RCOS Client Information System

Developed in collaboration between the Kentucky Housing Corporation and the University of Kentucky Center on Drug and Alcohol Research with support from the Department of Behavioral Health, Developmental and Intellectual Disabilities

Revised February 2015

What is RCOS?

- RCOS is a research study designed to measure changes in several key risk factors for adults who participate in in Recovery Kentucky programs using an evidence based assessment.

- The study helps answer key questions posed by legislators, funding agencies, families, and clients regarding the status of clients 12 months after intake in regards to:
  - Substance use
  - Employment
  - Mental health problems
  - Victimization and trauma
  - Criminal justice involvement
  - Social functioning and quality of life

Why are you asked to do this?

- There are increasing demands from federal and state governments for **evidence that programs actually achieve desired outcomes**.

- There is limited and inaccurate information circulating in the media about what happens with clients in Recovery Centers and the positive impact your services have in clients lives.

- **The data collection program will help counteract myths and misinformation. It will provide accurate ways to report Kentucky-specific findings to providers, the public, and to policymakers.**
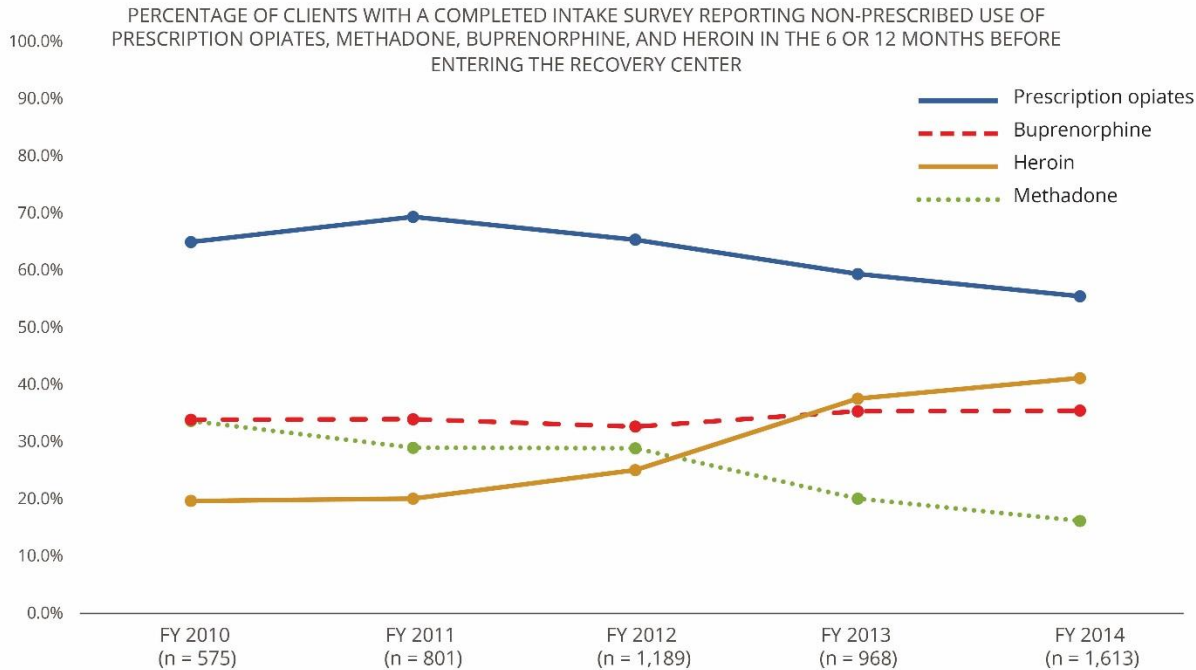
Why do this every year?

- RCOS provides up-to-date program-specific and statewide data on substance abuse trends and recovery outcomes.

- Key trends in substance use and police needs fluctuate annually depending on economic and sociopolitical issues.

