

Housing for Rural Residents Recovering from Substance Use Disorders

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Key Findings

- **Stable, affordable, and supportive housing is critical for individuals in recovery from substance use disorders, but there are unique challenges to accessing such housing in rural areas. This case series highlights three examples of rural housing programs for people in recovery.**
- **Solace Apartments in St. Peter, Minnesota is an example of a “Housing First” approach to provide supportive housing for individuals in recovery and their families.**
- **The Sober Transitional Housing Program at the Yellowhawk Tribal Health Center in Pendleton, Oregon offers a culturally-responsive approach to providing housing and recovery resources to American Indian and Alaska Native populations.**
- **Hope House Ministries in Ravenswood, West Virginia is an example of a faith-based approach to providing housing and support to women in recovery.**

Purpose

The purpose of this case series is to highlight organizations providing housing for individuals in recovery from substance use disorders in rural communities. These may serve as examples to others considering this work.

Background and Policy Context

Housing is a well-documented social determinant of health.¹ For individuals experiencing challenges with substance use, stable and supportive housing is a critical element of their health and recovery journey.² The stress of not having safe or affordable housing may increase the risk of substance use and relapse.³ There can be many barriers to housing for individuals in recovery, however. For example, many landlords do not rent housing to individuals with felony convictions, such as convictions related to substance use. Additionally, some shelters or housing programs might not allow people who are actively using substances or who are in recovery from substance use to stay in their housing.⁴⁻⁵

Rural residents in recovery from substance use disorder (SUD) may experience greater difficulty in accessing housing. There tends to be lower availability of high quality housing stock in rural areas and many rural residents struggle with housing costs.⁶ On top of this, because of the reduced anonymity in small rural communities, some individuals may not seek recovery or housing services due to the stigma associated with SUD.⁷ There is also limited availability of SUD treatment options in rural areas, which may present additional barriers to helping coordinate housing for individuals in recovery once they have completed a treatment program.⁸⁻⁹

There are a number of program models and resources dedicated to increasing housing opportunities for individuals in recovery in rural communities.¹⁰ For example, “Sober Living Houses” are residences where individuals abstain from substance use while receiving outpatient recovery supports.¹¹ Another model is that of “Housing First,” in which an individual secures housing that is not conditional on their sobriety.¹² By meeting the basic need of housing, this model allows the individual to focus on the supports and resources that will benefit

their recovery journey. Both the “Sober Living House” and “Housing First” paradigms have challenges and opportunities associated with them, as other research has discussed in detail.¹³ This case series highlights examples of three recovery housing programs, including one “Housing First” model and two “Sober Living Houses”, located in rural communities.

Approach

We identified rural organizations focused on providing housing for individuals in recovery from SUD. This was done by an online environmental scan of existing housing programs for individuals in recovery from substance use disorders in rural communities. Primary data were collected through interviews with organizational representatives, conducted via Zoom in September and October 2023. We analyzed each case study individually to summarize key themes, including challenges and opportunities related to housing for individuals in recovery in rural areas.

Case #1: Solace Apartments, Southwest Minnesota Housing Partnership, St. Peter, MN

Rural community context

St. Peter is a town of about 12,100 people located in south central Minnesota in the Minnesota River Valley.¹⁴⁻¹⁵ It is the county seat of Nicollet County, Minnesota, and home to Gustavus Adolphus College.¹⁵ With various amenities, including outdoor activities, art and history museums, and year-round festivals, St. Peter and the surrounding Nicollet County employ people primarily in health care and social assistance, manufacturing, and educational services industries.¹⁵ Of the roughly 34,000 individuals living in the county, 86.8% are non-Hispanic White, 4.4% are non-Hispanic Black, 22.1% are below 18 years of age, and 16.8% are 65 and older.¹⁴

Nicollet is ranked among the healthiest counties in Minnesota: seventh out of 87 total counties, according to County Health Rankings.¹⁶ Despite ranking better than the rest of Minnesota on many indicators, such as unemployment and child poverty, Nicollet County has a higher rate of SUD than Minnesota, including adult smoking (17% vs 14%) and excessive drinking (24% vs 22%), but a lower rate of alcohol-impaired driving deaths (22% vs 30% of all crash-related deaths).¹⁶ Roughly 10% of households in the St. Peter area are known to face “severe housing problems,” which in-

clude overcrowding, high housing costs, and lack of kitchen or plumbing facilities.¹⁶ Further, both fatal and non-fatal overdoses have increased in Nicollet County since 2016.¹⁷

