

2023

MARR

Annual Report



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This is the 2023 report from ROI of data recorded on the ARMS system using REC-CAP as a means of mapping and measuring recovery strengths and barriers among residents in certified recovery housing in Michigan. We have outlined the key characteristics of this group and mapped their changes in recovery wellbeing over time. We first present instances of recovery capital growth, then outline challenges the residents face that contribute negatively to their recovery, such as recovery barriers or unmet needs. Recommendations are provided at the end of this report. This report is limited to clients engaged in MARR services between **January 1st, 2023-December 31st, 2023**.

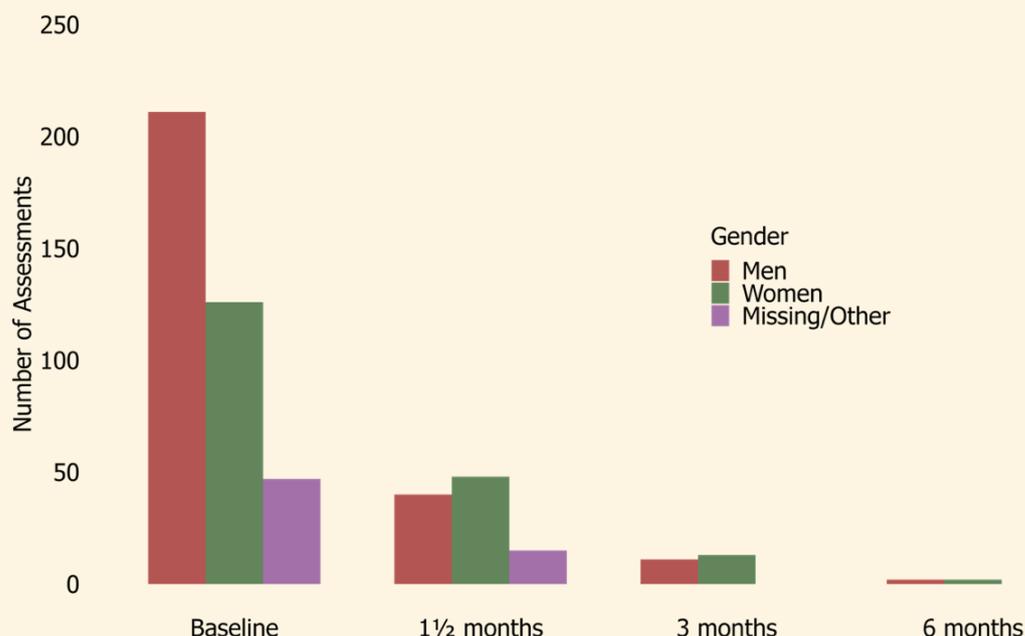
Section 1: Client Demographics, Admissions, and Discharges

596 clients were admitted to MARR residences during the year 2023.

There were 454 total clients engaged in REC-CAP assessments that we have informed consent to use their information for research purposes. Among the 454 clients, 125 were engaged in recovery goal planning during this timeframe. An individual's baseline data was only included if their admission date was shortly before or on the same day as their first assessment. 96 clients were not analyzed as their admission dates did not correspond to their baseline assessment date. 2 records were indicated as training data. This report will therefore provide an overview of the remaining 356 residents in MARR housing who participated in the REC-CAP assessment at least once.

There were more men than women in general, though women appeared to be retained longer over time. Among the 356 clients, there were 185 men and 127 women. Gender data were not available for 44 people. Figure 1 outlines the number of assessments carried out over time, separated by gender. In general, there were more men than women, though women appear to be retained longer over time. This is encouraging as the retention of women has proven to be a challenge in other states.