Trends in
Heroin and Prescription Opiate Use

In 2012, the state legislature passed House Bill 1 which requires physicians to use the KASPER prescription drug monitoring system in order to track how often and how much controlled substances are being prescribed. As a result of this recent drug control policy change, prescription opiates are more difficult to obtain. However, while heroin use has remained relatively low over the past several years, it is widely presumed that heroin is making a resurgence in many areas of the state because of its ease of access.

PERCENTAGE OF CLIENTS WITH A COMPLETED INTAKE SURVEY REPORTING NON-PRESCRIBED USE OF PRESCRIPTION OPIATES, METHADONE, BUPRENORPHINE, AND HEROIN IN THE 6 OR 12 MONTHS BEFORE ENTERING THE RECOVERY CENTER

Legend:
— Prescription opiates
- - - Buprenorphine
— Heroin
······· Methadone

X-axis:
FY 2010 (n = 575)
FY 2011 (n = 801)
FY 2012 (n = 1,189)
FY 2013 (n = 968)
FY 2014 (n = 1,613)

Y-axis: 0.0% to 100.0%

An average of **63%** of clients reported **prescription opiate misuse**	An average of **34%** of clients reported **non-prescription buprenorphine use**	An average of **29%** of clients reported **heroin use**	An average of **26%** of clients reported **non-prescription methadone use**

Note: Clients who reported being in a controlled environment all 6 or 12 months before entering the recovery center are not included in this analysis; Buprenorphine was added to the assessment in 2010; therefore, only 127 in FY2010 and 795 clients in FY2011were were asked about buprenorphine use; FY2013 and FY2014 are 6-month measures, while FY2010, FY2011, and FY2012 are 12-month measures.
Suggested citation: Cole, J., Logan, TK, Miller, J., & Scrivner, A. (2016). *Recovery Center Treatment Outcome Study: Trends in Heroin and Prescription Opiate Use.* Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.

Non-medical use of prescription drugs is a continuing health concern for the United States and especially for areas like Kentucky. In fact, **Kentucky is tied for second in the U.S. for the highest rate of deaths from drug overdose** (24.6 per 100,000[a,b]), the majority stemming opioids.

Of the 765 drug-related death cases autopsied by the Kentucky Medical Examiner's Office in 2014[c]:

Morphine was detected in **41%**

Heroin was detected in **29%**

Hydrocodone was detected in **21%**

[a] Rates include drug overdose deaths, for 2011-2013, a three-year average.

[b] Trust for America's Health. (June 2015).The Facts Hurt: A State-by-State Injury Prevention Policy Report. Retrieved August 22, 2016 from http://healthyamericans.org/reports/injuryprevention15/

[c] Kentucky Office of Drug Control Policy. (2014). 2014 Overdose Fatality Report. Justice and Public Safety Cabinet. Retrieved August 22, 2016 from http://odcp.ky.gov/Pages/Overdose-Fatality-Report.aspx

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Reports and Data Analysis

- Annual reports are developed and published for RCOS, examining outcomes for the sample of clients who complete a follow-up interview.

- All annual reports, fact sheets, and at-a-glance findings can be downloaded from: http://cdar.uky.edu/bhos/.

- Also available from the website are informational materials including:
    - Client consent form
    - Evidence based summary and report
    - PDF-version of intake interview
    - Website training information

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Instrument Development

- RCOS is a robust, pragmatic, reliable, and valid **evidence-based assessment**.

- The instrument is made up of **five core components** each with strong reliability and validity research support and **three supplemental components**, most of which have strong reliability and validity research support.

- RCOS focuses on **dynamic or changeable factors** that are **sensitive to individual-level change** over time allowing recovery outcomes to be measured

- RCOS is appropriate for the **context of Kentucky** and includes measures that consider the unique features of Kentucky and of a recovery community

Although Kentucky is represented in a few national datasets, those national studies **do not provide the state, county- and regional-level data** and those national surveys **do not consider or account for Kentucky's unique cultural context.**

Figure 1.
Kentucky in Context

The RCOS assessment was originally developed to consider the unique features of Kentucky and has been revised frequently after data analysis and feedback from users and other stakeholders to consider the unique context of Kentucky.

