

# SCALING-UP RECOVERY COACH DOULAS TO CARE FOR PREGNANT AND POSTPARTUM INDIVIDUALS IN COLORADO

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# Disclosure & Accreditation

## Disclosure Information

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**The planners, faculty and have no relevant financial relationships.**

## Accreditation & Credit Designation Statements

**Joint Accreditation Statement** In support of improving patient care, this activity has been planned and implemented by the University of Colorado and the American Society of Addiction Medicine. The American Society of Addiction Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

**Physicians** - The American Society of Addiction Medicine designates this live activity for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nurses** - This activity awards 5 Nursing contact hours.

**Social Workers** - As a Jointly Accredited Organization, ASAM is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 5 general continuing education credits.

# Land Acknowledgement

Before we begin, we would like to acknowledge that the land on which we gather is the occupied land of the Ute people.

We also acknowledge that the counties we serve exist on the occupied lands of the Arapaho, Cheyenne, Lipan Apache, Sioux, and Ute peoples.

We respect their connection to these lands and recognize the painful history upon which this nation was founded. We recognize how policies, systems, and structures continue to oppress and erase Indigenous peoples today – and know that the preservation of tribal communities and Indigenous ways of life depends in part on permanent land bases and the right to self-determination.

# Objectives

1. Describing unique role of the recovery coach doula role in perinatal care.
2. Compare barriers and facilitators to implementing the Recovery Coach Doula Program in different settings
3. Examine opportunities and financial sustainability

# Perinatal Substance Use Incidence

- 5.9% of pregnant women reported illicit drug use, 8.5% reported drinking alcohol, and 15.9% smoking cigarettes.
- 40% of persons with a lifetime drug use disorder and 26% with a combined alcohol and drug use disorder during the prior year are women.
- Most frequently used substances in pregnancy are tobacco, alcohol, and cannabis, followed by cocaine and opioids.
- Often see a decrease in use during pregnancy for some substances
- Increase in neonatal abstinence syndrome from 1.5 cases per 1,000 hospital births in 1999 to 6.0 per 1,000 hospital births in 2013.

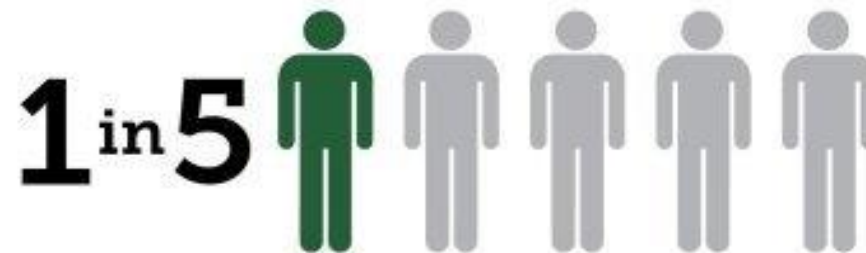
# Significance

- Unique time period
- Uniquely vulnerable period
- Affects mom, infant, and dyad

Mental health, substance use, and  
pregnancy-related deaths 2016-2020



Mental health or substance use  
were contributing factors in 1 in 2  
pregnancy-related deaths



Mental health or substance use were contributing factors  
in 1 in 5 pregnancy-related deaths that were NOT due to  
suicide or unintentional drug overdose

# What is a Recovery Coach Doula?

## Doula

Professional birth coaches who provide non-medical support (i.e., emotional, physical, social, system support, advocacy and education) to birthing people during the perinatal period.

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## Recovery Coach

An individual with lived experience and specialized training who practices non-clinical support to guide individuals through their recovery.

