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Recovery Coaches in Opioid Use Disorder Care

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FINDINGS

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GOAL AND APPROACH

Approach

Investigate evidence for using Recovery Coach services in Opioid Use Disorder (OUD) care

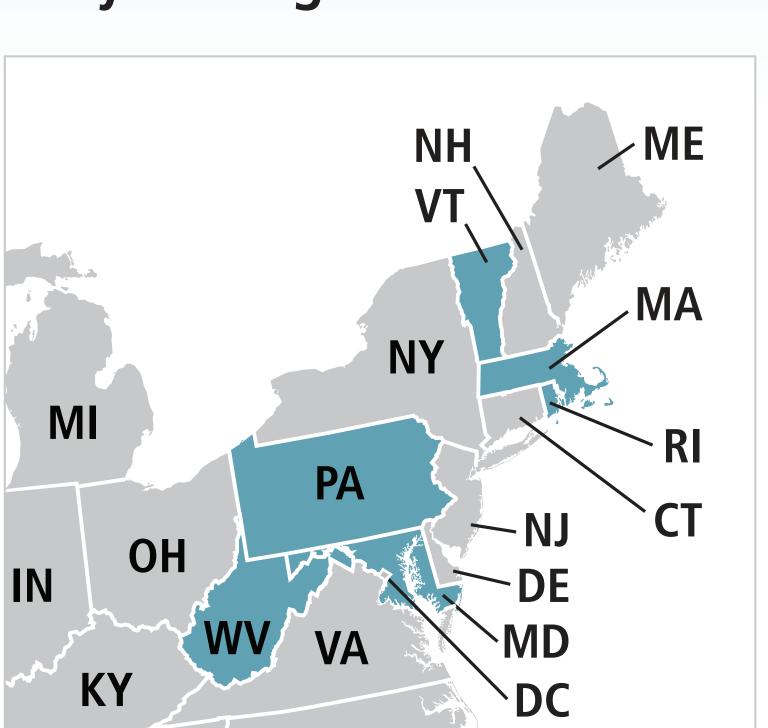
Goal

 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



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:

- 1. To gain further insight on overall program structure, including staffing, hours and benefits
- 2. To understand how they handle their caseloads
- 3. To learn what works and doesn't work in the provision of these services

Our interview guide for **program directors** addressed four main objectives:

- 1. To gain further insight on overall program structure, including staffing, hours and benefits
- 2. To learn about the history of each program interviewed
- 3. To better understand each program's data collection, analysis, and reporting practices
- 4. To discuss lessons learned from their experience

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

- Hospitals & emergency
- Police departments, prisons, and jails
- Community organizations, clinics, and treatment centers
- All service settings have an 'open-door policy' when assisting

Funding Sources

- Most funding received through grants
- Some programs receive funding from Medicaid & private payers
- 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:

- 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

Some Recovery Coaches also help individuals:

- Navigate the health care system
- Access community resources and apply for public benefits
- 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

trust and rapport with individuals







Policy Recommendations

- 1. Prioritize **lived experience** for Recovery Coaches
- 2. Incorporate Recovery Coach self-care into organizational
- structure

3. Support Recovery Coach workforce development



4. Provide **financial support** for Recovery Coach services with flexibility to align payment with services to meet client needs



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



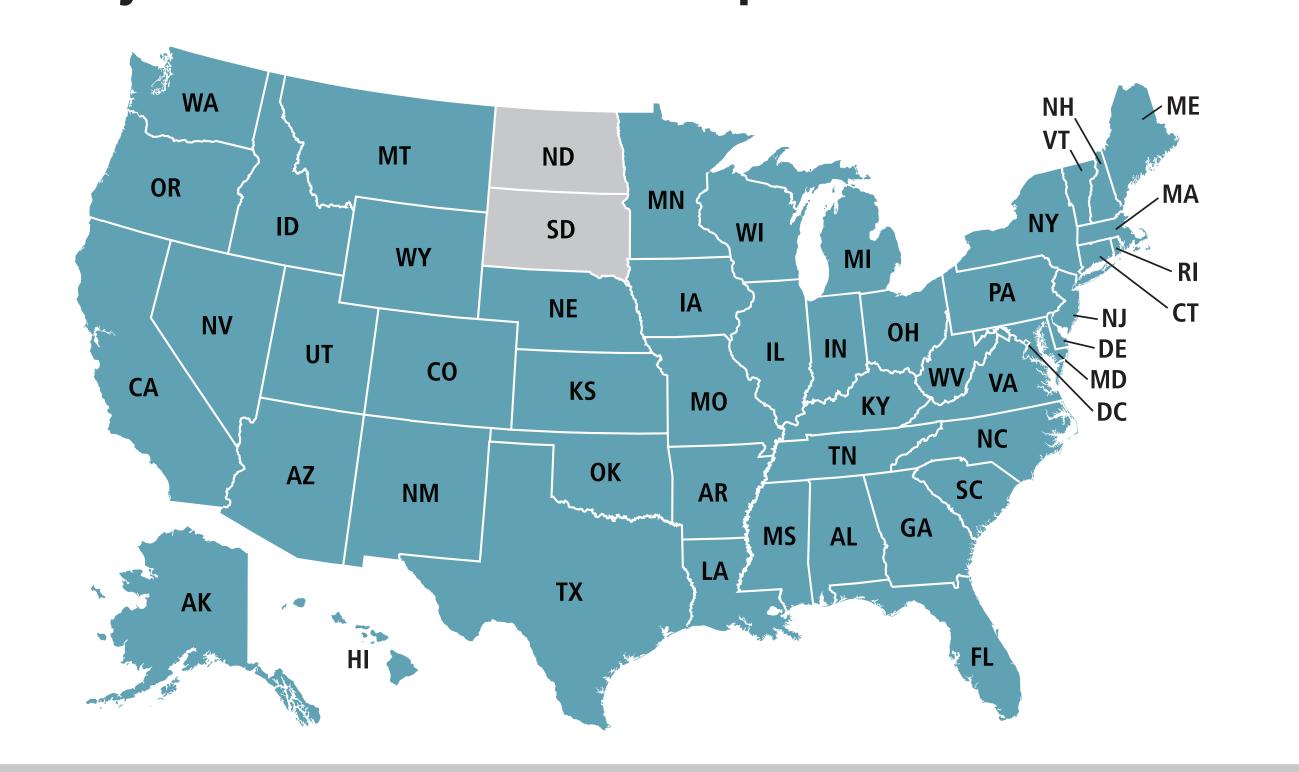
6. Establish standardized data collection tools and quality measures to support evaluation of the effectiveness of Recovery Coach services

Acknowledgments

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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
- 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	2080			
Paid time off	Paid holidays per year	13	232			
	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	179			
	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	40			
Total havve available to work with individuals			1 620			

	Total hours available to work with individuals		1,629
Section B. – Service	Time per Individual		
Initial engagement	Time, in minutes, for initial engagement	120	3.0
	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%	4.5
	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	% of initial engagements that have an off-site follow-up	25%	
with individuals	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	1.5
	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	% of initial engagements that have follow-up phone calls	50%	
individuals	Average number of follow-up phone calls per individual per year	5.0	0.6

Total hours working with an individual per year	11.6
er of Individuals	

Number of Recovery Coaches (FTEs) 3.0 Total caseload (whole program) 420

Estimated Number of Individuals Engaged per Recovery Coach

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

Section C. – Estimated Nun

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