

Recovery Center Outcome Study Program Report

The Brighton Recovery Center for Women

March 2017

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Executive Summary

Report findings include program outcomes for 40 clients from the Brighton Recovery Center for Women who completed an intake interview at entry to Phase 1 and agreed to participate in RCOS between July 1, 2013 and June 30, 2015, and then completed a 12-month follow-up survey between July 2014 and June 2016.

The clients were largely very positive about their experience at the Brighton Recovery Center for Women. On a scale of 1 to 10, with 1 being the worst possible experience and 10 being the best possible experience, clients rated their program experience, on average, as 9.1.

When examining change over time on targeted factors, results showed reductions in the use of any illegal drugs and alcohol, and specifically in the number of women using any marijuana, opioids, heroin, CNS depressants, stimulants, and alcohol. Mental health symptoms including depression, anxiety, and comorbid anxiety and depression decreased as well. The number of individuals who reported they were homeless decreased from 50.0% at intake to 5.9% at follow-up and improvements in program participants' ability to meet their basic living and healthcare needs were found at follow-up when compared to intake. There were also significant decreases in criminal justice system involvement. Additionally, women's recovery support increased from intake to follow-up.

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. Additionally, the sample size is small in this report and should be considered when interpreting the findings. To increase the statistical power to detect change in this small sample size, the alpha for statistical tests was increased to $p < .10$, instead of $p < .05$.

Overall, these data provide a positive picture of recovery outcomes for women who participated in the Brighton Recovery Center for Women.

Recovery Center Outcome Study Program Report:

The Brighton Recovery
Center for Women

March 2017

This report includes follow-up interviews completed with clients between July 2014 and June 2016.

This brief summary report on RCOS data was prepared by the University of Kentucky Center on Drug and Alcohol Research for the Brighton Recovery Center for Women.

Suggested citation: Logan, TK, Scrivner, A., Cole, J., & Miller, J. (2017). *Recovery Center Outcome Study Program Report: The Brighton Recovery Center for Women*. Center on Drug and Alcohol Research, University of Kentucky.

Introduction

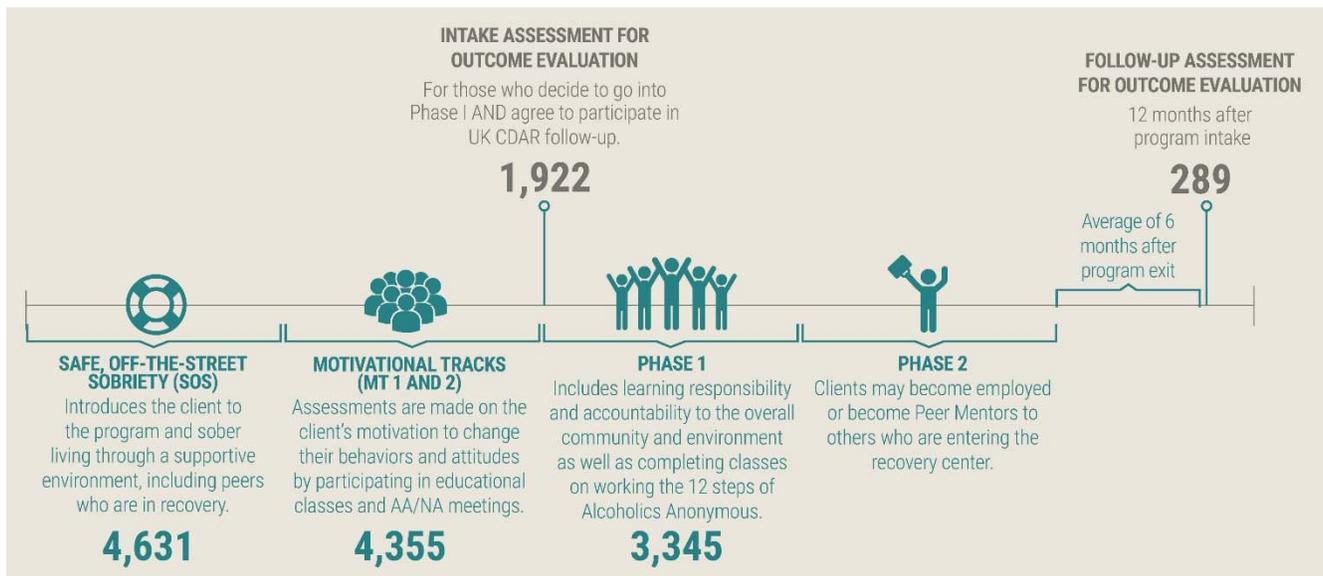
Overview of Recovery Kentucky

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.¹

The overall program is composed of 4 main components through which clients advance:

FIGURE 1. PROCESS OF OVERALL RECOVERY KENTUCKY PROGRAM PARTICIPATION



The Behavioral Health Outcome Studies team at the University of Kentucky Center on Drug and Alcohol Research (UK CDAR) conducts an annual outcome evaluation for the Recovery Kentucky centers. Fourteen² of the currently established recovery centers participated in the independently conducted Recovery Center Outcome Study (RCOS). Recovery Kentucky staff conduct a face-to-face interview with clients as they enter Phase 1; thus, only individuals who have progressed through Safe, Off-the-Street Sobriety and Motivational Tracks 1 and 2 and who have made the decision to enter Phase 1 are included in the outcome evaluation. Phase 1 intake interviews assess targeted factors such as substance use, mental health symptoms,

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 An eighth recovery center for men opened in December 2014 (Hickory Hill Recovery Center) and began data collection in March 2016. This center was not included in this year's outcome evaluation. Two additional recovery centers were opened in 2016 (Men's Addiction Recovery Campus and Genesis Recovery Kentucky Center) and will begin data collection soon.

education, employment status, living situation, and criminal justice involvement prior to entering the recovery center. Intake interview items ask about the 6-months or 30-days before clients entered the recovery center (i.e., pre-program).

