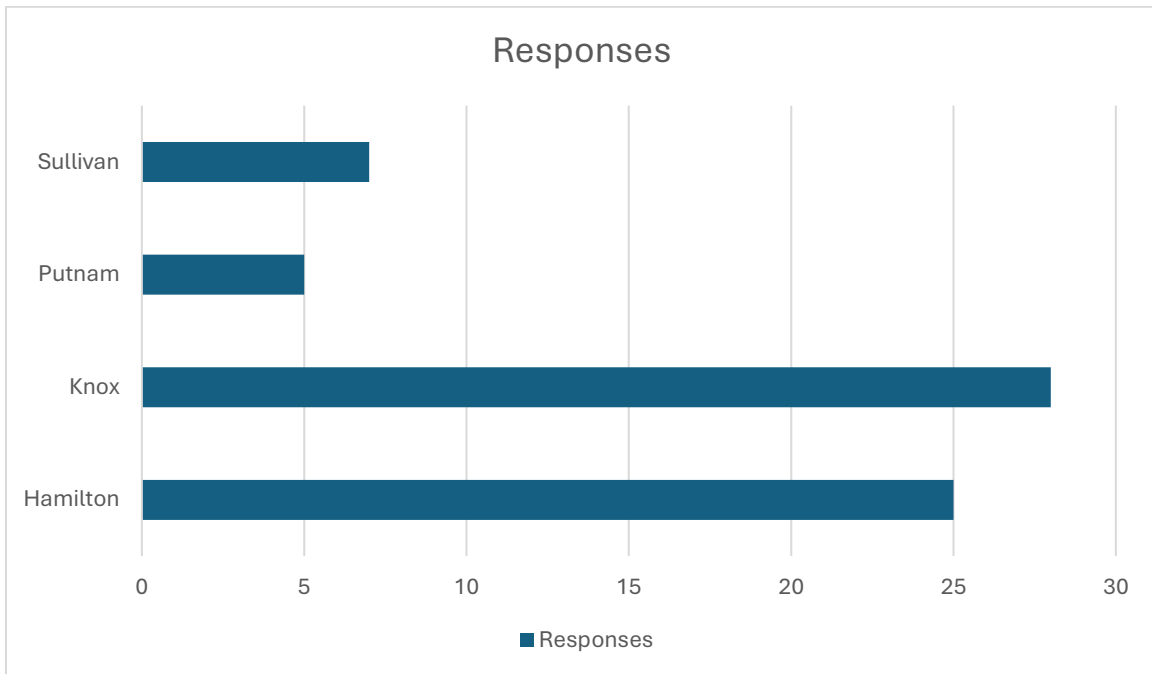


Figure 14

### Responses by County in Virginia

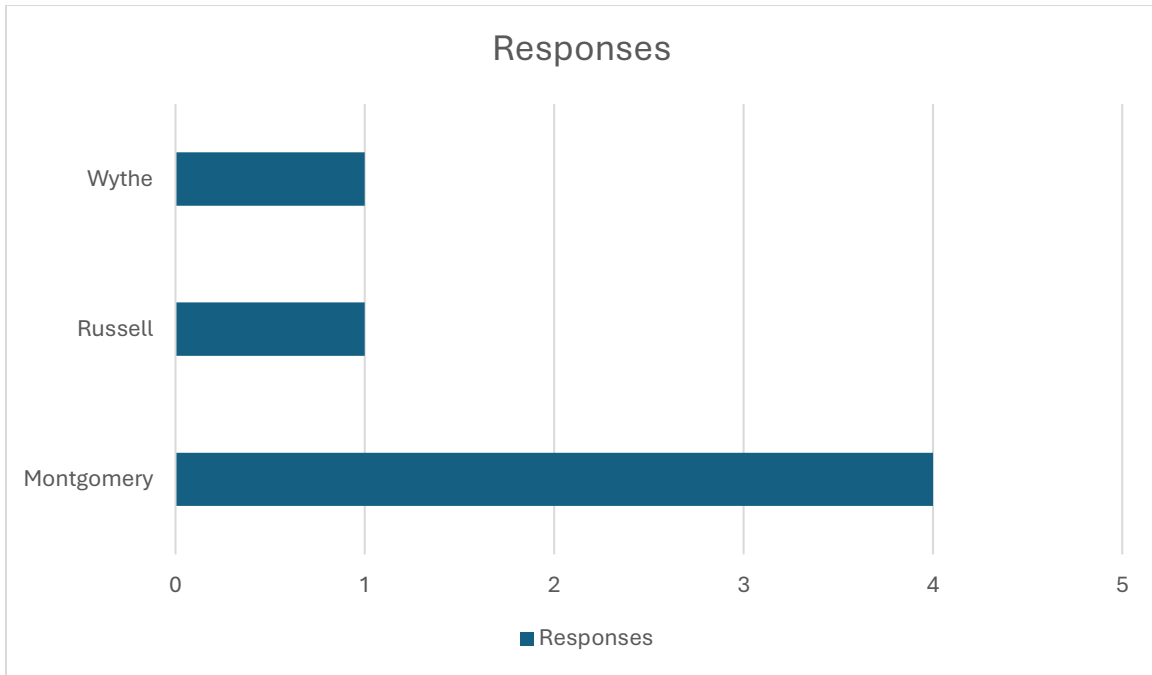


Figure 15

### Responses by County in West Virginia

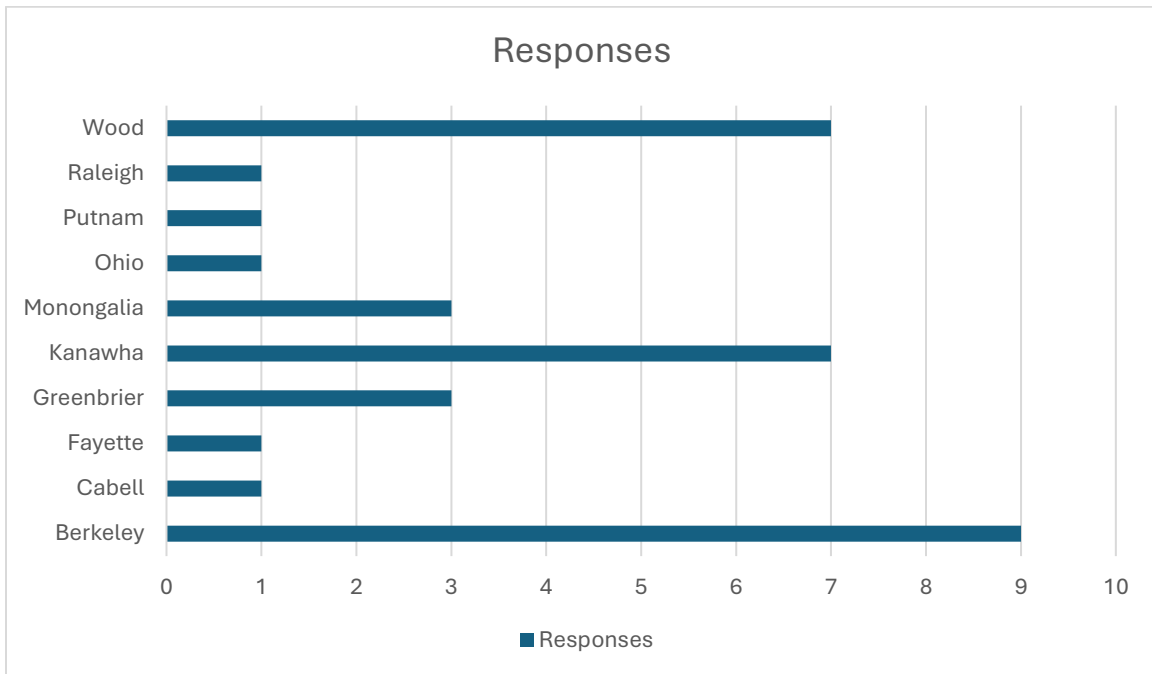


Figure 16



### III. Discoveries

This project sought to discover several critical factors to better understand the role of recovery housing in the recovery ecosystems of ARC communities. We wanted to understand how recovery housing was being paid for, given the lack of sustained or dedicated public funding and ineligibility for Medicaid reimbursement. We wanted to understand whether individuals living in recovery housing were seeking work or were working, and if they were working, what types of jobs they were getting. We wanted to understand if recovery housing programs and their residents had meaningful access to education and training opportunities. We also wanted to understand what the most significant barriers to long-term success and independence were for recovery housing residents as well as whether the presence of recovery housing had a meaningful impact on local employers' ability to hire good employees.

#### *How do individuals in your recovery residence typically enter the workforce?*

Respondents were allowed to choose all that applied.

