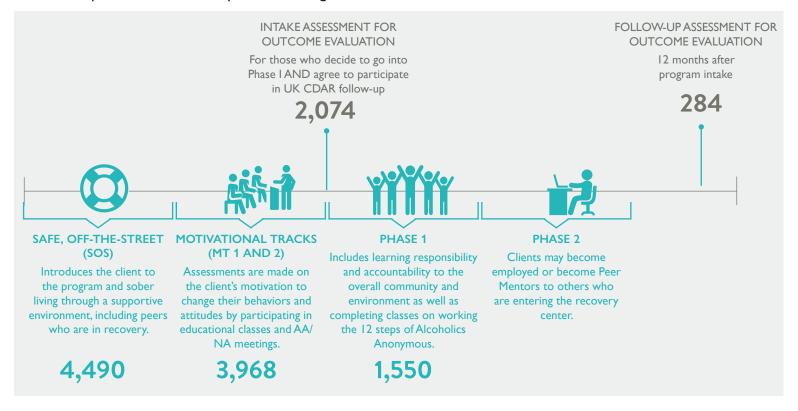


INTRODUCTION

Recovery Kentucky was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. 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. 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 includes 17 of the 18 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 I 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 I2 months after Phase I 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 284 men and women who participated in a Recovery Kentucky program, completed a Phase I intake interview between July 2017 and June 2018 and a follow-up interview between July 2018 and June 2019. At intake, most clients included in this report were White (92%), not currently married or cohabiting (79%), predominately female (53%) 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.

FACTORS EXAMINED AT INTAKE AND FOLLOW-UP

Past-6-month substance use²



86% 14% at follow-up



63%

63% 7% at intake at follow-up



REPORTED HEROIN USE***

41% 3% at intake at fo

3% at follow-up

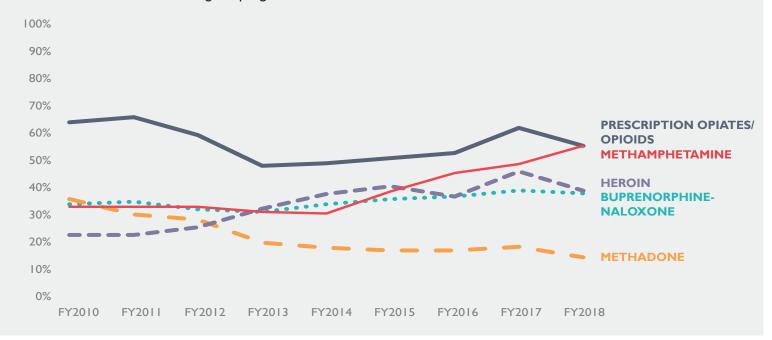


58% at intake

4% 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 2018.





44% 7% at intake at follow-up



39% 4% at intake at follow-up



38% 4% at follow-up

² Fifty-five 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 they were incarcerated the entire period before follow-up (n = 2).

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

⁴ Amphetamine, methamphetamine, ecsctacy, Ritalin.

Past-6-month mental health



MET STUDY CRITERIA FOR DEPRESSION***

66% at intake

16% at follow-up



MET STUDY CRITERIA FOR ANXIETY***

72% at intake

20% at follow-up



MET STUDY CRITERIA FOR COMORBID DEPRESSION & ANXIETY***

59% at intake

at follow-up



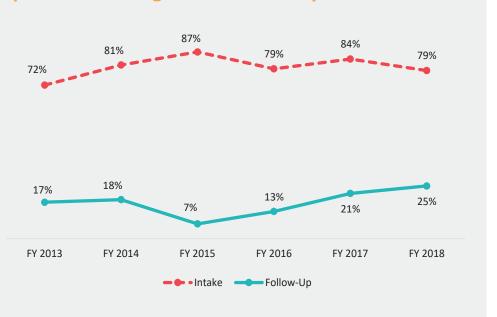
REPORTED SUICIDAL IDEATION AND/OR ATTEMPTS

29% at intake

3% 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 six 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 2018 (25%).