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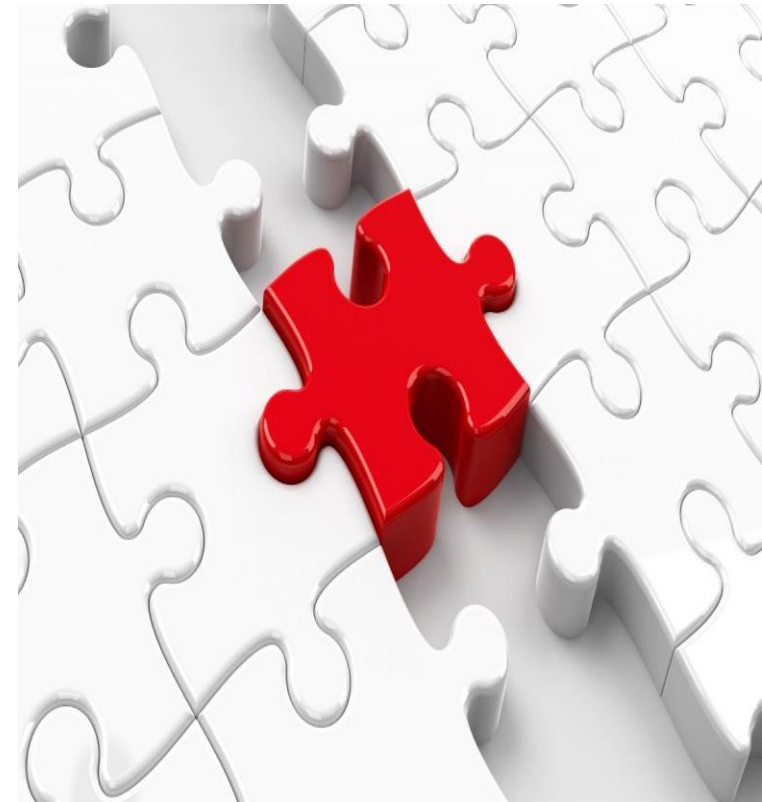
## Recovery Coach Doula

Provide specialized support and education around SUD and recovery as it overlaps with pregnancy, birth, the 1-year postpartum period, and parenting.

# Recovery Coach Doula Role

Confidential 1-on-1 sessions weekly or bi-weekly through pregnancy, labor/birth, and 1- year postpartum

- Identify needs and goals, develop plan
- Provide emotional, social and physical support
- Support development of interpersonal and community skills
- Provide perinatal, parenting and recovery education and support
- Provide community resources and referrals
- Provide guidance and support in navigating systems
- Support client at perinatal medical visits





# Development of CU Nursing RCD Program

- Started in 2023
- Developed training with Elephant Circle
- Trained 17 new RCDs, including 1 RCD supervisor
- RCD embedded in perinatal clinical care team
- Employed 2 full-time RCDs at CU Nursing
- Providing care to individuals receiving care at University of Colorado Hospital and the out-patient perinatal care clinics (80 to date)
- Funded through Integrated Care for Women and Babies

# Program Components

- One-on-one sessions with RCD
- Birth admission support
- Support groups
- Community and system referrals and resources
- Diapers and wipes
- Needs closet
- Incentives
- Accessibility to RCD
- Care collaboration
- Research



The diagram is shaped like a classical temple. It features a blue triangular pediment at the top, three tan columns in the middle, and a blue base at the bottom. Each column is topped and bottomed with a yellow rectangular cap. The text is centered within each section.