Figure 1. Gender distribution over time



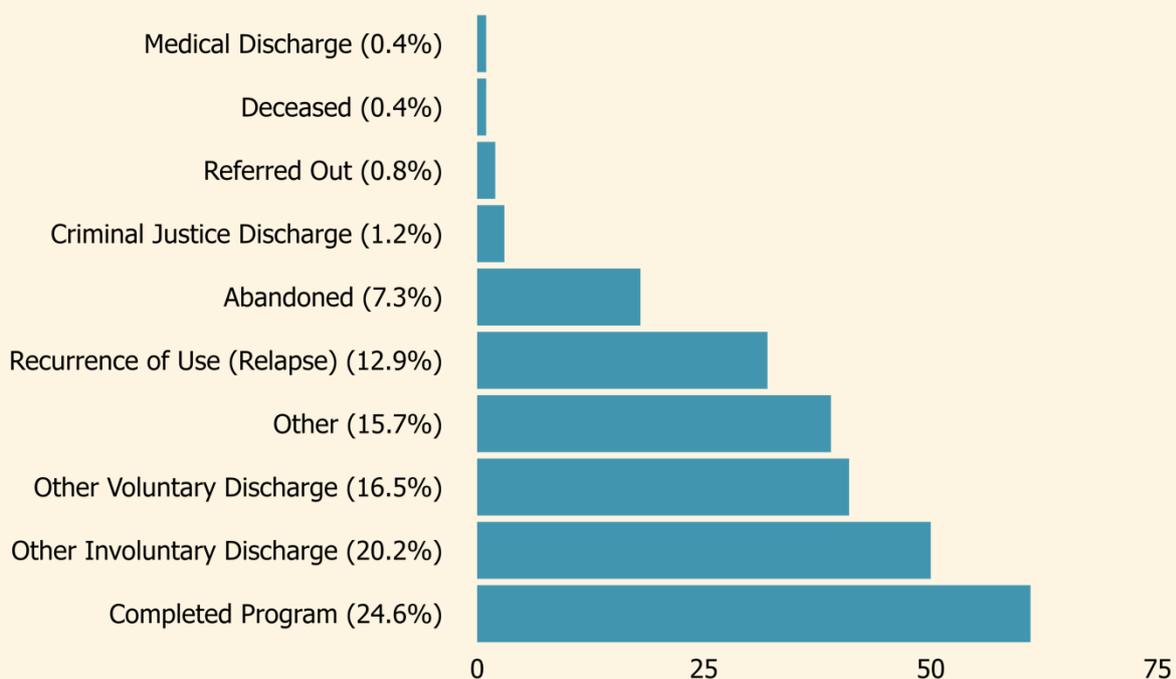
The ages of the 356 residents ranged from 19 to 68 years. On average, residents in this cohort were in their early forties (average: 42.06 years).

Table 1. Distribution of reported client ethnicities (descending).

Client Ethnicity	Number of Clients
Caucasian	259
Not Disclosed	45
Black or African American	29
Hispanic	8
Other	6
Native American	5
Native Hawaiian or other Pacific Islander	4
Total	356

There were 248 total discharges. The most common discharge reasons were "Completed Program", and "Other", and "Other Voluntary/Involuntary Discharge". Percentages are also given in Figure 2.

Figure 2. Discharges

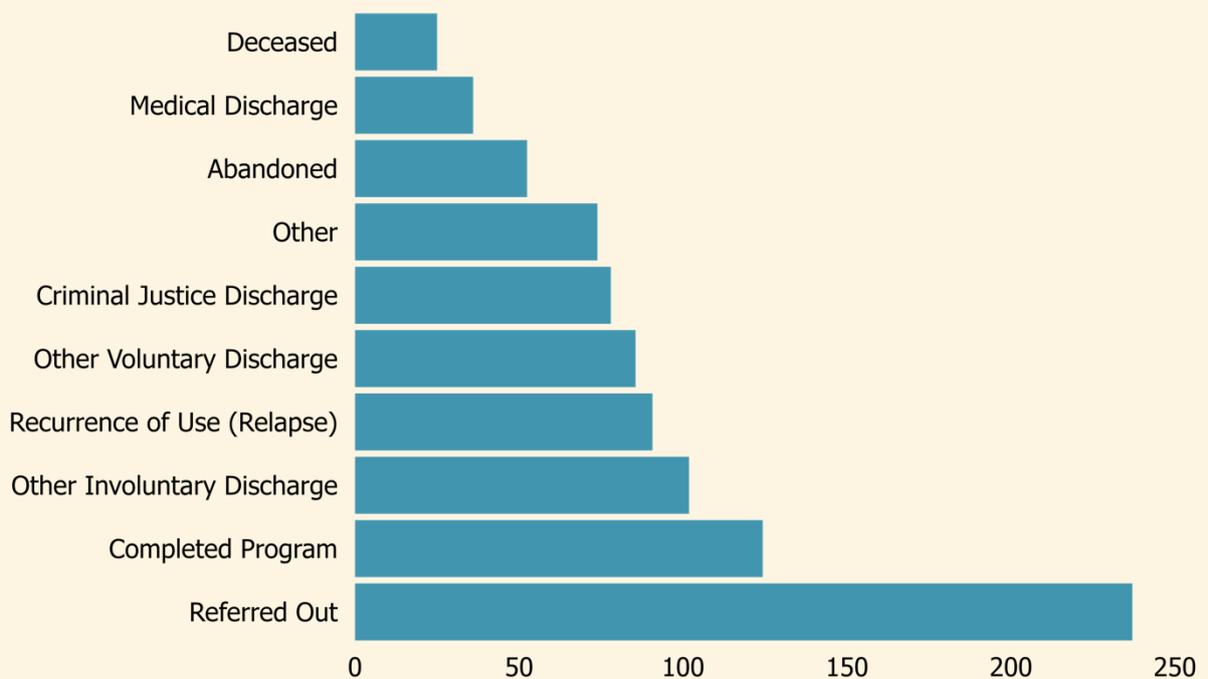


It is really encouraging that the most common reason for discharge is completion of the program which rates positively in Michigan compared to other locations.

