



JANUARY 2023

# Recovery Capital Tracking Systems

---

Review of Four Platforms



The Evaluation Center

UNIVERSITY OF COLORADO  
DENVER | ANSCHUTZ MEDICAL CAMPUS



Prepared by



## The Evaluation Center

UNIVERSITY OF COLORADO  
**DENVER | ANSCHUTZ MEDICAL CAMPUS**

[www.the-evaluation-center.org](http://www.the-evaluation-center.org)

[TheEvaluationCenter@ucdenver.edu](mailto:TheEvaluationCenter@ucdenver.edu)

Susan Connors, Associate Director

Amelia Iglesias, Evaluation Specialist

Grace Gonzalez, Evaluation Specialist

Jeff Proctor, Executive Director

Prepared for



*Suggested Citation:*

The Evaluation Center, University of Colorado Denver. (2023). *Recovery Capital Tracking Systems: Review of Four Platforms*. Technical report submitted to the Colorado Consortium for Prescription Drug Abuse Prevention.

## Table of Contents

<i>Introduction</i> .....	1
<i>Comparison at a Glance</i> .....	2
<i>Platform Summaries</i> .....	3
Recovery Capital Index .....	3
RCI Customer Reviews .....	5
Recovery Data Platform.....	7
RDP Customer Reviews .....	10
RecoveryLink.....	12
RecoveryLink Customer Reviews .....	15
Recovery Outcomes Institute - REC-CAP .....	17
REC-CAP Customer Reviews.....	19
<i>References</i> .....	21
<i>Glossary</i> .....	22



## INTRODUCTION

In 2019, the Colorado Health Institute (CHI) developed a 5-year statewide strategic plan for substance use disorder recovery.<sup>1</sup> One of the observations from CHI was that data on recovery within Colorado is severely lacking. To address this, CHI offered the following recommendation: *Provide guidance on collecting recovery program data, such as the Brief Assessment of Recovery Capital (BARC-10), for both state-funded recovery programs and other programs that want to follow state recommendations for data collection.*

In response to this recommendation, the Colorado Consortium for Prescription Drug Abuse Prevention (the Consortium) contracted with The Evaluation Center at the University of Colorado Denver to review available resources that support tracking and reporting recovery capital metrics. These metrics may be used at the state and local level to support the recovery landscape in Colorado.

The Consortium identified four available recovery capital tracking platforms for evaluators to review:



Recovery Capital Index®  
<https://recoverycapital.io>



Recovery Data Platform  
<https://facesandvoicesofrecovery.org/services/rdp/>



RecoveryLink®  
<https://myrecoverylink.com>



Recovery Outcomes Institute REC-CAP  
<http://www.recoveryoutcomes.org/reccap/>

## REVIEW METHODS

1

Evaluators viewed **demonstrations** of each platform. The online presentations lasted approximately 90 minutes and allowed evaluators to see the tracking systems in simulated use.

2

**Interviews** were conducted with 13 customers identified by the companies to gain their insights about the benefits and limitations of the systems. Interviewees had experience using one or more of the platforms.

3

Evaluators also reviewed research **articles and reports** describing the data collected by each platform.

In this report, a matrix comparing the key features of each of the platforms is presented followed by more detailed information by platform, including testimonials from customers currently using each system.

<sup>1</sup> [https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/OBH%20Recovery%20Strategic%20Plan\\_2019.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/OBH%20Recovery%20Strategic%20Plan_2019.pdf)

## COMPARISON AT A GLANCE

		Recovery Capital Index	Recovery Data Platform	RecoveryLink	Recovery Outcomes, REC-CAP
Platform emphasis		To measure recovery and provide a communication system	To support recovery community organizations with tools and assessments	To support peer-run recovery organizations with data tracking	To assess recovery capital and inform care plans
Assessment	Instruments	Recovery Capital Index - Quality of life measure (no specific substance use items), organizations can add surveys	Brief Assessment of Recovery Capital (BARC-10); other options available, organizations can add assessments	Brief Assessment of Recovery Capital (BARC-10), organizations can add assessments	Recovery Capital (REC-CAP) – combination of four validated tools
	Length	68 items (10 and 36-item versions available)	At least 10 items	At least 10 items	73 items
	Validity	?	✓	✓	✓
Communication system		Two-way communication via text messages; automated reminders	Primarily one-way communication; staff can send messages, schedule appointments, make referrals	Two-way communication via online link; automated reminders	Not a messaging system; individuals have personal calendars and can report attendance via GPS
Connection to resources		Connections to coaching, meetings	Log to document referrals to community resources	Connections to coaching, telehealth available	Template customizable with local resources for mental health, employment, etc.
Reporting	Dashboards	✓	✓	✓	✓
	Exportable data	✓	✓	✓	✓
Training, support		Two-hour initial training; support & monthly check-ins available	On-line modules & videos; monthly trainings available; ticket system for support	Initial training & 20 hours/year for enterprises; ticket system for support	Learning Management System added to portal; ticket system for support
Strength of platform		Assessment aligned with social determinants of health	Affiliation with Association of Recovery Community Organizations; multiple modules available	Ability to track individual and organizational changes; user-friendly, visually appealing reports; multiple options available	Developed by researchers who work extensively in the recovery field and support continued research
Potential weakness		Lengthy assessment; messaging difficult to customize	Tracking progress over time Some functions are not user-friendly	Initial training self-guided and viewed as less helpful	Lengthy assessment; developed for use in residential setting but expanding to other delivery options
Updates		All four platforms are relatively new and being updated frequently; there are reports that new versions are pending. This summary reflects perceptions of their functioning as of October – December 2022.			