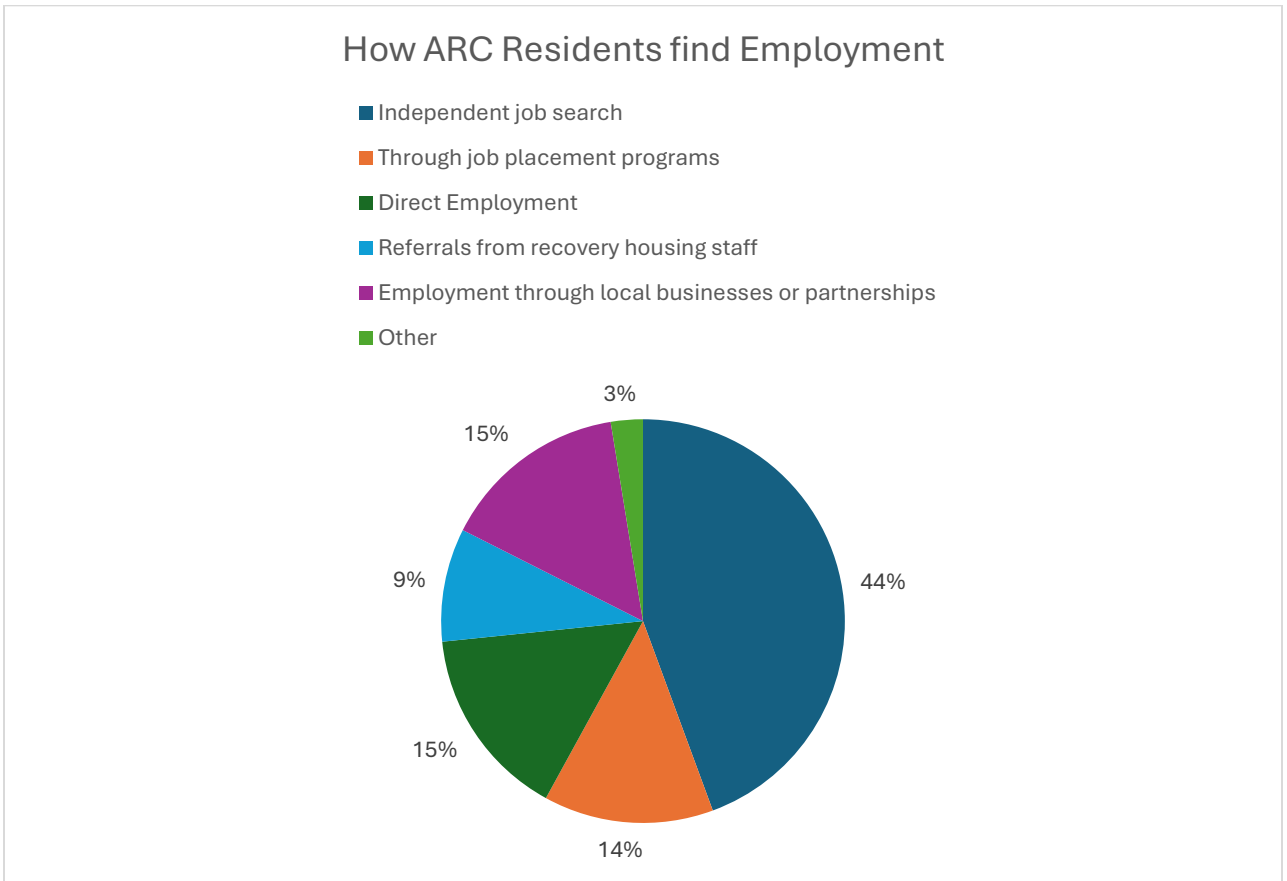


Figure 17

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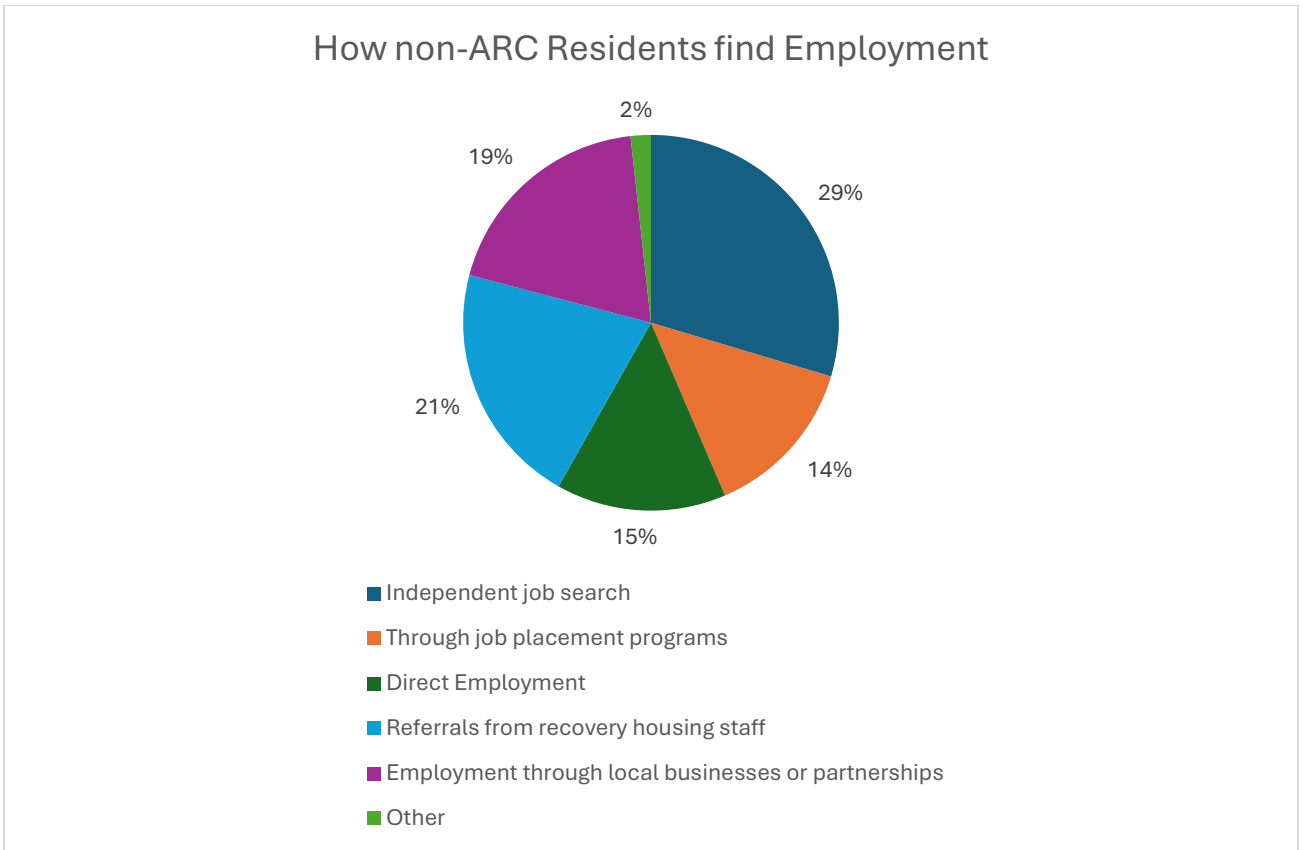


Figure 18

n=101

**Quick Takeaways:**

- For ARC Counties, Independent Job Searches are a higher proportion of recovery housing residents than non-ARC counties.
- For both ARC and non-ARC Counties we were surprised to learn that formal state and federally funded job placement programs did not seem to be engaging with recovery residences on a regular or sustained basis.
- There appears to be a potentially missed opportunity in recovery housing for local businesses and employers to engage an eager workforce.
- For non-ARC counties it appears that about 1 in 3 individuals are accessing employment through the direct assistance or intervention of recovery housing operators versus 1 in 4 for ARC counties.

**What percentage of your residents actively seek employment while living the recovery residence?**

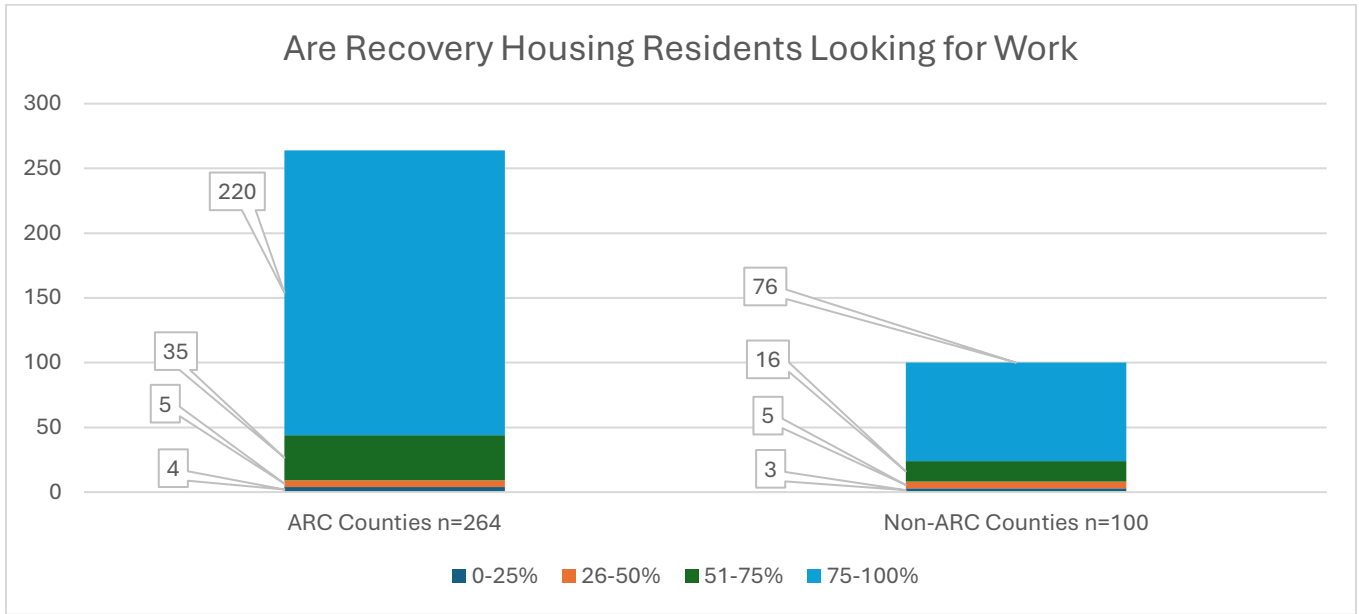


Figure 19

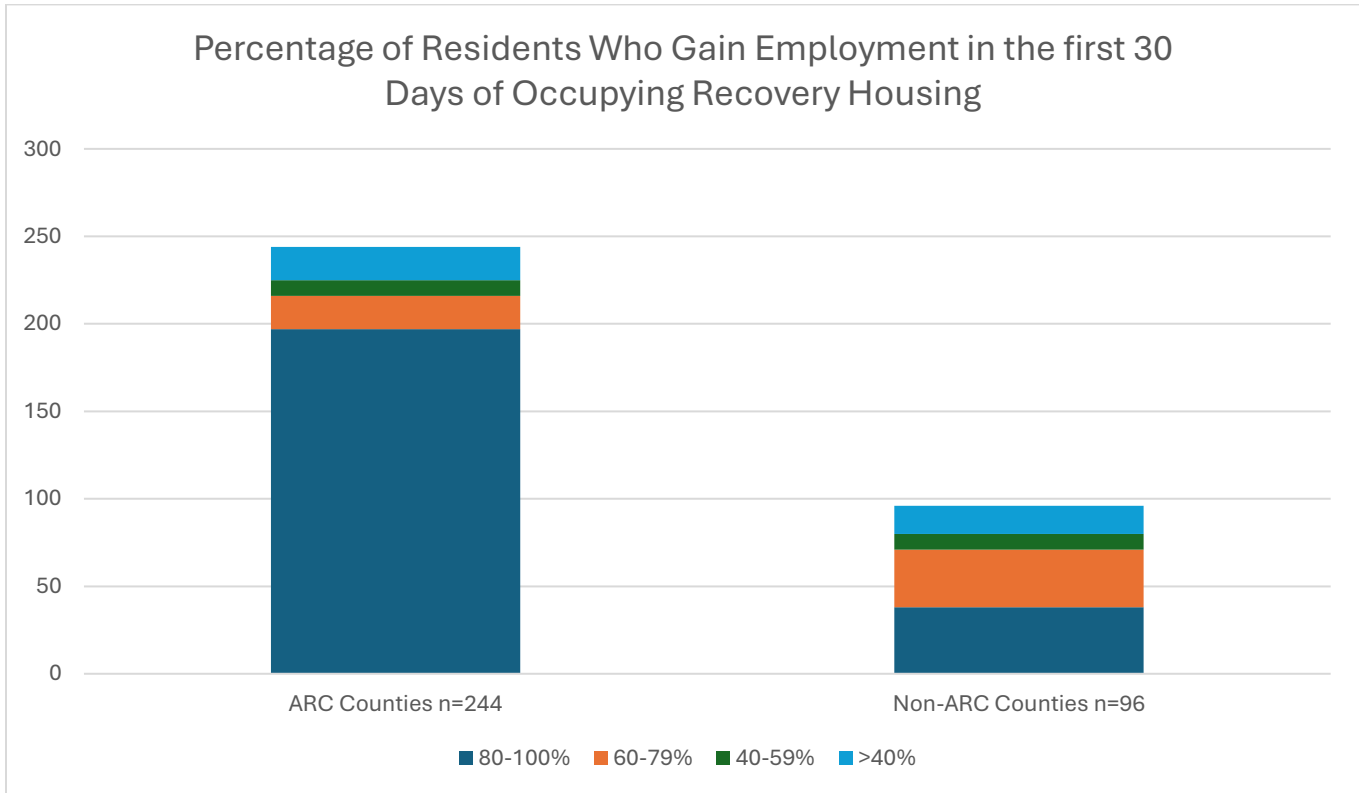


Figure 20

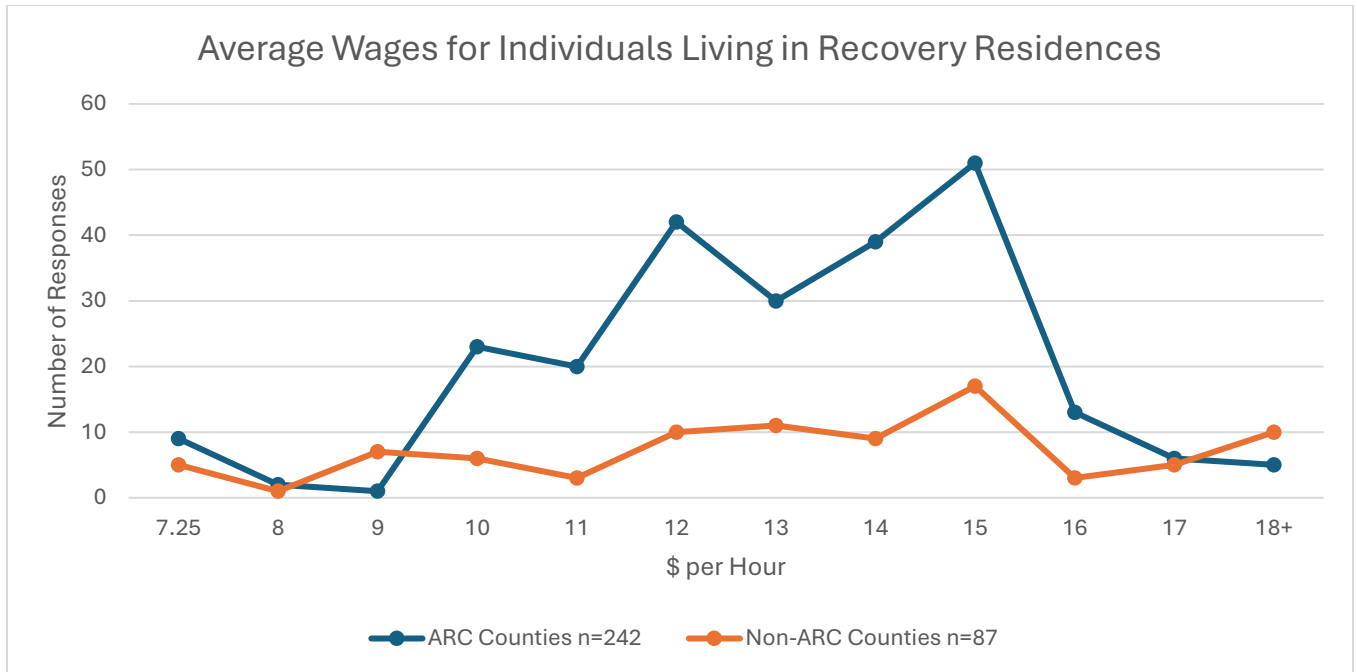


Figure 21

#### Quick Takeways:

- For both ARC and non-ARC Counties the overwhelming majority of recovery housing residents seek employment while residing in a recovery residence.
- It is important to note that some recovery housing programs incorporate higher levels of *programming* and therefore do not promote or require employment until later during someone's stay. Even so, the *vast majority* of recovery housing residents in ARC Counties find employment within the first 30 days of residency.
- For both ARC and non-ARC counties **average wages for work** generally come to **\$15/hour**, with many recovery housing operators reporting significant numbers of residents making less than that. For reference, \$15 an hour at full-time employment is only \$600 per week.

