

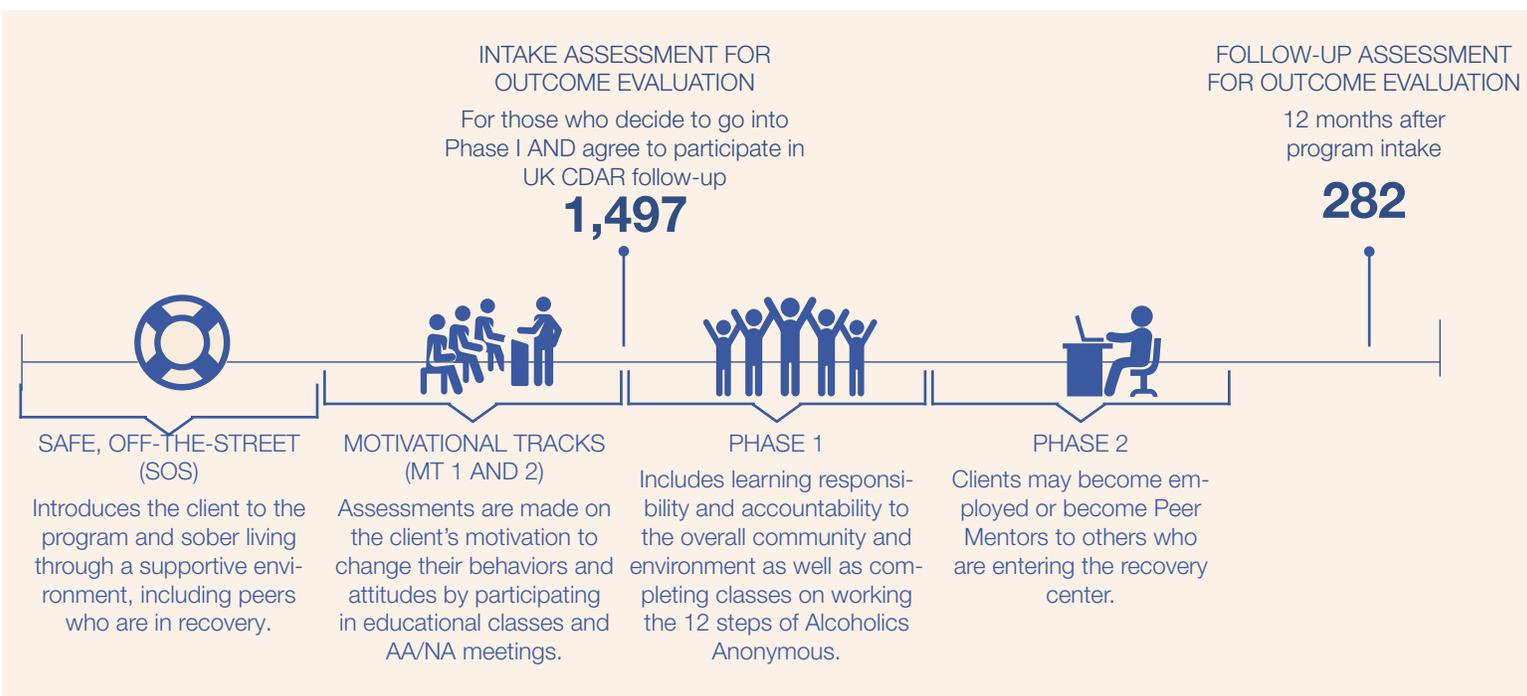
**2026**

FINDINGS 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 legal 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. In most of FY 2023, there were 17 Recovery Kentucky centers operating 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.<sup>1</sup> 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 17 of the Recovery Kentucky centers that participated in RCOS this fiscal year. 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 282 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, 2024 and June 30, 2025. At intake, most clients included in this report were White (88%), not currently married or cohabiting (73%), predominately male (53%) and, on average, 39 years old.

