**Recovery Coach Commission Meeting Minutes**

May 20, 2019

3:00-5:00 PM

Date of meeting: Monday, May 20, 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
* Paul Jones, designee of Kenneth Duckworth - Blue Cross Blue Shield of Massachusetts
* Kimberly Krawczyk - Massachusetts Organization for Addiction Recovery
* Daurice Cox - Bay State Community Services
* David Coughlin – Learn to Cope, Inc.
* Carole Fiola – State Representative
* Nicolas Alicea – Behavioral Health Network, Inc.
* Rachel O’Connor – MA Resident

Members absent:

* Haner Hernández-Bonilla – Behavioral Health Workforce Leadership Development Institute, Inc.

Secretary Sudders called the meeting to order at 3:05 PM.

Secretary Sudders introduced Paul Jones as Kenneth Duckworth’s designee to represent Blue Cross Blue Shield on the Commission for this meeting.

Secretary Sudders introduced a motion to approve the minutes from the Commission meeting on March 18, 2019. It was seconded and approved with one abstention.

Secretary Sudders reviewed the Commission’s timeline with the members. She emphasized that there are only two more Commission meetings left, and one listening session. The final listening session will be in Cape Cod on June 3rd.

Secretary Sudders introduced the two presenters for the Contracting and Billing presentations: Andrea Deeker, Deputy Bureau Director of Fiscal and Analytics at the Bureau of Substance Addiction Services and Adam Stoler, Director of Addiction Services at MassHealth ([see here for the presentation](https://www.mass.gov/lists/recovery-coach-commission-meeting-materials#meeting-materials---may-20.-2019-)).

Mr. Stoler noted that the numbers on slide 11 may be higher, but there is a lag time with claims.

Representative Fiola asked if there is information on the breakdown of providers by geographic region. Mr. Stoler responded that he can pull that data and share it with the Commission.

Secretary Sudders asked if the 23 BSAS unique providers that have billed for recovery coach services are the same as the 23 MH providers mentioned on slide 11. Ms. Deeker and Mr. Stoler will provide the crosswalk for the Commission.

Ms. Krawczyk asked for clarification on how MH defines a “unit”. Mr. Stoler clarified that the units represent a day, also referred to as a case rate. Secretary Sudders noted that BSAS has a cap on their units per day.

Ms. Olshin suggested that as BSAS is phasing out, there needs to be something that addresses the public perception of BSAS’ 15 minute units vs. MH’s case rate.

Dr. Chin Feman asked if there is a minimum amount of engagement for the case rate to begin or end. Mr. Stoler shared that this is an area that MH has been trying to strike the balance between flexibility and ensuring there is minimum contact. Currently, the expectation is over the course of a month, the recovery coach needs to have contact with a recoveree at least five times.

Mr. Alicea shared his concern that some recoverees cannot be in contact five times a month. He further noted that the case rate of $12.80 a day is disrespectful to recovery coaches.

Ms. Gould agreed that five contacts a month can be challenging. Recoverees are at various stages of recovery, meaning each recoveree will have a different level of willingness and ability to engage with a recovery coach.

Ms. Olshin added that recoverees have different needs and the number of contacts they have with a recovery coach will vary based on which stage of recovery they are in.

Ms. Krawczyk agreed and gave an example of someone coming out of prison will likely need more engagement than other people in recovery. Some people move quickly through the stages, some will not.

Representative Fiola asked for more information on how recovery coaches are paid.

Secretary Sudders explained that for MH providers, the case rate is $12.80 a day for a month. As long as there are at least five contacts, the recovery coach is paid the case rate every day, regardless if there is engagement or not. For BSAS, as the payer of last resort, reimburses 12 units, or 3 hours, a day.

Representative Fiola asked if there are certain guidelines that MH provides to recovery coaches. Mr. Stoler responded that there are performance specifications that providers use to write their job descriptions when looking to hire. Ms. Gould shared that her organization uses those specifications to develop their job descriptions and program.

Representative Fiola asked if there was a certain level of specificity that all organizations use. Ms. Krawczyk responded that policies differ from agency to agency. Secretary Sudders added that the use of the case rate and having a fairly broad service description was meant to be as open a benefit as possible in the construct of an insurance program. Representative Fiola asked who qualifies providers. Mr. Stoler responded that their managed care entities are required to do provider credentialing. Mr. Jones added that tracking data is important as the program continues to expand to see what works and what does.

Ms. Olshin suggested that if the managed care entities have to create these providers, there needs to be some consistency across their qualification practices so everyone gets the same service/product. Mr. Stoler agreed and noted that MH has made a commitment to do so.

Representative Fiola asked if geographic balance was being considered when MH contracts with providers. Mr. Stoler responded that it is a priority and the information can be shared with the commission. Ms. Chin Feman stated that recovery coaches should be accessible in different areas, without having to put the burden on the recovery coaches to be spending all their time in a car.

Ms. Olshin added that collaboration between agencies will help recovery coaches get connected with recoverees closer to where they live, rather than primarily focusing on the proximity to the agency they work for.

Secretary Sudders thanked Ms. Deeker and Mr. Stoler for their presentations. She noted that it is important that MH has the willingness and commitment to iterate on the recovery coach program. She encouraged recovery coaches and providers to participate on the call to offer feedback.

Secretary Sudders provided an overview of the charge and reminded the Commission that at this point in the Commission’s work, there needs to be discussion around the deliverable.

