Implementation of the Recovery Capital Index in the New York Opioid Courts

Interim Evaluation

September 2023

RULO STRATEGIES LLC

ACKNOWLEDGEMENT

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INTRODUCTION

The purpose of this report is to examine the first nine months of the pilot implementation of the Recovery Capital Index (RCI) in the New York Opioid Courts. The project sponsors, the New York Office of Addiction Services and Support (OASAS) and the New York State Office of Court Administration, selected peer recovery specialists to introduce the RCI to Opioid Court participants during the pilot rollout of the tool.

The purpose of the pilot project was to assess if information from the RCI could inform peer support services and treatment planning within the Opioid Courts. Seven individuals representing six different organizations provided feedback about their experiences implementing the RCI for this report. Treatment organizations that contributed to this report are listed below.

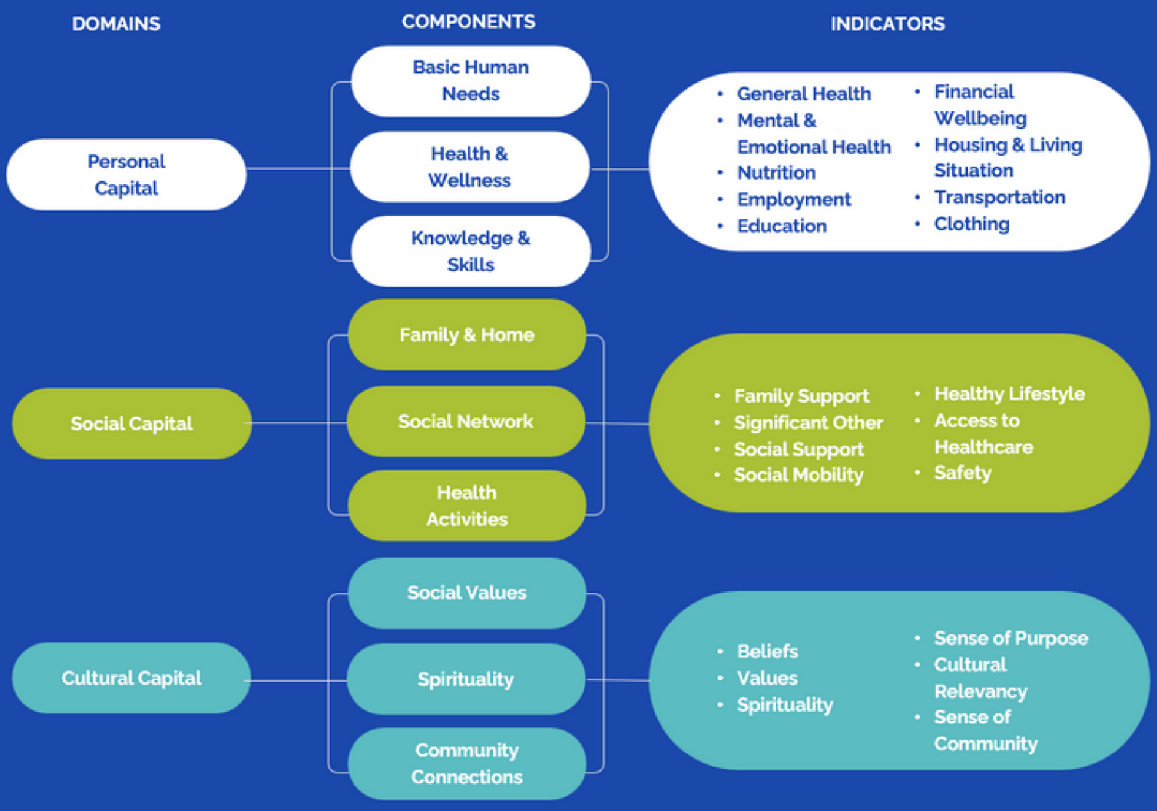
Agencies Contributing Feedback To This Report

- Casa-Trinity, Inc.
- Credo Community Center
- Family & Children's Counseling Service of Cortland
- Helio Health - Oneida
- Helio Health - Onondaga
- Mental Health Association in Chautauqua County

Data from the treatment agencies were gathered through written surveys and one-on-one interviews with treatment agency directors, supervisors, and peer recovery specialists in September 2023.

WHAT IS THE RCI?

