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STRATEGIES FOR BUILDING AND SUSTAINING NEW PROGRAMS:

LESSONS FROM THE COLORADO RECOVERY COACH DOULA PROGRAM EXPANSION

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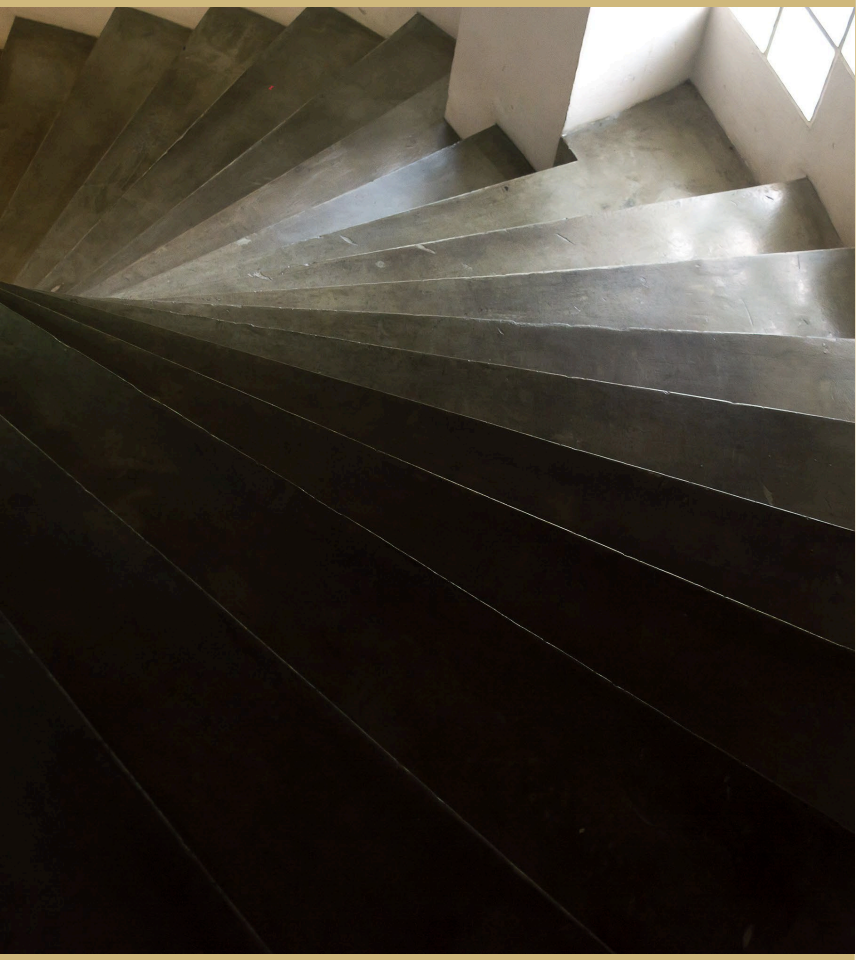
Disclosures

- We have no conflicts of interest to disclose.



OBJECTIVES

Describe the CU Nursing Recovery Coach Doula Expansion.

Identify strategies and tools for assessing feasibility and plan for the implementation of a new program.

Summarize strategies and tools to support program sustainability planning.

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OBJECTIVE 1

Describe the CU Nursing Recovery Coach Doula Program Expansion

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What is a Recovery Coach Doula?

