**Recovery Coach Commission Meeting Minutes**

November 7, 2018

3:00-5:00 PM

Date of meeting: Wednesday, November 7, 2018

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

Members absent:

* Sarah Ahern – The RECOVER Project
* Haner Hernández-Bonilla – Behavioral Health Workforce Leadership Development Institute, Inc.

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

Ed Palleschi, Deputy Chief Secretary for Boards and Commissions from the Governor’s office, swore in members with the oath.

Commission members briefly introduced themselves, noting relevant affiliations and the name of the seat for those members who were attending as designees.

Secretary Sudders facilitated a discussion around the proposed strategy to address the Commission’s charge (see attached powerpoint). She emphasized that the Commission’s work will be driven by the Commission members and what they would like to see and hear.

Commission members provided the following feedback and questions to be answered in subsequent meetings:

*Understanding recovery coaches*

1. How are we defining a “recovery coach”? What are the definitions being used in the Commonwealth and nationally?
2. What are the various recovery coach models being utilized across the Commonwealth?
3. What does the day to day look like for recovery coaches?
	1. How does this differ for recovery coaches serving different populations (moms, boarding in the ED, disabilities, forensic coaching, court-involved, recently incarcerated, etc.)?
	2. What are the experiences for recovery coaches working in various settings, such as emergency departments, community-based organizations, community health centers, etc.?
	3. What are the ways recovery coaches can be employed?
4. What are the challenges that recovery coaches face? Are there challenges that are specific to particular settings?
5. What are the current training requirements and opportunities for recovery coaches?
6. What are other states doing? CT, RI, etc.?
7. What are the best practices around organizational design and structure?
8. What would a Board of Registration process look for recovery coaches?
9. What is the financial model? How does it differ from various types of payer (grant, private pay, etc.)?

Key Takeaways

* Mr. Stoler suggested that the Commission thinks about recovery coaches as a personnel type versus a set of activities. It is worth exploring as the Commission learns about recovery coaching in different settings.
* Ms. Chin Feman mentioned how isolating being a recovery coach in Western Massachusetts can be. It is a stressful line of work and having opportunities to come together to share expertise and experience is necessary.
* Ms. Krawczyk stressed that the recovery coaching in Massachusetts should stay true to the William White model, where the role is simply defined as a coach that removes obstacles and barriers that helps people reach sustainable recovery.
* Ms. Krawczyk also shared concerns regarding the amount of documentation that recovery coaches are filling out. It takes away from the one on one experience. When you start putting in so much documentation, it takes away from the one on one experience. Counseling sometimes is not enough. Documentation is incredible and doesn’t allow the person to really be there with the person.
* Ms. O’Connor emphasized the value and importance of recovery coaching services. They provide non-judgmental peer support when family and friends are not there.
* Ms. Gould raised the concern of recovery coaches expected to take on roles that they are not intended to do. It would be helpful to understand what recovery coaches are and what they are not.

*Proposed Commission Activities*

* Listening sessions (4-5 across the Commonwealth)
	+ All Commission members do not need to attend all the listening sessions
	+ Listening sessions will likely begin in February/March.
* Presentations
	+ Bureau of Substance Addiction Services (BSAS) will provide a level-set presentation on recovery coaching in Massachusetts, including definitions of their role, and training opportunities.
	+ MassHealth and BSAS will provide presentations from the contracting and credentialing perspective.
	+ Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) will provide an overview of MBSACC as well as any relevant available data of number of CARCs in the Commonwealth.
* Panels
	+ Recovery Coaches & Recovery Coach Supervisors
	+ Consumers of recovery coach services
	+ Employers of recovery coaches
	+ Insurers/Payers of recovery coaches

Secretary Sudders stated, after the listening sessions, presentations, and panels, the Commission will decide whether or not it is necessary to move forward with conducting a brief survey.

Secretary Sudders advised EOHHS staff to resend out the new agenda, revised to reflect the discussion.

David Giannotti, Public Education and Communications Division Chief of the State Ethics Commission, provided the Commission with a brief overview of the state’s conflict of interest and ethics regulations. He explained that members of the Commission are considered special state employees and should consult the state ethics Commission with any questions or concerns related to potential conflicts of interest.

Lauren Cleary, Associate General Counsel for the Executive Office of Health and Human Services, provided an overview of the Open Meeting Law. She emphasized the importance of transparency and reminded Commission members that documents and minutes from the Commission’s meetings are public records.

In closing, Secretary Sudders thanked members for their participation in the Commission’s work and noted that all materials for discussion or dissemination to the Commission should be forwarded to Anny Domercant. Secretary Sudders announced that a Recovery Coach Commission mailbox is active for general questions and comments from the public.

Next steps for Commission members are to provide the following to Anny Domercant:

1. Recommendations for panelists with information about their background
2. Proposed questions for the panels
3. Existing literature that they would like shared with the full Commission, such as the Cochran report and Philadelphia Peer Toolkit
4. Interest in hosting a listening session

The Commission voted on allowing remote participation, which was passed unanimously.

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

The meeting was adjourned at 5:00 PM.