#### Qualitative Insights:

- Most recovery housing programs are *self-pay*, this means that residents **must work to reside there**.
- Recovery housing provides **a crucial bridge** from clinical and medical settings back into community settings for those seeking to maintain a lifestyle of recovery.
- Many operators report that depressed wages create acute difficulties for individuals ready and able to move out of recovery housing settings to fully reincorporate into the community.

***Do you have dedicated staff or partnerships that assist residents with job searches or employment placement?***

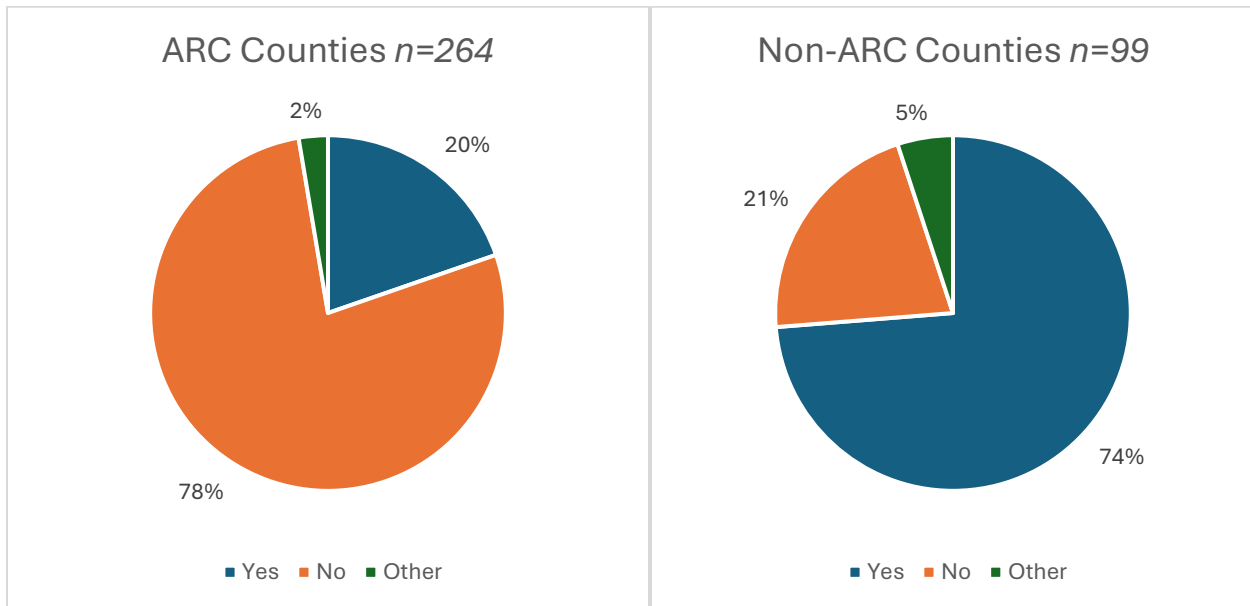


Figure 22

Figure 23

**Quick Takeaways:**

- There is nearly a complete reversal of dedicated workforce staffing and partnerships in ARC versus non-ARC recovery residences.
- About **1 in 5** ARC situated recovery housing programs have a workforce versus **3 out of 4** non-ARC situated recovery housing programs.

**Qualitative Insights:**

- For the minority of **ARC** county-based recovery residences which had dedicated workforce staff, they commonly mentioned trying to engage residents in vocational training and assisting with soft skills such as resume building and mock interviews and the importance of peers.
- For most **non-ARC** county-based recovery residences which had dedicated workforce staff they also referenced soft skills development, the need for peers, but also frequently identified *case management* and *close community ties* as critical components to their success.
- Both cohorts cited staff assisting in monitoring job opportunities as a key function they provide for residents.

**What types of jobs or industries are most common for your residents to enter?**

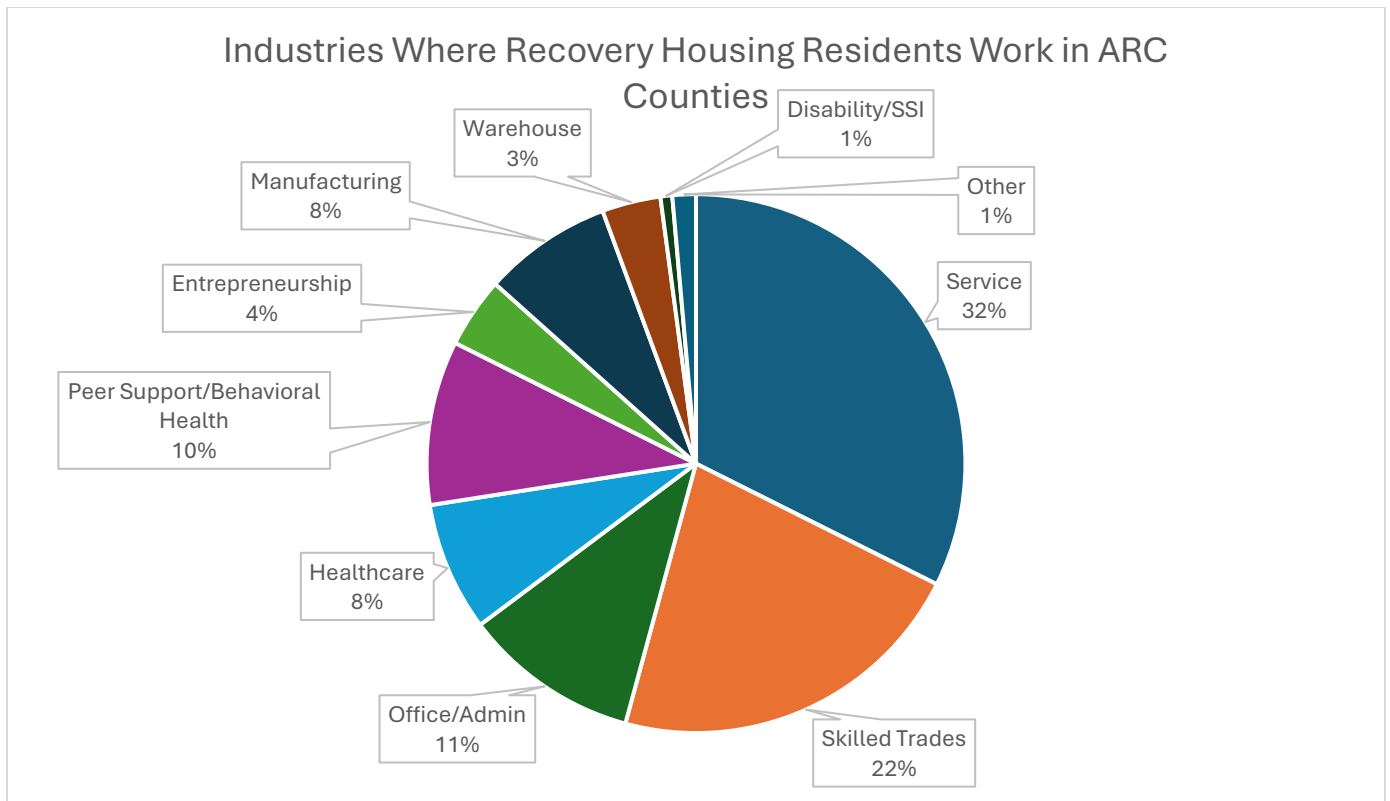


Figure 24

n=264

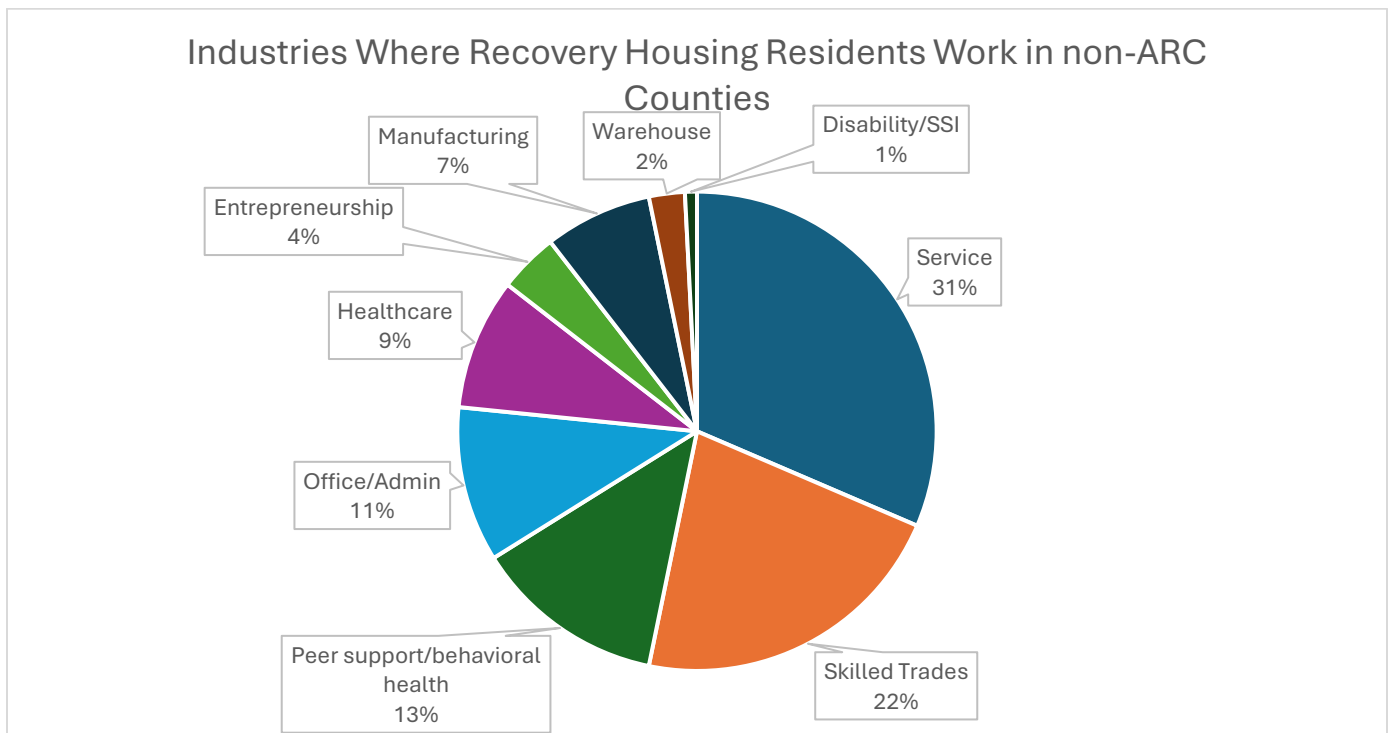


Figure 25

n=99

### Quick Takeaways:

- For those living in recovery residences in both ARC and non-ARC counties about 1/3<sup>rd</sup> are employed in the service industry which includes jobs such as restaurants and retail work. Similarly for both groups about 1 in 5 individuals worked in a skilled trade. Combined, *Service* and *Skilled Trades* made up about 50% of occupations for recovery housing residents.
- A common trope about individuals in recovery is that they return to work in the SUD field as peer support specialists, but amongst recovery housing residents only about 1 in 10 were working as peer support specialists.
- 1 in 10 appeared to hold office or other administrative jobs with about another 1 in 10 working in healthcare other than SUD/behavioral healthcare.
- Surprisingly, about 1 in 20 were engaged in some kind of entrepreneurial venture.
- Although direct analysis wasn't performed regarding the availability of Manufacturing and Warehouse work only about 1 in 10 residents held these kinds of jobs.
- Despite SUD being considered a disability on its own merits, **virtually no recovery housing residents surveyed were on SSI/Disability insurance**, opting instead to seek employment and self-sufficiency.

### Qualitative Insights:

- During the listening sessions we heard recovery residence operators and NARR affiliates alike lament that many residents cannot accede beyond 'dead end jobs' such as basic service jobs or peer support jobs. Given the data it appears that about 40% of recovery housing residents end up in occupations with little or no hope for better wages and truly self-sufficient lives.
- Although the *Skilled Trades* jobs provided meaningfully better wages for individuals, these were often independent contractor style jobs. Therefore, despite the better wages, many individuals often failed to acquire benefits such as health insurance, retirement, or PTO.
- In the relatively rare instances in which a recovery housing operator had successfully developed an employment pipeline relationship with warehouse or manufacturing interests, those employers were usually very happy with the employees from the recovery residences. This could indicate an underutilized and unengaged workforce asset for these types of employers in ARC and non-ARC counties alike.