# PLATFORM SUMMARIES

## RECOVERY CAPITAL INDEX





Website	<p>Recovery Capital Index (RCI)</p> <p><a href="https://recoverycapital.io">https://recoverycapital.io</a></p>
Contacts	<p>Patrick McGowan (Head of Growth, Commonly Well)</p> <p>David Whitesock, (Founder/CEO Commonly Well, Architect of the RCI)</p> <p>Steve Millette (Executive Director Behavioral Health and Recovery at Gloop)</p>
References	<p>John Hulick (Palm Beach County Community Services Department)</p> <p>Cyndi Turner (Insight Recovery Centers)</p> <p>Tom Walker (Foundry Treatment Center Steamboat Springs)</p> <p>Mike Lifshutz (Hatch Compliance)</p>
Affiliated organizations	<p><b>Face It TOGETHER (FIT)</b></p> <p><a href="https://www.wefaceittogether.org/how-we-help">https://www.wefaceittogether.org/how-we-help</a></p> <p>Commonly Well, the exclusive licensor of the RCI</p>
Tax status	<p>FIT is a non-profit organization; Commonly Well is a Public Benefit Corporation (able to focus on both profit and benefits to society)</p>
User organizations	<p>30+ organizations</p> <p>Some organizations use the RCI survey separately from the communication platform. For example, see the Indiana Family and Social Services Administration invitation to all the state's citizens <a href="https://www.in.gov/fssa/files/Recovery-Capital-Index-Release-6-17.pdf">https://www.in.gov/fssa/files/Recovery-Capital-Index-Release-6-17.pdf</a></p>
Technology	<p>Gloop</p> <p><a href="https://www.gloop.us">https://www.gloop.us</a></p> <p>Gloop's website describes their work as "helping churches and people connect with each other." The religious affiliation may be a concern for some community organizations.</p>
Year launched	<p>2019</p>
Intent of platform	<p>Recovery Capital Index is intended as a tool to measure recovery; it is a multidimensional survey of a person's social, environmental, and behavioral wellbeing. The platform includes systems for communication and report generation.</p>
How the platform works	<p>The online RCI is a <b>quality-of-life measure of resiliency and risk indicators</b>; there are no specific substance use questions. Scores are used for planning treatment and monitoring progress</p> <p>Providers can use the platform for <b>communication via text message</b>. The system can send automated text messages (e.g., appointment reminders, toxicology screenings) or providers can send unique messages to participants. Participants can connect to the platform via keyword text or QR code to view their progress or message their provider. Organization leaders can view dashboards or generate summary reports for specific participants, providers, organizations, and multiple sites.</p>

Data	<p>The RCI includes <b>68 Likert scale questions</b> in three domains (social, personal, and cultural capital); shorter versions (10 and 36-question) are available. Organizations can add other surveys (e.g., satisfaction) as needed.</p> <p>Upon initial engagement, providers complete a brief intake and consent process (demographic information is not required – participants can opt out of any questions). A more complete intake is developed at later sessions including participant goals and personalized interventions.</p>
Instrument validity	<p>A validation study was conducted on the full 68-question version (Whitesock et al., 2018); although references often reported they use the shorter versions which have not been validated. The validation study was conducted with a small sample in South Dakota; it needs to be replicated with larger, more diverse samples and more rigorous statistical analyses (e.g., confirmatory factor analysis, structural equation modelling).</p>
Data Analysis	<p><b>Online dashboards</b> present summary data over time including RCI scores. Organization leaders can customize the analytics to generate the reports they need. Data can be queried by participant, length of time, economic status, provider, site, or multiple other factors.</p>
Data accessibility	<p>Dashboards are visible to participants and providers. Participants have access to their own individual scorecard. Data can be exported to Excel for further analyses.</p>
Languages	<p>English, Spanish, Creole</p>
Frequency/time needed	<p>Participants can take the RCI survey when they choose to get feedback on their progress. Typically, the full 68 question survey is administered every 30 days. The 10-question survey takes on average 2-4 minutes to complete, and the 68-question survey is reported to take 9-21 minutes to complete.</p>
Reporting	<p>Participants can review all their data and progress over time.</p> <p>Providers can review data by participant or for all those assigned to them.</p> <p>Organization leaders can download prepared reports and charts, or they can filter and export data that meets their needs to inform recovery plans or reporting requirements.</p>
Training, technical support	<p>Two-hour initial training is available for 30 days. Technical support and regular monthly check-ins are also available. References report they can contact RCI “any time.”</p>
Scalability	<p>Sites and providers can be added at an additional cost.</p>
Strengths, unique features	<p>The RCI is a standardized assessment that <b>aligns with social determinants of health</b>; it was developed from other existing instruments and a review of literature.</p> <p>The RCI assesses indicators of quality of life rather than abstinence, therefore, it can be used in other fields beyond substance recovery.</p> <p>The RCI can be used separately without the Gloo communication and reporting platform. Participants do not need to download a separate app or login as engagement is done via text message.</p>



	Whitesock submitted the RCI to the Joint Commission that added the RCI to their Behavioral Health Care list of instruments. <sup>2</sup> The RCI dashboards are colorful and include user-friendly visualizations of the data. The automated messaging is a time saver for providers; participants can reply just to their provider (not the whole group). Participants can be moved to new groups as they progress.
Limitations	The RCI survey is the primary component of this platform. Participant organizations reported they would like to be able to customize the frequency of the scheduled text messages and track their participants through multiple agencies.
Cost	The cost is \$3700 per year for up to 200 people; \$500 is charged for initial set-up. References reported the pricing is negotiable and based on the number of communications conducted.

