Building Evidence for Recovery Housing and Improving Feedback for Residents

Building Rural Recovery Ecosystems Summit

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Agenda

- Importance of Evaluation
- Culture > Strategy
- Common Evaluation Concerns
- Key Beneficiaries – Info Needs
- What Evaluation Can look like in Recovery Housing
- Simple Evaluation Framework for Recovery Housing
- Example Outcomes from Recovery Kentucky
- Evaluation Case studies with Recovery Homes
- Key Tips and Tools
- Making the Data do the Work

evaluation: determination of the value, nature, character, or quality of something or someone.[1]

A Message from SAMHSA

"As recovery houses become recognized as vital components in the continuum of care, it is important to properly assess how each house is ultimately performing in delivering quality resident care. SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery house; however, collecting data on measures such as abstinence from use; employment; criminal justice involvement; and social connectedness would greatly assist the home in gauging the effectiveness of services provided and would also enable these entities to utilize data to justify requests for state and federal funding."[2]

Why Evaluate?

- ✓ Identify successes and areas of improvement for each resident and program
- ✓ “If you can’t measure it, you can’t manage it.”
- ✓ Define quality – providing more of what should be done and less of what is wasteful
- ✓ Enables recovery homes to be competitive for grant funding with collection of evidence
- ✓ Contribute to a growing body of evidence for the social model

Reducing Potential Disparities

- Assessing specific needs of individuals served
  - Are specific measures needed to serve specific needs (i.e., cultural considerations) of residents?
    - I.e., Certain tribal populations may need to participate in specific cultural activities - these key to their recovery

- Documentation of RHs and Recovery Support Services in Rural Areas
  - It is important to document the number of and types of recovery support services located in the larger recovery ecosystem
    - Providers that offer MAT nearby
    - Number of recovery-ready employers
  - Documenting this may provide evidence for the resource need

  - If a RH is filling gaps in RSS care due to lack of resources in the larger rural recovery ecosystem (i.e., providing transportation, creative activities to support economic empowerment, and others), documentation of that is important

Culture

- Resident and Residence Centric
- Programs employ the tools they need to practice in a culturally competent manner
- Training and coaching focused on using measurement to improve
- Reporting informs residents and programs on how the resident is doing
- Focus is on support for inquisitiveness, collaboration, and quality improvement

Strategy

- Instruments are agnostic
- Flexible
- Not restrictive to proprietary scales
- Accommodate fixed or variable interval measures
- Common language facilitates discussion between program and resident; program and others—physician, specialists, and community organizations
- Not restricted by type of program

Common Concerns

- Evaluation is too time consuming
  - It does not have to be!
- Unsure of how to collect data
  - There are resources to help
- Documenting outcomes gets in the way of delivering the program
  - Outcome collection will help residents long-term
- Too many resources used
  - The return is worth the initial investment
- Fear of finding out the program is ineffective
  - The only way to improve is to first I.D. areas of improvement.

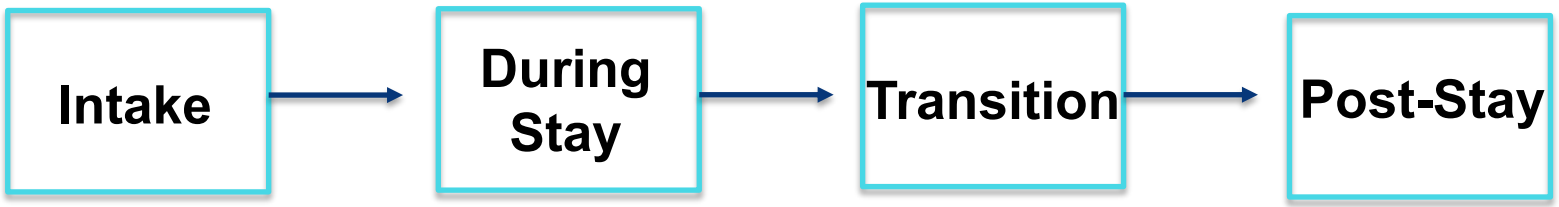
Information Needs

- **Resident**—What is the best path for me in my recovery journey?
- **Residence**—How are we engaging all residents? What are characteristics of residents who do well and who leave early?
- **Board**—Is the program producing the results we intend? Is it financially viable (census)?
- **Community**—Is our program, along with other RH programs in our community effective in assisting residents in community engagement and using a proportionate amount of health and human services?

Where do we begin?

A **wide variety** of data can be collected from residents on their progress and on programs they're involved in.

