**Recovery Coach Commission Meeting Minutes**

January 23, 2019

3:00-5:00 PM

Date of meeting: Wednesday, January 23, 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
* Carole Fiola – State Representative
* 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
* Lisa Guyon - Cape Cod Healthcare
* David Coughlin - Learn to Cope, Inc.
* Rachel O’Connor – MA Resident
* Haner Hernández-Bonilla – Behavioral Health Workforce Leadership Development Institute, Inc.

Members absent:

* Sarah Ahern – The RECOVER Project

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

Secretary Sudders introduced a motion to approve the minutes from the Commission meeting on November 7, 2018. It was seconded and unanimously approved.

Secretary Sudders shared that the first Recovery Coach listening session will be in Fall River, hosted by Representative Fiola. She encouraged Commission members to attend listening sessions and to notify EOHHS staff in advance for internal planning purposes.

Julia Ojeda, Recovery Support Services Coordinator at the Bureau of Substance Addiction Services (BSAS) provided an overview on “Peer Recovery Coaching in Massachusetts” ([see here for the presentation](https://www.mass.gov/lists/recovery-coach-commission-meeting-materials)). The presentation included information on the role of Recovery Coaches, the current pathway to becoming one, and the Recovery Coach Academy.

Ms. Gould asked about Recovery Coach learning communities. Ms. Ojeda shared that coordination for these began 6 months ago. There will be 6 regions across the state and they serve as a place for people to network and share best practices.

Dr. Duckworth asked if Ms. Ojeda had an opinion on how long Recovery Coaches need to be in recovery. Ms. Ojeda responded that the majority of people need a couple of years to stabilize in order to be in the Recovery Coach workforce.

Ms. Gould asked about the qualifications and minimum requirements to become a Recovery Coach supervisor. Ms. Ojeda responded that individuals do not need to be in recovery; they primarily need the experience of being a supervisor.

Ms. Guyon asked about whether there are areas of concentration for the location of trainings. Ms. Ojeda responded that that they were thoughtful about the distribution of the trainings across the state.

Mr. Hernández asked about the top concerns about Recovery Coaching. Ms. Ojeda listed her top three as 1) keeping fidelity to the model, 2) giving people fair wage, and 3) organizational culture supporting the Recovery Coaches.

Representative Fiola asked if there are check-ins for Recovery Coaches. Ms. Ojeda shared that there are self-care trainings that provide Recovery Coaches with skills to support themselves. However, she emphasized that organizations that employ Recovery Coaches should have a responsibility for supporting the Recovery Coaches.

Secretary Sudders stated that there should be online trainings available to augment the live trainings, particularly for self-care and meditation.

Secretary Sudders asked for clarity around the mental wellness training. Ms. Ojeda shared that the workshop was created by individuals with co-occurring disorders who became trainers. The Recovery Coaches are trained to coach in both SUD and mental illness.

Secretary Sudders asked how the efficacy of the trainings is validated. Ms. Ojeda responded that they currently do pre and post surveys for the trainings.

Secretary Sudders asked for more information on the numbers provided on slide 15, as well as the cost to complete the Recovery Coach Academy. Ms. Ojeda responded that the 1149 people who complete the Recovery Coach Academy do not all go on to become a Recovery Coach. Some people are family members, colleagues, professionals in the field, etc. that participate for their own edification. The RCA costs $200 for 5 days of training, compared the CCAR training, which is $800.

Ms. Gould asked if there is an opportunity for cross training with certified peer specialists and Recovery Coaches. Ms. Ojeda shared that the Transcom group has been discussing this.

Commission member Haner Hernández presented on the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) ([see here for the presentation](https://www.mass.gov/lists/recovery-coach-commission-meeting-materials)). Mr. Hernández is currently the president of the MBSACC Board of Directors. The presentation provided an overview of MBSACC and the process to become a Certified Addiction Recovery Coach (CARC). Notably, 44 states and Puerto Rico have certification boards.

Dr. Duckworth asked if there was a code of ethics related to boundaries between a Recovery Coach and a consumer of services. Mr. Hernández responded that there is a code of ethics that Recovery Coaches adhere to. As an example, Mr. Hernández shared that the standards explicitly state that a Recovery Coach cannot have sexual relations with the consumer or their family members.

Secretary Sudders asked for more information about the relationship between MBSACC and the Bureau of Substance Addiction Services as it relates to the CARC. Mr. Hernández explained that the local chapter of MBSACC needs to submit a request to the International Certification and Reciprocity Consortium (IC&RC) to have the certification. After receiving approval, MBSACC collaborated with BSAS to develop the standards for Massachusetts’ CARC, which were in addition to the minimum standards required by the IC&RC.