<sup>1</sup> 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 USE<sup>2</sup>



REPORTED ANY ILLICIT DRUG USE<sup>\*\*\*</sup>

**82%** | **7%**  
at intake | at follow-up



REPORTED OPIOID USE<sup>3\*\*\*</sup>

**40%** | **1%**  
at intake | at follow-up



REPORTED HEROIN USE<sup>\*\*\*</sup>

**22%** | **1%**  
at intake | at follow-up

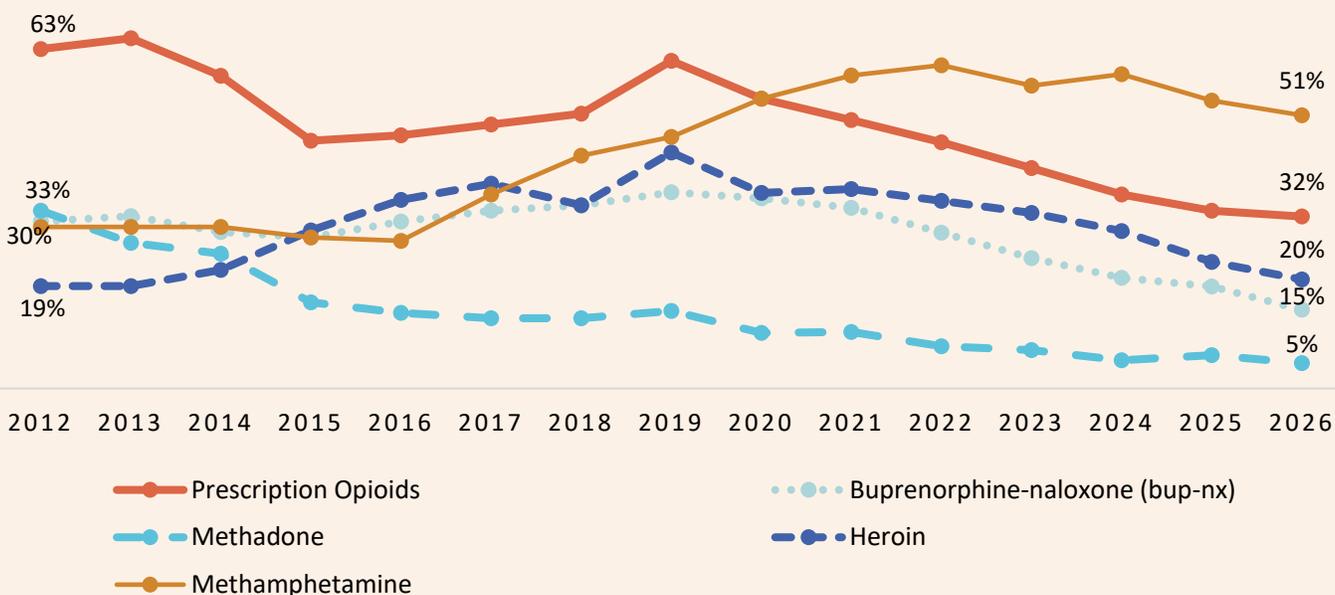


REPORTED METHAMPHETAMINE USE<sup>\*\*\*</sup>

**51%** | **3%**  
at intake | 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 since report year 2012.



REPORTED ANY ALCOHOL USE<sup>\*\*\*</sup>

**43%** | **7%**  
at intake | at follow-up



REPORTED ALCOHOL INTOXICATION<sup>\*\*\*</sup>

**39%** | **3%**  
at intake | at follow-up



REPORTED BINGE DRINKING<sup>\*\*\*</sup>

**34%** | **3%**  
at intake | at follow-up

\*\*\*p < .001.

<sup>2</sup> Forty-eight 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 = 40), or they did had missing data on the number of days incarcerated in the 6 months before entering the program (n = 8).