Secretary Sudders opened up the floor for the Commission members to discuss the standards for credentialing. She posed three questions as guides for the conversation:

1. Is the current certification process in Massachusetts sufficient to meet the needs of recovery coaches and recoverees?
2. Should the State oversee credentialing, discipline and recertification?
3. What should the appropriate recertification standards be?

Ms. Gould asked if there is information available between the relationship of demand and interest for certification for recovery coaches.

Ms. Krawczyk stated that recovery coach supervisors need something to report to for accountability.

There are currently no CEUs or recertification for supervisors. She added that she would like to see more discussion on different types of settings and funding for recovery coaches.

Secretary Sudders summarized that there is a need for certification for supervisors and subspecialties within recovery coaching.

Mr. Coughlin suggested that supervisors be required to attend the Recovery Coach Academy so that they can be in a better position to support recovery coaches.

Mr. Jones suggested there be a Code of Ethics, developed by the State, for recovery coaches and supervisors. Secretary Sudders noted that there is a Code of Ethics for recovery coaches.

Mr. Alicea stated that even with an understanding of what a recovery coach is, it can be altered by the different settings that they work in. If the supervisor knows the true model because they attend the Recovery Coach Academy, then the role will not be altered. It falls on the shoulder of a supervisor to know what a recovery coach needs.

Mr. Alicea added that the current recovery coach model is great but training is necessary to have an understanding of what a recoveree needs.

Secretary Sudders summarized that the Recovery Coach Academy serves as a foundation but there still needs to be additional core competencies for training, particularly in specialty settings. She related this to social work, where one receives additional trainings on working with specific populations.

Ms. O’Connor asked for more information about trainings and the length of the trainings.

Secretary Sudders referenced a presentation from January 23, 2019 that outlines the trainings and process to get certified in Massachusetts.

Ms. Krawczyk raised a concern about larger organizations needing education about recovery oriented systems of care. She stated that they need to have more recovery oriented policies and delivery systems in order to better serve recovery coaches.

Representative Fiola asked what happens when a recovery coach relapses and whether or not there is a decertification process.

Ms. Krawczyk stated that there is nothing currently in place to respond to a relapse. She added that recovery coaches shouldn’t lose their certification but they should pull back from their caseload. There should be something in place, because a recovery coach that has relapsed cannot help a recoveree.

Secretary Sudders shared that the Board of Registration in Nursing and the Board of Registration for Medicine each have a program that provides oversight on this issue among their respective licensees. Some people are able to come back to work, others have lost their license.

Ms. Gould stated that there needs to be a balance of what rises up to the level of being considered for decertification versus other disciplinary actions. The goal is to achieve a level of confidence that people who are certified are qualified to provide recovery coach services.

Dr. Chin Feman said there should be a separate process, outside of the Commission’s work, to figure out the nuts and bolts with decertification. As for training, the question is, is the Recovery Coach Academy as it stands now sufficient? Massachusetts appears to have a robust program in comparison to other states, based on the materials provided.

Ms. Gould asked how trainings currently offered are determined to be “qualified” trainings. She further asked who approves courses to be CEUs for recovery coaches. There should be a central registry, or at least a way to designate what a qualified course or training is. Mr. Stoler shared that there is a range of oversight on training. There currently is not a central body that has oversight and control over the quality of trainings. If there is greater centralization, approval, or some structure, then a basic level of quality could be established.

Secretary Sudders asked staff to create a chart that compares the pathway for certification or licensing for social workers, certified peer specialists, and licensed alcohol and drug counselors. This chart will allow for Commission members to compare and contrast the professions. This chart will help guide the conversation by identifying the gaps and what makes sense for recovery coaches.

Representative Fiola recommended the Commission members to review this meeting’s prepared “Standards for Credentialing” overview document in advance of the next meeting.

Dr. Chin Feman suggested that the Commission first and foremost needs to decide whether or not recovery coaches should have lived experience as a criteria.

Secretary Sudders asked the Commission if recovery coaches should have lived experience?

The Commission members present all nodded and agreed.

Ms. Olshin stated while they agree there should be lived experience, how is lived experience captured or defined.

Secretary Sudders responded that we have to accept other people’s statements and their personal attestation of their lived experience.

Mr. Alicea agreed and said that we need to take people’s truth as they are.

Secretary Sudders noted that she heard consensus that recovery coaches should have lived experience.

Representative Fiola asked what the definition of lived experience is.

Mr. Alicea said it could be someone, like a parent, who has lived experience as a caregiver for someone or the person themselves have the lived experience.

Ms. Gould shared that certified peer specialists have lived experience with mental health, and their parents also do too but they are considered family partners. There is a distinction between the two roles because they offer different perspectives and supports.

Mr. Coughlin stated that he didn’t want to make it too narrow that it would exclude people but the more important factor is for a recovery coach to be someone who is in their own personal recovery.

Ms. Olshin said there could be different titles, “peer recovery coach” and “family recovery coach”.

Secretary Sudders asked the Commission to review the materials to date, and if there are specific questions or discussions they’d like to tee up for the next meeting, to send it to staff.

Ms. Olshin shared that she is not sure how to assess whether or not the current certification is sufficient in Massachusetts.

Secretary Sudders responded that the Commission can use their own personal experience in the field, as well as consider the feedback received from listening sessions and presentations. She added that it is difficult because this field is new. There are opportunities that exist but there are also gaps to consider.

Secretary Sudders introduced a motion for the meeting to adjourn, which was seconded and unanimously approved. The meeting was adjourned at 5:00 PM.