Retention rates based on discharge data indicate that 19.66% of the baseline sample was retained for 45 or fewer days. An additional 19.94% was retained for between 46 and 90 days. 28.09% remained in MARR residences between 91 and 180 days, while 21.91% were retained for more than 180 days. These percentages represent the proportion of the original baseline count of clients (356) who stayed in the program up to each respective timepoint.

The average number of residency tenure was 95 days (excluding those who have not yet been discharged). The plot below outlines the number of residency days by discharge reason. Please consider that the categories of individuals who were referred out, changed partners, underwent a medical discharge, or died are represented by a notably small sample size. Consequently, each individual's data has more influence on the average values within those groups.

Figure 3. Residency tenure in days



Early dropouts were defined as those with a residency tenure fewer than **45 days** (which is when the first follow-up REC-CAP is normally assessed). The following table outlines the most common dropout reasons for this group.

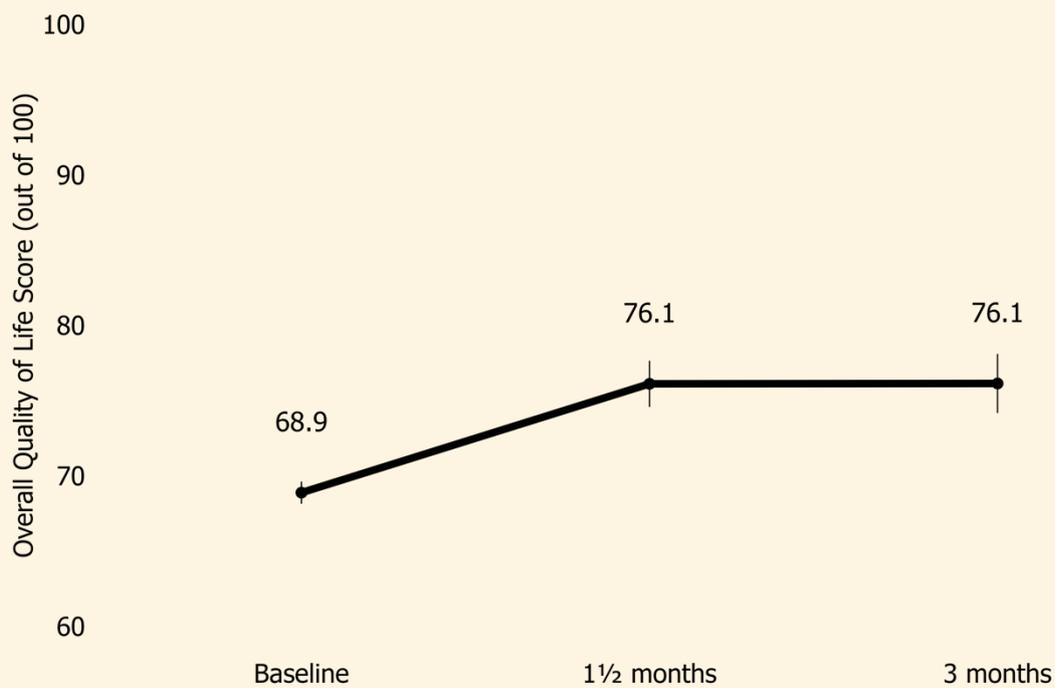
Table 2. Reasons for early discharges (descending).

Discharge Reason	Number of Clients
Other Involuntary Discharge	16
Other	15
Other Voluntary Discharge	15
Abandoned	12
Recurrence of Use (Relapse)	10
Medical Discharge	1
Deceased	1
Total	70

Section 2: Quality of Life

In the REC-CAP, quality of life is scored between 0 and 100 with higher scores illustrating greater reported quality of life.