Kentucky ranks among the highest in the nation for drug overdose deaths and smoking:

SUBSTANCE USE

Source: United Health Foundation, 2015

3rd highest in the nation for
DRUG OVERDOSE DEATHS

2nd highest in the nation for
SMOKING RATES

Kentucky ranks as one of the unhealthiest states in the nation:

HEALTH PROBLEMS

Source: Gallup Poll, 2014, 2015; United Health Foundation, 2015

50th in the nation for
PREVENTABLE HOSPITALIZATIONS

50th in the nation for
CANCER DEATHS

47th in the nation for
PREMATURE DEATHS

45th in the nation for
DIABETES

44th in the nation for
OBESITY

43rd in the nation for
CARDIOVASCULAR DEATHS

Kentucky also ranks as one of the highest in the nation for the number of disability recipients as well as the number of children in poverty:

ECONOMIC STRUGGLES

Source: Gallup Polls, 2014; Hess et al., 2015; Social Security Administration, 2011; United Health Foundation, 2015

2nd highest in the nation for
POPULATION ON DISABILITY

2nd highest in the nation for
CHILDREN IN POVERTY

Kentucky ranks as one of the states with the lowest financial well-being (which considers having enough money for food, health care, and people's perceived standard of living) and economic opportunity.

46th in the nation for
FINANCIAL WELL-BEING

48th in the nation for
ECONOMIC OPPORTUNITY

Intake Interview Data: Key Elements

- The interview takes about **30 minutes** and focuses on five core domains:

  - **Substance use**

  - **Mental health**

  - **Victimization and Trauma**

  - **Criminal Justice System Involvement**

  - **Quality of Life**

- And three supplemental domains:

  - **Health and Stress-Related Health Consequences**

  - **Economic and Living Circumstances**

  - **Recovery Supports**

  Best Practice: In-person interviews to gather information and to ensure client-focused clarifications or questions can be made.

Data Collection and Process for Recovery Kentucky Outcome Study

```
┌──────────────┐     ┌──────────────┐     ┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│ Individual   │ ←→  │ Individual   │ →   │ Individual   │ →   │ Individual   │ →   │ Individual   │
│ enters       │     │ enters       │     │ enters       │     │ moves into   │     │ graduates    │
│ S.O.S.       │     │ M.T.         │     │ Recovery     │     │ Phase 2      │     │ from program │
│              │     │              │     │ Program and  │     │              │     │              │
│              │     │              │     │ starts Phase │     │              │     │              │
│              │     │              │     │ 1            │     │              │     │              │
└──────────────┘     └──────────────┘     └──────────────┘     └──────────────┘     └──────────────┘
```

Recovery Center staff interviews a client within 72 hours of starting Phase 1 and enters information online: *ukcdar.uky.edu/rcos*

UKCDAR interviews a client by telephone 12 months after the client started Phase 1

Ongoing: Recovery Center staff update all client information in HMIS including entry/exit from SOS, MT, Phases, Discharge, peer mentor status, DOC status, and more

UK CDAR combines and analyzes data from HMIS, RCOS intake to Phase 1 interviews, and 12-month follow-up interviews to provide in-depth statewide reports for Kentucky Housing Corporation and the Recovery Centers

Three Key Elements of RCOS

1. Phase 1 Intake Interviews should be completed at your center with each new client within 72 hours of entering Phase 1. Clients are asked to consent to a follow-up interview which will take place 12 months after entering Phase 1. If they consent, you will collect contact information for the client to aid in locating them for follow-up. The more contact information collected, the better our follow-up data will be.

2. Discharge or exit data are also collected as part of the Client Information System (CIS). Discharge date and reason are collected on clients when they leave the recovery center.

3. Follow-up interviews are completed by UK CDAR via telephone with a sample of clients who agree to be contacted for a second interview about 12 months after entering Phase 1.