Data can be collected at:

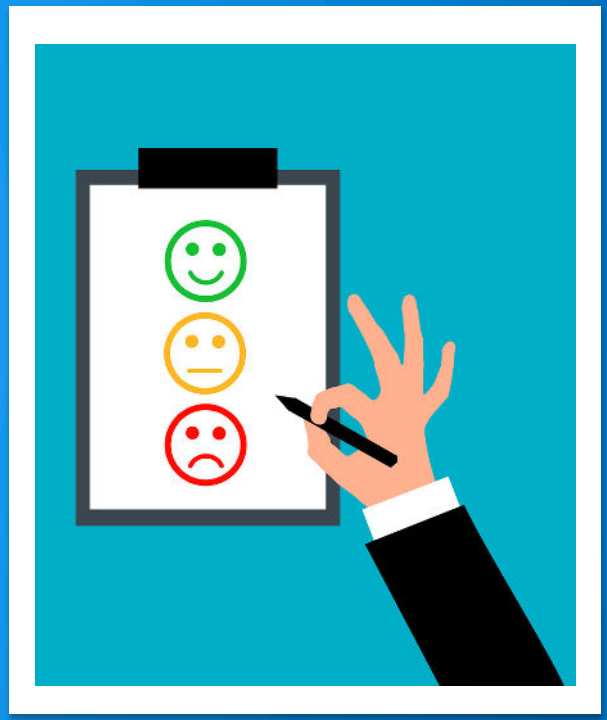


Types of RH Measures to Collect

1. **Process Measures**
   - Engagement rates: residence for 30 days or more
   - Alliance: degree person experiences connectedness to program, other residents, staff
   - Program participation rates: attendance at house meetings, training, employment
   - Satisfaction ratings of the recovery program

2. **Recovery Measures**
   - Intake/background: demographics, prior housing, criminal justice history, drug use history, recovery history, educational/employment history, etc.
   - Brief Assessment of Recovery Capital (BARC-10)[3] → recovery capital
   - CDC Health-Related Quality of Life[4] → self-report quality of life
   - Patient Health Questionnaire (PHQ-4)[5] → anxiety and depression
   - Alcohol Use Disorders Identification Test (AUDIT-C)[6] → severity of prior alcohol use
   - Screen of Drug Use (SODU)[7] → severity of prior drug use
   - Wang's Locus of Control/FGI Locus of Control[8] → belief of personal control

3. **Service Utilization**
   - Emergency department visits
   - Inpatient admissions
   - Routine medical care



Long-term Outcomes

- Employment
- Housing
- Social Connections
- Abstinence
- Health Status
- CJ Involvement

A Simple Evaluation Framework for RH

- Length of stay, or retention in recovery services has been a significant factor in recovery, much of the treatment services have been for short/acute care interventions
- Does not recognize the process/stages of recovery:
  1. **First Year** (early sobriety), 2. **Years 1-5** (sustained sobriety), 3. ≥ **5 years** (stable sobriety)[9,10]
- Currently, no framework for retention exists for the context of RH
- Having a **universal framework** to collect process measures on "length of stay" is crucial to building the evidence for RH and that length of stay matters

Initiation	Engagement	Retention
Stay of at least **7 days**/1 week	Stay of at least **30 days**/1 month	Stay of at least **180 days**/6 months

- Modeled and adapted for context from the Healthcare Effectiveness Data and Information Set (HEDIS)measures established by the National Committee for Quality Assurance (NCQA) for initiation and engagement and the National Quality Forum (NQF) for retention.[11,12]

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THE 7 STAGES OF RECOVERY

FROM RECOGNITION TO LONG-TERM RECOVERY

(This is not likely a linear path)

RECOGNITION

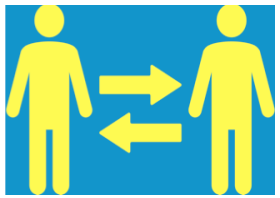
1ST MONTH

Symptoms become concerning. The individual may complain of physical ailments to others or become involved with law enforcement as a result of substance use.

INITIATION

1ST MONTH

Alcohol or substance use is identified as a problem requiring detoxification through a medical or social recovery model complemented by possible medication-assisted recovery.



ENGAGEMENT

2 TO 3 MONTHS

The individual acknowledges the need to address addiction through an acute intervention. The detox process continues, and a recovery plan is defined.

RETENTION

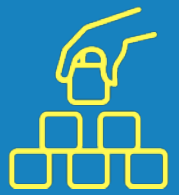
3 TO 6 MONTHS

Early recovery and rehabilitation proceeds with ongoing interventions that may include medications, clinical services, and social recovery support.

STABILIZATION

7 TO 36 MONTHS

The recovery pathway and risks for return to use are clearly identified with the individual pro-actively managing recovery, finding housing and employment, and developing social connections..



SUSTAIN

36 MONTHS TO 5 YEARS

The individual continues along the recovery pathway with ongoing services and supports clearly defined.

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LONG-TERM RECOVERY

5 YEARS PLUS

Recovery continues with purpose and meaning sustained by recovery capital, including employment, housing, social relationships, and leisure and recreational pursuits.

