



2018

Recovery Center Outcome Study Program Report

The Brighton Recovery Center for Women

December 2017

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Executive Summary

Report findings include program outcomes for 22 clients from the Brighton Recovery Center for Women who completed an intake assessment at entry to Phase 1 and agreed to participate in RCOS between July 1, 2014 and June 30, 2016, and then completed a 12-month follow-up survey between July 2015 and June 2017.

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 poor physical and mental health days in the past 30 days significantly decreased from intake to follow-up as did the number of women who used substances to manage their stress. There was also a significant decrease in the number of clients reporting incarceration in the past 6 months and no women reported being arrested at follow-up. The number of women who reported they were homeless decreased from 50.0% at intake to none at follow-up and significant improvements in program participants' ability to meet their basic living needs were found at follow-up when compared to intake. Additionally, women's recovery support significantly 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

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This report includes follow-up assessments completed with clients between July 2015 and June 2017.

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.

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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.

Introduction

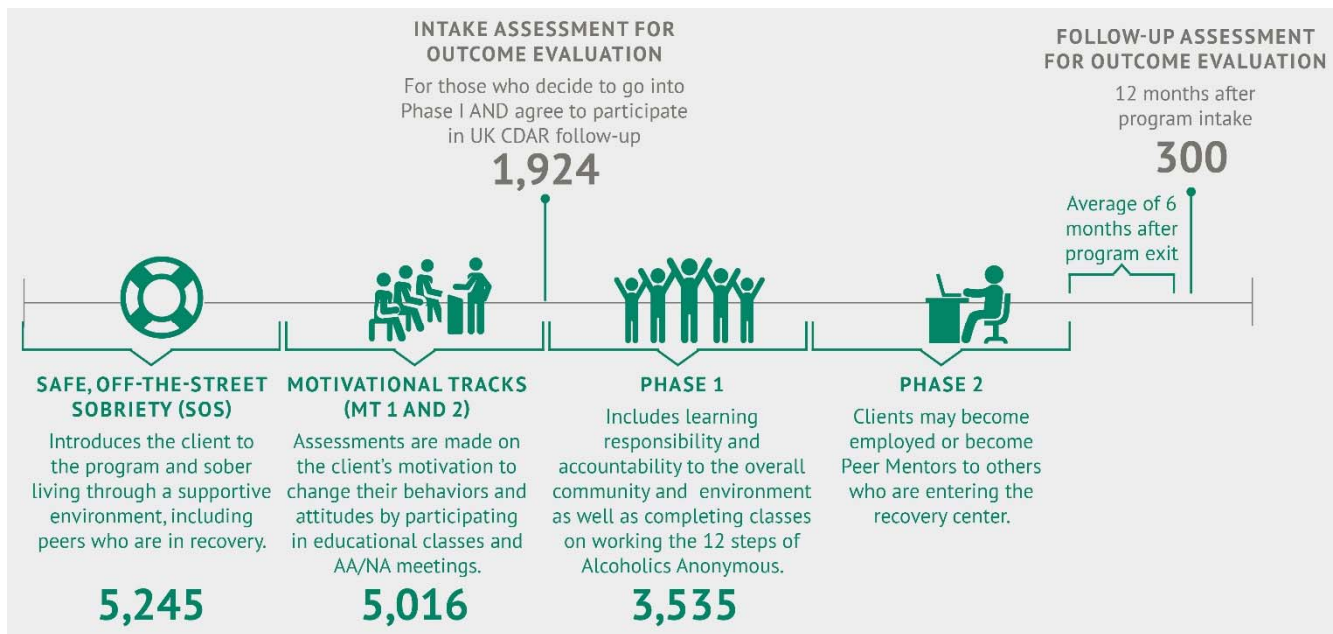
Overview of Recovery Kentucky

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. Fifteen² of the currently established recovery centers participated in the independently

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 Two additional recovery centers were opened in 2016 and are not included in this report. The Men's Addiction Recovery Campus in Bowling Green began data collection in Dec 2016 and the Genesis Recovery Kentucky Center in Grayson began data collection in Feb 2017.

conducted Recovery Center Outcome Study (RCOS) between July 2014 and June 2016. Recovery Kentucky staff conduct a face-to-face evidence-based assessment³ 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 assessments measure change in targeted factors such as substance use, mental health, physical health, and stress symptoms, criminal justice system involvement, quality of life, education and employment, living situation, and recovery support prior to entering the recovery center. Intake assessment items ask about the 6-months or 30-days before clients entered the recovery center.

Follow-up assessments 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 assessment⁴. 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 22 women who participated in the recovery program at Brighton Recovery Center for Women, completed a Phase 1 intake assessment between July 2014 and June 2016 and a follow-up assessment between July 2015 and June 2017.⁵ All clients of the Brighton Recovery Center for Women included in this report were White and an average of 33 years old. The majority were not currently married at intake (81.8%). 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; and
3. To examine changes in client recovery supports over time.

