

An Overview of Peer Health Care Professions in Massachusetts

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I. BACKGROUND

Peer supports are an important component of the health care system in Massachusetts. Peers provide a vital bridge to services by offering empathy, information, encouragement, and navigational assistance to people who face linguistic and cultural access barriers, stigma, absence of a support network, lack of motivation, and other challenges. Peers are part of the communities they serve and often share lived experiences with the individuals they work with, making them uniquely qualified to foster trust in the health care system where it might be lacking. These qualities mean that peer professionals can also promote health equity by connecting often marginalized groups¹ with the clinical care and services they need.² While there is a consensus that peer supports are helpful, rigorous studies of efficacy and cost-effectiveness are sparse.

The nature of peers' work is often well known in their own professional and programmatic circles, but understanding of their role is less clear across the broader health care system. The goal of this primer is to be an educational resource. It introduces peer professionals to a general audience, describing five key occupations across these dimensions:

- **Definition:** Derived from professional associations, state agencies, job postings, and training organizations
- **Typical duties** of an individual in the occupation
- **Training and certification requirements**
- **Where they work and for whom**
- **How they are paid**

The following peer types are described in this primer:

- **Community Health Worker (CHW)**
- **Peer Recovery Coach**
- **Certified Peer Specialist**
- **Doula**
- **Family Partner**

Presenting these descriptions together allows for comparison across them and consideration of potential overlaps, inconsistencies, and gaps.

II. PEER HEALTH CARE PROFESSIONALS

COMMUNITY HEALTH WORKER (CHW)

DEFINITION

According to the *Massachusetts Department of Public Health (DPH)*: CHWs are public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve to carry out one or more of the roles outlined below. CHWs are distinguished from other (non-peer) health professionals because they:

- Are hired primarily for their area of expertise and understanding of the populations and communities they serve;
- Spend a significant portion of time conducting outreach; and
- Have experience providing services in community settings.

Alternate job titles for CHWs, per the *Massachusetts Association of Community Health Workers (MACHW)* include: health navigators, outreach workers, community health advisors, peer health educators, family partners, promotors, peer support specialists, recovery coaches, therapeutic mentors, and youth workers. [Note that this implies that the other peer professions that follow in this primer, with the exception of doulas, could be considered subcategories of CHWs.]

TYPICAL DUTIES

- Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers.
- Bridging and/or culturally mediating between individuals, communities, and health and human services, including actively building individual and community capacity.
- Building trust between underserved communities and health care providers.
- Helping people navigate the health and behavioral health care systems.
- Coaching people to adopt healthy behaviors.
- Linking people to resources such as housing, food, and other basic needs.
- Preventing unnecessary hospitalizations through prevention and early intervention.
- Providing direct services, such as informal counseling, social support, care coordination, and health screenings.
- Advocating for individual and community needs.

Sources: *Mass. DPH, MACHW*

CERTIFICATION REQUIREMENTS

1. Age 18 or older
2. Of good moral character
3. Completion of a CHW education and training program approved by the Board of Certification of CHWs. The training program must offer a minimum of 80 hours of training in the 10 core competencies listed below. At least 40 percent of the curriculum must be taught or co-taught by a CHW or CHW Trainer. Training providers must be in compliance with state laws and regulations governing for-profit and occupational schools. According to the *DPH website*, these organizations currently offer CHW training:
 - Berkshire Community College
 - Boston Community Health Education Center (CHEC) (Boston Public Health Commission)
 - Cambridge Health Alliance (CHA), Community Health Improvement Learning Institute
 - Holyoke Community College
 - Justice Resource Institute
 - Lowell Community Health Education Center (Lowell Community Health Center)
 - New England Public Health Training Center (Boston University School of Public Health)
 - Northern Essex Community College
 - North Shore Community College
 - Outreach Worker Training Institute, Center for Health Impact

- STARR Institute of Fall River (Stanley Street Treatment and Resources)
- Quincy College
- Tufts University Community Health Workers Engaging in Integrated Care (COHERE)

The state regulation (*272 CMR 5.00*) that lays out the standards for approval of training programs is silent on support services and cost. It does require that the training program employ practices and methodologies that are “(1) inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs, including but not limited to disability; and (2) consistent with the diversity principles and cultural competency that drives community health work.” Selecting two examples from the list of training providers above, the *CHA course* is free and is offered for 10 weeks on Saturdays or for 8 weeks on Tuesdays and Thursdays. *The Boston CHEC* program costs \$650, which is expected to be paid by an employer.