Among the 41.1 million people ages 12+ in the U.S. who needed SUD treatment in the past year, **only 6.5% received SUD treatment** at a specialty facility.[13]

Data on initiation, engagement and retention find approximately a 50 – 60% drop out.[14]

Secondary Analysis of Historical RH Data

Implementing the RH Retention Framework

Background: Rea of Hope (ROH) is a WVARR certified recovery home serving women and their children

Methods: Data on 502 residents from 2005 – 2021 provided to FGI research

- Background characteristics, length of stay, and final residential outcome (departure reason)
- Application of RH retention framework (initiation, engagement, and retention) to characterize residents' length of stay and to examine if there were significant predicators of RH retention

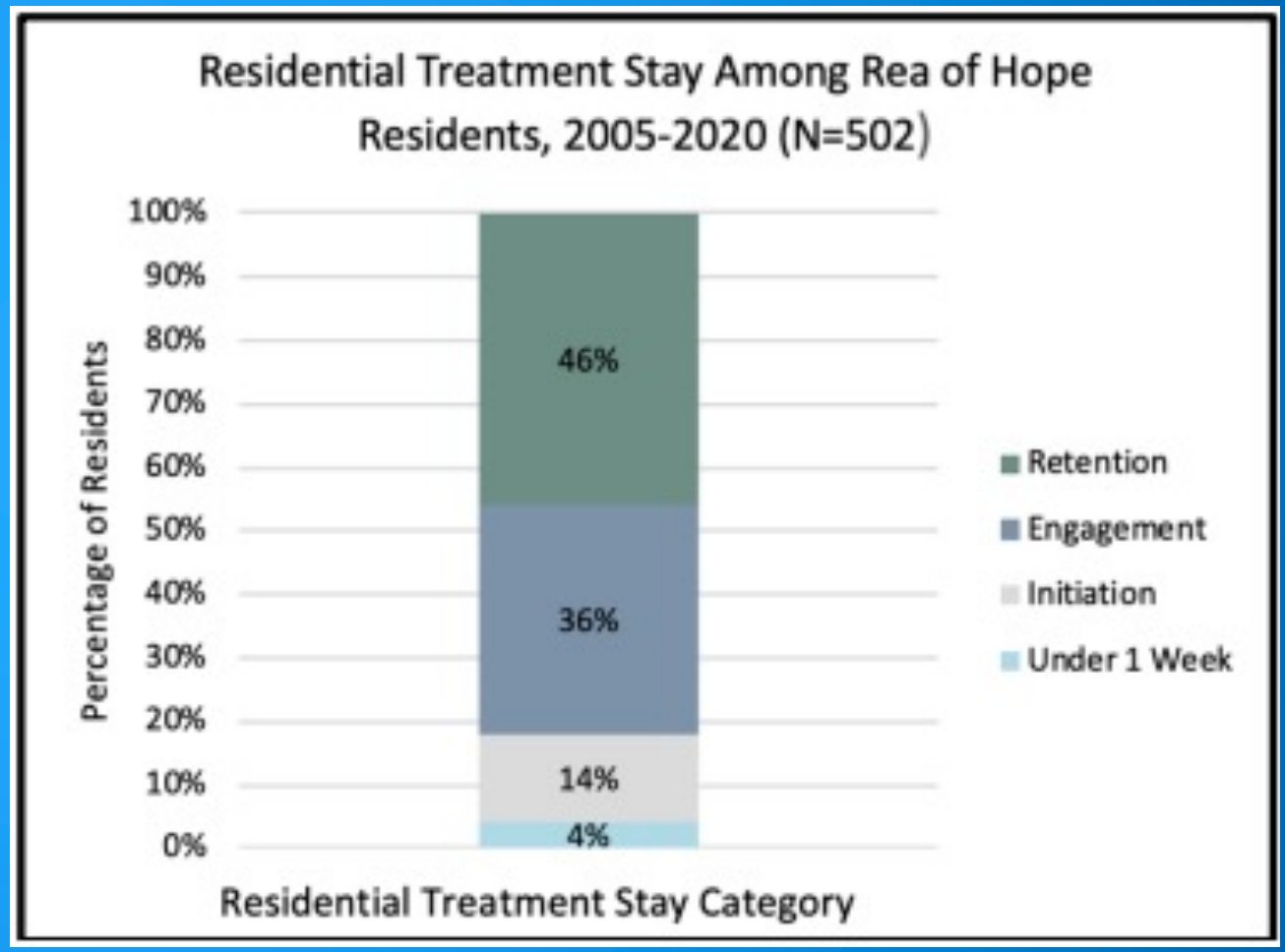
Primary models developed and tested included:

1. A probit regression (PR) model assessing predictors of RH retention (planned or unplanned departure)
2. A linear regression (LR) model assessing predictors on total resident stay days

ROH Results

- 55% - between the ages of 18-30,
- 94% - Caucasian
- 76% - homeless prior to entry
- 76% - mothers
- 80% - reported domestic violence
- 67% - history of IV drug use
- 60% - reported use of opiates (most common)

