



MassHealth Statewide Investments (SWI) Pop Up 3: Community Health Workers, Peer Specialists and Recovery Coaches: How Lived Experience Can Strengthen Member Engagement

The third and final MassHealth DSRIP Technical Assistance (TA) Program Statewide Investments (SWI) Pop Up in our series on member engagement focused on some of the important and unique lived experience workforces in Massachusetts: Community Health Workers (CHWs), Peer Specialists, and Recovery Coaches. Representatives from each workforce described their roles in engaging MassHealth members, the settings in which they may work, and how they collaborate with other providers. Panelists also discussed training and supervision for each workforce and considerations for ACOs and CPs on how to best support and integrate individuals in these workforces into their organizations. A total of 144 attendees joined the virtual event, including representatives of 11 ACOs and 12 CPs. Staff from other stakeholder organizations, MassHealth, and Abt Associates also attended.

Key Themes

The roles of CHWs, Peer Specialists, and Recovery Coaches are grounded in lived experience and distinct from other traditional healthcare providers. The panelists shared a description of their role, how they support MassHealth members and collaborate with other healthcare providers, and the philosophy that guides their work.

- **Community Health Workers:** CHW is an umbrella term representing many roles and can include individuals who provide health education, support care coordination, provide systems navigation, and help patients follow up with care plans and recommendations from providers. By helping patients make connections to services, CHWs promote self-efficacy so individuals can better take care of their health. CHWs typically have shared culture, language, or community with their patients, which is critical to their ability to best serve individuals from groups that are often disconnected from the healthcare system. CHWs may work in a variety of settings including primary care, hospitals, behavioral health and community-based organizations such as housing agencies, and food pantries.
- **Peer Specialists:** The role of Peer Specialists is to walk with individuals impacted by trauma, emotional distress, and mental health challenges to foster autonomy and self-determination. Peer Specialists listen to the voices of individuals and support them to be heard by their healthcare providers. Peer Specialists support individuals to claim meaningful lives of their own choosing. Peer Specialists often define themselves as being “in but not of” the mental health system. They work within the service delivery system but focus primarily on community-based supports outside mental health treatment. Peer Specialists can work in a wide variety of settings including both clinical and non-clinical sites.

Speakers and Panelists

Moderator – Katharine Witgert, Principal Associate, Abt Associates

Panelists:

Mercy Anampiu – Director, Community Health Programs, Lowell Community Health Center

Justin Brown – Director of Rehabilitation and Recovery, Massachusetts Department of Mental Health, Northeast Area

Erica Guimaraes – Program Coordinator, Massachusetts Department of Public Health

Vesper Moore – Chief Operating Officer, Kiva Centers

Julia Ojeda – Recovery Support Services, Massachusetts Department of Public Health, Bureau of Substance Abuse Services



“Care coordinators help people access the healthcare system, while Peer Specialists help people access their community and live fully in it.”

- Justin Brown

Peer Specialists draw on their own lived experience to support individuals as they navigate their own paths of resilience and integration into the communities of their choice.

- **Recovery Coaches:** A Recovery Coach is a person who has lived experience with addiction and is in stable recovery. Their role is to advocate on behalf of individuals with substance use, teach self-advocacy, and help individuals develop a self-directed plan to reach their goals. They work in a wide variety of settings and can engage with individuals on a short- or long-term basis. Currently, 205 organizations in Massachusetts engage Recovery Coaches, including community health centers, primary care practices, OB/GYN offices, drug courts, and faith-based organizations. While Recovery Coaches are often integrated into medical settings, they do not serve in a clinical role. Their underlying philosophy is that power sits with the person accessing services and decisions are collaborative and not hierarchical.

Training and supervision are a critical part of fostering the development and impact of each workforce. Role-specific training and certification and effective supervision can contribute to the success and integration of the lived experience workforces within an ACO or CP.

Prior to the start of the panel, the audience was asked to share one or two words to describe the lived experience work force. See the results displayed in the word cloud below:



Patient Vignette: “Antonia”, an older immigrant woman with asthma, was referred to a CHW in an integrated behavioral health department. Antonia qualified for a CHW home visiting program. During a home visit, the CHW discovered Antonia’s partner had many health issues. He was unsure how to get help. The CHW was able to address the families’ social needs and connect them to social security and food assistance. They were also able to get the family a HEPA filter vacuum and other health supplies to manage their asthma and a food blender to help them better manage chronic health conditions.

- **Role-based training:** CHWs, Peer Specialists, and Recovery Coaches all require specialized training to help them learn about their unique roles while building important skills for working with the people they serve. Training programs are guided by the underlying philosophy of each workforce. For example:
 - The 80-hour core competency training program for CHWs in Massachusetts focuses on training in 10 domains including: public health approaches, patient outreach and education, care coordination, advocacy and community capacity building, effective communication, system navigation and cultural responsiveness. Beyond these core competencies, CHWs receive 16 hours of training in specialty areas such as mental health, HIV, substance use or asthma. Core competency training is essential because CHWs are typically hired for their understanding of local communities and cultures rather than knowledge of the healthcare system.