³ Logan, T., Cole, J., Miller, J., Scrivner, A., & Walker, R. (2016). *Evidence Base for the Recovery Center Outcome Study Assessment and Methods*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research. (Available upon request).

⁴ 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.

⁵ 14 clients completed the intake assessment in FY 2015 and 8 clients completed the intake assessment in FY 2016.

It is important to keep in mind that because this report only includes those who completed a follow-up assessment, the sample size is small 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 $p < .05$.⁶

⁶ The full 2018 RCOS Annual Report can be found here: <http://cdar.uky.edu/RCOS/>

Client Satisfaction with Brighton Recovery Center for Women

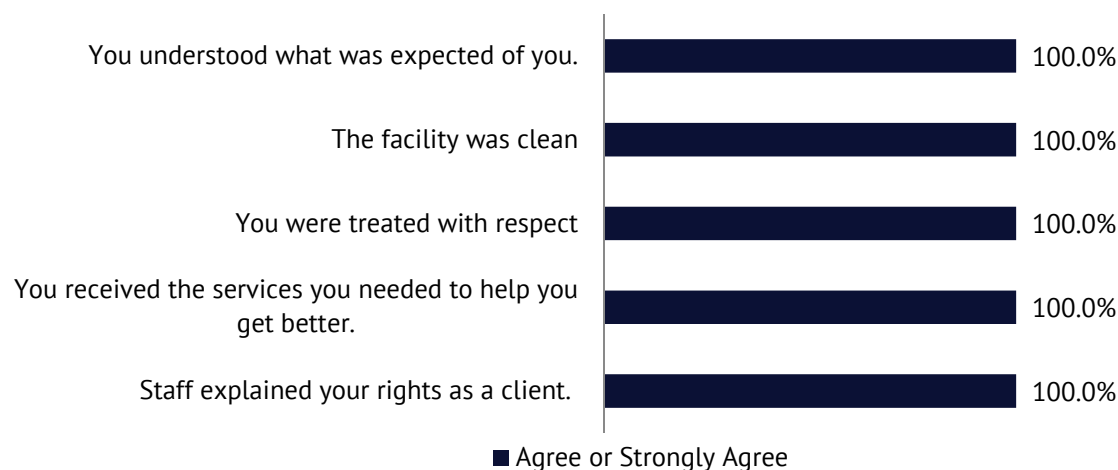
Overall Client Satisfaction

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 86.4% 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. The majority of clients (95.5%) reported they felt better about themselves as a result of their recovery program experience (not in figure). 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.

FIGURE 1. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WHO AGREED OR STRONGLY AGREED WITH PROGRAM SATISFACTION STATEMENTS AT FOLLOW-UP (N = 19)⁷

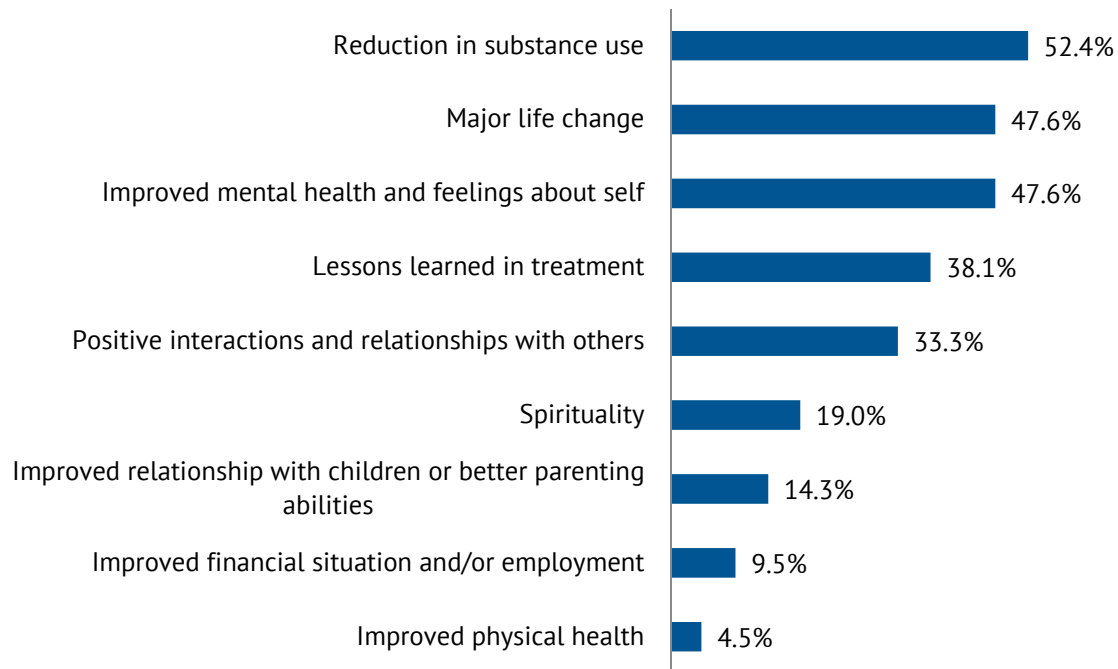


At follow-up, clients were asked about the three most positive outcomes of their participation in the Brighton Recovery Center for Women (see Figure 2). Over half of clients (52.4%) mentioned reduced substance and 47.6% mentioned reported major life changes (e.g., better quality of life, better able to function, having a “normal” life, greater control over life). About 48% also reported

