



## **RECOVERY CAPITOL SURVEY SUMMARY**

The Recovery Work Group associated with the Colorado Consortium for Prescription Drug Abuse Prevention (The Consortium) developed and administered a survey to collect information about the types of recovery capitol (RC) data being collected by peer support professionals across the State of Colorado. The Consortium designed and administered the survey between August-December 2023. No personal or client-related protected health information was collected. The Evaluation Center (TEC), in the School of Education and Human Development at the University of Colorado Denver, provided external evaluation services to analyze and summarize available survey data.

## RESULTS

Of the 77 survey respondents to the survey, nearly all respondents lived in Colorado (n=75) and worked in Colorado (n=72). Eighty percent (n=62) indicated they were employed by agencies while 7% (n=5) were working in independent organizations and 13% (n=10) selected "other".

The agency type was determined by cross-referencing organization names with Recovery Community Organization (RCO) and Recovery Residence membership lists<sup>1</sup> and through collaboration with the Recovery Work Group. The results are illustrated in Exhibit 1 below.

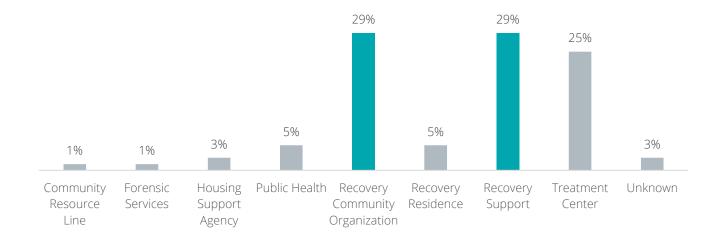


Exhibit 1: Respondents' agency type

<sup>&</sup>lt;sup>1</sup> <u>https://peerrecoverynow.org/resource-library/rco-directory/</u>, <u>https://facesandvoicesofrecovery.org/programs/arco/</u>, and <u>https://carrcolorado.org/certified-recovery-residences/</u>



Respondents indicated that they served communities across several counties including Denver (n=27), Boulder (n=13), Arapahoe (n=13), and Jefferson (n=10) counties. Seven respondents indicated their reach is statewide. The map in Exhibit 2 highlights the reach of the survey respondents by counties served through their organizations.

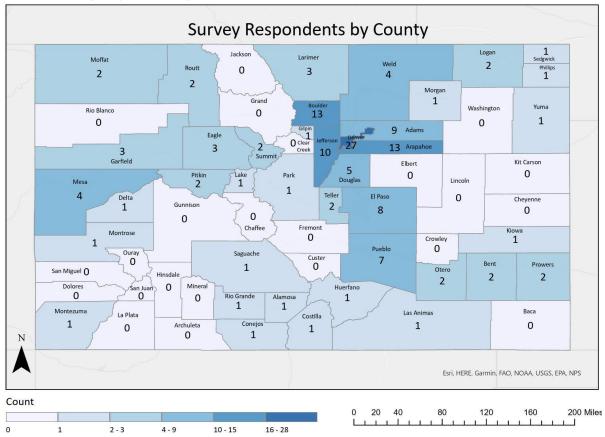


Exhibit 2: Survey respondents by counties served

Respondents reported they served a wide range of populations through their organizations. The highest percentage of respondents were serving populations with substance use disorder (n=95%) and those with mental health needs (n=75%). Results are shown in Exhibit 3.

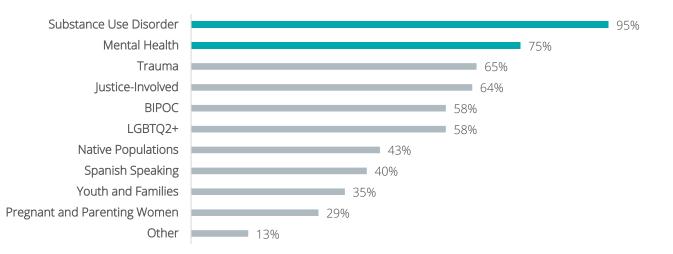


Exhibit 3: Populations served by respondent

## **RECOVERY CAPITAL DATA**

Of the 77 respondents, only fifty-five percent (n=42) of respondents were capturing RC data. Of those collecting RC data, 14 were employed at RCO's, 11 were at recovery support centers<sup>2</sup>, and 8 were at treatment centers. Of those who reported they were collecting RC data, 57% (n =24) were not using one of the four identified platforms in the survey (Recovery Capital Index, Recovery Outcomes Institute REC-CAP, Recovery Data Platform, or RecoveryLink <sup>m</sup>). Exhibit 4 displays the type of platform used by each agency type.

