2024 Annual Report

Virginia Association of Recovery Residences
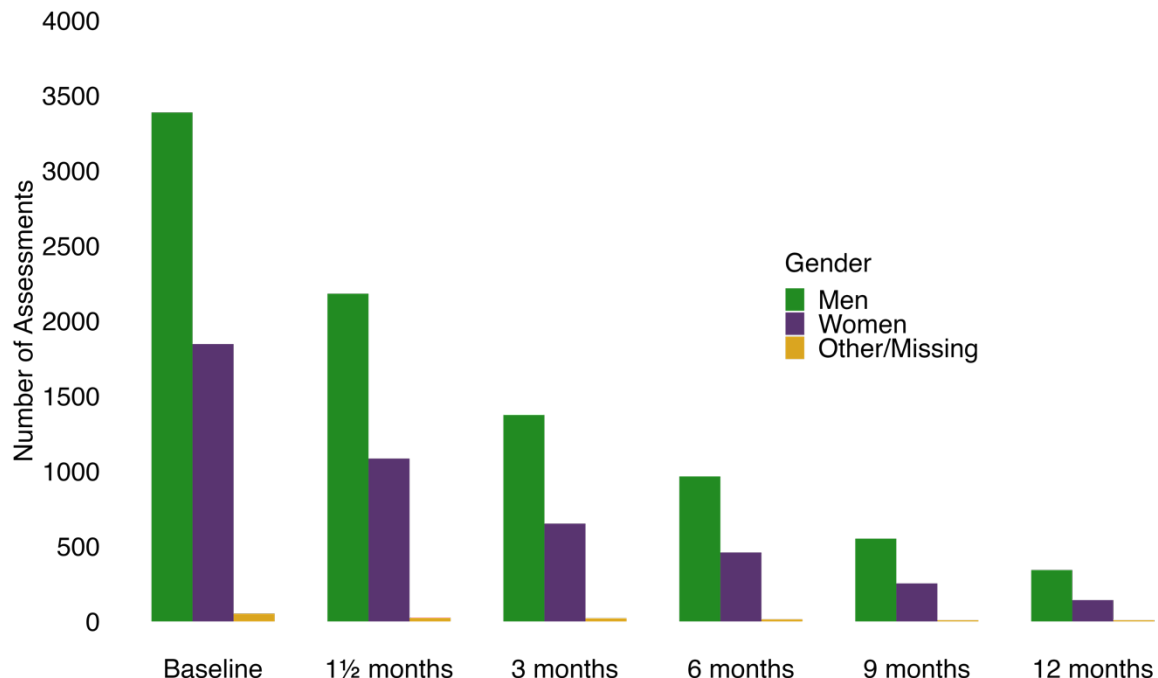
VARR

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This is the 2024 annual report from ROI of data recorded on the ARMS system using REC-CAP data to map and measure recovery strengths and barriers among residents in certified recovery housing in Virginia. We have outlined the key characteristics of this group and mapped their changes in recovery well-being over time. We first present instances of recovery capital growth, then outline challenges the residents face that contribute negatively to their recovery, such as unmet needs. Lessons learned and recommendations are provided at the end of this report. This report is limited to clients engaged in VARR services between January 1st, 2024, through December 31st, 2024.

Section 1: Client Demographics, Admissions, and Discharges

Between January 2024 and December 2024, **3,093** clients were admitted to VARR residences, and **2,684** new clients engaged in REC-CAP assessments during this time window.

This report will provide an overview of the 2,684 residents in VARR housing who participated in the REC-CAP assessment at least once. At all assessment time points, there were more men than women. Among the 2,684 residents, there were **1,777** men (66.80%) and **884** women (33.20%) (24 missing/other identity). **Figure 1** outlines the number of assessments carried out carried out among this cohort over time, separated by gender.

Figure 1. Gender distribution over time

The ages of the 2,684 residents ranged from 19 to 75 years. On average, residents in this cohort were in their early forties (average: 40.99 years). One hundred and fifteen people (4.30%) did not have their ages recorded in the data; therefore, they were excluded from the calculation.

The majority of the clients identified as Caucasian (n=1,709, 63.70%). There were 807 (30.10%) Black or African American clients, 92 Hispanic clients (3.43%), 54 (2.01%) Other, 16 (0.60%) Asian clients, 3 (0.01%) Native Americans, and 3 (0.01%) preferred not to disclose.