⁷ The program satisfaction questions were updated and expanded in October 2016 and as a result, 3 clients did not answer these questions.

improved mental health and feelings about themselves and 38.1% said the lessons they learned in the recovery center 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 = 21)⁸



⁸ One client responded “don’t know” to all the positive outcome questions.

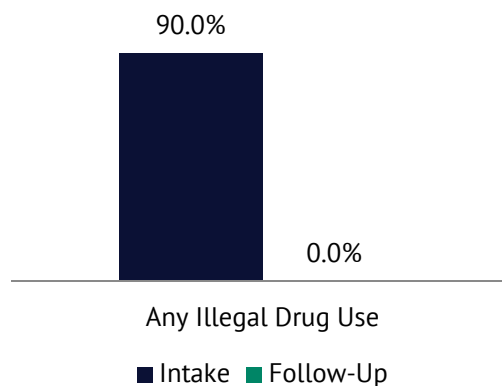
Change from intake to follow-up on targeted factors⁹

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.^{10,11}

The majority of clients (90.0%) reported using illicit drugs before entering the recovery center. At follow-up, none of the women reported using any illicit drugs (see Figure 3).

FIGURE 3. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING USE OF ANY ILLICIT DRUGS AT INTAKE AND FOLLOW-UP (N = 20)



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

As shown in Figure 4, 45.0% 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 (65.0%) reported opiate/opioid misuse (excluding heroin) prior to entering the Brighton Recovery Center for Women. At follow-up, however, no clients reported prescription opiate/opioid misuse (excluding heroin).

⁹ 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.

¹⁰ Two clients were in jail for the 6 months before entering the program.

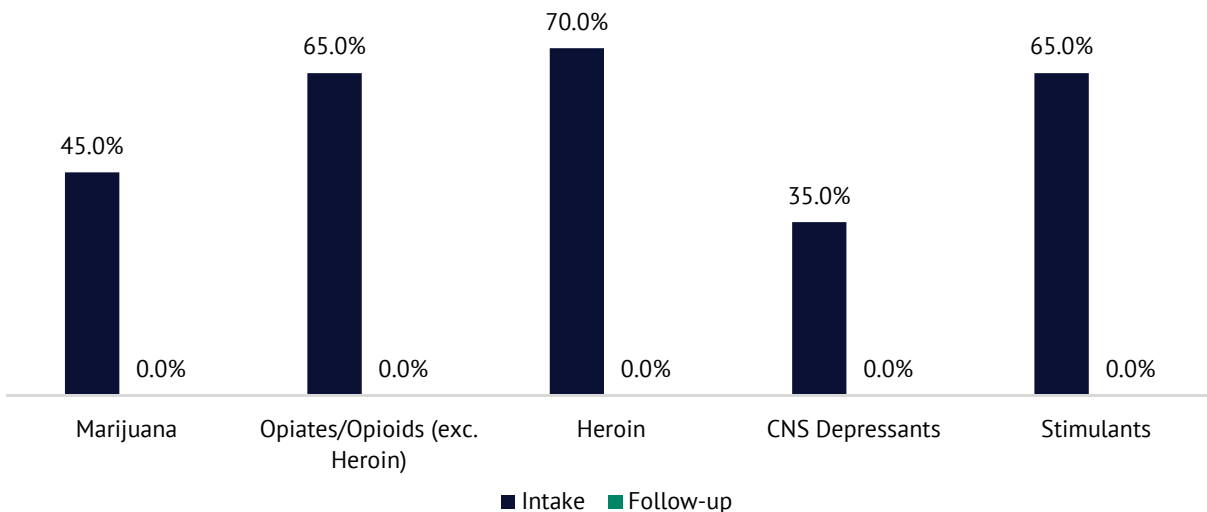
¹¹ If the client progresses through the phases of the Recovery Kentucky Program in a typical manner, the follow-up assessment should occur about 6 months after they are discharged from Phase I. However, because clients progress through phases at their own pace and many factors can affect when they are 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.

Seventy percent of clients reported using heroin prior to entering the Brighton Recovery Center for Women. By follow-up, none of the clients in the sample reported heroin use.