Follow-up interviews are then conducted over the telephone by an interviewer at UK CDAR with eligible RCOS clients. 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. The outcome study conducted by the Behavioral Health Outcome Studies team at UK CDAR is independent from the recovery centers and individuals are informed of this when they are contacted about completing the follow-up interview³. Client responses are kept confidential to help facilitate the honest evaluation of client outcomes and program services.

The Brighton Recovery Center for Women

This regional report specifically focuses on the Brighton Recovery Center for Women located in Florence, Kentucky. This report describes outcomes for 40 women who participated in the recovery program at Brighton Recovery Center for Women, completed a Phase 1 intake interview between July 2013 and June 2015 and a follow-up interview between July 2014 and June 2016.^{4,5} The majority of clients of the Brighton Recovery Center for Women included in this report were White (95.0%), not currently married (82.5%), and an average of 30.7 years old. This outcome report has three main goals:

1. To provide information about client experiences and satisfaction with the recovery center services;
2. To describe change on targeted factors including substance use, mental health, education, employment, housing/homelessness, and criminal justice system involvement; and
3. To examine changes in client recovery supports over time.

³ Clients were informed at the beginning of the survey that participation is voluntary and that the interviewers are not in any way affiliated with the recovery center program and that their responses are confidential and responses are presented in aggregate form. Most of the questions in the follow-up survey are identical to the intake questions except the time reference differs on some questions.

⁴ Because two fiscal years of data are included in this program report, when a client had more than one intake and follow-up survey, the survey with the earliest submission date was kept in the data file and other was deleted so that each client was represented once and only once in the data set. As a result, one client was deleted from the Brighton Recovery Center for Women analysis.

⁵ 27 clients completed the intake interview in FY 2014 and 13 clients completed the intake interview in FY 2015.

Client Satisfaction with Brighton Recovery Center for Women and Quality of Life ratings

Overall Client Satisfaction

At follow-up, clients were asked about their experiences with recovery center services. They rated their experience on a scale from 1 = *worst possible experience* to 10 = *best ever experience*. The average rating of the Brighton Recovery Center for Women services was 9.1, with 87.5% of women giving the higher ratings of 8, 9, or 10.

Client Ratings of Program Experiences

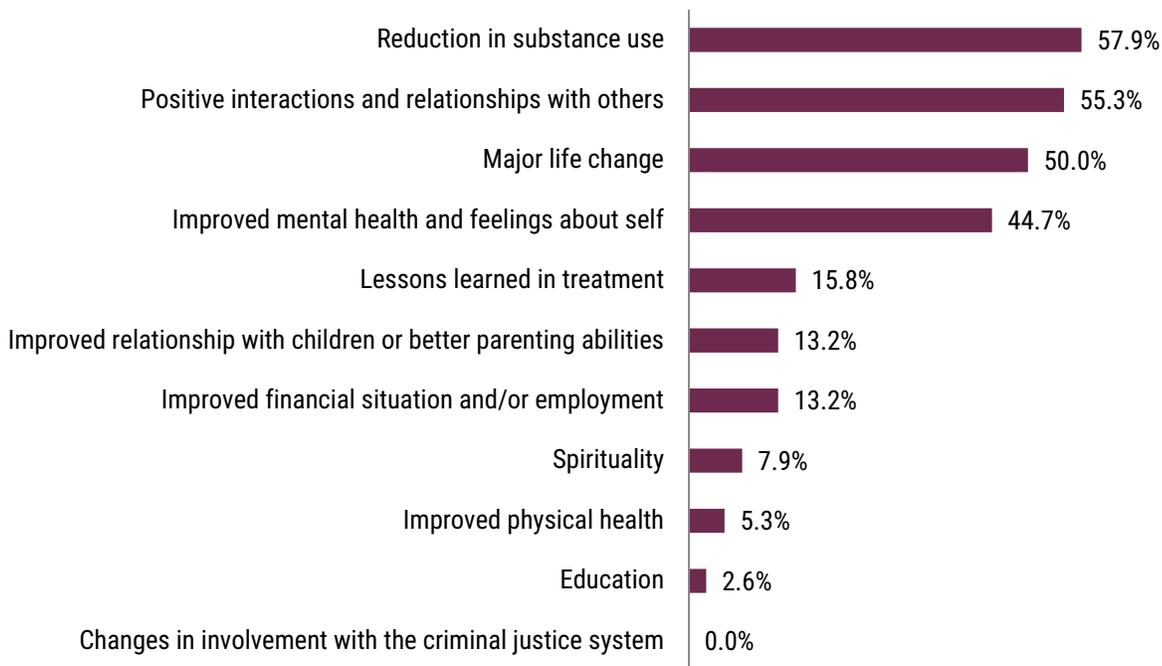
Clients were also asked to respond to statements about their satisfaction with the recovery center program. Figure 1 displays the percentage of women who responded with “agree” or “strongly agree” to each statement. All of the women reported they understood the expectations of the program and that the facility was clean. In addition, all of the women reported they were treated with respect, they received the services needed to get better, and that the staff explained their rights as a client. The majority of clients (97.5%) felt better about themselves as a result of their recovery program experience.