Figure 4. Change in Quality-of-Life Scores over time

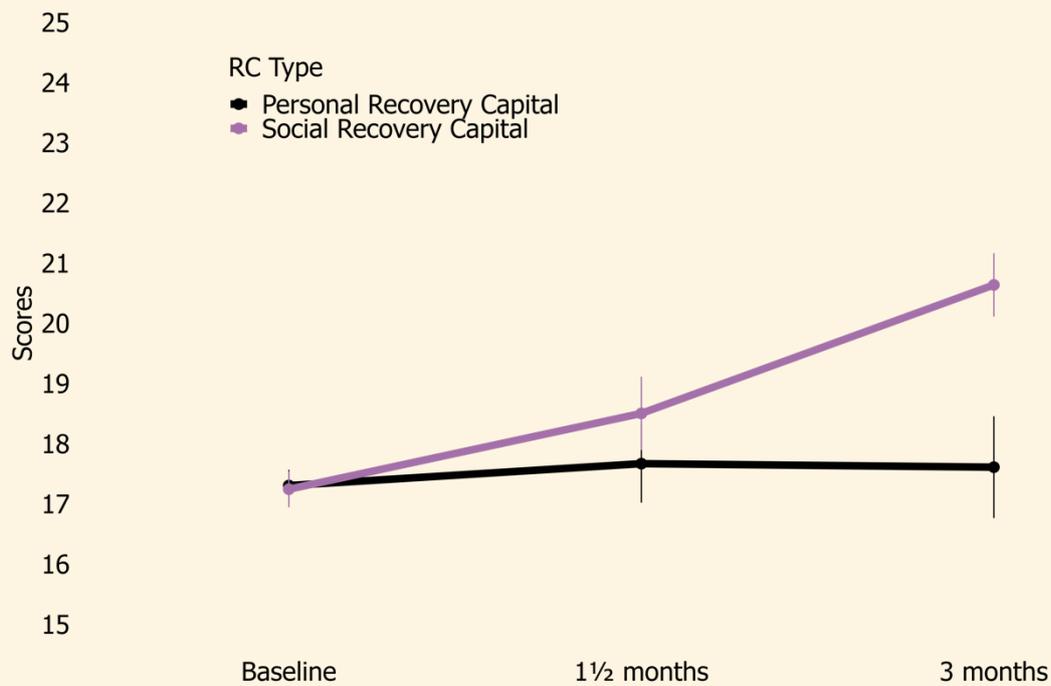


For the majority of the group, all 5 quality of life indicators (psychological health, physical health, quality of life, accommodation, and support network) increased. There is an initial increase between baseline and 45 days, which stabilizes for those who remain engaged. Compared to baseline, the difference in quality of life at each subsequent timepoint is statistically significant, meaning the increases we observe are substantial and unlikely to have occurred by chance.

Section 3: Personal and Social Recovery Capital

Both personal and social recovery capital are scored between 0 and 25 with higher scores illustrating greater reported levels of capital.

Figure 5. Personal and Social Recovery Capital scores

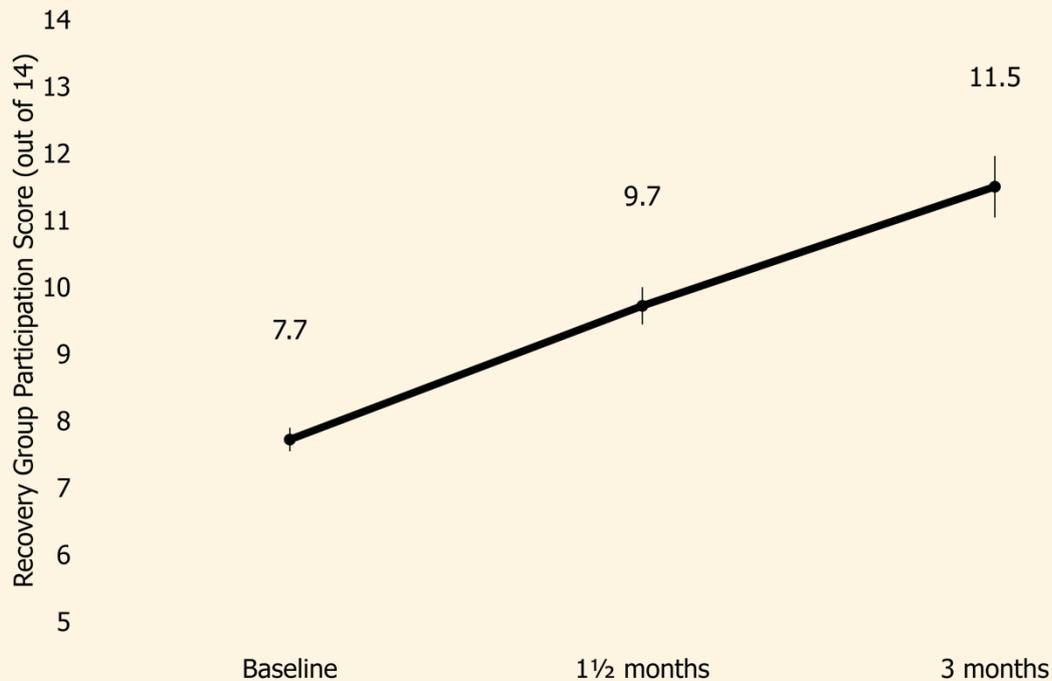


In this cohort, personal and social recovery capital (the essential elements of recovery capital) levels were medium-high at admission (approximately 18). Over time, SRC increased by approximately 3.5 points (approximately 21). For those who remained at least 3 months, observed increases were statistically significant for SRC. The mean values in PRC did not change over time, however, we analyzed changes in PRC within each individual and noted highly significant growth for those starting with low baseline levels.

Section 4: Recovery Group Participation

This is a measure of engagement in recovery support and mutual aid groups.