Doula + Recovery Coach = Recovery Coach Doula

Doula

Professional birth coaches who provide non-medical support (i.e., emotional, physical, social, systematic, advocacy & education)

Recovery Coach

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

Recovery Coach Doula

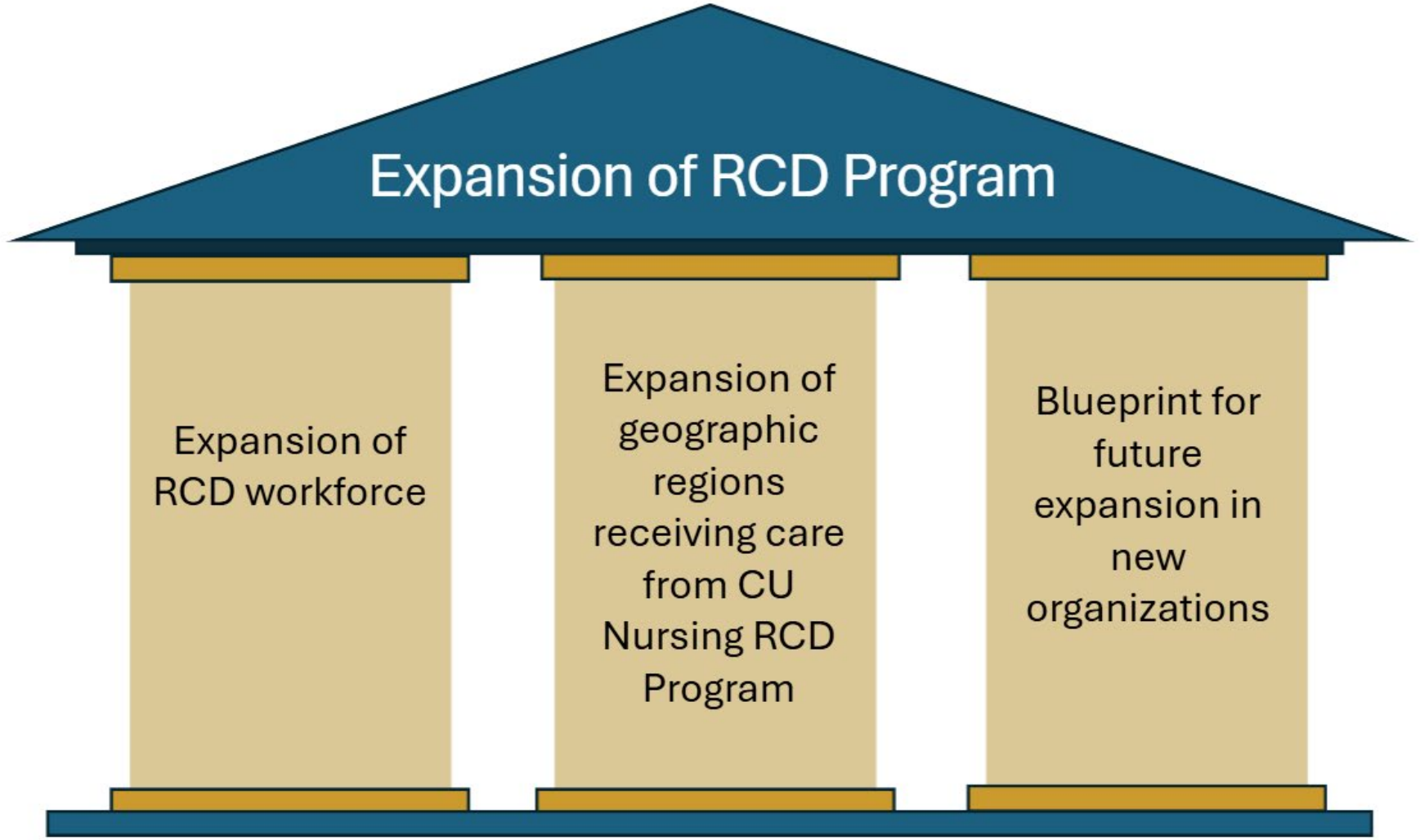
Provide specialized support and education around SUD and recovery as it overlaps with pregnancy, birth, the 1-year postpartum period, and parenting.

