**Recovery Coach Commission Meeting Minutes**

June 17, 2019

3:00-5:00 PM

Date of meeting: Monday, June 17, 2019

Start time: 3:00pm

End time: 5:00pm

Location: One Ashburton Place, 21st Floor Conference Rooms 1 and 2, Boston Ma 02108

Members present:

* Marylou Sudders – Secretary, Executive Office of Health and Human Services (Chair)
* Monica Bharel, MD, MPH – Commissioner, Department of Public Health
* Adam Stoler – MassHealth
* Diane E. Gould, LICSW - Advocates, Inc.
* Sheryl Olshin, LICSW - Massachusetts Association of Health Plans
* Kenneth Duckworth, MD - Blue Cross Blue Shield of Massachusetts
* Kimberly Krawczyk - Massachusetts Organization for Addiction Recovery
* Daurice Cox - Bay State Community Services
* Nicolas Alicea – Behavioral Health Network, Inc.
* Rachel O’Connor – MA Resident
* David Coughlin – Learn to Cope, Inc.

Members absent:

* Haner Hernández-Bonilla – Behavioral Health Workforce Leadership Development Institute, Inc.
* Carole Fiola – State Representative
* Siu Ping Chin Feman, MD - Gavin Foundation

**Proceedings:**

Secretary Sudders called the meeting to order at 3:05pm. Secretary Sudders introduced a motion to approve the Commission meeting minutes from May 20, 2019. It was seconded and unanimously approved. Secretary Sudders reminded the Commission that there are a couple more meetings scheduled and thanked those who participated in the listening sessions. She stated that the deliverable is due to the legislature on August 9th.

Secretary Sudders indicated that she asked her staff to create a framework for the deliverable based upon the presentations made to the Commission and the listening sessions. Slide 5 is meant to encapsulate the themes heard during the listening sessions. Secretary Sudders asked Commission members to share their thoughts from the listening sessions. Daurice Cox stated that the listening sessions have been fabulous and that people have come with a lot of passion and information. Sheryl Olshin raised a question about whether trainings had to be BSAS approved to count, or can they come from another discipline and count. She thinks that we should address this question.

David Coughlin inquired as to whether the Commission would require that supervisors go through the Recovery Coach Academy. Daurice Cox stated that they have heard people recommend that during listening sessions.

Adam Stoleradded thatthey have heard the importance of a recovery coach being supervised by someone who has gone through the required trainings.

Nicolas Alicea entered at 3:14PM.

Rachel O’Connor entered at 3:16PM

Sheryl Olshin suggested adding “rates” as well as the structure to the bullet under compensation.

Kenneth Duckworthinquired if there was a comment on individual practitioners vs. a team or organization. Secretary Sudders asked Adam Stoler if he had received comments about that. Heresponded that they got a lot of questions about how MH has operationalized it. It was focused more on the organization model, not individual practitioners.

Secretary Suddersproceeded and discussed that while public awareness in general was important, the treatment system should also recognize the value of recovery coaches as part of the addiction treatment support model.

Nicolas Alicea stated that there are no real numbers about how many are working in the field, certified or not. There’s a lack of information. Secretary Suddersconcurred.

Secretary asked if there were any other buckets from the listening sessions that that anyone would like to be incorporate.

Kimberly Krawczyk stated that there are some trainings that are being conducted that aren’t overseen by BSAS. She suggested that they be regulated.

Daurice Cox proposed that the Commission incorporate “the stigma” of recovery coaches.

Secretary Sudders agreed and recommended that the last section be renamed as “education/ awareness”, and that would include stigma. Adam Stolersuggested also adding “the value of the peer role.”

Nicolas Alicea stated that a lot of people want to work with recovery coaches but they don’t understand what it is. Secretary Sudders recommended adding a line about how the roles of recovery coaches differ depending on the site of practice.

Secretary Sudders proceeded to slide 6 and asked for comments.

Kenneth Duckworth asked if there was an opportunity for a hybrid between online and in-person classes for the training. Commissioner Bharel responded that it would be about balance and making sure all the cores are present, but it’s something the Commission could consider. Kimberly Krawczyk stated that she is opposed to online classes in this model. She expressed that much of the learning opportunity is peer engagement, which involves being in the room and building a relationship in the room. Kenneth Duckworth stated that his point was about renewing one’s license. The idea would be to make sure all of the credits had been legitimized by the certifying body.