# Expansion of RCD Program

Expansion of  
RCD workforce

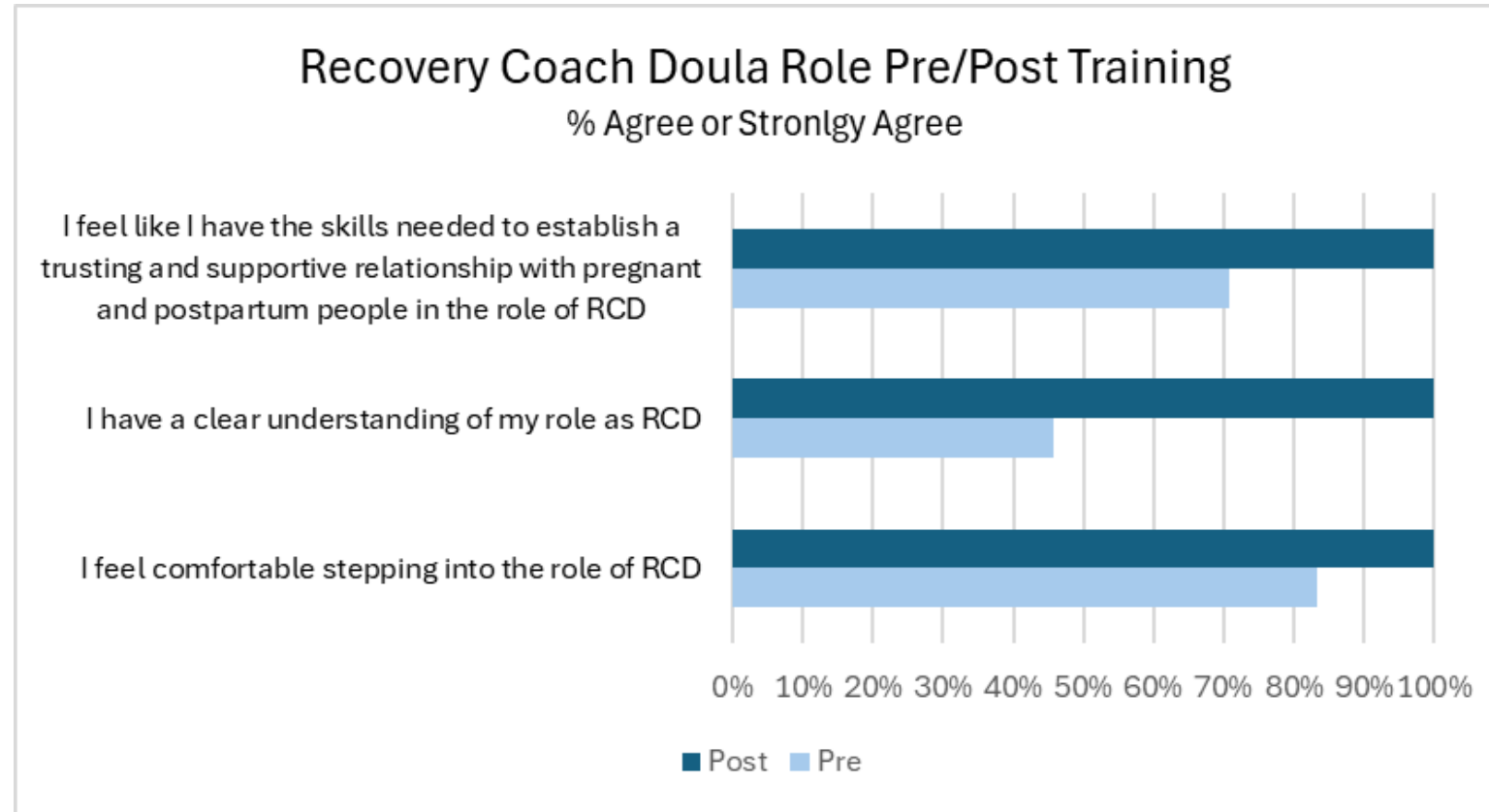
Expansion of  
geographic  
regions  
receiving care  
from CU  
Nursing RCD  
Program