4. Accumulation over the past 10 years of 2,000 hours of work experience as a CHW whose job duties include each of the *10 core competencies*:
 - Outreach methods and strategies
 - Individual and community assessment
 - Effective communication
 - Cultural responsiveness and mediation
 - Education to promote healthy behavior change
 - Care coordination and system navigation
 - Use of public health concepts and approaches
 - Advocacy and community capacity building
 - Documentation
 - Professional skills and conduct
5. Competency in the core competencies, as evidenced by at least three professional references.

Certificate is valid for two years; there is a \$35 fee. Renewal requires 15 hours of qualified continuing education. It merits noting that certification is voluntary and intended to strengthen the work of a CHW. Depending on the job requirements of the hiring employer, a CHW may still practice without certification.

Sources: *272 CMR 4.00, 272 CMR 7.00 (continuing ed.)*

WHERE EMPLOYED

Employed by MassHealth³ managed care organizations (MCOs) and accountable care organizations (ACOs), community-based organizations, local health departments, faith-based organizations, immigrant organizations and school-based health centers (*NASHP*). Also hospitals, community health centers, state and municipal health departments, and public housing authorities (*ASTHO*).

According to the Bureau of Labor Statistics, 2,220 CHWs were employed in Massachusetts as of May, 2022. CHWs in Massachusetts earn a mean hourly wage of \$24.37 and an annual mean wage of \$50,680.

WHAT PAYERS COVER THEM AND HOW

- MassHealth: Does not reimburse directly, but paid through ACO and MCO rates for Community Partners and as part of other care teams for which global payments can be made.
- Grants
- Provider-funded through core operating budget (administrative expense)

PEER RECOVERY COACH

DEFINITION

According to the Bureau of Substance Abuse Services (BSAS) website *Careers of Substance*, a Peer Recovery Coach (also referred to as a Recovery Coach) brings valuable lived experience with addiction and recovery, has completed specialized training, and receives supervision to effectively provide non-clinical recovery support to individuals in or seeking recovery. The *Massachusetts Organization for Addiction Recovery (MOAR)* adds that a Recovery Coach focuses on helping a person make the lifestyle changes necessary to improve their quality of life. Peer Recovery Coaches are distinguished from other recovery support professionals (such as Recovery Support Navigators and Recovery Specialists) by their lived experience in addiction and recovery.

The following is a proposed definition of “Licensed Recovery Coach” from a current bill (*H. 2005/S. 1388*) that *MOAR supports*: “An individual who is authorized to practice with the title of Licensed by the board under this chapter and who uses shared understanding, respect, and mutual empowerment to help others become and stay engaged in the process of recovery from a substance use disorder.” The bill requires that licensed recovery coaches have lived experience.

TYPICAL DUTIES

- Engagement: Support self-determination and development of a personal recovery plan.
- Assessment and recovery planning: Conduct or support self-assessment and help individuals develop and implement a recovery plan.
- Make connections to treatment or other recovery resources: Information and referral, active assistance with making connections, and/or accompanying individuals to appointments, meetings, and community resources.
- Support the recovery process: Additional support (training, transportation, transitions) in navigating the recovery path.
- Provide crisis support.
- Collect and report data.

Source: Recovery Coaches in Opioid Disorder Care

TRAINING AND CERTIFICATION REQUIREMENTS

Positions generally require a high school diploma or GED, but this may vary based on the payer. Certification, through the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC), a private organization, is voluntary, but required by some payers and listed as a preferred qualification in some job postings. Recovery Coach Academy, a curriculum developed by the Connecticut Community for Addiction Recovery, is required for certification. Training is in four domains: Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility. Certification also requires additional coursework (Addiction and Recovery 101; Ethical Considerations; Equity, Inclusion and Diversity; Mental Wellness; Motivational Interviewing), 500 supervised work hours, and passing the Recovery Coach exam.