FIGURE 1. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WHO AGREED OR STRONGLY AGREED WITH PROGRAM SATISFACTION STATEMENTS AT FOLLOW-UP (N = 40)



At follow-up, clients were asked about the three most positive outcomes of their participation in the Brighton Recovery Center for Women (see Figure 2). Over half of clients (57.9%) mentioned reduced substance and 55.3% mentioned positive interactions and relationships with others. Half of clients reported major life changes (e.g., better quality of life, better able to function, having a “normal” life, greater control over life) and 44.7% reported improved mental health and feelings about themselves as the most positive outcomes of the recovery center program.

FIGURE 2. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WHO REPORTED MOST POSITIVE OUTCOMES OF RECOVERY PROGRAM BY TOPIC (N = 38)⁶

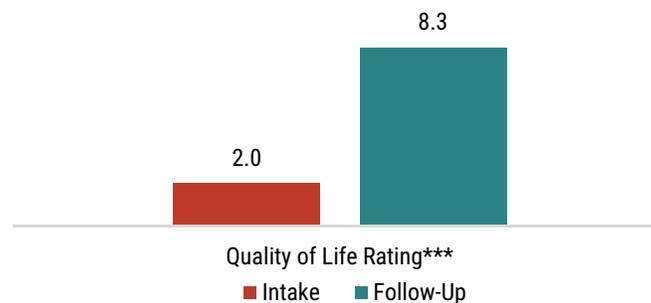


Quality of Life and Satisfaction with Life

Quality of Life

At follow-up, clients were asked to rate their quality of life before entering the recovery center and after participating in the program. Ratings were from 1='Worst imaginable' to 5='Good and bad parts were about equal' to 10='Best imaginable'. Clients in the Brighton Recovery Center for Women rated their quality of life before entering the recovery center, on average, as 2.0 (see Figure 3). The average rating of quality of life after participating in the program significantly increased to 8.3.

FIGURE 3. PERCEPTION OF QUALITY OF LIFE BEFORE AND AFTER THE BRIGHTON RECOVERY CENTER FOR WOMEN PROGRAM (N = 40)



1, worst imaginable; 5, good and bad parts are equal; 10, best imaginable

***p < .01.

⁶ One client responded "don't know" and another refused to answer all the positive outcome questions.

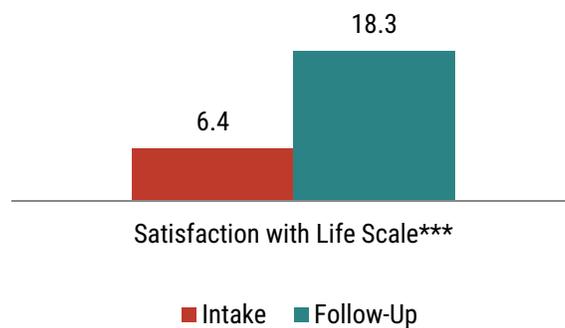
Satisfaction with Life

At intake and follow-up, clients were presented with five statements and asked to respond how much they agreed or disagreed with each statement, using a scale with 1 representing “Strongly disagree” and 5 representing “Strongly agree.” Each statement is a positively worded aspect of high satisfaction with one’s life. One statement, for example, is “In most ways my life is close to my ideal.” The values assigned to each response are added to create a life satisfaction score. The lowest possible score is 5 and the highest possible score is 25. Lower scores indicate lower satisfaction and higher scores represent higher satisfaction. Figure 4 shows that the Brighton Recovery Center for Women clients’ scores on the satisfaction with life scale increased significantly from 6.4 at intake to 18.3 at follow-up.

“ It gave me a fresh look on life and the defects about myself. I can now identify with my feelings.”

- RCOS Follow-up Client

FIGURE 4. SATISFACTION WITH LIFE BEFORE INTAKE AND FOLLOW-UP (N = 40)



***p < .01.

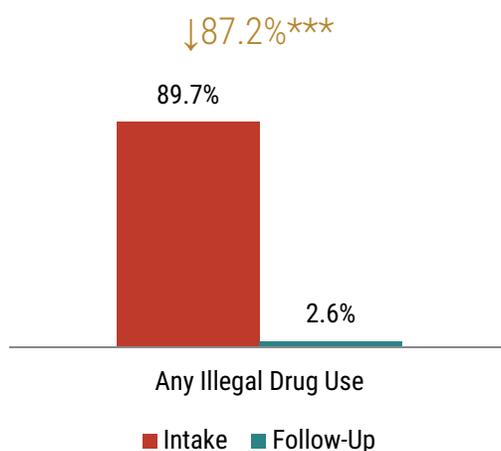
Change from intake to follow-up on targeted factors⁷

Substance Use

Change in 6-month substance use from intake to follow-up was examined for clients who were not in a controlled environment for the entire period before entering the program.⁸ Brighton Recovery Center for Women clients had significant decreases in substance use from intake to follow-up.⁹

The majority of clients (89.7%) reported using illicit drugs before entering the recovery center. At follow-up, 2.6% of women reported using any illicit drugs, a significant decrease of 87.2% (see Figure 5).

