



Recovery Coaches in Opioid Use Disorder Care

Prepared for RIZE Massachusetts

December 2018

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Acknowledgements

The authors would like to thank the 10 Recovery Coach programs that generously provided their time and data: Anchor Recovery Community Center, Blue Guardian, Gosnold Inc., Holyoke Health, Hospital Emergency Action Recovery Team, Massachusetts General Hospital Substance Use Disorders Initiative, The Police Assisted Addiction & Recovery Initiative, Recovery Point West Virginia, Vermont Recovery Network, and The Wicomico County Community Outreach Addictions Team.

We are especially grateful to the fifteen Recovery Coaches and fourteen Recovery Coach managers and program directors who shared their stories, experiences, and expertise. We could not have produced this report without their insight.

We would also like to thank Haner Hernandez, PhD, and Jeffrey L. Walter, MHSA, for their invaluable expert advice and assistance. We are incredibly appreciative of RIZE Massachusetts' financial support and partnership throughout this project. Any errors or misrepresentations are entirely our own.

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I. Executive Summary

This report investigates evidence for using Recovery Coach services in Opioid Use Disorder (OUD) care in Massachusetts, including the definition of a Recovery Coach, the role Recovery Coaches play in recovery, the scope of Recovery Coach services, and the effect they have on health outcomes and cost.

This report is funded by a grant from RIZE Massachusetts (RIZE), 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 program directors from 10 organizations. The study encompassed the following areas, summarized below and described in the full report.

Literature Review: A small number of studies have examined the effectiveness of Recovery Coaches in Substance Use Disorder (SUD) care, in conjunction with a continuum of other services. None of these studies focused exclusively on the role of Recovery Coaches. Nonetheless, this very limited evidence infers a positive impact from adding Recovery Coaches to treatment of SUD.

Certification: There is a certification process for Recovery Coach or a similar title in 48 states plus the District of Columbia. A national professional association also offers 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.



“RECOVERY COACHES ARE ABLE TO SEE THE BARRIERS THAT [INDIVIDUALS] HAVE AND CAN PROVIDE SOLUTIONS TO THEM”

- RECOVERY COACH

Payment Methods: Medicaid programs in 39 states covered peer support services for SUD or for mental health or for both in 2018. Private health insurers are just beginning to cover these services. Some health insurers authorize providers to use a portion of a bundled or global payment to support Recovery Coach services.

Recovery Coach Scope of Services: Recovery Coach roles and responsibilities vary somewhat depending on the setting and duration of engagement, but there are certain core duties that are common to all Recovery Coaches. These common Recovery Coach roles include serving as an individual’s supporter, motivator, problem-solver, facilitator, and advocate. Recovery Coaches engage with individuals with SUD, help individuals self-determine and develop their personal recovery plan, support multiple paths to recovery, connect individuals to ongoing services, and record information on each encounter. Recovery Coaches may also help individuals navigate the health care system, access community resources such as housing and transportation, apply for public assistance benefits, and address other issues that arise.

Recovery Coach Settings: Recovery Coaches engage with individuals in hospitals and emergency departments, in community settings in conjunction with law enforcement, in community recovery

centers, clinic-based treatment centers, residential treatment centers, and through outreach in the community, jails and prisons.

Approaches to Coaching: The Recovery Coaches and program directors we interviewed agreed on three core approaches to Recovery Coaching:

- *Support multiple paths to recovery:* All interview respondents emphasized that Recovery Coaches should support whatever path to recovery or treatment regimen an individual expresses interest in pursuing. Facilitating self-determination by individuals in the creation, implementation, and maintenance of their personal recovery plans is fundamental to Recovery Coach support. In addition, all programs aim to serve any referred or self-referred individual.
- *Engage and communicate:* All programs interviewed highlighted the importance of engaging individuals, building connections, and developing trust and rapport. The Recovery Coaches observed that once they share their own story, individuals are more receptive to receiving Recovery Coach services. The hardest step in the recovery process can be the first one, and Recovery Coaches often help individuals take that first step.
- *Prioritize self-care:* All programs interviewed emphasized the importance of maintaining a focus on Recovery Coaches' own self-care. Some programs offer individual mentoring or group meetings to help support Recovery Coaches' self-care needs.

Effectiveness: There is no standard process or set of outcome measures in use across all programs. Recovery Coach programs define success differently depending on the setting and type of the intervention. For some, success means placing an individual in a treatment program, while others consider it a success when individuals reach whatever goals they have set for themselves.

Funding Sources: All programs interviewed receive most of their Recovery Coach funding through federal, state, and private grants. Several programs reported that they receive some funding from Medicaid or private insurers or both. Others are in the process of implementing structures and policies needed to receive funding from Medicaid and private insurers.

Best Practices and Barriers: Interviewees highlighted several best practices for Recovery Coach programs including: collecting standardized data; hiring people with the appropriate personal qualifications to be effective Recovery Coaches; providing training, mentoring, supervision, and other supports to Recovery Coaches; avoiding setting limits on the length of time individuals can receive Recovery Coach services; and forming partnerships with community organizations. Recovery Coaches also noted the importance of individuals taking the lead in their own recovery and maintaining healthy boundaries with the individuals they support. Interviewees identified the lack of treatment resources as a barrier to success, along with lack of transportation, stigma, lack of funding, and support for workforce development.



“THE FACT THAT I AM IN RECOVERY IS THE MOST EFFECTIVE PART OF MY WORK”

- RECOVERY COACH

Policy Recommendations: The report includes the following policy recommendations based upon findings from our research and interviews:

1. Prioritize lived experience for Recovery Coaches

Policy-makers and employers should place a high value on a prospective Recovery Coach's lived experience and sustained recovery.

2. Incorporate Recovery Coach self-care into organizational structure

Employers should establish policies, infrastructure, and an organizational culture to support the self-care needs of their Recovery Coach workforce. In particular, employers should consider creating a Recovery Coach Mentor position, which can be separate from the supervisor role, and establishing structured, regular, and recurring meetings focused on self-care.

3. Support Recovery Coach workforce development

Policymakers and employers should provide financial support for Recovery Coach training, encourage Recovery Coaches to obtain certification within a reasonable time, and establish career ladders and pathways from entry level up to Mentor positions for experienced coaches.

4. Provide financial support for Recovery Coach services

Public and private health insurers should provide sustainable funding mechanisms that enable Recovery Coaches to engage individuals with addictions and support their recovery on an ongoing basis. Payment methods should enable Recovery Coaches to provide services consistent with the wide scope of practice utilized in the field and described in this report.

5. Establish a state-sponsored certification process for Recovery Coaches

Policymakers should establish a certification process, sponsored or sanctioned by the state, to increase transparency about Recovery Coach qualifications and lend credibility to the competency of Recovery Coaches. Information about the certification process should be posted 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.

6. Establish standardized data collection tools and measures to support evaluation of the effectiveness of Recovery Coach services

Policymakers should promote and support additional research to quantify the effect of using Recovery Coaches to engage and assist individuals with OUD in addition to usual SUD care. Policymakers, health insurers, and employers should collaborate to establish a standardized set of data collection tools and measures to evaluate the effectiveness of Recovery Coach services.

II. Introduction

This report investigates evidence for using Recovery Coach services in OUD care in Massachusetts, including the definition of a Recovery Coach, the role Recovery Coaches play in recovery, the scope of Recovery Coach services, and the effect they have on health care outcomes and costs.

This report is funded by a grant from RIZE Massachusetts (RIZE), 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 program directors. The report includes the following sections.

Program Examples: Section III introduces Recovery Coaching by describing two Recovery Coach programs illustrative of the range and variation in Recovery Coaches' scope of services.

Information from Published Sources: Section IV provides a survey of the available public information on Recovery Coaches, covering topics including: (A) Certification standards and requirements for Recovery Coaches and similar job titles across the country; (B) Academic studies on the effectiveness of Recovery Coaches and (C) Payment models currently in use, or that could be deployed, to provide sustained funding for Recovery Coach services.


Recovery Coach Program Interviews: Section V synthesizes information obtained through interviews with Recovery Coaches and program directors working in 10 programs, located in six states. This section provides information on Recovery Coaches' scope of services, roles, duties, settings, approaches, effectiveness, funding sources, and best practices.

Summary of Findings: Section VI summarizes the key points identified through the review of published sources and interview findings.

Policy Recommendations: Section VII suggests actions that policy-makers, employers, and health insurers can take to promote and support Recovery Coach services and the Recovery Coach workforce.

A Note about Terminology: The terms organizations use to describe Recovery Coaches and the individuals they work with vary across states and organizations.

Unless otherwise noted, for the sake of consistency and readability, throughout this report the term "Recovery Coach(es)" is used to refer to the coach, and "individual(s)" is used to refer to people Recovery Coaches support. In sections reporting on specific programs, the report uses the terminology preferred by that program upon first use of the term followed in parenthesis by the consistent term chosen for use in this report. Note that the Massachusetts Medicaid program, MassHealth, and the Massachusetts BSAS Addiction Services (BSAS) distinguish between Recovery Coaches and Recovery Navigators. The authors have sought to incorporate both role titles in describing Recovery Coaches in this report.



"I CAN'T THINK OF A BETTER WAY TO USE MY BAD EXPERIENCES FOR A GOOD PURPOSE."

- RECOVERY COACH

In addition, the authors use the term “recovery” from SUDs to mean “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”¹

Finally, various sections refer to “lived experience” as an essential characteristic of Recovery Coaches. Some Recovery Coach programs include experience either as a family member of a person with addiction or a person in recovery as “lived experience.” For the purposes of this report, “lived experience” means an individual who is in recovery from a SUD.

III. Program Examples

This section describes two Recovery Coach programs that illustrate the range and variation of programs that employ Recovery Coaches and in Recovery Coaches’ scope of services. Recovery Point West Virginia (RPWV) reflects a peer-driven model based in several hospital emergency departments, and the second, Gosnold, Inc. on Cape Cod, Massachusetts represents a recovery center/clinical-based model. These examples highlight key components of deploying Recovery Coaches in OUD care. The choice of these two programs is not an endorsement of their relative strength or effectiveness as compared with the other eight programs interviewed for this report. Rather, these programs serve only to illustrate the significant range in approaches, settings, and philosophies, as discovered through the interviews conducted for this report. Differences in service setting (hospital vs. clinic-based), program structure (peer-driven social vs traditional clinical model), point of engagement (emergency department vs post-inpatient detox discharge), and essential requirements for Recovery Coaches (e.g., Recovery Coach emphasis on lived experience and recovery vs on professional work experience and license) all illustrate the range and variation of programs and Recovery Coach services.

A. Recovery Point West Virginia

Recovery Point West Virginia (RPWV) is a nonprofit organization established in 2011 offering short-term and long-term recovery services at no cost to clients (individuals), at locations across West Virginia. RPWV offers peer-driven Recovery Coach services in several hospital emergency departments and in one neonatal abstinence syndrome unit. In addition, RPWV provides recovery services at a women’s addiction outreach center and four long-term recovery treatment residences, where individuals reside for 6 to 12 months while participating in an intensive recovery program. The information below focuses exclusively on Recovery Coach services RPWV provides in acute care hospital settings.

1. Hospital Unit/Emergency Department Based Program

A Recovery Coach is stationed in the emergency department and alerted by medical staff when individuals arrive due to overdose. The Recovery Coach meets with these individuals in the Emergency Department and offers to assist them through their next steps toward recovery. These steps might include helping individuals gain entry to a treatment program, find temporary housing, or obtain

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). <https://www.samhsa.gov/newsroom/press-announcements/201112220300>. Accessed December 14, 2018.

clothing and furniture. The Recovery Coach also helps individuals obtain transportation to treatment facilities, though Recovery Coaches note that this part of their role is difficult and time consuming.

RPWV also offers Recovery Coach services in a neonatal abstinence syndrome unit of a hospital. This unit treats babies who were exposed to opioids or other addictive substances while their mother was pregnant. Recovery Coaches work with a social worker or a nurse stationed in the unit to identify parents appropriate for referral to the program. Recovery Coaches in the neonatal abstinence syndrome unit offer the same services as the emergency department-based Recovery Coach. In addition, this Recovery Coach can assist a parent to apply for a birth certificate, Supplemental Nutrition Assistance Program (SNAP), and other public assistance benefits. A parent and child can participate in this program for up to two years, which allows the Recovery Coach to develop a close connection with them.

Recovery Coaches in both of these 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 both the hospital and RPWV databases, and 20 percent of their time in work-related travel.

2. Recovery Coach Characteristics

RPWV requires Recovery Coaches to have lived experience and to be in recovery. Many Recovery Coaches are alumni of RPWV programs. Because Recovery Coaches work with a diverse group of staff across multiple locations, being team oriented and having the ability to form relationships with individuals and clinical staff is critical. Recovery Coaches must be able to maintain their own recovery while also supporting the recovery of the individuals with whom they work. The program manager emphasizes with each Recovery Coach the importance of self-care at weekly check-in meetings where Recovery Coach can talk with their manager about any issues they have faced with individuals.

RPWV offers, at no-cost to participants, a Peer Recovery certification training program, through West Virginia Certification for Addiction and Prevention Professionals for individuals who complete the RPWV recovery program and want to become Recovery Coaches themselves. Over half of the Recovery Coach at RPWV are certified, with the remainder in the process of obtaining certification. Recovery Coaches note the importance of shared training and knowledge about the services they all provide. However, they also stress that the most effective tool they have to offer individuals is their own experience of being in recovery.

RPWV staff emphasize that Recovery Coach do not espouse a one-size-fits-all notion of recovery. Recovery Coaches recognize that individuals have different treatment needs and that the Recovery Coach approach must be tailored to those needs. Their key goal is to ensure that individuals are making lasting changes promote their own recovery. Whether they help an individual enter a treatment facility or assist the individual in developing a recovery plan, Recovery Coaches believe they have been successful.

3. Data Collection and Analysis

At intake, Recovery Coaches enter individuals' personal information in hospital- and RPWV-based data tracking systems. This information includes the individual's name, social security number, educational level, substances of use, and type of assistance the Recovery Coach provided to the individual. RPWV also tracks outcome data such as retention time in treatment, relapse/re-occurrence rates, satisfaction of individuals working with Recovery Coaches, utilization of health care services, number and frequency of Recovery Coach contacts with each individual, and the number of referrals to treatment programs. The data systems also provide the program with information needed for Medicaid billing and grant reporting.

4. Funding

RPWV supports the Recovery Coach program through several mechanisms including State and Federal funding (e.g. Substance Abuse and Mental Health Services Administration (SAMHSA) block grants), other grants, donations, and fundraising. The program receives a per diem payment for each individual enrolled from the West Virginia Department of Health and Human Resources. West Virginia Medicaid also recently received approved coverage of Recovery Coach services provided to Medicaid recipients. RPWV is structuring a Recovery Coach-oriented position that will be eligible to bill Medicaid under this new authorization.

B. Gosnold, Inc. on Cape Cod

Gosnold's Recovery Manager program was launched in 2012 after data from Gosnold's detox unit revealed that a significant percentage of individuals resumed opioid use within two weeks of discharge. The Recovery Manager (Recovery Coach) position was created to support patients (individuals) in the community by connecting them to medication, counseling, or any other service that would help them to maintain recovery. Gosnold refers to the individuals it serves as "patients" because it sees that term as reflecting the organization's overall clinical approach and focus on professionalism. In addition to the Recovery Coaching program, Gosnold offers inpatient detox services, recovery residences, emergency department navigation services, and overdose intervention in collaboration with police departments across Cape Cod.

