

Sober Home Scan – Final report summary

Selected findings from the landscape analysis of sober homes in Minnesota

04/29/2026

Background

In 2023, the Minnesota Legislature requested a survey of the state’s sober homes. The survey aimed to learn about what homes exist, the services they offer, their funding sources, whether they serve specific groups of people, and other information needed to inform policies to strengthen sober housing in the state. The study was conducted by:

- The Minnesota Department of Human Services Behavioral Health Division,
- The Improve Group, a St. Paul-based research and evaluation firm, and
- A project Advisory Committee made up of people with a mix of professional and personal experiences related to sober homes.

This report summarizes selected findings from the Sober Home Scan. The Improve Group also wrote a full report with all findings, as well as more detailed information about how the scan was done and recommendations for future research.

Findings

The Sober Home Scan used an anonymous survey to collect information from current and recent sober home operators in Minnesota. Operators could choose whether to take part. The survey received 97 total responses: 31 from people who operated one home, 52 from people who operated multiple homes, and 14 from people who had recently closed their home(s). Findings are based only on what these respondents reported—they do not apply to all sober home operators in the state.

Sober homes identified in the scan

Overall, the 97 people who responded to the survey operated 269 open sober homes representing 3,358 beds across the state. About two-thirds of homes and beds were in the 7-county metro region. Survey respondents operated homes in only 25 counties (29 percent of Minnesota’s 87 counties). They did not report any homes in the 11 Tribal Nations sharing geography with Minnesota.

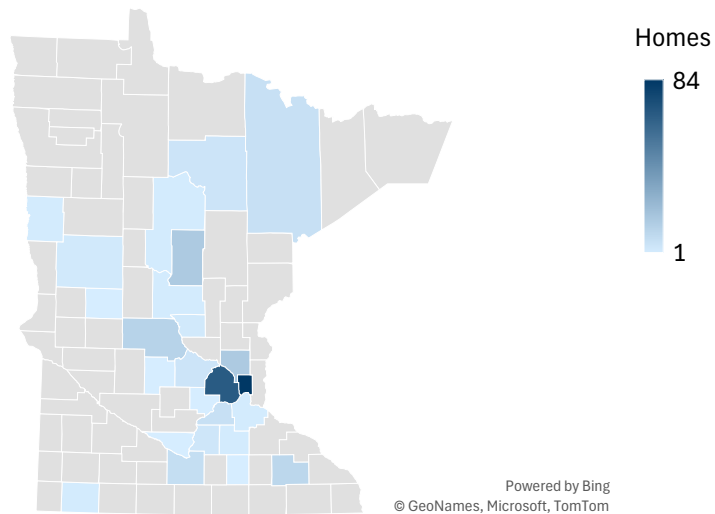


Figure 1 – Heat map of respondents’ open sober homes by county

Nearly three-quarters of respondents (73 percent) reported that most or all of their beds are generally full. Another 23 percent reported that some of their beds are generally full, and only 5 percent reported that no or almost no beds are generally full.

Almost a third of respondents had closed a sober home in the previous year, adding to a total loss of 61 homes representing 506 beds. Thirty respondents reported closing at least one sober home in the previous 12 months. Most of these homes, including 78 percent of beds, were in the seven-county metro region.

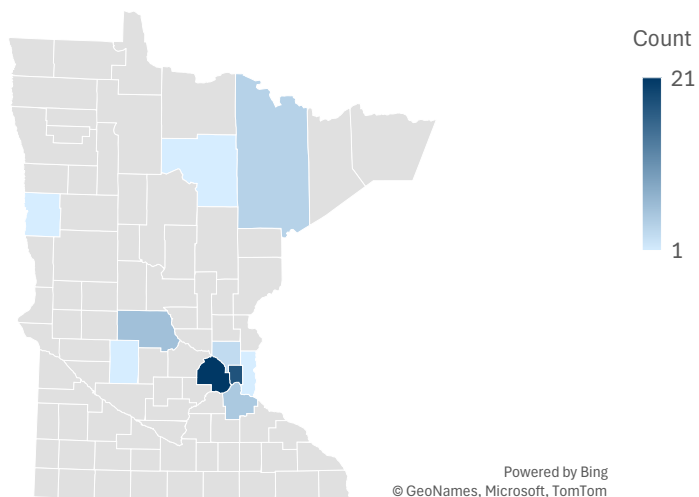


Figure 2 – Heat map of respondents’ closed homes by county

Populations served by sober homes

Most respondents operated homes that served specific populations, most commonly based on gender. Most respondents said their sober homes specifically serve at least one group, with only 4 percent indicating that their sober homes do not specifically serve any population.

