

Recovery Coaches: Playing an Important Role in Marin County Collaborative Courts

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EXECUTIVE SUMMARY

The collaborative courts system in Marin County has long been a model for an integrated, therapeutic approach to a traditional court system. Since its inception in 2002, the Adult Drug Court (ADC) program has successfully reduced recidivism (return to incarceration), drug use, and criminal behavior in Marin County by offering a treatment alternative to incarceration for local offenders convicted of non-violent, drug-related crimes. In response to an emerging trend of young opioid addicts in the local offender population, the therapeutic, multi-disciplinary team secured several multi-year grants to fund new strategies and evidence-based practices specifically targeting this audience. An important piece of this new strategy was the

introduction of recovery coaches as a part of the therapeutic team.

Part counselor, part sponsor, and part case-worker, recovery coaches link addiction treatment and recovery for ADC participants. This small team of licensed and accredited recovery coaches 1) help and motivate participants as they navigate the treatment program and judicial system; 2) link participants to formal and informal resources in the community to help them stabilize and move forward in their recovery; and 3) perform outreach, developing and expanding recovery support services in the community. The recovery coach model is helping Marin County accelerate success in the collaborative courts system.

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Introduction

The collaborative courts system in Marin County is a model of innovation and collaboration for treatment alternatives to incarceration for local offenders with primary or secondary mental health or substance use disorder (SUD) diagnoses. Sentencing courts work with the specialty courts—the Family Violence Court, the Supervised Treatment After Release (STAR) mental health court, the Adult Drug Court (ADC), and the Juvenile Drug Court (JDC)—in close collaboration to ensure referral to the most appropriate court for treatment rather than incarceration, using a multi-disciplinary, therapeutic team approach. Established in 2002 after five years of research and planning, the Marin County ADC experienced success in reducing recidivism (return to incarceration), drug use, and criminal behavior using a model similar to the 200+ ADCs throughout California (ADP, 2012). Then, in 2010, the county noticed a shift in demographics of the local offender population: an emerging trend toward a younger (18-33 years old) population with opioid and prescription drug addictions, and away from 35-50 year old methamphetamine addicts (Marin County, 2013). The ADC program evolved in response. In 2010, the team secured a 3-year Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment (CSAT) grant, and a second grant from the Bureau of Justice Assistance (BJA) to target this new clientele. The grants outlined a set of strategies and evidence-based practices aimed specifically at this new, different audience. One strategy was to introduce a recovery coach

model to be included as part of the therapeutic team. The focus of this case study is on the role of recovery coaches in the Marin County Collaborative Court system, with an emphasis on the ADC.

Background

The term ‘recovery coach’ was not present in the literature until around 2005, but the concept of a paid guide for the recovery process stretches back to the 1840s, when people in recovery were paid to work as temperance missionaries (White, 2008). Starting in 2006, in the field of addiction treatment and recovery, the term ‘recovery coach’ is used to describe a person who “bridge[s] the chasm between brief professional treatment in an institutional setting and sustainable recovery within each client’s natural environment” (White, 2006). Since 2006, the role has evolved beyond one that supports clients leaving a 30-day in-patient treatment facility and helping them re-integrate into their home environment, to one that serves as an integral participant on therapeutic teams in a variety of treatment settings (from residential to outpatient).

Broadly, a recovery coach may best be described as part counselor, part sponsor, and part caseworker. Nestled somewhere between the role of recovery support group sponsor and clinician, a recovery coach provides the link between addiction treatment and recovery (White, 2006). A recovery coach’s role is threefold. First, as personal guide to a client, the coach is a motivator providing encouragement and ‘moral support,’ a confidant (a trusted listener), a source of honest feedback on self-destructive or risky

behavior, a role model of someone with long-term recovery, a mentor, and a problem solver helping a client work through non-clinical problems. Second, as a resource, the recovery coach links the client to available resources in the community (e.g. social services, recovery support, health services, employment, housing, clothing, and so on), helps the client navigate service systems (including addiction treatment and criminal justice systems), provides occasional transport or sober company for an event, and helps the client and their family develop and cultivate a sober lifestyle. Lastly, as a part of a larger community or organization, a recovery coach acts as an outreach worker, developing and expanding recovery support services in the community, and may act as a caseworker in some organizations (as in Marin County).