1. Community-based Recovery Center or Clinic Program

The target population for the Recovery Coach program are individuals who have been served in Gosnold's inpatient detox program. A Recovery Coach's core function is to help individuals develop and navigate continued care plans (Plans). Coaches work with individuals to create recovery plans that are based on each individual's own input and are therefore tailored to each person. Typically, Plans include a combination of priorities from three areas: clinical components (e.g. making sure the individual has medical appointments scheduled, arranging for transportation to the appointments), self-help components (e.g., ensuring the individual attends meetings or counseling sessions), and community engagement components (e.g. recreational activities to promote connections with other people in recovery, enrolling the individual in school, or providing résumé assistance).

The majority of Recovery Coaches are based at Gosnold's recovery clinic, while a few work with police and emergency departments. Recovery Coaches work with individuals in places most convenient for the individuals they serve: in the community, at the recovery clinic, or at the individual's home.

Recovery Coaches have a typical caseload of 10 individuals and spend approximately 75% 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.

2. Recovery Coach Characteristics

Gosnold prefers, but does not require, lived experience, and many Recovery Coaches are alumni of Gosnold's treatment facility and fully believe in its mission. The program believes that the critical hiring requirement is the ability of the candidate to form positive relationships with individuals and other Recovery Coaches.

Gosnold requires Recovery Coaches to be certified by a recognized credentialing organization, such as the Massachusetts Board of Substance Abuse Counselor Certification, the National Association of Alcohol and Drug Abuse Counselors, or the Connecticut Community for Addiction Recovery.

Gosnold reports that a key factor for Recovery Coaches' effectiveness is that they do not have a preconceived notion of what recovery should look like for any given individual. Recovery Coaches must be flexible to support whichever recovery or treatment path the individual chooses, whether a 12-step program, Self-Management and Recovery Training (SMART), or other recovery service model.

Recovery Coaches report to the Recovery Coaching program supervisor, who is also responsible for supporting a Recovery Coach's own self-care. Recovery Coaches have weekly one-on-one supervision and weekly group chats to support their own recovery.

3. Data Collection and Analysis

Individuals, at intake, complete a survey called the Recovery Capital Scale that self-identifies areas of need and strengths. A Recovery Coach uses these results to help the individual set priorities and develop the continued care Plan. Both the Recovery Coach and individual review the Recovery Capital Scale every three weeks and update the Plan to reflect the individual's current needs and priorities.

Individuals enter information on their current status every two weeks into Recovery Track, an electronic system that tracks their progress (improvement or regression) across 27 domains. Examples of these domains include: how many therapy sessions they attended the past two weeks, if they have used opioids or other drugs, medication adherence, days employed, new legal involvement, emergency department or hospital visits, and status of social and family relationships. Recovery Coaches and Gosnold's staff counselors access this information via a secure database. In addition to defining success as increased overall recovery rates, Gosnold measures success according to metrics in each domain.

4. Funding

The Recovery Coach program initially received private funding through a three-year grant and subsequently transitioned to a self-pay model, with no insurance coverage. Gosnold continues to receive small grants that support scholarships for individuals who would not otherwise be able to afford the program.

Aetna recently began paying for full coverage for some individuals receiving Gosnold's Recovery Coach services. Gosnold is working to access funding from the Massachusetts' Medicaid program, MassHealth, for a recovery support navigator service that more closely reflects a case management model.

The lack of consistent funding streams limits Gosnold's ability to offer Recovery Coach services to every interested individual.

IV. Information from Published Sources

This section provides several different types of information available from published sources, including: certification standards and requirements for Recovery Coaches with similar job titles across the country; studies of the effectiveness of Recovery Coaches published in academic literature; and payment models that are used or could be used to pay for Recovery Coach services.

A. Literature Review of Effectiveness of Recovery Coaches

A survey of the academic literature examined the availability of evidence on the effectiveness using Recovery Coaches in the provision of recovery services to individuals with SUDs. Searches of Google Scholar, National Center for Biotechnology Information (NCBI), SAMHSA, and other relevant sources identified only 12 studies of peer support (Recovery Coach) services for SUD. These 12 studies were published between 2004 and 2018 and include three randomized control trials, two quasi-experimental design, four pre/post-services design and three others. Two meta-analyses reviewed evidence of the impact of Recovery Coach services; these meta analyses reviewed most of the studies identified here.^{2,3} A summary of these studies is provided in **Appendix A**.

Each study examined the use of Recovery Coach services in the context of a larger intervention to support recovery. Some studies attempted to quantify the short or long-term effect of including Recovery Coach services above and beyond the effect of other components of the intervention, while others did not.

Several studies noted that selecting an appropriate control group for this research is particularly challenging for this research because Recovery Coach services may affect the number of individuals who seek assistance for SUD at different points along the arc of recovery. Individuals who use Recovery

² Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1-9.

³ Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853-861.

Coach services may face greater challenges than those who access usual care for SUD without the assistance of a Recovery Coach.

Despite these limitations, these studies generally report a small to moderate positive impact from adding Recovery Coaches to treatment of SUD. Additional research is needed to quantify the effect of using Recovery Coaches to engage and support individuals with OUD in addition to usual SUD care. This additional research could also provide evidence as to best practices for Recovery Coach services.

B. Recovery Coach Certification Requirements

This section describes current certification requirements in Massachusetts, nationally recognized certification organizations, and certification requirements across the country.

1. Massachusetts

In Massachusetts, the private Board of Substance Abuse Counselor Certification (MBSACC) administers an Addiction Recovery Coach certification process.

The requirements for certification are as follows. Applicants must have a high school diploma or GED and must document 60 hours of education in the following areas: Advocacy (10 hours), Mentoring/Education (10 hours), Recovery/Wellness Support (10 hours), Ethical Responsibility (16 hours), Cultural Competency (3 hours), Addictions 101 (5 hours), Mental Health (3 hours), Motivational Interviewing (3 hours). Each applicant must have 500 hours of work experience, completed in the last 10 years, specific to the above domains, as well as 35 hours of work experience, supervised by a trained Recovery Coach supervisor, and also specific to the domains. Finally, applicants must pass an examination prior to receiving their certification.

The MBSACC worked closely with the Massachusetts Bureau of Substance Addiction Services to establish its requirements for certification and to pre-approve training programs.⁴ 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 complaints.

2. National

The National Association for Alcoholism and Drug Abuse Counselors (NAADAC), a professional association, offers a National Certified Peer Recovery Support Specialist (NCPRSS) certification. This certification requires a high school diploma or GED; at least 2 years of recovery from lived experience in substance use or co-occurring disorder; 200 hours of direct practice (volunteer or paid) experience in peer recovery support; at least 60 hours of training, including at least 6 hours of ethics education and 6 hours of HIV/other pathogens training; and an exam. A number of state certification entities use the NAADAC exam in their own state certification process.

⁴ Haner Hernandez, MBSACC board member, personal communication, 11/30/18.

3. Summary by State

This section provides information on Recovery Coach certification in 48 states and the District of Columbia. The authors were unable to locate certification entities in North and South Dakota, Puerto Rico, or the U.S. Virgin Islands. Sources in North Dakota and Puerto Rico reported that they are in the process of creating a certification program. The authors did not research whether any state law requires an individual to obtain certification to work as a Recovery Coach or similar title in that state.

The certification information, accurate as of November 2018, is summarized below and detailed by state in **Appendix A**.

- **Job Title:** The job title used by each certification entity. Twenty-three different terms are used. All states include the word “peer” or “recovery” or both in the job title. Eleven certifying entities include the term “Recovery Coach” in the job title. Twelve certifying entities use the title “Peer Recovery Specialist.”
- **IC&RC Member:** The International Certification & Reciprocity Consortium (IC&RC) is a private, not-for-profit organization that promotes public protection by offering internationally-recognized credentials and examinations for prevention, substance use treatment, and recovery professionals. To date, 25 certifying entities offer IC&RC’s peer recovery credential.
- **Number of States with a Private or Public Credentialing Entity:** The number of certification entities that are either private, public, or public/private. For example, Alaska relies on a private certification organization, the Alaska Commission for Behavioral Health Certification, whereas Alabama’s state Department of Mental Health certifies Recovery Coaches.
- **Minimum Education Requirement:** The minimum education requirements to apply for a certification. Certification in most states requires a high school diploma or GED.
- **Exam Required:** Whether a certification entity requires an exam to complete the process. An exam is required by 41 certification entities.
- **Lived Experience:** Whether a certification entity requires an applicant to have lived experience to apply for a certification.
- **Hours of Training:** The number of hours of training an applicant must complete and document to obtain certification. The number of hours varies by state, and some states require training on specific topic areas or to cover a set of domains.
- **Hours of Experience:** The number of hours of experience an applicant needs to complete a certification. The number of hours varies by state.
- **Hours of Supervision:** The number of supervised hours of experience an applicant needs to complete a certification. The number of hours varies by state.

TABLE 1: Summary of State Certification Requirements

| Certification Elements | No. of States⁵ | % of States |
|---|----------------------------------|--------------------|
| <i>Job Title (in order of frequency)</i> | | |
| Peer Recovery Specialist | 12 | 23% |
| Peer Specialist | 6 | 11% |
| Recovery Coach | 4 | 8% |
| Peer Recovery Coach | 3 | 6% |
| Peer Recovery Support Specialist | 3 | 6% |
| Peer Support Specialist | 4 | 8% |
| Addiction Recovery Coach | 1 | 2% |
| Behavioral Health Peer Support Specialist | 1 | 2% |
| Peer Addiction Recovery Coach | 1 | 2% |
| Peer Counselor | 1 | 2% |
| Peer Mentor / Peer Recovery Coach Designation | 1 | 2% |
| Peer Recovery | 1 | 2% |
| Peer Recovery and Support Specialist | 1 | 2% |
| Peer Recovery Mentor | 1 | 2% |
| Peer Recovery Supporter | 1 | 2% |
| Peer Support and Wellness Specialist | 1 | 2% |
| Peer Support Worker | 1 | 2% |
| Reciprocal Peer Recovery | 1 | 2% |
| Recovery Coach Professional | 1 | 2% |
| Recovery Mentor | 1 | 2% |
| Recovery Specialist | 1 | 2% |
| Recovery Support Specialist | 1 | 2% |
| Recovery Support Worker | 1 | 2% |
| Missing/Unknown | 4 | 8% |
| <i>State Offering IC&RC Peer Recovery Credential</i> | | |
| State is an IC&RC Member and offer credential | 25 | 47% |
| State is not an IC&RC Member and does not offer credential | 28 | 53% |
| <i>Credentialing Entity</i> | | |
| Private | 29 | 55% |
| Public | 16 | 30% |
| Public/Private | 3 | 6% |
| Missing/Unknown | 5 | 9% |
| <i>Minimum Education Requirement</i> | | |
| High School Diploma/GED | 33 | 62% |

⁵ This table reflects certification requirements from certification organizations in 48 states and the District of Columbia as of November, 2018.

| Certification Elements | No. of States⁵ | % of States |
|--|----------------------------------|--------------------|
| No Requirement/Missing/Unknown | 20 | 38% |
| Exam | | |
| Exam Required | 41 | 77% |
| No Exam Required | 2 | 4% |
| No Requirement/Missing/Unknown | 10 | 19% |
| Hours of Training Required | | |
| 21-40 | 17 | 32% |
| 41-60 | 17 | 32% |
| 61-80 | 3 | 6% |
| 81-100 | 1 | 2% |
| 101-120 | 4 | 8% |
| No Requirement/Missing/Unknown | 11 | 21% |
| Lived Experience Requirement | | |
| Lived Experience and One Year Continuous Recovery Required | 4 | 8% |
| Lived Experience and One and Half Years Continuous Recovery Required | 1 | 2% |
| Lived Experience and Two Years Continuous Recovery Required | 8 | 15% |
| Lived Experience Not Required | 3 | 6% |
| No Requirement/Missing/Unknown | 37 | 70% |
| Hours of Experience Required | | |
| 200 | 1 | 2% |
| 500 | 17 | 32% |
| 1,000 | 1 | 2% |
| 2,000 | 1 | 2% |
| No Requirement/Missing/Unknown | 33 | 62% |
| Hours of Supervised Experience Required | | |
| 25 | 15 | 28% |
| 50 | 1 | 2% |
| 75 | 1 | 2% |
| 100 | 1 | 2% |
| 120 | 1 | 2% |
| 500 | 2 | 4% |
| No Requirement/Missing/Unknown | 32 | 60% |

C. Current Health Services Payment Models

A strong Recovery Coach workforce needs sustainable financing— funding sources that programs can rely on year after year. Currently, most Recovery Coach programs we interviewed rely on grant funding that must be renewed on an annual basis or every few years. While Recovery Coach programs appreciate the flexibility associated with grant funding, they also worry about sustainability. When grants are not renewed, as often occurs across the country, programs scramble to find funding and some close. Several Recovery Coach programs are addressing this dilemma by developing the infrastructure required to bill third parties, particularly Medicaid, for Recovery Coach services. The infrastructure required to meet billing requirements, rules, and methods vary by state. Payment sources and methods, described below, represent potential new funding sources for Recovery Coach programs

1. Health Insurers

Private Insurance: Private insurers are beginning to cover Recovery Coach services on a limited basis. Three of the Recovery Coach programs we interviewed reported receiving some payments from private insurers. For example, Gosnold reported that Aetna agreed to fund Recovery Coach services for individuals enrolled in its programs. In addition, several private health plans employ their own Recovery Coaches, as evidenced by online job postings.

Medicaid: Most state Medicaid programs pay for some peer services, which may or may not include Recovery Coach services. Some states pay for peer services only for individuals with mental health conditions, some only for individuals with SUD, some only for co-occurring mental illness and SUD, and some for a combination of these. Overall, 39 state Medicaid programs covered some peer services in 2018, up from only eight states in 2008.⁶ These states have used several strategies to obtain federal authorization to cover peer services, including Section 1115 waiver demonstrations (based on the Centers for Medicare and Medicaid Services' 2017 guidance) and State Plan Amendments.⁷

⁶ Snyder, T. (2018). *39 States Cover Peer Support Services for Behavioral Health – OPEN MINDS Releases Reference Guide on Medicaid Reimbursement for Peer Support Services*. Gettysburg, PA. Retrieved from <https://globenewswire.com/news-release/2018/04/27/1488741/0/en/39-States-Cover-Peer-Support-Services-For-Behavioral-Health-OPEN-MINDS-Releases-Reference-Guide-On-Medicaid-Reimbursement-For-Peer-Support-Services.html>. Accessed December 14, 2018.

⁷ Centers for Medicare and Medicaid Services (CMS). (2018) *1115 Substance Use Disorder Demonstrations*. Washington, DC. Retrieved from <https://www.medicare.gov/state-resource-center/innovation-accelerator-program/program-areas/reducing-substance-use-disorders/1115-sud-demonstrations/index.html>. Accessed December 14, 2018.

Centers for Medicare and Medicaid Services (CMS). (2018) *State-by-State Health Home State Plan Amendment Matrix*. Washington, DC. Retrieved from <https://www.medicare.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/state-hh-spa-at-a-glance-matrix.pdf>. Accessed December 14, 2018.

2. Payment Methods

Fee-for-service: Traditionally, commercial health insurers, Medicare, and Medicaid have paid hospitals, doctors, and other health care providers a fee for every service rendered. One approach to sustainable funding would be for all health insurers to make Recovery Coaches eligible for fee-for-service payments. In Massachusetts, MassHealth has recently begun paying for Recovery Coach services on a fee-for-service basis,⁸ and has also authorized Managed Care Organizations and Accountable Organizations to pay for Recovery Coach services.⁹ Some private health insurers are beginning to cover some Recovery Coach services on a fee-for-service basis, as noted in our interviews.

Pay-for-Performance: Across the country, insurers have been moving away from the traditional fee-for-service payment system toward paying for services in a way that rewards health care providers for delivering better care at lower cost. For example, under fee-for-service a physician may receive high fees for treating complications from poorly controlled diabetes, such as kidney disease and nerve damage, but may not be able to bill for services designed to help individuals manage their diabetes. The fee-for-service payment system rewards health care providers for providing more services but not necessarily for providing better care.

