



# Recovery Coach Commission

*Established by Section 101 of Chapter 208 of the Acts of 2018*

August 1, 2019

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# Commission Overview

The Recovery Coach Commission was established by Section 101 of Chapter 208 of the Acts of 2018.

***The Commission was charged with:***

1. Reviewing training opportunities for recovery coaches
2. Recommending standards for credentialing a recovery coach, including, whether recovery coaches should be subject to a board of registration
3. Gathering all relevant data related to recovery coaches, including, but not limited to:
  - i. the total number of recovery coaches in the commonwealth
  - ii. the number of people receiving compensation as recovery coaches in the commonwealth
  - iii. the average and median compensation for a recovery coach
  - iv. the average and median caseload for a recovery coach and
  - v. the projected need for certified recovery coach services
4. Developing recommendations for a streamlined process to certify recovery coaches and adequate protections to ensure unauthorized individuals are not engaging in the practice of recovery coaching

The Commission met six times and hosted five listening sessions from November 2018 through July 2019. All meetings were subject to the open meeting law and minutes were taken and approved for each meeting. Copies of all presentations, reading materials considered by the Commission, and minutes are posted on a publicly-available webpage: <https://www.mass.gov/orgs/recovery-coach-commission>.

# Commission Overview: Listening Sessions

**Five Recovery Coach Listening Sessions** were held by the Commission to gain valuable insight about the practice of recovery coaching throughout Massachusetts. An email address was also created for members of the public to submit comments and questions for the Commission:

[EHSRecoveryCoachCommission@MassMail.State.MA.US](mailto:EHSRecoveryCoachCommission@MassMail.State.MA.US)

Over 300 people attended these listening sessions. Community members offered both verbal and written feedback to the Commission.

Geographic Region	Date/Location
Listening Session #1: <b>Fall River</b>	February 07, 2019 Bristol Community College
Listening Session #2: <b>Worcester</b>	April 02, 2019 Family Health Center of Worcester
Listening Session #3: <b>Haverhill</b>	April 30, 2019 Hunking School
Listening Session #4: <b>Greenfield</b>	May 09, 2019 Greenfield Community College
Listening Session #5: <b>Barnstable</b>	June 03, 2019 Cape Cod Community College

# Feedback Themes Heard during Listening Sessions

## Training/Supervision

- Additional specialized trainings should be created (i.e. working in different settings, self-care, co-occurring disorders)
- Develop cross-training opportunities between peer specialists and peer recovery coaches
- Increase the availability and accessibility of trainings, particularly supervisor trainings
- Improve the supervisor training curriculum
- Frustration was expressed over the lack of clarity on which trainings are “approved” and count towards certification or recertification
- Any organization can develop trainings, however, there is currently no oversight to guarantee the quality of the content

## Credentialing

- Require lived experience as a criteria to be a peer recovery coach; although the majority advocated for this criteria, some family members expressed concern about excluding individuals without lived experience
- Strengthen current credentialing process to ensure that only certified recovery coaches that have satisfied all training requirements can be hired and provide services to recoverees
- Adopt a state-sponsored credentialing process to improve transparency and accountability for recovery coaches
- Develop a process for suspending certifications or overseeing corrective action when a recovery coach experiences a relapse or violates the code of ethics
- Frustration was expressed over the lack of coordination between the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) recertification requirements and available trainings offered through DPH/BSAS. Recovery coaches and recovery coach supervisors stated that mandatory classes for recertification were not available
- Frustration was expressed over the back log for processing certifications by MBSACC

## Compensation

- Review and update state reimbursement rates, structure, and documentation for recovery coaches
- Provide guidance and offer provider education on contracting and billing for recovery coaching services

## Community Education and Awareness

- Provide a broad awareness campaign to the public and treatment system on the recovery coach model, including the role and responsibilities of a recovery coach
- Develop guidelines for organizations/agencies that employ recovery coaches to have a recovery-oriented system of care

# Charge 1: The commission shall review training opportunities for recovery coaches

The Commission identified various training opportunities that are utilized by recovery coaches in Massachusetts. While some trainings are sponsored by the Department of Public Health (DPH), most trainings are unregulated. There is currently no oversight or comprehensive centralized registry for trainings. Thus, it is unclear the number of organizations and entities that offer trainings that can be utilized by recovery coaches. *See Appendix D for examples of non-DPH sponsored trainings.*

With one exception, there are no pre-requisites or standards to participate in trainings. Participants pay the fee and register. The DPH-sponsored Recovery Coach Academy requires interested participants to submit an application that demonstrates their current or expected employment as a recovery coach with supervision.