Equally as important to remember is that a recovery coach is not a clinician; a coach does not provide clinical therapy or offer medical advice of any kind, including advice on Medical Assisted Treatment (MAT) like suboxone for an opioid addict. A recovery coach is not a parole officer; a coach works cooperatively with the client's parole officer but does not manage the conditions of parole. A recovery coach is not a paid sponsor, and does not do AA/NA service work for money. Lastly, a recovery coach is not clergy; a coach does not proselytize.

Recovery coaching is an accredited, licensed profession, and although many recovery coaches hold credentials in the field of counseling and addiction treatment, they "tend to be legitimized based on experiential knowledge and experiential expertise" (White, 2008). Research has shown that those with lived experience of addiction have special insights to share with those in similar situations. Clients in treatment programs report stronger and more positive therapeutic alliance with counselors (including recovery coaches) who are in recovery than those who are not. Programs that employ higher percentages of staff in recovery have greater participation rates in treatment and better problem improvement (White, 2009).

Recovery Coaches and ADCs

Recovery coaches are arguably a perfect complement for the ADCs that operate in 53 of the 58 CA counties. The overarching goals of drug courts are "abstinence and public safety" (BJA, 1997). The primary purpose of ADCs is to provide an alternative to incarceration for non-violent drug offenders by providing access to substance abuse treatment with ongoing court supervision and monitoring for up to 12 months (ADP, 2012). Recovery coaches are perfectly suited to act as guides and case managers for participants in ADCs, providing participants a personal guide through the treatment and judicial system, linking treatment to recovery and helping the participant gain access to needed health and social services, and linking them to a network of recovery support services. A closer look at the guiding principles of ADCs shows the areas recovery coaches can best serve ADCs. California ADCs are modeled on the guidelines developed by the National Association of Drug Court Professionals (NADCP), known as the 'Ten Key Components.'

Case Study: Marin County ADC

The recovery coach model at Marin County appears to be unique among CA counties. Marin County ADC follows the NADCP Ten Key Components, and uses recovery coaches to implement the following specific components:

Key Component #3 - *Eligible participants are identified early and promptly placed in the drug court program.* The recovery coaches were cleared to enter the local jail, working with inmates to encourage their application to ADC. One of the Marin recovery coaches teaches specific treatment curriculum to inmates directed toward ADC referrals. Recovery coaches also work to ensure that clients are supported through the criminal justice process to increase the likelihood of retention in treatment and long-term success.

Key Component #4 – *Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.* Marin County recovery coaches play a pivotal role here, helping clients gain access to services, resources, and supports that will help them achieve and maintain recovery from their substance use disorder and/or co-occurring issues. They help participants navigate through the various stages of treatment, motivating them and providing feedback and encouragement to increase treatment participation and compliance. They also connect participants to other services such as housing, educational and vocational training, money management, and other social services.

Key Component #6 – *A coordinated strategy governs drug court responses to participant's compliance.* Marin County recovery coaches are an integral part of this coordination; they have greater first-hand knowledge of the participant. They have a unique and valuable insight into the progress and motivation of the participant that they can share with the therapeutic team that is valuable to inform the ADC's response (i.e. sanctions and rewards) to individual compliance.

Key Component #10 – *Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.* Marin County recovery coaches are uniquely situated to create, develop, and maintain these partnerships. They identify, evaluate, and inventory existing services in the community, and collaborate with public and private agencies to set up linkages to these services that supplement county-provided services.

At the county, the recovery coaches form an integral part of the multi-disciplinary therapeutic service team. They operate within the context of a formal treatment and recovery plan, and have professional and peer responsibilities and accountabilities. They are all experienced, licensed counselors in the field of addiction, but they do not provide counseling services to the clients. Each of the members of

the interdisciplinary team is clear in their role and responsibility. One of the reasons the therapeutic team is so successful is that it recognizes and respects the individual contribution of each team member. The recovery coaches link treatment and recovery. They engage clients in custody to participate in ADC post-plea; and they work with the clinician who assesses readiness prior to sentencing to ensure smooth transition to treatment from court. The recovery coach usually meets the participant at the jail after sentencing to transport them directly to the treatment center for intake. The recovery coaches link participants with formal and informal resources within the county and are responsible for ensuring the participants are connected with health and social services, options for housing, and receive an emergency bundle (including clothing, toiletries etc). They provide accountability for the client to help keep them on track in their treatment plan.