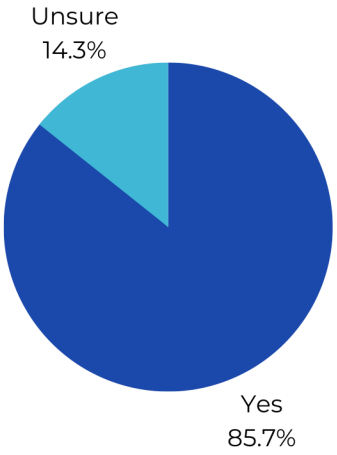
The RCI is a validated, multidimensional assessment of a person's social, environmental, and behavioral well-being. The full RCI contains 68 questions with three domains, nine components, and 22 indicators. The RCI takes approximately five minutes to complete. The RCI can be readministered at regular intervals to track intervention effectiveness, allowing clinicians, peer recovery coaches, and other team members to follow individual progress and tailor intervention and support at any point in the continuum of care. Each domain is scored 0-100.



ROLLOUT TO AGENCIES

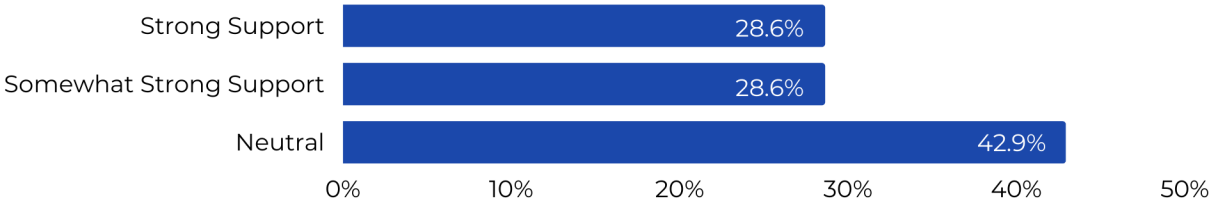
Outreach to the field to support implementation of the RCI began in December 2022. A kick-off call was held with Opioid Court Coordinators on December 9, 2022, to introduce the RCI tool and the evaluation plan. Outreach to the providers was delayed by approximately seven weeks due to a legal review of the RCI by OASAS. Of the seven respondents who contributed to the evaluation, six (85.7%) confirmed their agency received communication about the RCI and the project either from OASAS or the New York State Office of Court Administration during the initial rollout. One respondent (14.3%) was unsure whether they received such communication.

Q1. Did you receive communication from the Office of Addiction Services and Supports or the NYS Office of Court Administration as the RCI tool was being rolled out? N=7



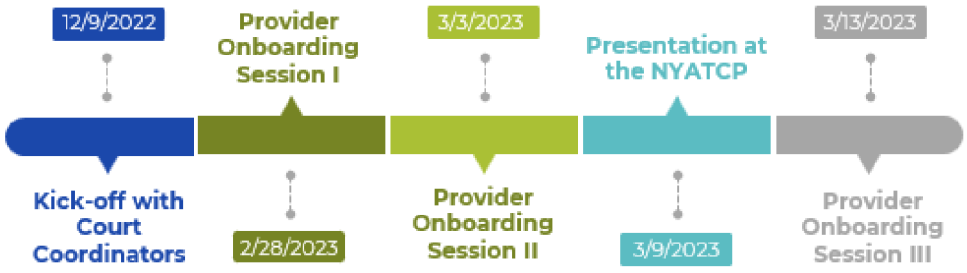
The majority of respondents indicated that their agency either had strong initial support (28.6%) or somewhat strong support (28.6%) for implementing the RCI. The remaining respondents (42.9%) indicated that their agencies were neutral about implementing the RCI.

Q2. How would you rate the level of support within your agency for implementing the RCI? N=7



RCI TRAINING & ONBOARDING

Provider training and onboarding began on February 28, 2023, with two additional sessions held on March 3rd and March 13th. A training session was also held at the New York Adult Treatment Court Professional training on March 9, 2023.



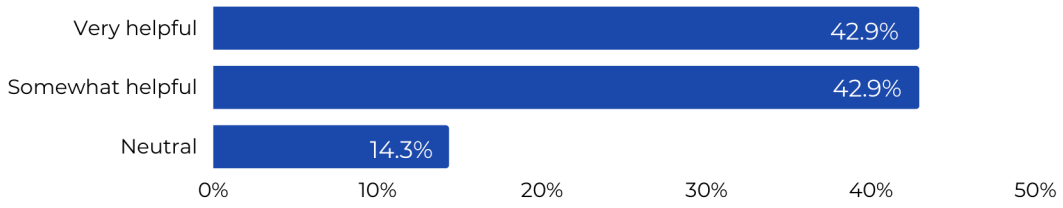
Eight treatment providers associated with Opioid Courts participated in training and/or onboarding, while three providers did not engage with the RCI training, as shown below.