Organizational overview

The Solace Apartments are a collaboration between the Southwest Minnesota Housing Partnership, Nicollet County, Lloyd Management, and City of St. Peter, Minnesota.¹⁸ This collaboration resulted from a realization by a judge for the Nicollet County Treatment Court that many of their clients would go through the treatment court program, get into treatment and do well, but did not have anywhere to live after completing treatment. Many would end up back in negative situations or return to use because they were not living in a housing environment that was supportive of their recovery. This realization resulted in a partnership to create a fair housing opportunity for individuals recovering from substance use issues, as well as those experiencing high barriers to housing in the community which has resulted in experiencing chronic homelessness. We spoke to Ashley McCarthy, the Director of Supportive Services at the Southwest Minnesota Housing Partnership, who works onsite at Solace Apartments.

Solace Apartments opened on November 1, 2018, and has 30 apartment units. These units are a mix of one-, two-, and three-bedroom units. Seven units are set aside for people experiencing chronic homelessness (that may or may not have a SUD). The tenants of Solace Apartments are a combination of single individuals, as well as families. Eligible tenants are referred to Solace Apartments through different avenues such as treatment court, probation, case management, or mental health providers. The Southwest Minnesota Housing Partnership receives the referrals for individuals who would qualify for this type of housing and assists tenants through the application process. Priority is given to individuals located in Nicollet County to fill vacancies first, but there are many referrals from surrounding rural communities.

Solace Apartments is funded through Nicollet County Housing Supports. This state funding distributed by the county helps subsidize rent while tenants pay a portion of rent based on their income.¹⁹⁻²⁰ The Southwest Minnesota Housing Partnership has also utilized an Otto Bremer grant to help cover household items for tenants, such as beds and kitchen appliances.²¹ Prior to the COVID-19 pandemic, Solace Apartments had additional grant funding through ArtPlace

to incorporate art into housing.²² They would contract with resident artists to hold community events and activities, including creating a community garden, guided crafts, and open studio time.

Key features

Solace Apartments utilizes a “Housing First” approach to its services. Their aim is to provide tenants with stable housing so they can focus on their recovery goals. Their lease is not contingent on their sobriety, so even if an individual returns to use, they still have a stable home. McCarthy said, *“I think there has been evidence of this being really effective through success in their recovery, however you want to define success. For some people it might be five years sober and for others it might be, ‘I might have only made it two weeks sober but at least I had a place to live.’”*

In addition to providing housing, Solace Apartments contracts with regional providers, Counseling Services of Southern Minnesota, New Beginnings, and Horizon Homes, to provide onsite counseling, chemical dependency services, and adult rehabilitative mental health services. These services are completely optional for residents to utilize and lack of participation does not affect their lease. Tenants also run their own Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings in the apartment’s community room. Through the housing support funding from the county, Solace Apartments can also provide additional resources to tenants, including bus fares and household items that might not be covered through SNAP (Supplemental Nutritional Assistance Program) or WIC (Special Supplemental Nutrition Program for Women, Infants & Children). Additionally, the apartments have an art room that is stocked with art materials for tenants to use. This unique feature of the apartments has helped increase the sense of community through opportunities to create art and helped many individuals creatively tell their story in recovery.

Challenges and opportunities

One of the biggest challenges for Solace Apartments has been the waitlist for housing. It can take 8-12 months for a unit to become available. There is a shortage of housing in the surrounding area, especially housing that accommodates those in recovery or those who have experienced high barriers to housing, such as a history of felonies, bad credit, or evictions. Solace Apartments has also had to deal with outside percep-

tions and stigma about the clientele they serve. McCarthy said that Solace has worked hard to maintain good relationships with the local community, including local law enforcement, city leadership, and Nicollet County treatment court and probation in order to address community concerns. Apartment management meets regularly with these groups to address needs and concerns in order to make Solace a successful environment for people to live in recovery.

