**Recovery Coach Commission Meeting Minutes**

March 18, 2019

3:00-5:00 PM

Date of meeting: Monday, March 18, 2019

Start time: 3:00 PM

End time: 5:00 PM

Location: One Ashburton Place, 21st floor, Boston, MA 02108

Members present:

* Marylou Sudders – Executive Office of Health and Human Services (Chair)
* Monica Bharel, MD, MPH – Department of Public Health
* Adam Stoler – MassHealth
* Diane E. Gould, LICSW - Advocates, Inc.
* Sheryl Olshin, LICSW - Massachusetts Association of Health Plans
* Siu Ping Chin Feman, MD - Gavin Foundation
* Kenneth Duckworth, MD - Blue Cross Blue Shield of Massachusetts
* Kimberly Krawczyk - Massachusetts Organization for Addiction Recovery
* Daurice Cox - Bay State Community Services
* Haner Hernández-Bonilla – Behavioral Health Workforce Leadership Development Institute, Inc.
* Nicolas Alicea – Behavioral Health Network, Inc.

Members absent:

* David Coughlin – Learn to Cope, Inc.
* Carole Fiola – State Representative
* Lisa Guyon – Cape Cod Healthcare
* Rachel O’Connor – MA Resident

Secretary Sudders called the meeting to order at 3:00 PM.

Secretary Sudders announced Nicolas Alicea as a new Commission member, filling the seat of someone who is employed as a recovery coach. Mr. Alicea has been a recovery coach since September 2017 at Behavioral Health Network, Inc. in Springfield.

Secretary Sudders introduced a motion to approve the minutes from the Commission meeting on January 23, 2019. It was seconded and approved with one abstention.

Secretary Sudders thanked the Commission members who attended the Fall River Listening Session and asked if anyone would like to share their feedback. Mr. Stoler shared that hearing all types of people share their stories was a powerful experience. Ms. Olshin agreed and added that it was great to be available and accessible to the community.

Secretary Sudders walked through the Commission’s charge to frame the upcoming presentation and panel presentations. She emphasized that the Commission should have an eye towards training opportunities for recovery coaches and the standards for credentialing a recovery coach.

Deborah Strod and Jinna Halperin, Senior Associates of DMA Health Strategies, presented on the recovery coach Workforce Scan ([see here for the presentation](https://www.mass.gov/lists/recovery-coach-commission-meeting-materials#meeting-materials---march-18,-2019-)). Ms. Strod and Ms. Halperin reviewed DMA Health Strategies’ process for developing the scan, as well as the key findings and considerations. They noted that the scan addresses some areas of the Commission’s charge.

Mr. Hernández asked if DMA Health Strategies learned anything about the shortage of recovery coaches and the demand in certain geographic regions. He also asked about the demographics of the recovery coaches interviewed. Ms. Halperin responded that this particular scan did not collect demographic data but there is information on the geographic regions they work in. Mr. Hernández added that there is a responsibility for policy-makers to consider the issues of disparities and building up health equity.

Mr. Alicea noted that in some settings recovery coaches are involved in crisis intervention. He asked how interviewees felt about needing to incorporate that skill set into their role. Ms. Strod shared that recovery coaches would like more training in crisis intervention. She added that training requirements should be catered to the setting they are employed in.

Ms. Cox asked, since this scan was completed before the MassHealth contracts began, if there were plans to do another scan to see the impact. Ms. Halperin explained that this scan was meant to serve as baseline data on the current state of recovery coaches in the Commonwealth and there was not plan to complete another one.

Dr. Duckworth referenced RIZE’s presentation, particularly their literature review on recovery coaches and peer support workers generally, from the last Commission meeting. He asked if DMA Health Strategies could share any additional studies they reviewed for their scan and the peer support worker chart they developed. Ms. Halperin said they would share with EOHHS staff so it can be distributed to all Commission members.

Ms. Gould asked if the scan revealed any themes around organization readiness or the absence of readiness to employ recovery coaches. Ms. Halperin indicated that within the full report, they developed a step-by-step of best practices on readiness, based on their interviews. She will share with EOHHS staff so it can be distributed to all Commission members.

Mr. Stoler noted that there seems to be a continued theme of tension between a desire to expand recovery coach programming and a need to protect the fidelity of the recovery coach model. He asked if the interviews captured any thoughts on a balance or middle ground between the two. Ms. Strod agreed that this was an issue that interviewees discussed. An important piece to achieving this balance is ensuring that there are supervisors who are well trained. She shared that self-care trainings and recovery coach learning collaboratives can also serve as supports.

Secretary Sudders referenced slides 18 and 19 in the presentation and asked if these findings were due to the interviewees’ anticipatory anxiety about billing since this scan occurred before the rollout of the MassHealth contracts. Ms. Halperin clarified that there appeared to also be confusion about billing generally. There needs to be more provider education because the billing processes have not changed since the start of recovery coach programming.

Secretary Sudders thanked DMA Health Strategies for their presentation and invited the panelists for the Consumers of Recovery Coach Services panel to come up.

The panelists were Lisa Atkins, Anissa Booker, and Christian Jacques. Each panelist introduced themselves and shared their journey with the Commission.

Dr. Duckworth asked the panelists what they believe is the difference between a peer recovery coach and a sponsor. Mr. Jacques shared that sponsors have a specific guidelines and structure they need to adhere to because of the AA or NA process. While a recovery coach is similar, they have more flexibility and can relate to the recoveree more. Ms. Atkins stated that a sponsor tells you what to do but a recovery coach asks what you want to do.