### RCI CUSTOMER REVIEWS

 Positive Perceptions	Negative Perceptions 
<p>“What we really liked about it was the fact that it did not just measure clean time. ... It's about living a balanced life.”</p>	<p>“[The RCI] primarily focuses strictly on recovery capital. It's the same 80-something questions asked every single time, and we're not able to build relationships or work on a recovery wellness plan. It's not customizable at all.”</p>
<p>“It is user-friendly for the client with the colors and the circles. We utilize it in part of our treatment reviews with clients where we can see the metrics of what's getting better and where they can improve.”</p>	<p>“There were some growing pains in terms of using it and setting it up, getting it running, making sure that you're utilizing the data.”</p>
<p>“I like that it's adapting to what the users are looking for.”</p>	<p>“The messaging prompts are standard. ... They get the same prompts each month. If someone has completed it, I want to be able to say they don't get the prompt to do it again. [RCI developers] said they're working on that. ”</p>
<p>“They're receptive, they're responsive. The team are easy to work with.”</p>	<p>“[The RCI] does not have the ability to track through different agencies if participants move through detox, residential, outpatient. [RCI developers have] indicated that's coming.</p>

<sup>2</sup> <https://manual.jointcommission.org/BHCInstruments/WebHome>



 <b>Positive Perceptions</b>	<b>Negative Perceptions</b> 
<p>“The training ... was also really neat. They created a clinician experience where the clinician could take the RCI as a client, but also took through the steps of what you should be doing for your clients. Very user-friendly. It's on the phone. You just hit the buttons.”</p>	<p>“We studied RCI for a long time, for six months. When we brought it back to our staff and our peers that work here, as well as to some of our participants, what we found was that that many questions in asking them is a big turnoff not only for the participant, but also for the coaches. Even though the data that they're gathering is wonderful—and I think their system of collecting works in general—to be asking that many questions, the coaches burn out.”</p>
<p>“I don't feel like I have a product. I feel like part of a mission, which I just like what he's doing.”</p>	
<p>“[Implementation] was very seamless from my vantage point. Wherever there's been an ask, he's been able to meet those ask or a training.”</p>	
<p>“You can set rules so that when someone transitions to a next phase, it automatically pulls them out of one phase or keeps them in a different cohort.”</p>	

Website	<b>Recovery Data Platform (RDP)</b> <a href="https://facesandvoicesofrecovery.org/services/rdp/">https://facesandvoicesofrecovery.org/services/rdp/</a>
Contacts	Jonathan Picard (IT Manager) Nicholas DeMott (IT Specialist)
References	James Gannon (Advocates for Recovery Colorado) Becca Brown (Utah Support Advocates for Recovery Awareness) Note: Three current customers of RecoveryLink had prior experience with RDP and their perceptions are included in this summary
Parent organization	<b>Faces and Voices of Recovery</b> <a href="https://facesandvoicesofrecovery.org/">https://facesandvoicesofrecovery.org/</a>
Tax status	Non-profit organization
Affiliated organizations	Association of Recovery Community Organizations (ARCO) Council on Accreditation of Peer Recovery Support Services National Recovery Institute
User organizations	There are over 140 ARCO organizations – many likely use the RDP; in 2020, RDP reported over 600 active licenses and almost 60,000 participant data records <sup>3</sup>
Technical management	Platform developed and maintained by Salesforce <a href="https://www.salesforce.com">https://www.salesforce.com</a>
Year launched	2017
Intent of platform	RDP is intended <b>to aid recovery community organizations and peer service providers with the tools and assessments</b> needed to effectively implement peer recovery coaching and support programs. It was developed as an alternative to electronic health portals, which are more clinical.
How the platform works	Recovery community organizations purchase licenses to access the cloud-based platform; each user has their own log-in. Staff use the RDP to document participant contacts and interactions, send messages, schedule appointments, make referrals to community resources, and prepare summary reports. Staff can also document volunteer work and community outreach.



<sup>3</sup> Recovery Data Platform 2020 Report accessed at <http://www.recoveryanswers.org/assets/RDP-2020.pdf>

Data	<p>Platform includes the following sections:</p> <p><b>Participant records</b></p> <ul style="list-style-type: none"> <li>• In-take form with basic information</li> <li>• Recovery management plan—goals, action plan, documentation of sessions</li> </ul> <p><b>Assessments</b> (additional customized surveys can be added)</p> <ul style="list-style-type: none"> <li>• BARC-10 (Brief Assessment of Recovery Capital) - 10 items</li> <li>• Engagement Scale—can be used weekly, rate recovery and relationships with coach</li> <li>• Alcohol Use Disorders Identification Test</li> <li>• Diversion Questionnaire</li> <li>• General Anxiety Disorder-7- 7 items</li> <li>• Patient Health Questionnaire-9 – 9 items</li> <li>• Substance Use Recovery Evaluator</li> </ul> <p><b>Activity Log</b> - including scheduler, staff can message their participants directly</p> <p><b>Interaction Log</b> – to document inquiry phone calls/drop ins, referrals to community resources</p> <p><b>Attendance Log</b> – for group activities or individual participation</p> <p><b>Volunteer Log</b> – to document volunteer hours</p> <p><b>Material Distribution Log</b> – to document print materials, Narcan distribution</p>
Instrument validity	BARC-10 is a validated instrument (Vilsaint et al., 2017)
Data Analysis	Some organizations partner with research groups to analyze data and prepare reports (Utah Support Advocates partners with the University of Utah, Social Research Institute). References report a considerable learning curve is required for data analyses. Data can be exported to Excel or Tableau for further analysis by organizations.
Data accessibility	<p>Staff with licenses can access the platform anywhere on a personal device and view data for participants assigned to them.</p> <p>Organization staff can access summary data; licenses can be differentiated to allow levels of access within organization staff or different programs within an organization. Selected data is shared with RDP that is used for national reporting. RDP has a mobile application available for participants to enter/view some sections of their data online or at kiosks at RCOs to create/edit their profile and plan although references reported these are not user-friendly.</p>
Languages	English (can be customized to include other languages)
Frequency/time needed	The number and content of questions and the frequency of assessment is determined by each organization. Therefore, staff data entry time and participant time is variable.