Recovery Coach Doula Role & Program Components

RCD Role	Program Components
Confidential 1-on-1 sessions weekly or bi-weekly through pregnancy, labor/birth, and 1-year postpartum • Identify needs & goals, develop a plan • Provide emotional, social and physical support • Support development of interpersonal and community skills • Provide perinatal, parenting and recovery education & support • Provide community resources and referrals • Provide guidance and support in navigating systems • Support client at perinatal medical visits	• One-on one sessions with RCD • Birth admission support • Support groups • Community & system referrals and resources • Diapers and wipes • Needs closet • Incentives • Accessibility to RCD • Care collaboration • Research

Development of CU Nursing RCD Program

- Started in 2023
- Developed training with Elephant Circle
- 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
- Funded through Integrated Care for Women and Babies


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

Recovery Coach Doula Day to Day

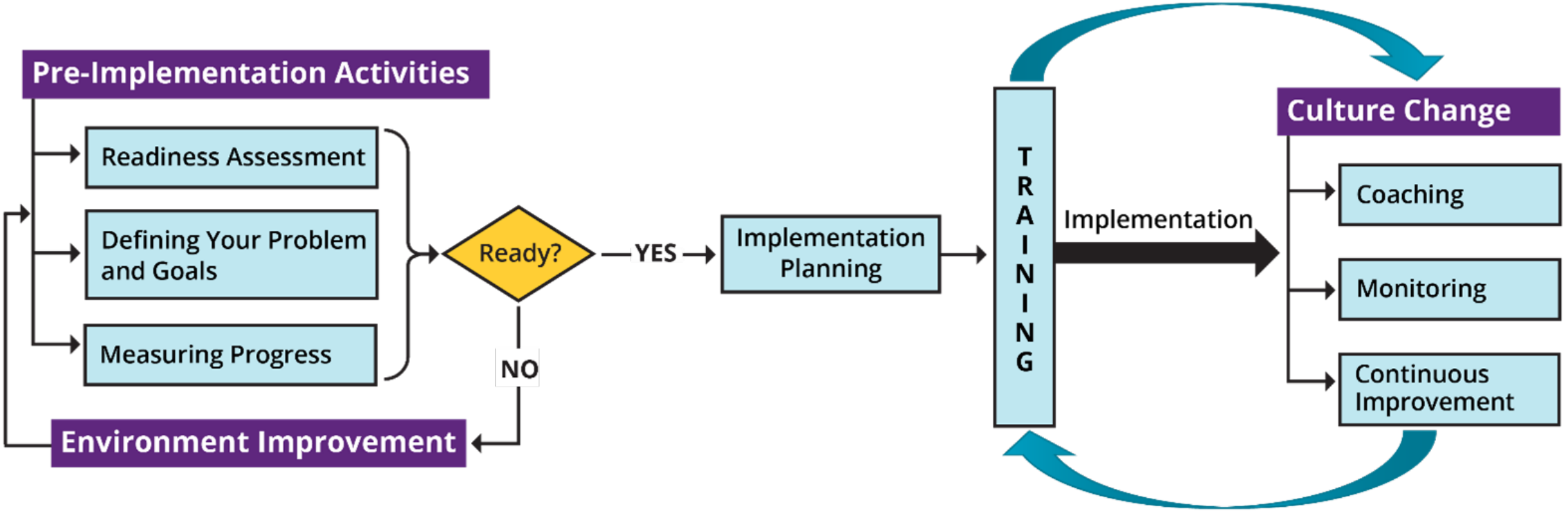
Recovery Coach Doula Day to Day

Advocacy & Coordination	Collaborating with clinics, providers, social workers, and community partners; following upon referrals; identifying and addressing barriers to care.
Client Support	Emotional support throughout pregnancy; physical support at birth; prenatal appointment support; resource navigation; housing/treatment coordination.
Communication	Ongoing contact with clients, clinic teams, community partners, and family advocates.
Professional Requirements	Supervision (individual & group), continuing education, OB complex care meetings, clinical outreach, documentation/ data collection.
Hybrid Work Schedule	In Clinic: Scheduled clinic days, prenatal appointment support, team collaboration Remote: Client sessions (virtual or community-based), documentation, resource searches, partner coordination
Additional Situational Support	Pediatric visits (as needed), court accompaniment, CPS communication, visits to treatment facilities.
Birth Support	Unpredictable timing and duration; may shift weekly workload

