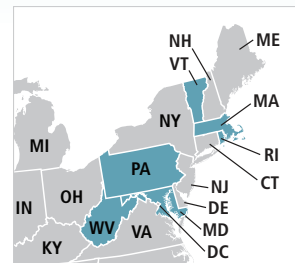


GOAL AND APPROACH

Goal	Approach
Investigate evidence for using Recovery Coach services in Opioid Use Disorder (OUD) care	<ul style="list-style-type: none"> Reviewed information from published sources on the use of Recovery Coaches in OUD care. Conducted interviews with experienced, established Recovery Coach programs located in states with a high opioid overdose death rate

Geographic Diversity of Programs Interviewed

We interviewed **29 individuals** from **10 programs** in Maryland, Massachusetts, Pennsylvania, Rhode Island, Vermont, and West Virginia that employ Recovery Coaches.



Recovery Coach Program Interview Method

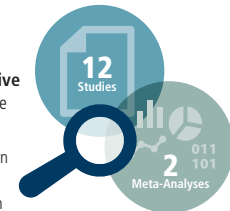
From each program, we invited **Recovery Coaches** and **program directors** to participate.

Our interview guide for coaches addressed three main objectives:
<ol style="list-style-type: none"> To gain further insight on overall program structure, including staffing, hours and benefits To understand how they handle their caseloads To learn what works and doesn't work in the provision of these services
Our interview guide for program directors addressed four main objectives:
<ol style="list-style-type: none"> To gain further insight on overall program structure, including staffing, hours and benefits To learn about the history of each program interviewed To better understand each program's data collection, analysis, and reporting practices To discuss lessons learned from their experience

FINDINGS

Literature Review

- Identified 12 studies and 2 meta-analyses
- Studies report a **small to moderate positive** effect in using Recovery Coaches in OUD care
- Limitations:
 - Studies examined use of Recovery Coaches in context of larger interventions
 - Difficult to quantify effect of Recovery Coach services above and beyond other services
 - Individuals encounter Recovery Coaches at different points in their arc of recovery (e.g., some may seek recovery sooner with Recovery Coach than without)



Settings and Funding Sources

Settings	Funding Sources
<ul style="list-style-type: none"> Hospitals & emergency departments Police departments, prisons, and jails Community organizations, clinics, and treatment centers All service settings have an "open-door policy" when assisting individuals 	<ul style="list-style-type: none"> Most funding received through grants Some programs receive funding from Medicaid & private payers <ul style="list-style-type: none"> Other programs working to set up structures to do so Some concern about lack of flexibility in fee-for-service rates

Scope of Services

All Recovery Coaches:	Some Recovery Coaches also help individuals:
<ul style="list-style-type: none"> Engage individuals with substance use disorder through shared experience and development of authentic peer-to-peer relationships Help individuals develop their own recovery plan and motivate them to implement it Connect individuals to ongoing recovery services such as treatment or community-based resources Record information on each encounter 	<ul style="list-style-type: none"> Navigate the health care system and apply for public benefits Access community resources and other issues as they arise Address housing, transportation, and other issues as they arise Implement and promote recovery-oriented initiatives with staff and in partnership with the community Provide in-person or telephonic crisis support

Keys to Success

Building trust and rapport with individuals

Supporting multiple paths to recovery through self-determination

Prioritizing self-care for Recovery Coaches

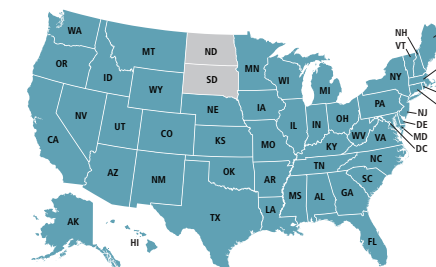
Policy Recommendations

- Prioritize **lived experience** for Recovery Coaches
- Incorporate Recovery Coach **self-care** into organizational structure
- Support Recovery Coach **workforce development**
- Provide **financial support** for Recovery Coach services with **flexibility** to align payment with services to meet client needs
- Establish a **state-sponsored** certification process for Recovery Coaches
- Establish **standardized data collection tools and quality measures** to support evaluation of the effectiveness of Recovery Coach services

Acknowledgments

STAFF: Katharine London, Principal; Marybeth McCaffrey, Principal; Lisa McDowell, Senior Consultant; Matthew Maughan, Senior Policy Analyst; Jeremy Tourish, Policy Analyst, Commonwealth Medicine, UMass Medical School
ADVISORS: Haner Hernandez and Jeffrey L. Walter
Our report was funded by a grant from RIZE Massachusetts, a foundation committed to ending the opioid epidemic and reducing its devastating impact on people, families, and communities

