FINDINGS FROM THE
RECOVERY CENTER OUTCOME STUDY

FINDINGS AT A GLANCE

INTRODUCTION

Recovery Kentucky was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. There are 17 Recovery Kentucky centers across the Commonwealth, providing housing and recovery services for up to 2,100 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. The overall program is composed of 4 main components through which clients advance:

SAFE, OFF-THE-STREET (SOS)
Introduces the client to the program and sober living through a supportive environment, including peers who are in recovery.

5,245

MOTIVATIONAL TRACKS (MT 1 AND 2)
Assessments are made on the client’s motivation to change their behaviors and attitudes by participating in educational classes and AA/NA meetings.

5,016

PHASE 1
Includes learning responsibility and accountability to the overall community and environment as well as completing classes on working the 12 steps of Alcoholics Anonymous.

3,535

PHASE 2
Clients may become employed or become Peer Mentors to others who are entering the recovery center.

1,924

FOLLOW-UP ASSESSMENT FOR OUTCOME EVALUATION
12 months after program intake

300

INTAKE ASSESSMENT FOR OUTCOME EVALUATION
For those who decide to go into Phase I AND agree to participate in UK CDAR follow-up

5,245

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 includes 15 of the Recovery Kentucky centers who 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), gender, and Department of Corrections (DOC) referral into the program, 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 300 men and women who participated in a Recovery Kentucky program, completed a Phase 1 intake interview between July 2015 and June 2016 and a follow-up interview between July 2016 and June 2017. At intake, most clients included in this report were White (92%), not currently married (89%), predominately female (57%) and, on average, 34 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.

2 Fifteen of the currently established Recovery Kentucky programs participated in the Recovery Center Outcome Study between July 2015 and June 2016 and 12-month follow-up survey between July 2016 and June 2017.
FACTORS EXAMINED AT INTAKE AND FOLLOW-UP

PAST-6-MONTH SUBSTANCE USE

ANY ILLEGAL DRUG USE

83% of clients reported any illegal drug use at intake

5% of clients reported any illegal drug use at follow-up

ANY ALCOHOL USE

50% of clients reported any alcohol use at intake

5% of clients reported any alcohol use at follow-up

OPIOID USE

63% of clients reported opioid misuse at intake

2% of clients reported opioid misuse at follow-up

HEROIN USE

38% of clients reported heroin use at intake

2% of clients reported heroin use at follow-up

HOW MUCH HAS OPIOID AND HEROIN 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), and heroin in the 6 months before entering the program from FY 2010 to FY 2016.5

### PRESCRIPTION OPIATES/OPIOIDS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>63%</td>
<td>65%</td>
<td>58%</td>
<td>46%</td>
<td>47%</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>

### HEROIN

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>32%</td>
<td>29%</td>
<td>29%</td>
<td>35%</td>
<td>38%</td>
<td>34%</td>
</tr>
</tbody>
</table>

### BUPRENORPHINE-NALOXONE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>19%</td>
<td>22%</td>
<td>16%</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

### METHADONE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31%</td>
<td>27%</td>
<td>25%</td>
<td>28%</td>
<td>31%</td>
<td>33%</td>
<td>34%</td>
</tr>
</tbody>
</table>

1 Because being in a controlled environment inhibits opportunities for alcohol and drug use, clients who were incarcerated the entire period measured at intake were not included in this substance use analysis (n = 17).

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

3 On average, there were 1,200 intake surveys submitted each fiscal year.
**PAST-6-MONTH MENTAL HEALTH AND STRESS**

- **Depression**
  - At intake: 66%
  - At follow-up: 11%

- **Anxiety**
  - At intake: 74%
  - At follow-up: 9%

- **Substances to manage stress**
  - At intake: 59%
  - At follow-up: 2%

**PAST-6-MONTH ECONOMIC INDICATORS**

- **Employed at least 1 month**
  - At intake: 46%
  - At follow-up: 76%

**Gender Wage Gap**

At follow-up, employed women made only $0.78 for every dollar employed men made. Therefore, the gender wage gap for employed clients was 22¢.

**EMployment Trends by Gender**

Since FY 2011, the disparity in employment between men and women in the RCOS follow-up sample has been documented.

**Currently Homeless**

- At intake: 38%
  - At follow-up: 2%

**Meeting Basic Living Needs**

- At intake: 50%
  - At follow-up: 18%

**Meeting Health Care Needs**

- At intake: 29%
  - At follow-up: 5%

*Includes alcohol, prescription drugs, and illegal drugs.*
**TRENDS IN HOMELESSNESS**

In the past four fiscal years, the number of people reporting homelessness at intake has increased slightly and the number of people reporting homelessness at follow-up has decreased.

![Graph showing trends in homelessness](image)

**PAST-6-MONTH CRIMINAL JUSTICE INVOLVEMENT**

The program changed me and I’m now a peer mentor. I know about this disease better and I have the tools to stay sober.  

—RCOS FOLLOW-UP CLIENT

**TRENDS IN ARRESTS**

Over the past 4 years, over half of RCOS clients reported being arrested at least once in the past 6 months. At follow-up, significantly fewer clients reported an arrest in the past 6 months.
RECOVERY SUPPORTS

42% reported attending mutual help recovery group meetings in the past 30 days at intake

88% reported attending mutual help recovery group meetings in the past 30 days at follow-up

42%

88%

RETURN ON INVESTMENT IN RECOVERY CENTER SERVICES

$2.60

ESTIMATED RETURN FOR EACH DOLLAR INVESTED

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 $2.60 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. 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.

“They truly, honestly cared about me and want me to have a fruitful and productive future.”

—RCOS FOLLOW-UP CLIENT

7 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.