46% = retention (180+ days)
36% = engagement (30+ days)

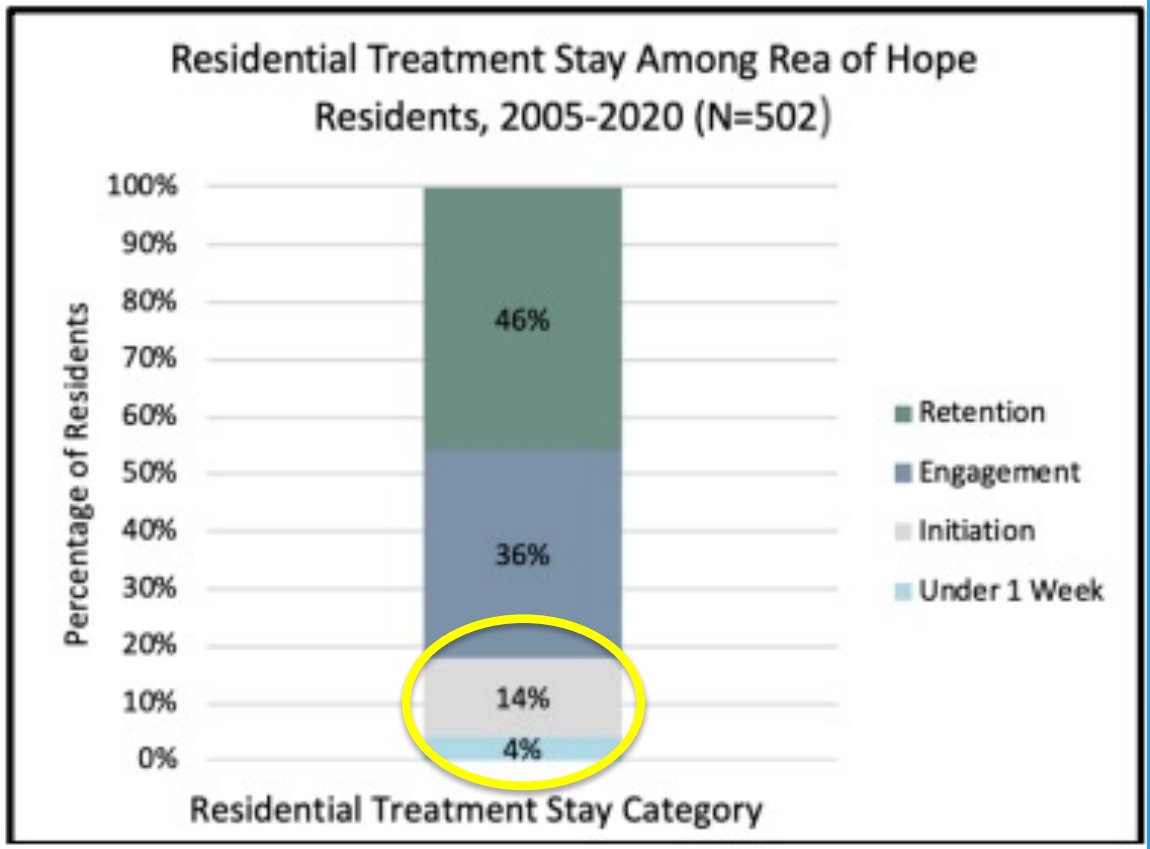


ROH Results

Primary models developed and tested included:
1. A probit regression (PR) model assessing predictors of RH retention (planned or unplanned departure)
2. A linear regression (LR) model assessing predictors on total resident stay days

- **PR model:** number of stay days was found to be significantly associated with planned or unplanned departure with every additional day stayed increasing a resident' probability of planned departure by 0.30% (P<.000)
- **LR model: (**assessing factors impacting stay days), residents that reported being homeless prior to entry stayed on average 11 more days (P<.036) and residents with a history of domestic violence stayed on average 13 more days (P<.019)