FIGURE 5. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING USE OF ANY ILLICIT DRUGS AT INTAKE AND FOLLOW-UP (N = 39)



***p<.01.

As shown in Figure 6, 43.6% of clients reported using marijuana before entering the recovery center. At follow-up, none of the clients reported marijuana use.

Almost two-thirds of clients (64.1%) reported opiate/opioid misuse (excluding heroin) prior to entering the Brighton Recovery Center for Women. At follow-up, however, 2.6% of clients reported prescription opiate/opioid misuse (excluding heroin; a significant decrease of 61.5%).

Almost three quarters of clients (71.8%) reported using heroin prior to entering the Brighton Recovery Center for Women. By follow-up, 2.6% of the clients in the sample reported heroin use (a significant decrease of 69.2%).

⁷ Percent change that was not statistically significant in the McNemar test was not presented in the figures. To increase statistical power of the McNemar tests given the small sample size, the alpha was increased to $p < .10$ to allow detection of a medium effect size.

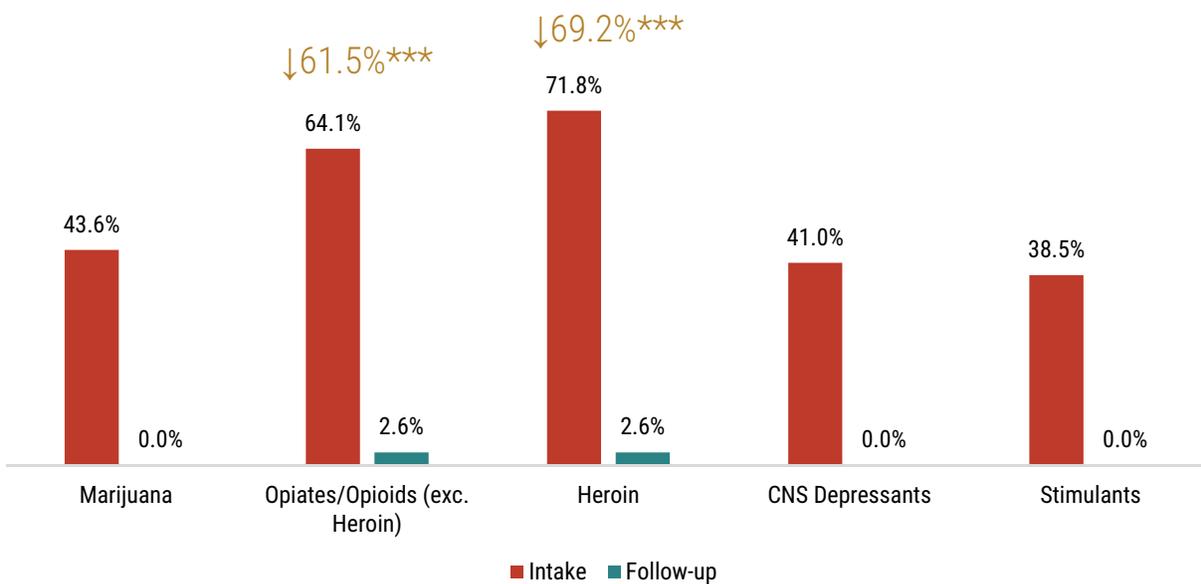
⁸ One client was in jail for the 6 months before entering the program.

⁹ If the client progresses through the phases of the Recovery Kentucky Program in a typical manner, the follow-up interview should occur about 6 months after they are discharged from Phase I. However, because clients progress through phases at their own pace and many factors can affect when they are discharged from Phase 1, the follow-up timing varies by client. For example, some individuals may not complete Phase 1 and may be discharged before the approximate 6 months it should take to complete Phase 1.

Forty-one percent of women reported using central nervous system (CNS) depressants including tranquilizers, barbiturates, and sedatives before entering the recovery center. By follow-up, none of the women in the sample reported CNS depressant use.

Almost 40% of clients reported using stimulants (including cocaine, amphetamines, methamphetamine, and prescription stimulants) prior to entering the Brighton Recovery Center for Women. At follow-up, none of the women in the sample reported stimulant use.

FIGURE 6. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING USE OF SPECIFIC ILLICIT DRUGS AT INTAKE AND FOLLOW-UP (N = 39)^a



a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the marijuana, CNS depressants, and stimulants variables at follow-up.