Reporting	Data can be summarized by location, subgroups, or partner organizations. Dashboards of summary data are provided for <ul style="list-style-type: none"> <li>• individuals to review their progress,</li> <li>• coaches to review their caseload data, and</li> <li>• organizations to review their program data, report to funders and their communities, and seek additional funding.</li> </ul>
Training, technical support	The <b>RDP training guide</b> is available at <a href="https://www.manula.com/manuals/caprss/rdp-user-guide/1/en/topic/recovery-data-platform-rdp-introduction">https://www.manula.com/manuals/caprss/rdp-user-guide/1/en/topic/recovery-data-platform-rdp-introduction</a> <b>Training videos</b> are available at <a href="https://www.youtube.com/playlist?list=PLBeoHz5OPD2ICQpz6YkYbY3qISriMtFgQ">https://www.youtube.com/playlist?list=PLBeoHz5OPD2ICQpz6YkYbY3qISriMtFgQ</a> Free one-hour trainings are held monthly. Staff can submit a ticket for technical assistance.
Scalability	Licenses can be added any time; licenses can function across multiple programs.
Strengths, unique features	RDP is affiliated with a large national organization that has been doing recovery work for over 20 years. The platform is reported to have continued through changes in leadership. RDP is <b>highly customizable</b> although customization is an additional cost. Technical support, on-going communication, and trainings are strengths.
Limitations	The Salesforce platform is reported to be challenging to use because it requires familiarity with computer language and knowledge of statistics. It is reported to be unappealing visually and not user-friendly. References noted it is difficult to track changes in individual or organizational outcomes over time. Some other features are reported to be outdated or not user-friendly (e.g., mobile app, distribution log, volunteer log).
Cost	License levels: <ul style="list-style-type: none"> <li>• Standard - 10 licenses include access, free monthly training, and technical support via a ticket, \$1,800 per year – can add additional licenses</li> <li>• Super Admin - \$1,800 for one (optional but allows organizations to delete records, prepare custom reports)</li> <li>• Kiosk set-up is a one-time fee - \$1,500</li> <li>• Custom training - \$750 per hour for training (plus free monthly training)</li> <li>• Customization services - \$150 per hour</li> </ul>
Updates	A version 2.0 intended to be more user-friendly is reported in development; no estimate on release date

## RDP CUSTOMER REVIEWS

 Positive Perceptions	Negative Perceptions 
<p>“The first thing the platform helped was it unified us all with one central place for [data on] our participants. Then secondly, it gave us some core tools that we could utilize in our coaching practice.”</p>	<p>“While the reporting option was great, RDP itself was really clunky. There was so much that we weren’t using. “</p>
<p>“I think our biggest draw to stay with Faces and Voices and RDP was that they are the master organization so that there’s one national organization for the voice of recovery.”</p>	<p>“RDP is really not user friendly. It is hard to navigate for training, entering data was pretty bulky. There was a lot of unnecessary fields that we couldn’t get RDP to remove because it was global.”</p>
<p>“RDP also gives us access to kind of that national data set so we can see what’s going on nationally, what other organizations are doing.”</p>	<p>“I would have to say that’s definitely a downfall is the usability of people with disabilities, whether it’s sight, whether it’s hearing or language.”</p>
<p>“As a coach, to be able to look at that timeline and to see that and create graphs and visualization around the progress that people are making. ... That’s one of the huge benefits.”</p>	<p>“I had to learn how to run reports using a basic form of structured query language (SQL). The training on how to run reports was really hard to understand.”</p>
<p>“I’m definitely biased towards Faces and Voices. They have the longevity. I truly believe in their passion from their leadership all the way down. I have a personal connection to all of them. They make themselves open and willing and available.”</p>	<p>“RDP was ancient programming. It was really out of date; it wasn’t aesthetically easy to look at. It was hard to learn how to use. I had to offer loads of trainings on teaching people how to just enter basic data or how to access certain things. It just wasn’t user-friendly.”</p>
<p>“They’ve worked very hard to make sure that we understand, and hence, it teaches them to understand the data that is important for recovery support services. ... They’re really intuitive in listening to us and the people in the community ... even to changing the language of the questions that we’re asking so it’s not clinical based. They have always been just amazing in helping our organization.”</p>	<p>“RDP didn’t have the capacity... to track individual outcomes long-term, so we weren’t able to tell you that this participant came in, initially was unhoused, did not have insurance, and now they have housing and insurance. ... They also weren’t able to track the BARC-10, the Brief Assessment of Recovery Capital, those scores in a meaningful way that we would be able to track participant progress in terms of a trend.”</p>
<p>“The customization is something that I think is pretty awesome because each individual RCO or community may need to focus on specific data.”</p>	<p>“We have honestly just abandoned the mobile app for now until it’s improved because it was just too complicated to keep trying.”</p>

 <b>Positive Perceptions</b>	<b>Negative Perceptions</b> 
<p>“With RDP, you can pick and choose specific datapoints and leave off unnecessary information. I appreciate not getting a hundred different columns worth of data that I had to navigate.”</p>	<p>“More training for people in organizations like us [is needed]. ... That’s the one obstacle is that platforms are run and operated and designed by people that have a lot of skill.”</p>
<p>“It’s allowed us to have data to take to the advocacy, to the legislature on the importance on having the communities be supported, not just through treatment, but after treatment. It’s been paramount to not only prove to funders, to city and federal levels, but also just to the communities that it’s important. It’s a way of capturing the story.”</p>	<p>“It can be a little overwhelming, especially for small organizations that are already kind of overwhelmed with the need, and they don’t have the time just to spend and click and figure it all out.”</p>
<p>“They’re more than just data. There are people behind. Most of the people that work for them, even the data people, they’re people in recovery. Not only is it supporting people in their recovery, but it truly comes from a passionate place. It’s not just a company looking to make money. They’re truly invested in what they do from data to outreach to advocacy to training to all these different things, and they really have a passion around supporting the smaller, state-wide organizations.”</p>	<p>“It was really hard to get any sort of customization built in or changes made because it’s done on their timeline. If it’s in their road map great, but we still have to wait for them to do it. Unless we were willing to pay for a really super customized version of it, it just was really hard to get things accomplished.”</p>