	Number collecting RC data	Number using recovery capital platform				
Agency Type		Recovery Capital Index	Recovery Data Platform	Recovery Outcomes Institute	Recovery Link	Other
Recovery Community	14	4	4	1	1	4
Organization (RCO)				I	I	
Recovery Support	11	3	1	0	1	6
Treatment Center	8	1	0	0	0	7
Recovery Residence	1	0	0	0	0	1
Public Health	3		1	0	0	2
Housing Support Agency	1	0	0	0	0	1
Community Resource Line	1	0	0	0	0	1
Forensic Services	1	0	0	0	0	1
Unknown	2	1	0	0	0	1
Total	42	9	6	1	2	24

Exhibit 4: Recovery platform by agency type

The other methods respondents reported using to collect RC data included intake-forms and notes (n=5), other internal processes (n=3), or through surveys (n=2). The most reported methods (other than the four identified RC platforms) included these tools:

- Brief Assessment of Recovery Capital (BARC-10)
- Behave Health Platform
- CareManager
- Civicore
- Colorado Mental Wellness Network (CMWN) Recovery Data Collection
- COConnect
- REDCap
- Relia Trax
- Salesforce

<sup>&</sup>lt;sup>2</sup> Generic term used to describe organizations that have a focus on fee-based peer support services but do not qualify as an RCO.

Of those respondents who were collecting RC data (n=42), most were collecting the data monthly (21%) or "at every patient encounter/in-take" (19%), in Exhibit 5.

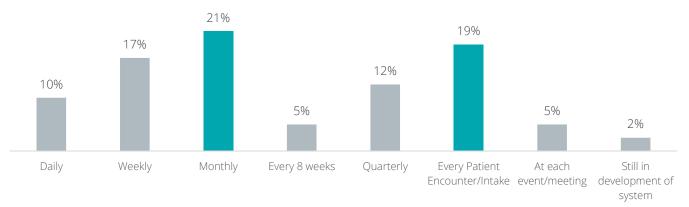


Exhibit 5: Frequency of RC data collection

Thirty-one percent of respondents indicated they had direct access to the RC data they collected, 8% had access with assistance from the data platform, and 9% percent did not have access to their collected RC data.

Respondents reported they most commonly use RC data to assist in setting goals, making recovery plans, and identifying needs of clients (*n*=12). One respondent stated that RC data "guides and improves the development and implementation of community services and referral networks" while another respondent shared, "I use it to coach with the client to see how they are achieving their goals and what else they want to do in our time together. It helps ensure the client has their own plan for [return to use] prevention."

Completing reports for funders and stakeholders (*n*=7) and measuring outcomes and impacts (*n*=7) were other ways in which respondents reported using RC data. One respondent stated their system "helps capture data for areas of strengths and areas of challenges."

## **RECOMMENDATIONS FOR FUTURE DATA COLLECTION**

For future data collection efforts, evaluators recommend asking follow-up questions related to the RC data platforms, revising current questions to streamline analysis of future survey administration, and including a question to support snowball sampling.

- Follow-up questions including how useful the platform was, how well the platform met their needs, and were there recommendations to help improve the functionality of the platform. Also, to better understand barriers asking why respondents are *not* collecting RC data.
- Questions to streamline analysis could include asking respondents to self-report their "agency type" (coded in Figure 1) and changing some open-ended questions to closed-ended questions using the categories coded in this summary as a guide (e.g., provide list of counties served and frequency of RC data).
- A question to the survey to allow for a snowball sampling approach could be, "Who else would you recommend take this survey?" including a request for their name, organization, and email address. This could support the development of a statewide directory of peer organizations.