The following classes/trainings are sponsored by DPH<sup>1</sup>:

- Recovery Coach Academy (RCA) (30 hrs)
- Peer Recovery Coach Supervisor Training (18 hrs)
- Ethical Considerations for Recovery Coaches (16 hrs)
- Cultural Competency for Recovery Coaches (6 hrs)
- Motivational Interviewing for Recovery Coaches (3 hrs)
- Addictions 101 for Recovery Coaches (6 hrs)
- Mental Wellness for Recovery Coaches (6 hrs)
- Self-Care for Recovery Coaches (6 hrs)
- Medication-Supported Recovery (MSR) for Recovery Coaches (6 hrs)
- Ethics for Recovery Coaches (6 hrs)
- Multiple Pathways for Recovery Coaches (6 hrs)

<sup>1</sup> DPH has a contract with AdCare Educational Institute to develop and deliver these trainings . Participants pay a registration fee for the course.

# Charge 1 (cont.): Examples of Class/Training Details

## **The Recovery Coach Academy (RCA)**

- The curriculum was developed by the Connecticut Community for Addiction Recovery (CCAR) in 2008 to be the foundational training for recovery coaches.
- Recovery trainers<sup>1</sup> deliver the training in a retreat-like environment, focusing on providing skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs.
- The training includes: role and functions of a recovery coach, values/principles, stages of recovery, culture, recovery, stages of change, power and privilege, ethics, boundaries, coaching, motivational interviewing, and wellness planning.
- The course is five full days of intensive trainings.

## **Peer Recovery Coach Supervisor Training**

- This training, delivered by recovery trainers<sup>1</sup>, is not intended to train participants to be supervisors. Participants are expected to already be supervisors or have supervisory skills separate from this training. Supervisors receive a better understanding of the principles of recovery and the unique value of peer support.
- The course is three full days of training. The first two days occur within one week, followed by a month of organizational homework, a coaching session, and then a third day of training occurs 4 -6 weeks later. Two Recovery Coach Learning Collaborative Webinars (“Keeping fidelity to the model” and “Advocacy”) are also part of the course.

<sup>1</sup>DPH recovery trainers are vetted, trained, and approved by DPH/BSAS through a contract with AdCare Educational Institute. There are currently 17 trainers across the state.

# Charge 1 (cont.): Examples of Class/Training Details

## **Ethical Considerations**

- Led by recovery trainers<sup>1</sup>, this two-day training discusses ethical considerations specific to the peer-to-peer service of recovery coaching.
- Upon completion of this course, participants should be able to:
  - Define ethics and describe why ethics are so important when performing recovery support services.
  - Discuss and practice ethical decision making.
  - Outline the five recovery core values.
  - Discuss a personal code of ethics for recovery coaches.

## **Cultural Competency**

- This one-day workshop, led by recovery trainers<sup>1</sup>, is designed to highlight and explore the needs of recovery coaches working with culturally diverse individuals, organizations, and communities. Upon completion of this course, participants should be able to understand the role of cultural competency in recovery coaching and know techniques and strategies for engagement.

## **Motivational Interviewing (MI) (Three different segments are offered)**

- These one-day trainings, led by recovery trainers<sup>1</sup>, deepen understanding, practice and proficiency with MI, an evidence-based practice for encouraging, facilitating and supporting behavior change.
- Upon completion, participants should:
  - Understand the historical basis, core tenets, processes and skills of MI.
  - Understand the use of MI within a variety of environments: mental health, human services, education, substance use.
  - Understand how/why MI works within the specific non-clinical lane of the recovery coach/peer.

<sup>1</sup>DPH recovery trainers are vetted, trained, and approved by DPH/BSAS through a contract with AdCare Educational Institute. There are currently 17 trainers across the state.



# Charge 2: The commission shall recommend the standards for credentialing a recovery coach

## ***Current State of Credentialing***

### **Nationally<sup>1</sup>**

There is a certification process for Recovery Coach or a similar title in 48 states plus the District of Columbia. The National Association for Alcoholism and Drug Abuse Counselors (NAADAC), a professional association, offers a National Certified Peer Recovery Support Specialist (NCPRSS) certification.

### **Massachusetts<sup>1,2,3</sup>**

The Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) is a private, non-governmental entity that promotes public protection by setting standards and developing examinations for the credentialing and licensing of recovery coaches. The number of hours of experience MBSACC requires for certification is higher than the number required for national certification and is above average relative to other states. *See slide 10 for MBSACC's current requirements for credentialing.*

MBSACC does not offer functions that are typically included in a state-sanctioned certification system, such as a process for verifying whether an individual has been certified, or a process for submitting and investigating complaints.