Blueprint for  
future  
expansion in  
new  
organizations

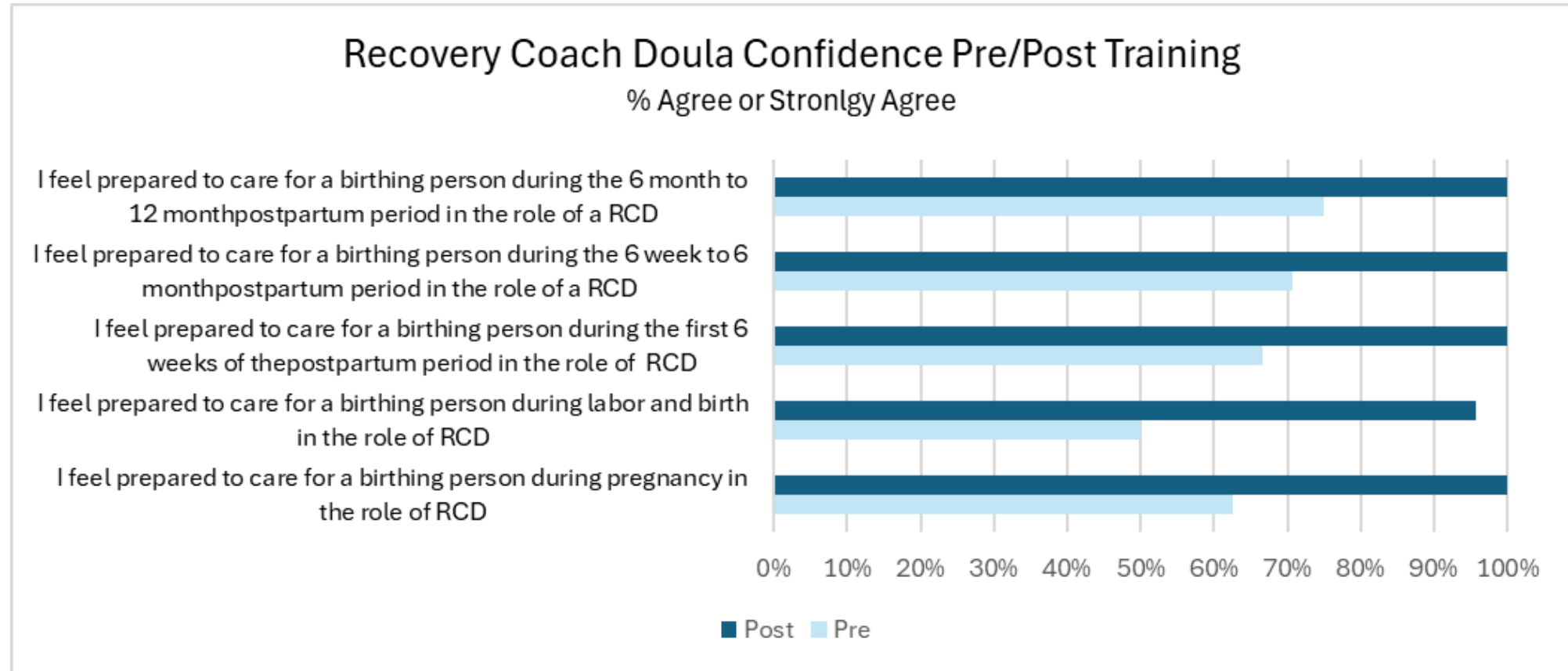
# Expansion of workforce: Training more Recovery Coach Doulas

- Goal: Training 30 more Recovery Coach Doulas
- Train recovery coaches to be recovery coach *doulas*
- 4 days covering full-spectrum perinatal support, legal doula support, support for diverse communities, mental health and substance use
- Two trainings in Denver [Oct 2024] and Loveland [Mar 2025]
- Trained 23 new RCDs
- Partner with Northern Colorado Healthcare Alliance & Elephant Circle

# Training Outcomes



# Training Outcomes



# Expansion RCD: Care along the front range Pueblo & Ft Collins

- Grow to provide RCD care in Pueblo and Ft. Collins
- Employ 2 additional RCDs
- Embed into:
  - *Poudre Valley Prenatal & Family Medicine Center*
  - *Elevate Healthcare*
  - *Pueblo Community Health Center*
- Develop referral mechanisms
- Establish collaborative working patterns

# Progress to Date

- RCDs hired: 1+
- Referral mechanisms implemented: 3
- Develop MOU with new sites
- Number of referrals: 20
- Number of new clients receiving RCD care: 14