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

## PAST-6-MONTH MENTAL HEALTH



MET STUDY CRITERIA FOR DEPRESSION\*\*\*

**61%** | **16%**  
at intake | at follow-up



MET STUDY CRITERIA FOR ANXIETY\*\*\*

**67%** | **29%**  
at intake | at follow-up



MET STUDY CRITERIA FOR COMORBID DEPRESSION & ANXIETY\*\*\*

**55%** | **13%**  
at intake | at follow-up

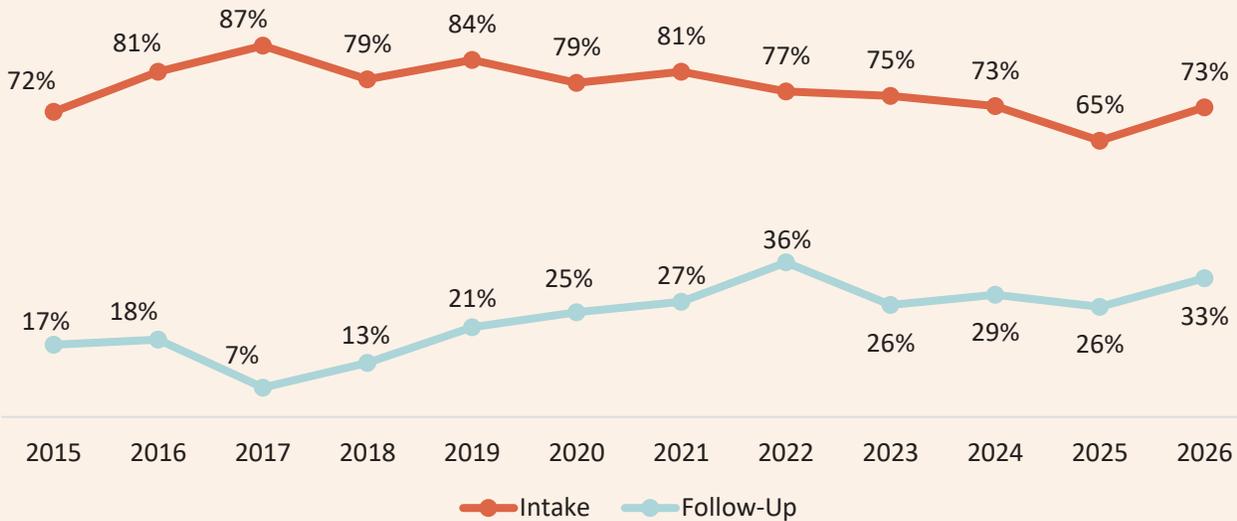


REPORTED SUICIDAL IDEATION AND/OR ATTEMPTS\*\*\*

**23%** | **5%**  
at intake | at follow-up

## TRENDS IN DEPRESSION OR GENERALIZED ANXIETY

The percentage of clients meeting criteria for depression or generalized anxiety in the 6 months before entering the recovery center has fluctuated from a low of a little less than two-thirds (65%) to a high of 87% over the past eleven 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 the 2017 report (7%) and the highest in the 2022 report (36%).



## PAST-30-DAY PHYSICAL HEALTH



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

**7.0** | **2.3**  
at intake | at follow-up



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

**14.5** | **2.7**  
at intake | at follow-up



REPORTED CHRONIC PAIN\*\*\*

**28%** | **12%**  
at intake | at follow-up

\*\*\*p < .001.

<sup>4</sup> Past-6-month measure.

## PAST-6-MONTH ECONOMIC INDICATORS



EMPLOYED AT LEAST ONE MONTH\*\*\*

**48%** at intake | **71%** at follow-up

### GENDER WAGE GAP

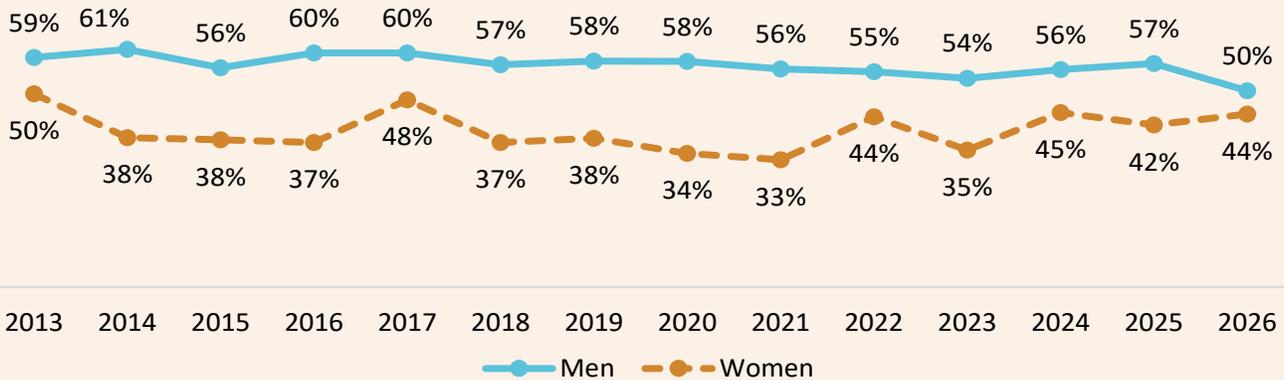
At follow-up, employed women made only \$0.87 for every dollar employed men made.



