

Transcom Brief: Peer Recovery Coaches

May 31, 2018

Transformation Committee (Transcom)

This Transcom Peer Recovery Coach (RC) Brief provides Massachusetts decision and policy makers with the voice and vision of individuals in recovery regarding Recovery Coaches. Transcom is a broad-based coalition of diverse mental health and substance use stakeholders who are committed to building consensus and strengthening recovery supports throughout the Commonwealth that are person-driven and sustainable. It was initially established to support the Massachusetts' Center for Medicaid Services Mental Health Systems Transformation Grant and continues as a subcommittee of the Massachusetts State Mental Health Planning Council. Transcom has supported developing the Peer Support Workforce over the past 14 years, more recently Peer Recovery Coaches.

Peer Recovery Coach Role and Settings

RCs support a person's unique pathway of recovery, offering their own as a model. RCs are stable in their recovery, have an active pathway, and involved in the recovery community. RCs offer hope, optimism, and encouragement.

- RCs help Recoverees navigate systems, establish community connections, facilitate decision-making, and self-advocate. RCs work with Recoverees to develop and carry out a self-directed Wellness Plan.
- Providers support RCs by educating themselves on the RC role, purpose, and code of ethics. Asking RCs to perform inappropriate tasks, such as comment on medical or clinical issues; serve as custodial help, provide transportation, or serve as a chaperone for Recoverees, may undermine the success of RC Workforce.
- Traditional RCs work with Recoverees for an extended period to help them maintain and sustain recovery from addictive use of legal and illegal drugs. For example, traditional RCs work in outpatient settings.
- Non-traditional RCs may provide outreach, crisis intervention, engagement, and referral, regardless of stage of recovery, and little to no coaching. For example, non-traditional RCs work in hospital emergency departments.

Training the Peer Recovery Coach Workforce

Since 2008, Peer Recovery Coaching has entered the national arena through the Connecticut Community for Addiction Recovery (CCAR) RC curriculum and the nationally recognized recovery researcher William White. Recognizing that there are other organizations that provide RC training, the Department of Public Health's Bureau of Substance Addiction Services has pioneered a unique model for training the Commonwealth's traditional and non-traditional RC Workforce that includes:

- Developing a cadre of trainers in long-term recovery using the train the trainer model;
- Creating a RC Supervisor training curriculum and implemented a distinct supervision model; and
- Successfully implementing RC pilots in multiple settings.

Transcom's View of the Commonwealth's Peer Recovery Coach Workforce

Transcom embraces the traditional RC service role in Massachusetts outpatient substance use counseling programs that emphasizes the Recoveree's voice and choice in the coaching engagement, with the RC serving as a guide and advocate in supporting the Recoveree's Wellness or Recovery Plan. Transcom is pleased that MassHealth is supporting this view.

- Transcom supports standardizing the RC role and promoting an established Code of Ethics.
- Transcom advocates for RCs receiving non-clinical supervision from trained RC Supervisors.
- Transcom endorses policies recognizing RCs as an integral and respected member of recovery support teams.
- Transcom encourages reviewing RC Workforce Development strategies, trainings and initiatives in Massachusetts as well as other states, and SAMHSA-funded programs addressing Recovery Coaching.

Future of the Peer Recovery Coach Workforce

Provider readiness is imperative to ensuring quality RC services, fidelity to the model, 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 for the RC. In employing RCs, providers need to:

- Ensure RCs are trained and working toward a state-recognized RC credential, supervised by trained RC Supervisors, and adhere to an established Code of Ethics;
- Engage the training, infrastructure, and required resources to support and ensure a quality, non-clinical RC staff especially in predominantly medical or clinical environments;
- Provide RCs opportunities for professional growth that preserve the non-clinical, non-case management nature of the RC role and that are integrated into the agency structure; and
- Guarantee that RC reimbursements enable RCs to earn a decent wage.

Together, state agencies, providers, community groups, faith-based organizations, and RCs have an opportunity to strengthen and expand a quality RC workforce, offering an integral component to the opioid epidemic response.