Current Credentialing Process

**Nationally[[1]](#footnote-1)**

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. The number of hours of experience Massachusetts requires for certification is higher than the number required for national certification and is above average relative to other states.



**Massachusetts****1,[[2]](#footnote-2),[[3]](#footnote-3)**

The Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) offers a Certified Addictions Recovery Coach (CARC) certification. The MBSACC is the Massachusetts chapter of the International Certification and Reciprocity Consortium (IC&RC)2,3. Organized in 1981, IC&RC is a private, non-governmental entity that promotes public protection by setting standards and developing examinations for the credentialing and licensing of prevention, substance use treatment, and recovery professionals. IC&RC currently has 73 member certification and licensing boards in nationally and internally2. Of those, 25 certifying entities offer IC&RC’s peer recovery credential1.

The MBSACC collaborated with the Massachusetts Bureau of Substance Abuse Services (BSAS) to develop the CARC standards, which were in addition to the minimum standards required by the IC&RC3. However, the MBSACC website does not identify its staff or members of its board, or its process for establishing the requirements for certification. In addition, 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 any complaints1.

# TABLE 1: Comparison of NAADAC National Certified Peer Recovery Support Specialist (NCPRSS) and MBSACC Certified Addictions Recovery Coach (CARC)

|  |  |  |
| --- | --- | --- |
|  | NAADAC NCPRSS [[4]](#footnote-4) | MBSACC CARC[[5]](#footnote-5),[[6]](#footnote-6) |
| Education | High school diploma or GED | High school diploma or GED |
| Lived Experience | At least 2 years of recovery from lived experience in substance use and/or co-occurring disorder | Not applicable |
| Training | 60 contact and training hours (CEs) of peer recovery-focused education and training.* At least 48 hours of peer recovery-focused education/training
* At least six hours of ethics education and training and six hours of HIV/other pathogens education and training within the last six years.

\*1 hour of education/training = 1 CE; 1 quarter college credit = 10 CEs; and 1 semester college credit = 15 CEs. | 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) |
| Direct Practice | 200 hours (volunteer or paid) of experience in peer recovery support environment (supervisor-attested) | 500 hours of work experience in the four CARC domains, completed in the last 10 years  |
| Supervision  | Not applicable | 35 hours of work experience (minimum of 5 hours per CARC domain), supervised by a trained Recovery Coach supervisor |
| Exam to receive certification | Yes | Yes |
| Application fee | $235 | $250 |
| Recertification | * 20 hours of continuing education every two years, including six hours of ethics training.
* Provide work history for the two years prior to renewal.
* Self-attestation of ongoing recovery
 | 30 contact hours of approved continuing education, approved by MBSACC, every two years |

Feedback Related to Credentialing

 **“Recovery Coaches in Opioid Use Disorder Care*”* Report Recommendation[[7]](#footnote-7)**: Establish a state-sponsored certification process for Recovery Coaches

Policymakers should establish a certification process, sponsored or sanctioned by the state, in order to increase transparency and responsiveness to the public. A state agency could either administer a certification process itself or review and approve a certification process administered by a private entity. In either case, the state should ensure ample opportunity for public input.

The state-sponsored certification process should include but should not be limited to:

* training and experience requirements for certification,
* programs and curricula that are approved to provide the training,
* a process for certifying individuals,
* maintenance of a registry of certified individuals,
* a process that enables employers and health insurers to verify that an individual is certified, and
* a process for investigating and adjudicating complaints.

Policymakers should post information about these processes so that members of the public can easily find and understand the requirements, as well as to whom to address any issues, questions, or problems.

The goal of certification is to bestow credibility on the Recovery Coach workforce, providing assurance to employers that prospective hires are qualified, and to health insurers that their funds are supporting high quality services. State sponsorship would provide assurance to Recovery Coaches, employers, health insurers, and individuals using Recovery Coach services that the Recovery Coach certification is meaningful and reliable.

Policymakers should conceptualize and implement a certification process as a protection for individuals and tool for coaches, not as a barrier to employment. As such, policymakers should limit administrative and documentation burdens on coaches to the extent possible.

**DMA Health Strategies Workforce Scan Recommendations**[[8]](#footnote-8):

1. Create a Recovery Coach Registry to monitor workforce and centralize access to Recovery Coach services
2. Identify a system for ensuring Recovery Coach service quality control
	1. Ensure training quality by evaluating trainings, setting standards for trainings and trainers, and create a state-sponsored list of recommended trainers.
	2. Consider establishing criteria to allow trainings offered by programs to count for certification and reimbursement.

**Listening Sessions and Panel Presentations General Recommendations[[9]](#footnote-9),[[10]](#footnote-10),[[11]](#footnote-11),[[12]](#footnote-12)**

* Lived experience should be a requirement to be a recovery coach.
* Use of the title “Recovery Coach” is not regulated; there are concerns that some people only take the Recovery Coach Academy and identify as a “recovery coach” and subsequently are inappropriately hired for that role.
* There needs to be a clear definition for “recovery” in certification.
* There should be a process for suspending certifications or overseeing corrective action when a recovery coach experiences a relapse or violates the code of ethics.
* There needs to be a stronger recertification process for recovery coaches.
1. Recovery Coaches in Opioid Use Disorder Care Presentation and Report (01/23/19) [↑](#footnote-ref-1)
2. MBSACC Overview Document (11/07/18) [↑](#footnote-ref-2)
3. MBSACC Presentation (01/23/19) [↑](#footnote-ref-3)
4. Recovery Coaches in Opioid Use Disorder Care Presentation and Report (01/23/19) [↑](#footnote-ref-4)
5. MBSACC Overview Document (11/07/18) [↑](#footnote-ref-5)
6. MBSACC Presentation (01/23/19) [↑](#footnote-ref-6)
7. Recovery Coaches in Opioid Use Disorder Care Presentation and Report (01/23/19) [↑](#footnote-ref-7)
8. DMA Health Strategies Workforce Scan Presentation (03/18/19) [↑](#footnote-ref-8)
9. Recovery Coach and Recovery Coach Supervisor Panel (01/23/19) [↑](#footnote-ref-9)
10. Employers of Recovery Coaches Panel (03/18/19) [↑](#footnote-ref-10)
11. Fall River Listening Session (02/07/19) [↑](#footnote-ref-11)
12. Worcester Listening Session (04/02/19) [↑](#footnote-ref-12)