

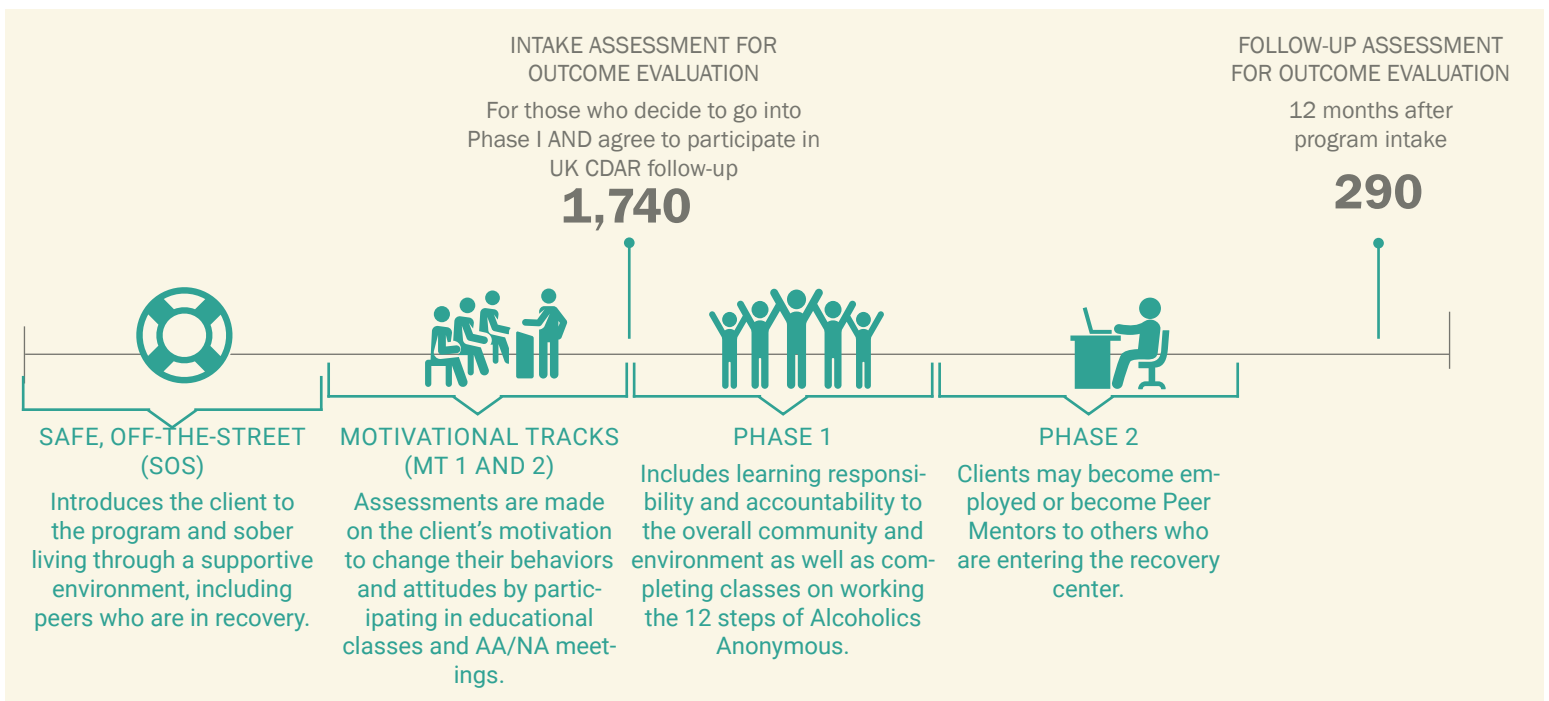


Findings from the Recovery Center Outcome Study

2024 Finding at a Glance

Introduction

Recovery Kentucky is a Social Model, Recovery Housing program created to help Kentuckians recover from Substance Use Disorder, which often leads to chronic homelessness. Kentuckians participating in this Recovery Housing model benefit in multiple ways: reducing their substance use, increasing their employment, decreasing involvement in the criminal justice system, reducing mental health problems, preventing future physical health problems and increasing their involvement in a recovery support system that leads to long term sobriety and free from the use of drugs of abuse. There are currently 18 Recovery Kentucky centers across the Commonwealth, providing housing and recovery services for up to 2,200 persons simultaneously. Recovery Kentucky is a joint effort by the Kentucky Department for Local Government (DLG), the Department of Corrections, and Kentucky Housing Corporation. Local governments and communities at each Recovery Kentucky center location have also contributed greatly to making these centers a reality.¹ The overall program is composed of 4 main components through which clients advance:



The Behavioral Health Outcome Studies team at the University of Kentucky Center on Drug and Alcohol Research (UK CDAR) independently conducts the Recovery Center Outcome Study (RCOS) which is an annual outcome evaluation that all of the 18 of the Recovery Kentucky centers that participated in RCOS this fiscal year.² Recovery center staff conduct an intake interview when clients enter Phase I after completing SOS and MT 1 and 2 to assess behaviors and problems clients had prior to entering the recovery center. Follow-up interviews are then conducted over the telephone by an interviewer at UK CDAR with eligible, consenting RCOS clients 12 months after Phase 1 entry. A random sample of eligible clients, stratified by target month (based on the intake month), and gender was selected. Client responses are kept confidential to help facilitate the honest evaluation of client outcomes and program services.

This Findings at a Glance report summarizes outcomes for 290 men and women who participated in a Recovery Kentucky program, completed an intake survey at the beginning of Phase I, and completed a follow-up survey between July 1, 2022 and June 30, 2023. At intake, most clients included in this report were White (90%), not currently married or cohabiting (70%), predominately male (51%) and, on average, 37 years old.

¹ For more information about Recovery Kentucky, contact KHC's Mike Townsend toll-free in Kentucky at 800-633-8896 or 502-564-7630, extension 715; TTY711; or email MTownsend@kyhousing.org.