Website	RecoveryLink <a href="https://myrecoverylink.com">https://myrecoverylink.com</a>
Contacts	Robert Ashford, PhD (Co-founder, CEO)
References	Laura Indermuehle (Springs Recovery Connection) Trudy Hodges (Springs Recovery Connection) Elyssa Sage (Harbor Care, New Hampshire) Kelsey Smith Payne (Oregon Health Authority)
Tax status	Privately owned for-profit company (Source - <a href="https://technical.ly/company/recoverylink/">https://technical.ly/company/recoverylink/</a> )
Affiliated organizations	Unity Recovery Visions for Recovery Consultants
User organizations	150 organizations and 1,400 peer specialists
Year Launched	2019
Intent of platform	RecoveryLink was built to fill a need for <b>data tracking specifically in peer-run organizations</b> . The intent is to provide a suite of accessible and impactful recovery support tools for recovery community organizations, peer recovery support providers, and enterprise health systems. The platform features an electronic recovery record, data analytics, supervision, and tele-recovery services integrations. It is also available for employers who wish to offer recovery support services or individuals in recovery.
How the platform works	Peer providers and organization staff access RecoveryLink through an internet-connected computer, tablet, or smartphone. Providers create participant records (with their authorization) in the platform online; the new participant is sent an email link to their record – they can take assessments and update their contact information, message their coach with this link.  For an extra charge, platform includes integrated tele-recovery delivered via video, voice, and messaging (messages are archived providing a history of communication) Coaches can use the platform to schedule one-time and/or reoccurring appointments and messaging and send reminders.



Data	<p>RecoveryLink has a fully customizable database that includes:</p> <ol style="list-style-type: none"> <li>1. <b>Management tools for provider organizations</b> <ol style="list-style-type: none"> <li>a. Provider session notes</li> <li>b. Supervisors can review records of peer providers</li> <li>c. Organizational summary data</li> </ol> </li> <li>2. <b>Direct services dashboard and data library</b> <ol style="list-style-type: none"> <li>a. Activity log – to track participation in coaching or tele-recovery sessions, attendance at social or support events, assessments, and outcome data (substance use, Narcan)</li> <li>b. Participant record includes intake data, wellness plan/goals, length of engagement, referral source, reduction in substance use</li> <li>c. Assessment results – BARQ-10 is standard, and other assessments can be added</li> </ol> </li> </ol> <p>Coordinating organizations can specify which fields providers must enter and the frequency of assessments for consistent reporting across service providers</p>
Instrument validity	BARC-10 is a validated instrument (Vilsaint et al., 2017)
Data Analysis	Dashboard summaries are available, and data can be downloaded into Excel. Larger organizations using RecoveryLink report they partner with evaluation firms that provide further analyses of the data (Harbor Care – Arkansas Foundation of Medical Services, Oregon Health Authority – Comagine Health).
Data accessibility	<p>Participants can view their own records, update their contact information, and take assessments online using tablets or computers. Video tele-health access is available for an additional cost.</p> <p>Service providers can see the data for their participants and their organization. Organization leaders can aggregate data for multiple sites within a coordinating organization.</p>
Languages	English and Spanish - can be customized in other languages used in recovery organizations
Frequency/time needed	The number and content of questions and the frequency of assessment is determined by each organization. Therefore, staff data entry time and participant time is variable.
Reporting	Analyzed data can be downloaded in prepared interactive graphs displayed on the platform site for reporting.
Training, technical support	<p>For enterprise customers, dedicated training and technical support is included for up to 20 hours per year. For non-enterprise contracts, those elements are billed out at \$200 per hour.</p> <p>Technical support is available by email to all customers through customer service team as well through online help ticketing system, with average response times of ~2.5 hours.</p>



	References reported the <b>initial training was self-guided</b> and, therefore, viewed as less helpful. References reported organizations need to supplement the initial training and to provide internal training when updates are done.
Scalability	RecoveryLink can expand to multiple organizations, referral agencies, and additional staff.
Strengths, unique features	<p>RecoveryLink was <b>developed by peer counselors</b> so it can be used by those providing peer support in other fields beyond substance recovery.</p> <p>The RecoveryLink dashboards summarize real-time data in <b>interactive graphs</b>. There are usable downloadable reports, and organizations can download their data to create customized reports. Changes in individual outcomes and organizations are transparent over time for participants, providers, and organization leaders. The platform is described as user-friendly and visually appealing. The platform is customizable to allow data collection for specific grants; it is not tied to one assessment.</p> <p>Global data is collected to support research as reported in a peer-reviewed journal (Ashford et al., 2021). RecoveryLink received \$750,000 from the Fund for Health, a partnership between Penn Medicine and the Wharton Social Impact Initiative (Gross, Sept 2021)</p>
Limitations	<p>References reported initial training was inadequate and on-going training needed to be supplemented internally.</p> <p>There is no automated billing for Medicaid reimbursement (must be done manually) and no feature to generate a daily telephone list for follow-up support. The GPRA module does not align well with SPARS.</p> <p>Customization is done through RecoveryLink (rather than allowing organizations to do their own customization). References reported they would like to be able to customize their reports.</p>
Cost	<p>Pricing is based on the number of locations and staff users; average cost is \$95/licensed user.</p> <p>For organizations with up to 10 locations and 60 staff, the cost is \$3,750/month (additional location +\$300/month, staff \$45/month). This cost includes:</p> <ul style="list-style-type: none"> <li>• Launch support</li> <li>• Standard business associate agreements in compliance with the code of federal regulations to protect patient records in the treatment of individuals with substance abuse disorders (42 CFR part 2)</li> <li>• Standard dashboards and reports</li> </ul> <p>For organizations with one location and up to 5 staff, the cost is \$350/month (additional staff +\$60/month). This cost includes:</p> <ul style="list-style-type: none"> <li>• Dedicated support</li> <li>• Standard business associate agreements in compliance with the code of federal regulations to protect patient records in the treatment of individuals with substance abuse disorders (42 CFR part 2)</li> <li>• Standard dashboards and reports</li> </ul>