- The Certified Peer Specialist (CPS) training program in Massachusetts focuses on equipping Peer Specialists with tools to foster self-determination in the individuals with whom they work in a variety of spaces and on how to better support Peer Specialists to use their own lived experience with mental health diagnoses, emotional distress, trauma, and/or disabilities to inform the supports and guidance they provide individuals. Peer Specialists are trained to foster reciprocity, genuine human relationships, hope and resilience to improve health outcomes; they are dedicated to facilitating accessibility within all service systems and supporting individuals in their trauma healing journey. CPS training is a total of 60 hours and consists of 28 modules. Peer Specialists learn how to best work in a variety of settings. They follow a Code of Ethics they receive and sign during their training program. In addition, Peer Specialists may further enhance their skills in topics such as Wellness Recovery Action Plan, Peer Trauma, Anti-Oppression, Supervision, Young Adult Peer Mentoring, Older Adults Forensic Peer Support, and Vocational and Digital Peer Support Training.

- **Supervision:** Individuals in the lived experience workforces need colleagues who can effectively supervise and help successfully support these workforces within healthcare and behavioral health organizations. To maintain fidelity to the lived experience model, traditional clinical supervisory structures may need to be adapted. Supervisors of individuals in the lived experience workforces need to advocate for individuals in these roles and help other providers understand their unique characteristics and how each may partner with MassHealth members. For example:

“Recovery Coaches’ superpower is lived experience with addiction and recovery. They help people support and manage their own goals for their health.”

- Julia Ojeda

- Recovery Coach supervisors typically have their own lived experience as well as experience serving as Recovery Coaches. Supervisor training for Recovery Coaches prepares individuals to support coaches in their role and help advocate on their behalf. They bring their own lived experience as expertise to the role.



MA Spotlight: The Department of Public Health and the Bureau of Substance Use and Addiction Services recognized that Recovery Coaches needed supervision focused on the peer support model. To date, over 300 people have been trained as supervisors of Recovery Coaches.

ACOs and CPs are encouraged to consider adapting existing organizational structures and processes to best support the lived experience workforces:

- **Recruitment:** Leaders at healthcare organizations should include a preference for the unique traits of the lived experience workforces in job descriptions and recruitment strategies rather than specific credentials or degrees. They can post open positions in various forums, such as community and faith-based organization, local businesses and community health centers, that reach lived experience workforces.
- **Onboarding & Integration:** There is substantial evidence to suggest that well-integrated CHWs, Peer Specialists and Recovery Coaches can help healthcare delivery organizations achieve positive outcomes for patients. We have compiled some of this evidence on the [TA Marketplace website](#). To achieve these outcomes, panelists suggested that programs need to be designed with an understanding of each workforce's unique role and strengths.

Examples of Strategies to Support Integration

Consider how to document the work of a CHW in the electronic health record. It will help other providers better understand the CHW role and how to include them in patient care and care planning.

Recovery Coaches can support a recovery culture at any organization but to achieve the best results their role needs to be well understood. One potential resource is the 31 Recovery Coach service centers in Massachusetts that can support organizations seeking to better integrate the services Recovery Coaches provide.

“ACOs serious about population-based health will have a Chief Recovery Officer who speaks from personal experience and values what we bring- not simply as recipients of care but as individuals whose wellness is grounded in the larger health of our communities.”

- Justin Brown

- **Lived experience workforces across the continuum:**
Individuals in the lived experience workforce can work across the healthcare continuum from pediatric services to inpatient hospitals and behavioral health care settings. ACOs and CPs may want to consider where they can have the greatest impact within their organization and how their role may vary in different clinical settings. For example, in an Emergency Department Peer Specialists can help connect with an individual in active distress, while in a primary care setting, they may offer longer term support.
- **Collaboration across the lived experience workforces:**
These three lived experience workforces can bring their unique skill sets and philosophies to best support complex patients collaboratively. For example, CHWs bring expertise in the community and often have a shared cultural understanding of a member's experience getting care; Peer Specialists may best understand and relate to a member's experience with a mental or behavioral health diagnosis; and Recovery Coaches are best suited to connect with members who have issues with addiction and substance misuse. For MassHealth members with complex health and social circumstances, these workforces may need to collaborate to help members and providers achieve the best outcomes.
- **Individuals with lived experience at all levels:**
Individuals with lived experience bring that expertise to every role they play. While individuals with lived experience can play a role in direct care, they can also serve in leadership positions in healthcare organizations. In these positions, they bring expertise from their lived experience to executive decisions such as the design of delivery systems and how the healthcare system defines “success” for MassHealth members.

What's Next?

- Please visit the MA DSRIP TA Vendor catalog [<https://www.ma-dsrip-ta.com/vendor-catalog>] to identify TA Vendors that may be able to help you!
- As part of this Pop Up event, MassHealth and Abt Associates produced a [video](#) featuring vignettes from members of the lived experience workforces in Massachusetts.
- We have compiled a library of [resources](#) on the TA Marketplace website including:
 - Training programs and tools
 - Certification requirements in Massachusetts and other local resources
 - Tools and best practices for integrating lived experience workforces in health care settings, and
 - Peer-reviewed articles highlighting evidence based for the lived experience workforces.
- Additional resources on the [TA Marketplace](#) include resources about training for each of these workforces. For example, the [Massachusetts CPS Training Program](#), [training information for CHWs in MA](#) and [standards for credentialing Recovery Coaches in MA](#) are all available resources for training in MA.