<sup>1</sup> *Recovery Coaches in Opioid Use Disorder Care Presentation and Report (01/23/19)*

<sup>2</sup> *MBSACC Overview Document (11/07/18)*

<sup>3</sup> *MBSACC Presentation (01/23/19)*

# Charge 2 Highlight: Comparison of Credentialing Processes

	Peer Recovery Coach	Social Worker (LSW)	Certified Peer Specialist*	Licensed Drug and Alcohol Counselor II
Licensed by State Entity	No	Yes	No	Yes
Oversight	Massachusetts Board of Substance Abuse Counselor Certification (Private, non-governmental entity)	Board of Registration of Social Work (Statutorily created board)	Department of Mental Health	Department of Public Health Bureau of Substance Addiction Services (BSAS)
Complaint Process	No	Yes, professional review form can be submitted to the National Association of Social Workers	No	Complaints may be filed by calling the BSAS Complaint line (617) 624-5171
Minimum Education	High school diploma or GED	High school diploma or GED	High school diploma or GED	High school diploma or GED
Lived Experience	Not applicable	Not applicable	Yes	Not applicable
Requirements for certification/licensure	<b>Training</b> 60 hours in the four CARC domains and additional trainings: 1. Advocacy (10 hours) 2. Mentoring/Education (10 hours) 3. Recovery/Wellness Support (10 hours) 4. Ethical Responsibility (16 hours) Additional trainings: Cultural Competency (3 hours), Addictions 101 (5 hours), Mental Health (3 hours), Motivational Interviewing (3 hours)	Must meet <b>one</b> of following options in training and direct practice hours: <ul style="list-style-type: none"> <li>A high school diploma, or its equivalent, and 17,500 hours of work experience at a social work agency.</li> <li>1 year of undergraduate education (30 credit) with 14,000 hours of work experience at a social work agency.</li> <li>2 years of undergraduate education (60 credits) with 10,500 hours of work experience at a social work agency.</li> <li>2.5 years of undergraduate education (75 credits) with 8,750 hrs of work experience at a social work agency.</li> <li>Bachelor's in an unrelated field and 3,500 hours of work experience at a social work agency.</li> <li>Bachelor's in social work from a CSWE accredited institution</li> </ul>	50 hour MA Certified Peer Specialist Training.  Training is designed for people who have some knowledge and experience with peer support.	270 hours of training related to substance abuse counseling, 110 hours on knowledge of drug abuse and alcoholism, 75 hours on drug and alcohol counseling, assessment, treatment planning, evaluation, and case management, 75 hours on client, family, and community education as it pertains to drug abuse and other issues, and 10 hours must address professional and ethical responsibilities.
	<b>Direct Practice</b> 500 hours of work experience in the four CARC domains, completed in the last 10 years	<ul style="list-style-type: none"> <li>2.5 years of undergraduate education (75 credits) with 8,750 hrs of work experience at a social work agency.</li> <li>Bachelor's in an unrelated field and 3,500 hours of work experience at a social work agency.</li> <li>Bachelor's in social work from a CSWE accredited institution</li> </ul>	Prefer some involvement (volunteer or paid) in a peer role; not entry level peer support	6,000 hours, or three years, of supervised alcohol and drug counseling work experience
	<b>Supervision</b> 35 hours of work experience (minimum of 5 hours per CARC domain), supervised by a trained Recovery Coach supervisor	Full-time supervised experience	N/A	300 hours of supervised practical training
Exam to receive certification/licensure	Yes	Yes	Yes	Yes
Application fee	\$250	\$173	\$0	\$100
Recertification	Every 2 years; 30 contact hours of continuing education including 2 courses: Ethics for Recovery Coaches and Multiple Pathways to Recovery	Every 2 years; 15 contact hours of continuing education	No	Every 2 years; evidence of 40 hours of continuing education; \$100 renewal fee

\*Certified Family Support Partner (CFSP) is a parent or adult caregiver who, through lived experience and specialized training, has acquired an understanding of the shared emotional and psychological challenges of raising a child with a behavioral health diagnosis. Currently there is no official certification process or training programs offered for CFSPs. At this time, individual programs who want to offer CFSP support are responsible for training.

# Charge 3a: The commission shall gather relevant data related to the total number of recovery coaches in the commonwealth

***There is currently no recovery coach registry or state operated system to collect and monitor workforce numbers and trainings.***

- As part of the FY18 DMA Health Strategies Workforce Scan<sup>1</sup>, there were 209 DPH-funded and/or contracted recovery coaches and 122 unduplicated recovery coaches working in the sample of non-DPH funded programs interviewed.<sup>2</sup>
- As of May 31, 2019, the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) has certified 116 recovery coaches.<sup>3</sup>
- As of July 2019, 51 providers are contracted with MassHealth managed care entities to provide recovery coach services.