There were 4,528 total discharges during this period. The most common discharge reason was voluntary discharge (19.55%), followed by program completion (16.74%), program abandonment (15.15%), other involuntary discharge (14.44%), referral out (9.08%), recurrence of substance use (8.59%), 'other' reason (8.39%), criminal justice discharge (4.90%), partner (network) change (1.86%), medical discharge (1.26%), and last, passing away of the resident (0.04%).

The average length of residency tenure during this period was 142.89 days (Figure 3).
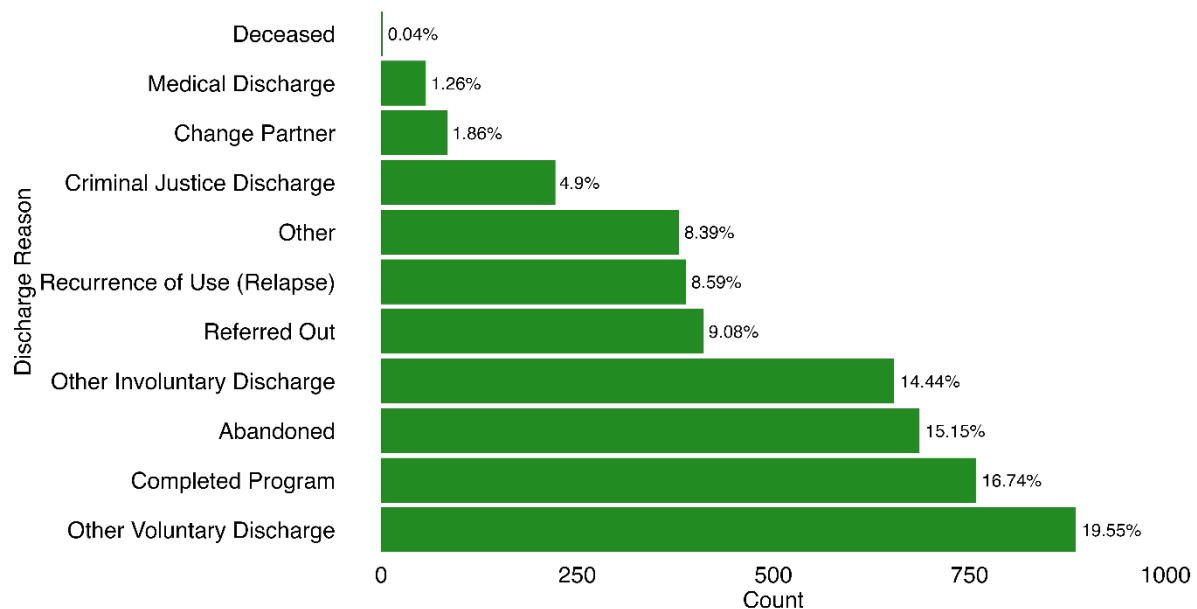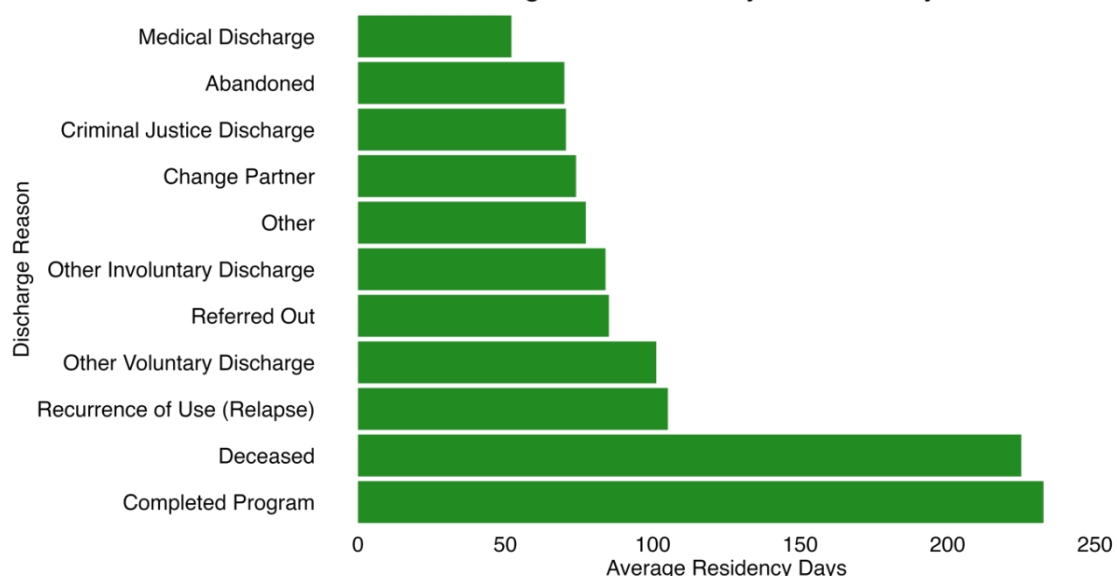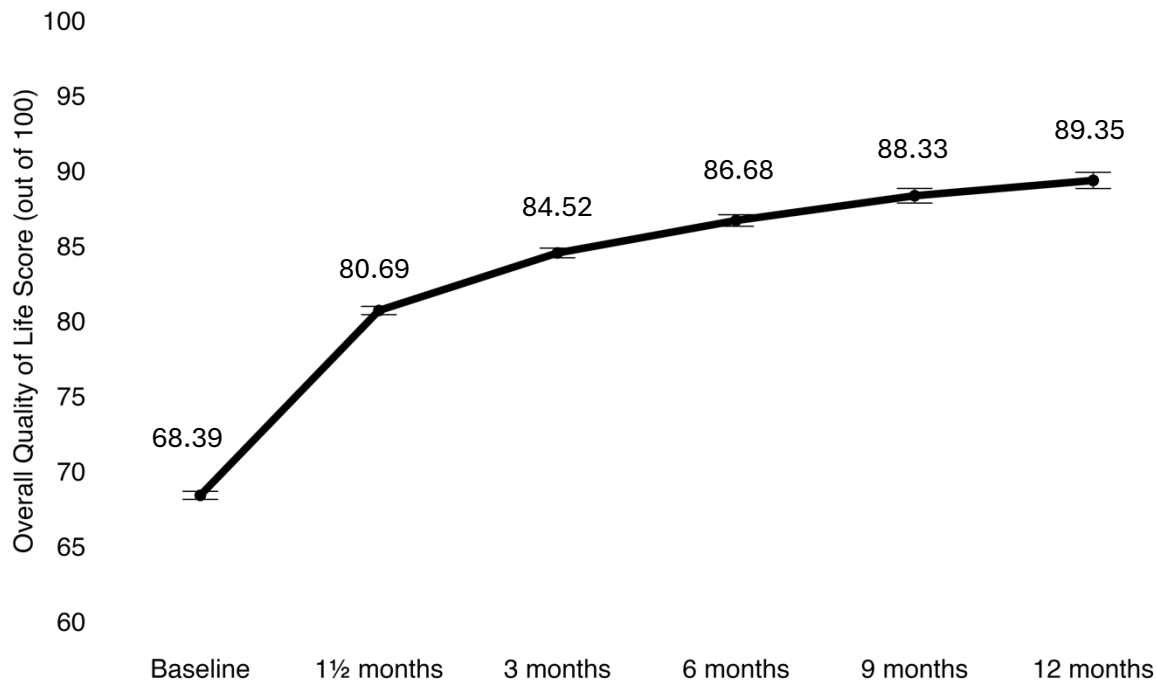
Figure 2. Discharges