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Intake Interview

- Program staff/clinicians complete the Intake Interview when clients enter Phase 1 of the Recovery Center.

- Intake Interviews (average 30 min.) must be completed within 72 hours after the client enters Phase 1 to accurately represent the client's situation and behavior *before* this time.

- There is **NO compensation** and **NO research consent forms** for the *intake interviews* since the interview is considered part of intake into Phase I.

- Intake data is considered program data.

Intake Interview

Best Practice for Conducting the Intake Interview

- The clinician uses the secure, online Client Information System (CIS) to guide the interview with the client
  - The CIS is an online secure system that sends the intake information to UK CDAR electronically.
  - All responses to the intake interview are separated in the database from client identifiers and are secured and encrypted.

Alternative Practice

- If the clinician does not have online access at the time of the interview (e.g., no Wifi), the clinician can download the Intake Interview PDF before the interview from http://cdar.uky.edu/rcos/ and complete the interview on the paper copy
  - Will need to enter the information from the paper copy into the online CIS within 7 days

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Follow-up Interview

- At the end of the intake interview, clients are asked to volunteer for the follow-up part of the study which consists of a 15-20 minute telephone interview about 12 months later.

  - This is the research part of the study. Client participation is completely **voluntary**. There is **compensation** and a **consent form** for the follow-up interview.

  - Clients give their consent to participate using an electronic consent form on the web survey, which is approved by the UK Medical Institutional Review Board (IRB).

  - Questions on the follow-up interview are very similar to the questions on the intake interview;

    - The follow-up interview is shorter than the intake interview.

Follow-up Interview

- UK CDAR contacts clients for the "UK Health Follow-up Study" to see how they are doing 12 months after entering Phase I.

  - No information is ever revealed about the client as UK tries to reach individuals for the interview. We do not tell anyone that the client was at a Recovery Center. It is just referred to as the **UK Health Follow-up Study**.

  - Clients who **volunteer and complete the follow-up interview** are paid $20 by check from UK.

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Follow-up Interview

- Follow-up interviews are conducted by staff at UK CDAR, who inform clients that they operate independently from the Recovery Center program.
  - Lack of affiliation with the interviewers ensures more accurate reporting.
- Staff are highly trained and monitored on an ongoing basis by Dr. Logan.
- The follow-up study is voluntary but has a high follow-up rate
  - Every client's recovery experience is unique and important to be included in the study, and the interviewers invest substantial time and effort to reach every client who agrees to participate and who was selected for the study.
  - Upon making contact with the clients, the interviewers will go through the informed consent process with clients a second time, making sure that they still want to participate in the study.

Follow-up Interview Protections

- **Confidentiality protections**
  - The study is approved by the UK Human Subjects Review Board and the Cabinet for Health and Family Services Human Subjects Review Board.
  - All responses to the follow-up interview are separated in the database from client identifiers and are secured and encrypted.
  - A *Federal Certificate of Confidentiality* ensures identifying information about clients can never be revealed, even under a subpoena. The data are completely anonymous and secure.

Contact Information for the Follow-Up Interview

- If the client wants to participate in the follow-up, it is VERY important to:
  - Accurately record maiden names/nicknames for client as well as an address where they receive mail, a home or cell phone number they can be reached on, and an email address.
  - Accurately record names, addresses, home and cell phone numbers, email addresses, and relationship to client for at least one and preferably two contacts.
    - A female relative usually knows where the client is
      - *Be sure to let clients know that contacts are only made with these individuals as a way to locate the client, not to discuss any aspect of the survey or program.*
- As of 2019, new security questions have been added to allow interviewers to confirm the client's identity multiple ways at follow-up.