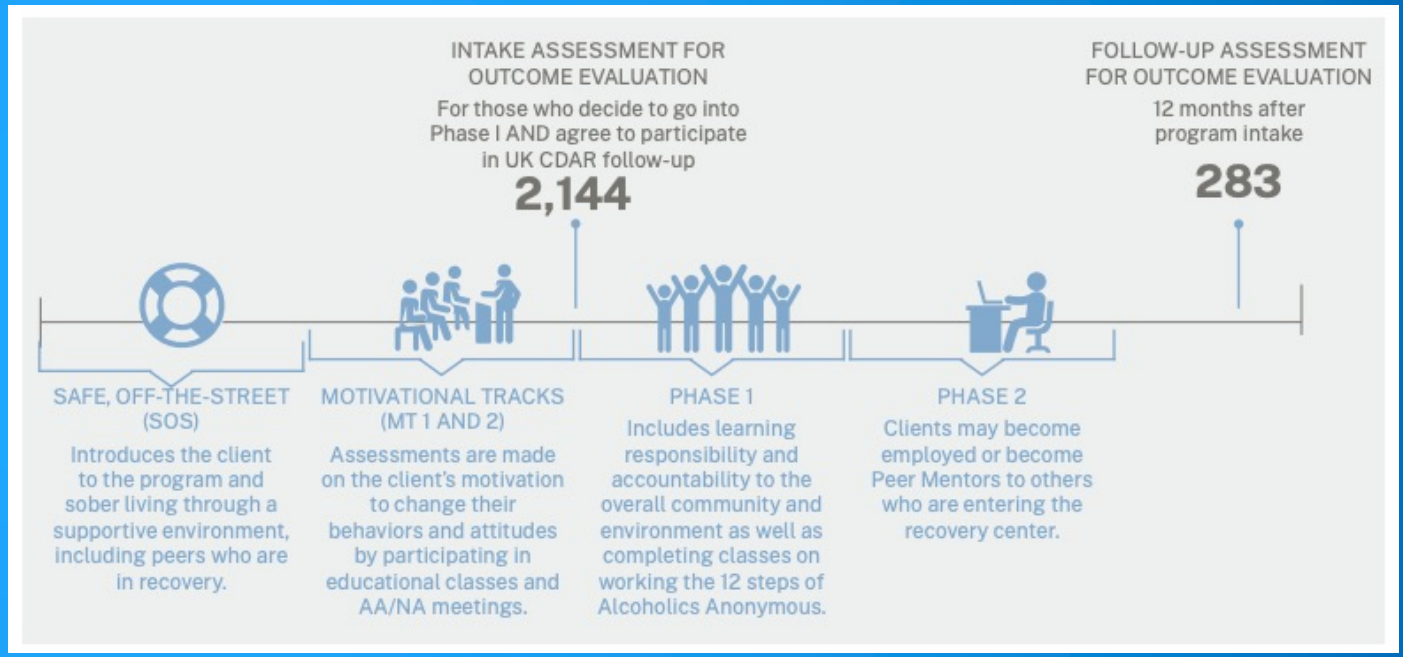
Determining Areas of Improvement



- FGI shared the report with ROH and discussion occurred:
- What was happening with the 18% of residents that only stayed for one week or less?
  - ROH indicated potential causation based on trends witnessed and follow-up discussion occurred to strategize to how to prevent the issue from occurring

Outcome Measures – Ex. from Recovery KY

- Recovery Kentucky is a recovery housing program developed under the leadership of Governor Fletcher
- Model that Fletcher Group was founded on
- 18 Centers across the state serving 2,200 individuals
- Evaluation with a sample of residents conducted by the University of Kentucky

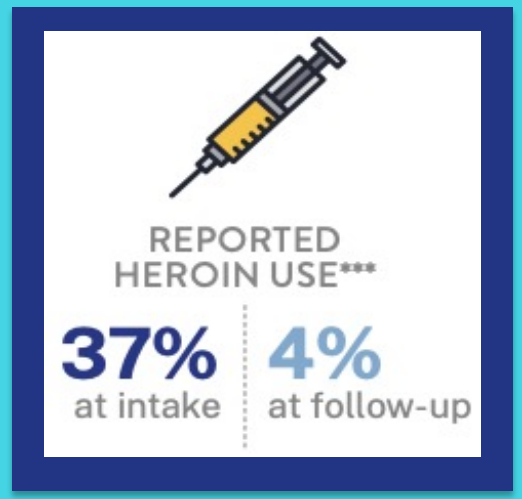


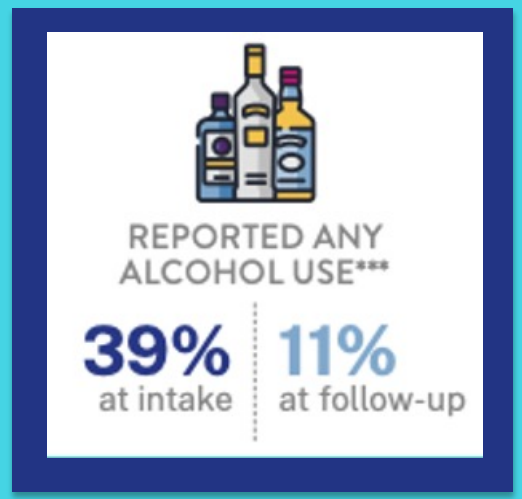
Outcomes At a Glance[15]

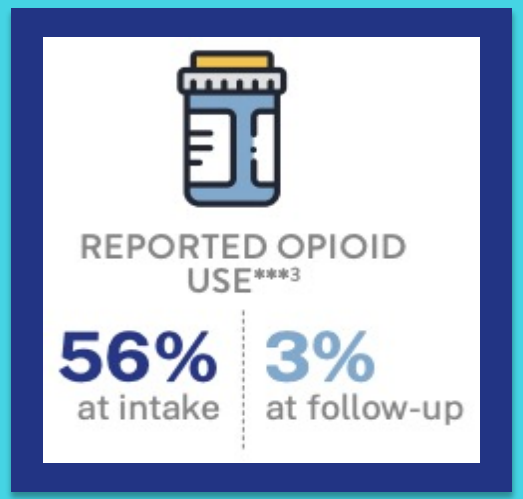
- Most recent outcomes provided from 283 residents that completed Phase 1, agreed to participated in UK study between 2019 and 2020.