*Are there any training or certification programs available to your residents to prepare them for employment?*

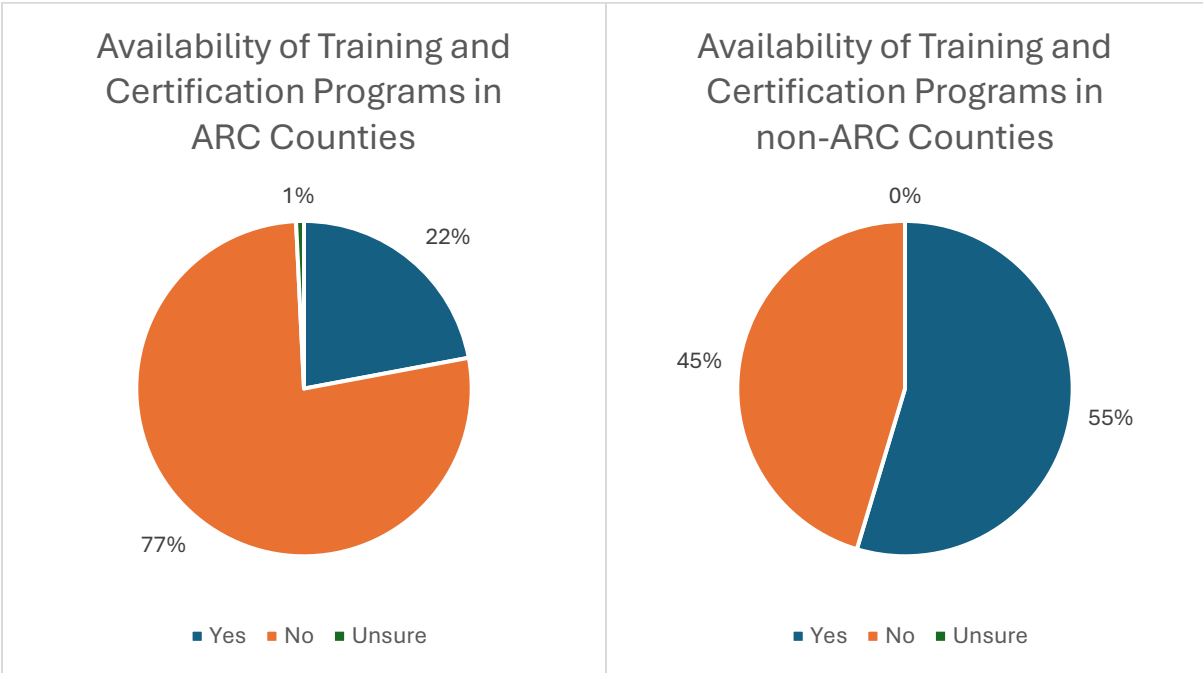


Figure 26

n=263

Figure 27

n=99

Quick Takeaways:

- Only **1 in 5** ARC recovery housing programs have ready access to workforce certification and training programs versus **just over half** non-ARC recovery housing programs.



***How regularly do recovery housing residents engage with workforce training and education programs and what kinds of programs are they engaging with?***

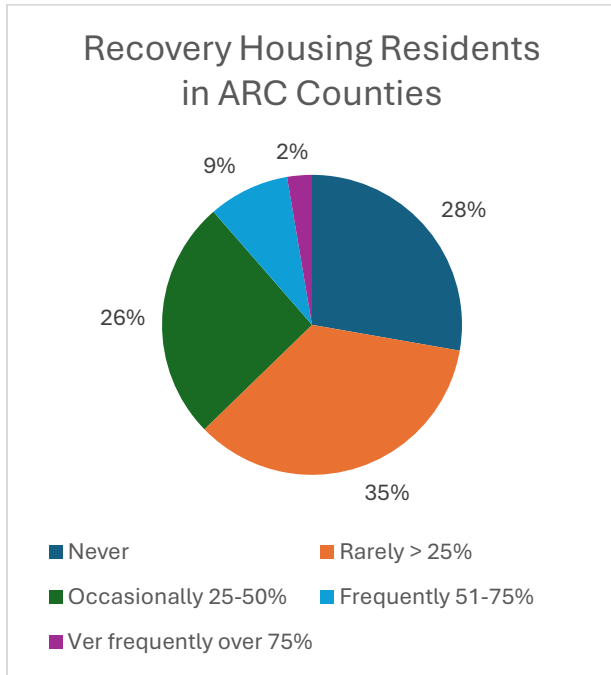


Figure 28

n=263

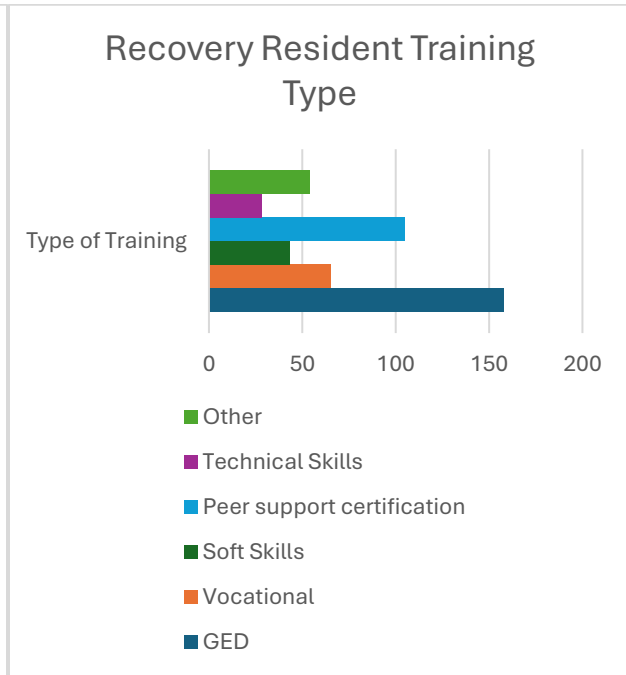


Figure 29

n=263

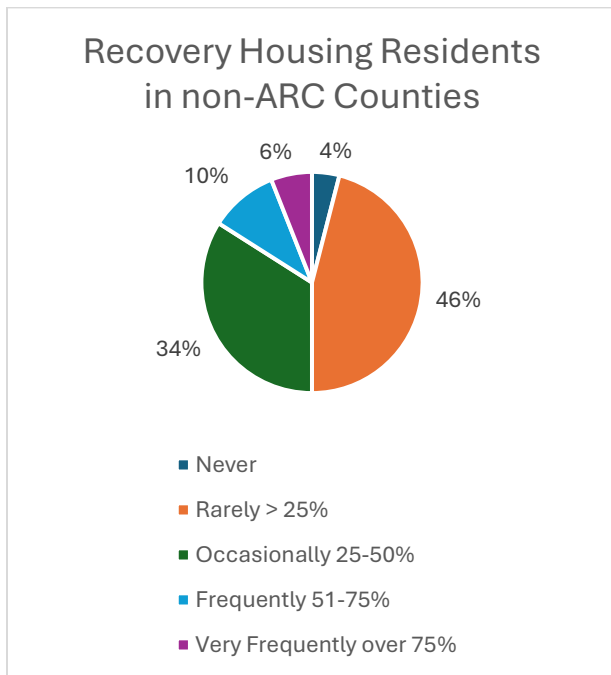


Figure 30

n=97

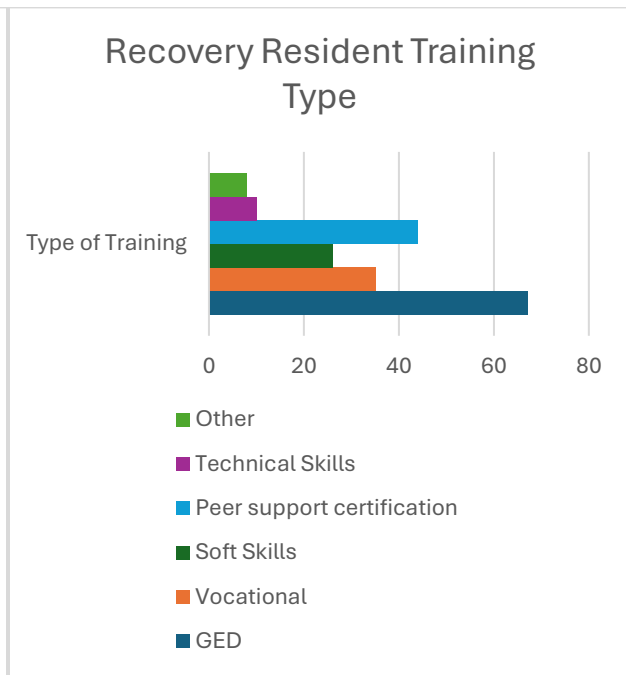


Figure 31

n=97

### Quick Takeaways:

- Most individuals in recovery residence settings are engaging in resolving uncompleted secondary education (High School/GED).
- The next most frequent category of training and education is Peer Support Certification, although many do not end up employed in this field.
- Although there appears to be major issues with lack of access or engagement for education and training programs for both ARC and non-ARC counties, significantly more individuals in ARC counties ***never*** engage in any type of training or education while at recovery residences.
- For both ARC and non-ARC counties only about **1 in 10** recovery residences are able to *Frequently* or *Very Frequently* engage residents in some form of education or training program.
- ARC Recovery Residence Operators report that **199 of 262** of those surveyed have **NO** partnerships with local educational institutions or workforce development agencies. Comparatively **45 of 98** non-ARC Recovery Residence Operators report **that they DO** have these partnerships.

### Qualitative Insights:

- Many operators and NARR affiliates we spoke with cited lack of financial program resources and disconnection from formal training or education opportunities as a driving factor for lack of engagement.
- Operators and NARR affiliates reported that because residents must focus on basic financial needs combined with primary access to low wage employment, many lack the basic resources or time to meaningfully engage vocational or training opportunities.

*What are the most common barriers to employment faced by your residents? (Respondents were allowed to check all that applied.)*