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Completing the Intake Interview Process

- Once the contact information has been entered, click "submit" to save the interview.
- If consent for the follow-up is not given, mark the appropriate response and click "next".
  - *Remember, the survey will only be saved and submitted if the "Submit" button is clicked at the conclusion of the interview.*

RCOS Client Information System

Intake Interview and Discharge data are entered into the secure Client Information System (CIS) website: https://ukcdar.uky.edu/rcos

Program Director or Administrator Access

- For administrator log-in and password contact Jeb Messer (859-257-1400 or jeb.messer@uky.edu)

Clinician or Staff Access

a. Contact your Program Director who will assign you a user ID and password for your Recovery Center

b. With your password/login ID you can now view the RCOS Client Information System at **https://ukcdar.uky.edu/RCOS**

c. Log-in and add/view/edit clients, enter new intake interviews, and discharge clients

RCOS Client Information System Overview

- The next group of slides provides an overview of the RCOS Client Information System (CIS) and the Client Narrative Report.

This Power Point will show you:

- How to acquire an ID and password for the Client Information System
- How to enter an RCOS Intake Interview for a client
- How to use unique features in the RCOS Client Information System tailored for the Recovery Centers
- How to download and save RCOS Client Narrative Report
- How to discharge a client from the RCOS Client Information System
- How site administrators can use management features of the System

Logging In

The RCOS Client Information System requires users to have a **unique case-sensitive user name** and **password** assigned to you by your Program Director or supervisor. Once you have your user name and password, you may log on to the website at https://ukcdar.uky.edu/RCOS/

Terms of Use

By logging into the Client Information System, you agree to the **Terms of Use** for the system. These terms describe who is allowed to use the system and highlight that the Client Self-Report Assessment is based on user entered information.

Home Screen

After logging into the Client Information System, the user is presented with the Home Screen. From this location, you are provided links to useful areas of the website and **notifications and alerts** on the right-hand side of the page. If the CIS or intake survey ever has to be shut down for maintenance or upgrades, this is where we will announce that.

Home Screen

From the Home Screen, you can **Create a New Client** by clicking on the link under "clients" on the left side of the page. You can also view the Clients List. Under "Project Resources", you can find a **PDF of the intake interview**, the follow-up consent form, and the RCOS project website.

Client List View

When viewing the **Client List**, you'll be able to:

1. **Create New Clients**
2. **Submit a Baseline**
3. **View a Report** after a baseline has been entered
4. **Submit a discharge** for clients no longer in the program

Client Information System Navigation Tips

Use the buttons and links within the Information Screen to move between the client list, to create new clients, and to view or search for information.

Do NOT use the exit or back arrows in your browser

https://ukcdar.uky.edu/
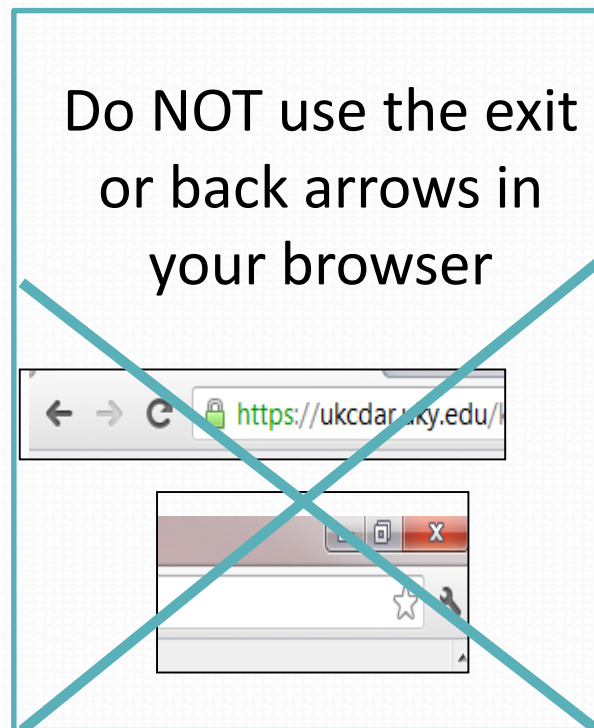
Create New Client to Start a RCOS record

- To be able to enter a RCOS Intake Interview, you first create a record in the system for the client.

- From the Home Screen, select **Create New Client**.