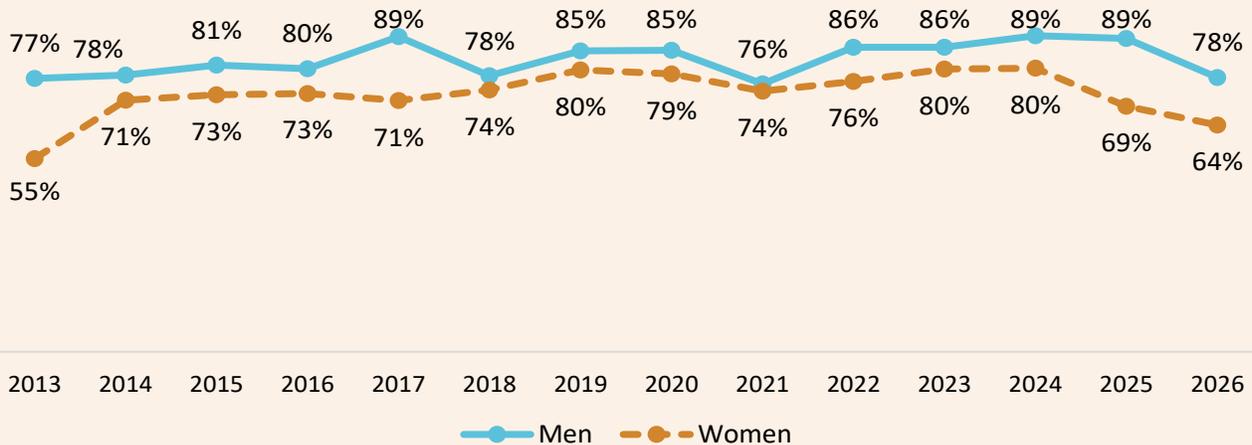
## TRENDS IN EMPLOYMENT BY GENDER

Since the 2013 report, 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



CURRENTLY HOMELESS\*\*\*

**36%** at intake | **11%** at follow-up



REPORTED DIFFICULTY MEETING BASIC LIVING NEEDS\*\*\*

**42%** at intake | **18%** at follow-up



REPORTED DIFFICULTY MEETING HEALTH CARE NEEDS\*

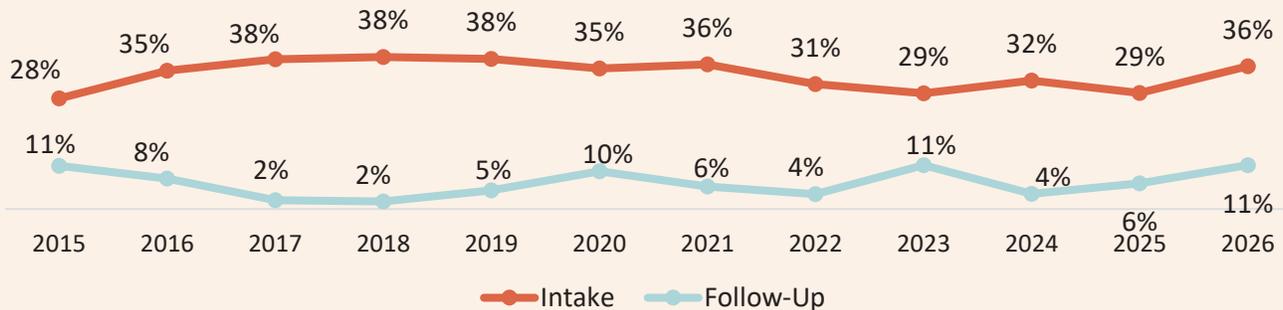
**27%** at intake | **19%** at follow-up

\*p < .05, \*\*\*p < .001.

## TRENDS IN SELF-REPORTED HOMELESSNESS

From the 2015 to the 2017 report, the percent of people reporting homelessness at intake increased and then remained stable from 2017 through 2021. Since the 2022 report, the percent has been around 30% at intake. In this year's report, 36% of individuals reported they had been homeless at some point in the 6 months before entering the program.