Pay-for-performance is one simple way to reward health care providers for delivering better care at lower cost. Under this method, a health plan may agree to make bonus payments to a health care provider that meets certain quality targets, for example, if a greater share of its members with addiction needs initiate and engage in treatment. The health care provider could engage Recovery Coaches to help meet such quality targets. The health care provider could then use the bonus payments it receives to cover the cost of Recovery Coach services and other interventions. There is often a lag, however, between the time when the services are provided and when the provider receives the bonus payment. The provider would need to find alternative funding to defray the cost of Recovery Coach services in the short term.

Bundled Payments: Medicaid programs in several states, as well as some private health insurers, make monthly payments, sometimes called “case rates”, to clinical practices to cover a bundle of services such as outreach, case management, health promotion, and connection to social services for individuals enrolled in a program providing these services. Some state Medicaid programs fund these services through a Health Homes initiative, which receives 90 percent of its funding from the federal government, as authorized under the Affordable Care Act of 2010, Section 2703. Kansas, for example, explicitly authorizes using Health Homes funds to pay for Recovery Coach services, together with other required services.¹⁰

⁸ 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders Programs. Adopted June 16, 2017.

⁹ Massachusetts Medicaid Section 1115 Demonstration. Demonstration Approval Period July 1, 2017 through June 30, 2022. Special Terms and Conditions 41, Table D. Amended June 27, 2018.

¹⁰ Purington, K. *Using Peers to Support Physical and Mental Integration for Adults with Serious Mental Illness*. National Academy for State Health Policy. January, 2016.

Global Payments: MassHealth and many private health insurers have begun contracting with Accountable Care Organizations (ACOs) that are at financial risk for managing their members' care. An ACO typically receives a standard per-member, per-month (PMPM) payment amount, called a global payment or capitation, to care for all its members. If the health care provider meets its quality targets and its revenues exceed its costs, it keeps the difference, and may even earn an additional bonus payment. This global payment method aims to hold health care providers accountable for providing high-quality care while containing costs.

ACOs have a strong incentive to invest in services that have been shown to improve quality and contain costs. Most ACOs have the technical resources needed to analyze their member populations and identify members who could most benefit from Recovery Coach services, such as members who have been treated in an emergency department for SUD. ACOs could fund a Recovery Coach intervention targeted to these high-risk individuals.

In Oregon, Coordinated Care Organizations (CCOs) are responsible for coordinating care for Medicaid members to improve members' health, improve the quality of health care services, and contain costs. Oregon requires CCOs to make peer supports (Recovery Coaches) available to members as part of their care team. Oregon authorizes CCOs to use a portion of their global payments for peer supports.¹¹

Statewide Assessment: Vermont has used a very different strategy. It has established a statewide system for financing Recovery Coach and other preventive services. Vermont assesses health insurers a fee of \$17,500 per 1,000 members to support Community Health Teams (CHTs) across the state.¹² The CHT includes Recovery Coaches and other health professionals who are responsible for outreach, care coordination, and connecting residents to needed services.¹³ Vermont's CHTs have been successful in reducing hospital and emergency department utilization, while improving health outcomes.¹⁴

V. Recovery Coach Program Interviews

We interviewed 29 people in 10 programs in Maryland, Massachusetts, Pennsylvania, Rhode Island, Vermont, and West Virginia that employ Recovery Coaches. The purpose of the interviews was to gain an understanding of Recovery Coaching and to learn what Recovery Coaches do, where they work, at what points they engage with individuals, and how they perform their work.

¹¹ Purington, K. *Using Peers to Support Physical and Mental Integration for Adults with Serious Mental Illness*. National Academy for State Health Policy. January, 2016.

¹² Institute for Economic and Clinical Review (ICER). (2013). The New England Comparative Effectiveness Public Advisory Council, An Action Guide on Community Health Workers: Guidance for Health Insurers. http://icer-review.org/wp-content/uploads/2011/04/Action-Guide-for-Health-Insurers_09-05-131.pdf. Accessed December 14, 2018.

¹³ Vermont Agency of Human Services, Department of Vermont Health Access. (2015). Budget Document, State Fiscal Year 2016. <http://dvha.vermont.gov/budget-legislative/sfy201602042015.pdf>. Accessed December 14, 2018.

¹⁴ Bielaszka-Duvernay, C. (2011). Vermont's Blueprint for Medical Homes, Community Health Teams, and Better Health at Lower Cost. *Health Affairs*, 30(3), 383-386. doi:10.1377/hlthaff.2011.0169.

A. Selection Methodology

We conducted a web-based search to identify programs that mentioned Recovery Coaches or similar terms in the provision of recovery services to those addicted to opioids or with SUD. Our initial review identified 37 programs that made reference to the employment of Recovery Coaches within their programs. We then applied five criteria listed below to select programs for interviews.

In consultation with our expert advisors, we prioritized programs based on:

- Location in a state with a high opioid-related overdose death rate,¹⁵ as an indicator that Recovery Coaches in those states were likely to have a major focus on OUD;
- Longevity of the program, on the assumption that programs with more experience could share best practices and lessons learned; and
- Indications that the program could provide data on outcomes and effectiveness.

In addition, we sought to gather information from a diversity of programs in terms of:

- Geographic location of the program (e.g. rural, urban), and
- Setting in which the program provides services (e.g. hospital or emergency department; community-based recovery centers or clinics; remote technology).

Applying these criteria, we selected 10 programs for interviews: Anchor Recovery Center (ARC), Rhode Island; RPWV; Vermont Recovery Network (VTRN); Blue Guardian (BG), Pennsylvania; Wicomico County Community Outreach Addictions Team (COAT), Maryland; and five Massachusetts-based programs: Hospital Emergency Action Recovery Team (HEART); Police Assisted Addiction and Recovery Initiative (PAARI); Gosnold; Holyoke Health (HH); and Massachusetts General Hospital SUDs Initiative (MGH Initiative). An overview of each program is detailed in **Appendix C** and a listing of the benefits and supports the programs provide to Recovery Coaches is included in **Appendix D**.

From each of these programs, we invited people in two roles to participate in interviews: Recovery Coaches and program directors. We created an interview guide to address three main objectives in interviewing Recovery Coaches:

- to gain first-hand insight from Recovery Coaches on what, where, when, and how they do their day-to-day work
- to understand how Recovery Coaches handle their caseloads, and
- to learn what works and doesn't work in the provision of Recovery Coach services

Our interview guide for Recovery Coach program directors had four main objectives:

- to gain further insight on overall programmatic structure
- to learn about the history of each program interviewed
- to better understand each programs' data collection, analysis, and reporting practices, and
- to discuss lessons learned from the experience of these program directors

¹⁵ National Institute on Drug Abuse (NIDA). (2018). *Opioid Summaries by State*. Washington, DC. Retrieved from: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state>. Accessed on December 14, 2018.

B. Recovery Coach Scope of Services

Recovery Coaches assume several roles and conduct a range of activities in their goal of supporting the recovery of the individuals they work with. This section summarizes Recovery Coaches' roles and responsibilities excerpted from job descriptions submitted by the 10 interviewed programs, and further described in interviews. In addition, three sample job descriptions are provided in **Appendix E**.

1. Recovery Coach Roles

Recovery Coaches undertake the following roles when supporting individuals.

Supporter: Provide hope and support to individuals diagnosed with or identifying as having SUDs throughout their recovery process to achieve sustained recovery.

Motivator: Encourage individuals to take empowering actions to regain control over their lives and recovery, guide participants in development self-determination and recovery skills that work for them, and relate recovery in a positive manner through coaching, role modeling, and mentoring to help individuals develop skills to achieve recovery goals.

“RECOVERY COACHING IS ONE OF THE MOST REWARDING JOBS POSSIBLE.”

- RECOVERY COACH

Problem-Solver: Make connections to services and pathways chosen by the individual; help individuals develop skills to achieve self-directed recovery goals and overcome barriers presented by often fragmented and bureaucratic addiction treatment and health care delivery systems.

Facilitator: Assist individuals with navigating the transition to and from services and settings and from a professionally directed service plan to a self-directed recovery plan.

Advocate: Serve as an advocate for individuals in the program and help them develop self-advocacy skills.

2. Recovery Coach Duties and Responsibilities

Recovery Coaching encompasses a range of duties and responsibilities. Some responsibilities are standard across all the programs we interviewed, while others are specific to certain programs. We have grouped Recovery Coach duties and responsibilities, as stated by the 10 programs, into common areas of focus.

Engagement: All Recovery Coaches encourage individuals to enter recovery.

- Engage with and meet individuals identified with SUD including OUD where they are through self-directed approaches.
- Share personal recovery experiences and develop authentic peer-to-peer relationships.
- Across all points of contact, serve as a role model, problem-solver, mentor, advocate and motivator to individuals by demonstrating that recovery is possible and maintain ongoing individual support regardless of relapse.

Assessment and Recovery Planning: Most Recovery Coaches conduct or support self-assessment and help individuals develop and implement a Recovery Plan.

- Assist individuals in identifying their personal interests, recovery and improvement goals, strengths and weaknesses regarding recovery.
- Conduct screening assessments for individuals referred to specialists to ascertain suitability and receptivity to treatment referrals.
- Work with individuals to identify and overcome barriers to full engagement in recovery by coaching them prioritize working on identified psychosocial barriers to engagement in recovery such as: housing instability, transportation access, financial barriers, and unmet educational or vocational needs.
- Assist as requested with developing personal recovery plans including crisis prevention and that may also include components that address family issues.
- Provide transition assistance from a professionally assisted recovery initiation to personally-directed, community supported recovery maintenance
- Provide encouragement and suggest strategies to maintain or increase commitment to healthy, recovery behaviors, problem-solving, personal triggers and relapse prevention.

Make Connections to Treatment or Other Recovery Resources: All Recovery Coaches support community connections; the degree of support varies considerably across programs, however. In some programs, Recovery Coaches provide information and make referrals to community supports, others actively assist with connecting individuals to resources, and some accompany individuals to appointments, meetings and community resources. This list of duties from the various Recovery Coach programs is sequenced from a light touch to more intense support.

- Actively identify and support linkages to community resources that support the individual's goals and interests. Community resources may include detox facilities; medication for addiction treatment (MAT) programs; recovery community centers; 12-step, faith-based and SMART recovery group; and other resources.
- Develop relationships with referring entities such as law enforcement and hospitals and referral relationships with community resources such as communities of recovery, educational, vocational, social, cultural, spiritual resources, mutual self-help groups, professional services, etc.
- Disseminate community resource information including housing, employment, education, transportation, recreation, health, religious/spiritual and other resources;
- Recommend referral of individuals to appropriate treatment resources.
- Help individuals in starting or continuing treatment services in the community.
- Help individuals navigate the health care system and social service system.
- Facilitate individual access to recovery-oriented SUD treatment, resources, and community recovery groups.
- Work with participants to navigate and use community resources to advance recovery plans
- Ensure that outreached individuals are familiar with and become comfortable with recovery resources available within the community.
- Ensure that individuals are referred to and connected with recovery support services.

- Accompany individuals to appointments and meetings, as needed.
- Assist with accessing and obtaining other social determinants of health such as obtaining entitlements: food stamps, Temporary Cash Assistance, Motor Vehicle Administration identification, insurance, etc.
- Directly assist or provide referrals for assistance to individuals applying for entitlement programs or funds, such as Social Security, Transitional Assistance, food stamps, etc.
- Manage issues related to stabilization of living arrangements such as housing search, applications, program referrals etc.

Support the Recovery Process: Recovery Coaches in some programs can offer additional support to the individual in navigating their chosen path of recovery.

- Conduct educational training sessions that promote skill development at every phase of the recovery journey.
- Distribute substance use, mental health recovery, and community resource information to promote behavioral changes leading to healthy behaviors and enhance insight and awareness.
- Provide or arrange for transportation individuals to and from services, medical, psychiatric, financial or other appointments, and meetings, etc.
- Aid with transitions from settings and services.

Provide Crisis Support: Some Recovery Coaches reported in interviews that they provide Crisis Support.

- Provide in-person or telephonic support during these times to stabilize an individual and get them back on the path to recovery.
- Administer support to individuals in immediate risk of relapse or for other time-sensitive matters during and outside of regular business hours.

Collect and Report Data: All Recovery Coaches collect and report data.

- Collect and record data elements such as an individual's name, the date and time of each contact, and an individual's substances of use.
- Some complete individual tracking and outcomes reporting, assuring compliance with privacy and confidentiality regulations

Other activities: Some Recovery Coaches have additional responsibilities.

- Facilitate recovery support groups
- Lead in-house and community activities and events
- Implement and promote recovery-oriented initiatives with staff and in partnership with the community.

3. Settings and Point of Contact

As detailed in **Appendix C**, Recovery Coaches engage and work with individuals in a variety of settings. The programs we interviewed provide Recovery Coach services in the following settings: Hospital Units

or Emergency Departments (ARC, RPWV, HEART); Law Enforcement Departments/agencies (BG, PAARI); Recovery Center or Clinical-based Settings (COAT, Gosnold, HH, MGH Initiative, VTRN).

Hospital Units or Emergency Departments: In this setting, Recovery Coaches engage individuals in the hospital unit or emergency department prior to discharge, and typically within 24 hours of receiving a referral. Recovery Coaches help individuals to recognize that recovery is possible, and when individuals express interest in entering the next stage of treatment, Recovery Coaches facilitate access.

Law Enforcement Departments/agencies: In this community-based setting, Recovery Coaches collaborate with law enforcement entities to visit homes of non-fatal overdose victims with the goal to motivate them to accept help. Recovery Coaches receive self-referrals, as well as referrals from other providers, law enforcement, other criminal justice entities, and hot lines. For example, the COAT program offers a 24/7 staff monitored hot line that serves as a notification system for overdose admissions, triggering deployment of a Recovery Coach to meet with the individual.

Recovery Center or Clinic-based Settings: Recovery Coaches in community-based settings make connections via referrals from affiliated health centers, inpatient programs, center directors or Recovery Coach supervisors, warm hand-offs from clinical staff in other settings, walk-ins, and outreach sessions in the community, jails or prisons.

Open-Door Policy: Most organizations have a broad and inclusive philosophy regarding the individuals they assist. The open-door policy that most programs use reflects this approach. All the programs interviewed stated that they would provide Recovery Coach services to essentially any referred or self-referred individual (except for one program that does not work with individuals with mental disorders). While multiple programs were created specifically to assist individuals with OUD, they quickly began assisting individuals with a wider array of SUDs as soon as they recognized that need. Additionally, one program specifically stated the philosophy that it would give every individual the same quality of services, regardless of the payment source.

4. Approaches to Coaching

Three core approaches emerged, across all programs interviewed, about how Recovery Coaches do their work, regardless of setting. Recovery Coaches support multiple paths to recovery, engagement and communication with individuals, and self-care.

a. Support Multiple Paths to Recovery

The Recovery Coaches and organizations interviewed emphasized there are multiple pathways to recovery and that individuals recovering from addiction are in the best position to decide for themselves which one(s) they want to pursue. All programs specifically stated this philosophy of multiple pathways with utmost conviction. Supporting individuals to determine their own path and formulate their personal recovery plan are central to assessment, planning, and progress in recovery. The individual drives the recovery process.

Programs described their approach as meeting the individuals where they are. Two programs noted that where individuals are in their path to recovery affects their ability to engage in a Recovery Coaching relationship. For example, individuals who are connected to Recovery Coaches through a voluntary stay in a rehabilitation center or detox unit are more likely to engage with Recovery Coach services than individuals who meet Recovery Coaches during an emergency department visit.