## **DPH-trained individuals in Massachusetts FY13-FY19**

- Recovery Coach Academy (RCA): 1078
- Ethical Considerations: 584
- DPH Recovery Coach Supervisor Training: 369
- Deaf Recovery Coaches working: 14

<sup>1</sup>DPH/Bureau of Substance Addiction Services (BSAS) Recovery Support Services contracted DMA Health Strategies to create a FY18 snapshot of recovery coach services in the Commonwealth.

<sup>2</sup>The count only reflects 33 DPH funded-programs and the 20 non-DPH programs that participated in the DMA Health Strategies Workforce Scan.

<sup>3</sup>There was a large number of CARC applications submitted the last two weeks of March because of the March 31, 2019 deadline date for the test exempt period. Over 180 applications were being reviewed in April 2019. Twenty-three applications have been approved since April 1, 2019 but there is no specific number that goes through the review process on a monthly basis.

## Charge 3b and 3c: Gather all relevant data related to 1) the number of people receiving compensation as recovery coaches in the commonwealth and 2) the average and median compensation

**Based on the DMA Health Strategies FY18 Workforce Scan, there were 208 DPH-funded and/or contracted recovery coaches receiving compensation in FY18. Of the 166 recovery coaches (duplicated) working in non-DPH-funded programs<sup>1</sup>, 63 percent were reported to receive compensation.**

- Many recovery coaches work in multiple programs, with their hours ranging from a few hours a week to full-time.
- DPH-funded and/or contracted recovery coaches annual salaries range between \$25k-\$47k.
- Non-DPH-funded recovery coaches annual salaries in the sample range between unpaid - \$45k
  - Seventeen non-DPH-funded programs<sup>2</sup> across 12 organizations reported how they paid their RCs in FY18:
    - 41% of programs (n=7 programs) paid their recovery coaches a salary with benefits.
    - 24% of programs (n=4 programs) used unpaid volunteers.
    - 36% of programs (n=6 programs) paid their recovery coaches a stipend or hourly.
  - 166 RCs working in 18 non-DPH-funded programs were compensated as follows:
    - 30% of recovery coaches(n=49 recovery coaches) were unpaid volunteers.
    - 22% of recovery coaches(n=37 recovery coaches) were paid a salary with benefits.
    - 41% of recovery coaches(n=69 recovery coaches) were paid a stipend or hourly.
    - 7% of recovery coaches(n=11 recovery coaches) did not have information reported on how they were paid.

### **Challenges in collecting/accurately capturing compensation data:**

- Recovery coaches compensation structures vary: day rate, unit rate, or salaried staff position.
- Grant-funded programs cannot break down the specific amount allocated to recovery coaches services.
- As of July 2018, MassHealth began providing insurance coverage for recovery coach services. Early indications suggest that this coverage is impacting average and median compensation for FY19.

<sup>1</sup>The count only reflects the 18 non-DPH-funded programs that participated in the DMA Health Strategies Workforce Scan and reported on how they compensate recovery coaches.

<sup>2</sup>One program out of the 18 reported paying their RCs, but did not specify how they were paid. As a result, it was not included in the 3 subsequent bullets.

# Charge 3d: Gather data related to the average and median caseload for a recovery coach

RIZE conducted a web-based search to identify programs nationally that provided recovery services to those addicted to opioids or with substance use disorder. The initial review identified 37 programs. RIZE selected 10 programs to interview based on various criteria (geographic location, setting, longevity, etc.).

*The interviews provided the following findings:*

## **1. Hospital Unit/Emergency Department Based Program**

Recovery Coaches in the hospital settings have a typical caseload of eight to twelve individuals. The coaches in this program reported that they spend approximately 50 percent of their time in face-to-face work with individuals, 30 percent of their time documenting their work in hospital databases, and 20 percent of their time in work-related travel.

## **2. Community-based Recovery Center or Clinic Program**

Recovery coaches have a typical caseload of ten individuals and spend approximately 75 percent of their time working directly with individuals and their families (e.g., two in-person meetings and five phone conversations with each individual each week). The balance of their time is spent on administrative work such as reporting, travel, and training.<sup>1</sup>