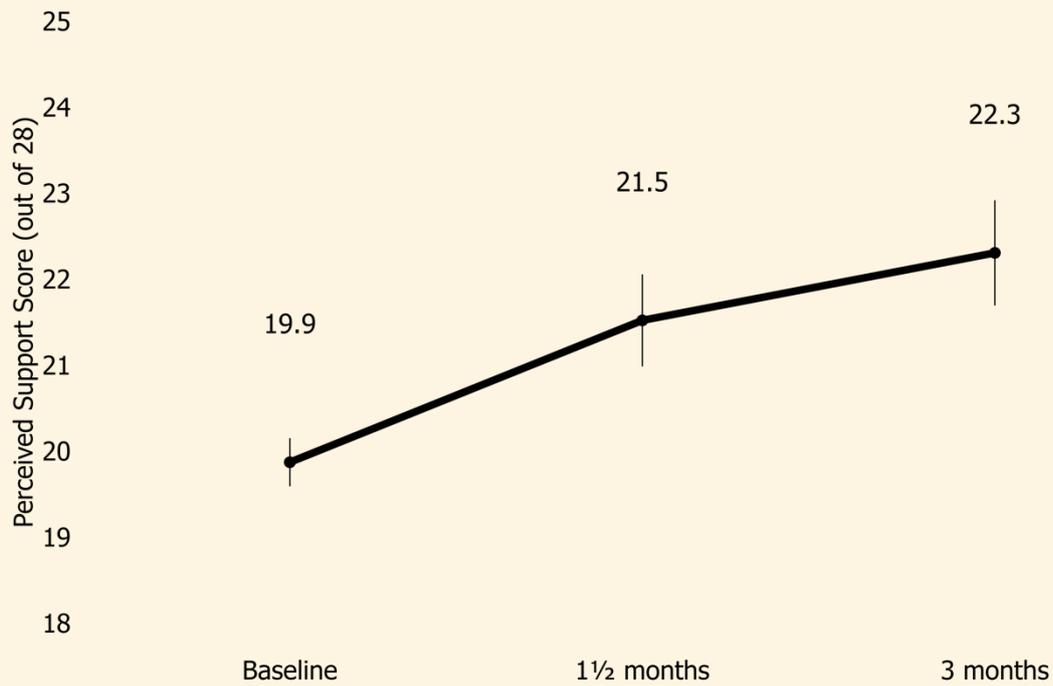
Figure 6. Change in Recovery Group Participation Scores over time



Of the residents engaged in REC-CAP assessments during 2023, there were consistent increases in recovery group participation scores. This is clearly a success of the recovery residences as previous research has indicated that recovery group participation is protective against relapse, particularly in the early stages of recovery.

The increase in recovery group participation is steady over time.

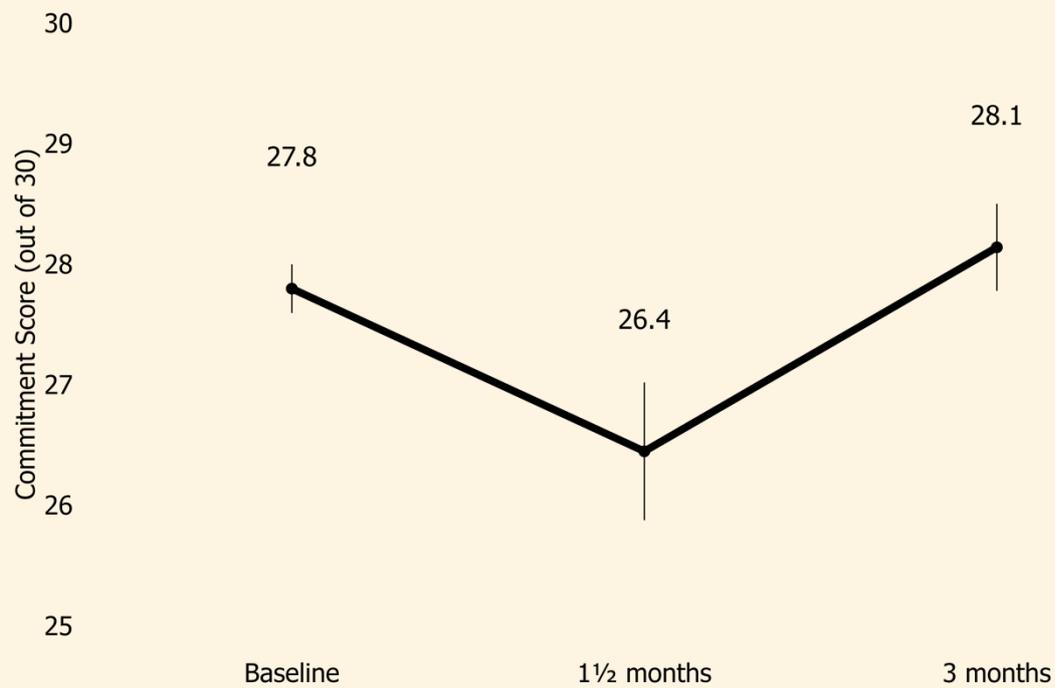
Figure 7. Change in Perceived Support Scores over time



Perceived support was also observed to increase over time. This measure encompasses the perceived advice, emotional support, help, and resources that the individual in recovery receives from other people. Both increases at 1½ months and 3 months were statistically significant.