Figure 3. Residency tenure in days

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. This score combines individual's ratings on their psychological and physical health, overall quality-of-life, quality of accommodation, and support network.

Figure 4. Average change in quality-of-life scores over time
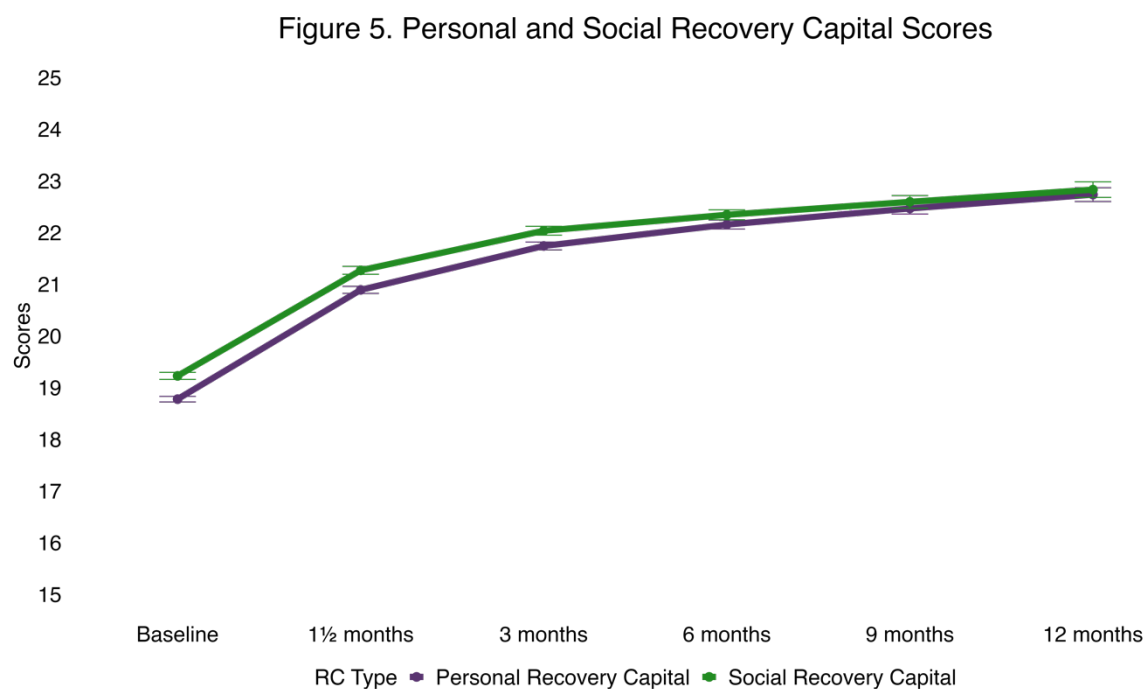

Quality-of-life scores increased over time, from a mean of 68.39 at baseline to 84.52 at 3 months and 89.35 at 12 months. Increases are observed at each time point and were calculated to be highly significant (throughout this report, statistically significant findings refer to $p < .05$). In this cohort, quality of life was observed to consistently increase over time.

Section 3: Personal and Social Recovery Capital

The Assessment of Recovery Capital scale (ARC) can be divided into two primary domains: personal and social recovery capital. Each component is scored from 0 to 25, with higher scores illustrating greater reported recovery 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 moderately high at admission (the scale represented in **Figure 5** has a range of 0-25), with mean scores at around 19.

Despite this, we observed further increases in both PRC and SRC, which began to plateau after approximately 3 months, with means of approximately 23 at 12 months. Developments in both types of recovery capital were highly statistically significant at all time points during 2024.

Note that PRC may take longer to develop and is likely to grow as a consequence of earlier growth in SRC. Similar to last year, there appear to be slightly higher levels of SRC compared to PRC, but these differences are very minor.

Section 4: Recovery Group Participation

The Recovery Group Participation Scale (RGPS) is a measure of engagement in recovery support and mutual aid groups. The overall score ranges between 0 and 14, with higher scores illustrating greater reported levels of recovery group participation. This is a measure of community recovery capital and has been associated in our previous research with retention in recovery residences with higher RGPS scores predicting longer retention.

Figure 6. Changes in Recovery Group Participation Scores

Of the residents engaged in REC-CAP assessments during 2024, we observed a dramatic increase in recovery group participation scores between baseline and 1.5 months, from a mean of 8.02 at baseline to 11.64 at 3 months and 12.07 at 12 months. Each time point evidenced highly significant growth compared to the baseline scores. Previous research has indicated that recovery group participation is protective against relapse, particularly in the early stages of recovery, so the increases we observe over time are excellent. These results also indicate that engagement with recovery groups remains consistent and high over time.

Section 5: Commitment to Sobriety

The commitment to sobriety scale score ranges between 5 and 30, with higher scores illustrating greater commitment.