All 10 Recovery Coach programs interviewed stated that it is essential for Recovery Coaches to promote the individual's right to self-determination by supporting the individual to set personal recovery goals, choose a recovery path or treatment regimen and identify barriers that may impede their recovery goals. Also, some programs noted the importance of supporting individuals to develop self-advocacy skills. For example, if an individual chooses to use MAT and SMART, while the Recovery Coach prefers to engage in abstinence and a 12-step program, the Recovery Coach must support the individual's chosen path. Recovery Coaches stressed the central philosophy of all 10 of the organizations: one of the most important aspects of being a Recovery Coach is maintaining an open mind about the different pathways to recovery and supporting an individual in whichever path that individual chooses.

To best serve individuals, Recovery Coaches take broader views of recovery than providers in a clinical context. Several programs' stated philosophy is that recovery is not just about helping an individual to get treatment and maintain sobriety, it's also about the overall growth of the individual. Recovery Coaches participate in assessment and recovery planning that support the rapid identification of each individual's recovery needs reflects each individual's goals, objectives, recovery path, or treatment regimen. The plan includes steps that best meet the individual's needs, be it through attaining a job, educational degree, or stable housing.

In sum, Recovery Coaches' function is not to set the pathway for individuals, but rather to assist individuals down whatever path they choose for themselves to attain self-acceptance, self-sufficiency, and emotional stability.

b. Engage and communicate

All programs interviewed highlighted the importance of engaging individuals, building connections, and developing trust and rapport. Recovery Coaches use a variety of communication approaches to

“Recovery [is] a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. . . SAMHSA has delineated four major dimensions that support a life in recovery: [Health, Home, Purpose, and Community] . . .

Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.”

— SAMHSA

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018) *Recovery and Recovery Support*. Washington, DC. Retrieved from: <https://www.samhsa.gov/recovery>.

establish and maintain engagement with individuals pursuing recovery. These strategies are described below.

Strategy #1: All programs interviewed reported that once Recovery Coaches share their story and explain the support they can provide; most individuals are more receptive to receiving Recovery Coach services. The program staff explained that the initial reaction of individuals is frequently one of hesitation toward the Recovery Coach program. One program explained this reluctance as frequently the result of the preconceived notion that a Recovery Coach is essentially a “glorified babysitter”; another program reported individuals are often reluctant to accept services because of the real or perceived difficulty of transitioning off opioids and onto medication assisted therapy. Two programs interviewed indicated that the hardest step for individuals to take in the recovery process is the first one.

Strategy #2: One program noted that it leaves programmatic information with individuals who initially decline services and reported that a “significant number” of these individuals end up engaging in Recovery Coach services a few weeks after the initial contact.

Strategy #3: Most programs include training in motivational interviewing for Recovery Coaches. This technique has an evidence-base demonstrating effectiveness in engaging with individuals and helping them make behavioral changes regarding their substance use to improve their health.¹⁶

Strategy #4: Some programs conduct follow-up and maintain regular contact via electronic media, phone and face to face contact with individuals.

Strategy #5: Unsurprisingly, one program reported that strong external care teams (e.g. family support) positively affects the relationship and communications between the individual receiving Recovery Coach services and the Recovery Coach.

In addition, job descriptions identified Recovery Coaches using some additional communication strategies, such as:

- Actively encouraging attendance and participation in recovery-oriented, self-help, and pro-social groups to help maintain connection with others in recovery after individuals leave treatment to insure their ongoing success and to provide re-engagement support in partnership with others.
- Serving as a liaison by clearly and effectively facilitating communication between the individual, primary care provider, consulting psychiatrist, and across systems of care (e.g. the recovery community, the addiction treatment system, the medical treatment system, and the individual’s community and family), while maintaining appropriate confidentiality procedures and boundaries.

¹⁶ Substance Abuse and Mental Health Services Administration (SAMHSA) - Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions (CIHS). (2011). *Motivational Interviewing*. Washington, DC. Retrieved from: <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>. Accessed on December 14, 2018.

- Providing outreach on the streets in cooperation with local law enforcement and hospital agencies in response to community overdose cases.

c. Importance of Self-Care

All Recovery Coaches and program directors we interviewed concurred that self-care is a priority for people working as Recovery Coaches. Because Recovery Coaches model and support recovery through approaches like telling their story, self-care is also essential to their effectiveness.

Personal approaches: As with the individuals they assist, Recovery Coaches' personal approaches to maintaining recovery themselves varied widely. Coaches reported: using meditation to maintain recovery, focusing on abstinence from all substances, attending therapist and psychiatrist appointments, attending 12-step group meetings, attending Bible study, and entering a drug rehabilitation facility. When discussing their philosophies, six Recovery Coaches specifically brought up the positive connection between their own recovery and their position as a Recovery Coach. All six reported that being a Recovery Coach enhanced their own recovery.

Specifically, one coach reported that being around individuals with addiction reminded the coach of how far the coach himself had come in his own recovery. Two coaches reported the role of Recovery Coach bringing them inner peace, with one commenting that it enables him to use all the negative experiences of his own life in a positive way. Finally, one coach explained that

being a Recovery Coach adds external motivation to her own recovery by requiring her to maintain her own recovery to serve as a role model for the individuals that she helps.



“JOB #1 OF A RECOVERY COACH IS TO PROTECT OUR OWN RECOVERY AND THE THINGS THAT KEEP US THERE.”

- RECOVERY COACH

Mentoring: Many programs provide mentoring structures in the form of individual and group meeting sessions where Recovery Coaches and mentors share experiences, issues, information, best practices and strategies with one another. Some programs provide a Recovery Coach Mentor who is not the Recovery Coach's day to day supervisor. In these programs, the Recovery Coaches work at a variety of different locations and report to an administrative supervisor who is not a Recovery Coach. The Recovery Coach Mentor helps Recovery Coaches strategize about challenges related to their work and helps support the Recovery Coaches' own recovery. One Mentor described his position as a Recovery Coach to the Recovery Coaches.

Supervision: All programs provide supervision to support Recovery Coaches as they perform their day to day work. For example, some programs have a director that works or has worked as a Recovery Coach and who meets weekly with each Recovery Coach staff. Other programs rely on clinicians to provide some clinical supervision related to individuals receiving support and administrators to provide personal supervision of the Recovery Coaches. While we did not identify a prevalent structural approach to supervision, all the Recovery Coach programs we interviewed provided Recovery Coaches with access to regular supervision and clear lines of communication. These supervisors help coaches to overcome

challenges and barriers in accessing resources, to assess participant progress, and to formulate recovery plans.

C. Measuring Effectiveness

Defining Effectiveness and Success. Definitions of success vary greatly among the programs interviewed. One potential explanation for the wide range of responses is that variation in programmatic models (e.g. short-term vs. long-term intervention) naturally lend themselves towards different measures. For example, preventing deaths from overdoses may be more of an immediate focus for an emergency department-based program, while job attainment may be one of the measurements of success for a long-term program.

The following metrics represent how the corresponding number of programs measure success:

- The individual is placed into a treatment program (5 programs stated this)
- The individual reaches the goals that they set for themselves (3)
- Successfully supporting an individual to get out of active addiction (2)
- The individual's use of opioids decreases (2)
- Preventing overdose deaths (2)
- Increasing recovery capital (recovery capital is the internal and external resources that an individual develops to enter, and maintain, recovery. Examples of internal resources are self-confidence and coping mechanisms. Examples of external resources are stable housing, proper nutrition, access to transportation, and the availability of Narcan) (2)
- The individual makes any improvement in their life (2)
- Enabling the individual to help themselves with any issue or challenge that they may face (2)
- Enabling an individual's life to become more manageable (1)
- Removing barriers to recovery (1)
- The individual transitions to suboxone / methadone (if the individual desires that treatment path) (1)
- The individual feels physically and emotionally safe with the coach (1)

Tracking Outcomes and Effectiveness: Perhaps because the field of Recovery Coach services is relatively new, most of the programs we interviewed lack standardized and comprehensive ways of collecting and reporting data.

Several programs reported using process measures (e.g. to track the number of contacts their Recovery Coaches make with individuals; three programs track the number of engagements with individuals; and three track the number of referrals to treatment programs). One organization also reported using outcome measures to track the following metrics:

- Days in remission
- Number of arrests
- Emergency department utilization
- Days employed

- Medication adherence / use
- 12-step program engagement
- Number of admittances into detox
- Treatment placement rate

D. Funding Sources

This section addresses funding sources that the 10 interviewed programs either currently utilize to support Recovery Coach services or are in the process of exploring. (In addition, Section IV.C. above describes funding methods, based on our survey of the national literature and web searches, that support addiction services, including in some cases Recovery Coach services.)

Grants: As detailed below, Recovery Coach program funding comes primarily from public grants. In addition to state and county dollars, state and county entities frequently administer federally funded grants such as the SAMHSA’s State Targeted Response to the Opioid Crisis and State Opioid Response Grants.

Medicaid: While there is a growing trend for states’ Medicaid programs and private insurance to cover Recovery Coach services, multiple programs expressed concern that moving to such funding sources would limit the services that Recovery Coaches could provide, thereby inhibiting Recovery Coaches’ effectiveness. One program that accepts Medicaid dollars has a funding structure such that the amount it receives from the state is reduced by the amount of reimbursement it receives from private insurance company. For example, if the program bills private insurance for \$50,000 then the state reduces public funding to the program by \$50,000.

The following chart details the number of Recovery Coach programs receiving funding from the indicated funders.

TABLE 2: Funding Sources Accessed by Programs Interviewed

| Funding Category | Funder | Programs Interviewed Reported as Funding Source |
|-----------------------|--|---|
| Public Grants | Department of Public Health | 3 |
| | Non-specified state entities | 3 |
| | County | 2 |
| | Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals | 1 |
| | Department of Corrections | 1 |
| | Department of Health | 1 |
| | Department of Health and Human Services | 1 |
| | Department of Social Services | 1 |
| | AmeriCorps | 1 |
| Private Grants | Foundations | 2 |
| Insurance | Medicaid | 2 |
| | Private insurance | 3 |

| Funding Category | Funder | Programs Interviewed Reported as Funding Source |
|------------------|----------------|---|
| Individuals | Private donors | 2 |
| | Self-pay | 1 |

E. Best Practices and Barriers

The programs interviewed offered opinions about best practices related to data, hiring, workforce, length of enrollment, and partnerships. The Recovery Coaches themselves spoke about boundaries and level of effort. Each of these themes are explained below.

1. Organizational Best Practices

Data: One organization highlighted the value of regularly collecting data regarding the quality of the Recovery Coach services and individuals’ status. Such data collection allows for measurements to be put in place to gauge the effectiveness of the Recovery Coach model the organization has implemented. Relatedly, collecting and analyzing such data allows the organization to continuously adapt and improve the Recovery Coach model based on what Recovery Coaches and individuals are learning and experiencing in the field.

Hiring: The same organization stressed the importance of finding and hiring people with the appropriate personal qualities as Recovery Coaches; people that have a strong ability to make connections with others, communicate well, who are compassionate and caring, and who can take an open-minded approach to recovery.

Unique workforce: Multiple programs recognized that Recovery Coaches represent a unique work force. As such, several programs emphatically recommended that organizations ensure each Recovery Coach receives a high level of training and supervision. Two programs suggested mandating a minimum number of years an individual must be in recovery to qualify as a Recovery Coach and that organizations facilitate peer support amongst Recovery Coaches. One organization felt very strongly that Recovery Coaches should be credentialed, educated, and professional. Two organizations detailed how providing clearly articulated Recovery Coach job roles, functions, and scope helps Recovery Coaches to function effectively.

Length of enrollment: Two programs recommended against placing limits on the duration that individuals could receive Recovery Coach services because it would be detrimental to individuals’ health and the effectiveness of Recovery Coach services. One organization recommended focusing on the social aspect of recovery during the service delivery period; engaging individuals in sober recreational, cultural, social and outdoor activities resulted in improved outcomes for the individuals.

Partnerships: Finally, one organization recommended establishing partnerships with other community-based organizations to build a positive reputation, which will ultimately lead to referrals. These partnerships can promote care coordination and assure that Recovery Coaches are embedded within the overall care delivery system.

2. Recovery Coach Best Practices

Healthy Boundaries: Six of the Recovery Coaches interviewed stressed the importance of setting boundaries with the individuals that they work with and that it is critical that they do not take their work home with them. Relatedly, four coaches highlighted the need to focus on the coach’s own self-care. Two Recovery Coaches highlighted that Recovery Coaches must be clear not only on what their scope and role is, but also what it is not. Recovery Coaches are not sponsors or clinicians, and Recovery Coaches must clearly communicate the difference to the individual they are helping and to any clinical providers on their care team.

Effort: Four Recovery Coaches reported that it is important not to work an individual’s recovery harder than they are working it for themselves; while a Recovery Coach can be an extremely effective support, the individual must be the main component of their own recovery.

“DON’T WORK SOMEONE’S RECOVERY HARDER THAN THEY’RE WORKING IT THEMSELVES”

- RECOVERY COACH

3. Barriers to Effectiveness

Organizations identified the following obstacles as the largest hurdles that Recovery Coach programs face, including lack of resources and a variety of other issues:

Lack of resources:

- Lack of detox, sober home, and treatment beds (6 programs stated this)
- Lack of funding (3)
- Lack of transportation for individuals (3)
- Lack of other clinical providers, especially medication-assisted treatment providers and mental health hospitals (2)
- Lack of programs for women (1)

Other barriers:

- Stigma (2)
- Interacting with, and seeking reimbursement from, insurance companies (2)
- Workforce/staffing development and transitions (2)
- Ensuring that the job does not jeopardize Recovery Coaches’ own recovery (1)

VI. Summary of Findings

This report has investigated the evidence for using Recovery Coach services in OUD care through reviewing published sources and conducting a series of interviews.

Literature Review: A small number of studies have examined the effectiveness of Recovery Coaches in SUD care, in conjunction with a continuum of other services. It is very difficult to measure the additive

effect of Recovery Coaches alone, nonetheless these studies generally reported a small to moderate positive impact from adding Recovery Coaches to treatment of SUD.

Certification: There is a certification process for Recovery Coach or a similar title in 48 states plus the District of Columbia. A national professional association also offers 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.

Payment Methods: Medicaid programs in 39 states covered peer support services for SUD or for mental health or for both in 2018. Private health insurers are just beginning to cover these services. Some health insurers authorize providers to use a portion of a bundled or global payment to support Recovery Coach services.

Recovery Coach Scope of Services: Recovery Coach roles and responsibilities vary somewhat depending on the setting and duration of engagement, but there are certain core duties that are common to all Recovery Coaches. These common Recovery Coach roles include serving as an individual's supporter, motivator, problem-solver, facilitator, and advocate. Recovery Coaches engage with individuals with SUD, help individuals develop a recovery plan, support multiple paths to recovery, connect individuals to ongoing services, and record information on each encounter. Recovery Coaches may also help individuals navigate the health care system, access community resources such as housing and transportation, apply for public assistance benefits, and address other issues that arise.

Recovery Coach Settings: Recovery Coaches engage with individuals in hospitals and emergency departments, in community settings in conjunction with law enforcement, in community recovery centers, in residential and clinic-based treatment centers, and through outreach in the community, jails, and prisons.