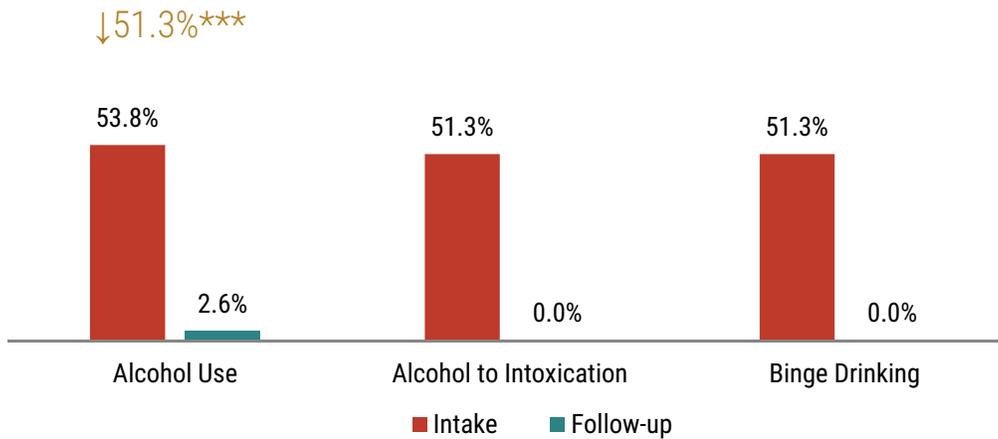
***p < .01.

Figure 7 shows that 53.8% of clients reported using alcohol in the 6 months before entering the Brighton Recovery Center for Women and 2.6% of clients reported alcohol use in the 6 months before follow-up (a significant decrease of 51.3%). About 51% of women reported using alcohol to intoxication at intake and none of the clients reported using alcohol to intoxication at follow-up. About 51% of women reported binge drinking (4 or more drinks within a 2-hour period) before entering the recovery center and none reported binge drinking at follow-up.

“ I like that they taught me things I needed to know before returning home and being on my own.”

- RCOS Follow-up Client

FIGURE 7. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING ALCOHOL USE, ALCOHOL USE TO INTOXICATION, AND BINGE DRINKING AT INTAKE AND FOLLOW-UP (N=39)^a



a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the alcohol to intoxication and binge drinking variables at follow-up.

The majority of clients (87.2%) reported smoking tobacco in the 6 months before entering the recovery center and in the 6 months before follow-up (89.7%; see Figure 8).

FIGURE 8. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING SMOKING TOBACCO AT INTAKE AND FOLLOW-UP (N = 39)

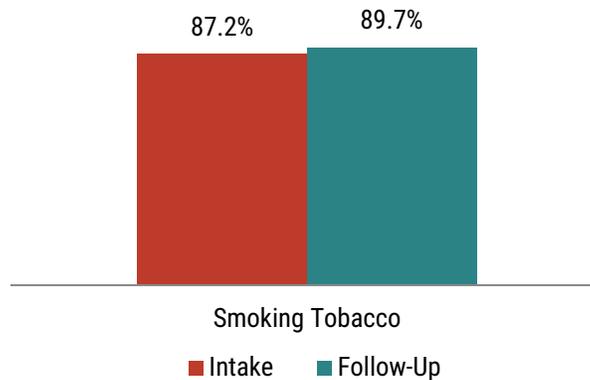
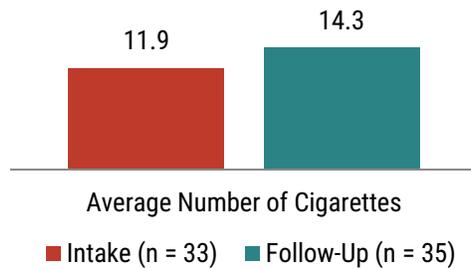


Figure 9 shows, among individuals who smoked tobacco, the average number of cigarettes smoked per day: 11.9 cigarettes per day at intake (n = 33)¹⁰ and 14.3 cigarettes per day at follow-up (n = 35).

¹⁰ One client responded "don't know" on the number of cigarettes at intake.

FIGURE 9. AMONG CLIENTS WHO SMOKED, AVERAGE NUMBER OF CIGARETTES SMOKED PER DAY



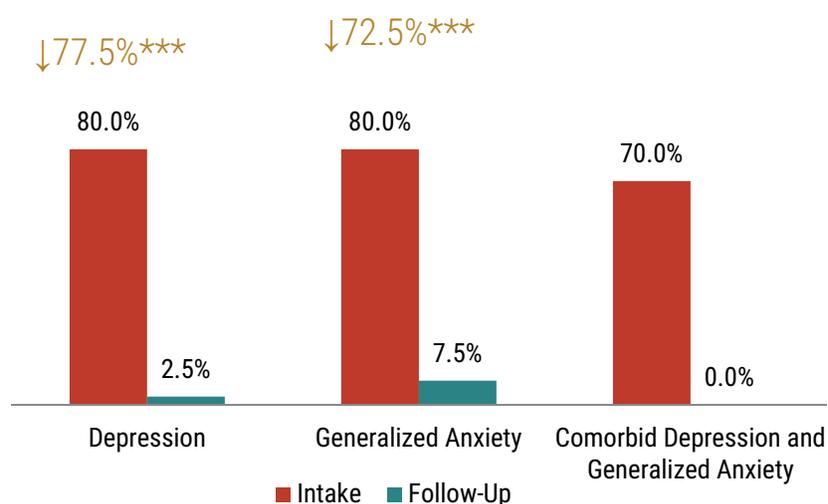
Self-reported Mental Health

The majority of individuals (80.0%) met study criteria for depression in the 6 months before they entered the Brighton Recovery Center for Women (see Figure 10). By follow-up, 2.5% of women met criteria for depression, representing a 77.5% significant decrease.

In the 6 months before entering the recovery center, 80.0% of women reported symptoms that met the study criteria for generalized anxiety and 7.5% of the women reported symptoms at follow-up. This indicates there was a 72.5% significant decrease in the number of clients from the Brighton Recovery Center for Women who met the study criteria for generalized anxiety.