Participated in Training	Did Not Participate in Training
JD 2: Samaritan Village - Richmond Hill	JD 3: Hope House
JD 5: Farnham Family Services	JD7: Finger Lakes Area Counseling & Recovery Agency
JD 5: Helio Health - Oneida County	JD 8: Mental Health Assoc. - Chautauqua
JD 5: Helio Health - Onondaga County	
JD 5: Credo Community Center	
JD 6: CASA Trinity - Chemung County	
JD 6: Family Counseling Service - Cortland	
JD 10: Family and Children's Association of Long Island	

Experiences with the RCI Training

Seven individuals provided feedback about their experiences with RCI training and onboarding of the RCI. Their experiences and perspectives are reflected below. The majority of respondents indicated that the RCI training was either very helpful (42.9%) or somewhat helpful (42.9%). One respondent (14.3%) was neutral about the training.

Q3. How helpful was this initial training about the RCI tool? N=7

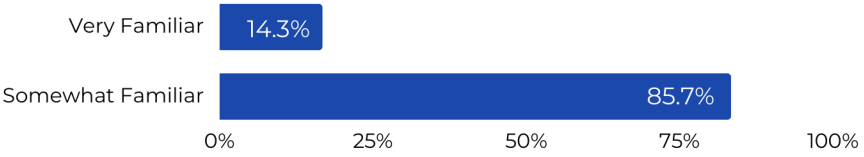


Respondents were given the opportunity to provide open-ended feedback about how the training could be improved. The following feedback was provided.

- *"I missed the initial training and attended the two after that, which was helpful. However, since I missed the initial one, I was confused about what this was all about."*
- *"The training should be scheduled according to when the specialty treatment court will start. Our court has not started yet and the training was done at least six months ago."*

Based on the initial training and onboarding, 85.7% of the respondents indicated they were somewhat familiar with the RCI, while one respondent (14.3%) indicated they were very familiar with the RCI.

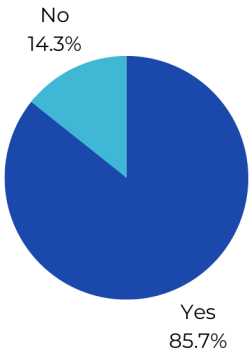
Q4. How familiar are you with the RCI? N=7



IMPLEMENTATION OF THE RCI

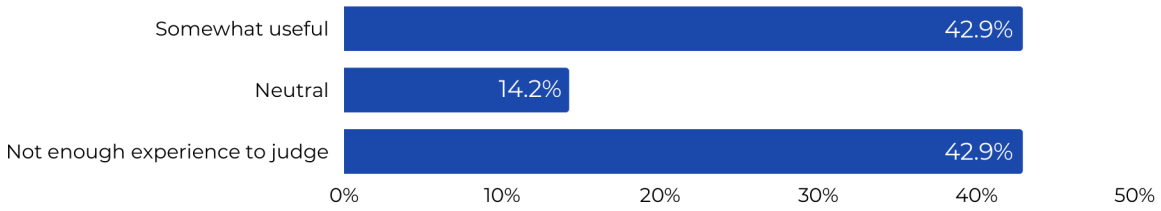
Seven individuals representing six different organizations provided feedback about their experiences with implementing the RCI. Of the six agencies represented, five (85.7%) reported they implemented the RCI. Their experiences and perspectives are reflected below.

Q5. Did your agency implement the RCI? N=7



Forty-three percent (42.9%) of the respondents rated the RCI tool as somewhat useful to their work with peers, 14.2% were neutral, and the remaining respondents (42.9%) indicated they did not have enough experience to evaluate the value of the tool.

Q6. How do you rate the value of the RCI tool to your work with peers? N=7



Respondents were given the opportunity to discuss the barriers or challenges they encountered when implementing the RCI. Their feedback is provided below.