Dr. Chin Feman asked how the panelists came to understand what the recovery coach role meant. Ms. Booker shared that her recovery coach explained the role in detail to her, using the recovery coach Academy materials. Her recovery coach explained the boundaries and code of ethics, and emphasized this role is not clinical.

Commissioner Bharel asked if there are things that could have been easier or better for recoverees navigating the recovery coach system. Ms. Atkins stated that since her time with recovery coaches was limited due to the nature of her situation, she did not experience anything that could have been more efficient. Mr. Jacques suggested that there should be a public awareness campaign because the mainstream public does not know about this resource.

Ms. Krawczyk asked if there was something someone said or did that moved them to choose a recovery coach. Mr. Jacques said that his recovery coach listened to him and heard him. He emphasized that recovery coaches allowed him to be who he is without judgment. Ms. Atkins shared that with other professionals she felt she needed to prove herself, as if she was on trial. With a recovery coach, she felt like it was talking to someone who was genuinely caring and invested in her recovery. Ms. Booker said that she was able to relate and connect to her recovery coach because they were from the same community and had similar experiences.

Mr. Hernández asked if there is anything that the panelists would like to share that has not been discussed. Ms. Booker said that recovery coaches need to be aware of the boundaries and the scope of their role. She also suggested that recovery coaches working in certain communities should be educated to understand cultural differences. Ms. Atkins said that she is concerned about people becoming a recovery coach without having lived experience. She added that more regulations and paperwork could take time away from the peer relationship. Mr. Jacques suggested there be more standards on qualifications for recovery coach positions and more sensitivity and cultural competency trainings.

Secretary Sudders thanked the panelists for their courage in sharing their stories with the Commission. She then invited the panelists for the Employers of Recovery Coaches panel to come up.

The panelists included Kim Hanton, Danny Ginivan, Ginny Mercure, Keith Scott, and Chuck Weinstein. Secretary Sudders opened up the conversation by asking the panelists to share their experience and their thoughts on opportunities and challenges as they relate to recovery coaching.

Ms. Hanton shared that she heard about recovery coaches at an event, and soon after pitched the idea to her CEO to employ recovery coaches in their organization. They currently employ 7 recovery coaches, 12 supervisors, and are in the process of hiring a senior management member for the program. Ms. Hanton stated that partnering with other organizations is important in this work. You need to listen to the needs of the community in order to be responsive to the needs.

Mr. Ginivan is the Director of recovery coach Services at Eliot Community Human services. He oversees the hiring and supervision for 14 recovery coaches working in various settings such as municipalities, multidisciplinary teams working with individuals receiving DMH services and outpatient clinics. He stated that the most important piece that people need to know is, this is a peer role, and as such, lived experience should be mandated. Otherwise, it would defeat the primary purpose of the model.

Ms. Mercure is the Director of Peer Recovery Support Services Department at Gandara Mental Health Center. She stated that there are fundamental stressors on newly trained recovery coaches due to the many challenges of transitioning from training to providing services. Employers have a responsibility to bridge the disconnect between the training and implementation. She stressed that there needs to be more explicit language around what a recovery coach is and is not. There are opportunities to provide additional oversight, such as tracking recovery coaches who are trained and ensuring that all trainers are appropriately trained.

Mr. Scott is the Vice President of Peer Support and Self-Advocacy at Advocates, Inc. He shared that he has 11 years of experience building peer recovery support into existing models. He stated that irrespective of the setting where the recovery coach works, the role should remain the same. It should be a focus on the mutuality of the relationship. Challenges that he has witnessed include work/life balance, burnout, turnover due to higher pay rates in other organizations, and secondary trauma. He emphasized that this is a burgeoning profession that needs to be protected and supported.

Mr. Weinstein is the Program Manager and Supervisor of the recovery coach Program at Massachusetts General Hospital. He stated that every aspect of a recovery coach program is important, even from the beginning with hiring, recruitment, and orientation. This is “heart to heart” work that means everything to the community. He adds that this job should be fluid because it requires people who are flexible to work in different settings and with various populations. Employers should also be flexible to the needs of recovery coaches. When a recoveree passes away, the recovery coach should be able to take time off to grieve without a doctor’s note. He also recommends that recovery coaches be part of prevention programming and be in all middle and high schools.

Dr. Duckworth asked what the panelists thought about accountability and standards as people begin to think about third payer payment.

Ms. Hanton said that it’s challenging because they hold recovery coaches accountable for payment documentation but they are also actively trying to understand if there is a better, more efficient and effective way to provide documentation. They have an advisory council that focuses on this challenge because they want to ensure they meet the needs of the recovery coach and the recoveree.

Mr. Scott shared that his organization also continues to work on improving documentation, whether it should be more focused on time spent or the content. He cautioned that if the role is diluted with burdensome paperwork, it will no longer be what it was meant to be.

Mr. Ginivan shared that since contracting with MassHealth, the documentation for the wellness plan is relatively simple and doable. It currently does not take up too much time.

Ms. Mercure stated that we live in a world where we want more access to recovery coach services. She suggested that we think about how we can change the culture of organizations that want to provide these services and how to bring together and share best practices.

Secretary Sudders thanked the panelists for sharing their expertise for the Commission’s considerations. She reminded the Commission about the upcoming Listening Sessions in Worcester, Haverhill, and Greenfield.

Secretary Sudders introduced a motion for the meeting to adjourn, which was seconded and unanimously approved.

The meeting was adjourned at 5:00 PM.