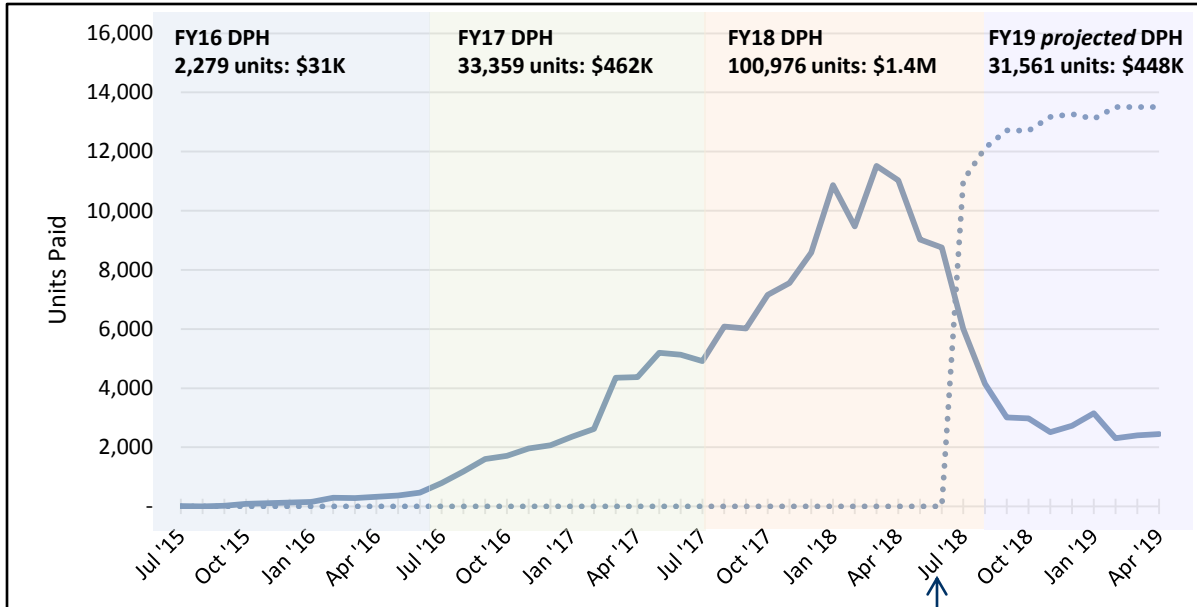
## **3. Law Enforcement Based Program**

Recovery Coaches in the law enforcement setting have varying caseloads (8-12 in one setting, and 30 at another).

<sup>1</sup> RIZE Massachusetts (RIZE) is a foundation committed to ending the opioid epidemic and reducing its devastating impact on people, families, and communities. On behalf of RIZE, the University of Massachusetts Medical School (UMass) conducted a systematic review of publicly available information and conducted a series of interviews with recovery coaches and recovery coach programs.

# Charge 3e: Gather data related to the projected need for certified recovery coaches

Recovery Coaching: Monthly BSAS Utilization FY2016 – April 2019



— BSAS  
 - - - - MassHealth

7/1/18: MassHealth plans begin reimbursing for recovery coaching

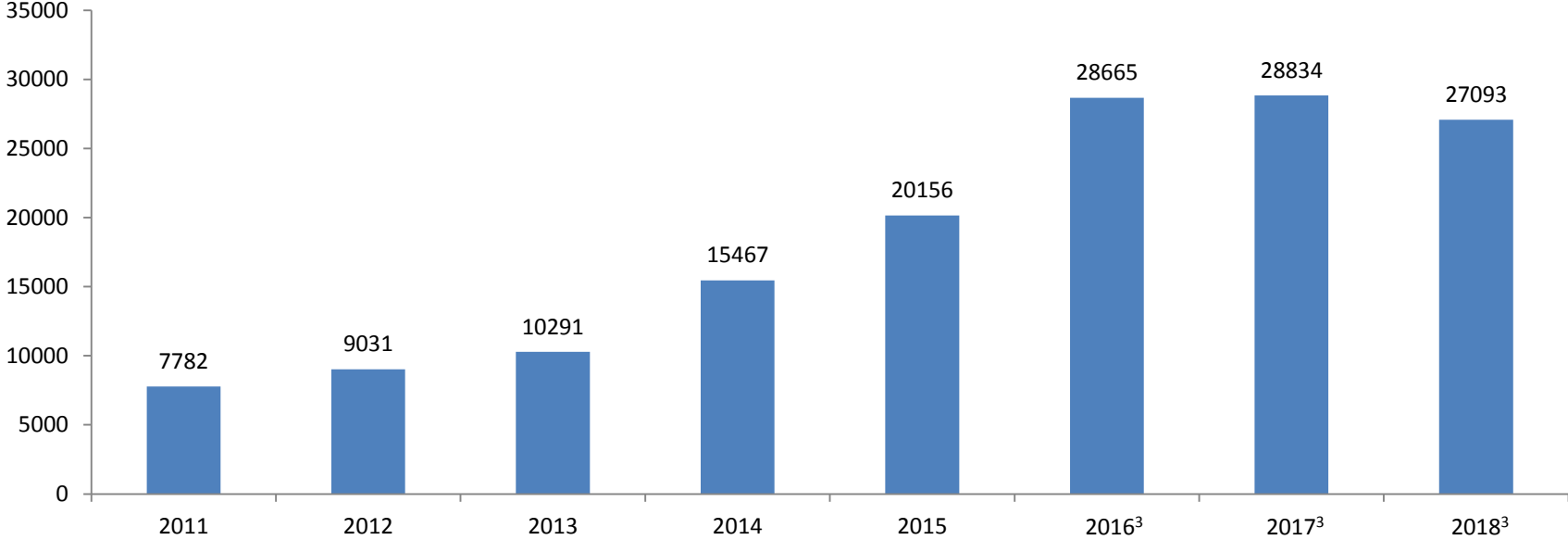
	FY19 (July '18 – April '19)	
	Units	Spend
BSAS	31,679	\$448,739
MH	94,700	\$1,213,901
<b>Total</b>	<b>126,379</b>	<b>\$1,662,640</b>