Section 5: Commitment to Sobriety

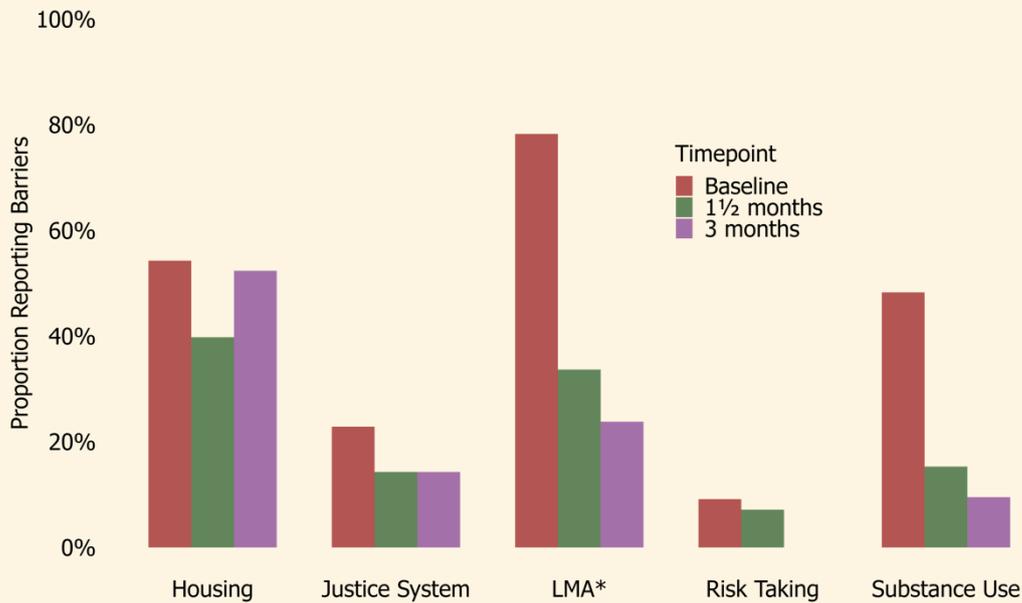
Figure 8. Change in Commitment Scores over time



For most clients, commitment to sobriety typically starts very high. There is a slight decrease observed at the first follow-up, but this recovers and exceeds baseline levels by the second follow-up. In general, commitment is very high at all timepoints, and small fluctuations are to be expected.

Section 6: Barriers to Recovery

Figure 9. Barriers to recovery over time

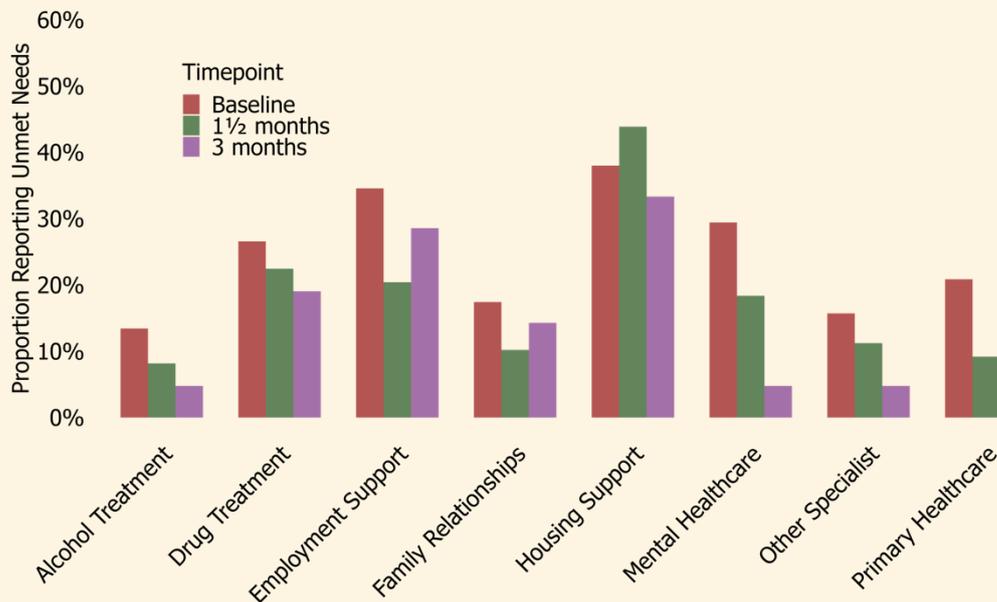


**LMA = Lack of Meaningful Activities*

Lack of Meaningful Activities (LMA) was the most pressing barrier that needed tackling upon entering the recovery house, with just over **78%** reporting no meaningful activities at baseline. This was successfully reduced over time, with only 5 out of 21 people reporting LMA at the third assessment, meaning more than three-quarters of the sample were engaged in meaningful activities. Housing and substance use were also significant barriers to recovery. Within each domain, barriers significantly decrease over time. However, housing barriers remain a challenge at 3 months into the recovery residence stay, with 11 out of 21 people reporting this barrier.