McCarthy noted that the biggest success of Solace Apartments is that they have focused on “housing first.” She said, *“We have people who have done really well in recovery and some who have done very poorly in their recovery, but we’ve managed to keep them housed. We have some people who have been here since 2018 and they’ve had really great seasons and really poor seasons, but they always had a house and we were always able to advocate for that.”*

Case #2: Sober Transitional Housing, Yellowhawk Tribal Health Center, Pendleton, OR

Rural community context

Pendleton is a town of around 17,100 people located in eastern Oregon in the Columbia Plateau region.²³ The city’s population includes approximately 1,600 incarcerated individuals at the Eastern Oregon Correctional Institution.²⁴ It houses the headquarters for the Umatilla National Forest and is also home to Pendleton Woolen Mills.²⁵ Along with the woolen mill, major industries include health care and social assistance, retail trade, and manufacturing. Pendleton is the county seat of Umatilla County, Oregon and of the total county population, 45.6% are female, 78.4% are non-Hispanic white, 12.0% are Hispanic or Latino, 24.6% are below 18 years of age, and 16.7% are 65 years and older.^{23,26}

Umatilla County, which includes the Confederated Tribes of the Umatilla Reservation, is ranked lower among healthy counties in Oregon: 22nd out of 35 counties, according to County Health Rankings.²⁶ Umatilla is ranked among the least healthy counties in terms of health factors, such as diabetes prevalence, mental distress, and shorter life expectancy.²⁶ However, Umatilla County’s substance use rates are lower than Oregon’s overall, with lower excessive drinking (19% vs 20%), alcohol-impaired driving deaths (25% vs 28% of all crash-related deaths), and drug overdose deaths (10

vs 16 per 100,000); the exception being adult smoking rates (18% vs 14%). Additionally, 17% of Umatilla County households face “severe housing problems.”²⁶

Organizational overview

The Sober Transitional Housing (STH) program is an initiative of the Yellowhawk Tribal Health Center.²⁷ The Yellowhawk Tribal Health Center provides health care services to members of the Confederated Tribes of Umatilla Indian Reservation (CTUIR) and other American Indians and Alaska Natives living in Umatilla and Union Counties. The Tribal Health Center is owned by the CTUIR and governed by the Yellowhawk Tribal Health Commission. The Yellowhawk Tribal Health Center provides a variety of services, including medical and dental care, mental health and substance use treatment services, and community health education. We spoke with Owen Davis, Sober Transitional Housing Supervisor, and Jessica Collins, Sober Transitional Housing Certified Peer Recovery Mentor, at the Yellowhawk Tribal Health Center.

The STH program began in 2021 and provides housing for Indigenous individuals who are in recovery from substance use disorder. This program is open to individuals who are enrolled members of the CTUIR and descendants of enrolled tribal members, as well as for members of other federally recognized tribes. This program has 12 beds in two homes and is funded utilizing various federal and state grant funding.²⁸⁻²⁹ Clients can live in the house for up to one year and do not have to pay rent to live there.

Key features

The STH program is rooted in the traditional value of PINÁNAYKUKT or “Gathering Oneself Together.” It originated from a community need to have a place where people could continue their recovery journey as they transition from residential treatment, incarceration, or living in an environment that could compromise their recovery. Collins shared that clients staying at STH are actively and directly involved in their treatment plan and recovery goals. STH utilizes a “Sober Living Home” model in which clients do need to maintain their sobriety in order to live in the house.

In addition to housing, clients have access to group and one-on-one counseling through Yellowhawk Tribal Health Center’s Behavioral Health Department. Clients are also able to attend 12-step meetings, including some that are culturally-tailored toward American Indian and Alaska Native populations. STH provides transportation to activities that will support an individual’s recov-

ery, such as medical appointments, meetings with their counselor, or recovery groups. They also employ Certified Peer Recovery Mentors who provide support to clients in several ways, such as helping them with job applications, coordinating future housing, and teaching life skills that will support their recovery journey.

A unique feature of STH is that it incorporates culturally-tailored supports into recovery resources. For example, clients can participate in a horse medicine program, which is a form of equine therapy that is rooted in the CTUIR traditions and knowledge around horses and healing. Clients can also attend local powwows and other cultural events in the community to reconnect with a part of themselves and their cultural identity that they may have lost during their substance use. Clients are not required to participate in these activities, but they are available for those who want to (re)connect with their culture as a part of their recovery journey.