Secretary Sudders clarified that he is suggesting a mix of online and in-room classes, a hybrid. She added that social work now offers a mix of online and in-person classes.

Adam Stolerstated that the question may be about the balance between courses that are legitimized vs. access to the courses. He asked what structures are in place to legitimize classes but offer them broadly.

Sheryl Olshin stated thatas a non-recovery coach, she went through the Academy. She shared that the training was very experiential (small group exercises, role playing, etc). She doesn’t think this type of skill building can happen in an online format because being in the room was really powerful.

Commissioner Bharel agreed with Kenneth Duckworth. The Recovery Coach Academy is valued because of its intensive, retreat-like experience. However, other trainings could be offered online to mitigate the expense of going. Nicolas Alicea highlighted that the availability and the locations of these trainings aren’t accessible to everyone and the hotel cost is also a challenge.

Secretary Sudders proceeded to slides 7 and 8, which provides an overview of the Recovery Coach Academy and other trainings.

Kenneth Duckworth asked if people need to apply to attend the trainings. Sheryl Olshin responded that there is an application process. Daurice Cox added that the process varies based on who’s doing the training. Adam Stoler asked if there should be front end considerations.Whether or not someone would be a good fit for the role can be determined up front. Nicolas Alicea asked if it would be a regulation on who can be a part of the class. Adam Stoler responded that he was not sure if it would be.

Secretary Sudders summarized and said the question is whether or not the Commission recommends an application or screening process moving forward.

Secretary Sudders proceeded to slide 10, which highlights the comparison of credentialing processes. She stated that staff picked different criteria for various providers. She noted that she was stunned by the disparity across the application fees.

Kimberly Krawczyk shared that on top of the application fee, it is $150 to renew.

Sheryl Olshin asked about the differences in function between the Massachusetts Board of Substance
Abuse Counselor Certification, Board of Registration of Social Work, and Department of Public Health, as it relates to their credentialing.

Secretary Sudders walked through the comparison slide to provide more clarity.

Kenneth Duckworth noted that the slide was comprehensive and excellent. He added that the services businesses pay for via third party payers has an independently licensed board. He recommended that services paid for should be legitimized through a formal public process. The lynchpin for a third-party payer is the public accountability of an independent licensure board.

Secretary Sudders asked that for the next meeting that the Commission look at the comparison chart and when they get to the recommendations, they can see if there’s something that can be done.

Secretary Sudders stated that the deck will be updated to note that the numbers on slide 11 represent a point in time. She added that the data is from DMA Health Strategies work force scan.

Secretary Sudders proceeded to the next slide and emphasized the importance of noting the challenges in collecting the data. She asked Adam Stoler to pull the MassHealth data for the first 6 or 9 months of fiscal year 19.

Daurice Cox asked for clarification as to why 84% are accounted for and 16% of the people were missing in the data. Secretary Sudders stated that this was pulled from the DMA Health Strategies report and asked staff to follow up on the discrepancy. Kimberly Krawczyk inquired about the DMA Health Strategies report and stated that it was limited as to where DMA Health Strategies got their numbers.

Secretary Sudders reminded everyone that all of the documents and presentations are posted on the Recovery Coach Commission’s website.

Secretary Sudders walked through the slide on the RIZE data regarding the average and median caseload for recovery coaches. She then discussed the data for the projected need for certified recovery coaches.

Nicolas Alicea inquired about how to accurately get a number of overdoses. Secretary Sudders responded that they can get a number for non-fatal overdoses. Nicolas Alicea added that this data would help solidify how important recovery coaching is, given that most of those that experience overdose deaths have overdosed before. Commissioner Bharel stated that they can provide an estimate of non-fatal overdoses based on DPH’s quarterly reports.

Kenneth Duckworth stated that overdoses in the ER are often not coded and they are dependent on physicians to use a specific code. There is an opportunity for education. Physicians need to be taught that there are things that can be learned from their proper coding. He expressed that there is under-coding in the ERs. Commissioner Bharel added that this is why they use naloxone as a proxy. Secretary Sudders stated that staff can add that data as an additional slide.