- Enter the client's first and last name, social security number, and birthday.

- The Recovery Center site should already be displayed based on your log-in information.

- Click **Create**.

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Removing a Client with No Intake Interview

If you accidentally enter a new client in the system or if a client leaves Phase 1 prior to completing an intake interview, you can remove them by selecting them from the Client List to View Client information. Simply click on the **Deactivate Client** link.

- You will be prompted to confirm that you want to remove them. (This feature is only available for clients who have <u>not</u> completed an intake interview.)

Home / Clients / Viewing Client Sherlock Holmes

Viewing Client Sherlock Holmes

First Name	Sherlock
Last Name	Holmes
SSN	000112222
Birthday	1988-01-12
Age	31
Organization	Practice Site
Status	Active

Operations
- Update Client Information
- Deactivate Client

Client RCOS History

Baseline	Submit Baseline
Discharge	Awaiting Baseline

View Client RCOS History

From the home screen Client List, you can select a client by clicking on his/her name. This will bring up the View Client screen (seen below). From here, you can:

- See when/if an interview was done;
- **Submit a baseline**;
- **Update Client Identifiers** to resolve duplicated records or;
- In the case of a discharged client, **Reactivate or Deactivate a Client** from this screen if needed.

Enter a New RCOS Intake Interview

To start the RCOS Intake Interview, select the **Submit Baseline** link by a client on the **Client List**.

Resuming an Interview Later

At the top-right of each interview question page, you will see a button to **Resume later**. Clicking this button will save all of the interview responses up to that point.

You may return to an incomplete intake and complete it within 14 days of when you chose to resume later. After 14 days, the interview will no longer be saved and you will need to begin the interview from the beginning with the client.

Home Screen – Resuming an Interview

When an Intake interview has been saved, you can return to the survey by searching the client in the Client List. Clicking **Resume Baseline** will take you to the place you left off.

Exit and Clear Survey

If you have started entering an Intake Interview in error or would like to delete all of the client's responses and start over, you can click **Exit and Clear Survey** at any time.

Use this button **only** if you would like to wipe out all the data you have entered thus far, either because you were entering data in error or a practice record.

Refreshing the Browser - Client List

If you don't see your recently added client on the client list. Select the refresh button on your browser. The images below show three different browser examples.

The **black** arrow is a **Google Chrome** browser.

The **red** arrow is an **Internet Explorer** browser.

The **green** arrow is a **Firefox** browser.