Approaches to Coaching: The Recovery Coaches and program directors we interviewed agreed on three core approaches to Recovery Coaching:

- *Support multiple paths to recovery:* All interview respondents emphasized that Recovery Coaches should support whatever path to recovery or treatment regimen an individual expresses interest in pursuing. Facilitating self-determination by individuals in the creation, implementation, and maintenance of their personal recovery plans is a fundamental approach to Recovery Coach support. In addition, all programs aim to serve any referred or self-referred individual.
- *Engage and communicate:* All programs interviewed highlighted the importance of engaging individuals, building connections, and developing trust and rapport. The Recovery Coaches observed that once they share their own story, individuals are more receptive to receiving Recovery Coach services. The hardest step in the recovery process can be the first one, and Recovery Coaches often help individuals take that first step.
- *Prioritize self-care:* All programs interviewed emphasized the importance of maintaining a focus on Recovery Coaches' own self-care. Some programs offer individual mentoring or group meetings to help support Recovery Coaches' self-care needs.

Effectiveness: There is no standard process or set of outcome measures in use across all programs. Recovery Coach programs define success differently depending on the setting and type of the intervention. For some, success means placing an individual in a treatment program, while others consider it a success when individuals reach whatever goals they have set for themselves.

Funding Sources: All programs interviewed receive most of their Recovery Coach funding through federal, state, and private grants. Several programs reported that they receive some funding from Medicaid or private insurers or both. Others are in the process of implementing structures and policies needed to receive funding from Medicaid and private insurers.

Best Practices and Barriers: Interviewees highlighted several best practices for Recovery Coach programs including: collecting standardized data; hiring people with the appropriate personal qualifications to be effective Recovery Coaches; providing training, mentoring, supervision, and other supports to Recovery Coaches; avoiding setting limits on the length of time individuals can receive Recovery Coach services; and forming partnerships with community organizations. Recovery Coaches also noted the importance of maintaining healthy boundaries with the individuals they serve and ensuring that individuals take the lead in their own recovery. Interviewees identified the lack of treatment resources as a barrier to success, along with lack of transportation, stigma, lack of funding, and support for workforce development.

VII. Policy Recommendations

The value, effectiveness, and overall success of Recovery Coach programs ultimately rests on the quality of the Recovery Coach workforce. The potential pitfalls of an untrained or undertrained workforce in this field are particularly dangerous: increased chances of relapse for both individuals and Recovery Coaches. This section lays out actions that policymakers, employers, and health insurers could take to support the development and expertise of the Recovery Coach workforce.

1. Prioritize lived experience for Recovery Coaches

Policy-makers and employers should place a high value on a prospective employee's lived experience and sustained recovery. Recovery Coaches' first-hand knowledge of SUD and recovery can provide a foundation of common ground from which to build trust between the Recovery Coach and the individual. Frequently, the coach's own history is the first piece of assistance the coach offers the individual. Coaches with lived experience and their stories, epitomize hope for individuals. Coaches embody the possibility for overcoming addiction and demonstrates that a life in recovery is attainable.

2. Incorporate Recovery Coach self-care into organizational structure

Employers should establish and actively support the development of policies, infrastructure, and an organizational culture to support the self-care needs of their Recovery Coach workforce. In particular, employers should consider creating a Recovery Coach Mentor position and establishing structured, regular, and recurring meetings focused on self-care.

Self-care, the steps individuals take to keep themselves physically, emotionally, spiritually, and mentally healthy, is essential to maintaining long-term recovery. Proper self-care enables Recovery Coaches to preserve their own recovery and continue to fulfill their duties. Additionally, a Recovery Coach’s modelling appropriate self-care behavior may have profound effects on individuals’ recovery.

Employers should consider creating a Recovery Coach Mentor position to provide support from a highly experienced Recovery Coach. This Mentor position can be separate from the supervisor role. Recovery Coaches often work closely with teams of other professionals (e.g. clinicians, police), but less often work closely with other Recovery Coaches. Mentors can provide Recovery Coaches with first-hand guidance on best practices and how to address the unique occupational hazards that coaches face: from establishing ethical boundaries with individuals to overcoming stigma. Equally importantly, the mentor can support self-care for Recovery Coaches.


Employers should consider establishing structured, regular, and recurring self-care meetings between Mentors and Recovery Coaches on a group or individual basis or both. In our interviews, Recovery Coaches frequently noted that specifically designating a time for a Recovery Coach and mentor to meet and focus on the coach’s own recovery and well-being was a particularly effective self-care support.

3. Support Recovery Coach Workforce Development

Policymakers and employers should provide financial support for Recovery Coach training, encourage Recovery Coaches to obtain certification within a reasonable time period, and establish career ladders and pathways from entry level up to Mentor positions for experienced coaches.

Policymakers should provide financial support for Recovery Coach training and cover wages lost while attending training. Too often the cost of essential training represents a barrier to entry for potential Recovery Coaches. Investing in training will ultimately pay off in the form of a capable workforce that is able to best meet current needs.

Employers should strongly encourage their Recovery Coach employees to obtain certification within a reasonable time period, such as one year from hiring, and should provide support for obtaining certification. Employers should provide on-the-job training and time off to attend outside training. Employers should pay for training costs and provide paid time off for attending training, or should help



“WORKING IN RECOVERY IS NOT THE SAME AS BEING IN RECOVERY.”

- RECOVERY COACH

Recovery Coach program structures should include appropriate career ladders and pathways, from entry level positions for individuals in the process of getting certified up to Mentor positions for experienced coaches. Implementing organizational tiers would boost workforce retention, development, and overall quality.

4. Provide financial support for Recovery Coach services

Public and private health insurers should provide sustainable funding mechanisms that enable Recovery Coaches to engage individuals with addictions and support their recovery on an ongoing basis. Payment

methods should enable Recovery Coaches to provide services consistent with the wide scope of service utilized in the field and described in this report.

Recovery Coach services are a key component in a full spectrum of addiction services, helping individuals to engage in addiction services and support recovery. Health insurers should develop payment methods to support these services. These payment methods could include bundled payments, global payments or block grants that give employers flexibility to deploy Recovery Coaches to meet an individual's essential needs. Alternatively, if a health insurer implemented a fee-for-service model for Recovery Coach services, the health insurer should ensure that employers can bill for the full range of Recovery Coach services for a reasonable duration and frequency.

5. Establish a state-sponsored certification process for Recovery Coaches

Policymakers should establish a certification process, sponsored or sanctioned by the state, to increase transparency about Recovery Coach qualifications and lend credibility to the competency of Recovery Coaches. 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.

6. Establish standardized data collection tools and measures to support evaluation of the effectiveness of Recovery Coach services

Policymakers should promote additional research to quantify the effect of using Recovery Coaches to engage and support individuals with OUD in addition to usual SUD care. Policymakers, health insurers and employers should collaborate to establish a standardized set of data collection tools and measures to evaluate the effectiveness of Recovery Coach services. The field of Recovery Coaching is still in its

relative infancy, as demonstrated by the lack of academic studies. By requiring collection and access to relevant programmatic data and reports, health insurers can simultaneously assist programs in improving and ensure they are paying for effective and efficient Recovery Coach services. As MassHealth and other health insurers continue to develop and strengthen their support for Recovery Coach services, they should require all providers that receive payment for Recovery Coach services to report data on these services.

At minimum, Recovery Coach programs could collect and report short-term measures, such as:

- Number of individuals contacted
- Number of engagements
- Number of individuals referred to a treatment program

In addition, health insurers should consider tracking follow-up measures after receiving Recovery Coach services, such as:

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Initiation and Engagement in MAT
- Detox admissions
- Residential program admissions
- Hospital admissions
- Mortality rate from overdose and from all causes

Finally, programs that provide a wide spectrum of addiction services could also consider tracking longer-term outcome measures, such as:

- Engagement in a recovery community such as a 12-step group or SMART recovery
- Community tenure (days living in the community)
- Days in remission
- Days employed
- Legal involvement (e.g., arrest, incarceration)

VIII. Conclusion

State Medicaid agencies, private health insurers, and other entities are beginning to develop and fund Recovery Coach programs, largely in response to the opioid epidemic. While these programs' settings, duration of engagement, and certification requirements vary, Recovery Coaches frequently perform common roles for the individuals they work with as supporters, motivators, problem-solvers, facilitators, and advocates.

Mutual themes also emerged during interviews with the 10 recovery coach programs, including the importance of: lived experience for Recovery Coaches; facilitating self-determination by individuals in the creation, implementation, and maintenance of their personal recovery plans; and the importance of self-care for Recovery Coaches.

Policy makers may maximize the effectiveness of this relatively new field by: providing flexible financial support for Recovery Coach programs and training; establishing a state-sponsored certification process for Recovery Coaches moving forward; promoting additional research to further quantify the effect of using Recovery Coaches to engage; and supporting individuals with OUD and SUD care.

IX. Glossary

ACO – Accountable Care Organization

ARC – Anchor Recovery Center

BG – Blue Guardian, Pennsylvania

BSAS – Bureau of Substance Addiction Services

CCO – Coordinated Care Organization

CHT – Community Health Team

CIHS – Center for Integrated Health Solutions

COAT – Wicomico County Community Outreach Addictions Team

FFS – Fee-for-service

HEART – Hospital Emergency Action Recovery Team

HH – Holyoke Health

IC&RC – International Certification & Reciprocity Consortium

IET – Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

MAT – Medication for Addiction Treatment

MBSACC – Massachusetts Board of Substance Abuse Counselor Certification

MGH Initiative – Massachusetts General Hospital Substance Use Disorders Initiative

NAADAC – National Association of Alcoholism and Drug Abuse Counselors

NCBI – National Center for Biotechnology Information

NCPRSS – National Certified Peer Recovery Support Specialist

OUD – Opioid Use Disorder

PAARI – Police Assisted Addiction and Recovery Initiative

RIZE – RIZE Massachusetts

RPWV – Recovery Point West Virginia

SAMHSA – Substance Abuse and Mental Health Services Administration

SMART – Self-Management and Recovery Training

SNAP – Supplemental Nutrition Assistance Program

SUD – Substance Use Disorder

UMass – University of Massachusetts Medical School

VRTN – Vermont Recovery Network

X. Appendices

A. Literature Review of Effectiveness of Recovery Coaches

| | Author & Year | Name of Intervention/ Location | Description of Intervention | Intervention Focus | Outcomes Measured | Summary of Findings |
|----------------------------------|------------------------------|--------------------------------|---|-----------------------------|---|---|
| Randomized Control Trials | | | | | | |
| 1 | Bernstein et al, 2004 | Massachusetts | Peer Interventionist delivered one-to-one brief motivational intervention, with telephone booster at 10 days | Cocaine and heroin users | Substance use, readiness to change, addiction severity index (ASI), contact with the substance use treatment system | At 6 months, the intervention group had a greater proportion of participants with cocaine abstinence and heroin abstinence and who were drug-free. The intervention group showed a trend for greater improvement in addiction severity index (ASI) drug severity scores and medical severity scores. |
| 2 | Rowe et al, 2007 | Connecticut | An intervention consisting of group and peer support (peer mentors) combined with standardized clinical treatment. Peers met with participants approximately once weekly for 4 months, helping with goal-setting, coping strategies, advocating for services, and encouraging sobriety. | COD and Justice Involvement | Alcohol and drug use; criminal justice charges | There were significantly lower levels of alcohol use in the intervention group at 6 and 12 months. Intervention group decreased alcohol use over time while control group increased alcohol use over time. Drug use decreased significantly in both groups to the same extent. Criminal justice charges decreased significantly in both groups. |
| 3 | Tracy et al, 2011 | New York | Peer mentor, open-ended individual contact and peer-led groups; escort to first outpatient program; community reinforcement approach. | COD and SUD | Post-discharge treatment attendance | Intervention led to significantly greater use of post-discharge outpatient treatment. In addition, mentors participating in this program reported the experience as contributing to their own recovery efforts. |

| | Author & Year | Name of Intervention/ Location | Description of Intervention | Intervention Focus | Outcomes Measured | Summary of Findings |
|----------------------------------|-----------------------------|---|---|--------------------|--|---|
| Quasi Experimental Design | | | | | | |
| 4 | Mangrum, 2008 | Texas Access to Recovery (ATR)/Texas | Recovery coaching services (individual peer coaching, groups, and marital and family counseling) in combination with substance use treatment. | SUD | Substance use treatment completion | ATR individuals achieved better outcomes in the areas of treatment completion/past month abstinence at discharge and longer treatment stays. |
| 5 | Smelson et al, 2013 | Maintaining Independence through Systems Integration, Outreach and Networking (MISSION) | Study comparing a wraparound intervention with a peer component (Peer Specialist Team) to treatment as usual with assessment at 12-month follow-up. MISSION peer support component. | COD | SCID-IV; ASI; self-reported hospital admission | Individuals in the MISSION and TAU-only groups both showed statistically significant improvements in substance use and related problems at 12 months, with those in MISSION less likely to drink to intoxication and experience serious tension or anxiety. |
| Pre-post Service Design | | | | | | |
| 6 | Armitage et al, 2010 | Recovery Association Project (RAP)/Oregon | RAP: recovery center with drop-in resource center with Recovery Coaches/mentors, clean-and-sober social and recreational activities, and self-help meetings; café and job training program for peers; leadership training for civic engagement of people in recovery. | SUD | Substance use, consumer satisfaction, progress toward RAP's goals | At 6 months, 86 percent of participants indicated no use of alcohol or drugs in the past 30 days, and another 4 percent indicated reduced use. A total of 95 percent reported strong willingness to recommend the program to others, 89 percent found services helpful, and 92 percent found materials helpful. |
| 7 | Boisvert et al, 2008 | Florida | Peer supportive communities (PSC); occupational therapy services, SUD counselling, mental health services and medications management. | SUD | Relapse rates, perceived community affiliation, supportive behaviors, self-determination, quality of life. | Relapse rate was reduced (24 percent versus 7 percent) in the year after PSC, and qualitative findings of support and appreciation of PSC goals were reported. |
| 8 | Boyd et al, 2005 | A Peer Counseling Intervention for Rural Women with HIV/Georgia, | Peer counseling one-to-one intervention for SUDs; emotional and informational support to develop motivation to change | SUD | Substance use, substance abuse, and consequences; stages of change; loss of control; self-advocacy | Intervention was associated with increased recognition of substance use as a problem (20 percent to 40 percent increase), beginning to change substance use (25 percent to 42 percent), fewer substance use consequences (varied by subscale), and |

| | Author & Year | Name of Intervention/ Location | Description of Intervention | Intervention Focus | Outcomes Measured | Summary of Findings |
|----------------------------|-----------------------------|---|--|--------------------|--|--|
| | | Alabama, and South Carolina | substance use and to develop coping strategies for substance use and HIV. | | | slightly increased control of substance use (varied by subscale). |
| 9 | Magidson et al, 2018 | Reduced Hospitalizations and Increased Abstinence Six Months After Recovery Coach Contact | Study abstract (full paper not available) did not contain this information. | SUD | | The percent of patients hospitalized decreased from the pre- to post-coaching period (29 percent to 23 percent; p=0.02); there was no change in ED utilization from pre- to post-coaching periods. Outpatient utilization significantly increased. Among individuals prescribed buprenorphine (n=154), abstinence significantly increased, examined both by number of months abstinent and abstinence at target time periods; in the three months prior to the start of coaching, 70 percent of individuals were abstinent whereas in the three- to six-month period after Recovery Coach contact, 90 percent of individuals were abstinent, which was a statistically significant increase. |
| Other Study Designs | | | | | | |
| 10 | Deering et al, 2011 | Mobile Access Project [MAP]/Canada | The objectives of this study were to examine the determinants of using a peer-led mobile outreach program (the Mobile Access Project [MAP]) among a sample of street-based female sex workers (FSWs) who use drugs in an urban Canadian setting and evaluate the relationship between program exposure and utilizing addiction treatment services. | SUD | Use of inpatient addiction treatment services; Use of outpatient addiction treatment | Over 18 months, 42.2 percent (202) reports of peer-led mobile outreach program use were made. High-risk women, including those servicing a higher weekly client volume (10+ compared to <10; AOR: 1.7, 95 percent CIs: 1.1–2.6) and those soliciting clients in deserted, isolated settings (AOR: 1.7, 95 percent CIs: 1.1–2.7) were more likely to use the program. In total, 9.4 percent (45) reports of using inpatient addiction treatment services were made (7.5 percent detoxification; 4.0 percent residential drug treatment), and 33.6 percent (161) using outpatient treatment (28.8% methadone; 9.6% alcohol/drug counsellor). Women who used the peer-led mobile outreach were more likely to use inpatient addiction treatment (AOR: 4.2, 95% CIs: 2.1–8.1), even after adjusting for drug use, environmental–structural factors, and outpatient drug treatment. |

| | Author & Year | Name of Intervention/ Location | Description of Intervention | Intervention Focus | Outcomes Measured | Summary of Findings |
|----|-------------------|--|--|--------------------|---|--|
| 11 | Kamon et al, 2013 | Vermont Recovery Network/Vermont | Recovery coaching at one of the Vermont Recovery Network's recovery centers. | Alcohol and SUD | Community-based recovery capital, measured by the Self-Sufficiency Matrix | At baseline, participants reported an average of 118 days abstinent. At follow-up, participants reported an average of 123 days abstinent. |
| 12 | Min et al, 2007 | The Friends Connection (FC)/Pennsylvania | FC paired consumers one to one with peers for community activities, recreation, and self-help; aimed to enhance social network and social support. | COD | Inpatient psychiatric hospitalization within 3 years | Program participants have a higher probability of having a longer community tenure and are re-hospitalized less in a three-year period. |