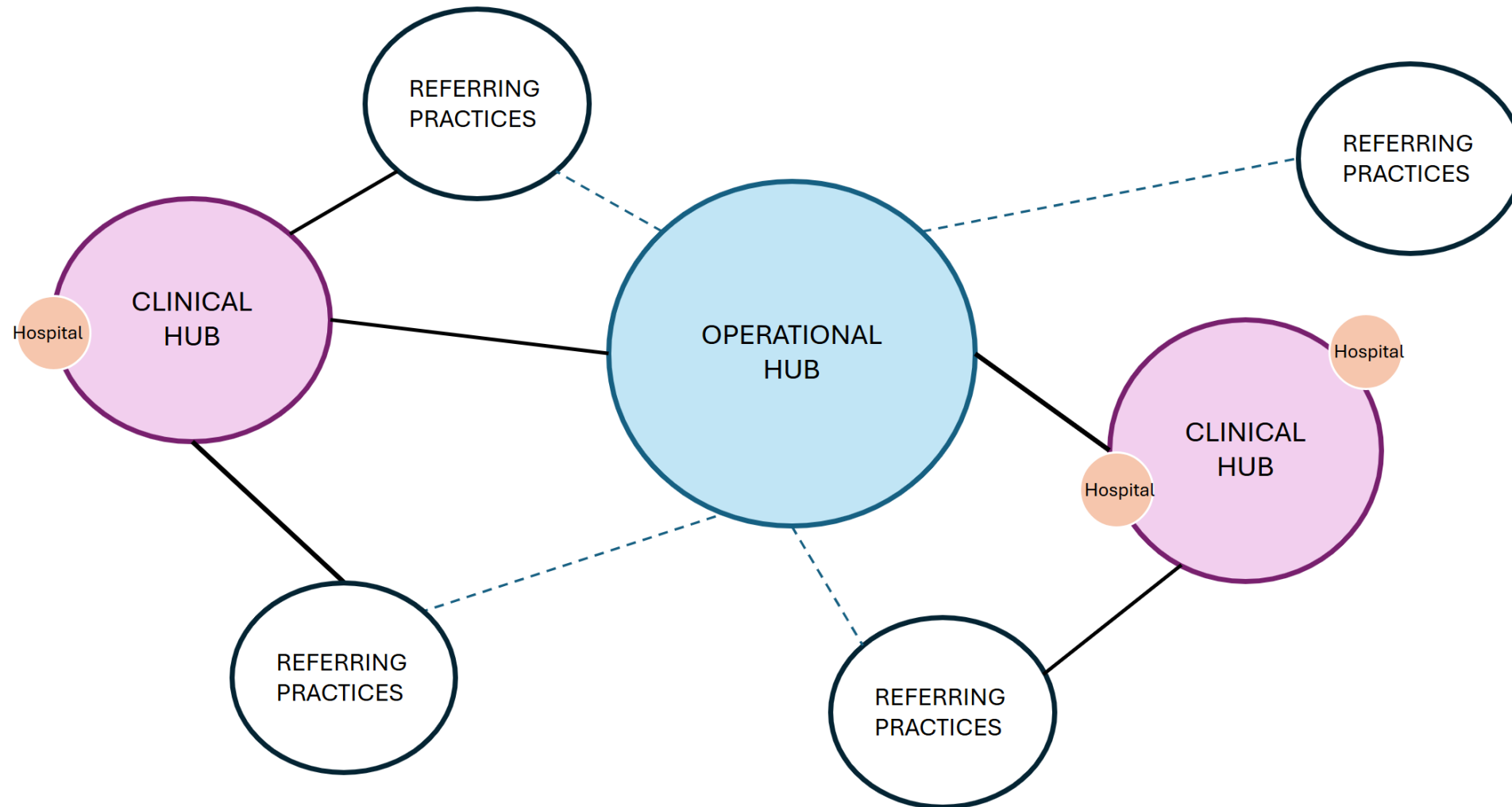
# Blueprint for future expansion: Develop blueprint for organizations wanting to implement RCDs

- Develop employment mechanism that accommodates variable client loads in different settings and geographic regions
- Develop template of referral mechanism
- Determine barriers and facilitators to expansion
- Develop means of billing Medicaid for RCD services
- Conduct cost-analysis for start-up and continuation costs
- Develop supportive working conditions for RCDs