	<p>For enterprise plans (e.g., health systems, states, and payers), the cost is the same as multiple organizations pricing with customized dashboards and reports.</p> <p>For individuals seeking recovery support, the cost \$50/month that includes:</p> <ul style="list-style-type: none"> <li>• Dedicated peer support</li> <li>• Custom recovery plans</li> <li>• 24/7 resource access and referral</li> <li>• Text, chat, video engagement options with peer support specialists</li> </ul> <p>Additional modules and features available for all plans:</p> <ul style="list-style-type: none"> <li>○ GPRA module, \$250/month/location</li> <li>○ Tele-recovery messaging, voice, and video module, \$50/month/staff</li> <li>○ Kiosk module, \$200/month</li> <li>○ Volunteer module, \$50/month</li> <li>○ Enterprise dashboard for expanded analytics, \$1,000/month</li> <li>○ Document signing, \$100/month/location</li> </ul>
Updates	<p>RecoveryLink is updated regularly with new features and “de-bugging.” There are reports of a new release that will support more customized intake metrics, improved reporting features, and increased phone access, but no release data was shared.</p>

## RECOVERYLINK CUSTOMER REVIEWS

 Positive Perceptions	 Negative Perceptions
<p>“They’ve also been really receptive to our needs. We have specific funding ... that require a separate intake and unique metrics. You do have the ability in RecoveryLink to build custom forms.”</p>	<p>“The one area that they could possibly grow in [is to] provide a more training. It was on us to provide a lot of training.”</p>
<p>“Not only is it really customizable to our company’s needs, but they’re also always releasing updates and removing bugs. They provide the ability for individual organizations to do their own customization as well.”</p>	<p>“There is no formal training process. We had to play around with it, figure out how to use it, make mistakes, create a list of questions, how do you do this, why did this happen when we did this, and then we set a meeting with RecoveryLink, and they answered our questions.”</p>
<p>“Good and attentive support line. You send an email to <a href="mailto:support@myrecoverylink.com">support@myrecoverylink.com</a> and they get back very quickly.”</p>	
<p>“They’re constantly updating their platforms, and they’re just continually growing, adding components. They’re very creative. I think it’s just going to continue to grow and get better over time. There are a lot of options with it.”</p>	<p>“One of the things that has been challenging for us is when they continually do updates because, when changes happen, it oftentimes impacts our customized ... reports.”</p>

 <b>Positive Perceptions</b>	<b>Negative Perceptions</b> 
<p>"They are very responsive to the questions or needs."</p>	<p>"RecoveryLink currently has ... no automated billing function."</p>
<p>"What I like most is that it's not just meaningless data entry. ... There is a measurable value to your services now. I think that has been a big motivator for some of the RCOs saying, 'Okay, this is worth it now. Let's do it.'"</p>	<p>"I have to contact RecoveryLink to develop customized forms and reports. ... Outside of more customizable reporting process, I wish it had the telephone recovery support daily call list."</p>
<p>"RecoveryLink is extremely transparent. Participants do not have the ability to edit or modify anything that was written about them, but they certainly can see it if they log into it."</p>	<p>"RecoveryLink requires the participant to also be signed into RecoveryLink in order for the video communication to happen, which can be a bit complicated for people early in recovery.</p>
<p>"It really grabs the data that we really want to see."</p>	<p>Technology isn't everybody's friend when they're just starting to get their head back."</p>
<p>"It's a really great system. It allows you to get your outcomes and your data. I would highly recommend it for recovery-type organizations, hands-down."</p>	<p>"One of our limitations right now is cost. RecoveryLink, over the past two years, has increased in price. ... They've added a lot to the platform, so it makes sense that their price has gone up, but our grant has not increased, so the cost has really been the limitation for us recently."</p>
<p>"RecoveryLink offers some really amazing reporting options, and RecoveryLink is continuously working on their program."</p>	<p>"With RecoveryLink, when you pull a specific report, you get a hundred different columns worth of data that I have to navigate through. I would like to be able to leave off unnecessary information and not have to wait three minutes for the information to download so that you could actually view it. Because there's so much data and most of its unnecessary."</p>
<p>"In terms of the front face user functionality, I think RecoveryLink is easier to use. It's visually more appealing."</p>	<p>"The way that RecoveryLink does the reporting, it's aesthetically pleasing to look at. ... It's nice that it automatically converts it to something that's nice to look at because it's so much easier to see change."</p>
<p>"The way that RecoveryLink does the reporting, it's aesthetically pleasing to look at. ... It's nice that it automatically converts it to something that's nice to look at because it's so much easier to see change."</p>	<p>"One selling point to our state is that RecoveryLink was first developed by peers, so it has that flexibility. It can be used by mental health peer support and SUD peer support."</p>
<p>"I really appreciate RecoveryLink. It's made our lives a lot simpler, as far as collecting data."</p>	<p>"I have to contact RecoveryLink to develop customized forms and reports."</p>
<p>"We found that our data has improved so much since we started using RecoveryLink, and our coaches feel comfortable with it. It's taken some training, for sure, but we've had an improvement."</p>	