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B. Recovery Coach Certification Requirements by State

The credential and the requirements reported here are those available as of November 2018. Additional information about each program is Retrieved from their individual websites; this information may have been updated after that date.

| State | Job Title | Credentialing Entity | IC&RC Member ¹⁷ | Private Public | HS Diploma or GED Reqd | Exam Reqd | Lived Exp Reqd | Years Cont Recovery Reqd | Training Hours Reqd | Experience Hours Reqd | Supervision Hours Reqd |
|--|----------------------------------|---|----------------------------|----------------|------------------------|-----------|----------------|--------------------------|---------------------|-----------------------|------------------------|
| <i>NR/M/U = Not Required/Missing/Unknown</i> | | | | | | | | | | | |
| Alabama | Recovery Support Specialist | AL Dept of Mental Health | N | Public | Y | Y | Y | 2 | 40 | NR/M/U | NR/M/U |
| Alaska | Peer Recovery Support Specialist | AK Commission for Behavioral Health Certification | N | Private | Y | Y | Y | 2 | 48 | 200 | NR/M/U |
| Arizona | Peer Recovery Specialist | AZ Board for Certification of Addiction Counselors | Y | Private | NR/M/U | Y | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| Arkansas | Peer Recovery Coach | AR Substance Abuse Certification Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| California | Peer Recovery Specialist | CA Consortium of Addiction Programs and Professionals Credentialing | Y | Private | NR/M/U | Y | NR/M/U | NR/M/U | 100 | 500 | 25 |
| Colorado | Recovery Coach Professional | CO Prevention Certification Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 120 | 2000 | 120 |
| Connecticut | Recovery Coach | CT Community for Addiction Recovery | Y | Private | NR/M/U | NR/M/U | NR/M/U | NR/M/U | 40 | NR/M/U | NR/M/U |

¹⁷ *IC&RC Member*: The International Certification & Reciprocity Consortium (IC&RC) is a private, not-for-profit organization that promotes public protection by offering internationally-recognized credentials and examinations for prevention, substance use treatment, and recovery professionals. To date, 25 certifying entities offer IC&RC's peer recovery credential.

| <u>State</u> | <u>Job Title</u> | <u>Credentialing Entity</u> | <u>IC&RC Member</u> 17 | <u>Private Public</u> | <u>HS Diploma or GED Reqd</u> | <u>Exam Reqd</u> | <u>Lived Exp Reqd</u> | <u>Years Cont Recovery Reqd</u> | <u>Training Hours Reqd</u> | <u>Experience Hours Reqd</u> | <u>Supervision Hours Reqd</u> |
|-----------------------------|----------------------------------|--|-------------------------------|-----------------------|-------------------------------|------------------|-----------------------|---------------------------------|----------------------------|------------------------------|-------------------------------|
| Delaware | Peer Recovery Specialist | DE Certification Board | Y | Private | NR/M/U | Y | NR/M/U | NR/M/U | 25 | 1000 | NR/M/U |
| Florida | Peer Recovery Specialist | FL Certification Board | Y | Private | Y | Y | Y | 2 | 40 | NR/M/U | 500 |
| Georgia | Peer Recovery Coach | Alcohol and Drug Abuse Certification Board of GA | Y | Private | Y | Y | NR/M/U | NR/M/U | 100 | 500 | 50 |
| Hawaii ¹⁸ | Peer Specialist | HI Alcohol & Drug Abuse Division | Y | N/A | Y | Y | Y | 1 | NR/M/U | NR/M/U | NR/M/U |
| Idaho | Peer Recovery Coach | ID Board of Alcohol/Drug Abuse Counselor Certification | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| Illinois | Peer Recovery Specialist | IL Certification Board, Inc. | Y | Private | NR/M/U | NR/M/U | NR/M/U | NR/M/U | 100 | NR/M/U | NR/M/U |
| Indiana | Peer Addiction Recovery Coach | IN Counselors Association of Alcohol and Drug Abuse | Y | Private | Y | Y | NR/M/U | NR/M/U | 52 | 500 | 25 |
| Iowa | Peer Recovery Specialist | IA Certification Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 52 | 500 | 25 |
| Kansas | Peer Specialist | KS State University | N | Public | Y | Y | Y | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| Kentucky | Kentucky Peer Specialist | KY Dept of Behavioral Health | N | Public | Y | Y | NR/M/U | NR/M/U | 30 | NR/M/U | NR/M/U |
| Louisiana | Peer Recovery Support Specialist | LA Substance Abuse Counselors and Trainers | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |

¹⁸ Must have a diagnosis of mental illness or COD. Diagnosis of a SUD not enough.

| <u>State</u> | <u>Job Title</u> | <u>Credentialing Entity</u> | <u>IC&RC Member</u> 17 | <u>Private Public</u> | <u>HS Diploma or GED Reqd</u> | <u>Exam Reqd</u> | <u>Lived Exp Reqd</u> | <u>Years Cont Recovery Reqd</u> | <u>Training Hours Reqd</u> | <u>Experience Hours Reqd</u> | <u>Supervision Hours Reqd</u> |
|-------------------------------|---|--|-------------------------------|-----------------------|-------------------------------|------------------|-----------------------|---------------------------------|----------------------------|------------------------------|-------------------------------|
| Maine | Recovery Coach | University of New England - ME | N | Private | NR/M/U | Y | NR/M/U | NR/M/U | 80 | NR/M/U | NR/M/U |
| Maryland | Peer Recovery Specialist | MD Addiction and Behavioral Health Professionals Certification Board | Y | Private | Y | Y | Y | 2 | 46 | 500 | 25 |
| Massachusetts | Addiction Recovery Coach | MA Board of Substance Abuse Counselor Certification | N | Public/Private | NR/M/U | Y | NR/M/U | NR/M/U | 35 | NR/M/U | 500 |
| Michigan | Peer Recovery Mentor | MI Certification Board for Addiction Professionals | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| Minnesota | Peer Recovery Specialist | MN Certification Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 40 | NR/M/U | NR/M/U |
| Mississippi | Peer Support Specialist | MS Dept of Mental Health | N | Public | NR/M/U | Y | Y | NR/M/U | 34 | NR/M/U | NR/M/U |
| Missouri | Reciprocal Peer Recovery | MO Credentialing Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| Montana ¹⁹ | Behavioral Health Peer Support Specialist | MT Board of Behavioral Health | N | N/A | NR/M/U | Y | Y | 2 | 40 | NR/M/U | NR/M/U |
| Nebraska ²⁰ | Peer Support and Wellness Specialist | NE Dept of Health and Human Services Div of Behavioral Health Office of Consumer Affairs | N | Public | NR/M/U | Y | Y | NR/M/U | 40 | NR/M/U | NR/M/U |

¹⁹ Requirements are set forth in a 2017 bill from the Montana legislature.

²⁰ Nebraska is revising its peer support training. All data is as of 2017, it does not reflect 2018 updates.

| <u>State</u> | <u>Job Title</u> | <u>Credentialing Entity</u> | <u>IC&RC Member</u> 17 | <u>Private Public</u> | <u>HS Diploma or GED Reqd</u> | <u>Exam Reqd</u> | <u>Lived Exp Reqd</u> | <u>Years Cont Recovery Reqd</u> | <u>Training Hours Reqd</u> | <u>Experience Hours Reqd</u> | <u>Supervision Hours Reqd</u> |
|-----------------------------------|--------------------------------------|---|-------------------------------|-----------------------|-------------------------------|------------------|-----------------------|---------------------------------|----------------------------|------------------------------|-------------------------------|
| Nevada | Peer Recovery and Support Specialist | NV Behavioral Health Association | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| New Hampshire | Recovery Support Worker | NH Office of Professional Licensure and Certification | N | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | NR/M/U |
| New Jersey | Peer Recovery Specialist | Addiction Professionals Certification Board of NJ | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| New Mexico | Peer Support Worker | NM Human Services Dept, Office of Peer Recovery & Engagement Behavioral Health Services Div | N | Public | Y | Y | Y | 2 | 40 | NR/M/U | NR/M/U |
| New York | Recovery Coach | NY Office of Alcoholism and Substance Abuse Services | N | Public | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| North Carolina | Peer Support Specialist | NC Div of Mental Health, Developmental Disabilities and Substance Abuse Services | N | Public | Y | NR/M/U | Y | 1 | NR/M/U | NR/M/U | NR/M/U |
| North Dakota ²¹ | N/A | N/A | N | N/A | NR/M/U | NR/M/U | NR/M/U | NR/M/U | N/A | NR/M/U | NR/M/U |
| Ohio | Peer Recovery Supporter | OH Dept of Mental Health & Addiction Services | N | Public | NR/M/U | Y | Y | NR/M/U | 56 | NR/M/U | NR/M/U |

²¹ Certification process in development.

| <u>State</u> | <u>Job Title</u> | <u>Credentialing Entity</u> | <u>IC&RC Member</u> 17 | <u>Private Public</u> | <u>HS Diploma or GED Reqd</u> | <u>Exam Reqd</u> | <u>Lived Exp Reqd</u> | <u>Years Cont Recovery Reqd</u> | <u>Training Hours Reqd</u> | <u>Experience Hours Reqd</u> | <u>Supervision Hours Reqd</u> |
|-----------------------------------|--|--|-------------------------------|-----------------------|-------------------------------|------------------|-----------------------|---------------------------------|----------------------------|------------------------------|-------------------------------|
| Oklahoma | Peer Recovery Support Specialist | OK Dept of Mental Health and Substance Abuse Services | N | Public | Y | Y | NR/M/U | NR/M/U | 40 | NR/M/U | NR/M/U |
| Oregon | Recovery Mentor | Addiction Counselor Certification Board of OR | Y | Private | NR/M/U | N | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| Pennsylvania | Recovery Specialist | PA Certification Board | N | Private | Y | Y | Y | 1.5 | 54 | NR/M/U | NR/M/U |
| Rhode Island | Peer Recovery Specialist | RI Certification Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| South Carolina | Peer Support Specialist | SC Dept of Mental Health and SC SHARE | N | Public/Private | Y | Y | Y | NR/M/U | 40 | NR/M/U | NR/M/U |
| South Dakota ²² | N/A | N/A | N | N/A | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| Tennessee | Peer Recovery Specialist | TN Dept of Mental Health and Substance Abuse Services, Office of Consumer Affairs and Peer Recovery Services | N | Public | Y | Y | Y | 2 | 40 | NR/M/U | 75 |
| Texas | Peer Mentor/ Peer Recovery Coach Designation | TX Cert Board of Addiction Professionals | Y | Private | Y | NR/M/U | NR/M/U | NR/M/U | 46 | 500 | 25 |
| Utah | Peer Support Specialist | Optum; UT State University; Veteran's Administration | N | Public and Private | NR/M/U | NR/M/U | NR/M/U | NR/M/U | 40 | NR/M/U | 100 |

²² No certification process.

| <u>State</u> | <u>Job Title</u> | <u>Credentialing Entity</u> | <u>IC&RC Member</u> 17 | <u>Private Public</u> | <u>HS Diploma or GED Reqd</u> | <u>Exam Reqd</u> | <u>Lived Exp Reqd</u> | <u>Years Cont Recovery Reqd</u> | <u>Training Hours Reqd</u> | <u>Experience Hours Reqd</u> | <u>Supervision Hours Reqd</u> |
|--|--------------------------|---|-------------------------------|-----------------------|-------------------------------|------------------|-----------------------|---------------------------------|----------------------------|------------------------------|-------------------------------|
| Vermont | Recovery Coach | VT Recovery Network & VT Association for Mental Health & Addiction Recovery | N | Private | NR/M/U | Y | Y | 1 | 40 | NR/M/U | NR/M/U |
| Virginia | Peer Recovery Specialist | VA Certification Board | Y | Private | Y | Y | NR/M/U | NR/M/U | 72 | 500 | 25 |
| Washington ²³ | Peer Counselor | WA Health Care Authority | N | Public | NR/M/U | Y | Y | 1 | 40 | NR/M/U | NR/M/U |
| West Virginia | Peer Recovery | WV Certification Board for Addiction & Prevention Professionals | Y | Private | Y | Y | NR/M/U | NR/M/U | 46 | 500 | 25 |
| Wisconsin | Peer Specialist | WI Dept of Health Services | N | Public | Y | Y | Y | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| Wyoming | Peer Specialist | WY Dept of Health Behavioral Health Division | N | Public | Y | N | Y | NR/M/U | 36 | NR/M/U | NR/M/U |
| District of Columbia | Peer Specialist | D.C. Dept of Behavioral Health | N | Public | Y | Y | Y | 2 | 80 | NR/M/U | NR/M/U |
| Puerto Rico ²⁴ | N/A | N/A | N | N/A | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U |
| U.S. Virgin Islands ²⁵ | N/A | N/A | N | N/A | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U | NR/M/U |

²³ Certification appears to be focused on mental health, however, there are pathways to become a coach for SUD recovery.

²⁴ Puerto Rico currently doesn't have a centralized Recovery Coach certification organization or certification but that it is in process.

²⁵ No certification Process.