Source: Careers of Substance: Career Paths - Peer Recovery Coach

MBSACC-accredited certification training programs are offered at *Westfield State University* (\$1,950), *North Shore Community College* (\$499 Part I, \$499 Part II), and *Cape Cod Community College* (no fee).

Source: *How to Become a Certified Recovery Coach in Massachusetts*

A statutory Recovery Coach Commission made these recommendations in its final report in August, 2019:

The commission shall recommend standards for credentialing a recovery coach, including, whether recovery coaches should be subject to a board of registration.

1. Credentialing standards should require lived experience and sustained recovery. Sustained recovery should mean at least two years in recovery.
 - A time-limited grandfathering process should be implemented for existing recovery coaches without lived experience, who received certification prior to new standards being implemented.
2. An alternative avenue for individuals without lived experience to serve as a support should be considered.
3. Recovery coach supervisors should be certified recovery coaches as part of their qualifications.
 - Current recovery coach supervisors should take the Recovery Coach Academy and the Recovery Coach Supervision curriculum.
4. The credentialing process should be overseen by a state-sponsored board of registration in order to increase transparency, authority, and responsiveness to the public.
5. The re-credentialing process should include continuing education requirements.
6. Any credentialing process established should be comparable in terms of fees to the fees of similar certifications.

The commission shall develop recommendations for a streamlined process to certify recovery coaches and adequate protections to ensure unauthorized individuals are not engaging in the practice of recovery coaching.

7. There should be a state-sanctioned process for suspending certifications or overseeing corrective action when a recovery coach does not sustain recovery or violates the code of ethics.

WHERE EMPLOYED

Typical settings include:

- Outpatient settings
- Corrections (Jails, Prisons, Community)
- Primary Care
- Hospitals & Community Health Centers
- Mental Health settings
- Community Coalitions/Advocacy Organizations
- Police & Fire Departments
- Recovery Courts & Probation Departments
- Employee Assistance Programs
- Pregnant & Parenting Programs
- Opioid Treatment Centers
- Private Practice
- Peer Recovery Support Centers
- Housing/Homeless Support Programs
- Emergency Departments
- Insurance Companies
- OB/GYN Practices
- Recovery Support Services

Source: *Careers of Substance: Career Paths - Peer Recovery Coach*

WHAT PAYERS COVER THEM AND HOW

- DPH/BSAS: Cover recovery coaches in certain DPH/BSAS funded and/or contracted programs as an outpatient expenditure.
- MassHealth: Covered benefit for all members (except MassHealth Limited); rate is \$19.70 per enrolled client day (*101 CMR 346*).
- Commercial plans: Cover outpatient services, residential rehab, etc., provided by DPH-licensed providers, which employ Recovery Coaches.
- Grants.

RELATED POSITIONS (lived experience not required)

Recovery Support Navigator: Requires bachelor's degree in social work, psychology, or related field. Annual training required, no certification.

Recovery Specialist: Requires high school diploma or equivalent and one year working with individuals with mental health or substance use disorders. *Certification* as a Licensed Alcohol and Drug Counselor (LADC) Assistant or LADC II, which require 50 and 270 hours of training, respectively.

Source: Peer Support Worker Comparison Chart

CERTIFIED PEER SPECIALIST

DEFINITION

A Certified Peer Specialist (CPS) is a trained professional who shares their lived experience of mental health recovery, resilience, and healing as a means to inspire hope, optimism, and the courage to act to seek needed care and/or support. A CPS supports people to strengthen their own unique pathway in life in settings that include inpatient, emergency services, respite, community health and outreach services, prevention, and Recovery Learning Communities (RLCs). By sharing their experience, strength, and hope with people receiving services, mental health professionals, policymakers, and others, CPSs can significantly impact peoples' beliefs about the capacity for all people to recover.