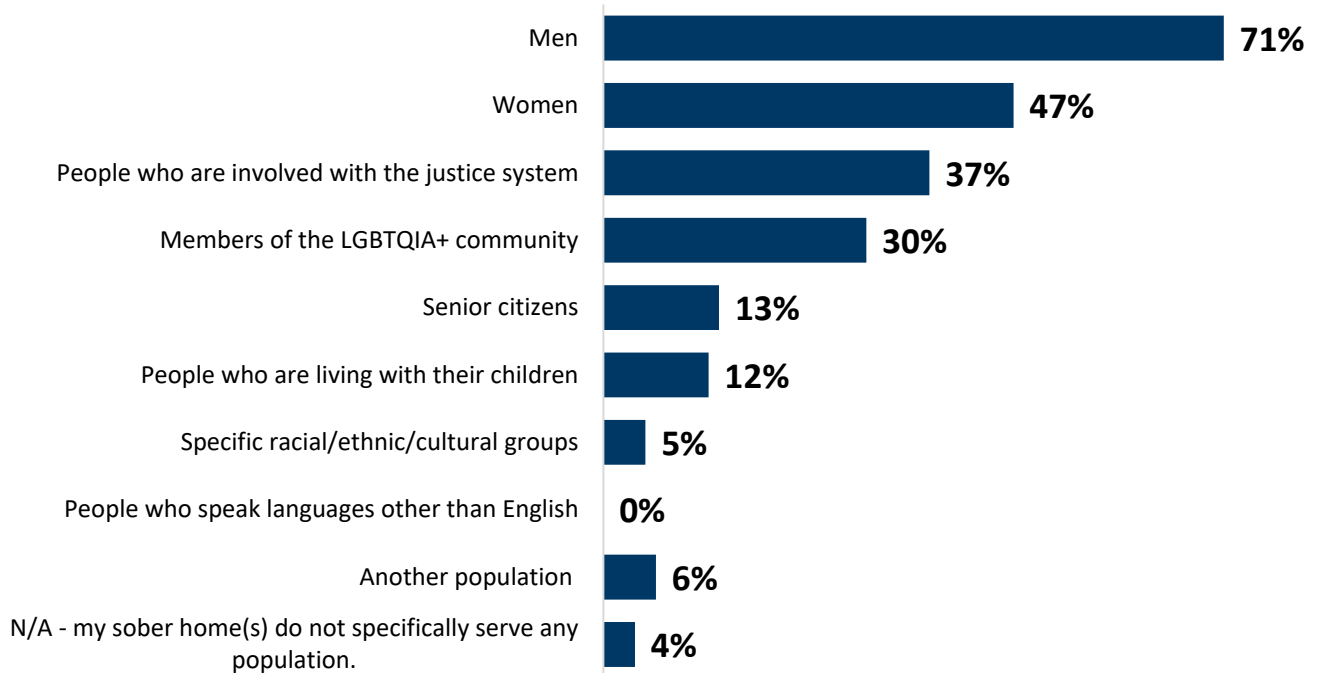


Figure 3 – Specific populations served by sober homes operated by respondents (n=83)

While patterns in populations served were similar across regions, one noteworthy difference emerged. Of the 25 operators who indicated they have a home that specifically serves individuals in the LGBTQIA+ community, 18 (72 percent) operated in the Twin Cities.