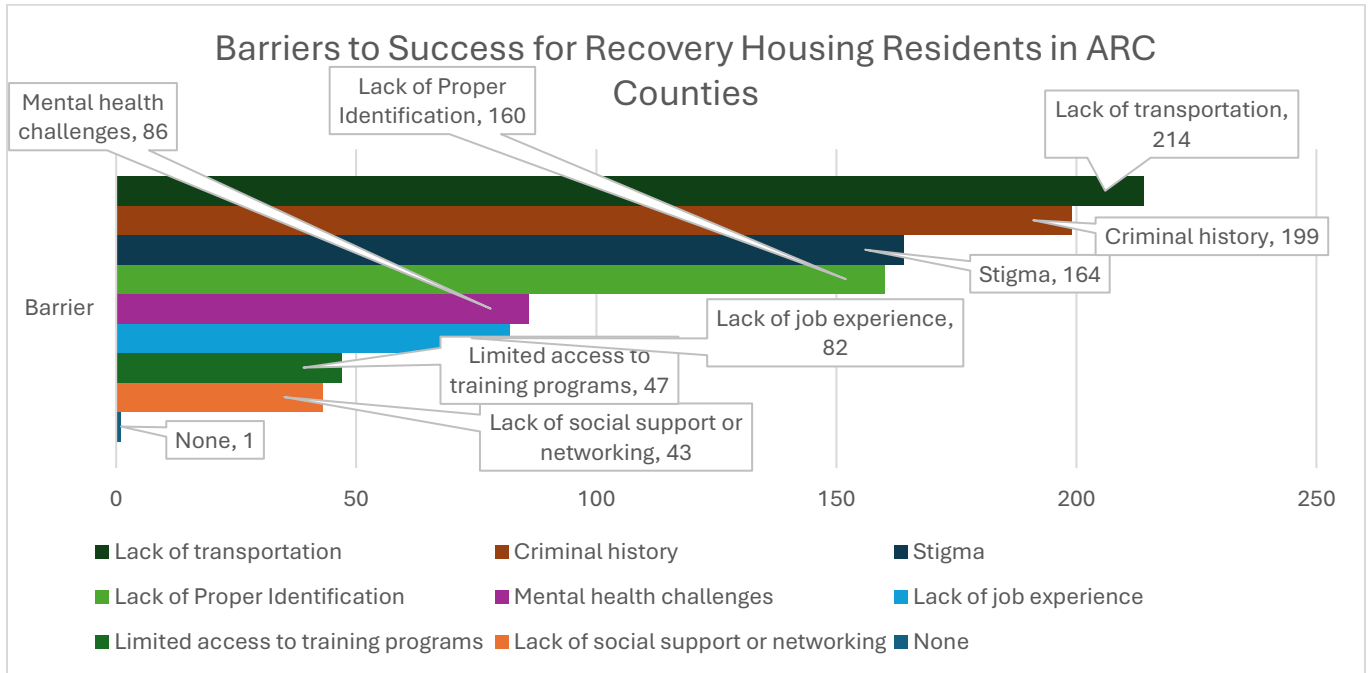


Figure 32

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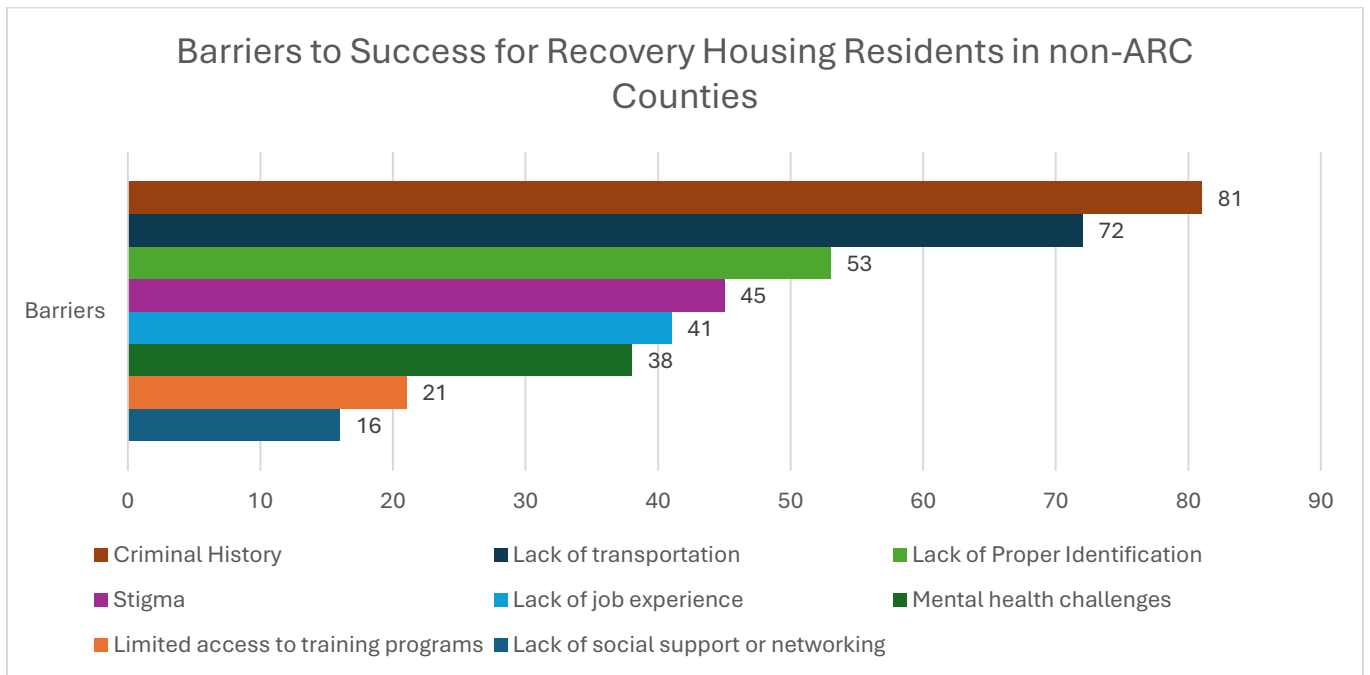


Figure 33

n=99

#### Quick Takeaways:

- For ARC Counties the primary barriers to success for recovery housing residents were overwhelmingly *Lack of Transportation, Criminal History, Stigma, and Lack of Proper Identification*.
- Despite popular colloquialisms about *Mental health challenges*, recovery housing operators in **both** ARC and non-ARC counties cited this barrier as relatively **low** in comparison to other options provided in the survey.
- *Stigma* remains a very relevant and barrier creating factor for individuals attempting to live a lifestyle of recovery, even after they've completed medical/clinical treatment programs and in many cases voluntarily reside in recovery housing programs.
- As social connection is a core component of recovery housing programs it was interesting to see that in both cohorts *Lack of social support or networking* was seldom selected as a barrier to success, confirming definitions and descriptions of recovery housing programs.

#### Qualitative Insights:

- In **all** listening sessions with ARC states the *Lack of Transportation* was brought up again and again as a **major** barrier to success for recovery housing residents. Residents often rely on mutual assistance ride sharing between residents and lack both commercial ridesharing and public transportation options. These issues are further exacerbated by lack of access to higher wage jobs which would provide the means to acquire personal individual transport.

**How are recovery housing operators supporting their residents in overcoming these barriers?**

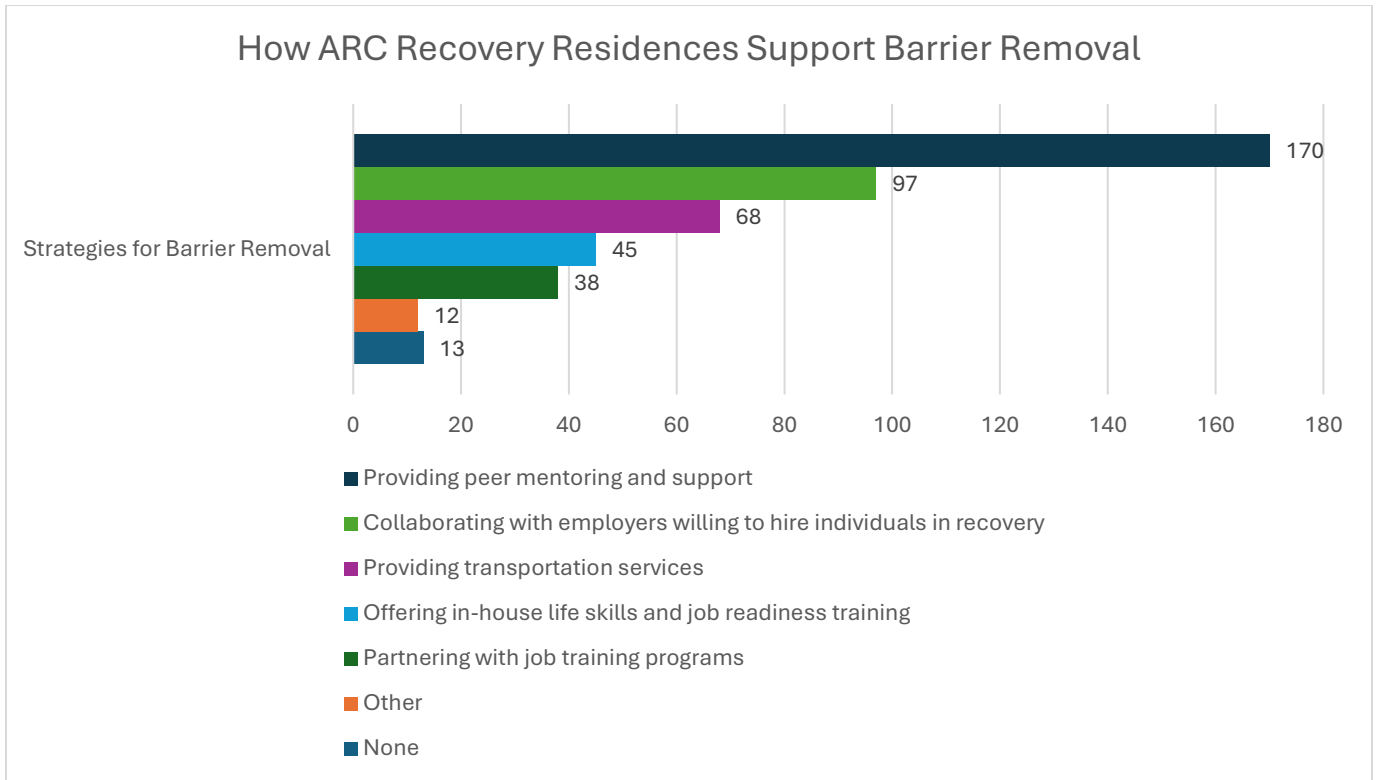


Figure 34

n=263

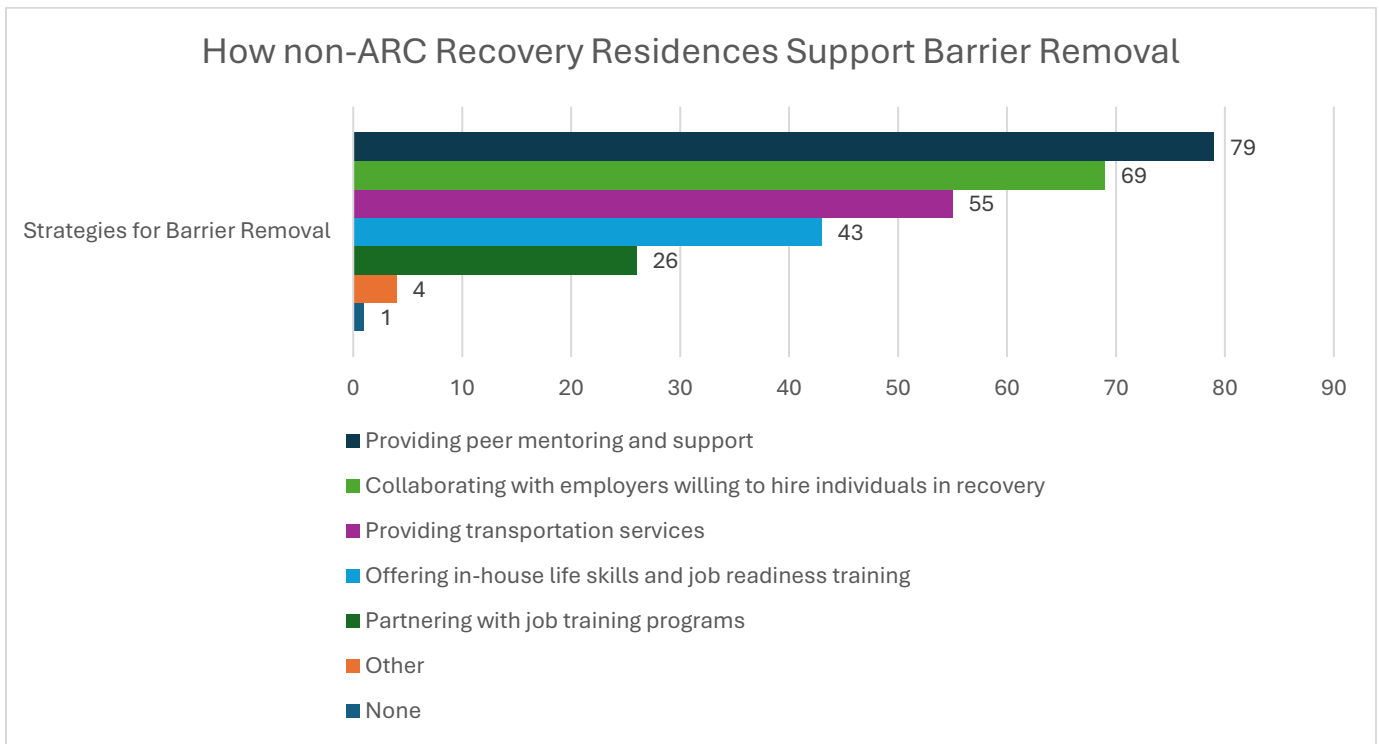


Figure 35

n=99

#### Quick Takeaways:

- Both cohorts cited *Providing peer mentoring and support* as their primary source of barrier reduction for residents. This is the core function of a recovery residence.
- Direct *Collaboration with employers* was the second highest category selected.
- Recovery residence operators are directly attempting to help overcome *transportation barriers* by providing this service themselves.

#### Qualitative Insights:

- During the listening sessions we hear numerous examples of recovery housing operators independently building, maintaining, and growing relationships with employers directly; operators who were engaged in this type of activity spoke very highly of the reciprocal relationship they have built with employers and were very proud of helping local businesses and providing good jobs for their residents to help them rebuild their lives.
- Operators who were initiating transportation services as part of their recovery housing program cited the acute difficulties in doing so due to lack of funding for both vehicle acquisition and operations. Many operators stated they either break even or lose money on their overall operations to help residents overcome this critical barrier.