Factors Examined at Intake and Follow-up

Past-6-month substance use²



REPORTED ANY ILLEGAL DRUG USE***

89% at intake | **11%** at follow-up



REPORTED OPIOID USE***³

44% at intake | **3%** at follow-up



REPORTED HEROIN USE***

31% at intake | **3%** at follow-up

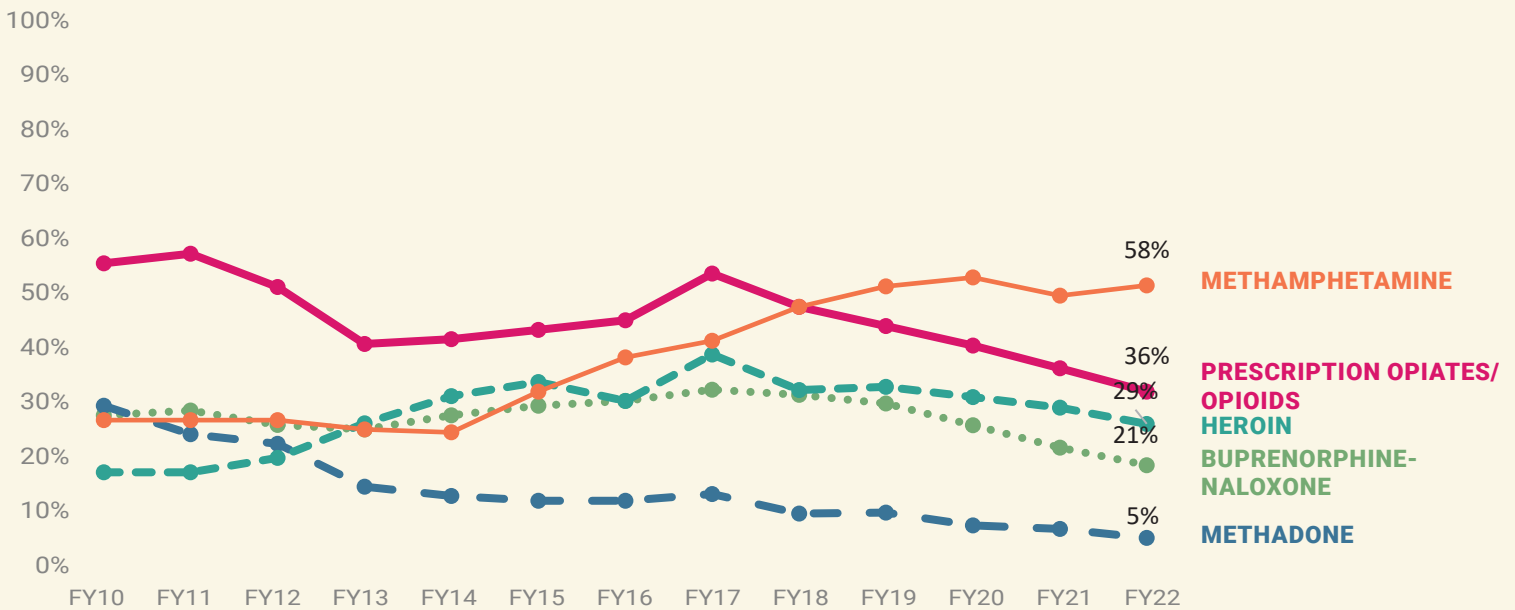


REPORTED METHAMPHETAMINE USE***

64% at intake | **3%** at follow-up

How much has opioid and methamphetamine use changed over time?

This trend analysis examines the percent of RCOS clients who reported misusing prescription opiates/opioids, non-prescribed methadone, non-prescribed buprenorphine-naloxone (bup-nx), heroin, and methamphetamine in the 6 months before entering the program from FY 2010 to FY 2022.



REPORTED ANY ALCOHOL USE***

40% at intake | **5%** at follow-up



REPORTED ALCOHOL INTOXICATION***

36% at intake | **2%** at follow-up



REPORTED BINGE DRINKING***

34% at intake | **2%** at follow-up

***p < .001.

² Fifty-four individuals were not included in the analysis of change in substance use from the 6 months before entering the recovery center to the 6 months before follow-up because they reported being incarcerated the entire period measured at intake (n = 53) and the entire 6-month period before the follow-up (n = 1).

³ Misuse of opioids other than heroin, including prescription opiates, methadone, and buprenorphine-naloxone.