Thirty-five 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 two-thirds of clients (65.0%) 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 4. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING USE OF SPECIFIC ILLICIT DRUGS AT INTAKE AND FOLLOW-UP (N = 20)^a



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

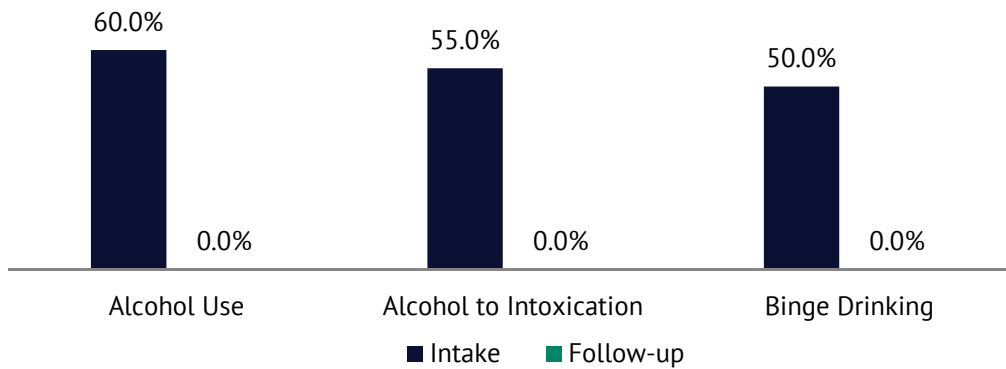
Figure 5 shows that 60.0% of clients reported using alcohol in the 6 months before entering the Brighton Recovery Center for Women and no clients reported alcohol use in the 6 months before follow-up. Fifty-five percent of women reported using alcohol to intoxication at intake and half of women reported binge drinking (4 or more drinks within a 2-hour period) before entering the recovery center. No clients reported alcohol use to intoxication or binge drinking at follow-up.

“

I learned a lot about my addiction and how to love my life again.”

- RCOS Follow-up Client

FIGURE 5. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING ALCOHOL USE, ALCOHOL USE TO INTOXICATION, AND BINGE DRINKING AT INTAKE AND FOLLOW-UP (N=20)^a



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

Almost all clients reported smoking tobacco in the 6 months before entering the recovery center and in the 6 months before follow-up (95.0%; see Figure 6).

FIGURE 6. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING SMOKING TOBACCO AT INTAKE AND FOLLOW-UP (N = 20)

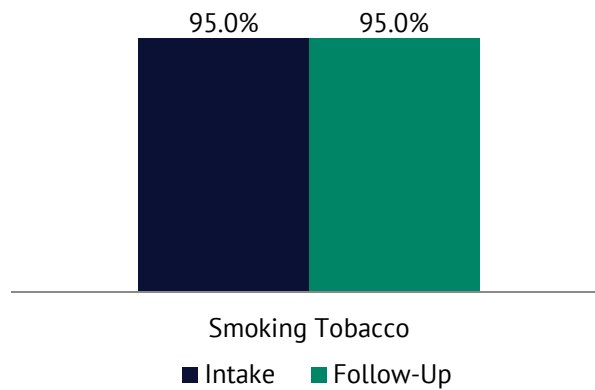
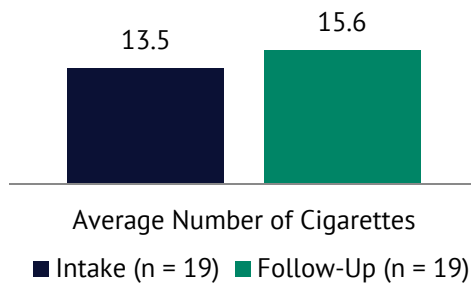


Figure 7 shows, among individuals who smoked tobacco, the average number of cigarettes smoked per day: 13.5 cigarettes per day at intake (n = 19) and 15.6 cigarettes per day at follow-up (n = 19).

FIGURE 7. AMONG CLIENTS WHO SMOKED, AVERAGE NUMBER OF CIGARETTES SMOKED PER DAY



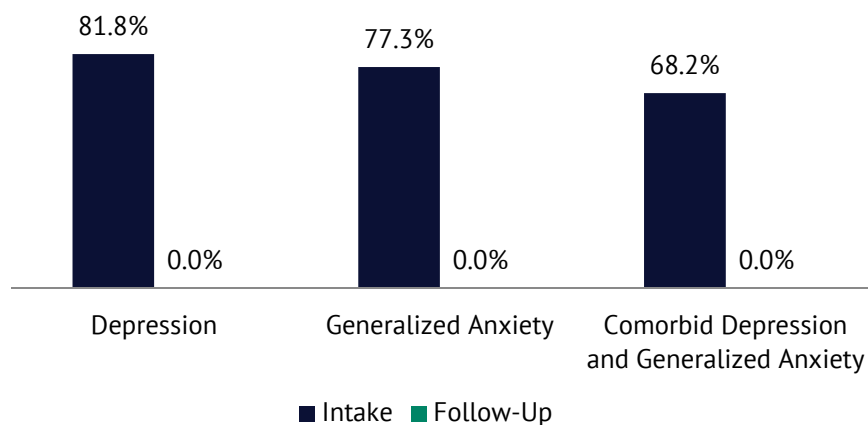
Self-reported Mental Health, Physical Health, and Stress

The majority of individuals (81.8%) met study criteria for depression in the 6 months before they entered the Brighton Recovery Center for Women (see Figure 8). By follow-up, no women met criteria for depression.