**How do recovery housing operators track employment outcomes?**

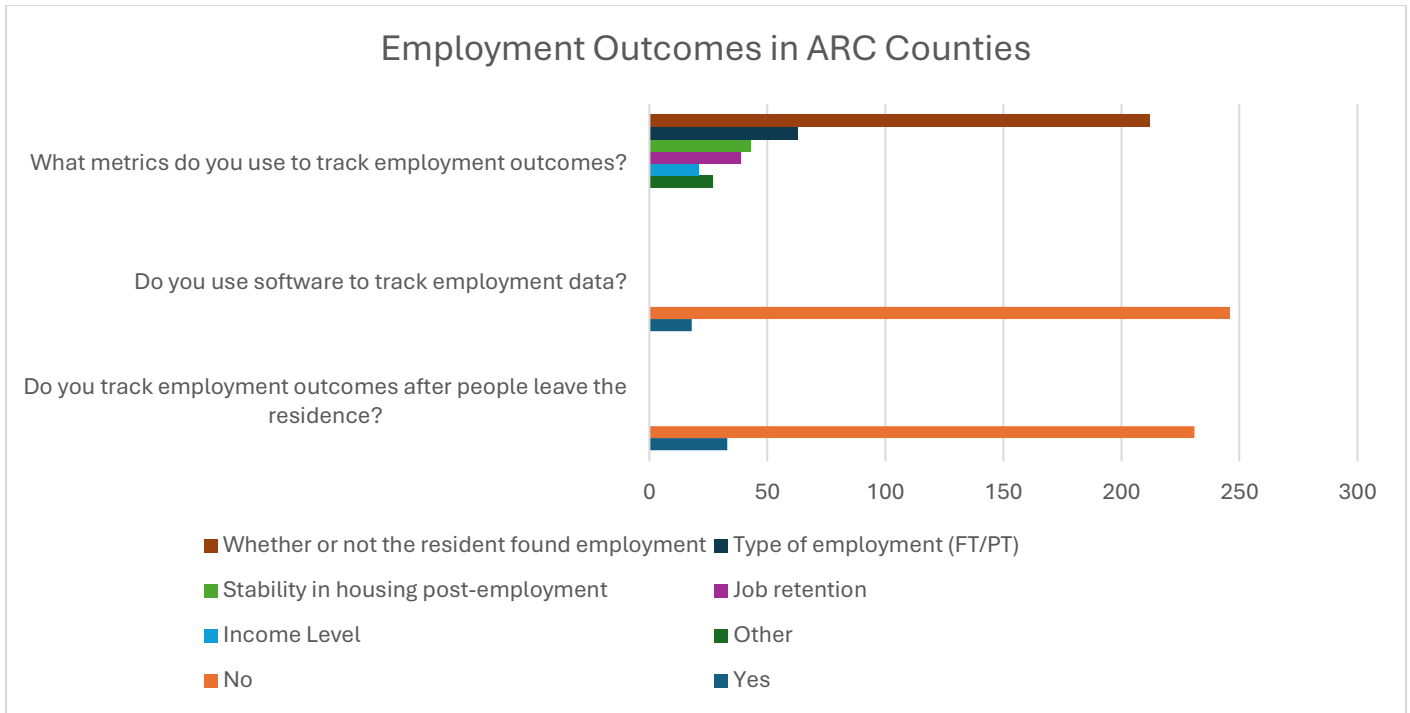


Figure 36

n=263

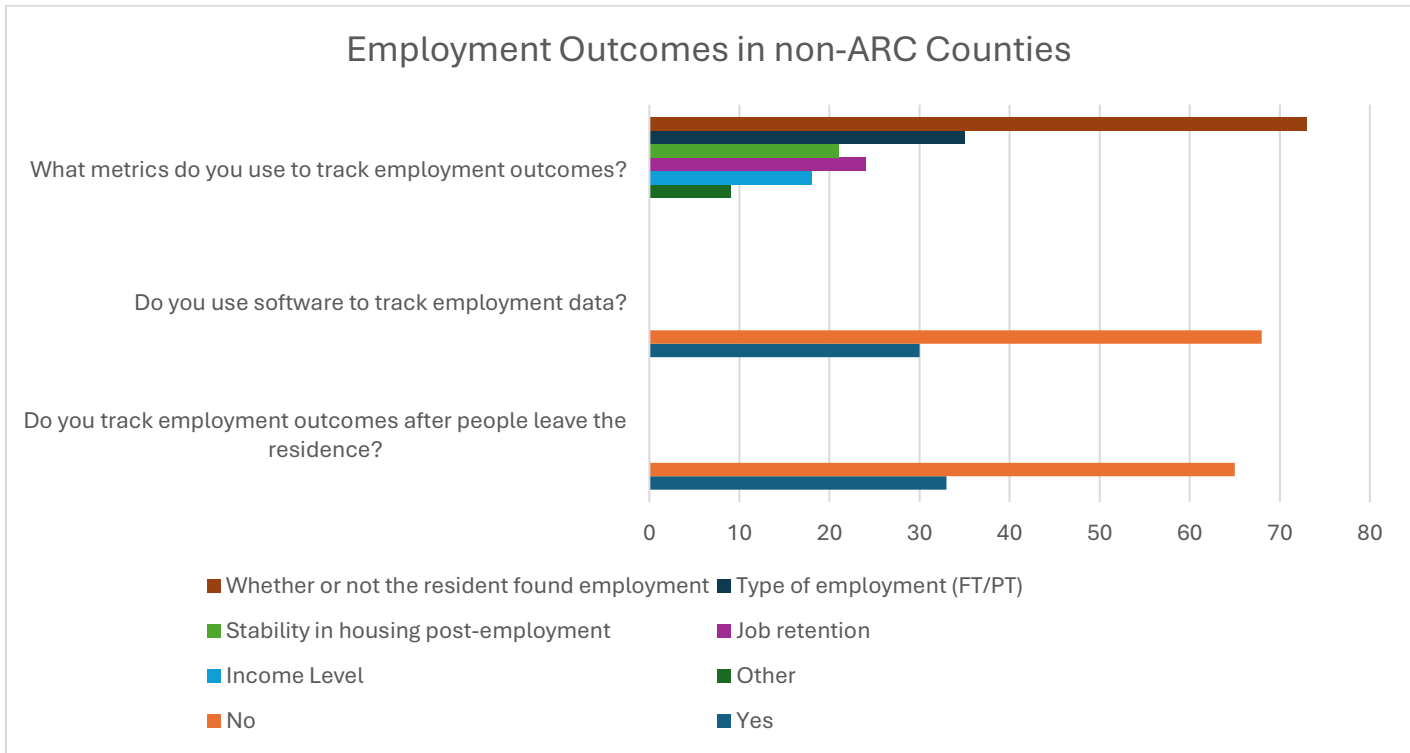


Figure 37

n=93

#### Quick Takeaways:

- For both ARC and non-ARC counties the majority of recovery housing programs are not tracking sustained employment data when individuals leave a recovery residence, *although the vast majority are employed while they live in a recovery residence.*
- There is an opportunity to gather greater longitudinal data to determine if recovery housing leads to sustained employment for individuals after they move out of recovery housing.
- It is important to note that a key tenant of most recovery housing programs is **resident driven length of stay**, meaning that most programs do force individuals to move on after a certain period of time, but rather allow this process to occur organically.

#### Qualitative Insights:

- Many operators and NARR affiliates we spoke with stated that **12-18 months** was an average length of stay at a recovery housing program.