Secretary Sudders asked Mr. Hernández for his opinion on the advantages and disadvantages of have a state certification board and an independent certification board for Recovery Coaches. He stated that having two would create confusion within the Recovery Coach community. While there is more clout when an individual is licensed under the State, Mr. Hernández believes reciprocity across states is key to Recovery Coaching.

Katherine London, University of Massachusetts Medical School, provided a summary of the “Recovery Coaches in Opioid Use Disorder Care” report that was funded by RIZE Massachusetts and released on January 22, 2019 ([see here for the presentation](https://www.mass.gov/lists/recovery-coach-commission-meeting-materials)). The report investigates evidence for using Recovery Coach services in Opioid Use Disorder care in Massachusetts, including the definition of a Recovery Coach, the role Recovery Coaches play in recovery, the scope of Recovery Coach services, and the effect they have on health outcomes and cost. The report synthesized information from 12 studies and 2 meta-analyses as well as interviews of 29 individuals in 10 Recovery Coach programs spanning across 6 states.

Secretary Sudders welcomed the panelists for the Recovery Coach and Recovery Coach Supervisors panel to the Commission meeting. Windia Rodriguez, Steve Lesnikoski, Katie O’Leary, Laura Peters, Rebecca Zwicker, and Patrick Kent participated on the panel.

**On workplace education:**

* Ms. Rodriguez stated that some facilities and staff do not understand what a peer role is in comparison to other roles.
* Mr. Lesnikoski added that some clinical staff might try to use the peer role as a form of coercion to get people to do the treatment that is laid out for them, even if the patient is not ready. This would be an inappropriate use of a Recovery Coach. He states that stigma needs to be addressed in the healthcare system.
* Ms. Zwicker shared that her organization held a “meet and greet” with staff and recovery coaches to provide an opportunity for existing staff to understand the recovery coach role.

**On the Recovery Coach role:**

* Ms. Rodriguez recommended that recovery coaching should not be “over-professionalized”.
* Mr. Kent stated that recovery coaches meet the patient where they’re at but do not leave them there.
* Mr. Lesnikoski shared the role is different from person to person. Some individuals like in-person meetings; others prefer calls or check-in texts. The recoveree tells you that they’re no longer in need of services, and that is when the services technically end. However, he leaves them with his phone number in case they want to reach back out.
* Ms. Peters emphasized that the work is on an ongoing basis as there is typically not a finite end.
* In regards to caseload, Ms. Rodriguez stated as a supervisor, your role is to help your recovery coach make sure the caseload isn’t too much. As a recovery coach, you should be connecting the recoveree with other treatment resources so they are not only utilizing recovery coach services.
* Ms. O’Leary added that caseload comes down to funding source in different settings. In terms of managing a caseload, she shared that she’s had 40 recoverees at one time and it was manageable but she could at a different time have 10 very difficult ones.

**On support for Recovery Coaches:**

* Ms. O’Leary stated that supervision is critical. In some settings, there may be an authoritative figure (e.g. judge, police chief) that makes you feel like you have to say yes to their guidance, even if it may not be appropriate for your role.
* Mr. Kent, from the emergency department perspective, recommended monthly recovery coach debrief meetings as well as ensuring there is staff who can advocate to medical professionals on behalf of recovery coaches.
* Mr. Lesnikoski recommended that medical professionals attend meetings with recovery coaches to better understand their work.
* Ms. Rodriguez shared that she needed to establish boundaries or end some cases because she had individuals calling her at 2AM and were being verbally abusive. She had a good supportive team that assisted her through the experience but it is important to know when to pull back and when you’re too emotionally involved.

**On Recovery Coach training:**

* Ms. Zwicker recommended more motivational interviewing training for recovery coaches in emergency departments specifically.
* Ms. Peters emphasized the value of having more practical applications in trainings.
* Ms. O’Leary stated more specialty training for different settings and trainings on the effect of secondary trauma.
* Ms. Rodriguez recommended getting medical assistant experience if you are interested in working in clinical settings.
* Ms. Zwicker shared that she learned a lot from the Recovery Coach Academy. She was able to apply the education to her personal life.
* Ms. O’Leary stated that she learned more from supervision, observation, and working with other recovery coaches, than any training provided.

Secretary Sudders thanked the panelists for their time and for sharing their stories with the Commission.

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

The meeting was adjourned at 5:00 PM.