Figure 7. Commitment to Sobriety

Commitment to sobriety started very close to the maximum available score and yet was observed to significantly *increase* beginning at 3 months). All scores are considered to be exceptionally high (the available range on this scale is 5-30), with means of 28.87 at baseline, 29.16 at 3 months, and 29.44 at 12 months. Very minor fluctuations were observed between baseline and 1½ months; however, these fluctuations are negligible (means of 28.87 at baseline and 28.77 at 1½ months). It was encouraging to see consistent improvements between 1½ months and 12 months despite the small available growth margin. Last year, improvements ranged from 28.7 to 29.2, which reflects a similar trajectory that we see now.
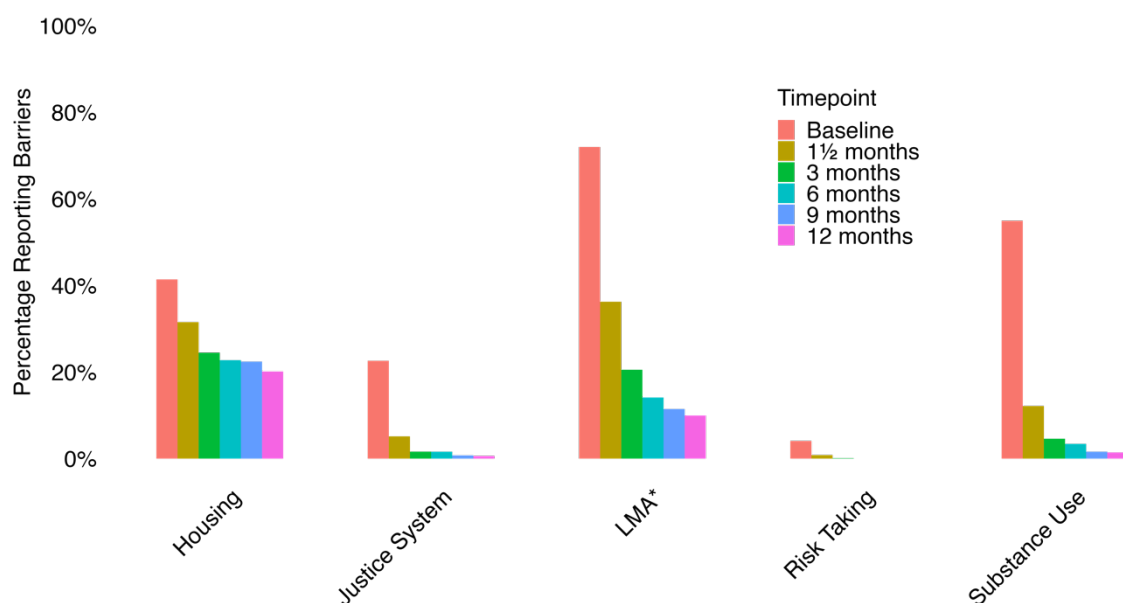
Section 6: Barriers To Recovery

This section includes five main components:

- Housing problems (i.e., risk of eviction or acute housing problems)
- Lack of meaningful activities "LMA" (i.e., lack of employment, education or volunteering)
- Offending or new involvement with the criminal legal system in the past 90 days
- Risk taking (i.e., injecting substances in the past 90 days)
- Using substances in the past 90 days (any non-prescribed substances or alcohol, and excluding tobacco)
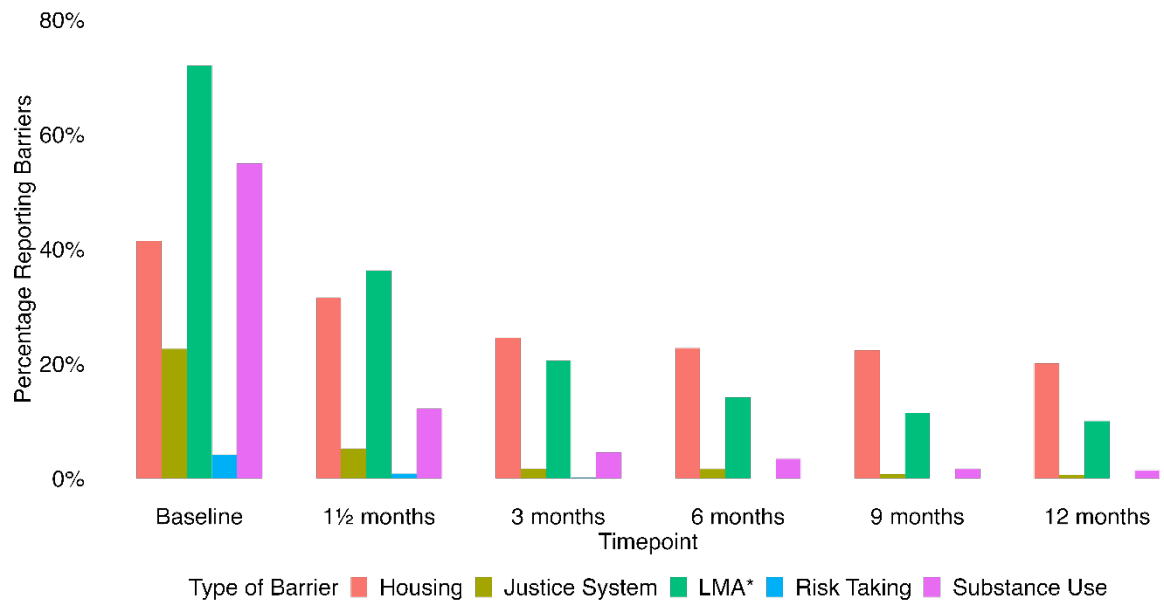
We observed highly significant decreases in recovery barriers across all time points. Similar to our report last year, Lack of Meaningful Activities was the most common barrier experienced by individuals upon entering the recovery house, with approximately 80% of residents reporting it at baseline and less than 20% at 12 months. In the current cohort, Substance Use and Housing Barriers were also common, approximately 60% and 40% reporting these at baseline, respectively (Figures 8 and 8A). The mean number or barriers decreased from a mean of 1.95 at baseline to 0.51 at 3 months and 0.32 at 12 months. The reductions in barriers we observe this year are substantially more than in 2023, indicating that VARR was very successful in addressing the main barriers to recovery. Despite this success, housing barriers appear to be the most persistent over time, just below 20% reporting residual barriers with housing at 12 months.