Nicolas Alicea shared that the rate of care and how long it takes impacts overdoses. He discussed situations in which people get clean, their tolerance is gone, and as soon as they get back on the street, they overdose. He added that due to lack of services, people coming out of prison are dying as soon as they get out. During intake, he asks how many overdoses the individual experienced in the last year. He recommended gathering that intake information because those numbers are easily accessible.

Secretary Sudders stated that staff will pull together the data with the Commissioner and it will be noted that it’s underreported. She suggested putting the timeline of peer recovery coaching in MA, from the January 23rd meeting, to give more context.

Secretary Sudders reminded the Commission that there are specific things that they have been tasked to make recommendations on. The first two are specific deliverables for the Commission based on materials received, comments, and the listening sessions.

Daurice Cox stated that, based on the feedback from the listening sessions, the Commission should consider those folks who are allies. There should be an avenue for them to also become certified. Kimberly Krawczyk agreed that there should be an avenue, but she thinks those working with this population should have lived experience.

Kenneth Duckworth inquired about more detail on an alternative pathway. Secretary Sudders shared that for DMH, family partners don’t need lived experience. They need knowledge of the system and the family experience. The Commission could recommend a family partner type of model, particularly as they heard strong comments from the last listening session.

Kimberly Krawczyk stated that what she heard most at the listening sessions and from her community was that there should be a requirement for lived experience. They’ll get really upset if lived experience isn’t required.

Kenneth Duckworth suggested there be a different process to consider the concept of a family support partner. He added that the Commission appears to agree that there needs to be lived experience for a recovery coach. He also emphasized the need to work on the definition of sustained recovery. Daurice Cox agreed, noting that sustained recovery is a big issue in the field.

Rachel O’Connor stated that once a person is a recovery coach they should have random drug screening. She added that it should be part of the standard.

Adam Stoler said regardless of the definition of sustained recovery, it’s a population that will require ongoing self-care and there should be discussion on how the Commission defines sustained recovery.

Diane Gould followed up on the issue of random screening. She noted that her organization does not conduct them. Their work is focused on performance, competence, capability, skills and meeting expectations.

Kimberly Krawczyk noted that people may not want to share that they are on MAT. She thinks that it is personal and would be invasive to ask. She added that having a number for the length of time required in sustained recovery is ok, people’s recovery journey is different.

Secretary Sudders proposed using the phrase “free from relapse” for a period of time. Nicolas Alicea highlighted that people’s recovery in their lives is personal. He provided the example of someone taking Percocet for back pain, and then having to share their personal information as a result of the testing. He agreed that there should be standards for requiring lived experience and a minimum requirement for sustained recovery.

Secretary Sudders asked whether the Commission agrees that credentialing standards should require lived experience. Commission members agreed. She asked if it should determine or define sustained recovery and opened it up to those who employ recovery coaches to respond.

Daurice Cox stated that they have an open conversation with people. They are allowed to ask very specifically. The general guideline is 2 years. Commissioner Bharel stated that for current BSAS RCA application, it asks for 2 years. Kimberly Krawczyk shared that it is 2 years for her agency as well.

Nicolas Alicea stated that he believes that a recovery coach supervisor should also be a recovery coach and have lived experience. Understanding both helps them to do their job well.

Daurice Cox suggested using “expectation” of sustained recovery.

Kenneth Duckworth recommended that the Commission consider how to support people in recovery because addiction is a naturally relapsing condition.

Adam Stoler agreed this work force is prone to relapse and agreed there must be identified ways to support individuals who relapse.

Kenneth Duckworth suggested the credentialing board could implement a program like the one at BORIM. Daurice Cox inquired about restrictions on a doctor who is participating in BORIM’s approved SUD treatment program. Kenneth Duckworth stated that they can prescribe substances. The Board decides based on the individual’s situation. If there was to be a state sponsored board, an arm of that board would have to have consideration for supporting people who have stressful work and have a high risk of relapse. The physician health center is amazing as a resource in MA.

He asked if he can talk about the credentialing standards for the alternative certification.

Secretary Sudders stated that the first question should be whether they would recommend alternative certification.

Kenneth Duckworth stated that this introduces a completely different animal, and he is not sure they want to do that. They haven’t reviewed the literature on family support services so he would eliminate number 2. He added that there could be a separate commission on number 2. Diane Gould agreed.