Source: Kiva Centers, Certified Peer Specialist Training Program

TYPICAL DUTIES

- Provides advocacy, recovery-based treatment, support, education, information, and training using recovery tools and techniques to clients.
- Develops and facilitates recovery and rehabilitation groups including, but not limited to, peer support, peer education, advocacy, Wellness Recovery Action Plan (WRAP), social and independent skills, and vocational training.
- Promotes strength-based recovery skills to clients and assists clients in articulating personal goals and identifying objectives for recovery.
- Supports the development of self-advocacy skills and other strategies that promote recovery to persons served and supports their recovery process through teaching and modeling these skills.
- Shares personal lived experience as a means of modeling recovery and wellness, providing hope, connecting, and offering successful self-help skills.
- Provides services and opportunities that promote continuity of care, community integration, and an environment that facilitates recovery.

- Acts as liaison to RLCs and works with community-based Peer Bridgers to provide support to clients for successful transition and reintegration into the community.
- Encourages the exploring of ideas and feelings about wellness using a variety of themes, including music, art, writing, poetry, group and individual walks, and open discussion.

Source: DMH Peer Specialist (Mental Health Coordinator II) job description.

TRAINING AND CERTIFICATION REQUIREMENTS

Training is conducted by the Transformation Center (parent organization of Kiva Centers), funded by the Department of Mental Health (DMH) (additional funding from Commonwealth Corp.). The training is led primarily by CPSs.

Prerequisites for training:

- Have lived experience of a mental health condition or emotional distress or trauma resulting in significant life disruption.
- Have been active in their mental health recovery/wellness for at least one year.
- Be willing to share aspects of that experience as part of their work as a CPS.
- Be 18 years old or older.
- Have a high school diploma or equivalent (GED, HiSET, etc.).
- Live or work in Massachusetts.
- Have successfully participated in at least two peer-run trainings and/or workshops.
- Have been out of inpatient and/or outpatient hospitalization for over a year.

Training (online) is a total of 50 hours, delivered over 4 to 10 weeks, depending on frequency. The course covers 24 modules and includes small group activities and homework. Training includes:

- The Three Core Competencies: 1) Peer Support, 2) “In” but not “Of” the System, 3) Change Agent
- Peer Support, Mutual, Survivor Movement History
- Advanced Fundamentals of Peer Support
- Human Experience Language
- Cross-Cultural Partnering
- Fear: Friend and Foe
- Group Facilitation and Self-Help Tools
- Power, Conflict, and Integrity
- Creating the Life One Wants

There is no cost for the training, exams, or materials.

A written certification exam is given approximately two weeks after the conclusion of the training. It is a three-hour exam requiring knowledge of the tools, strategies, and concepts discussed in the class, and the ability to apply the knowledge to specific situations. There are three opportunities to take the same exam and the average pass rate for a class is 85-97 percent.

Not all peer support jobs require certification but some funding sources require peer support to be provided by a CPS. Employers decide if they will require peer support workers to be certified. Often, a person will be hired before getting

certified, with the expectation that the person will take the training and become certified within the first 6 months or first year of employment. Some employers increase a peer support worker's salary when they complete the CPS training and certification program.

Source: Kiva Centers, Certified Peer Specialist Training Program

WHERE EMPLOYED

Multiple settings, inpatient and outpatient, most commonly within the traditional mental health system. CPS services are part of DMH's Adult Community Clinical Services (ACCS), Respite, PACT, and RLC programs, and MassHealth's Behavioral Health Community Partners program, Community Support Program (CSP), One Care, and Community Crisis Stabilization and Mobile Crisis Intervention services (*130 CMR 448.000*).

Source: Peer Support Worker Comparison Chart

WHAT PAYERS COVER THEM AND HOW

Executive Office of Health and Human Services (EOHHS): Rate for Certified Peer Specialist services in community health centers (*130 CMR 306*) and Certified Behavioral Health Centers (CBHCs) (*130 CMR 305*) for "Mental health services, not otherwise specified (Certified Peer Specialist Services)": \$16.92.