Website	Recovery Outcomes Institute – REC-CAP <a href="http://www.recoveryoutcomes.org/reccap/">http://www.recoveryoutcomes.org/reccap/</a> <a href="http://www.recoveryoutcomes.com">http://www.recoveryoutcomes.com</a>
Contacts	Jessica Casteel (Operations Administrator)
References	Anthony Grimes (Executive Director, Virginia Association of Recovery Residences) Sarah Scarbrough (Director of Real Life Program, Virginia) Jay Phillips (Executive Director, Seed Sower, West Virginia)
Organizations	Recovery Outcomes Institute, Inc (ROI) <a href="http://recoveryoutcomes.org">http://recoveryoutcomes.org</a> ROI implements the <b>Advanced Recovery Management System (ARMS)</b> platform that includes the Recovery Capital (REC-CAP) assessment
Tax status	Non-profit organization
Assessment Developer	David Best, PhD <a href="https://www.recoveryanswers.org/team/david-best/">https://www.recoveryanswers.org/team/david-best/</a>
Partner organization	Get Help (technology platform provider as of January 2022) <a href="https://gethelp.com">https://gethelp.com</a>
User organizations	Partners with recovery organizations in multiple states, UK, Canada, and New Zealand. Some states mandate the use of REC-CAP if the recovery organization is receiving state funding (e.g., Virginia, Michigan).
Year Launched	2018
Intent of platform	The ARMS platform is intended as a <b>tool for the “implementation of recovery services that promote resident transition from active addiction to healthy, pro-social networks.”</b> REC-CAP is an evidence-based tool implemented by the ARMS platform to assess personal, social, and community capital, to inform a recovery care plan, and to track changes in recovery over time.
How the platform works	REC-CAP results are used to <b>quantify recovery strengths and barriers</b> at the individual level and monitor progress over time. Assessment scores map participant strengths in four categories: personal, social, well-being, and support/commitment. Service providers typically administer the REC-CAP as a guided interview and then use the results to set goals for recovery. Providers review progress with participants regularly and digitally link participants to resources to accomplish their goals. Providers use the ARMS platform to record and monitor recovery plans, to share a public calendar for organization events, and to document participants’ attendance. Participants have an individual calendar for their personal coaching sessions. Organizations use the ARMs platform to prepare summary reports and monitor system-wide progress.

Data	<p>REC-CAP is the combination of four existing instruments:</p> <ul style="list-style-type: none"> <li>• Assessment of Recovery Capital – 50 items</li> <li>• Recovery Group Participation Scale – 14 items</li> <li>• Commitment to Sobriety Scale – 5 items</li> <li>• Social Support Scale – 4 items</li> </ul> <p>The system records demographic data including participant photos and responses to open-ended questions.</p>
Instrument validity	<p>All <b>four component tools have been validated</b> through rigorous studies.</p> <ul style="list-style-type: none"> <li>• Assessment of Recovery Capital - Groshkova, Best, &amp; White, 2012</li> <li>• Recovery Group Participation Scale – Groshkova, Best, &amp; White, 2011</li> <li>• Commitment to Sobriety Scale – Kelley &amp; Greene, 2014</li> <li>• Social Support Scale - Haslam, O'Brien, Jetten, Vormedal, Penna, 2005</li> </ul>
Data Analysis	<p>Organizations can download prepared summaries and raw data for further analyses. Queries can be conducted to sort aggregated data by many variables. Some references reported using an external research group for analyses.</p>
Data accessibility	<p>Participants can access their data using phones, tablets, or computers that are provided in the residential settings. Participants can document using outside services through GPS function.</p> <p>References reported that data accessibility has improved since the recent involvement of Get Help as the technology support (January 2022).</p>
Languages	English
Frequency/time needed	<p>Typically, the REC-CAP is administered monthly or quarterly; reports are that it takes 20 - 25 minutes to complete. The ARMS platform includes reports of participants who are overdue for repeat REC-CAP administration.</p>
Reporting	<p>Real-time dashboards that can be accessed by participants through the client portal, service providers, within organizations, and across organizations. Dashboards include progress charts (green = strength, yellow = room for improvement, red = needs development, resources)</p> <p>Some additional reporting functions improvements are in development.</p>
Training, technical support	<p>Learning management system recently added (Nov 2022). References reported that training prior to the new system was not adequate and had a steep learning curve; therefore, organizations used external trainers.</p>
Scalability	ARMS can be expanded to multiple organizations or additional sites.

Strengths, unique features	Organizations can customize the resources and services they provide using templates. <b>Providers can tag resources that are recommended for addressing specific goals.</b> Organizations can use the platform to bill participants, and participants can pay their fees through the system. REC-CAP was developed by researchers who have worked extensively in the recovery field; <b>research is an on-going focus.</b> REC-CAP has been used in recent research (Best, Edwards, Mama-Rudd, Cano, Lehman, 2016; Cano, Best Edward & Lehman, 2017; Hard, Best, Sondhi, Lehman, & Riccardi, 2022). ARMS and REC-CAP have been adopted by some states resulting in consistent reporting and research data collection.
Limitations	The ARMS platform was developed as a management tool for residential recovery centers although it is expanding for use by recovery community organizations. Their goal is to transcend the variety of service delivery options. Some organization representatives reported that reporting and data portability issues remain.
Cost	Cost for residential recovery setting is determined by the number of beds so annual subscriptions vary from \$20,000 to \$67,250.
Updates	References reported that new dashboards have been recently released and additional updates will be released in January that will expand reporting functions and allow more customized reports. Updates are also reported underway to provide a process for participants to consent to having their REC-CAP information shared as they transition to new organizations.