Figure 8. Barriers to recovery over time

*LMA = Lack of Meaningful Activities
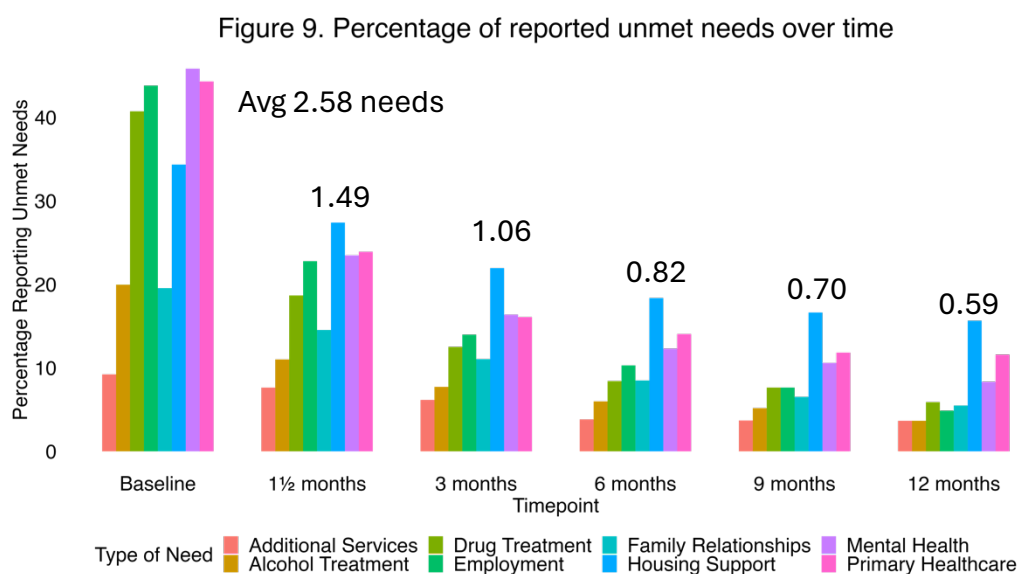
Figure 8A. Percentage of reported barriers over time
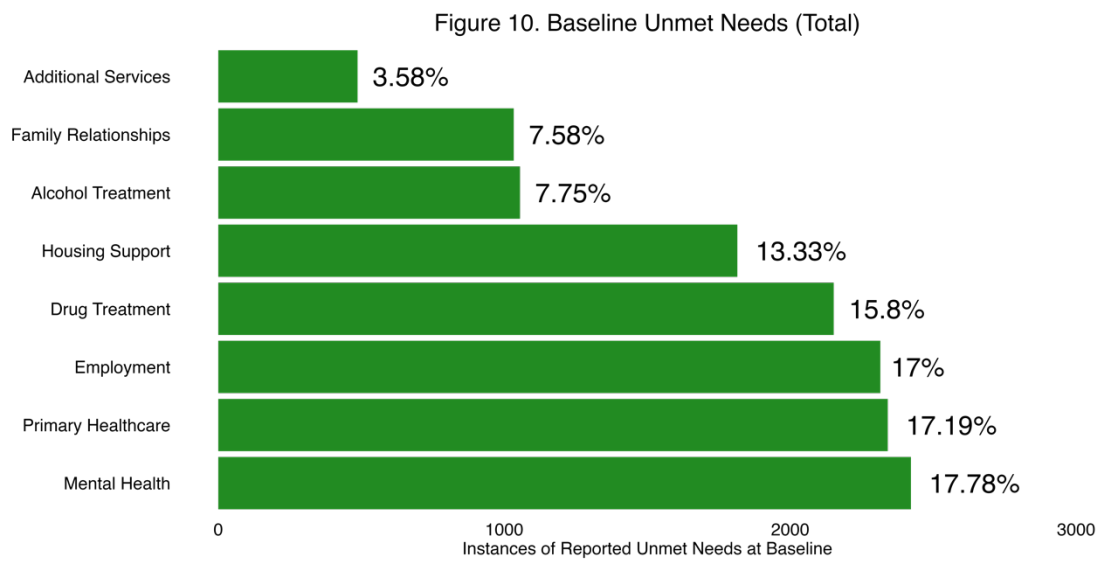
Section 7: Unmet Needs