In the 6 months before entering the recovery center, 77.3% of women reported symptoms that met the study criteria for generalized anxiety and none of the women reported symptoms at follow-up.

At intake, 68.2% of clients met criteria for both depression and generalized anxiety and at follow-up none of the clients met criteria for both.

FIGURE 8. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS MEETING CRITERIA FOR DEPRESSION, GENERALIZED ANXIETY, AND COMORBID DEPRESSION AND GENERALIZED ANXIETY (N = 22)^a

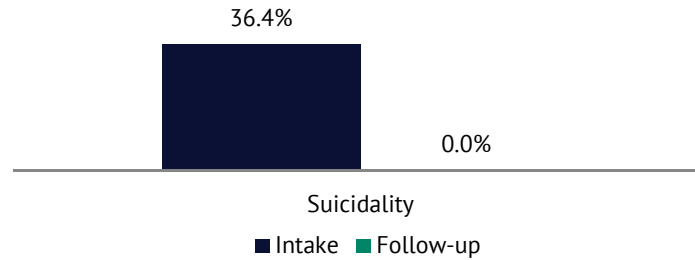


a- No measure of association could be computed for the cross tabulation because there was a value of 0 for all mental health calculations at follow-up.

Clients' self-reported suicide ideation and attempts were grouped together as suicidality. About 36% 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 9).

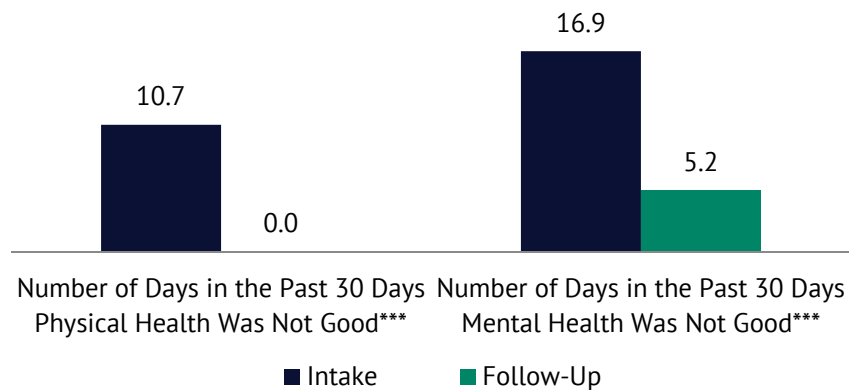
FIGURE 9. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING SUICIDAL IDEATION AND/OR ATTEMPTS AT INTAKE AND FOLLOW-UP (N = 22)^a



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.

The number of days Brighton Recovery Center for Women clients reported their physical health was not good in the past 30 days decreased significantly from intake (10.7) to follow-up (0; see Figure 10). The number of self-reported poor mental health days also decreased from 16.9 in the 30 days before intake to 5.2 in the 30 days before follow-up.

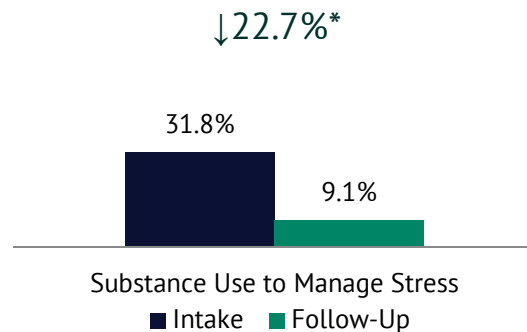
FIGURE 10. BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS' PERCEPTIONS OF POOR PHYSICAL HEALTH AND MENTAL HEALTH IN THE PAST 30 DAYS AT INTAKE AND FOLLOW-UP (N = 22)^a



a- Statistical significance tested by paired t-test, ***p < .01.

Brighton Recovery Center for Women clients were also asked if they used alcohol, prescription drugs, or illegal drugs in the past 7 days to reduce or manage stress at intake and follow-up. Figure 11 shows that 31.8% of clients reported they used at least one type of substance to reduce or manage their stress in the 7 days before entering the recovery center. At follow-up, the number of women who reported using substance to reduce or manage their stress significantly decreased to 9.1%.