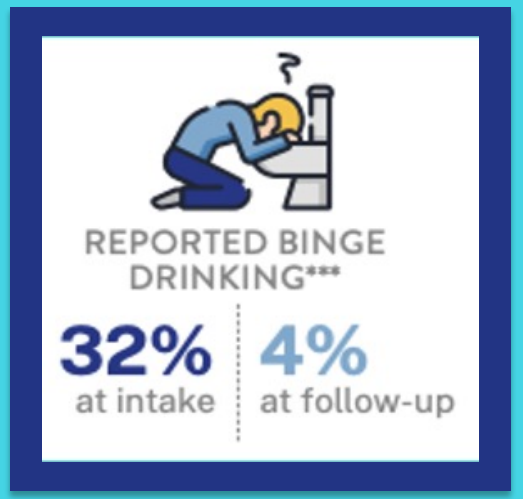
	At Intake	Year Later	Change
Illegal Drug Use	91%	19%	- 72%
Opioid Use	56%	3%	- 53%
Homelessness	31%	4%	- 27%
Employment	50%	81%	+ 31%
Rearrest	67%	6%	- 61%
Incarceration	87%	7%	- 80%

Substance Use Outcomes









Mental and Physical Health Outcomes

MET STUDY CRITERIA FOR DEPRESSION***

66% at intake | **22%** at follow-up

REPORTED SUICIDAL IDEATION AND/OR ATTEMPTS

23% at intake | **3%** at follow-up

MET STUDY CRITERIA FOR ANXIETY***

71% at intake | **27%** at follow-up

MET STUDY CRITERIA FOR COMORBID DEPRESSION & ANXIETY***

61% at intake | **13%** at follow-up

Past 30 day

AVERAGE NUMBER OF DAYS MENTAL HEALTH WAS NOT GOOD***

16.0 at intake | **4.7** at follow-up

AVERAGE NUMBER OF DAYS PHYSICAL HEALTH WAS NOT GOOD***

7.2 at intake | **2.5** at follow-up

REPORTED CHRONIC PAIN***[5]

22% at intake | **10%** at follow-up

Economic and Housing Outcomes

EMPLOYED AT LEAST ONE MONTH***

50% at intake | **81%** at follow-up

CURRENTLY HOMELESS***

31% at intake | **4%** at follow-up

REPORTED DIFFICULTY MEETING BASIC LIVING NEEDS***

39% at intake | **22%** at follow-up

REPORTED DIFFICULTY MEETING HEALTH CARE NEEDS***

25% at intake | **10%** at follow-up

Recidivism Outcomes

REPORTED ANY ARREST***

67% at intake

6% at follow-up

REPORTED BEING INCARCERATED***

86% at intake

7% at follow-up

REPORTED CRIMINAL JUSTICE SUPERVISION***

83% at intake

69% at follow-up

Return On Investment

Estimates of the cost per drug user and alcohol user were applied to the sample to examine the total costs of drug and alcohol abuse to society in relation to expenditures on the Recovery Kentucky program. The cost savings analysis suggests that for every dollar invested in recovery services there was an estimated $2.45 return in avoided costs (i.e., costs to society that would have been expected given the costs associated with drug and alcohol use).

ESTIMATED COST-SAVINGS FOR TAXPAYERS

$2.45

Tax Savings

$8.2 million
COST TO SOCIETY AT INTAKE

–

$2.0 million
COST TO SOCIETY AT FOLLOW-UP

=

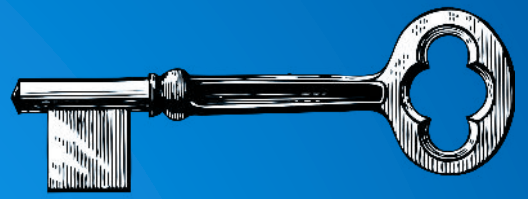
$6.2 million
GROSS DIFFERENCE IN COST TO SOCIETY

Starting Out on The Right Track

- FGI developed a resident-level outcomes protocol in Fall of 2020.
- Protocol had undergone extensive review but had not been piloted with the population for which it was developed for.