Recovery Coach Certification Requirements



Certification is available in **48 states + DC**

Certifying entities:

- 29 states: private; 16 states: public; 3 states: public/private**
- 23 different job titles** – All use peer or recovery or both; "Peer Recovery Specialist" most common
- Some states have a single peer support certification for both mental health and substance use disorder
- 13 states require lived experience**
- Hours of training and work experience requirements vary

Payment Methods

- 39 state Medicaid programs cover some peer services**
 - Some include Recovery Coaches, some only cover peers for mental health
 - Many authorize payment for Recovery Coach services as part of a **bundled** (e.g., Health Home) or **global** (e.g., ACO, CCO) **payment**
- Some private payers employ Recovery Coaches directly
- Recovery coaches were not apparent as a provider or covered service among private insurance companies

For more information:

Please visit RIZE's website* for a full copy of the report, which includes the following:

- Literature review
- Compendium of certification requirements by state
- Descriptions of the 10 programs interviewed
- Benefit data from 7 of 10 programs interviewed
- Sample job descriptions

*<https://rizema.org/what-we-fund/treatment-prevention/research-on-recovery-coaches/>

IMPLEMENTATION

Estimator Tool

We created an interactive **Impact Estimator Tool**.

- The tool helps users:
 - Estimate a caseload** per Recovery Coach
 - Develop a budget** to provide Recovery Coach services over 3 years
 - Estimate **any changes** in medical costs that might occur after implementation
 - Estimate an **ROI** for implementing a Recovery Coach program
- Any estimated results are **projections only**
- A copy of the estimator tool is available on RIZE's website at <https://rizema.org/what-we-fund/treatment-prevention/research-on-recovery-coaches/>

Caseload Estimator Example

This table estimates the number of individuals a single Recovery Coach and a team of Recovery Coaches can serve per year. The default values are based on the midpoint of a small sample of Recovery Coach programs interviewed by the developers. However, Recovery Coach programs vary considerably in terms of service intensity and duration. You can adjust the assumptions (purple cells) to meet your own program needs. The data you enter will flow through the calculations in every table.

Caseload Components	Assumptions and Data Sources	Estimated Hours Required
Section A – Work hours available per year, per Recovery Coach		
Total paid hours	40 hours per week, 52 weeks per year	2080
	Paid holidays per year	13
Paid time off	Paid vacation days per year	10
	Paid sick days per year	6
Administrative hours	Hours per week for meetings, including staff meeting, supervision & mentoring time	3
	Hours per year for training	40
Other activities	Hours per year for other activities, such as community outreach and travel between work sites, that are not specific to an individual	40
Total hours available to work with individuals		1,629
Section B – Service Time per Individual		
Initial engagement	Time, in minutes, for initial engagement	120
	Time, in minutes, for data entry and supplementary activities	60
On-site visits with individuals	% of initial engagements that have an on-site follow-up	75%
	Total number of on-site follow-up visits per individual per year	6.0
	Average duration, in minutes, of a single follow-up visit	45
	Time, in minutes, for data entry and supplementary activities	15
Off-site visits with individuals	% of initial engagements that have an off-site follow-up	25%
	Total number of off-site follow-up visits per individual per year	4.0
	Average duration, in minutes, of a single follow-up visit	45
	Travel time, in minutes, for a round trip to visit an individual	30
	Time, in minutes, for data entry and supplementary activities	15
Phone calls with individuals	% of initial engagements that have follow-up phone calls	50%
	Average number of follow-up phone calls per individual per year	5.0
	Time, in minutes, per phone call, including documentation time	15
Other activities with an individual	Hours per individual per year on other activities specific to an individual	2.0
Total hours working with an individual per year		11.6
Section C – Estimated Number of Individuals		
Estimated Number of Individuals Engaged per Recovery Coach		140
	Number of Recovery Coaches (FTEs)	3.0
Total caseload (whole program)		420

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To view the full report, go to:
<https://rizema.org/what-we-fund/treatment-prevention/research-on-recovery-coaches/>



Commonwealth Medicine Overview

Commonwealth Medicine (CWM) is the health care consulting and operations division of the University of Massachusetts Medical School (UMass). For more than 30 years, CWM's primary focus has been to help Medicaid and other human service agencies accomplish their missions.

CWM draws on the academic knowledge and public health service expertise of UMass, Massachusetts's only public medical school, to provide comprehensive, innovative health care and policy solutions. Our mission is to create solutions that improve health and well-being, focused on those served by public programs.

Recovery Coaches in Opioid Use Disorder Care

Prepared for RIZE Massachusetts Foundation

December 2018

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.

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