FIGURE 11. BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS REPORTING SUBSTANCE USE TO REDUCE OR MANAGE STRESS AT INTAKE AND FOLLOW-UP (N = 22)



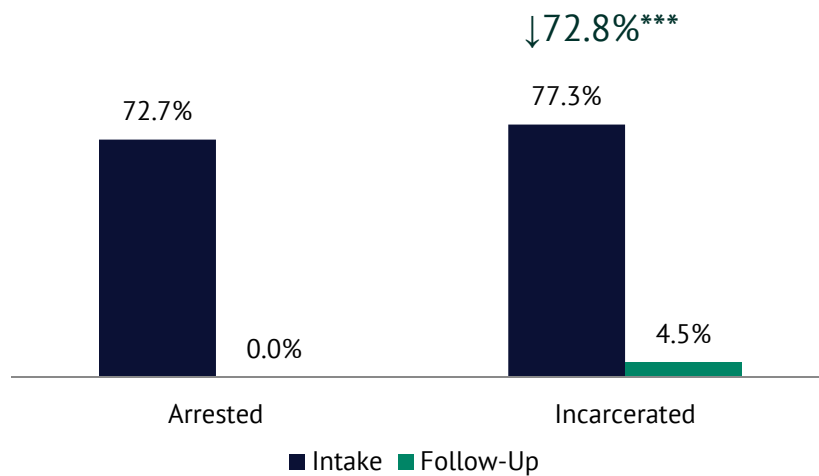
*p<.10

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. Almost three-quarters (72.7%) of the Brighton Recovery Center for Women clients reported an arrest in the 6 months before entering the recovery center (see Figure 12). At follow-up, no women reported an arrest.

The majority of clients (77.3%) also 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, 4.5% reported spending at least one day incarcerated in the past 6 months; a significant decrease of 72.8%.

FIGURE 12. CRIMINAL JUSTICE INVOLVEMENT OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS AT INTAKE AND FOLLOW-UP (n = 22)

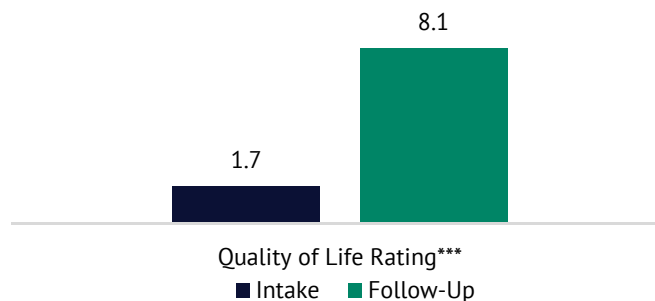


a- No measure of association could be computed for the cross tabulation because there was a value of 0 for arrests at follow-up.
 ***p<.01.

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 1.7 (see Figure 13). The average rating of quality of life after participating in the program significantly increased to 8.1.

FIGURE 13. PERCEPTION OF QUALITY OF LIFE BEFORE AND AFTER THE BRIGHTON RECOVERY CENTER FOR WOMEN PROGRAM (N = 22)



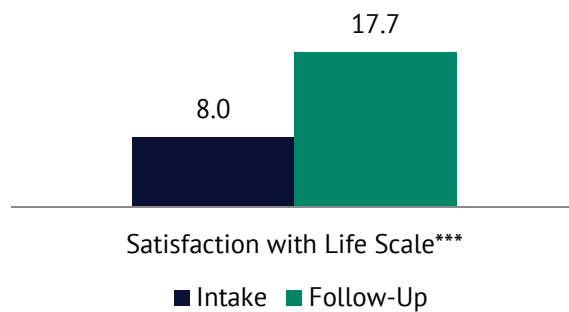
Quality of Life Rating***
 1, worst imaginable; 5, good and bad parts are equal;
 10, best imaginable

***p < .01.

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 14 shows that the Brighton Recovery Center for Women clients’ scores on the satisfaction with life scale increased significantly from 8.0 at intake to 17.7 at follow-up.

FIGURE 14. SATISFACTION WITH LIFE BEFORE INTAKE AND FOLLOW-UP (N = 22)

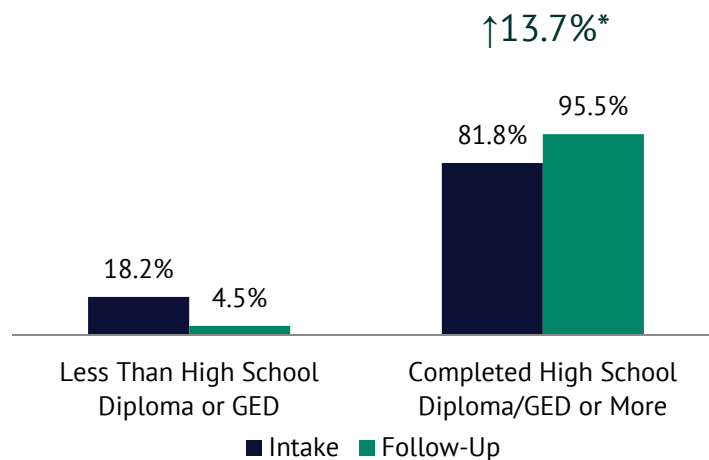


***p < .01.

Education and Employment

There was a significant increase in education level at follow-up with 4.5% of clients having completed less than a high school diploma or GED (compared to 18.2% of clients at intake) and 95.5% of women having completed a high school diploma or GED, or had attended school beyond a high school diploma or GED (compared to 81.8% at intake; see Figure 15).