- Abundant Life had not yet developed an evaluation protocol and was receiving technical assistance from FGI.
- FGI research team connected with Abundant Life and a collaboration was developed to achieve the following:
  - Abundant Life: Implement and pilot test the outcomes protocol
  - FGI research: Advise on data collection/management and receive feedback on real-world implementation to improve protocol

Collaboration is Key



RCOE-RH Outcomes Protocol Overview

Domain 1: Resident Characteristics

- **Subdomain 1.1:** demographics and resource availability
- **Subdomain 1.2:** Physical and mental health history
- **Subdomain 1.3:** Substance use history

Domain 2: Recovery Support Service Intervention Dose

- **Subdomain 2.1:** Preferred recovery support service(s)
- **Subdomain 2.2:** Physical/mental health support service(s)
- **Subdomain 2.3:** Recovery house duration and I involvement
- **Subdomain 2.4:** House characteristics

Domain 3: Long-term Recovery Success

- **Subdomain 3.1:** Successful recovery house stay
- Subdomain 3.2: Recovery capital development

- Abundant Life provided feedback on instruments, indicating clarity was needed for certain questions.
- Administration of instruments (by whom and how) was discussed, raising awareness of key considerations.

* Abundant Life will provide FGI data from intake, 6 months, and 12 months to analyze, further refine protocol, and provide a report back to Abundant Life

Transition and Sustained Recovery

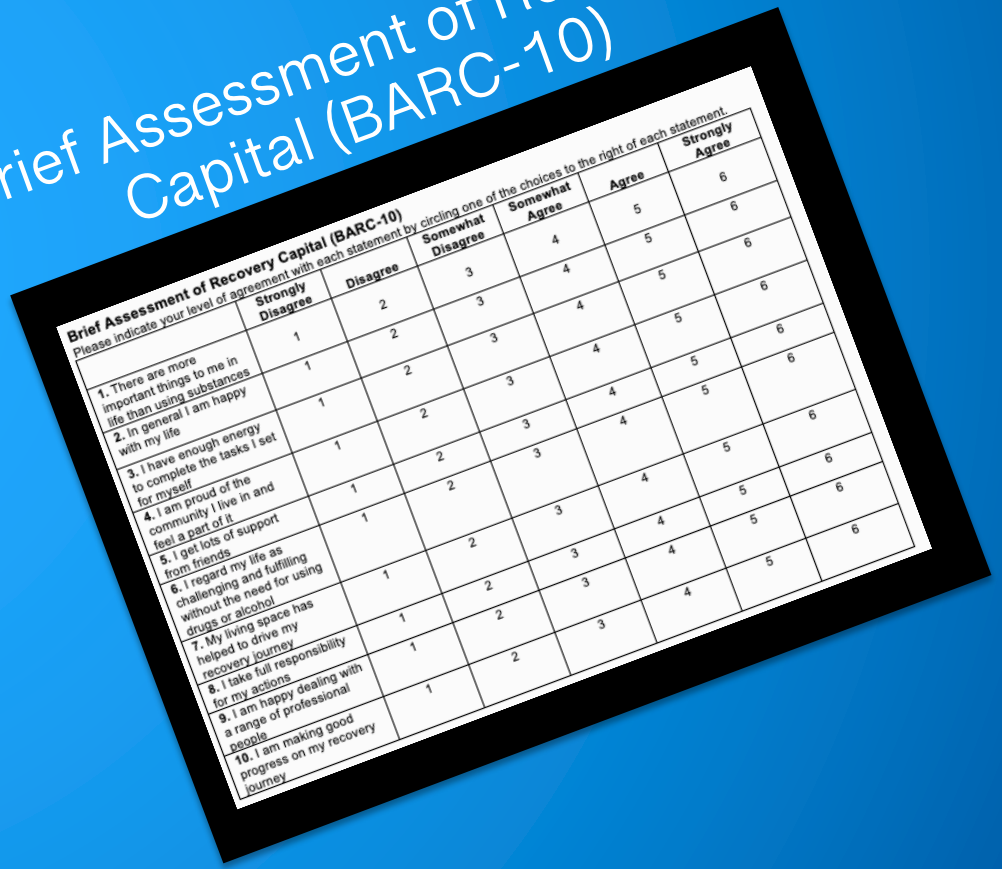
Maintaining Recovery from Alcohol and Drug Use

- Meaningful Employment
- Stable Housing
- Positive Social Connections
- Leisure Activities
- CJ Involvement

Selecting Measures/Developing Collection Tools

- Search for validated instruments
  - Ensure measurement of what is intended
- Select brief versions, when possible
  - Ex. BARC-10 in place of 50-item ARC
- Pay attention to language used
  - Keep things simple, use plain language
- Have instruments reviewed to ensure they make sense
  - Residents and other subject matters experts

Brief Assessment of Recovery Capital (BARC-10)



Brief Assessment of Recovery Capital (BARC-10)

Please indicate your level of agreement with each statement by circling one of the choices to the right of each statement.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. There are more important things to me in life than using substances	1	2	3	4	5	6
2. In general I am happy with my life	1	2	3	4	5	6
3. I have enough energy to complete the tasks I set for myself	1	2	3	4	5	6
4. I am proud of the community I live in and feel a part of it	1	2	3	4	5	6
5. I get lots of support from friends	1	2	3	4	5	6
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol	1	2	3	4	5	6
7. My living space has helped to drive my recovery journey	1	2	3	4	5	6
8. I take full responsibility for my actions	1	2	3	4	5	6
9. I am happy dealing with a range of professional people	1	2	3	4	5	6
10. I am making good progress on my recovery journey	1	2	3	4	5	6

Tools for Data Collection/Management

- No technology yet? Start out with paper/pen. Anything is better than nothing. Written data can be digitized later.