At intake, 70.0% of clients met criteria for both depression and generalized anxiety and at follow-up none of the clients met criteria for both.

FIGURE 10. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS MEETING CRITERIA FOR DEPRESSION, GENERALIZED ANXIETY, AND COMORBID DEPRESSION AND GENERALIZED ANXIETY (N = 40)^a

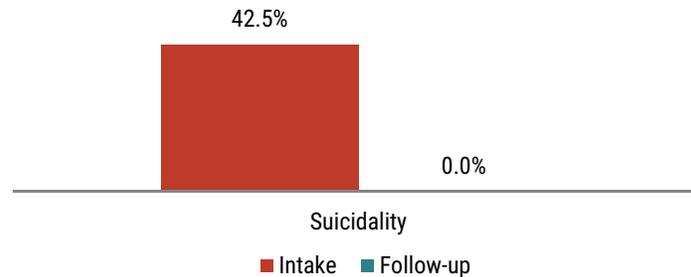


a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the comorbid depression and generalized anxiety calculation at follow-up.

***p < .01.

Clients' self-reported suicide ideation and attempts were grouped together as suicidality. About 43% of women reported either thoughts of suicide or suicide attempts in the 6 months before intake and none of the clients reported suicide ideation or attempts in the 6 months before follow-up (see Figure 11).

FIGURE 11. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING SUICIDAL IDEATION AND/OR ATTEMPTS AT INTAKE AND FOLLOW-UP (N = 40)^a

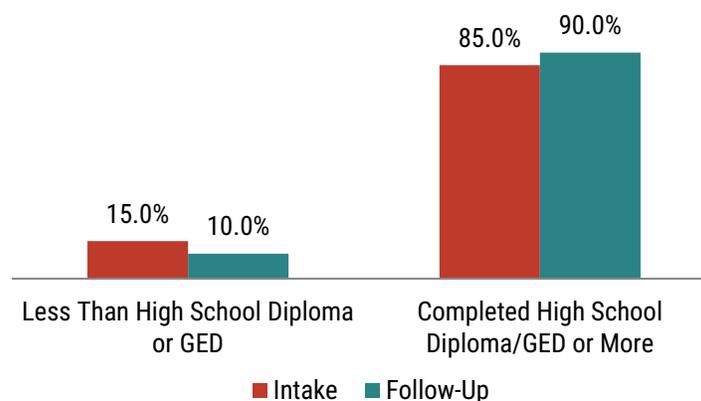


a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the suicidality variable at follow-up.

Education

There was no significant change in education at follow-up with 10.0% of clients having completed less than a high school diploma or GED (compared to 15.0% of clients at intake) and 90.0% of women having completed a high school diploma or GED, or had attended school beyond a high school diploma or GED (compared to 85.0% at intake; see Figure 12).

FIGURE 12. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WITH DIFFERENT LEVELS OF EDUCATION AT INTAKE AND FOLLOW-UP (N = 40)

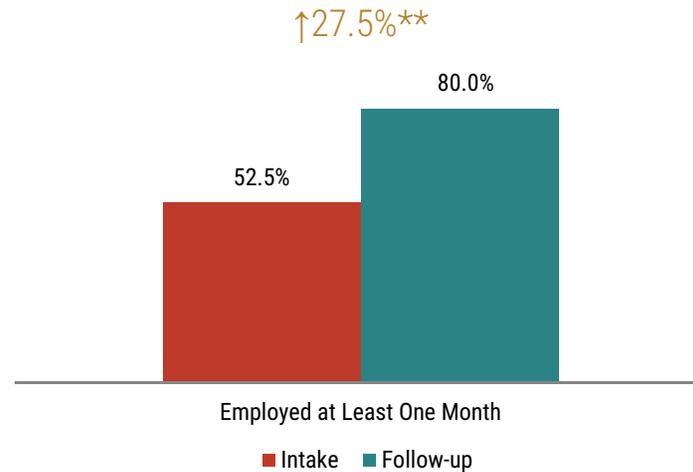


Employment

Clients were asked in the intake survey to report the number of months they were employed full-time or part-time in the 6 months before they entered the Brighton Recovery Center for Women. At follow-up they were

asked to report the number of months they were employed full-time or part-time in the 6 months before the follow-up survey. About 53% of clients reported at intake they had worked full-time or part-time at least one month in the 6 months before entering the recovery center (see Figure 13). At follow-up, 80.0% worked part-time or full-time at least one month in the past 6 months which is a 27.5% significant increase.

FIGURE 13. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS EMPLOYED FULL-TIME OR PART-TIME FOR AT LEAST ONE MONTH AT INTAKE AND FOLLOW-UP (N = 40)

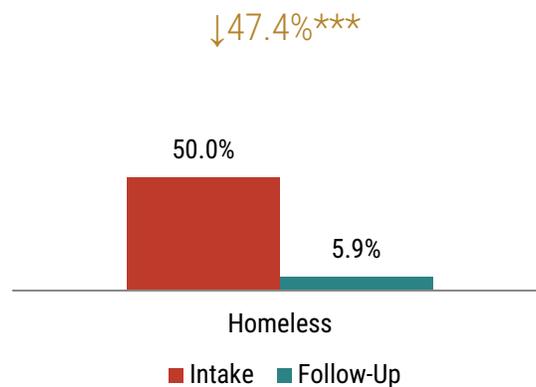


**p<.05.

Living Situation

Clients were asked if they considered themselves currently homeless at intake and at follow-up. Half of clients reported being homeless when they entered the Brighton Recovery Center for Women¹¹, and 5.9% of clients reported being homeless at follow-up (a significant decrease of 47.4%; see Figure 14).