In recognizing that the sober living system has historically presented barriers for people with certain identities or characteristics, the survey also asked operators to identify, from a list, who they are able to serve. In this instance, being “able to serve” means that though the sober home may not be specifically intended for that certain population, it could support their specialized needs.

While most sober home operators (77 percent) said they are able to serve people in the LGBTQIA+ community and people with dual diagnoses of mental health and chemical dependency, fewer respondents were able to serve residents with other specialized needs. Seventy-four percent of operators said they can serve people experiencing co-occurrence/dual diagnosis of chemical dependency and mental illness. Less than a quarter of respondents operated sober homes that can serve people on the Predatory Offender Registry or people convicted of arson. Fewer than one in five respondents were able to serve people living with pets, people with physical disabilities, and people living with their children.

There were some regional differences in who respondents were able to serve. Operators who said they can serve the LGBTQIA+ community were more likely to be in the seven-county metro (61 percent) than in greater Minnesota (35 percent). Operators with at least one home that could serve people with physical disabilities were more likely to be in greater Minnesota (57 percent) than in the metro (29 percent).

Services/supports provided by sober homes

Most respondents offered a variety of services or supports through their sober homes, most commonly access to opioid overdose reversal medications, support groups or meetings, and/or help accessing community services. Although sober homes do not provide counseling or treatment services to residents, they may offer residents informal services and assistance with community resources. Around two-thirds of operators reported providing access to opioid overdose reversal medications (such as naloxone), support groups or other meetings, and help accessing community services in at least one of their homes. Seventeen percent of respondents reported they provide medication monitoring or administration. Thirteen percent did not offer any services in their sober homes.

A difference in service provision patterns emerged between those who operated sober homes in the seven-county metro and those in greater Minnesota. While 6 percent of respondents who operated homes in greater Minnesota said they did not provide any services, 20 percent of operators with homes in the seven-county metro said the same. For every service listed in the survey, a higher proportion of respondents with homes in greater Minnesota said they offered the service than respondents with homes in the metro.

Funding sources

Monthly costs to live in sober homes ranged a great deal but tended to be between \$500 and \$999 per month and were more expensive in the metro area.

Respondents had the opportunity to share the monthly cost for a resident to live in their sober homes, including rent, utility shares, and/or fees. While respondents reported the estimated monthly cost to live in sober housing for residents, it is important to note that the actual sources of funding vary (i.e., residents may not pay the full amount directly out of pocket), as discussed further in the next section.

Respondents reported a mix of funding sources for their sober homes, with most relying on residents' own financial resources to some extent. About half receive funding through government assistance programs. Sober home operators reported a variety of funding sources and combinations used by their residents to pay for the costs of operating their sober home(s). Eighty-four percent of respondents receive at least some funding directly from residents. More than half indicated that they receive 75 percent or more of their funding from this source. Almost half of respondents reported receiving at least some funding through government assistance programs, though this was generally a smaller proportion of their total funding. Almost a quarter reported donations or charity to the sober home as a funding source, though this accounted for a small proportion of funding overall. Residents' insurance (private or public) was rarely used as a funding source.

Funding was the most common operational barrier, with almost all respondents reporting challenges related to managing funding and bringing in enough funding to pay for expenses. Sixty-nine percent of respondents

reported that managing funding and bringing in enough money to pay for expenses was very or somewhat challenging. The survey also asked about challenges related to the financial aspects of operating a sober home. For all of the financial aspects listed in the survey, well over half of respondents said these were very or somewhat challenging (Figure 4).