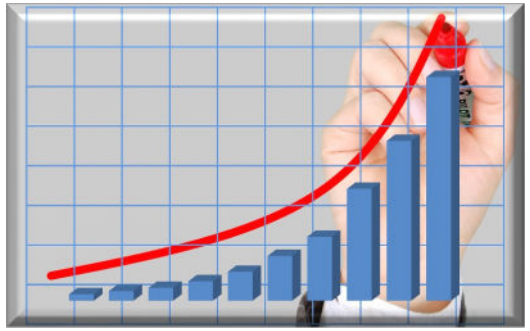
Microsoft Excel

Google Sheets

Survey Monkey or Qualtrics

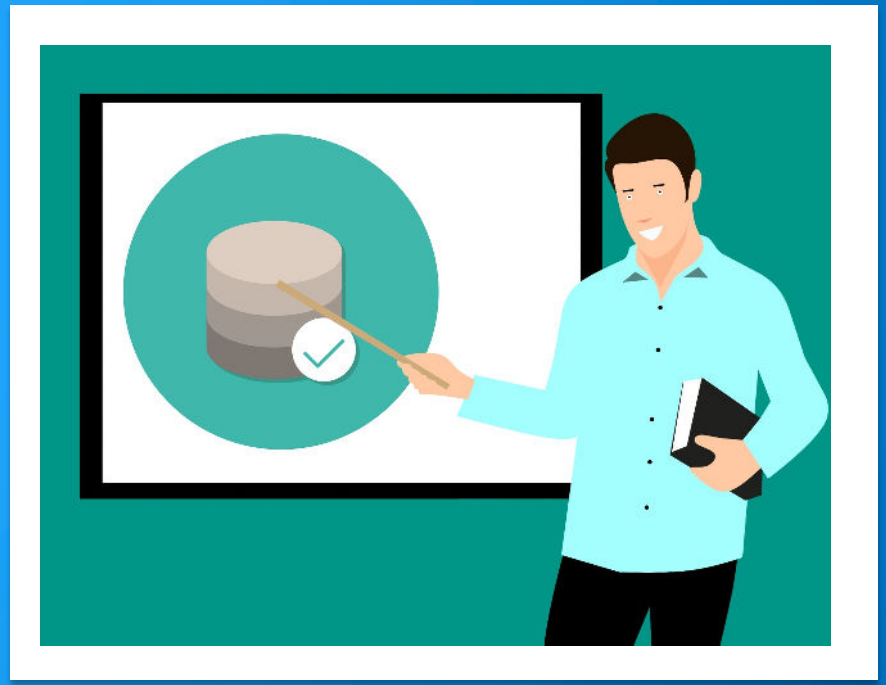
Making the Data Do the Work

- **Empower residents:** Residents visually see improvements.
- **Services Tailored to Residents:** Trends in the data may help identify and match services/programs to residents.
- **Funding:** Collecting data will enable the evidence needed for successful grant applications.
  - **Obtain certification/accreditation:** Certification/accreditation may be required to obtain public funds. Evaluation data may aid the application process.
- **Documenting Need in Rural Areas:** If RHs are in rural areas, documenting the number and types of recovery support services available is key to communicating the need.



Making the Data Do the Work Cont'd.

- **Community awareness:** Showcasing outcomes to communities may dispel common concerns and fears (NIMBY).
- **Advertising:** The phrase, "*let the data speak for itself*" bears some truth, informing prospective residents, families, and professionals about recovery programs.
- **Process improvement:** Identifying which programs work and which may need improvement.



What Next?

RHs not collecting data and interested, should consider it!
Starting with process measures such as "**length of stay**" is a great start.

Consider finding an academic or research organization interested in collaborating on a data project. Graduate students are a great fit!

Seek help! The Fletcher Group Rural Center of Excellence in Recovery Housing (RCOE-RH) has specialists that can provide guidance.

The RCOE-RH has developed a resident management system (RMS) designed to capture resident and house data. This system may be what your house is looking for.

Questions?

Thank you.

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Please feel free to contact us with any questions!

Want to see more?

Fletcher Group

Fletcher Group Connections

Recovery Ecosystems

Rural Recovery House Learning Center Intro

Introduction to Recovery Housing Portal and Demonstration of the Recovery Management System (RMS)

Recovery Housing Portal

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