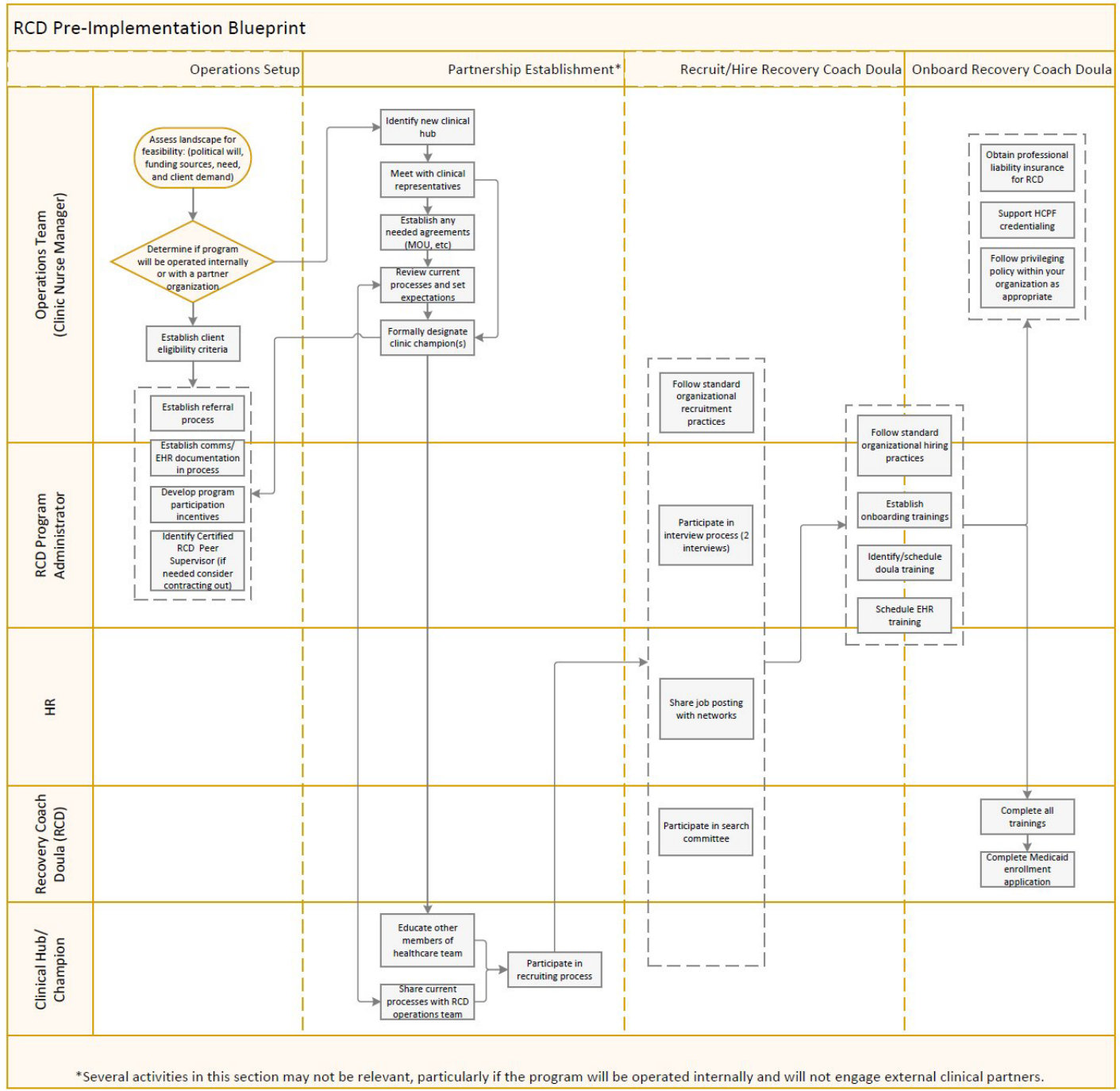
OBJECTIVE 2

Identify strategies and tools for assessing feasibility and plan for the implementation of a new program.