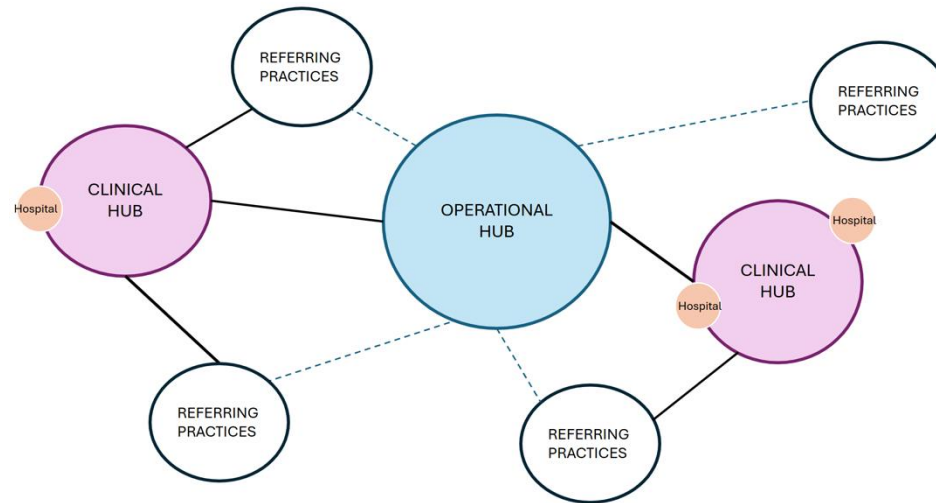
# Employment mechanism

- Accommodate variable client loads in different settings and geographic regions
- Create way for 1 RCD to bill for clients from multiple referral sources (i.e., clinical practices)
- Develop single hiring entity to create economies of scale for maintaining employment
  - Benefits
  - Payroll
  - Professional liability
- Develop single hiring entity to create economies of scale for peer related overhead
  - Peer supervision
  - Collegial support

# Program Structure



# Program Structure



**HOSPITAL**

- Delivering hospital for clinical hub
- Badge access via clinical hub
- Can refer directly

**Operational Hub:** Hiring entity; provides benefits; professional liability insurance; documentation; billing; administrative supervision; peer supervision; social support for RCDs

**Clinical Hub:** Out-patient perinatal or behavioral health clinics; formal relationship with operational hub; primary referral source; physical space to meet with clients; integration with perinatal or behavioral health clinical team

**Referring Practices:** Smaller low volume perinatal or behavioral practices; refer to RCDs but do not have ongoing relationship with RCDs; formal or informal relationship with clinical hub; minimal relationship with operational hub

# Develop template of referral mechanism

- Goal: Ensure pathway so referrals are received and responded to within 5 days
- Who can refer: Providers, staff, patients (self-referral). Sites can determine point person or any provider
- Will the RCD and the referring team be on the same EHR?
- If no → HIPAA compliant online data collection tool (Qualtric, REDCap)
- If yes → EHR referral mechanisms
- Referral requires release of information
- Challenge: managing referrals coming from multiple sources (Epic, Qualtrics) while still making it easy for providers to refer

# Determine barriers and facilitators to expansion: Operational hub

- Recruitment
- Professional liability insurance
- Doula credentialing with HCPCF
- Barriers to employing and benefiting individuals with criminal record
- Documentation to enable billing
- Hours worked
- Peer supervision vs. HR supervision

# Determine barriers and facilitators to expansion: Clinical hub

## Barriers/Challenges

### For Staff:

- Navigating how and when to integrate RCD into staff meetings
- Availability to educate clients on program

### For Clients:

- Transportation
- Inconsistency with appointments

## Facilitators

### For Staff:

- Designated time to talk to qualifying individuals
- Staff education of the program
- Streamline release of information from client
- Slow roll out of program

### For Clients:

- Supporting the whole person
- Collaboration between RCD and behavioral health staff