- *"We needed more support from the judge/treatment court coordinators, stressing the Index's value and importance. We also could have benefitted from more training of our peer workers to show the value and importance of the Index as a tool to support recovery. Most participants were skeptical of the concept of recovery capital."*

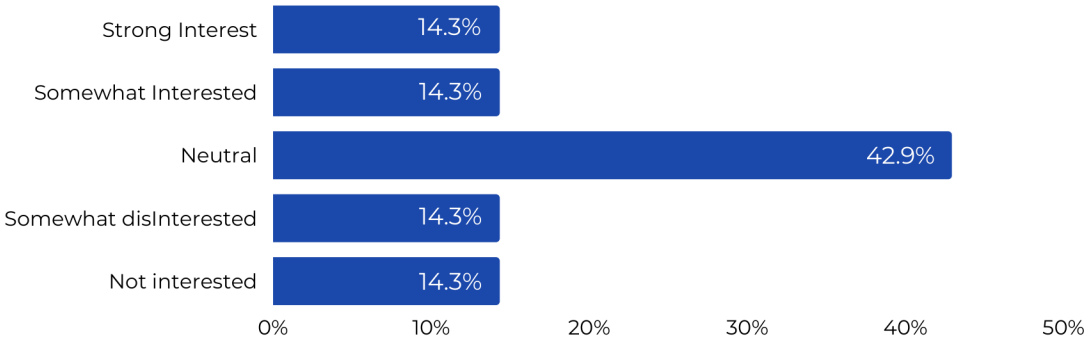
- *"At the program level, we weren't initially involved until it was time for the training and rollout, so there was not enough information on what this is and how to better prepare direct staff involved or doing the direct work."*
- *"We had difficulty engaging participants and showing them the value of the index."*
- *"Clients do not have phones or devices to do the RCI on."*
- *"My clients often do not have phones or engage well enough to complete surveys. The RCI tool does not seem appropriate for those who are in crisis - they often choose to use their time to prioritize basic needs rather than complete the survey. The folks I introduced the survey to were not in the stage of their recovery journey to use it effectively and often did not do both despite encouragement from providers."*
- *"Too many job duties and insufficient time to familiarize myself with and implement the app. In addition, clients were not interested in utilizing the app."*
- *"I have concerns about using the tool to measure the recovery capital of folks in active addiction who face many barriers, namely phone barriers. They often do not have phones or engage well enough to complete surveys."*
- *"The Opioid Court is short-term (e.g., 90 days) and focuses on stabilization. The participants are often early in recovery, don't have access to phones, or are frequently in inpatient treatment. It is very time-consuming for the peers to attempt to engage clients in interacting with the tool, and we don't have enough buy-in from the clients in a short-term setting like an Opioid Court. Perhaps implementing the RCI in a more traditional treatment court where the participants are more stable would be more effective."*

Respondents were also given the opportunity to suggest additional technical assistance or training that would support their agency's implementation of the RCI. Their feedback is provided below.

- *"I think the RCI should be offered to all clients at our agency. I could only use it with those in the Opioid Court and had little success in getting participation. Clients in various stages of recovery and receiving services at my agency may have found it beneficial, and the entire treatment team could be involved in the RCI scores/outcomes versus it being used only in an Opioid Court program with little participation. We did not get to see how well it could work."*

- *"Having a refresher training once the specialty court is active would be good."*
- *"Maybe more agency-focused training."*

Q7. How would you rate your current interest in continuing to implement the Recovery Capital Index tool? N=7



Participant Perspectives about the RCI

Three participants provided feedback on their experience with the RCI. In light of the extremely small sample size, the findings should be interpreted with caution.

The RCI provides me with helpful information about my recovery.

1=Strongly disagree, 3=Neutral, 5=Stongly agree

The RCI helps me track where I am in my recovery and where I can make changes.