Past-6-month mental health



MET STUDY CRITERIA FOR DEPRESSION***

62% at intake | **16%** at follow-up



MET STUDY CRITERIA FOR ANXIETY***

67% at intake | **26%** at follow-up



MET STUDY CRITERIA FOR COMORBID DEPRESSION & ANXIETY***

56% at intake | **13%** at follow-up

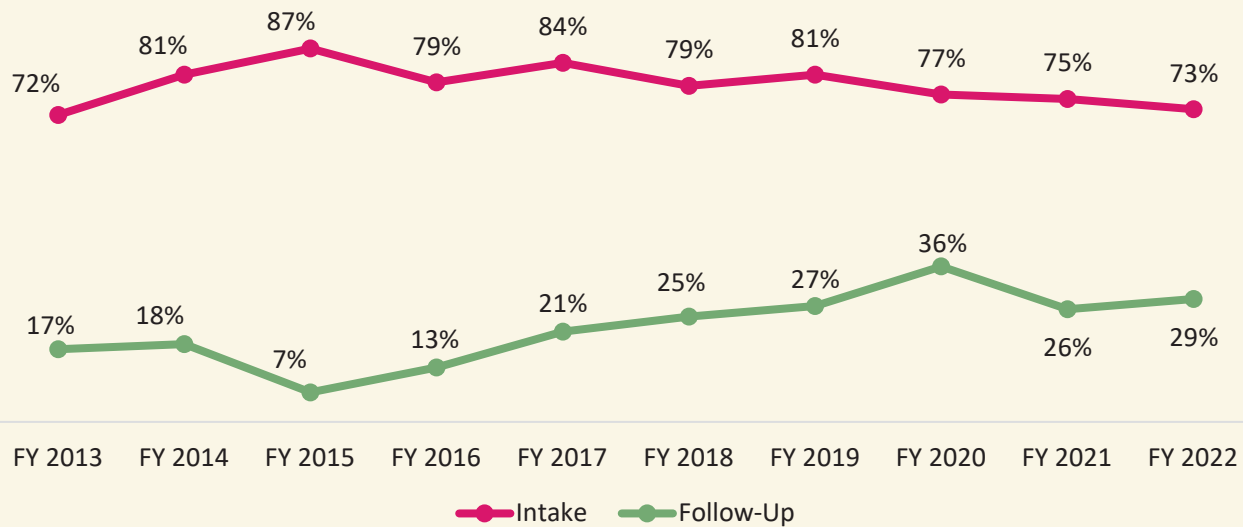


REPORTED SUICIDAL IDEATION AND/OR ATTEMPTS***

28% at intake | **4%** at follow-up

Trends in depression and/or generalized anxiety

The percent of clients meeting criteria for depression or generalized anxiety in the 6 months before entering the recovery center has fluctuated from a little less than three-fourths (72%) to 87% over the past seven fiscal years. Each year there has been a significant decrease from intake to follow-up in the number of clients reporting either depression or generalized anxiety – with the lowest percentage at follow-up in FY 2015 (7%) and the highest in FY 2020 (36%).



Past-30-day physical health



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

7.0 at intake | **1.5** at follow-up



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

16.0 at intake | **1.2** at follow-up



REPORTED CHRONIC PAIN***⁴

26% at intake | **10%** at follow-up

***p < .001.

⁴ Past-6-month measure.

Past-6-month economic indicators



EMPLOYED AT LEAST ONE MONTH***

50% at intake | **85%** at follow-up

GENDER WAGE GAP

At follow-up, employed women made only \$0.92 for every dollar employed men made.



\$1.00



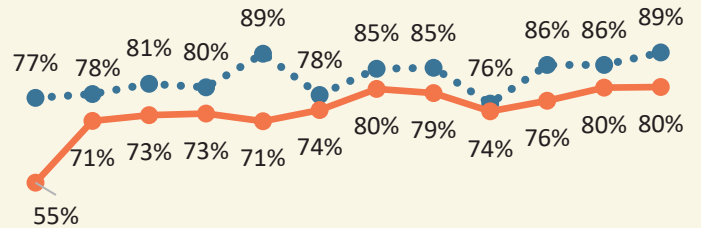
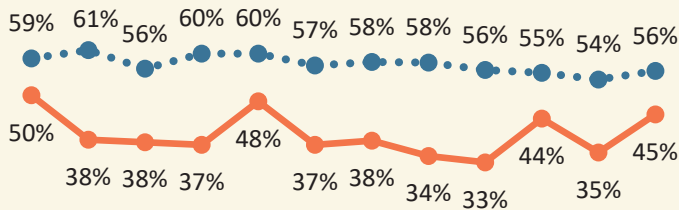
\$0.92

Trends in employment by gender

Since FY 2011, a disparity in employment between men and women at intake has been evident and in most years, the disparity has been smaller at follow-up than at intake..