Challenges and opportunities

One challenge that STH is facing is that some clients must be removed from the program due to active drug or alcohol use. Collins noted that a challenge for many clients from the local rural area is that they can get distracted in their recovery process because they are near people with whom they used to use substances or places where they had been in active addiction. She said, *“I see that being a barrier for clients a lot because they are trying to be sober in the community where they came from and that can be hard.”*

Both a challenge and opportunity for STH is that their client caseload often fluctuates. Davis shared that they often have open beds, so he has reached out to other tribes in the Pacific Northwest, as well as treatment centers and corrections officers with American Indian and Alaska Native individuals on their caseloads to promote the resources and supports that STH can provide. Davis said, *“A lot of places do not know we exist so I am trying to put the word out there... and it’s free [to the clients]. I think as time goes on we’ll certainly get more clients.”*

Overall, the biggest success of STH cited by Davis and Collins is that the program is working well for individuals because it is tailored to the needs of each client and their recovery goals. Davis shared, *“Just recently we had two clients that graduated [from the program]. One client had a job for probably like eight months. This client was able to*

graduate, they had a place to go, and is still continuing to work. I think that was a pretty big thing for our program to have someone graduate.”

Collins also noted, “We are very resourceful. If we can’t do it ourselves we are really good about working with other resources in the community, in the tribal community and in the city of Pendleton. So if we can’t do it ourselves, we’ll find someone who can and try to get them involved in different types of services somewhere that they can get what they need.”

Case #3: Hope House Ministries, Ravenswood, WV

Rural community context

Ravenswood is a town of about 3,800 people in Jackson County, West Virginia, located along the Ohio River.³⁰ Ravenswood is known for high school football at the local Ravenswood High School, and the largest industries in Ravenswood include health care and social assistance, manufacturing, and educational services.²⁹ The majority (59%) of residents are female, 96% are non-Hispanic white, 24% are under 18 years of age, and 17% are 65 years or older.³¹

Jackson is ranked among the healthiest counties in West Virginia: 10th out of 55 total counties, according to County Health Rankings.³¹ Jackson County’s substance use rates vary with respect to West Virginia. Jackson County has higher rates of excessive drinking (15% vs 14%) but lower alcohol-impaired driving deaths (23% vs 26% of motor vehicle crash deaths).³¹ Jackson County also has lower drug overdose deaths compared to the rest of West Virginia (26 vs 57 per 100,000), and the adult smoking rate matches West Virginia overall (24%).³¹ Ten percent of Jackson County households experience “severe housing problems.”³¹

Organizational overview

Hope House Ministries was started in 2019 by Misty and Jason Adkins, two community members living in long-term recovery. They wanted to give back to their community by providing support to others struggling with substance use as there were few recovery supports in the area at the time. They started by hosting weekly recovery meetings at a local community center. These meetings became so popular, with an average of 22

people in attendance a week, that they needed to rent a different building to meet the growing community need. The Adkinses eventually recognized the need for sober living in the community, so they fundraised over \$11,000 for a down payment to purchase a building. In 2021 they were able to renovate the building to create housing units for up to 14 cisgender women, thus creating Hope House Ministries. Hope House Ministries is the only state certified recovery house in Jackson County, West Virginia. This housing program for women in recovery has been funded by local community grants, as well as a federal grant from the Substance Abuse and Mental Health Services Administration Building Communities of Recovery grant that began in July 2023.³² This funding covers services for the residents, such as fees related to getting their driver’s license back, and supplies such as 12-step and AA books. We spoke with Jessica Angus, Program Coordinator with Hope House Ministries.

Women in need of sober housing have come to Hope House Ministries through word of mouth in the community, as well as referrals from the local criminal justice system. Residents must pass a drug screening upon entry to the housing program, as they are not set up to provide detox services. Residents are able to stay in the housing for up to one year and must maintain sobriety throughout their stay as this program is a “Sober Living House.” They also are required to pay program fees of \$400 a month, which covers housing, utilities, internet, television, and phone usage. They do not need to start paying these fees until 6-8 weeks into their stay as they want the women living in the housing to have time to find a job. They also allow residents to participate in community service hours that can cover program costs, which helps to reduce financial stress among residents.