The overall unmet needs score ranges from 0 to 8, with higher scores illustrating more unmet needs. The overall score includes eight main areas of unmet needs:

- Primary healthcare services
- Employment services
- Housing support services
- Mental health support services
- Drug treatment services
- Alcohol treatment services
- Family relationships services
- Other specialist help or support services

The most drastic decrease occurred between baseline and 1.5 months, which indicates good access and linkage to a range of specialist services after admission to recovery housing (Figure 9). This was also the case last year. All decreases over time were found to be highly significant compared to baseline. At 12 months, most residual unmet needs were around housing support and primary healthcare support.

In Figure 9, as an indication of the overall change in unmet needs over time, the **total average score** at each time point is given above the bars in the graph. The mean number of unmet needs decreased from a mean of 2.58 at baseline to 1.06 at 3 months and 0.59 at 12 months.

Figure 9. Percentage of reported unmet needs over time

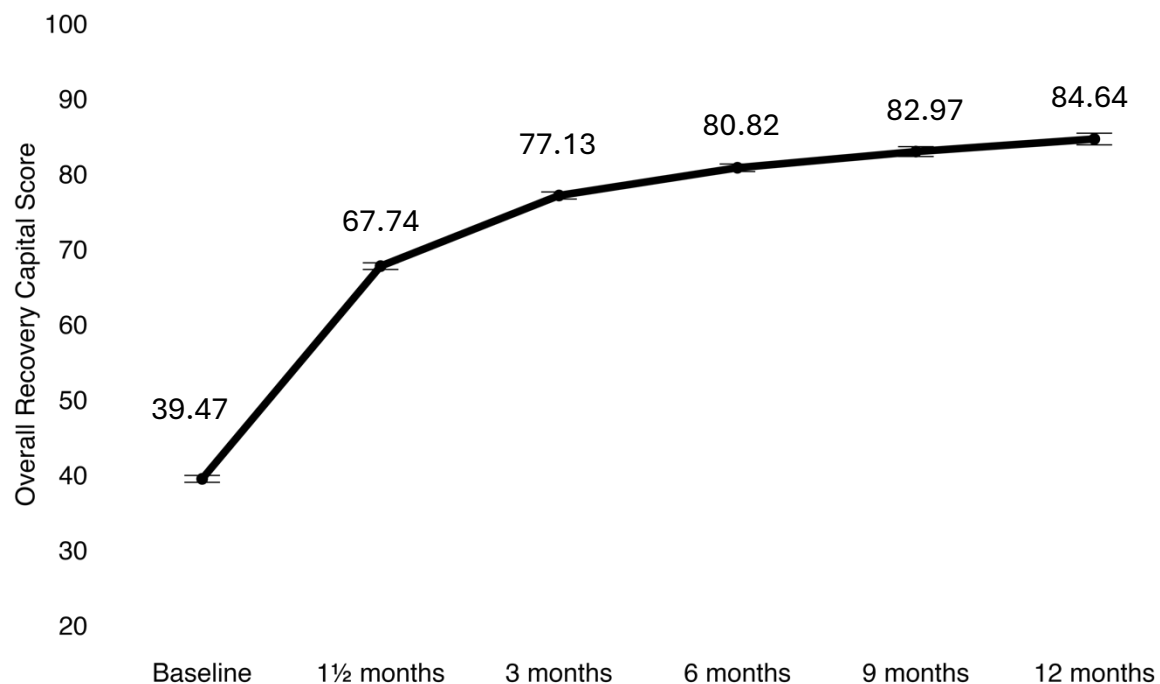## Figure 10. Baseline Unmet Needs (Total)

The unmet need most commonly reported at **baseline** was mental health treatment (17.78%), followed by primary healthcare (17.19%) and employment services (17.00%). These were followed by unmet needs around drug treatment services (15.80%), and housing support (13.33%). The percentage of the total is given within the graph.