INTAKE

FOLLOW-UP



FY11 FY12 FY13 FY14 FY15 FY16 FY17 FY18 FY19 FY20 FY21 FY22

FY11 FY12 FY13 FY14 FY15 FY16 FY17 FY18 FY19 FY20 FY21 FY22

..... Men — Women



CURRENTLY HOMELESS***

32% at intake | **4%** at follow-up



REPORTED DIFFICULTY MEETING BASIC LIVING NEEDS***

39% at intake | **16%** at follow-up



REPORTED DIFFICULTY MEETING HEALTH CARE NEEDS***

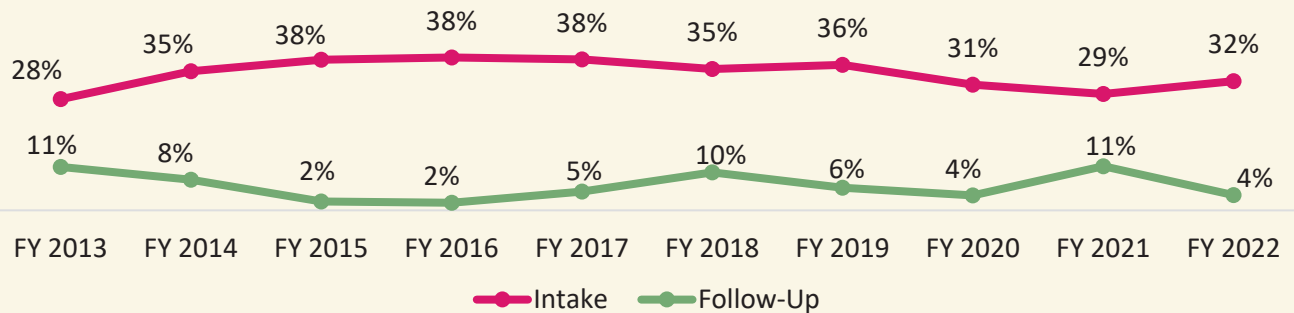
27% at intake | **13%** at follow-up

***p < .001.

Trends in self-reported homelessness

On average, about one-third of clients entering Phase I of the recovery center reported that they were homeless in the 6 months before entering the program.

From FY 2013 to FY 2015, the percent of people reporting homelessness at intake increased and then remained stable from FY 2015 through FY 2019. Since FY 2020, the percent has been around 30% at intake. The percent of people reporting homeless at follow-up decreased from FY 2013 to FY 2015 and had a slight increase in FY 2017 (5%) and then doubled in FY 2018 to 10%, with another increase in FY 2021 (11%).⁵