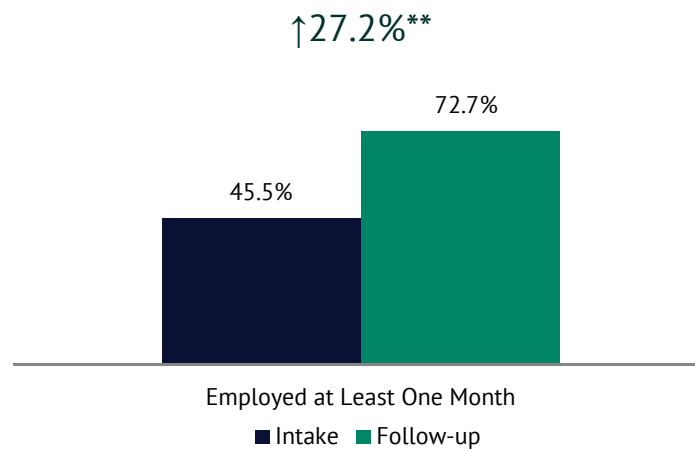
FIGURE 15. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WITH DIFFERENT LEVELS OF EDUCATION AT INTAKE AND FOLLOW-UP (N = 22)



*p<.10

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 half 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 16). At follow-up, 72.7% worked part-time or full-time at least one month in the past 6 months, which is a 27.2% significant increase.

FIGURE 16. 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 = 22)



**p<.05.

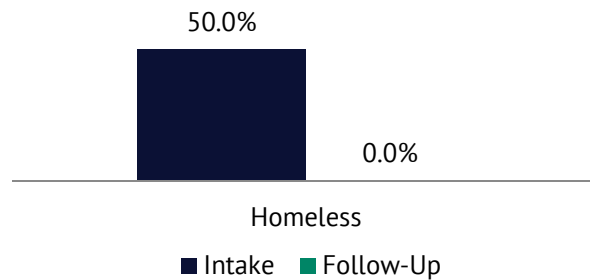
Living Situation

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 Women¹², and no clients reported being homeless at follow-up (see Figure 17).¹³

¹² Of the clients who considered themselves homeless at intake (n = 10) in Figure 14, 6 clients (60.0%) reported living in someone else's residence.

¹³ Individuals who said they were currently living at a recovery center at follow-up were not asked this question in the follow-up survey.

FIGURE 17. PERCENTAGE OF BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS WHO CONSIDERED THEMSELVES CURRENTLY HOMELESS AT INTAKE AND FOLLOW-UP (N = 20)^a

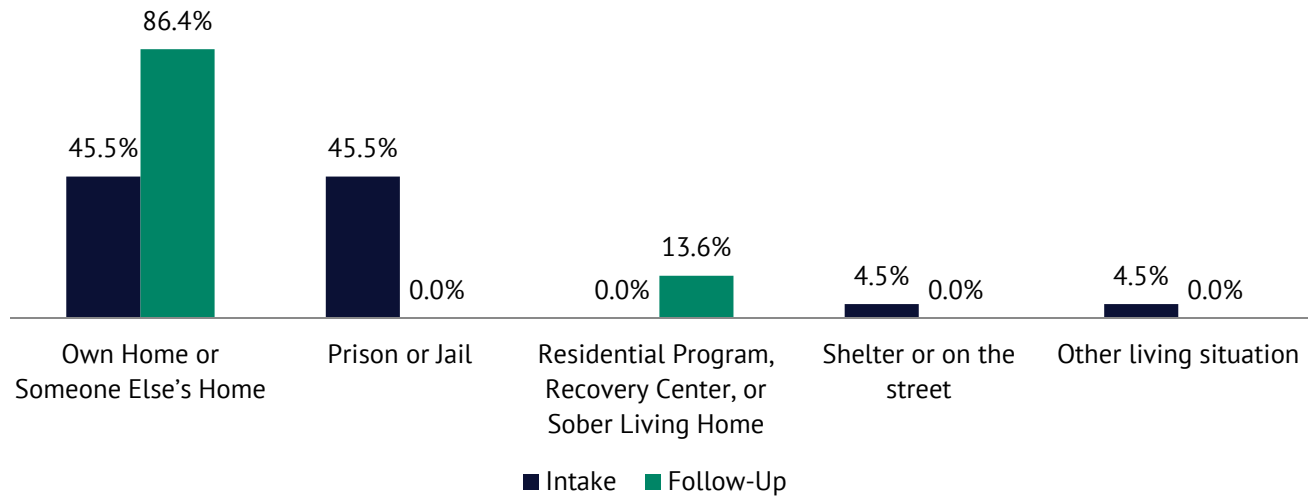


a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the homelessness variable at follow-up.