### REC-CAP CUSTOMER REVIEWS

 Positive Perceptions	Negative Perceptions 
<p>"I'm a champion of it. I'm absolutely in favor of the REC- CAP concept, and then the ARMS platform as the management system. To be able to codify and categorize the recovery barriers of unmet needs and strengths at the individual level, and then track those longitudinally over time is invaluable to a recovery operator."</p>	<p>"One thing that I wish that we could see is some more query functions to be able to go in and pull [specific data]."</p>
<p>"One of the things that I really love about REC- CAP is that you can identify a barrier, and then you can digitally link that barrier to the resource needed to overcome it."</p>	<p>"They're still fleshing out some of the reporting. ... I know that this coming year those reports will probably be improved significantly. ... Another thing they are going to be looking at is portability from that residential file to the [recovery community organization] when they graduate so that they can continue engagement."</p>

 <b>Positive Perceptions</b>	<b>Negative Perceptions</b> 
<p>“There is so much research capability within which is awesome. Dr. Best is the top recovery capital researcher in the world, and so you get him when you're doing it. If you call him about research, he will help you flesh it out, and he will help find the money to essentially pay himself to get it done.”</p>	<p>“One of our biggest apprehensions is our clients that would be using it ... are completely indigent, out of poverty, out of the projects, no technology skills. If any, it might be super old. People that have served 20 or 30 years of incarceration, so literally know no technology.”</p>
<p>“The data collection is almost a secondary function of the intent as it's delivered to an individual. Really, it's a recovery support service tool utilized when you're engaging someone and supporting them in their recovery journey.”</p>	<p>“Right now, the system is very provider centric. ... If your resident goes to this outside community resource to get services, you have to have that navigator over there under your interface for them to work with that client. ... That was one of the big things that we want to see changed.”</p>
<p>“Get Help did a whole reboot and has been with them for several months now, and it is amazing. When there are these things going on, it is just a super quick e-mail, or you can submit a support ticket, and they get it taken care of.”</p>	
<p>“Within the past week, they just rolled out a whole new dashboard. Then in the beginning of January, which is not that far away, they're doing a version two of it.”</p>	
<p>“They are more than willing to add this feature or add this function. ... They do really take your suggestions.”</p>	
<p>“Having researched the various approaches and the various concepts, there is nothing about REC-CAP that hasn't rung true intuitively from day one.”</p>	
<p>“They have a [learning management system] platform built into the system , for people who are delivering the services to get trained at their own pace, and then they can certainly reach out for any more training.”</p>	

## REFERENCES

---

- Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergaman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addictive Behaviors, 119*, 1-9.
- Best, D., Edwards, M., Mama-Rudd, A., Cano, I., Lehman, J. (2016). Measuring an individual's recovery barriers and strengths. *Addiction Professional, 14*, 26–31.
- Cano, I., Best, D., Edward, M. & Lehman, J. (2017). Recovery capital pathways: Modelling the components of recovery wellbeing. *Drug and Alcohol Dependence, 181*, 11-19.
- Gross, Paige. (Sept 2021). RecoveryLink and 2 more startups got investments from Penn's new \$5m Fund for Health. Technical.ly. Accessed at <https://technical.ly/startups/recoverylink-penn-fund-health/>
- Groshkova, T., Best, D., & White, W. (2011). Recovery Group Participation Scale (RGPS): Factor Structure in Alcohol and Heroin Recovery Populations, *Journal of Groups in Addiction & Recovery, 6*, 76-92.
- Groshkova, T., Best, D., & White, W. (2012). The assessment of recovery capital: Properties and psychometrics of a measure of addiction recovery strengths. *Drug and Alcohol Review, 1- 8*.
- Hard, S., Best, D., Sondhi, A., Lehman, J. Riccardi, R., (2022). The growth of recovery capital in clients of recovery residences in Florida, USA: A quantitative pilot study of changes in REC-CAP profiles scores. *Substance Abuse Treatment, Prevention & Policy, 17*, 1-11.
- Haslam, S. A., O'Brien, A, Jetten. J., Vormedal. K., & Penna, S. (2005). Taking the strain: social identity, social support, and the experience of stress. *British Journal of Social Psychology, 44*, 355-70.
- Kelly, J. F., & Greene, M. C. (2014). Beyond motivation: Initial validation of the commitment to sobriety scale. *Journal of Substance Abuse Treatment, 46*(2), 257–263.
- Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., & White, W. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug and alcohol dependence, 177*, 71–76.
- Whitesock, D., Zhao, J., Goettsch, K., & Hanson, J. (2018). Validating a Survey for Addiction Wellness: The Recovery Capital Index. *South Dakota medicine : the journal of the South Dakota State Medical Association, 71*, 202–212.



## GLOSSARY

---

ARCO	Association of Recovery Community Organizations, organization affiliated with Recovery Data Platform
ARMS	Advanced Recovery Management System, the management system for the REC-CAP assessment
<i>BARC- 10</i>	<i>Brief Assessment of Recovery Capital</i> , 10-question survey on a 6-point scale “strongly disagree” to “strongly agree” that assesses recovery capital globally (Vilsaint, 2017)
Dashboard	Visual display of various types of data in one place
FIT	Face it TOGETHER, organization affiliated with Recovery Capital Index
Global data	Data collected, analyzed, and stored across organizations
GPRA	Data collected by federal agencies as specified by the Government Performance and Results Act
GPS	Global positioning system, navigational system that fixes location based on a radio signal
IT	Information technology
QR code	Matrix bar code read by a scanner
RCI	Recovery Capital Index
RCO	Recovery community organization
RDP	Recovery Data Platform
Recovery capital	Resources a person has to find and sustain recovery
REC-CAP	Recovery Capital Assessment
Residential treatment	A live-in health care facility that provides treatment
Social determinants of health	Non-medical factors that influence health outcomes such as economic policies and systems, social norms, racism, political systems
SQL	Structured query language, a standardized programming language
SUD	Substance use disorder
Validity	Statistical evidence that an instrument measures what it is intended to measure



## MISSION

We strive to make evaluation a valued and widely accepted practice by increasing the use and understanding of evaluation. We collaborate with our clients to support evidence-informed programs, practices, and policies in schools, institutions of higher education, governmental agencies, and nonprofit organizations.



## The Evaluation Center

UNIVERSITY OF COLORADO  
**DENVER | ANSCHUTZ MEDICAL CAMPUS**

w: [the-evaluation-center.org](http://the-evaluation-center.org) | e: [TheEvaluationCenter@ucdenver.edu](mailto:TheEvaluationCenter@ucdenver.edu)