Past-6-month criminal justice involvement



REPORTED ANY ARREST***

65% at intake | **7%** at follow-up



REPORTED BEING INCARCERATED***

84% at intake | **11%** at follow-up

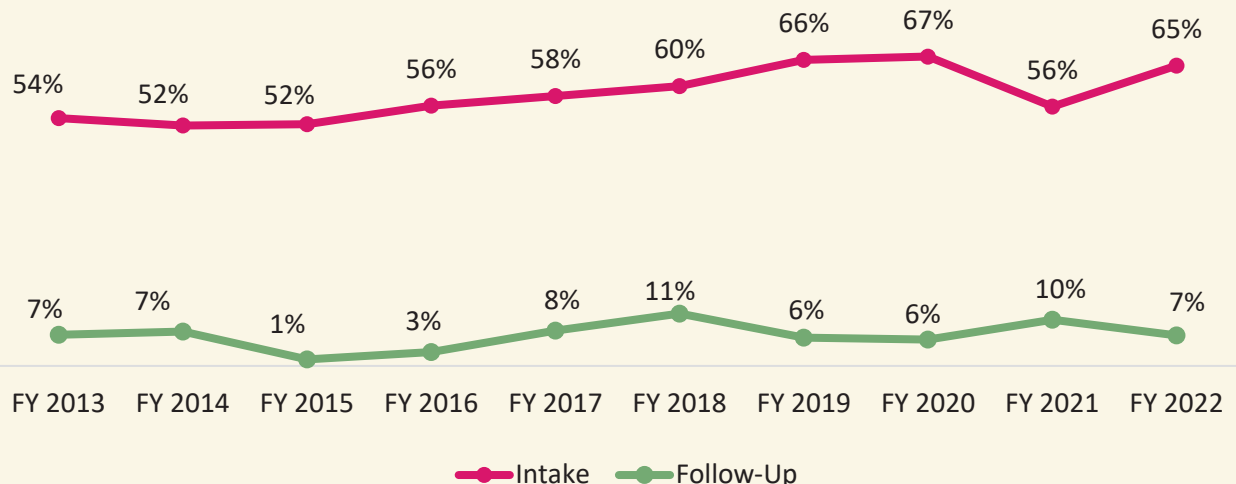


REPORTED CRIMINAL JUSTICE SUPERVISION***

80% at intake | **66%** at follow-up

Trends in arrests

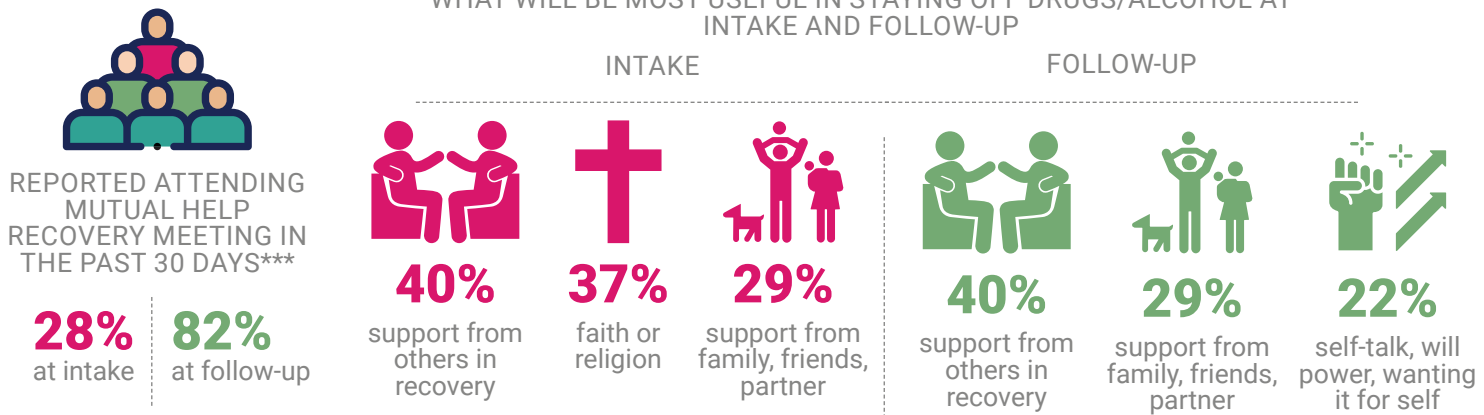
Over the past 10 years, over half of RCOS clients reported being arrested at least once in the past 6 months. Each year, at follow-up, significantly fewer clients reported an arrest in the past 6 months.



***p < .001.

⁵ Before October 2022, respondents who reported they were living in the recovery center at follow-up were not asked the question about homelessness, because the assumption was that they had been living in the recovery center during the follow-up period. After reviewing the data for a number of years, we added a question to clarify the living situation for individuals residing in a recovery center, and asked everyone the question about homelessness during the 6-month follow-up period.

Recovery supports



Past-6-month multidimensional recovery

The multidimensional recovery measure uses items from the intake and follow-up surveys to classify individuals who have all positive dimensions of recovery. The positive dimensions of recovery include: having no substance use disorder, being employed full-time or part-time, not being homeless, having no arrests or incarceration, having no suicidal thoughts or attempts, having fair to excellent health, having recovery support, and having a mid to high quality of life.



1% at intake | 68% at follow-up

Return on Investment in Recovery Center Services

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 \$3.14 return in avoided costs (i.e., costs to society that would have been expected given the costs associated with drug and alcohol use).



Conclusion

Overall, Recovery Kentucky program clients made significant strides in all of the targeted areas and have much more support for their recovery after participating in program services.⁶ In addition, the Recovery Kentucky Program saved taxpayer dollars through avoided costs to society or costs that would have been expected based on the rates of drug and alcohol use.

Suggested citation: Cole, J., Logan, T., & Scrivner, A. (2024). *Findings from the Recovery Center Outcome Study 2024 Findings at a Glance*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.

***p < .001.

⁶ It is important to keep in mind that the RCOS sample includes only clients who advanced to Phase 1 after completing the SOS and Motivational Tracks and who agreed to be contacted for the follow-up survey 12 months after entering Phase I.