C. Recovery Coach Program Descriptions

| <u>Program</u> | <u>Description</u> | <u>Staffing & Caseload</u> | <u>Lived Experience Required</u> | <u>Certification Required</u> | <u>Minimum Education Required</u> | <u>Experience Required</u> | <u>Training</u> | <u>Est. % OUD</u> | <u>Funding Source</u> |
|---|--|--|--|--|--|--|---|-------------------|--|
| <i>Hospital or Emergency Department Based Programs</i> | | | | | | | | | |
| Anchor Recovery Community Center (ARCC) | <p>Anchor Recovery Community Center (ARCC), is a set of community-based recovery centers established in 2010 located in Rhode Island. Anchor ED offers short-term Recovery Coach services in emergency rooms throughout the state.</p> <p>ARCC offers continuing recovery services in multiple recovery community centers, through mobile outreach, and peer-to-peer telephonic outreach service.</p> | <p>Staffing</p> <p>-24/7 -Part-time -Full-time: 37.5 hrs -On-Call Rotation (Overnight/Weekends)</p> <p>Caseload</p> <p>Varies between 35-50 individuals</p> | Yes; 2 yrs. of continuous recovery | Yes; RI State Peer Recovery Support Specialist or plan to complete within 1st year | High School diploma or GED Preferred: Associates Degree or higher preferred | Understanding of the addiction recovery process, community resources and recovery-oriented systems of care | Upon hire RCs must complete 46 hours of core training and ongoing training provided via monthly staff meetings and external meetings | 80% | Public grants; Private grants; Private donors; Private ins. |
| Hospital Emergency Action Recovery Team (H.E.A.R.T.) | <p>Hospital Emergency Action Recovery Team (H.E.A.R.T.), located in Boston, Massachusetts since 2015, is a program that provides Recovery Coach staff to three local area hospital emergency departments.</p> <p>Also available is a center-based peer model hosted by Bay State Community Services that connects individuals in recovery, provides support and resources for all paths of recovery.</p> | <p>Staffing</p> <p>Part-time only with a minimum of 90 hrs/year (Ameri-Corp requirement)</p> <p>Caseload</p> <p>Generally, 30/ FT RC 22/ PT RC</p> <p>Caseload can vary up or down</p> | No, however, ideal candidates at least 2 years in recovery | Information not provided | Information not provided | Information not provided | 35 hours prior to working with individuals In addition, RC's attend all-day training sessions every other month plus bi-weekly check-ins with lead Recovery Coach. | 50% | Public grants |

| <u>Program</u> | <u>Description</u> | <u>Staffing & Caseload</u> | <u>Lived Experience Required</u> | <u>Certification Required</u> | <u>Minimum Education Required</u> | <u>Experience Required</u> | <u>Training</u> | <u>Est. % OUD</u> | <u>Funding Source</u> |
|--|---|--|---|--|-----------------------------------|----------------------------|--|-------------------|---|
| Recovery Point West Virginia (RPWV) | <p>Recovery Point West Virginia (RPWV), is Recovery Coach program established in 2011 that offers short-term peer Recovery Coach services to individuals struggling with SUDs in one emergency department and a neonatal abstinence floor.</p> <p>RPWV also offers services in a women’s addiction outreach center and has long-term residential recovery programs located across the state where individuals reside for 6 to 12 months while participating in an intensive recovery program.</p> | <p>Staffing</p> <p>-24/7 -Part-time: 20 hrs -Full-time: 40 hrs</p> <p>Caseload</p> <p>Varies between 8-12 individuals</p> | No; Strongly preferred, unclear if a requirement | No | Information not provided | Information not provided | Program provides ongoing training | 70% | Medicaid; Private donors; Public grants |
| Law Enforcement Based Programs | | | | | | | | | |
| Blue Guardian | <p>Blue Guardian Pennsylvania, Blue Guardian is a Recovery Coach program established in 2018 and located in Pennsylvania that works in conjunction with law enforcement to offer community-based services to individuals who have recently undergone a successful overdose reversal.</p> <p>Blue Guardian uses an automated tracking and alert system to notify staff of a successful overdose reversal, which then triggers a follow-up visit to the home of the individual who overdosed by program staff and a law enforcement member.</p> | <p>Staffing</p> <p>Part-time: 29 hrs Full-time: 40 hrs</p> <p>Caseload</p> <p>Blue Guardian does not carry an ongoing caseload. However, staff members move cases onto a Care Manager for ongoing follow up on health non-recovery</p> | <p>Yes; 2 years in recovery</p> <p>CRSs have lived experience within the recovery community, including those who have experience with overdose, Narcan revival, rehab, etc.</p> | Yes; CRS certification within 6 months | High School diploma or GED | Information not provided | 54 hours of core training during the credentialing process and 24 hours/year thereafter. | 96% | Public grants |

| <u>Program</u> | <u>Description</u> | <u>Staffing & Caseload</u> | <u>Lived Experience Required</u> | <u>Certification Required</u> | <u>Minimum Education Required</u> | <u>Experience Required</u> | <u>Training</u> | <u>Est. % OUD</u> | <u>Funding Source</u> |
|--|---|---|--|--|-----------------------------------|----------------------------|--|-------------------|---|
| | | related issues and the CRS continues to follow up regarding recovery related issues. | | | | | | | |
| The Police Assisted Addiction & Recovery Initiative (PAARI) | <p>The Police Assisted Addiction & Recovery Initiative (PAARI) established in 2015 in Gloucester, Massachusetts, now has a national network of more than 400 police departments in 32 States. The program helps law enforcement agencies create non-arrest pathways to treatment and recovery.</p> <p>PAARI assigns AmeriCorps-employed Recovery Coaches to law enforcement agencies across the country helping them assist individuals with SUD.</p> | <p>Staffing</p> <p>Part-time only with a minimum of 90 hrs/year (Ameri-Corp requirement)</p> <p>Caseload</p> <p>Generally, 30 individuals/FT RC</p> | No, however, ideal candidates have 2 years | Information not provided | Information not provided | Information not provided | <p>35 hours prior to working with individuals</p> <p>In addition, RC's attend all-day training sessions every other month plus bi-weekly check-ins with lead Recovery Coach.</p> | 90-95% | Public grants |
| The Wicomico County Community Outreach Addictions Team (COAT) | The Wicomico County Community Outreach Addictions Team (COAT), established in 2016 and located in Maryland is a program where law enforcement, hospitals, and peer support specialists work together to offer treatment to individuals who have experienced an overdose or who are battling addiction to any substance. COAT staff provide telephone and in-person support to individuals who have experienced an overdose or are addicted to an opioid. | <p>Staffing</p> <p>2 full time and 2 part-time staff</p> <p>Caseload</p> <p>Varies between 8-12 individuals</p> | Yes | The state of Maryland requires those in the peer recovery specialist classification to obtain peer certification within 2 years of hire at a level 1 | GED & No experience required | Information not provided | 46 hours prior to working in the field us very beneficial and encouraged, but not required. | N/A | Public grants (i.e. local government funding) |

| <u>Program</u> | <u>Description</u> | <u>Staffing & Caseload</u> | <u>Lived Experience Required</u> | <u>Certification Required</u> | <u>Minimum Education Required</u> | <u>Experience Required</u> | <u>Training</u> | <u>Est. % OUD</u> | <u>Funding Source</u> |
|---|--|--|---|---|-----------------------------------|--|---|-------------------|--|
| | Also supports family and loved ones and provides ongoing follow-up in the community (which can include participating in a ride-along with a member of a police department to check in on someone who's recently overdosed). | | | | | | | | |
| Community-Based Recovery Center or Clinic-Based Programs | | | | | | | | | |
| Gosnold, Incorporated (Gosnold) | <p>Gosnold, Incorporated (Gosnold) is a comprehensive substance use and mental health treatment organization, established in 1972 based in Cape Cod, Massachusetts. In 2012, in response to data that revealed that a significant percentage of individuals discharged from its detox unit resumed opioid use within two weeks, Gosnold began providing recovery coach services.</p> <p>Overdose Outreach Intervention - Working in partnership with 29 police departments across Cape Cod and Southeastern Massachusetts outreach to individuals after a non-fatal overdose to provide support, information and connection with treatment as well as continued outreach and support to engage the individual and family and to create a pathway to treatment.</p> <p>Emergency Department Navigation - Installs recovery navigators in 3 hospitals to work with patients in emergency</p> | <p>Staffing</p> <p>Part-time: 15 hrs Full-time: 40 hrs</p> <p>Caseload - 10/RC</p> | No; not an essential requirement but somewhat preferred | Yes; by a recognized credentialing organization (CCAR, MASS BSAS, NCPRSS) ED Setting: No, but willingness to undergo certification training with a recognized certification organization | Information not provided | At least 2 yrs. working in substance use or related field ED Setting: At least 2 yrs experience working with SUD patients in a behavioral setting; or 3 years of lived addiction recovery in lieu of workplace experience | 500 hours of supervision and 60 CEUs prior to employment. Ongoing training of 40 hrs/year ED Setting: Information not provided | 70% | Client self-pay; Private grants; Private insurance; and Medicaid (anticipated) |

| <u>Program</u> | <u>Description</u> | <u>Staffing & Caseload</u> | <u>Lived Experience Required</u> | <u>Certification Required</u> | <u>Minimum Education Required</u> | <u>Experience Required</u> | <u>Training</u> | <u>Est. % OUD</u> | <u>Funding Source</u> |
|--|--|--|----------------------------------|----------------------------------|--|--|---|-------------------|---|
| | departments to identify preferences and create a pathway to the next step in care. | | | | | | | | |
| Holyoke Health (HH) | <p>Holyoke Health (HH) is a Federally-Qualified Community Health Center, established over 40 years ago in Holyoke, Massachusetts, with additional health center locations throughout Hampden County, Massachusetts, including in Chicopee.</p> <p>In addition to offering community health center health care related services, Holyoke Health began providing Recovery Coach services in their clinics in the last 2-3 years.</p> | <p>Staffing</p> <p>Part-time: 24 hrs Full-time: 40 hrs</p> <p>Caseload</p> <p>15/RC</p> | Yes | Within 1 year of employment | High School diploma Bilingual Spanish/English Speaking 40 hours of RC Academy training by BSAS approved provider | <p>2 years of experience working with individuals in recovery</p> <p>Understanding of MAT</p> | <p>Training</p> <p>40 hours of core training with varying amounts of ongoing training annually</p> | 50% | <p>Public Grants</p> <p>Private Insurance</p> |
| Massachusetts General Hospital (MGH) SUDs Initiative (MGH Initiative) | <p>Massachusetts General Hospital (MGH) SUDs Initiative (MGH Initiative) established in 2013, offers Recovery Coach services across many of its primary care practices, outpatient addiction & dual-diagnosis practices as well as the BHCHP street medicine team.</p> | <p>Staffing</p> <p>Full-Time: 40 hrs</p> <p>Caseload</p> <p>Average = 26 patients per Coach per month. Total Caseload = 80-100.</p> <p>Usually 2-3 contacts per patient per month, but can be as high as 15-20 contacts per month.</p> | Yes | CARC Within 1 year of employment | High School diploma or equivalency | <p>Experience in health care/addiction treatment system preferred but not required</p> <p>Experience in Recovery Coaching preferred but not required</p> | <p>2-week on-site orientation at MGH</p> <p>1 week at the Recovery Coach Academy if not attended already</p> <p>3-7 Coach centric trainings/yr</p> <p>2 hrs. group supervision 2x/monthly, with the option to attend up to 4x monthly</p> <p>1 hr. individual</p> | N/A | <p>Funding sources include: MGH, philanthropy, Medicaid ACO, grants</p> |

| <u>Program</u> | <u>Description</u> | <u>Staffing & Caseload</u> | <u>Lived Experience Required</u> | <u>Certification Required</u> | <u>Minimum Education Required</u> | <u>Experience Required</u> | <u>Training</u> | <u>Est. % OUD</u> | <u>Funding Source</u> |
|--|--|---|-------------------------------------|-------------------------------|-----------------------------------|----------------------------|--|-------------------|-----------------------|
| | | Average duration of engagement is 7-8 months. | | | | | supervision offered every week, however, can be less, as deemed appropriate by the RC & RC Supervisor. | | |
| Vermont Recovery Network (VTRN) | Vermont Recovery Network (VTRN) established in 2001 is a group of nine independent nonprofit member centers and three affiliated centers in the State that provide recovery support, including Recovery Coach, services to those seeking assistance with drug or alcohol use. The length of service is longer duration. The Network also provides Recovery Coach services in emergency rooms and newborn clinics across the state. | Staffing Information not provided Caseload 4/ RC | Yes; in personal or family recovery | Information not provided | Information not provided | Information not provided | Information not provided | 25-70% | Public Grants |

D. Recovery Coach Program Benefit Data

| Data Element | Data Response Format | Anchor | Blue Guardian | Gosnold | Holyoke Health | MGH RC Program | Recovery Point WV | Wicomico County COAT Program |
|---|--|--|------------------------------------|-------------|----------------|---|----------------------|--------------------------------|
| Overview | | | | | | | | |
| Client Type Served | Please list any of the following that you work with on a regular basis: OUD only, SUD broadly, OUD and SUD, COD, other | All of these | Primarily OUD but SUD also | OUD and SUD | All of these | OUD, SUD broadly and AUD | OUD and SUD clients. | OUD, SUD, COD |
| SUD & OUD | Percent of clients with SUD that have OUD (estimate) | -- | 96% | 70% | 50% | N/A | 70% | N/A |
| RC Type Employed | # of full-time RCs employed | 38 | 2 | 7 | 9 | 10 | 13 | 2 |
| | # of part-time RCs employed | 12 | 2 | 4 | 1 | 0 | 2 | 2 |
| | # of volunteer RCs employed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Average RC Hours Worked by RC Type | Average hours worked per week for full-time RC | 37.5 | 40 | 40 | 40 | 40 | 40 | 40 |
| | Average hours worked per week for part-time RC | 50% or per diem | 29 | 15 | 24 | n/a | 20 | On call - 10 |
| | Average hours worked per week for volunteer RC | 0 | 0 | -- | 0 | n/a | 0 | 0 |
| Caseload | | | | | | | | |
| Caseload | Average clients per Recovery Coach | 35 – 50 (FT staff) | 30 FT/22PT | 10 | 15 | Average = 30-40 clients/coach/month RCs may have panels of 100+ clients | 8-12 | Ongoing |
| Annual Caseload | Total cases handled in one year (whole program) | Approx. 4,500 non-unique individuals were signed up for membership in 2017 | RCs do not carry ongoing caseloads | 175-200 | 600 | About 3,200 clients seen per year across the program | 210 | 347 unique individuals in 2017 |

| Data Element | Data Response Format | Anchor | Blue Guardian | Gosnold | Holyoke Health | MGH RC Program | Recovery Point WV | Wicomico County COAT Program |
|------------------------------------|--|---|----------------------------|------------------------------------|-----------------------------------|--|-------------------------------------|---|
| Finance | | | | | | | | |
| Travel Costs | Transportation note | Only ED coaches are reimbursed for mileage | We have cars | -- | -- | Most RCs use public transit or in emergency situations, they may use uber/lyft | -- | Provided with state vehicle for most travel, reimbursed if no state vehicle available |
| | Average miles traveled per RC per month | -- | -- | 800 | 200 | 10-20 | <100 | -- |
| | Reimbursement rate per mile | Allowed rate by IRS regulations | \$0.00 | \$0.44 | \$0.44 | \$0.545 | \$0.475 | \$0.54 |
| Supplies | What supplies are provided (cell phone, laptop, other materials, etc.) | Cell phone provided to full time ED and mobile outreach coaches | Cellphone, hotspot, laptop | Cell phone, laptop | Cell phone, laptop, aircard, etc. | Cell phones for all RC's, some have laptops issued depending on their need | Cell phone, laptop, office supplies | Cellphone and laptop |
| | Average cost per year (estimate) | -- | -- | -- | \$3,600 | \$1,500/coach | \$5,000 | \$2,000 |
| Core Training (If Provided) | How many hours? | 46 | 54 for certification | 60 CEUs plus 500 hours supervision | 40 | 80 before RC begins their role, plus Recovery Coach Academy, if they have not already attended | 46 per student | 46 training hours for peer + health department training |
| | What is the average cost? | -- | | \$1,500+ | \$700 | Cost of RC Academy is \$200, plus mileage, plus 4-night hotel if the RC is outside of commuter distance. | \$414 per student | mostly free |