The percent of people reporting homeless at follow-up has decreased from intake every report year. The percentages of individuals reporting a period homelessness at follow-up has been a low of 2% to a high of 11%.



## PAST-6-MONTH CRIMINAL LEGAL SYSTEM INVOLVEMENT



REPORTED ANY ARREST\*\*\*

**58%** at intake | **6%** at follow-up



REPORTED BEING INCARCERATED\*\*\*

**78%** at intake | **7%** at follow-up

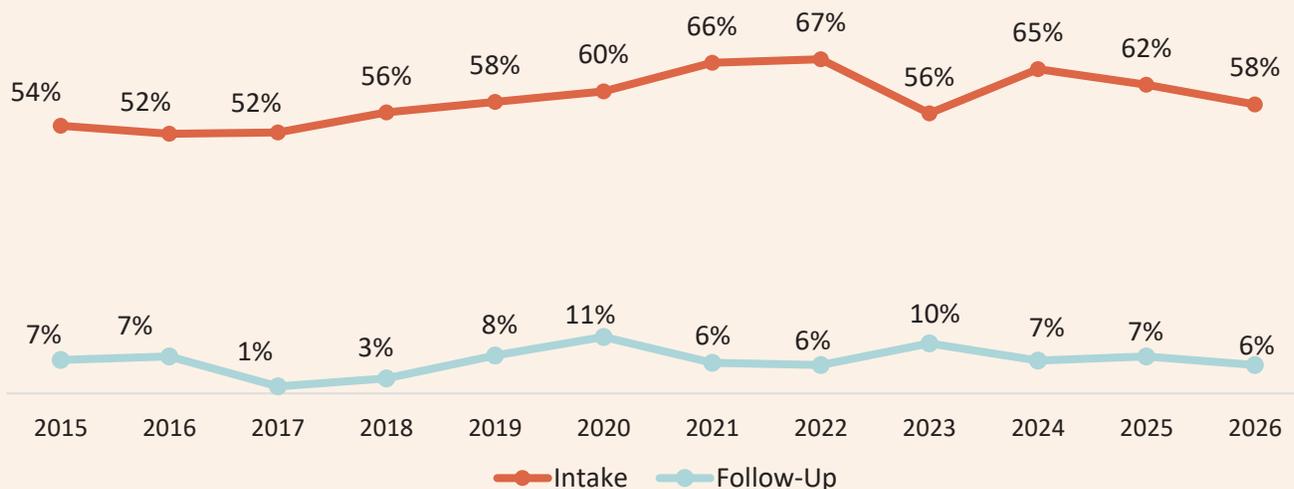


REPORTED CRIMINAL LEGAL SUPERVISION\*\*\*

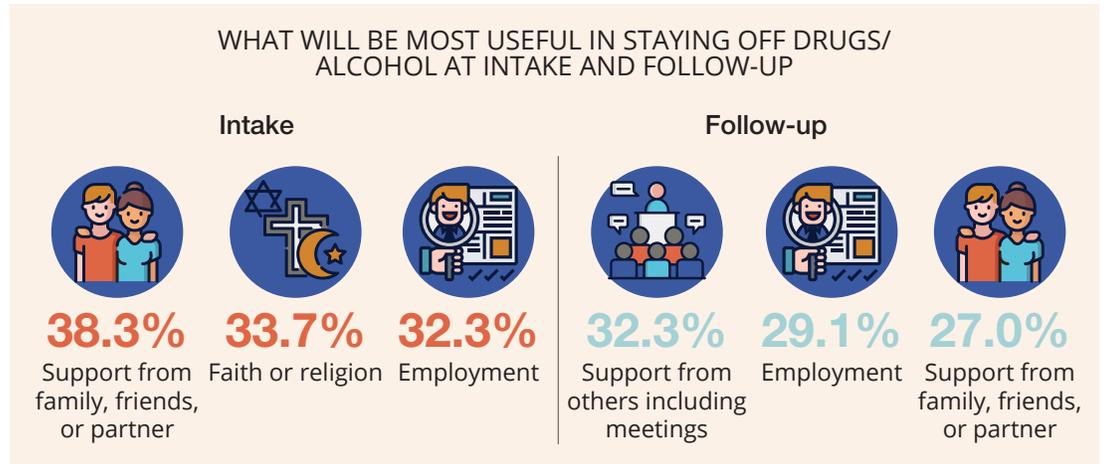
**80%** at intake | **59%** at follow-up

## TRENDS IN ARRESTS

Over the past 12 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.