Steps & Key Considerations



https://www.ahrq.gov/teamstepps-program/curriculum/implement/overview.html


RCD Pre-Implementation Blueprint
Operations Setup
Partnership Establishment*
Recruit/Hire Recovery Coach Doula
Onboard Recovery Coach Doula
Operations Team (Clinic Nurse Manager)
RCD Program Administrator
HR
Recovery Coach Doula (RCD)
Clinical Hub/ Champion
Assess landscape for feasibility: (political will, funding sources, need, and client demand)
Determine if program will be operated internally or with a partner organization
Establish client eligibility criteria
Establish referral process
Establish comms/ EHR documentation in process
Develop program participation incentives
Identify Certified RCD Peer Supervisor (if needed consider contracting out)
Identify new clinical hub
Meet with clinical representatives
Establish any needed agreements (MOU, etc)
Review current processes and set expectations
Formally designate clinic champion(s)
Educate other members of healthcare team
Share current processes with RCD operations team
Participate in recruiting process
Follow standard organizational recruitment practices
Participate in interview process (2 interviews)
Share job posting with networks
Participate in search committee
Follow standard organizational hiring practices
Establish onboarding trainings
Identify/schedule doula training
Schedule EHR training
Obtain professional liability insurance for RCD
Support HCPF credentialing
Follow privileging policy within your organization as appropriate
Complete all trainings
Complete Medicaid enrollment application
*Several activities in this section may not be relevant, particularly if the program will be operated internally and will not engage external clinical partners.

Estimating Reach & Capacity

- For many reasons, having an idea of the potential reach of your program is important
  - Staffing
  - Financial implications (costs & revenue, if applicable)
  - Impact
- Related, having a sense of when program may reach capacity with existing resources is an important consideration

Billing Implications

- Does your program include any billable services?
  - Peer support
  - Doula
- Which payers/insurers cover those services?
  - Medicaid
  - Commercial/private insurers
- Does your organization have the administrative capacity to support this? What resources are needed to build that capacity?

Roles, Responsibilities & Reporting Expectations

Ahead of Implementation:

- Define Roles & Responsibilities
- Reporting Structure (HR, Supervision, Managerial, etc)
- HIPAA
- 42 CFR Part 2

Determine Barriers & Facilitators to Expansion

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

Determine Barriers & Facilitators to Expansion

Barriers/Challenges	Facilitators
For Staff: • Navigating how and when to integrate RCD into staff meetings • Availability to educate clients on program For Clients: • Transportation • Inconsistency with appointments	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

- Engaging leadership and key internal and external partners
- Recruitment/Hiring/Onboarding
  - Professional liability insurance
  - Doula credentialing with HCPF
- Establishing billing systems, grant monitoring, etc
- Building out data collection infrastructure
- Others?

OBJECTIVE 3

Summarize strategies and tools to support program sustainability planning.