	FY19 Projected	
	Units	Spend
BSAS	38,013	\$538,486
MH	~130,000	\$1.66M
<b>Total</b>	<b>~168,013</b>	<b>\$2.2M</b>

- From July 2015 – July 2018, DPH/BSAS was the biggest purchaser of recovery coach services.
- Starting on July 1, 2018, MassHealth added recovery coach services as a benefit, significantly changing the demand for recovery coaches.
- Workforce Scan survey responses reported waitlists and wanting to hire more recovery coaches to meet demand.
- Feedback from listening sessions echoed a desire to increase the number of certified recovery coaches, particularly in rural areas.

# Charge 3e: Gather data related to the projected need for certified recovery coaches

### Estimated Number of Nonfatal Opioid Overdoses Treated by Emergency Medical Services (EMS) or Acute Care Hospitals<sup>1</sup>, Massachusetts: 2011-2018<sup>2</sup>



**Notes**

- 1. Sources: Massachusetts Ambulance Trip Information System, (MATRIS) Acute Care Hospital Case Mix (Case Mix), Death Certificates
- 2. Data only includes nonfatal overdoses that were treated by EMS or in an acute care hospital (i.e. overdoses where a person is revived by naloxone and 911 is not called and/or does not go the hospital are not included)
- 3. DPH used EMS data to extrapolate the estimates for 2016-2018 based on trends previously identified in Chapter 55 using 2011-2015 data

# Commission's Recommendations



# Commission's Recommendations

## ***The commission shall recommend standards for credentialing a recovery coach, including, whether recovery coaches should be subject to a board of registration***

1. Credentialing standards should require lived experience and sustained recovery. Sustained recovery should mean at least two years in recovery.
  - A time-limited grandfathering process should be implemented for existing recovery coaches without lived experience, who received certification prior to new standards being implemented.
2. An alternative avenue for individuals without lived experience to serve as a support should be considered.
3. Recovery coach supervisors should be certified recovery coaches as part of their qualifications.
  - Current recovery coach supervisors should take the Recovery Coach Academy and the Recovery Coach Supervision curriculum.
4. The credentialing process should be overseen by a state-sponsored board of registration in order to increase transparency, authority, and responsiveness to the public.
5. The re-credentialing process should include continuing education requirements.
6. Any credentialing process established should compare the fees of similar certifications.

## ***The commission shall develop recommendations for a streamlined process to certify recovery coaches and adequate protections to ensure unauthorized individuals are not engaging in the practice of recovery coaching***

7. There should be a state-sanctioned process for suspending certifications or overseeing corrective action when a recovery coach does not sustain recovery or violates the code of ethics.

## ***Additional recommendations regarding employers***

8. Employers should incorporate recovery coach self-care into their organizational structure. They should establish policies and infrastructure to support the self-care needs of their recovery coach workforce.
9. Employers should have flexibility to hire uncredentialed recovery coaches who have a demonstrated skill or capability but do not have two years of sustained recovery.
10. Employers should ensure supervisors have the necessary skills and training to supervise recovery coaches.
11. Due to the potential for relapse, there should be support and resources available to recovery coaches from the board of registration as well as their employers, as appropriate to the individual circumstance.

# Appendices

# Appendix A: Legislative Mandate

## **Legal Authority: Chapter 208, Section 101 of the Acts of 2018**

Purpose: Review and make recommendations regarding recovery coaching in the commonwealth. The commission shall review training opportunities for recovery coaches and recommend the standards for credentialing a recovery coach, including whether recovery coaches should be subject to a board of registration through the department of public health. The commission shall gather all relevant data related to recovery coaches, including, but not limited to: (i) the total number of recovery coaches in the commonwealth; (ii) the number of people receiving compensation as recovery coaches in the commonwealth; (iii) the average and median compensation for a recovery coach; (iv) the average and median caseload for a recovery coach; and (v) the projected need for certified recovery coach services. The commission shall develop recommendations for a streamlined process to certify recovery coaches and adequate protections to ensure unauthorized individuals are not engaging in the practice of recovery coaching.