***Does recovery housing create opportunities for entrepreneurship?***

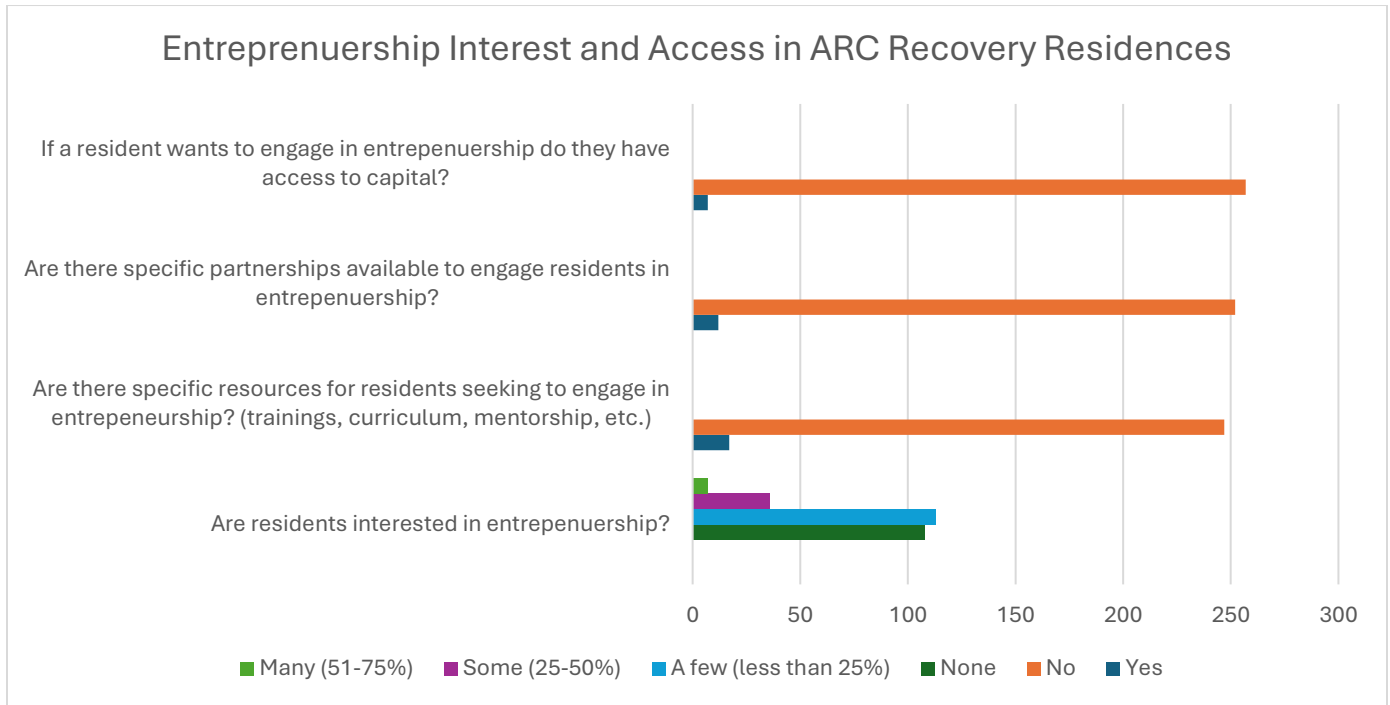


Figure 38

n=264

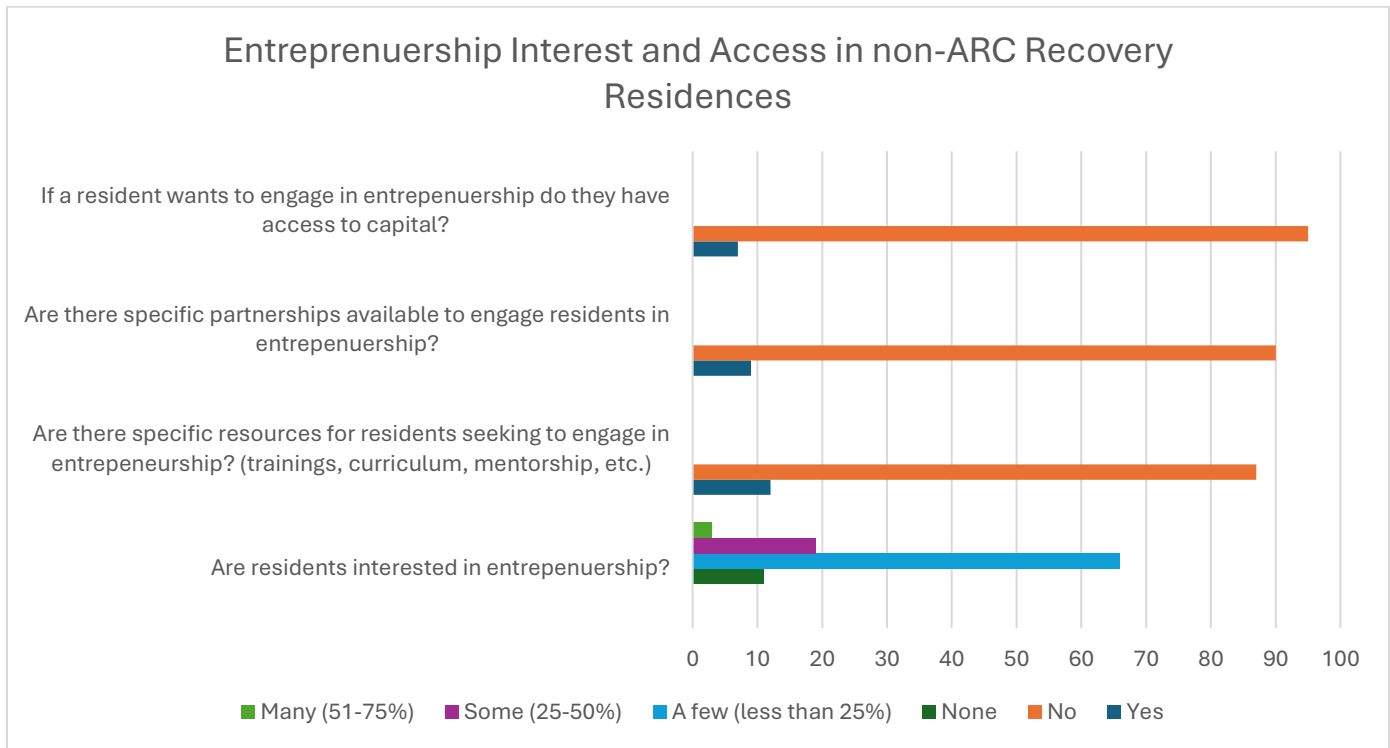


Figure 39

n=99

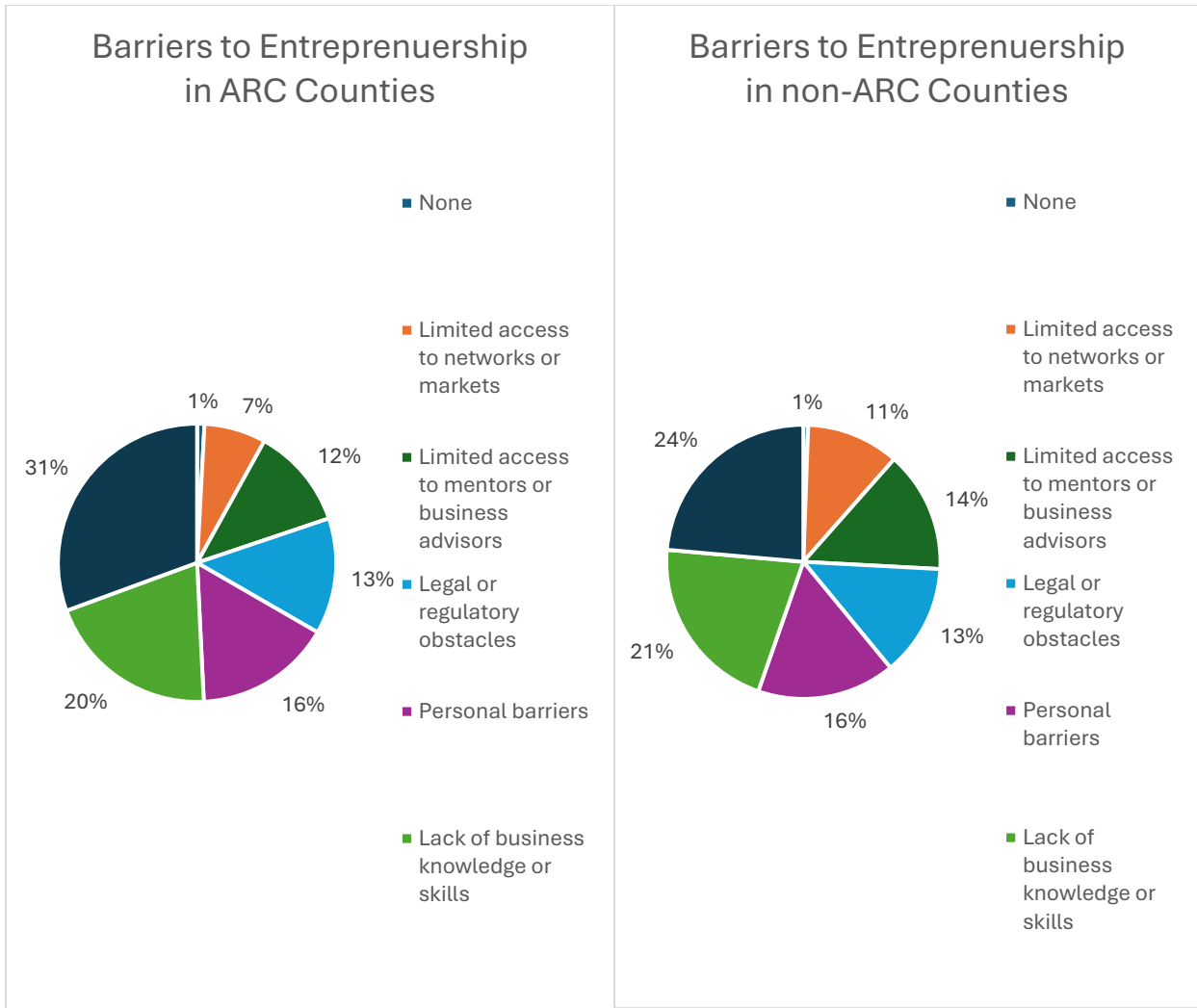


Figure 40

n=264

Figure 41

n=99

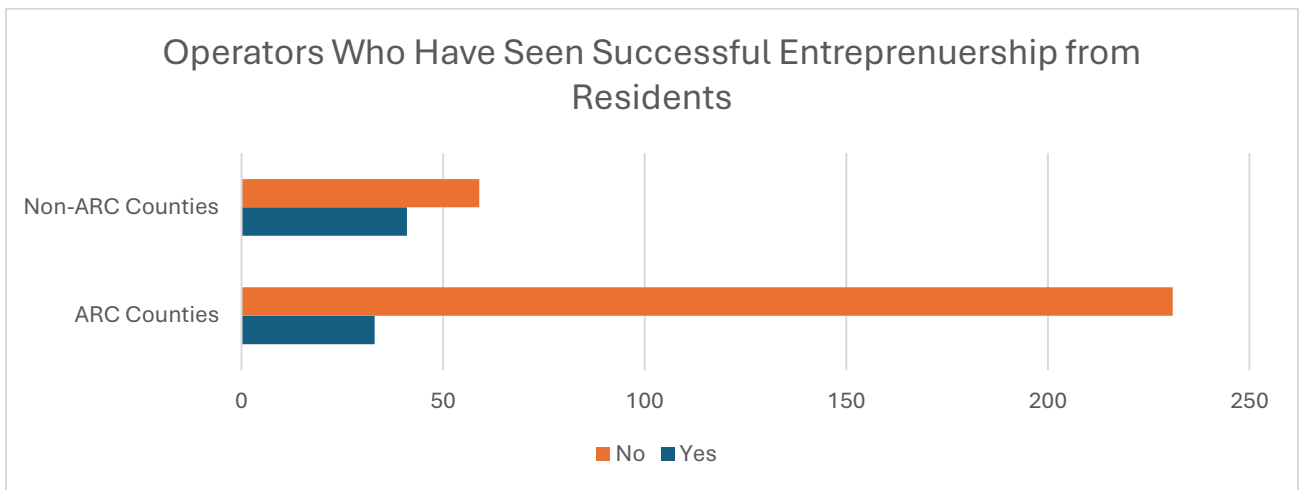


Figure 42

n=364

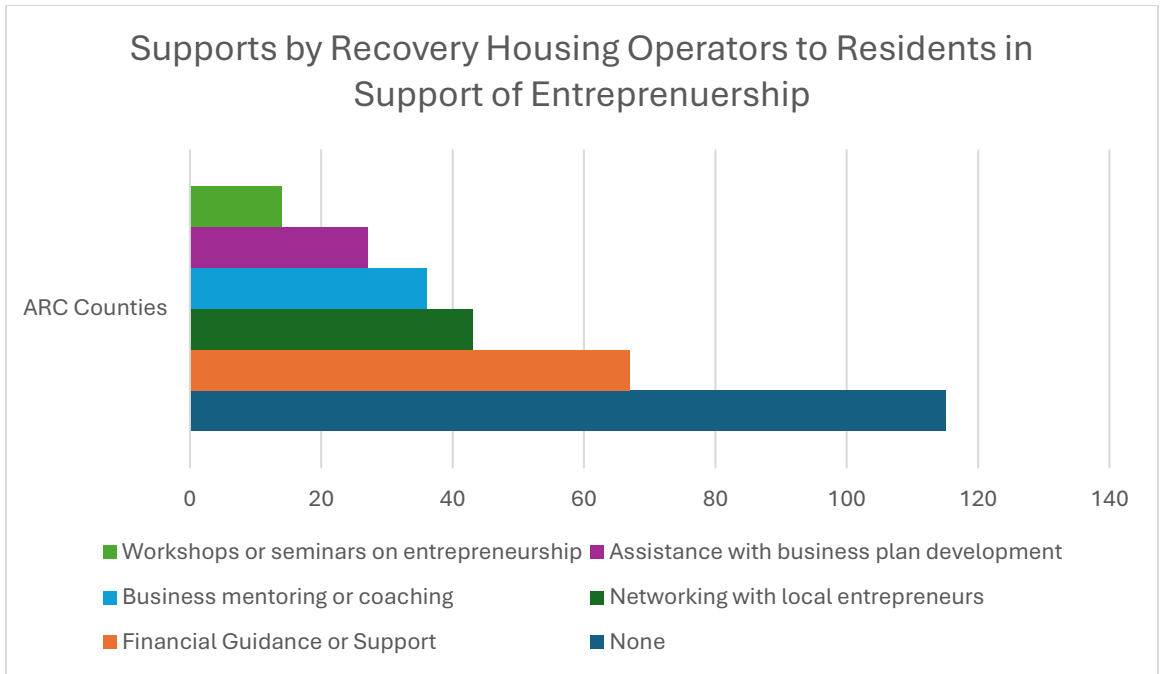


Figure 43

n=258

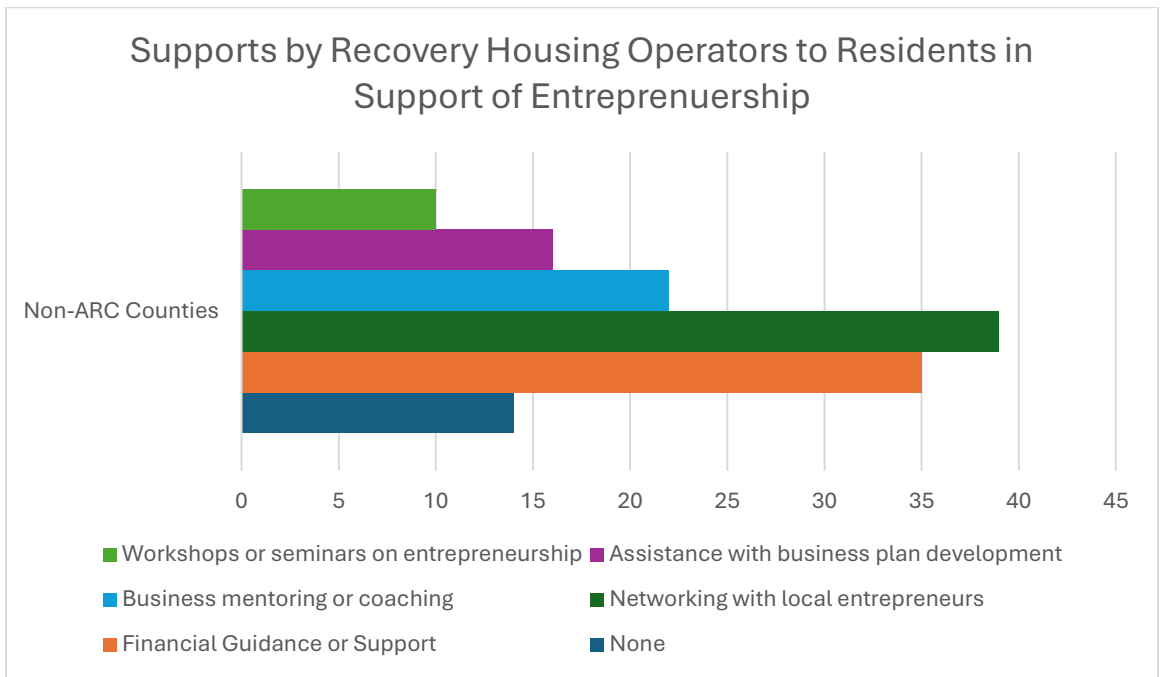


Figure 44

n=95

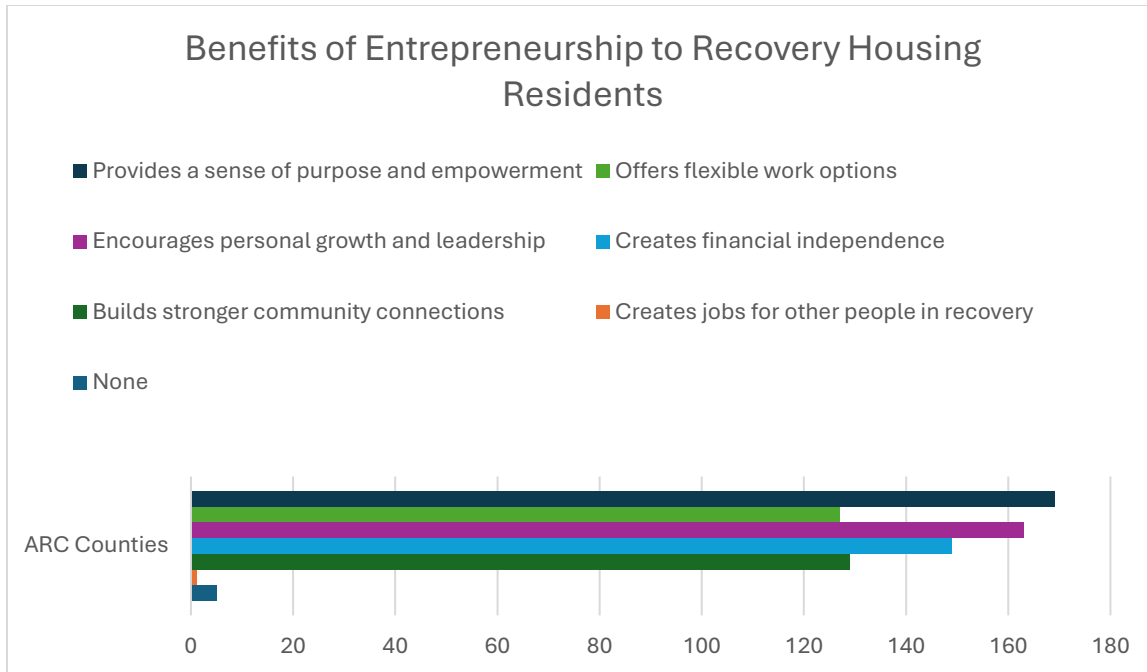


Figure 45

n=264

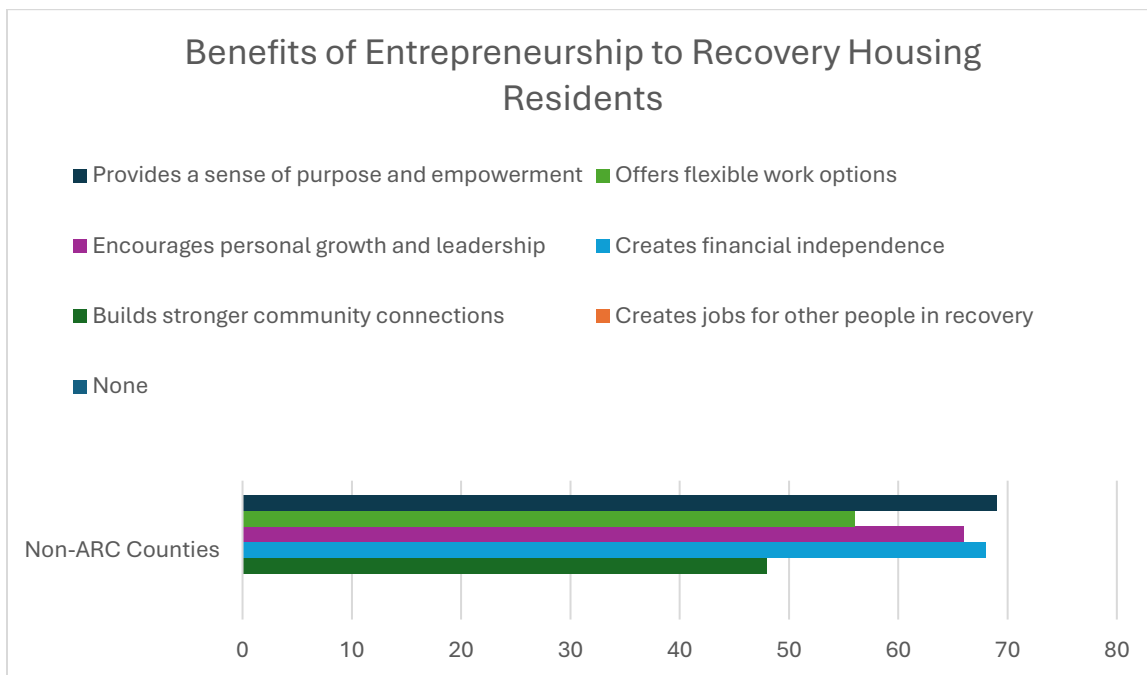


Figure 46

n=99

### Quick Takeaways:

- Although not a majority, about **1 in 4** individuals living in recovery residences in both ARC and non-ARC counties have an interest in *entrepreneurship*, with slightly higher rates in non-ARC counties.
- Despite a near total lack of access to dedicated resources, Recovery Housing Operators are empowering residents through mentorship and skills training to engage in and pursue *entrepreneurship*. The rates of dedication to resident entrepreneurial pursuit **are higher** in non-ARC counties versus ARC counties.
- Only **12.5%** of ARC County respondents report seeing a current or past resident successfully engage in *entrepreneurship* versus **41%** of non-ARC County respondents.

### Qualitative Insights:

- Operators who participated in listening sessions cited *vocational* and *service* types of entrepreneurial activities from residents.
- Operators stated that when they have seen successful entrepreneurship from recovery housing residents it has created positive network effects for other current or future residents of that recovery housing programs. Individuals who succeed in business often cite their experience in the recovery residence as a critical component and express a deep commitment to providing opportunities to future residents of the home.
- ARC Operators stated that although the idea of entrepreneurship is one that aligns with the goals of adopting a recovery lifestyle that little or no resources are available to help empower residents to seek these kinds of opportunities.

#### IV. Analysis

This was an ambitious project. Recovery housing as a practice remains largely unfunded at all levels and understudied across the United States and within the Appalachian region. Most respondents and listening session participants are themselves people who are successfully living a lifestyle of recovery. Respondents were eager to shine a light on the critical role recovery housing plays in recovery ecosystems.

#### What is the role of Recovery Housing in the current ARC Recovery Ecosystem model?



Figure 47

Within the current framework we identified the following eight core areas where recovery housing either supports or bridges the overall recovery ecosystem in ARC communities. *Business & Employer Supports, Employers, Justice System, Treatment & Recovery Supports, Individuals with Lived Experience, Nonprofits & Human Services, Workforce Development & Training, Faith-Based Organizations.*

More importantly, the information uncovered through this process seems to indicate that **recovery housing** is an essential *pre-condition* to many of these components within the recovery ecosystem, **especially employment**.

**Recovery Housing** operates as a critical bridge back into the community and the workforce **after** treatment.

*“...if I went to treatment and went straight into a recovery house, I probably wouldn’t have had as many relapses as I had...when I finally got there [recovery housing], they held me accountable and that’s what I needed. Because I was serious about staying sober after treatment, but I just didn’t have a safe place to do it. So my recovery house provided that safe place for me to work on myself and actually build a life worth living.” – James A. – Alabama*

*“To me it’s very critical for many people. If they don’t have a safe place to be able to live with accountability and structure, they’re just not going to find long term recovery. That is critical. And a quality recovery residence provides that environment that can help somebody kind of build the foundation for their life going forward. So I feel like it’s a critical part of the process for many people to have that continuum of care coming out of treatment, to have an ongoing supportive safe home environment where there’s accountability and structure, where they’re working on their recovery, they’re finding meaningful employment, and they’re really just setting themselves up, dealing with their legal issues, getting their ID back, all the things that need to happen for them to have a foundation for life moving forward.” – Curt Lindsley, Executive Director, Alabama Alliance for Recovery Residences, state NARR affiliate*

**Recovery residences** appear to provide essential social and emotional supports to individuals to help them *capitalize* on an episode of treatment services. Since treatment services focus on essential medical and clinical needs, they represent acute care settings where individuals are **not** situated in the community. Recovery residences reorient individuals into community settings with a focus on rebuilding their lives in a *safe, affordable, supportive environment* where the maintenance of a recovery lifestyle is kept as the highest priority while other essential needs are addressed.

*Because recovery housing is largely self-pay* individuals are strongly encouraged and supported in obtaining gainful employment. Many operators **lose significant amounts of money to operate recovery housing programs** because each new resident is a financial risk as **the vast majority have little or nothing when they first move in**.

Looking back to the data collected from the surveys, nearly all recovery housing residents are looking for work (Figure 19) and nearly all recovery housing residents gain employment within the first 30 days of living in a recovery residence (Figure 20). Employment directly correlates to successful recovery.<sup>4</sup>

About **1 in 3** ARC based recovery housing programs are **collaborating directly with employers** helping each meet a mutual need. (Figure 34) Just **over half** of recovery housing

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<sup>4</sup> Rumrill, S. P., & Bishop, M. L. (2023). The role of employment status, change, and satisfaction for people who have completed substance use disorder treatment. *WORK*, 74(2), 355-369. <https://doi.org/10.3233/WOR-236012>

program residents find employment through means other than **self-directed job searches**. (Figure 17)

*“[We see] pretty often that they’ll [recovery residences] try to partner with different employment organizations...to get these people jobs.”* – Bob De Triquet, Virginia Association of Recovery Resources, state NARR Affiliate

*“They’ve [recovery residences] got good relationships with local employers.”* – Danielle Gray, Executive Director of Ohio Recovery Housing, state NARR affiliate