Key Considerations

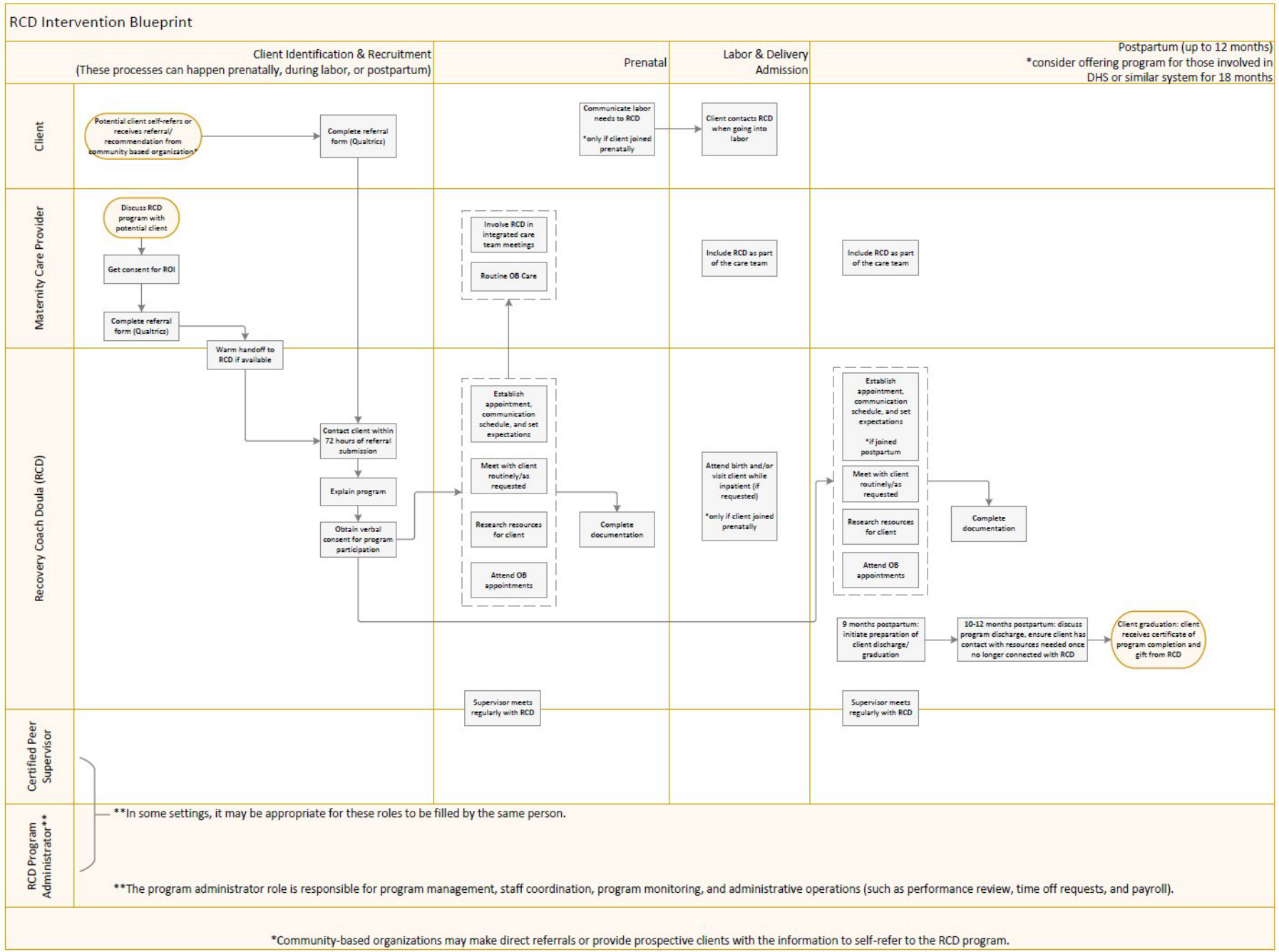
Who will do what?

- What does a process map help you with here?
- Balance of day-to-day activities for each team member

Financial sustainability

What data help you show effectiveness & justify more resources?