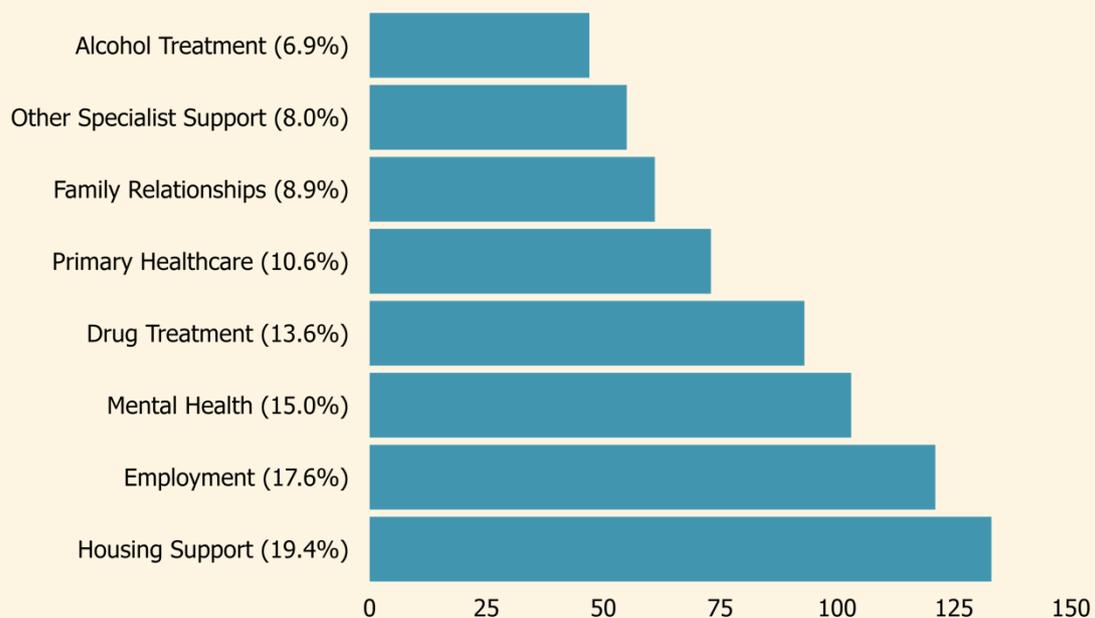
Section 7: Unmet Service Needs

Figure 10. Percentage of reported unmet needs



Decreases are observed across most service need domains, though Housing Support experiences an increased need followed by a small decrease. At baseline, Housing Support was the most common unmet need. Despite this, overall decreases in unmet service needs over the three months were significant. Primary healthcare need was eliminated by 3 months.

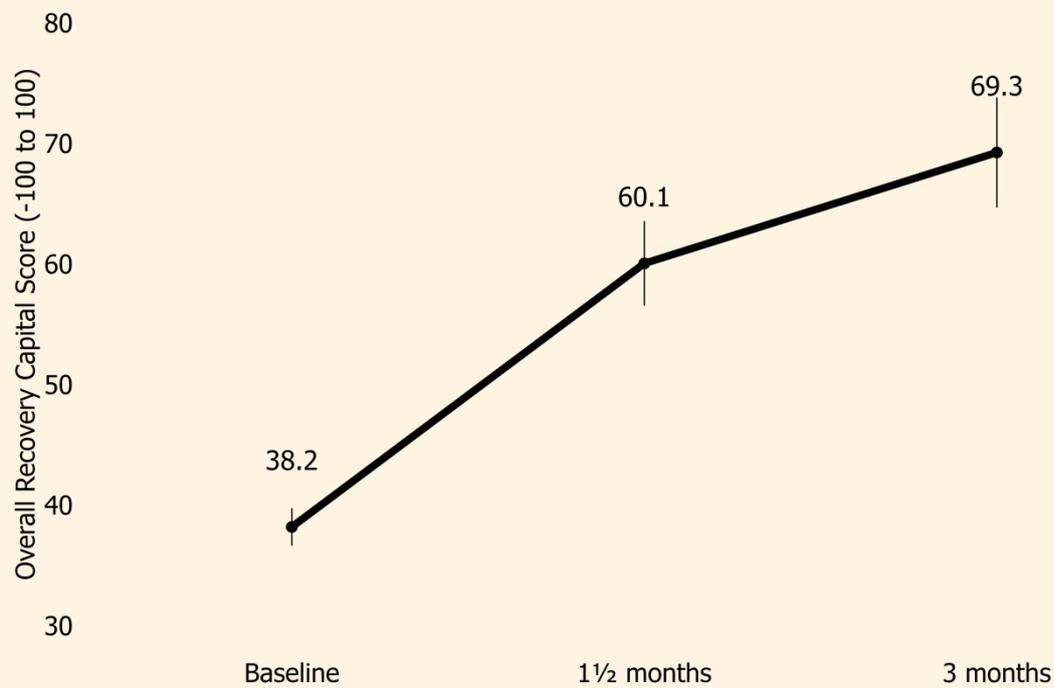
Figure 11. Baseline number of unmet needs



At baseline, Housing Support need was reported in 19.4% of people. The second most common unmet need was Employment Support at 17.6%.