Adam Stoler stated that it seems like people without lived experience but are family members and allies want to know how to participate and play a role and join this work force. Someone with family experience and knowledge could be a resource to the community. But if they are creating a credentialing process for them to become part of the workforce, that’s a different thing. Someone who has knowledge and experience can also play a vital role in other ways.

Daurice Cox questioned whether family partners were for families with people with serious emotional disturbances or also SUD. Secretary Sudders responded that it’s specific to behavioral health currently.

David Coughlin thinks that there are other areas where individuals with family experience can get credentialed to work. They can be a case manager, etc.

Diane Gould added that she likes the idea of somehow saying, “Here are the ways you can get involved and be helpful”.

Secretary Sudders stated that one of the things is the feedback from the listening sessions, to add a bullet about individuals without lived experience who want to be in the work force, and have additional recommendations to acknowledge people that they heard from.

Diane Gould stated that as a community we ought to find every way we can to bring people into the work force to be helpful.

David Coughlin stated that what he sees with recovery coaches right now, with insurance reimbursement, is people see it as an employment opportunity. It has created salary collisions with LADACs and case managers because it pays better to be a RC.

Nicolas Alicea shared that he heard a comment in Worcester that they can hire three recovery coaches instead of one therapist.

Diane Gould asked if it is two different things to say whether recovery coaches should be subject to a board and whether it should be state sponsored.

Secretary Sudders responded that it is not necessarily two different things because we can define board.

Kenneth Duckworth stated that the stronger you make that, the more sustainable it will be. When the recession comes, employers are going to be less willing to pay for things. So the stronger the credentialing certification licensure process is, the more it is built on concrete, and not sand.

Nicolas Alicea added that the lack of training for the recertification could be addressed if it is looked at by the state.

Kenneth Duckworth said that this gets to payment, which he knows is outside of these recommendations. Blue Cross Blue Shield would like to pay an extra amount for organizations that offer recovery coaches as opposed to an individual practitioner model.

Nicolas Alicea asked if this includes community-based programs using recovery coaches. Kenneth Duckworth responded that if they contract with Blue Cross Blue Shield they can be added to the fee schedule. They have contracts with all kinds of community health centers.

Daurice Cox stated that the grassroots orgs won’t be able to access MassHealth.

Kimberly Krawczyk stated that she does private coaching, separate from organizations, that are ethical. This topic hasn’t been discussed. Commissioner Bharel asked if they are paying out of pocket. Kimberly Krawczyk responded yes.

Secretary Sudders added that what Kenneth Duckworth is saying is, in order for commercials to potentially go down this path of reimbursement, there needs to be a structure of licensure and organizational infrastructure to provide support for individuals.

Kenneth Duckworth discussed the importance of the state sanctioned board’s complaint process. They independently review people’s licenses. They should interview people who make complaints, who are being complained about, and make determinations.

Rachel O’Connor asked who would be on that hierarchy and whether that person would have to be a recovery coach to sit on the board. Secretary Sudders stated that it is usually a mix. They could say that the credentialing board would have to include people who are recovery coaches. All of the boards have a mix. BORIM has physicians, individuals from the public, a lawyer, etc. The Commission could say in the recommendation that any state sponsored body would have to include a recovery coach.

Adam Stolerasked if the functionality of the board is distinct from the processes to review cases and grievances because there are different skill sets, like approving curricula. Secretary Sudders said that it is usually one board, which is why the composition is important.

Kenneth Duckworth shared that in medicine, individuals need 100 hours of continuing education. The first 50 hours must be certified by a licensing board—it can’t just be reading the New England journal of medicine. He emphasized that this is a lynchpin to the entire endeavor.

Commissioner Bharel mentioned that there are boards for everything, so it’s a common framework. Daurice Cox added that this gives credibility.

Secretary Sudders stated that it’s not over-professionalizing it. It does the balance of legitimacy for payers while maintaining the integrity of the role. She said that her staff will turn around a new version based on comments and feedback from the meeting. She asked the Commission to send any additional recommendations to Anny or Vivian.

Kimberly Krawczyk stated that there should be a certification process for supervisors. Secretary Sudders said that there can be a RC Supervisor slide for the Commission to discuss.

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

The meeting was adjourned at 4:52pm.