FIGURE 14. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WHO CONSIDERED THEMSELVES CURRENTLY HOMELESS AT INTAKE AND FOLLOW-UP (N = 34)¹²



***p<.01.

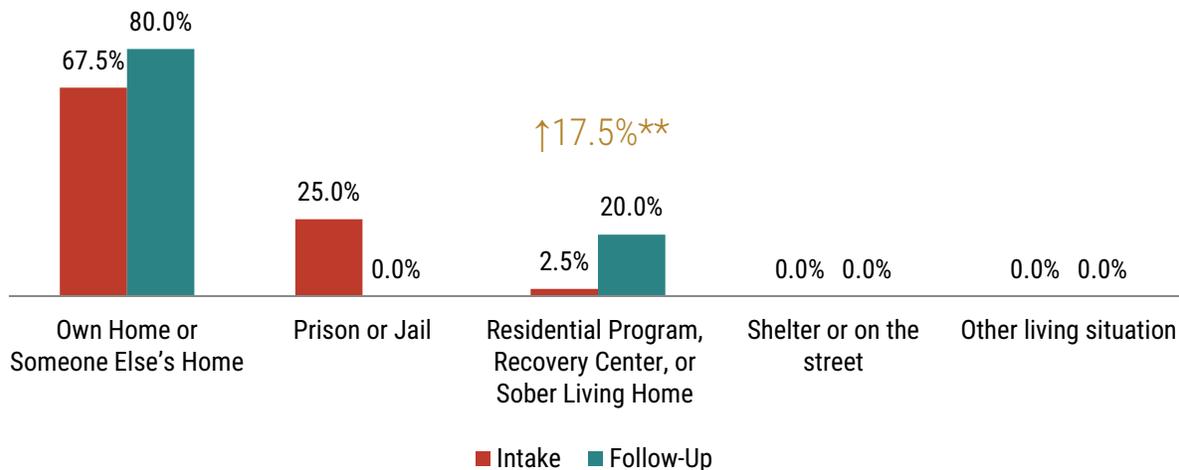
¹¹ Of the clients who considered themselves homeless at intake (n = 17) in Figure 14, 10 clients (58.8%) reported living in someone else's residence.

¹² Individuals who said they were currently living at a recovery center at follow-up were not asked this question in the follow-up survey.

At intake and follow-up, individuals were asked about where they lived in the past 30 days. Over two-thirds of individuals (67.5%) at intake and 80.0% of individuals at follow-up reported living in a private residence (i.e., their own home or someone else’s home) which is a significant increase of 17.5%. One-quarter of clients at intake and none of the clients at follow-up reported living in a jail or prison.

Even though individuals were targeted for the follow-up survey 12 months after they completed their intake survey and entered Phase 1, 20.0% reported living in a recovery center, residential program, or sober living home at follow-up. None of the individuals reported living in a shelter or on the street at follow-up.

FIGURE 15. LIVING SITUATION OF BRIGHTON RECOVERY CENTER FOR WOMEN AT INTAKE AND FOLLOW-UP (N = 40)



**p<.05.
Significance established using a z-test for proportion.

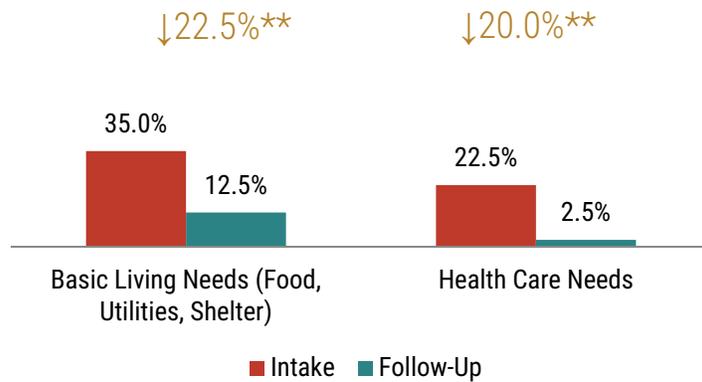
Economic hardship

Thirty-five percent of the Brighton Recovery Center for Women clients reported having difficulty meeting basic living needs (such as food, shelter, utilities, and telephone) at intake and 12.5% reported having difficulty at follow-up which is a significant decrease of 22.5% (see Figure 16). The number of clients who reported having difficulty in obtaining health care needs (e.g., doctor visits, dental visits, and filling prescriptions) for financial reasons decreased significantly by 20.0% from intake (22.5%) to follow-up (2.5%).

“ I’m still sober. I worked there and it was the best thing that’s ever happened to me.”