RCD Intervention Blueprint



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Breakeven & Scenario Analysis

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	
Total, with Peer Billing	**$ 99,000.00**	**$ 74,250.00**	**$ 66,000.00**	**$ 49,500.00**
Total, without Peer Billing	**$ 45,000.00**	**$ 33,750.00**	**$ 30,000.00**	**$ 22,500.00**

- 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)

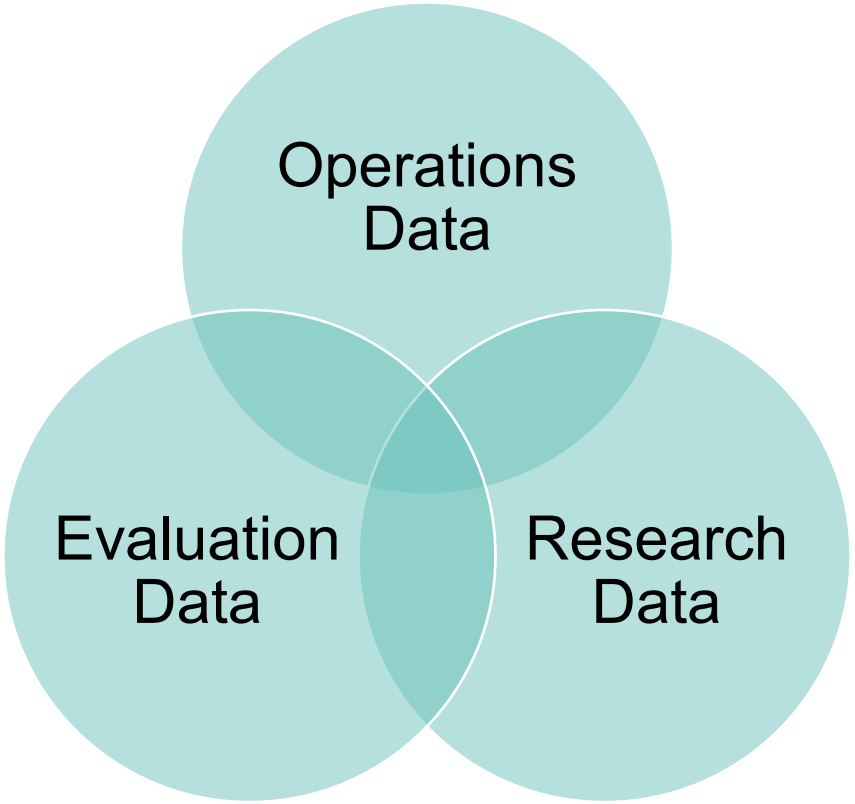
- Theoretical revenue assumptions
  - Average number of clients per RCD per year = 30 clients
  - Average visit length = 45 minutes
  - Average number of visits per year = 48 visits (for simplicity, 24 prenatal and 24 postpartum)
  - Operations costs ~25% of gross revenue

Data Collection Uses

Operations: using data to document program operations (e.g., patient/client tracking)

Programmatic evaluation: to determine the effectiveness of a program and inform program improvements.

Research: to test a theory and produce generalizable findings.



Operations Data Collection

- Enrollment & exit dates
- Patient/client characteristics
  - Demographics
  - Anticipated future service needs
- Patient/client services & interactions
- Members of provider team
- Contingency management (if applicable)

Recovery Coach Doula Data

Points Referral Data & Source	Planned & Actual Birth Location
Provider team	Pregnant or Postpartum
Estimated & Actual Delivery Date	Session Info (date, duration, high-level content)

Data Collection Considerations

What data are essential for ongoing operations?

What data do you need for reporting to current funders or to include in grant applications?

How complex is the data collection and what resources will you need (e.g. survey software)?