## **15 Members:**

the secretary of health and human services or a designee, who shall serve as chair;

the commissioner of public health;

the director of Medicaid or a designee;

1 person appointed by the speaker of the house;

1 person appointed by the senate president;

1 representative from the Massachusetts Association of Health Plans, Inc.;

1 representative from the Massachusetts Psychiatric Society, Inc., who shall be a psychiatrist specializing in addiction;

1 representative from Blue Cross Blue Shield of Massachusetts, Inc.;

1 representative from the Massachusetts Organization for Addiction Recovery, Inc.; and

6 persons who shall be appointed by the secretary of health and human services,

1 of whom shall have expertise in training recovery coaches,

1 of whom shall be a community provider who employs recovery coaches,

1 of whom shall represent a hospital that employs recovery coaches,

1 of whom shall be a family member to an individual with a substance use disorder,

1 of whom shall currently be employed as a recovery coach and

1 of whom shall be a consumer of recovery coach services.

## **Reporting:**

Commission shall submit its findings and recommendations, together with drafts of legislation, if any, necessary to carry those recommendations into effect, to the clerks of the senate and the house of representatives and the joint committee on mental health, substance use and recovery not later than 1 year from the effective date of this act.

# Appendix B: Recovery Coach Commission Members

Name	Affiliation
Marylou Sudders	Secretary, Executive Office of Health and Human Services (Chair)
Monica Bharel, MD, MPH	Commissioner, Department of Public Health
Adam Stoler	MassHealth
Carole Fiola	State Representative
Diane E. Gould, LICSW	Advocates
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
Haner Hernández-Bonilla	Behavioral Health Workforce Leadership Development Institute, Inc.
Daurice Cox	Bay State Community Services
David Coughlin	Learn to Cope
Nicolas Alicea	Behavioral Health Network, Inc.
Rachel O'Connor	Massachusetts Resident

# Appendix C: Summary of Meetings & Input

Presenters	Topics Discussed	Resources and Supporting Documents
<b>November 7, 2018</b>		
<b>Secretary Sudders,</b> Commission Chair	Discussion of the Commission’s charges, members’ expectations, and proposed schedule for each meeting	<ol style="list-style-type: none"> <li>1. <a href="#">Approved Meeting Minutes - November 7, 2018</a></li> <li>2. <a href="#">Recovery Coach Commission Presentation</a></li> <li>3. <a href="#">Massachusetts Board of Substance Abuse Counselor Certification</a></li> <li>4. <a href="#">Application - CARC- Requirements</a></li> </ol>
<b>January 23, 2019</b>		
<b>Julia Ojeda, Recovery Support Services Coordinator,</b> MA DPH, Bureau of Substance Addiction Services	Peer Recovery Coaching in Massachusetts	<ol style="list-style-type: none"> <li>1. <a href="#">Approved Meeting Minutes - January 23, 2019</a></li> <li>2. <a href="#">Recovery Coach Commission Presentation</a></li> <li>3. <a href="#">UMass Recovery Coach Report</a></li> <li>4. <a href="#">MISSION Navigating Transitions Program: Recovery Coach Guidebook (submitted by Siu Ping Chen Feman)</a></li> </ol>
<b>Haner Hernández-Bonilla</b> President of MBSACC Board of Directors	Massachusetts Board of Substance Abuse Counselor Certification (MBSACC)	<ol style="list-style-type: none"> <li>5. <a href="#">Project SAFE Outreach Manual (submitted by Kim Krawczyk)</a></li> <li>6. <a href="#">Sponsor Recovery Coach Addictions Counselor (submitted by Kim Krawczyk)</a></li> </ol>
<b>Katharine London</b> UMass Medical School	Recovery Coaches in Opioid Use Disorder	<ol style="list-style-type: none"> <li>7. <a href="#">Peer-based Recovery Support Services (submitted by Kim Krawczyk)</a></li> <li>8. <a href="#">Peer-delivered Recovery Support Services for Addictions (submitted by Kim Krawczyk)</a></li> </ol>
<b>Panelists:</b> <ol style="list-style-type: none"> <li>1. <b>Patrick Kent</b></li> <li>2. <b>Steve Lesnikoski</b></li> <li>3. <b>Katie O’Leary</b></li> <li>4. <b>Laura Peters</b></li> <li>5. <b>Windia Rodriguez</b></li> <li>6. <b>Rebecca Zwicker</b></li> </ol>	Recovery Coach & Recovery Coach Supervisor Panel	<ol style="list-style-type: none"> <li>9. <a href="#">Peer-based Health Interventions (submitted by Kim Krawczyk)</a></li> <li>10. <a href="#">Recovery Support Research Literature Review (submitted by Kim Krawczyk)</a></li> <li>11. <a href="#">Peer Research Review (submitted by Kim Krawczyk)</a></li> </ol>