Key features

In addition to sober housing, Hope House Ministries provides peer support services to their residents. They also work with a therapist to offer onsite counseling. Residents are connected with local providers for health care, mental health services, and medication assisted treatment, specifically Vivitrol. They also have access to transportation, job training through Jobs & Hope West Virginia, and adult education through WorkForce West Virginia.³³⁻³⁴ Angus said, *“Anything and everything they need to be able to rebuild their lives, we try to help them with that.”*

A unique aspect of the Hope House Ministries program is the faith-based nature of the program. Residents are required to regularly attend faith services as a part of

their recovery journey, and there is a spiritual leadership component to the program as well.

Challenges and opportunities

Angus shared that one of the biggest challenges is helping residents find stable housing after they complete their stay with Hope House Ministries. Although residents can graduate after a year, some have been staying longer due to the lack of housing in their rural community. There is also a waiting list for new residents at Hope House Ministry sober housing. Angus said, *“There is a need for women to come into the program, but we need to get these women out on time. We have a couple of residents right now who should have already graduated and we are still working on finding them housing. We will not put them on the streets.”* This lack of housing in the community is exacerbated by the barriers that many individuals in recovery face to accessing stable housing, including not being able to pass a background check due to prior convictions, bad credit, or not earning enough income.

Despite these challenges, Angus noted that the biggest accomplishment of the Hope House Ministry housing program is how quickly the program has grown and has been able to sustain itself. They are proud to have had 12 women graduate from the program so far. Another strength of the program is that it is recovery-operated, as program staff and many board members are living in recovery. Angus said, *“We’ve been there and we’ve done our own programs.”*

Conclusion

Housing for individuals in recovery from substance use issues is an important resource in rural communities. This housing can provide stability and resources that can help facilitate success in a person’s recovery journey. These case studies illustrate what rural communities are doing to support those struggling with substance use and housing instability.

References

1. Taylor LA. Housing and Health: An Overview of the Literature. *Health Affairs Policy Brief*, 2018. doi: 10.1377/hpb20180313.396577
2. Rinker B. Recovery Residences Combat Addiction in Rural Communities. *Health Affairs*, 2019;38(12). doi: 10.1377/hlthaff.2019.01489
3. Center on Budget and Policy Priorities. *Meeting the Housing Needs of People with Substance Use Disorders*. 2019. Last accessed November 2023 from <https://www.cbpp.org/research/housing/meeting-the-housing-needs-of-people-with-substance-use-disorders>

[ing-the-housing-needs-of-people-with-substance-use-disorders](#)

4. Kertesz S, Crouch K, Millby JB, Cusimano RE & Schumacher JE. Housing First for Homeless Persons with Active Addiction: Are We Overreaching? *The Millbank Quarterly*, 2009; 87(2): 495-534. doi: 10.1111/j.1468-0009.2009.00565.x
5. Millby JB, Schmacher JE, Wallace D, Freedman MJ, & Vuchinch RD. To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment. *American Journal of Public Health*, 2005; 95(7): 1259-1265. doi: 10.2105/AJPH.2004.039743
6. Swendener A, Rydberg K, Tuttle M, Yam H, & Henning-Smith C. *Crowded Housing and Housing Cost Burden by Disability, Race, Ethnicity, and Rural-Urban Location*. UMN Rural Health Research Center Policy Brief. March 2023. <https://rhrc.umn.edu/wp-content/uploads/2023/03/Crowded-housing-and-cost-burden-policy-brief-final.pdf>
7. Rural Health Information Hub. Stigma. Rural Prevention and Treatment of Substance Use Disorders Toolkit. 2020. Last accessed November 2023 from <https://www.ruralhealthinfo.org/toolkits/substance-abuse/4/stigma>
8. Cyr ME, Etchin AG, Guthrie BJ, & Benneyan JC. Access to Specialty Healthcare in Urban versus Rural US Populations: A Systematic Literature Review. *BMC Health Services Research*, 2019; 974. doi: 10.1186/s12913-019-4815-5
9. Lister JJ, Weaver A, Ellis JD, Himle JA, & Ledgerwood DM. A Systematic Review of Rural-Specific Barriers to Medication Treatment for Opioid Use Disorder in the United States. *The American Journal of Drug and Alcohol Abuse*, 2019; 46(3):273-288. doi: 10.1080/00952990.2019.1694536
10. Housing Assistance Council. Rural Resource Guide: Affordable Housing and Recovery in Rural Communities. 2023. Last accessed November 2023 from <https://ruralhome.org/wp-content/uploads/2023/01/Rural-Resource-Guide-Affordable-Housing-and-Recovery-in-Rural-Communities.pdf>
11. Hazelden Betty Ford Foundation. Are You Looking for Sober-Living Houses? Here Are a Few Things You Should Know. 2021. Last accessed November 2023 from <https://www.hazeldenbettyford.org/articles/what-is-sober-living>
12. Heading Home. Housing First Model: An Evidence Based Approach to Ending Homelessness. 2021. Last accessed November 2023 from <https://www.headinghomeinc.org/housing-first-model/>
13. Wittman FD, Polcin DL, & Sheridan D. The Architecture of Recovery: Two Kinds of Housing Assistance for Chronic Homeless Persons with Substance Use Disorders. *Drug Alcohol Today*, 2017; 17(3): 157-167. doi: 10.1108/DAT-12-2016-0032
14. United States Census Bureau. Quick Facts: St. Peter, Minnesota. 2022. Last accessed November 2023 from <https://www.census.gov/quickfacts/stpetercityminnesota>
15. City of St. Peter. Welcome to Saint Peter. 2023. Last accessed November 2023 from <https://www.saintpetermn.gov/385/Welcome-to-Saint-Peter>
16. County Health Rankings. Nicollet, MN. 2023. Last accessed November 2023 from <https://www.countyhealthrankings.org/explore-health-rankings/minnesota/nicollet?year=2023>