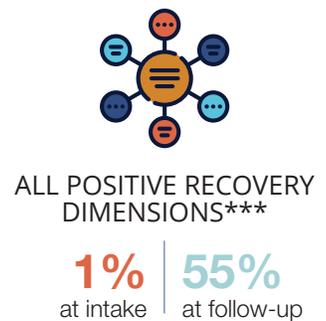


## RECOVERY SUPPORTS



## 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.

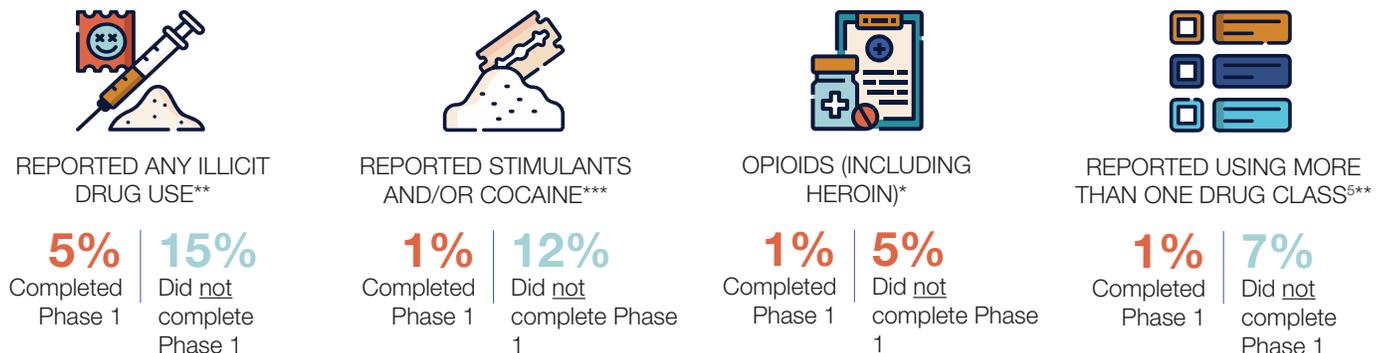


## ASSOCIATION OF PROGRAM COMPLETION AND OUTCOMES

### OUTCOMES AT FOLLOW-UP BY PHASE I COMPLETION STATUS

The association of completion of Phase I (as reported by respondents at follow-up) with outcomes during the past-6-month follow-up period was examined. Presented below are the significant outcome findings.

#### Significant Substance Use at Follow-up



\*p < .05, \*\*p < .01, \*\*\*p < .001.

## Significant Economic Indicators and Criminal Legal System Involvement at Follow-up



EMPLOYED FULL-TIME\*\*

**49%** | **33%**  
Completed Phase 1 | Did not complete Phase 1



REPORTED AN ARREST\*\*

**4%** | **13%**  
Completed Phase 1 | Did not complete Phase 1



INCARCERATED AT LEAST ONE NIGHT\*\*\*

**4%** | **18%**  
Completed Phase 1 | Did not complete Phase 1

## Significant Mental Health and Recovery Supports at Follow-up



MET STUDY CRITERIA FOR DEPRESSION AND/OR ANXIETY\*

**29%** | **45%**  
Completed Phase 1 | Did not complete Phase 1



ATTENDED MUTUAL HELP RECOVERY MEETINGS IN THE PAST 30 DAYS\*

**80%** | **65%**  
Completed Phase 1 | Did not complete Phase 1



AVERAGE NUMBER OF PEOPLE RESPONDENT CAN COUNT ON FOR RECOVERY SUPPORT\*\*

**34.5** | **16.7**  
Completed Phase 1 | Did not complete Phase 1

\*\*\*p < .001.

## RETURN ON INVESTMENT IN RECOVERY CENTER SERVICES

National 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 \$2.15 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

**\$2.15**

## 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.<sup>6</sup> 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. (2026). *The Recovery Center Outcome Study 2026 Findings at a Glance*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.

<sup>5</sup> Based on broad categories of drug classes.

<sup>6</sup> 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.