# Appendix C: Summary of Meetings & Input (cont.)

Presenters	Topics Discussed	Resources and Supporting Documents
<b>March 18, 2019</b>		
<p><b>Deborah Strod, Sr. Associate</b> DMA Health Strategies</p> <p><b>Jinna Halpern, Sr. Associate</b> DMA Health Strategies</p>	Recovery Coach Workforce Scan 2018	<ol style="list-style-type: none"> <li>1. <a href="#">Approved Meeting Minutes - March 18, 2019</a></li> <li>2. <a href="#">Recovery Coach Commission Meeting Presentation</a></li> <li>3. <a href="#">Peer Support Worker Comparison Chart</a></li> <li>4. <a href="#">List of DMA Reviewed Studies</a></li> <li>5. <a href="#">Provider Readiness</a></li> </ol>
<p><b>Panelists:</b></p> <ol style="list-style-type: none"> <li>1. <b>Lisa Atkins</b></li> <li>2. <b>Anissa Booker</b></li> <li>3. <b>Christian Jacques</b></li> </ol>	Consumers of Recovery Coach Services Panel	<ol style="list-style-type: none"> <li>6. <a href="#">FY17 Program Evaluation of the TX project (submitted to Recovery Coach inbox)</a></li> <li>7. <a href="#">FY18 Interim Process Evaluation of the TX Project (submitted to Recovery Coach inbox)</a></li> </ol>
<p><b>Panelists:</b></p> <ol style="list-style-type: none"> <li>1. <b>Kim Hanton</b></li> <li>2. <b>Danny Ginivan</b></li> <li>3. <b>Ginny Mercure</b></li> <li>4. <b>Keith Scott</b></li> <li>5. <b>Chuck Weinstein</b></li> </ol>	Employers of Recovery Coach Panel	<ol style="list-style-type: none"> <li>8. <a href="#">Strategies for States Creating Peer Support Services (submitted to Recovery Coach inbox)</a></li> <li>9. <a href="#">Sample of a Recovery or Wellness Policy (submitted to Recovery Coach inbox)</a></li> <li>10. <a href="#">Optum White Paper on Peer Support Services (submitted to Recovery Coach inbox)</a></li> <li>11. <a href="#">Policy created by a San Francisco clinic (submitted to Recovery Coach inbox)</a></li> </ol>

# Appendix C: Summary of Meetings & Input (cont.)

Presenters	Topics Discussed	Resources and Supporting Documents
<b>May 20, 2019</b>		
<p><b>Andrea Deeker, Deputy Bureau Director Fiscal and Analytics</b>            MA DPH, Bureau of Substance Addiction Services</p>	<p>Recovery Coach Contracting and Billing</p>	<ol style="list-style-type: none"> <li>1. <a href="#">Approved Meeting Minutes - May 20, 2019</a></li> <li>2. <a href="#">Recovery Coach Commission Presentation</a></li> <li>3. <a href="#">Standards for Credentialing</a></li> <li>4. <a href="#">Summary of State Certification</a></li> <li>5. <a href="#">City of Philadelphia Online Toolkit (submitted by Sheryl Olshin)</a></li> </ol>
<p><b>Adam Stoler, Director of Addiction Services</b>            MassHealth</p>	<p>MassHealth Recovery Coach Benefit</p>	

# Appendix C: Summary of Meetings & Input (cont.)

Presenters	Topics Discussed	Resources and Supporting Documents
<b>June 17, 2019</b>		
N/A	Draft deliverable	<ol style="list-style-type: none"> <li>1. <a href="#">Approved Meeting Minutes - June 17, 2019</a></li> <li>2. <a href="#">Recovery Coach Provider Information</a></li> </ol>
<b>July 15, 2019</b>		
N/A	Final deliverable	<ol style="list-style-type: none"> <li>1. <a href="#">MGH Recovery Coach Report (submitted to Recovery Coach inbox)</a></li> <li>2. <a href="#">MOAR Recovery Coach Collection (submitted by Kim Krawczyk)</a></li> </ol>



# Appendix D: Examples of Non-DPH Sponsored Trainings

## **George Crane Memorial Center**

Cost: \$350

## **Greenfield Community College**

Cost: \$699

## **International Association of Professional Recovery Coaches Webinars**

Cost: \$2,397

## **“Nationally Certified Recovery Coach” Webinars**

Cost: \$1,174

## **Malden Overcoming Addiction Coalition**

Cost: Free

## **North Shore Community College**

Cost: \$499

## **Police Assisted Addiction and Recovery Initiative (PAARI)**

Cost: \$100

## **The Transformation Center**

Cost: \$300

## **Westfield State University Saturday program**

Cost: Scholarships

## **Worcester Center for Health Impact**

Cost: \$375