| Data Element | Data Response Format | Anchor | Blue Guardian | Gosnold | Holyoke Health | MGH RC Program | Recovery Point WV | Wicomico County COAT Program |
|---------------------------------------|--|---|--------------------------------|-----------------------------|----------------|--|---------------------|------------------------------|
| Ongoing Training (If Provided) | How many hours? | Training is generally provided during monthly staff meetings. | 24 per year after | 40 per year | variable | 7 hours annual RC centric training; 2 hours Group supervision up to 4x monthly includes educational component; 1 hour per 1-2 weeks of individual supervision includes training component; additional internal training offered at no cost; RCs also receive a stipend to attend external trainings each year, usually focused on CARC | 6 hours per student | -- |
| | What is the average cost? | -- | free - we do in house training | Estimated at \$500 per year | -- | The all-day training for staff is about \$1,200. Stipend for external trainings is \$200 per RC per year. | \$50 per student | -- |
| Credentialing (If Provided) | Are RCs credentialed or certified? (Y/N) | Yes, peer recovery support specialist | yes | yes | yes | RC's must be approved for Certified Addiction Recovery Coach (CARC) state-wide certification post one year of initial hire. Some RC's will obtain a LADC, CADC or CPS but those are not required. | yes | yes |

| Data Element | Data Response Format | Anchor | Blue Guardian | Gosnold | Holyoke Health | MGH RC Program | Recovery Point WV | Wicomico County COAT Program |
|---|--|--------------------|---------------------------------|---|--|--|--|--|
| | If yes, by what entity? | RI Licensing Board | PA Certification Board | 1. CCAR 2. Mass. Board of S/A Counselor Certification (Recovery Coach) 3. National Certification Commission for Addiction Professionals | Massachusetts Bureau of Substance Addiction Services (BSAS) training | Commonwealth of Massachusetts, Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) | West Virginia Certification Board for Addiction and Prevention Professionals | Maryland Addiction and Behavioral-health Professionals Certification Board (MAPCB) |
| | Does your organization cover the cost? | Funded by state | Yes | Only initial training, employee pays for continuing certification | Yes | Yes | No | Not for the license fee |
| | What is the cost? | -- | \$125 | -- | varies | \$250 | \$175 | \$100 |
| Tax-Exempt Status | Is your organization for profit or nonprofit? | Nonprofit | Nonprofit | Nonprofit | Nonprofit | Nonprofit | Nonprofit | Nonprofit |
| Benefits | | | | | | | | |
| RC Benefits | Do you provide health benefits? (Y/N) | yes | yes | yes | yes | yes | Yes | Yes, but can be costly |
| | What is your fringe benefit %? Or What is the value (\$) of your benefits? (per year/month/week) | unknown | \$8,500/year | 18% | 18-22% | 35% | \$550 per month per employee | State fringe benefits can be very costly, sometimes exceeding salary |
| Paid Time Off (Number of Days earned per year) [If Applicable] | Holidays | 10 | 11 | 10 | 12 | All holidays, vacation days, personal days, sick days are bundled | 3 | Contractual staff get 5 days/year of time off + |
| | Vacation days | 15 | 5 days 1st year, 10 day 2nd, 15 | 10 first year; goes to 20 after 4 years | accrued | | 20 | |

| Data Element | Data Response Format | Anchor | Blue Guardian | Gosnold | Holyoke Health | MGH RC Program | Recovery Point WV | Wicomico County COAT Program |
|--|-----------------------------|---|-------------------------------------|---------------------------------------|---------------------|--|-------------------|------------------------------|
| | | | days 3rd, 20 days 4th | | | into "earned time". Full-time (40 hour) employees earn 8 hours of ET for every two weeks worked. | | any comp time |
| | Personal days | 2 | 3 | 2 | 3 | | 0 | |
| | Sick days | 10 | 1.5 per pay period/3 days per month | 5 | accrued | | 5 | |
| | % FTE spent supervising RCs | 40% | -- | 90% | 30% | 50% | 33% | 50% |
| | # of RCs supervised | Per state contract a supervisor can supervise a maximum of 10 RCs | -- | All: 7 full-time RCs, 4 part-time RCs | 6 direct 4 indirect | 10 | 12 | 2 |
| <p>Seven out of ten programs interviewed submitted this information Some responses have been abbreviated "--" indicates missing response</p> | | | | | | | | |

E. Sample Recovery Coach Job Descriptions

Job Description 1

Recovery Coach Job Description

GENERAL SUMMARY

The Recovery Coach (RC) will provide peer recovery support services to individuals with SUD (SUD) and will assist individuals in achieving sustained recovery. This position will facilitate individual access to recovery-oriented SUD treatment, resources, and community recovery groups. The RC will bridge the segregated treatment system into a more holistic care model through providing support across multiple systems and frameworks of care. This position will maintain ongoing individual support regardless of relapse and will serve as

a motivator, ally, role model, problem-solver, and advocate for individuals with SUDs. The RC should possess thorough understanding of community culture to address the barriers to successful recovery, better tailor health messages, and provide links to community resources and treatment options. The position is based half-time in the primary care setting of [REDACTED] and half-time in the [REDACTED], a dual-diagnosis addiction clinic.

The responsibilities included in this position are the following:

- Serves as a liaison between the recovery community, the addiction treatment system, the medical treatment system, and the individual's community, family, and social context to facilitate connections across systems of care
- Works collaboratively with treatment team to implement evidence-based services to individuals with SUD
- Addresses barriers to successful recovery and serves as role model and advocate
- Conducts active outreach efforts to encourage attendance and participation in recovery-oriented, self-help, and pro-social groups
- Assists with access to treatment for SUD and co-occurring conditions, creating systems and procedures to rapidly identify treatment needs and determine appropriate level of care. Assists with data collection for quality assurance and program evaluation

PRINCIPAL DUTIES AND RESPONSIBILITIES

- Engage with individuals identified with SUD referred by [REDACTED] outpatient or hospital staff
- Meet hospitalized individuals with SUD prior to discharge and facilitate their access to next stage of treatment
- Conduct initial needs assessment, review the individual's SUD history, and identify the individual's goals and expectations
- Together with clinical staff, facilitate referrals to appropriate disposition options for individuals
- Help individual navigate the health care system and social service system; accompany individuals to appointments and meetings as needed.

- Negotiate and create opportunities for access to treatment and social services for individuals; advocate on behalf of individuals to help decrease barriers to care
- Educate individuals about addiction and utilize motivational enhancement techniques to explore ambiguity and tip the scales towards treatment
- Provide peer counseling and support individuals in establishing treatment goals and achieving and maintaining recovery
- Develop individualized service plans for each individual
- Work with individual and care team to develop a comprehensive treatment plan
- Be available to provide support to individuals in immediate risk of relapse or for other time-sensitive matters during and outside of regular business hours
- Monitor individuals' progress and evaluate outcome, using a tracking system
- Clearly and effectively facilitate communication between the individual, PCP, consulting psychiatrist, and any external providers maintaining appropriate confidentiality procedures and boundaries
- Maintain accurate and up-to-date records and standardized data on all individuals
- Systematically review the caseload with the supervisor each week, focusing on new individuals and those who are having difficulties

QUALIFICATIONS:

- High school diploma required
- Demonstrates ability to maintain 2 years of sustained remission
- Recovery coach certification required within first 12 months of employment
- Strong interpersonal, facilitation, and leadership skills
- Ability to work independently as well as part of a multidisciplinary team of psychologists, physicians, social workers, and nurses
- Strong advocacy skills along with knowledge of community-based services, resources, and local recovery community
- Comfort with multiple pathways to recovery from SUD and willingness to embrace a person-centered approach that recognizes an individual's preferences and autonomy ("recovery by any means necessary")
- Comfort in working in both medical and social service settings
- Clinical skills in motivational enhancement strategies
- Ability to provide accurate feedback without judgment or discomfort
- Flexibility to adapt to unforeseen needs or circumstances
- Excels at problem solving and multi-tasking, organized, efficient and goal directed
- Ability to maintain effective working relationships with patients/families and staff
- Excellent interpersonal, written and verbal communication skills
- Effective use of the Internet and Microsoft Office programs such as Word, Excel, PowerPoint and Outlook
- Ability to handle confidential information

EOE Statement

[REDACTED] is an Equal Opportunity Employer. By embracing diverse skills, perspectives and ideas, we choose to lead. Applications from protected veterans and individuals with disabilities are strongly encouraged.

Job Description 2

Job Title: Peer Recovery Specialist

Division: Intermediate Services

Department: [REDACTED]

Reports To: Manager of [REDACTED]

Summary: The Outreach Peer Recovery Support Specialist works with people in [STATE NAME REDACTED] communities who are in need of recovery support. Peer Recovery Specialists provide individual and group support in multiple settings, and provide referrals for resources like detox, housing, outpatient treatment, clothing/food and overdose prevention/Narcan training. This staff member also provides educational outreach to providers and community groups.

Job Responsibilities:

- Provide community outreach
- Provide individual recovery support
- Facilitate recovery support groups
- Provide information and referrals for community-based resources
- Serve as advocate for program participants and assist them to develop self-advocacy skills
- Complete all required documentation clearly and on time
- Communicate effectively and respectfully with all program participants and coworkers; and with community partners. Maintain positive relationships.
- Complete all trainings as assigned.
- Additional duties and responsibilities as assigned.

Qualifications: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.

- Candidate must demonstrate an understanding of, and belief in, the addiction recovery process
- Must be a person with lived recovery experience, with minimum 2 years of continuous recovery
- Positive communication skills
- Must be 21 years old or older

Education and/or Experience: High School diploma or GED required. Associates Degree or higher preferred. [STATE NAME REDACTED] State certified Recovery Coach or plan to complete this within first year. Understanding of community resources and recovery-oriented systems of care model.

Certificates, Licenses, Registrations: MUST have a valid driver's license, registration and proper auto insurance. (Provide a copy to your manager).

Other Skills and Abilities: Knowledge of basic crisis intervention, motivational interviewing, and some case management techniques required. Ability to act as an advocate for the needs of the individual is required.

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, walk, use hands, feel objects and/or controls, talk, hear and smell. The employee frequently is required to reach with hands and arms, climb or balance, stoop, kneel, crouch and sit. Employee may need to lift up to 25 pounds.

Work Environment: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Job Description 3

Position Results Description: Certified Peer Recovery Specialist

Immediate Supervisor: Project Director – [REDACTED]

The Certified Peer Recovery Specialist for [REDACTED] will work with individuals with heroin and/or opioid addiction.

MAJOR GOAL: The Certified Peer Recovery Specialist's (CRS) role is to support others in recovery from a SUD. The CRS will serve as a role model, mentor, advocate and motivator to recovering individuals in order to help prevent relapse and promote long-term recovery. The CRS must demonstrate an ability to share personal recovery experiences and to develop authentic peer-to-peer relationships. The key result areas of this position include:

1. Provide recovery education to service recipients for every phase of the recovery journey from pre-recovery engagement, recovery initiation, recovery stabilization, and sustained recovery maintenance.
2. Provide a model for people in recovery, staff, and the community, by demonstrating that recovery is possible.
3. Facilitate (via personal coaching) the transition from a professionally directed service plan to a self-directed recovery plan; assist recovering persons to develop their own plan for advancing their recovery
4. Actively identify and support linkages to community resources (communities of recovery, educational, vocational, social, cultural, spiritual resources, mutual self-help groups,

professional services, etc.) that support the recovering person's goals and interests.

5. Maintain contact with recovering persons after they leave treatment to insure their ongoing success and to provide re-engagement support in partnership with others in the agency.
6. Work with [REDACTED] staff in partnership with the community to implement and promote recovery-oriented initiatives.
7. Complete individual tracking and outcomes reporting
8. Provide assistance to individuals presenting at multiple points of community contact to access treatment

Key Results Area 1: Provide recovery education for every phase of the recovery journey

Performance Standards:

- a. Provide education, encouragement, mentoring at pre-recovery (at assessments and prior to entering treatment)
- b. Provide education at recovery initiation (beginning treatment)
- c. Provide education during recovery stabilization (in treatment continuum)
- d. Provide education for sustained recovery maintenance
- e. Will perform special projects, assignments and functions as assigned

Key Results Area 2: Develop a personal recovery plan with individuals

Performance Standards:

- a. Assist recovering persons to identify their personal interests, goals, strengths and weaknesses regarding recovery
- b. Assist in transitioning from a professionally assisted recovery initiation to personally directed, community supported recovery maintenance
- c. Will perform special projects, assignments and functions as assigned

Key Results Area 3: Complete mandatory individual tracking and outcomes reporting

Performance Standards:

- a. Record care management information into [REDACTED] Docu-Share software no later than 24 hours after individual contact
- b. Ensure completion of [REDACTED] survey at 30 and 60 days
- c. Effectively manage caseload
- d. Be responsible for providing consistent communication to the project director to evaluate individual/family status, ensuring that provided information and reports clearly describe progress
- e. Attend regular staff meetings, supervision, trainings and other meetings as required

Key Results Area 4: Serve as a role model, mentor, advocate and motivator to individuals presenting at multiple points of community contact

Performance Standards:

- a. Under the supervision of the Project Manager, the CRS will respond to referrals from community points of contact

- b. Will perform special projects, assignments and functions as assigned.

Agency Qualifications:

- Commitment to the concepts and goals of [REDACTED]
- High school diploma/G.E.D. and 3 letters of recommendation
- Two years of continuous personal recovery from SUD
- Must meet the qualifications for certification as a CRS
- If not certified upon hire, must obtain the necessary training for certification within 6 months
- Must maintain a flexible work schedule to allow for evenings and/or weekends as needed
- Written and oral proficiency in English and Spanish is highly desired
- Must have an understanding of and respect for each individual's unique path to recovery
- Must have a working knowledge of the drug and alcohol treatment system
- Must have a demonstrated commitment to the recovery community
- Understanding of the community served and some degree of community connectedness is strongly desired
- Demonstrated success in working as a member of a team and developing effective working relationships with colleagues.
- Valid [REDACTED] Driver's License
- Excellent written/oral communication skills, including listening well, and using language appropriately, are requirements
- Demonstrated track record with respect to detail orientation and accuracy.
- Computer literacy and competency for mandatory progress reports.
- Commitment to issues related to drug and alcohol addiction and [REDACTED'S] mission.

Knowledge, Skills, and Abilities:

- Strong knowledge of principles, ethics and practices of peer recovery support
- Responsible for establishing trusting relationships with individuals and their families while providing support
- Must possess the ability and willingness to provide emotional support, encouragement, and motivation to individuals in the community
- Ability to work well under pressure.
- Provide on-going follow-up, basic motivational interviewing and goal setting with individuals and their families when appropriate
- Excellent verbal communication, interpersonal and relationship-building skills to effectively work with a variety of people and personalities; ability to communicate clearly in person and in writing.
- Ability to manage and share pertinent information
- Thorough, organized and detail-oriented approach to work

[REDACTED] is an initiative developed by [REDACTED] to offer follow up services to individuals who have experienced an overdose on opioid/opiate narcotics and were revived by naloxone administered

by officers from a local police department. A Certified Recovery Specialist (CRS) will accompany a police officer from the area where individual resides to offer assistance to obtain treatment and provide information and support for those affected, including family members.

The [REDACTED] initiative developed by the [REDACTED] Police Department in conjunction with various [REDACTED] County agencies to offer follow up services to individuals who have met the parameters of referral after a team meeting. Individuals (adults) must have met risk criteria established by the team. A Certified Recovery Specialist will accompany a police officer in the area where individuals reside to offer assistance to obtain treatment and provide information and support for those affected, including family members.

Outreach Certified Recovery Specialists

This initiative was developed by the [REDACTED] Police Department and [REDACTED] to make connections within the local community to facilitate connections to the treatment community. The CRS is also tasked with building relationships with individuals who are in the community needing assistance and guiding them to the treatment they need. The Outreach CRS will also work to develop relationships with the [REDACTED] Police Department by attending ride-along with the officers, meeting them at community events and speaking at shift change in an effort to educate officers on addiction and recovery.

The Outreach CRS will also work with families within the Community Centers to identify appropriate resources (medical, mental health, dental, food, shelter etc.) and assist in resource accessibility. CRS will work closely with the Care Management team at [REDACTED] for additional resource coordination.