Past-30-day physical health



7.7 at intake

3.1 at follow-up



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

16.2 at intake

3.7 at follow-up



30% at intake

18% at follow-up

⁵ Past-6-month measure.

Past-6-month economic indicators

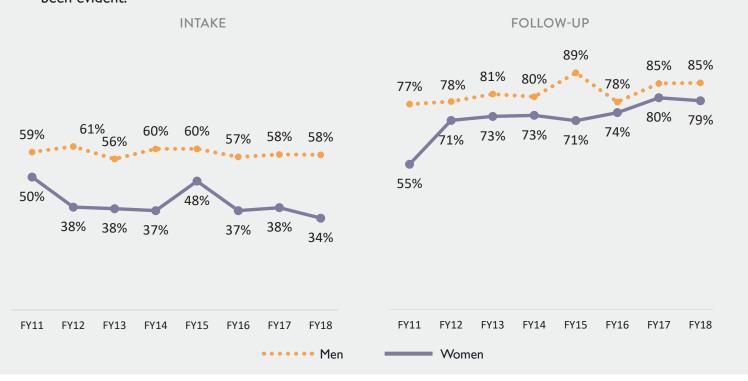


45% 82% at follow-up



Trends in employment by gender

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





35% 10% at intake at follow-up



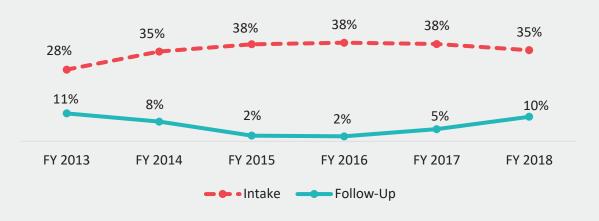
43% 20% at intake at follow-up



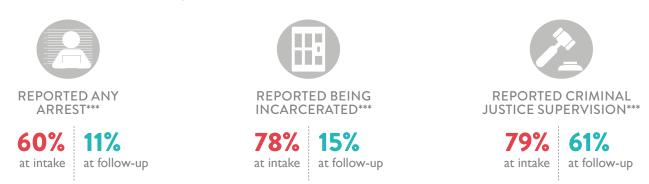
25% 13% at follow-up

Trends in self-reported homelessness

In the past 6 fiscal years, the percent of people reporting homelessness at intake has increased slightly. From intake to follow-up, the percent reporting homelessness has decreased each year.

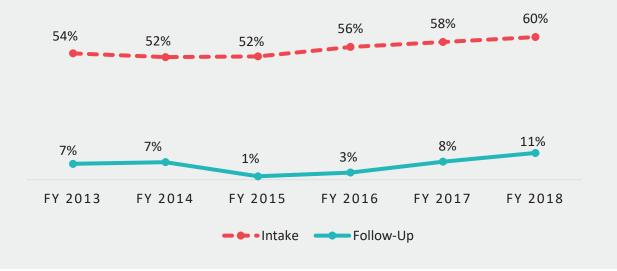


Past-6-month criminal justice involvement



Trends in arrests

Over the past 6 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



REPORTED ATTENDING MUTUAL HELP RECOVERY MEETING IN THE PAST 30 DAYS **

at intake

at follow-up

WHAT WILL BE MOST USEFUL IN STAYING OFF DRUGS/ALCOHOL AT INTAKE AND FOLLOW-UP

INTAKE

FOLLOW-UP



faith or religion support from



others in

recovery









self-help recovery meetings



support from faith or religion family, friends, partner

Past-6-month deficits in recovery capital resources

The multidimensional recovery index uses items from the intake and follow-up surveys to create one index that can be used to classify individuals who have better or worse status at follow-up. The index includes: 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.



at intake

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 \$2.25 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.

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