- RCOS Follow-up Client

FIGURE 16. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WHO HAD DIFFICULTY MEETING BASIC LIVING AND HEALTH CARE NEEDS FOR FINANCIAL REASONS AT INTAKE AND FOLLOW-UP (N = 40)



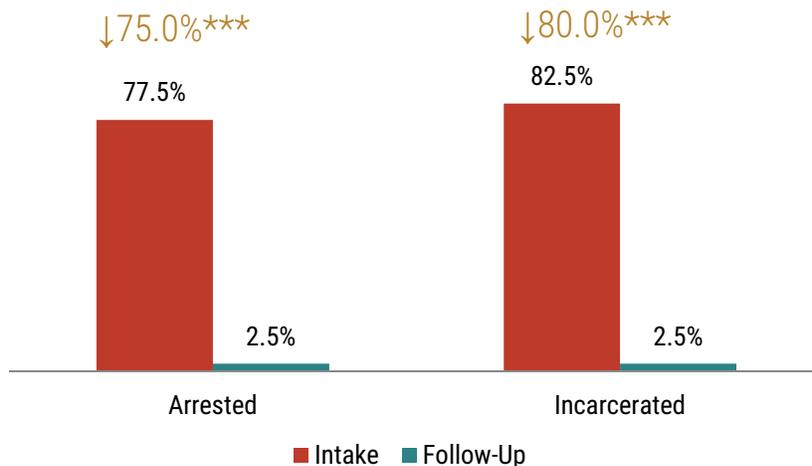
**p<.05.

CRIMINAL JUSTICE INVOLVEMENT

At intake, women were asked about their arrests in the 6 months before they entered the recovery center and at follow-up they were asked about their arrests in the past 6 months. Over three-quarters (77.5%) of the Brighton Recovery Center for Women clients reported an arrest in the 6 months before entering the recovery center (see Figure 17). At follow-up, 2.5% of women reported an arrest (a significant decrease of 75.0%).

The majority of clients (82.5%) reported spending at least one day in jail or prison in the 6 months prior to entering the Brighton Recovery Center for Women. At follow-up, 2.5% reported spending at least one day incarcerated in the past 6 months; a significant decrease of 80.0%.

FIGURE 17. CRIMINAL JUSTICE INVOLVEMENT OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS AT INTAKE AND FOLLOW-UP (n = 40)



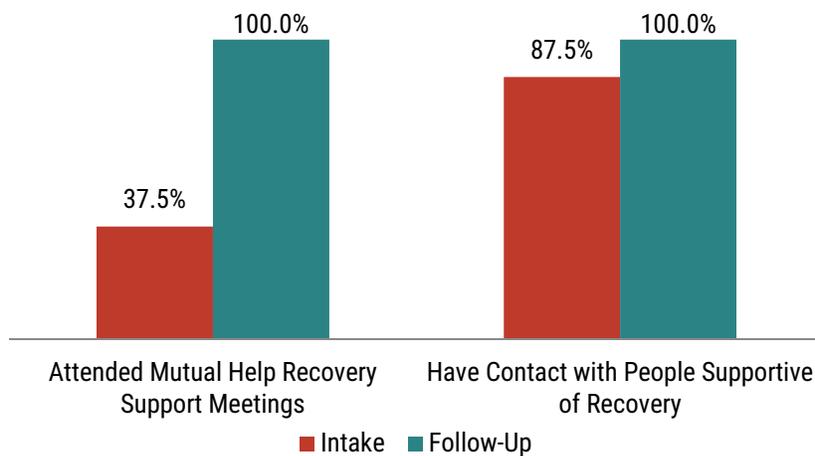
***p<.01.

Change in Recovery Supports

At intake, over one-third of individuals (37.5%) reported going to mutual help recovery group meetings (e.g., AA, NA, or faith-based) in the 30 days before they entered the Brighton Recovery Center for Women (see Figure 18). At follow-up, all of the women reported they had gone to mutual help recovery group meetings in the past 30 days.

About 88% of clients at intake and all of the clients at follow-up reported having contact with people who were supportive of their recovery.

FIGURE 18. RECOVERY SUPPORTS FOR BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS AT INTAKE AND FOLLOW-UP
(N = 40)^a



a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the mutual help recovery support meetings and contact with family or friends supportive of recovery variables at follow-up.

*** $p < .01$.

Conclusion

Results of the outcomes for 40 clients from the Brighton Recovery Center for Women who were selected and completed a follow-up interview between July 2014 and June 2016 show that clients reported extremely positive experiences and were very satisfied with various aspects of recovery center services. In addition, clients reported a significantly higher quality of life and greater satisfaction with life at follow-up. Further, the majority of clients showed reductions in use of any illicit drugs, marijuana, opioids, heroin, CNS depressants, stimulants, and alcohol. Mental health symptoms including depression, anxiety, comorbid anxiety and depression, and suicidality decreased as well. The number of individuals who reported they were homeless decreased from 50.0% at intake to 5.9% at follow-up and improvements in program participants' ability to meet their basic living and health care needs were found at follow-up when compared to intake. There were also significant decreases in criminal justice system involvement. Additionally, women's recovery support increased from intake to follow-up.

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 agree to be contacted for the follow-up survey 12 months after entering Phase I. Additionally, the sample size is small in this report and should be considered when interpreting the findings. To increase the statistical power to detect change in this small sample size, the alpha for statistical tests was increased to $p < .10$, instead of $p < .05$.

Overall, these data provide a positive picture of recovery center outcomes at the Brighton Recovery Center for Women.