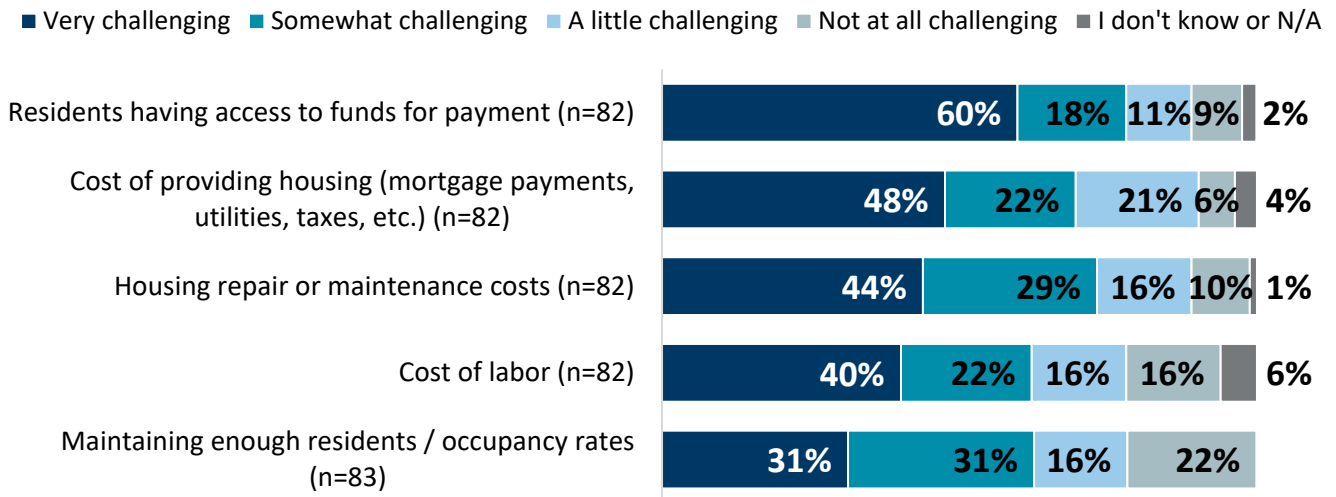


Figure 4 – Financial challenges and level of challenge for respondents

Information to strengthen sober housing policies

Respondents noted policy areas that, if addressed, may make it easier to operate existing or open new sober homes and strengthen the sober housing field. The following themes emerged:

- **Funding was named as the most needed resource to support sober homes.** Operators primarily named funding support to residents, especially to support stable housing and essential services to residents during their transition out of treatment, as the greatest need.
- **Many operators described challenges with existing policies and administrative requirements, while also expressing desire for sober housing certification and monitoring that is aligned with recovery standards.** Operators expressed the importance of some type of sober home oversight to ensure they are maintaining a safe, stable, and supportive recovery environment. However, they said the current state and local requirements, which apply traditional housing rental regulations to sober homes, do not support the unique needs of people in recovery.
- **Some operators requested technical assistance to help them better operate within the existing regulatory systems.** In particular, operators requested technical assistance with navigating funding sources, local zoning laws, and policy compliance.

Despite operational challenges, many sober home operators expressed dedication to providing this key service. While most respondents described significant challenges in navigating funding and policies, many also emphasized the importance of sober housing and their commitment to working in the recovery field. Operators expressed that access to safe and affordable housing is essential for ensuring people stay sober; some described

the work of sober home operation as more like a mission than a business, adding that it can take an emotional toll but is also rewarding to be part of the recovery community. The survey did not ask about operators' motivation for being in this field, so this theme of commitment to providing sober housing despite operational challenges is noteworthy.

Recommendations for future research

This Sober Home Scan provided an initial, descriptive view of the sober housing landscape in Minnesota. However, there is still much to explore about sober housing. Based on the results of this survey, some recommendations for future research are to:

- Continue efforts to identify sober homes.
- Further investigate regional differences among sober homes.
- Further explore the different experiences and needs of single home operators versus multi-home operators.
- Further investigate the need for sober housing among specific populations.
- Continue to consider how to fund residents and/or sober homes.
- Continue to gather operators' needs and preferences related to certifying and regulating sober homes.
- Learn about residents' experiences.

Conclusion

This Sober Home Scan provided valuable insights into the sober housing landscape, including what sober homes exist, the services they offer, their funding sources, whether they specialize in serving specific populations, and other information needed to inform policies to strengthen sober housing in the state. This scan also identified important findings that are worthy of further exploration. However, the results of this survey do not represent all sober homes in the state. Therefore, further research is needed to more fully understand the landscape of sober housing in Minnesota and how best to support the field going forward.