RELATED POSITION

Certified Older Adult Peer Specialist: Requires certification as a peer specialist or recovery coach (and therefore requirements associated with either of those positions), age 50+, a commitment to working with older adults, and completion of older adult peer specialist training program.

DOULA

DEFINITION

Doulas are non-clinical professionals who work directly with individuals and families to offer emotional, physical, and informational support before, during, and after birth. Community-based doulas typically share racial and ethnic background, language, and life experience with the people they serve, connecting them with appropriate local resources and sometimes advocating on behalf of their clients with the medical community.

Source: Betsy Lehman Center: Massachusetts looks to doula support services to improve maternal care and birth outcomes

TYPICAL DUTIES

- Continuous labor support.
- Prenatal, postpartum, and bereavement home or in-person visits throughout the perinatal period, lasting until one year after birth, pregnancy loss, stillbirth, or miscarriage.
- Accompanying pregnant individuals to health care and social services appointments.
- Providing support to individuals for loss of pregnancy or infant from conception through one year postpartum.
- Connecting individuals to community-based and state- and federally-funded resources, including those which address social determinants of health.
- Making oneself available (being on-call) around the time of birth or loss as well as providing support for any concerns of pregnant individuals throughout pregnancy and until one year after birth, pregnancy loss, stillbirth, or miscarriage.
- Providing support for other individuals providing care for a birthing parent, including a birthing parent's partner and family members.

Source: Bill H.1240, "An Act Relative to Medicaid Coverage for Doula Services."

TRAINING AND CERTIFICATION REQUIREMENTS

Massachusetts does not require licensing or certification of doulas and there is no national or statewide accrediting body. Private certification programs exist, for example through *DONA International*, which requires at least 16 hours of training: a birth doula workshop, childbirth education, lactation support education, and required reading. Doulas must meet the following criteria to be eligible to enroll as a MassHealth doula provider:

- Be at least 18 years old;
- Complete the free online MassHealth Doula Provider Training prior to submitting an application;
- Demonstrate competency in the following areas, either through the Formal Training Pathway or Experience Pathway as defined in 130 CMR 463.404, subject to Executive Office of Health and Human Services review and approval:
 - Basic understanding of the following topics at a minimum, as those topics relate to the ability to provide emotional, informational, and physical support to individuals and families during the perinatal period, regardless of the outcome of the pregnancy:
 - Maternal anatomy and physiology during the perinatal period, including basic fetal growth and development in each trimester of pregnancy;
 - Common medical interventions during pregnancy, childbirth, and the postpartum period;
 - Common potential complications associated with pregnancy, childbirth, and the postpartum period, including but not limited to:
 - Pregnancy and infant loss;
 - Mental health conditions including perinatal mood and anxiety disorders;
 - Substance use disorder; and
 - High blood pressure.
 - Labor and delivery comfort measures;
 - Best practices for supporting members in advocating for their needs and making informed decisions using a trauma-informed approach; and
 - Basic newborn care, including the fundamentals of breastfeeding/chestfeeding.

Among 137 doulas who responded to a *survey conducted by the Betsy Lehman Center* from December 2020 to June 2021, 43 percent were certified, 16 percent were pursuing certification, and 11 percent had been certified previously. One of the findings of the Betsy Lehman Center survey is that training programs vary in content and quality, and “sometimes lack components critical for effectively supporting the spectrum of birthing people.”

In January 2022, DPH convened an internal Doula Advisory Team (part of a broader *Doula Initiative*) to support the development of a state doula certification.

WHERE EMPLOYED

Self-employed, doula agencies.

WHAT PAYERS COVER THEM AND HOW

Birth Equity and Support Through the Inclusion of Doula Experience (BESIDE) program: Health Policy Commission grants to Boston Medical Center and Baystate Medical Center to address inequities in maternal health care and improve the care and patient experience of Black birthing people. Mandated by Chapter 31 of the Acts of 2019.