# Cost analysis: Start-up costs

- Identifying clinical hub and establishing relationship
  - time/effort - clinical hub and operational hub teams
- Outlining RCD roles and responsibilities through stakeholder engagement
  - time/effort - clinical hub and operational hub teams
- Initiating hiring process or personnel allocation decisions
  - time/effort - operational hub team and HR staff
- Onboarding new RCD
  - time/effort - clinical hub team, operational hub team, and RCD
- Establishing referral process (\*may evolve as RCD program is implemented)
  - time/effort - clinical hub team, operational hub team, and RCD
  - EHR/IT buildouts
- Establishing communication processes
  - time/effort - clinical hub team, operational hub team, and RCD
  - EHR/IT buildouts
- Completing Medicaid credentialing and billing
  - time/effort - RCD, operational hub team



# Cost analysis: Revenue and Sustainability

Billing configuration with HCPF reimbursement for peer services and doula services

	30 Clients		20 Clients	
	Annual Gross Revenue, per RCD	Net Revenue, less Operations Costs	Annual Gross Revenue, per RCD	Net Revenue, less Operations Costs
Peer Support Billing	\$ 54,000.00		\$ 36,000.00	
Doula Billing	\$ 45,000.00		\$ 30,000.00	
<b>Total, with Peer Billing</b>	<b>\$ 99,000.00</b>	<b>\$ 74,250.00</b>	<b>\$ 66,000.00</b>	<b>\$ 49,500.00</b>
<b>Total, without Peer Billing</b>	<b>\$ 45,000.00</b>	<b>\$ 33,750.00</b>	<b>\$ 30,000.00</b>	<b>\$ 22,500.00</b>

- Medicaid reimbursement
  - Peer reimbursement, HB21-1021
    - \$15 for each 15 min increment, no maximum
  - Doula reimbursement, SB23-288
    - \$25 for each 15-minute increment
      - Maximum 180 minutes prenatal out-patient (\$300 max) per pregnancy
      - Maximum 180 minutes postnatal out-patient (\$300 max) per pregnancy
    - \$900 for birth (one per patient per pregnancy)
- Theoretical revenue assumptions
  - Average number of clients per RCD per year = 30 clients
  - Average visit length = 45 minutes
  - Average number of visits per year = 48 visits (for simplicity, 24 prenatal and 24 postpartum)
  - Operations costs ~25% of gross revenue

# Develop supportive working conditions for RCDs

- Organizational culture of clinical hubs
  - Implicit bias training
  - Understanding peer role
- Providing collegial support (peer to peer)
- Unique employment needs for peers
- Challenges: HR benefits that are restricted for employees with criminal records



A scenic landscape featuring a two-lane asphalt road that curves gently through rolling hills. The road is marked with a dashed yellow center line and solid white edge lines. On the left side of the road, there is a field of tall, golden-brown grass. In the background, a line of trees with autumn-colored foliage (yellows and oranges) sits atop a hill. To the right of the road, another field of golden grass is visible, with several small, dark, rectangular objects (possibly hay bales) scattered across it. The hills in the distance are covered in similar autumn-colored trees. The sky is a clear, pale blue with a few wispy white clouds. The overall lighting suggests a bright, sunny day, possibly in the late afternoon or early morning, given the warm tones of the grass and trees.

**Where to next...**



## **What we know:**

Demand from clients and providers

Workforce available (in some geographic regions)

Expansion is feasible

## **What we need to do next:**

Develop reliable funding sources

Ensure supportive work environments for recovery coach doulas

Establish appropriate workload

Demonstrate (cost) effectiveness

# Questions?

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# THANK YOU!



# Challenges and Lessons Learned

- 1) Hiring Recovery Coach Doulas ➤ Temporary solution leveraging telehealth & community partners
- 2) Barriers to employing and benefiting individuals with criminal background
  - Employment/background checks ➤ Leadership buy-in
  - Access to some employer benefits ➤ **ACTIVELY ADDRESSING**
- 3) Clinical sites not understanding role of RCD ➤ Develop checklist and orientation to role of RCD in clinical sites
- 4) Understanding professional liability insurance & hospital privileging ➤  
Meeting with health system leadership to explain RCD role
- 5) Medicaid reimbursement for peer services ➤ **ACTIVELY ADDRESSING**