Section 8: Overall Recovery Capital Score (ORCS)

Measured from -100 to +100, the ORCS considers all recovery barriers and unmet needs, as well as the range of recovery strengths to give a single overall score for the REC-CAP.

Figure 11. Overall Recovery Capital Score (ORCS)

The group-level trend is extremely positive, and the observed growth is highly significant at all time points . The mean ORCS increased from a mean of 39.47 at baseline to 77.13 at 3 months, and continued to increase to 84.64 at 12 months.

The biggest increase is typically seen within the first 45 days in recovery residences and suggests that, for individuals who are retained for this time, the effects of living in a recovery residence are extremely positive. Once again, it is fantastic to see that the growth even continues throughout the year, as well.

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.

2,642 out of 2,684 residents in 2024 were actively engaged in recovery goal planning (98.44%).

Of a total of 49,523 goals, 22,661 (45.8%) were marked as complete, 6,841 were currently being engaged (13.8%), and 20,021 were not yet engaged (40.4%).

To understand the domains that were prioritized for goal setting, we analyzed the number of goals within each domain. The largest percentage of the goals (30.60%) fell within the Community Capital domain. Personal Capital (20.00%) and Barriers (18.00%) were the second and third most prominent domains. This distribution is similar to previous quarters. Compared to Q2, there has been a slight increase in engagement with goal planning.

Table 1. Distribution of goal domain categories.

Domain	Number	Percentage (out of total)
Community Capital	15,156	30.6%
Personal Capital	9,885	20.0%
Barrier	8,898	18.0%
Service Need	6,606	13.3%
Other	4,234	8.6%
Social Capital	4,135	8.35%
Quality of Life	481	.97%
Commitment	128	.26%

Section 10: Summary

- This Annual Report provides a longitudinal summary of REC-CAP outcomes for 2684 VARR clients who completed at least one REC-CAP assessment in 2024.

- Like in 2023, the patterns of recovery capital growth and reduction in recovery barriers and unmet needs were similar – recovery capital and quality of life increased and recovery barriers and unmeet needs decreased. These are highly positive findings suggesting that time with VARR may be considered beneficial for clients recovery journeys.

- The levels of recovery group participation and commitment to sobriety were initially high, but also continued to increase over time. This is a positive finding indicating that the VARR clients were and continue to be highly engaged in their recovery journeys.

- Recovery barriers decreased over time. At baseline, the highest levels of barriers were reported around a lack of meaningful activities, substance use, and housing. At 12 months, most residual barriers were around a lack of meaningful activities and housing. Although substance use was initially one of the most reported recovery barrier, it is a positive finding that close to 0% reported substance use at 12 months.

- Unmet needs decreased over time. At baseline, the most commonly reported unmet needs were around mental health treatment, primary healthcare services, employment services, drug treatment services, and housing support. At 12 months, the most commonly reported unmet needs were around housing and primary healthcare services. Although mental health treatment was the most reported unmet need at baseline, it was not anymore the most commonly reported unmet need at 12 months.

- Almost all VARR clients engaged in goal planning. This demonstrates a high commitment by the staff and clients around goal planning. Most goals were around community recovery capital. The development of community capital is not only important for greater community integration, but greater community integration also creates important pathways for the development of various forms of personal and social recovery capital.

Section 11: Lessons Learned

Strengths:

- VARR clients' high commitment to their recovery journeys with almost maximum levels of commitment to sobriety and recovery group participation.

- Clear improvements in various forms of recovery capital, including personal and social capital, quality of life, and the ORCS.

- Clear reductions in recovery barriers and unmet needs.

- Particularly high decreases in the lack of meaningful activities and substance use over a period of 12 months.

- The key story here is of continuing success – the excellent outcomes for 2023 have been exceeded in 2024 showing the impact that recovery residences have on recovery capital both in the short term (where barriers and unmet needs are addressed) but also in the long-term.

Areas for Ongoing Development:

- The decrease in recovery barriers was evident, nevertheless, the most residual barriers remained around housing, with approximately one in five reporting such barriers at 12 months.

- Similarly, just below one in five continued to report unmet needs with housing support at 12 months.

- The decrease in a lack of meaningful activities was excellent. However, approximately one in ten reported a lack of work, training, or volunteering at 12 months.