

**Department of Public Health Bureau of Substance Addiction Services
Peer Recovery Coaches - April 2018**

Peer Recovery Coaches (PRC) are an emerging workforce in MA. It is important to understand the definition of recovery coaches, the parameters of the role, how to best utilize recovery coaches in a variety of settings, and the need for supervision, training, and certification of recovery coaches.

Who are Peer Recovery Coaches and What Do They Do?

Peer Recovery Coaches (PRC) are individuals with lived experience who are stable in their recovery, follow a recovery pathway, and are engaged in the recovery community.

- PRCs offer hope, optimism, and encouragement, emphasizing the recoveree's voice and choice in the coaching engagement.
- PRCs facilitate and support the Recoveree's chosen pathway of recovery, offering their own pathway of recovery as a model.
- PRCs help recoverees navigate systems, self-advocate, establish community connections, and make decisions.
- PRCs work with recoverees to develop and carry out a self-directed Wellness Plan.

Peer Recovery Coaches can be classified as Traditional or Non-Traditional.

- Traditional Peer Recovery Coaches work with individuals in recovery for an extended period of time to help them maintain and sustain recovery and abstinence from addictive use of legal and illegal drugs.
- Non-traditional Peer Recovery Coaches provide some or no coaching, outreach and engagement, crisis intervention, and/or referral services, regardless of stage of recovery.

Training the Peer Recovery Workforce

In 2011, the Department of Public Health's (DPH) Bureau of Substance Addiction Services (BSAS) adopted the Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy (RCA) model and had CCAR train the first class. In 2013, BSAS recruited and hired MA recovery coach trainers to provide the 5-day RCA (Recovery Coach Academy), the 2-day Ethical Considerations (EC) and other recovery trainings. As of March 2018, 1,058 people have taken the RCA and 403 have continued their education to complete the EC. BSAS supports the development of the PRC workforce by reimbursing PRC's, within the Substance Use Continuum of Care.

BSAS developed a cadre of recovery trainers (14), using a Train the Trainer model. This model offers a distinct supervision and Peer Recovery Coach supervisor training curriculum. BSAS incorporated the trained and supervised recovery coaches in its outpatient counseling centers and in several pilot programs integrating the PRCs as part of the recovery team.

BSAS' pioneering efforts have resulted in a nationally respected training program to support the PRC workforce. BSAS works with over 31 programs that are offering PRC services. During the first two quarters of FY 18, approximately 170 PRCs (mostly non-traditional) served over 6,750 recoverees.

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Certifying the Recovery Coach Workforce

The MA Board of Substance Abuse Counselor and Recovery Coach Certification, a private, non-government organization, offers a Certification for Addiction Recovery Coaches (CARC).

Recovery Coach Settings

Provider readiness is imperative to ensuring quality PRC services, fidelity to the role, and worker satisfaction. Inadequate training and education, misuse of the role, and inadequate supervision can result in worker dissatisfaction, high turnover, and compromised recovery status. PRCs are hired and funded by many different entities. They work with BSAS licensed and/or contracted agencies, such as outpatient centers, the State Response to Opioid/Access to Recovery (STR/ATR) program, the Moms Do Care program, and a DPH Emergency Department Recovery Coach pilot program in 11 hospitals. PRCs also work for private entities and as volunteers. BSAS, the Health Policy Commission, MassHealth and the Massachusetts Behavioral Health Partnership, the Substance Abuse and Mental Health Services Administration among other public and private funders as well as insurers currently fund Peer Recovery Coaches.

To successfully incorporate Peer Recovery Coaches into an agency, a provider agency needs to support the PRC by not asking them to perform inappropriate tasks or roles, such as clinician (counseling), driver (to & from appointments/meetings) or babysitter (ensuring medication compliance).

Provider and Peer Recovery Coach Needs in the Changing Workforce Landscape

Providers need to ensure that PRCs are trained, adhere to the Code of Ethics, are certified in accordance with IC&RC1 requirements and receive quality supervision from supervisors trained in the peer recovery coach supervision model. The majority of providers, most of whom are clinical or medical, need the training, infrastructure, and required resources to support and ensure a quality, non-clinical/recovery support staff. In order to support this new workforce, PRCs need to have opportunities for professional growth that preserve the non-clinical, non-case management nature of the RC role, and are integrated into the agency structure. State agencies, providers, insurers, and peer support workers, bannng together to build this new workforce, provides a great opportunity to deliver peer driven services as part of the response to the opioid epidemic. It addresses the Substance Use Continuum of Care that focuses on the maintenance and sustainability of Recovery.

¹ The IC&RC (International Certification and Reciprocity Consortium) develops credentialing standards for the addictions and prevention workforce.