Even though many recovery housing programs across Appalachia are demonstrating value to employers and doing their best to equip individuals to be successful in the workforce there remain significant disconnects for helping individuals pursuing a recovery lifestyle receive formal education and training. In ARC counties **63%** of residents either **never** or **rarely** engage in education and training, and even when they do, **nearly one quarter** of this engagement is for General Education Diploma (GED) services, which while vital, only represents essential bare minimum education and technical training. (Figures 28 & 29)

*When asked what would help the women she serves be more successful in the long term... “In my book, education is number one.”* – Tanya McCall, recovery housing operator, Tennessee

In ARC Counties **32%** of recovery housing residents are engaged in Service industry employment while only **8%** are engaged in Manufacturing (Figure 24). Although Service industry jobs can be excellent bridge employment while someone learns the ins and outs of a recovery lifestyle, these jobs rarely carry sufficient wages or benefits to lift individuals out of public assistance programs or create pathways to independent and autonomous living which increases risk for return to use events (relapse).<sup>5</sup>

Barriers to **both employment and sustaining a recovery lifestyle** remain for individuals, however. **Lack of transportation** was overwhelmingly the largest barrier cited, with significant results for **Criminal history, stigma, and lack of identification** being very often selected categories as well. (Figure 32) Only about **1 in 5** recovery residences can address this transportation need. (Figure 34) Interestingly, only about **1 in 3** respondents stated that **mental health issues** were a major barrier to success, despite very commonly repeated colloquial claims that these issues are a primary factor for individuals.

Lastly, about **1 in 4** ARC respondents state that they have residents interested in entrepreneurship and there were some who identified successful examples. Even so, very little resources exist or connect to recovery housing to help support these endeavors. (Figures 38, 40, 42, and 43)

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<sup>5</sup> Eddie, D., Vilsaint, C. L., Hoffman, L. A., Bergman, B. G., Kelly, J. F., & Hoepfner, B. B. (2020). From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem. *Journal of substance abuse treatment*, 113, 108000. <https://doi.org/10.1016/j.jsat.2020.108000>



## V. Conclusions and Recommendations

**Recovery housing**, whether affiliated with a state NARR affiliate or Oxford House, appears to be filling **a critical gap** in the recovery ecosystem of Appalachia. Recovery housing is creating a setting where individuals can successfully maintain a recovery lifestyle **and** rejoin the workforce after completing a treatment episode.

### **Individuals who access recovery housing go back to work.**

Individuals in listening sessions report that **recovery housing enables more people to remain in a recovery lifestyle long-term.**

After collecting the data and evaluating the qualitative information provided in the listening sessions the authors of this report wish to make the following five recommendations to the ARC regarding recovery housing.

- 1. Gain a greater understanding of the return-on-investment for recovery housing.**  
Large numbers of individuals accessing medical and clinical treatment services for SUD in Appalachia do so through the federal Medicaid program in which states share a portion of the costs with the federal government. It appears that recovery housing is significantly helping individuals take advantage of the public investments made through treatment services by enabling them to maintain a lifestyle of recovery for greater periods of time. Additionally, these individuals are almost always finding some type of gainful employment and therefore contributing to local economies and paying taxes. This appears to be preliminary evidence that the practice of recovery housing could help deliver more sustainable approaches to dealing with the SUD/ODU crisis in Appalachia.
- 2. Connect employers and educational opportunities to existing recovery housing.**  
Large numbers of individuals living recovery lifestyles are engaging with recovery housing for extended periods of time. There appears to be an opportunity for employers to access a willing and able workforce seeking career advancement and living wages; additionally, there appears to be an opportunity to target existing educational, technical training, and workforce programming to collaborate more directly and more closely with recovery housing providers to increase delivery on those educational and training objectives. This could further increase return-on-investment for such programs which receive public funds since individuals in recovery housing are stably housed and already working.
- 3. Deliver entrepreneurship supports in recovery housing environments.** Significant numbers of individuals living in recovery housing settings are seeking opportunities to start and grow small businesses. This could create opportunities for economic revitalization across the region in a setting that is focused on the post-treatment needs of individuals in recovery from SUD/ODU.
- 4. Increase or redirect investment in recovery housing and recovery housing infrastructure.** Many of the NARR affiliates we engaged with for this project lack any formal state or federally funded support to fulfill their missions of ensuring high quality recovery housing in their respective territories. States which had funded NARR affiliates

and Oxford House contracts appeared to have more robust understandings and relationships with their recovery residences in ARC counties and those individual houses appeared to have more robust understanding and connection to their local recovery ecosystems. Recovery housing as a service relies almost exclusively on self-pay models. This report reveals the vital role of non-clinical recovery housing within the recovery ecosystem and getting people with SUD/ODU back into the workforce. Therefore, additional investment in recovery housing as a community-based recovery support service would further enhance and improve recovery ecosystems locally throughout Appalachia.

5. **Help Oxford House, NARR, and state NARR affiliates connect with state leadership and policymakers.** With increasing strain on state and federal budgets relating to the Medicaid program it is more important than ever for state and federal leaders to understand what recovery housing does for recovery ecosystems and the vital role it plays in helping individuals maintain a recovery lifestyle long-term. The ARC can help leadership from these grassroots organizations better connect and develop relationships with policymakers to provide education and insights on what recovery housing has to offer Appalachia and beyond in helping answer the call of solving the opioid crisis and providing the public with prudent uses of taxpayer funds.