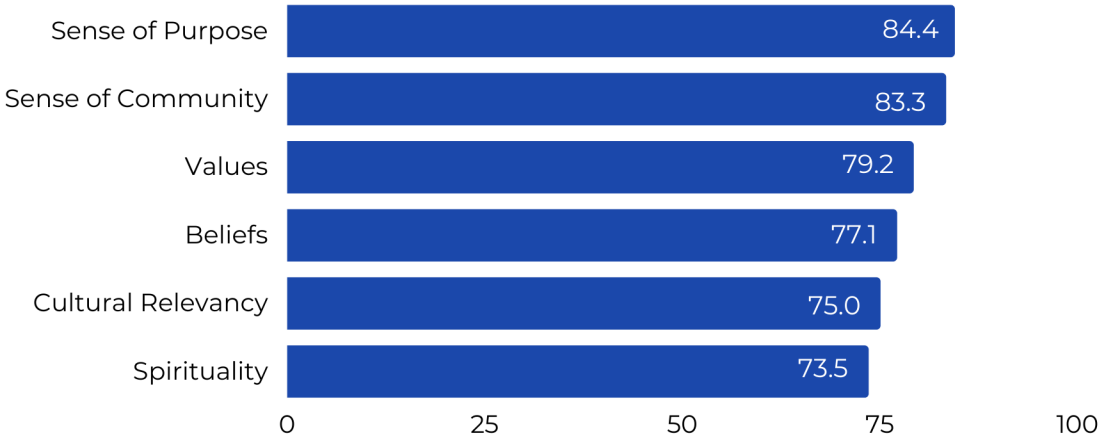
1=Strongly disagree, 3=Neutral, 5=Stongly agree

RCI PARTICIPANT DATA

Nine baseline RCI assessments were completed during the pilot period. Seven were submitted by NY Court JD 2 at Samaritan Village-Richmond Hill and two by NY Court JD 5 at Credo Community Center. RCI baseline scores ranged from 59.5 to 89.8, indicating a broad range of addiction wellness states captured. The average RCI baseline scores were higher for Samaritan Village (73.8) than for Credo Center (66.1), potentially reflecting differences in the populations served.

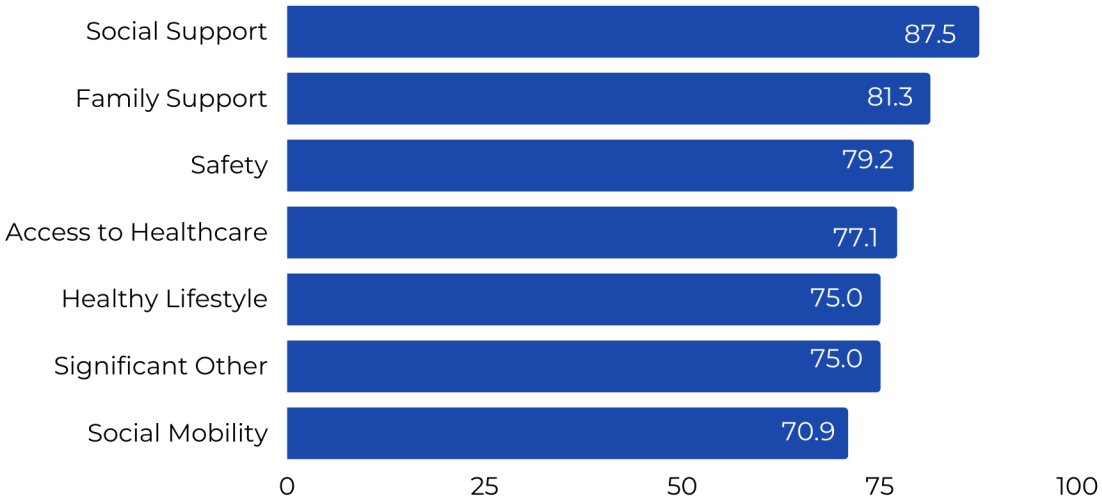
The highest-scoring RCI domain at baseline was cultural capital (84.4), followed by social capital (74.3), and personal capital (55.5).

The mean score for each indicator associated with *cultural capital* is shown below, from highest to lowest score.