Section 8: Overall Recovery Capital Score

Figure 12. Overall Recovery Capital Score



Measured from -100 to +100, the ORCS considers all recovery barriers and unmet needs, as well as the range of recovery strengths. The group-level trend is positive and highly significant.

Even though the average ORCS is positive at baseline, 49 people started with a **negative** ORCS. These individuals were observed to rapidly increase their ORCS in the subsequent weeks.

Section 9: Recovery Goal Planning

One of the unique features of the REC-CAP model is that not only do we measure changes in recovery capital over time, but we also assess individual and personalized goals that are set after each assessment with the capacity to review how much progress was made toward each goal at the review point.

Including residents admitted prior to January 1st, 2023, 125 residents during 2023 were actively engaged in recovery goal planning. Among these residents, 733 goals were set.

22 goals were marked as complete (3%), 252 were marked as engaged (34.4%), and 459 were marked as not-yet-engaged (62.6%). The care planning component of the REC-CAP is an essential stage moving forward as we know that there are strong associations between achieving care plan goals and improvements in recovery capital and this should be a priority moving forward in Michigan.

To understand the domains which were prioritized for goal setting, we analyzed the number of goals within each domain. The largest percentage of the goals (26.9%) equally fell within the Community Recovery Capital and Personal Recovery Capital domains. Barrier (24.7%) and Service Need (14.1%) were the third and fourth most prominent domains. See Table 3 for more information.

Table 3. Distribution of goal domain categories and achievements.

Goal Domain	# of Goals	%	# Completed	% Completed
Community Capital	197	26.9%	3	1.52%
Personal Capital	197	26.9%	5	2.54%
Barrier	181	24.7%	3	1.66%
Service Need	103	14.1%	10	9.71%
Social Capital	49	6.68%	1	2.04%
Quality of Life	5	0.68%	0	0%
Other	1	0.14	0	0%
Total	733			

Among the completed goals, Service Need had the highest percentage of completions.

Section 10: Summary

- The REC-CAP took some time to be embedded in recovery residences in Michigan, but the current data would suggest some significant achievements in establishing data collection and completion of REC-CAPs as core business.
- Retention remains a challenge but there are promising results indicating that 28.09% remained in MARR residences between 91 and 180 days and 21.91% were retained for more than 180 days. Completion of the program was the most common discharge reason.
- 596 clients were admitted to MARR residences during the year 2023. Including those who joined a recovery residence prior to 2023, there were 454 total clients engaged in REC-CAP assessments and 125 were engaged in recovery goal planning during this time.
- There were more men than women in general, though women appeared to be retained longer over time, which is encouraging as in many other states retaining women in recovery residences has been a significant challenge.
- The most common discharge reasons were “Completed Program”, “Other Involuntary Discharge”, and “Other Voluntary Discharge”. The average number of residency tenure was 95 days (excluding those who have not yet been discharged).
- There were substantial increases in quality of life, social recovery capital, and recovery group participation. All observed increases in these recovery capital domains were found to be highly significant. Commitment to sobriety was observed to decrease slightly but recovered and exceeded baseline levels by 3 months. There is clear evidence that retention in Michigan recovery residences increases both Social and Community Recovery Capital.
- There were also clear improvements in the total REC-CAP score in spite of a high number of clients having negative scores at baseline, which suggests the importance of recovery residences in addressing barriers to sustainable recovery.
- Recovery barriers were observed to decrease over time in nearly all barrier domains, except Housing/Housing Support, which remained a challenge. By the 90-day follow-up, more than three-quarters of the sample were engaged in meaningful activities which is a very strong endorsement of the social model in Michigan.
- Unmet Needs were also observed to decrease over time, indicating that the recovery houses were addressing the needs of the clients. Similarly, the Housing Support need was observed to increase by the 1½-month mark, and only marginally decrease by 3 months. Moving forward, affiliates may consider how to better support clients with

respect to housing and housing services.

- Housing Support was also observed to be the most common unmet need at baseline. There is clearly an issue around housing pathways both as a barrier to recovery and perceived as an unmet need by residents in Michigan.
- 27.5% of clients engaged in the REC-CAP assessments are also engaged in recovery goal planning (a little over $\frac{1}{4}$). Affiliates may consider further incorporating REC-CAP recovery goal planning into their programs. It will be key to embed the cycle of care planning and review alongside REC-CAP completion as a core component of the recovery capital system as we move forward.