At intake and follow-up, individuals were asked about where they lived in the past 30 days (see Figure 18). Less than half of individuals (45.5%) at intake and 86.4% of individuals at follow-up reported living in a private residence (i.e., their own home or someone else’s home). About 46% 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, 13.6% 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 18. LIVING SITUATION OF BRIGHTON RECOVERY CENTER FOR WOMEN AT INTAKE AND FOLLOW-UP
(N = 22)

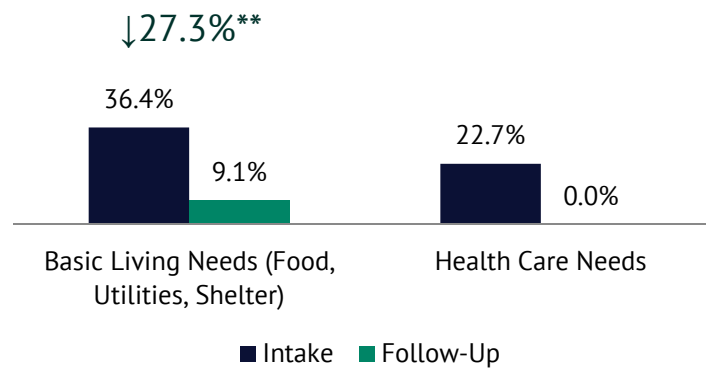


a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the residential program, recovery center, or sober living home variable at intake and the prison or jail, shelter or on the street, and other living situation variables at follow-up.

About 36% 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 9.1% reported having difficulty at follow-up, which is a significant decrease of 27.3% (see Figure 19). About 23% of clients reported having difficulty in obtaining health care needs (e.g., doctor visits, dental visits, and filling prescriptions) for financial reasons at intake and no clients reported having difficulty meeting health care needs at follow-up.

“
I was lost before I came,
then I found myself.”
- RCOS Follow-up Client

FIGURE 19. 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 = 22)^a



a- No measure of association could be computed for the cross tabulation because there was a value of 0 for the health care needs calculation at follow-up.

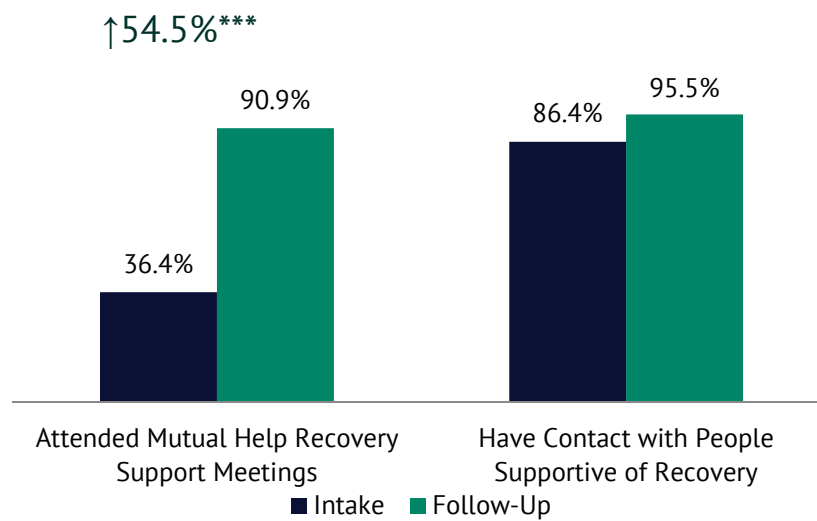
**p<.05.

Recovery Supports

At intake, over one-third of individuals (36.4%) 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 20). At follow-up, 90.9% of women reported they had gone to mutual help recovery group meetings in the past 30 days, a significant increase of 54.5%.

About 86% of clients at intake and 95.5% of the clients at follow-up reported having contact with people who were supportive of their recovery.

FIGURE 20. RECOVERY SUPPORTS FOR BRIGHTON RECOVERY CENTER FOR WOMEN CLIENTS AT INTAKE AND FOLLOW-UP (N = 22)



***p<.01.

Conclusion

Results of the outcomes for 22 clients from the Brighton Recovery Center for Women who were selected and completed a follow-up assessment between July 2015 and June 2017 show that clients reported positive experiences and were very satisfied with various aspects of recovery center services. All 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. In addition, clients reported a significantly higher quality of life and greater satisfaction with life at follow-up. The number of individuals who reported they were homeless decreased from 50.0% at intake to none at follow-up and significant improvements in program participants' ability to meet their basic living needs were found at follow-up when compared to intake. There was also a significant decrease in the number of women who reported being incarcerated in the 6 months before follow-up compared to intake. Additionally, women's recovery support significantly 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.