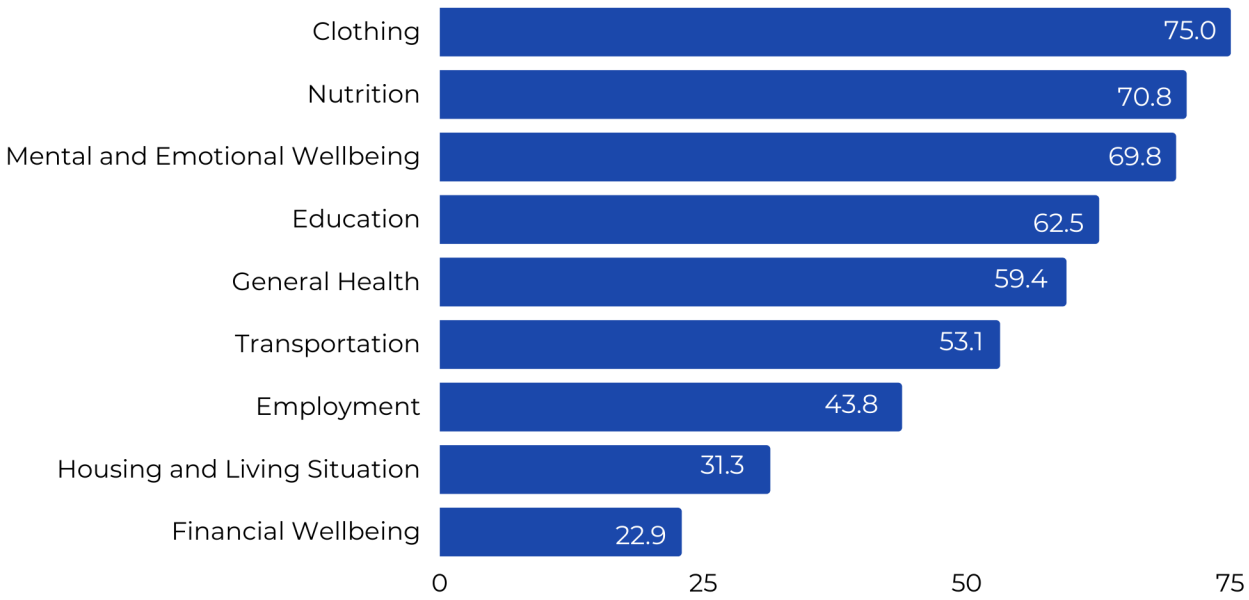
Scores between 0-50 indicate that recovery capital is low and work is required to build up that area. Scores between 51-70 reflect good recovery capital, but additional effort is needed to build resiliency. Scores of 71 or above reflect recovery capital that is high but requires maintenance.

The mean score for each indicator associated with *social capital* is shown below, from highest to lowest score.



Scores between 0-50 indicate that recovery capital is low and work is required to build up that area. Scores between 51-70 reflect good recovery capital, but additional effort is needed to build resiliency. Scores of 71 or above reflect recovery capital that is high but requires maintenance.

The mean score for each indicator associated with *personal capital* is shown below, from highest to lowest score.



Scores between 0-50 indicate that recovery capital is low and work is required to build up that area. Scores between 51-70 reflect good recovery capital, but additional effort is needed to build resiliency. Scores of 71 or above reflect recovery capital that is high but requires maintenance.

Follow-up RCI Data

Three follow-up RCIs were completed during the pilot period. The average RCI score at follow-up was 79.1 (compared to 71.2 at baseline). The average follow-up period was 26 days. The highest-scoring RCI domain at follow-up was cultural capital (90.4), followed by social capital (86.9), and then personal capital (60.0).

RECOMMENDATIONS

Research on the implementation of new initiatives over the past decade demonstrates that achieving positive outcomes when implementing a new initiative requires three aligned and interdependent implementation components, as shown below.

Selecting effective innovations rooted and informed by research evidence is the first step in the model. The RCI, as a tool, is an established intervention that, based on the feedback received during the pilot, was accepted by the field as a credible tool. The challenges identified during the pilot were about something other than the RCI tool. The primary challenges that have emerged during the pilot, to date, were about implementation or enabling context. Enabling context is the environment and capacity within an organization to implement an intervention. To achieve significant outcomes, all three components must be present. Missing any one component can compromise the entire model.

To that end, the following recommendations are offered:

1. Staff have identified barriers to implementing the RCI, including the fact that some participants cannot access a mobile phone to receive text messages. To address this barrier, the program sponsors can acknowledge this is a barrier for some participants and invite feedback and input on the best way to address this obstacle at each site.
2. Program sponsors are encouraged to work with the local courts, the clinicians, and the peer recovery support staff to co-create a model of deploying the RCI that is usable and effective. This includes exploring need, fit, and feasibility at each site and establishing flexibility to implement adaptations. For instance, some staff have suggested expanding the use of the RCI beyond the Opioid Court setting to other treatment court models or other clinical settings. Engaging local practitioners in designing practices that match the needs of the local service environment will likely increase the uptake of the RCI tool.
3. Fully implementing a well-defined new practice typically takes two to four years. The program sponsors are encouraged to work closely with the early adopters of the RCI tool to support their expanded use of the tool through tailored technical assistance. As these sites mature in their implementation, they can become implementation champions for other sites and support their peers throughout the state.