17. Minnesota Department of Health. Nicollet County Substance Use and Overdose Profile. 2023. Last accessed November 2023 from <https://www.health.state.mn.us/communities/opioids/countypfiles/nicollet.html>

18. Southwest Minnesota Housing Partnership. Solace Apartments. 2023. Last accessed November 2023 from <https://www.swmhp.org/renters-landlords/supportive-services/solace-apartments/>

19. Nicollet County. Cash Assistance. 2023. Last accessed November 2023 from <https://www.co.nicollet.mn.us/884/Cash-Assistance>

20. Disability Minnesota. Group Residential Housing Assistance. 2023. Last accessed November 2023 from <https://mn.gov/disability-mn/a-z/?id=1095-289099>

21. Otto Bremer Trust. Mission & History. 2023. Last accessed November 2023 from <https://ottobremer.org/>

22. ArtPlace America. 2023. Last accessed November 2023 from <https://www.artplaceamerica.org/>

23. United States Census Bureau. Quick Facts: Pendleton, Oregon. 2022. Last accessed November 2023 from <https://www.census.gov/quickfacts/fact/table/pendletoncityoregon,US/PST045222>

24. Oregon Department of Corrections. Prison Locations. 2023. Last accessed November 2023 from <https://www.oregon.gov/doc/about/pages/prison-locations.aspx>

25. City of Pendleton. About Us. 2023. Last accessed November 2023 from <https://pendleton.or.us/community/page/about-us>

26. County Health Rankings. Pendleton, OR. 2023 Last accessed November 2023 from <https://www.countyhealthrankings.org/explore-health-rankings/oregon/umatilla?year=2023>

27. Yellowhawk Tribal Health Center. Sober Transition Housing. 2023. Last accessed November 2023 from <https://yellowhawk.org/behavioral-health/sober-transition-housing/>

28. Substance Abuse and Mental Health Services Administration. Tribal Opioid Response Grants. 2023. Last accessed November 2023 from <https://www.samhsa.gov/tribal-affairs/tribal-opioid-response-grants>

29. Substance Abuse and Mental Health Services Administration. State Opioid Response Grants. 2023. Last accessed November 2023 from <https://www.samhsa.gov/grants/grant-announcements/ti-22-005>

30. City of Ravenswood. Welcome to the City of Ravenswood. 2023. Last accessed November 2023 from <https://www.cityofravenswood.com/community>

31. County Health Rankings. <https://www.countyhealthrankings.org/explore-health-rankings/west-virginia/jackson?year=2023>

32. Substance Abuse and Mental Health Services Administration. Building Communities of Recovery. 2023. Last accessed November 2023 from <https://www.samhsa.gov/grants/grant-announcements/ti-22-014>.

33. Jobs & Hope West Virginia. 2023. Last accessed November 2023 from <https://jobsandhope.wv.gov/>

34. WorkForce West Virginia. 2023. Last accessed November 2023 from <https://workforcewv.org/>

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