If you still do not see the client on your list, please contact CDAR. Do not re-enter the data. CDAR contact information is located on the Login page.
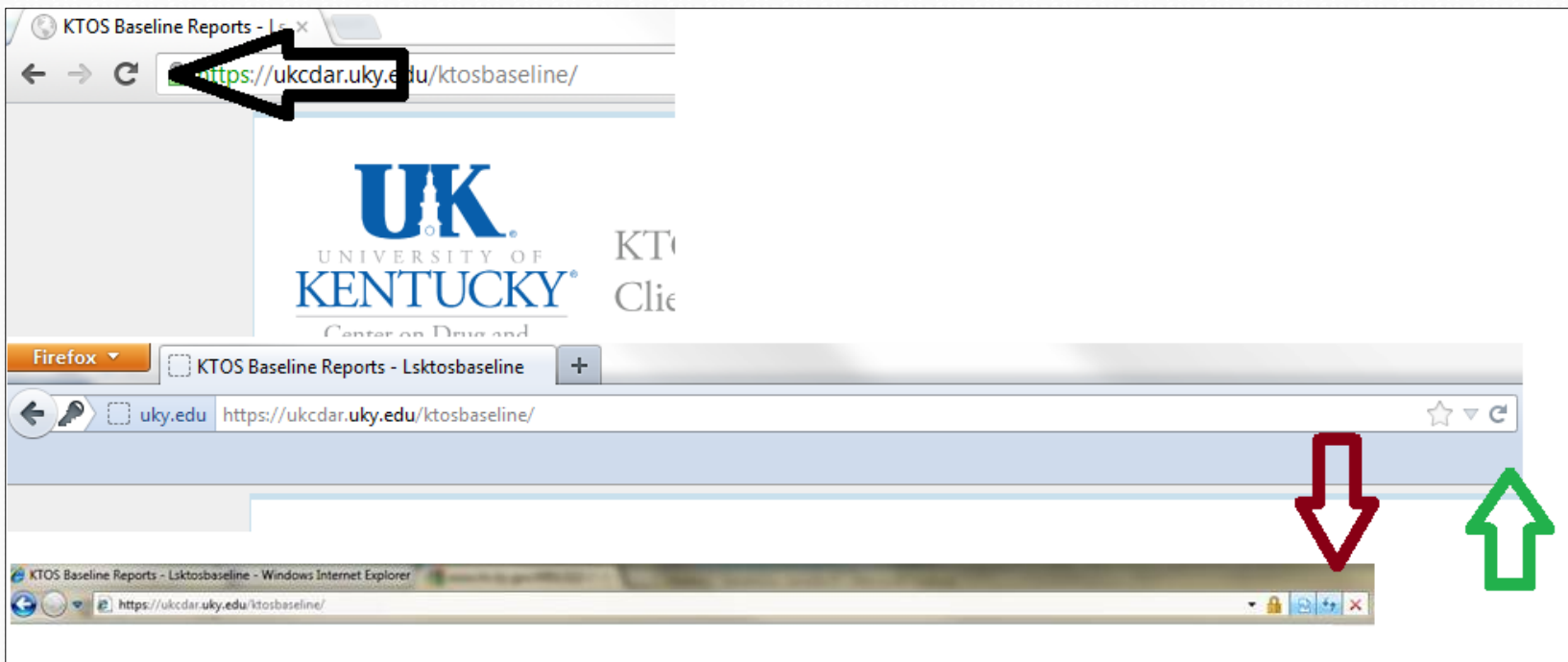
Home Screen – Search by Name, SSN, or DOB

To search the system for a specific client, enter a **first or last name**, a SSN, or birthday and hit the enter key on your keyboard.

You can search for partial names or numbers, but you need a minimum of one letter in whatever field you want to search.

You are also able to filter clients by **date of client entry**.

View a Client Narrative Report

- The RCOS Client Narrative Report will be available for each client who has completed an Intake Interview.
- To view the Narrative Report, find your client from the client list and click on the **View Report** link.

Save and Edit Client Narrative Report

After the report generation has completed, a link will appear titled **RCOS Baseline Narrative Report.** To save this file to your computer, right click on the link and choose "Save link as..." or "Save target as..." and select a location on your computer to save the file. Now you may edit it to meet your agency's needs to use as part of your psychosocial for the client.

Discharging a Client from the RCOS Client Information System

- When a client leaves Phase 1 <u>after completing an Intake Interview</u> (Due to graduation to Phase 1 or leaving prior to completing Phase 1), you must Discharge the client from the system.

- Select your client from the Client List by clicking on their name and click on the **Submit Discharge** link to bring up the Exit Survey.

Re-Activating a Client Who Was Previously Discharged

If you need to re-admit (re-activate) a client to Phase 1 who was previously in your program, but was discharged, you can:

- Find the client on the Client list by searching by **Name, SSN, or DOB** using the search fields. A discharged client will have a **red x** in the last column of the database.

- When you locate the client to re-admit, click their **name** to view their information.

- In the Operations box on the right-hand side, click on **Activate Client**.
  - When you have done this, you will be able to submit a new baseline for the client.

Supervisor Reporting Elements

Mid-Level Reporting

From the home screen, you can view Mid-Level Reports by clicking on the Actions tab and selecting **Mid-Level Reports** from the drop down.