Doula services are not generally covered by insurance; three-quarters of respondents to the Betsy Lehman Center doula survey reported offering pro-bono care or sliding scale fees and 74 percent reported difficulty making a living wage as a major challenge for providing doula services. The *Betsy Lehman Center report* notes: “Some pioneering insurers, such as Commonwealth Care Alliance and Tufts Health Plan, and provider organizations such as Boston Medical Center, Cambridge Health Alliance, Baystate Medical Center, and Steward Health Care,⁴ make it more affordable for some members or patients to use doula services, but these services remain an out-of-pocket expense for most birthing people in the state.”

As of December 8, 2023, MassHealth covers doula services, subject to MassHealth coverage limitations, for MassHealth members while they are pregnant, during delivery, and up to 12 months after delivery. According to the *National Academy for State Health Policy (NASHP)*, as of April 2023, the following states cover doulas in their Medicaid programs: CA, DC, MD, MI, MN, NV, NJ, OR, RI, VA. Massachusetts now joins this group of states in providing coverage for doula services through its Medicaid program. See MassHealth regulation *130 CMR 463.000: Doula Services* for more information.

FAMILY PARTNER

DEFINITION

A Family Partner is an adult with experience as a caregiver of a youth with special needs or mental health needs, who provides family support and training to a parent/caregiver in a structured, one-to-one, strength-based relationship.

Source: Community Service Agency Intensive Care Coordination and Family Support and Training – Program Description and Operations Manual

TYPICAL DUTIES

- Assist parents/caregivers with meeting the needs of the youth and meet one or more of the following purposes: Educating, Supporting, Coaching, Modeling, and Guiding.
- Educate parents/caregivers on how to navigate the child serving systems and processes.
- Develop relationships with local mental health agencies and community providers to be aware of openings and waitlist statuses.
- Facilitate parent education courses and youth groups.

Source: Family Partner job posting, Bay State Community Services.

TRAINING AND CERTIFICATION REQUIREMENTS

Certification is offered by private organizations such as the *National Federation of Families (NFF)*, which offers “Family Peer Specialist” certification, but does not seem to be widely required. NFF’s certification requires lived experience, 88 contact hours of training, and 500 hours of work experience. Certification competencies are in *five domains*: Wellness and Resiliency, Effecting Change, Resources and Natural Supports, Systems Knowledge and Navigation, and Professional Responsibilities. Minimum qualifications for a Family Partner through the state’s Children’s Behavioral Health Initiative (CBHI) include at least an Associate’s degree and one year of work experience or a high school diploma/GED and two years of relevant experience.

WHERE EMPLOYED

Community Service Agencies, Family Resource Centers, CBHCs, Outpatient hospital clinics, community health centers, and private agencies. Family Partner services are part of MassHealth (e.g., CBHI, Youth Mobil Crisis Intervention); DMH (e.g., programs for children, youth, and families); and the Department of Children and Families (DCF) (e.g., Family Resource Centers) programs.

WHAT PAYERS COVER THEM AND HOW

Family Partners are funded in ways similar to other peer specialists – as members of teams delivering services through public programs, or through grants.

III. CONCLUSION

This brief provides an overview of the primary professions of the peer workforce in Massachusetts, where they work, and the various approaches to training, certification, and payment of these providers. There is increasing recognition of the valuable role peers can play in both clinical and community-based settings in coordinating care, helping people overcome access barriers, and ultimately reducing health inequities by facilitating access to care and services tied to health-related social needs. In turn, it is necessary to ensure the appropriate structures, processes, and payment models are in place to support these roles and foster an environment that allows individuals in these roles to thrive. These efforts are critical to supporting the unique role peers play in ensuring the health of populations across the Commonwealth.

ENDNOTES

- 1 This includes individuals who are economically, racially, culturally, or socially marginalized.
- 2 Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. National Academies Press; 2003.
- 3 MassHealth is the name for Massachusetts' combined Medicaid program and Children's Health Insurance Program (CHIP).
- 4 Steward offers doula services in its *MassHealth ACO* to members giving birth in one of its three birthing hospitals or who meet criteria for high-risk pregnancies.



MASSACHUSETTS

FOUNDATION