This vignette shared by Tom, one of the recovery coaches, highlights the initial role a recovery coach plays for a participant:

“Upon her release, I picked her up at the jail and transported her to the sober living house where she met the supervising house parent and I completed a ‘warm, friendly hand off.’ As her recovery coach, I was also involved in assisting and supporting Lauren with her enrollment in the intensive outpatient program, phone crisis management with recovery situations, helped in connecting her to outside agencies such as general assistance, food stamps, and self-help groups to achieve her recovery goals.”

Beyond Marin County's Recovery Coach Model

Marin County's innovative, integrated level of service is becoming well known in the local recovery community and beyond. The public and the media are paying attention to the recovery coach model. One journalist wrote, “Marin County...reduced recidivism rates with ‘recovery coaches’—former addicts assigned to drug offenders to help them kick the habit” (The Economist, 2013). This endorsement, although welcomed by the recovery coaches and the ADC team in general, tells only part of the story behind the accelerated success of the ADC program in Marin County since the first SAMHSA/

CSAT and BJA grants in 2010. The grant(s) identified a suite of strategies to target this population, and the county has not tracked the contribution of the individual strategies to the outcomes, so there is no way of isolating and quantifying the impact of the 3 coaches alone. Despite this, the ADC team believes the recovery coach model has been a key to their success, and they secured a second 3-year grant from 2013-2015 to expand the services provided by the recovery coaches and adding another, female coach to the team (the 3 current coaches are male). Under this new grant, recovery coaches will: focus on expanding activities for young offenders; create a calendar of weekly peer-group activities that will promote re-integration; convene a financial/budgeting group; and provide information on the role of health and nutrition in recovery, including a cooking class and a smoking cessation class (Marin County, 2013).

Financing the Recovery Coach Model

The 3 recovery coaches are contract positions, paid for using various grants. The initial federal SAMSHA/CSAT grant (2010) that provided \$325,000 a year for 3 years was supplemented by AB109 monies. The work continues under a 2013 SAMHSA grant for an additional \$325,000 a year for 3 years, along with a second BJA grant (specifically to add a recovery coach). It is unusual for grants to be secured back-to-back for the same program, but the ADC team attribute this to the success of the program and the unique use of recovery coaches. The ADC team recognizes the need for the model to be self-sustaining when the 2013 grant sunsets. The Affordable Care Act (ACA), specifically, the affirmative inclusion of Substance Use Disorder services as an essential health benefit, expands payment with Drug Medi-Cal becoming a primary payer of choice. The treatment center has also added a Federally Qualified Healthcare Center (FQHC), which increases the rate of reimbursement. The ADC Coordinator estimates that with both of these changes, the program will be self-supporting by the end of the three-year 2013 grant.

Recommendations

I recommend San Mateo County (SMC) explore implementing a pilot Recovery Coach Model, led by the Behavioral Health and Recovery Services (BHRS) team. To fund the pilot, I recommend SMC/BHRS explore SAMHSA—\$19.5 million was available through SAMHSA in 2014 for Behavioral Health Treatment Court Collaboratives (SAMHSA Press Office, 2014)—along with any opportunities afforded by AB109 funding and the changes in reimbursement for ADC programs under the ACA. Other services that SMC (and Marin County) may benefit from could be provided by Family Recovery Coaches, who specialize in working with family members of addicts living with an addict or recovering addict (Marin County does not actively engage families of ADC participants, though they recognize this as an opportunity to expand services) and Virtual and Telephone Recovery Coaches, which would allow greater flexibility and more efficient deployment of services across the more rural areas of the county.

To implement, SMC would need to assess county readiness for a fully integrated, collaborative courts system in SMC. The opportunity lies in researching and understanding how the recovery coach model could be used to complement the existing peer-mentor resources of 'Voices of Recovery,' and how recovery coaches could be integrated into the multi-disciplinary teams approach used at SMC. The next step would be to secure the funding, initiate the pilot, and monitor effectiveness.

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Resources

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