Mid-Level Reports show a count of how many clients have been entered into the system and how many intakes have been completed. You can search by a specific **start and end date** or use the buttons to search **the past 30, 90, or 180 days**.
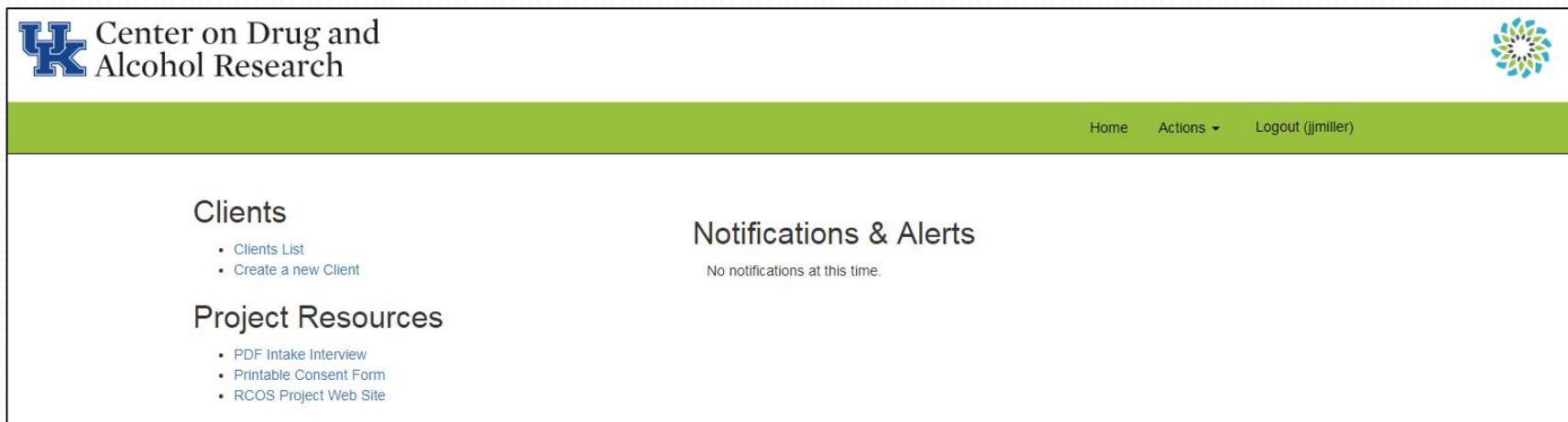
Site Administrator Options – Home Screen

- When you log in as Site Administrator, the same home screen displays for the site.

- You can perform the same functions from the client lists as described in the training for clinicians.

- In addition, there are several administrative functions which can be accessed and performed from this screen.

User Management

• Clicking on **User Management** from the Actions tab at the top of the screen brings up the current list of authorized users for the site. The list includes all clinicians and administrators.

• If you need to create a new user for the system, this is where you would go.

User Management – Create New Users

- When you click User Management, you will see the screen below. To add a user to the system, click **Create User**.

- This will bring you to a new screen. Be sure to fill out all fields before hitting create at the bottom.

  - User name should be First Initial and Last name with no spaces, and passwords should be at least 8 characters with some mixture of capital and lower case letters (they are case sensitive!). **We highly recommend using a random password generator for maximum security.** www.freepasswordgenerator.com is a reliable source.

User Management – Deleting Users

- To delete a current user (as in the case of a staff resignation), locate the desired clinician from the user list displayed under the User Management tab and click on the **Delete** button.
- *The system will <u>not ask you if you are sure</u> you want to delete so it is important to confirm you have selected the correct user before clicking the delete button.*
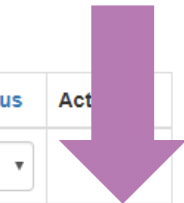
Questions? Need more help?

Contact us and we'll be glad to help you!

RCOS Technical Questions
- Jeb Messer 859-257-1400 or jeb.messer@uky.edu

Programmatic or RCOS Questions
- Dr. TK Logan 859-257-8248 or tklogan@uky.edu

Need a unique log-on ID and/or password
- Contact your Program Director

Web address for RCOS Client Information System
https://ukcdar.uky.edu/RCOS/