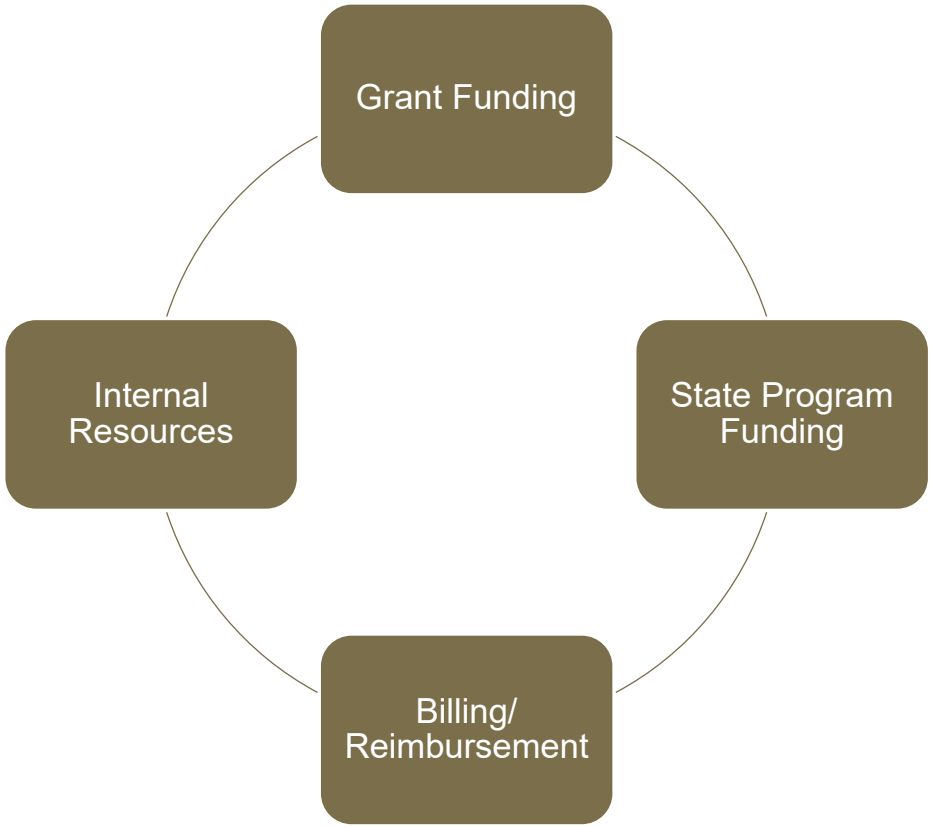
How can you balance data collection needs with the time needed for client/patient care?

Integrating New Professionals Into Team

- Setting clear expectations is essential and should be part of early planning conversations
  - For supervisors
  - For new staff/employees
  - For others on the clinical care team
- Space to work – office/cubical space, travel needs or restrictions
- Resources for ongoing continuing education and necessary certifications or licenses
- Technology training (e.g. EHR, Excel, etc.)

Finding New Funding Sources

- Diversifying funding may be essential to sustainability



Assessing & Planning for Sustainability

CSAT | Clinical Sustainability Assessment Tool

https://sustaintool.org/csat/assess/

Blueprint

Recovery Coach Doula Program

University of Colorado-School of Nursing

Blueprint Draft

2026 Edits

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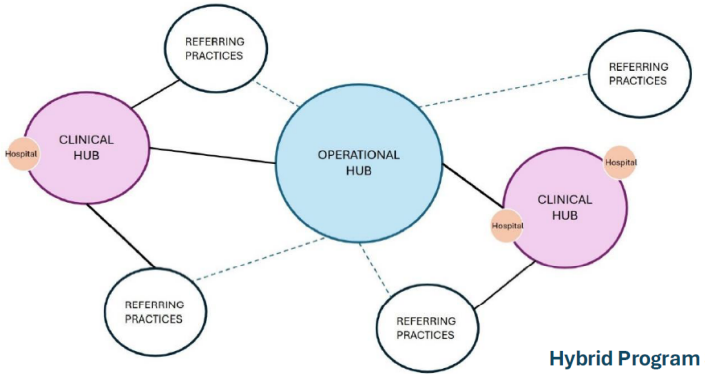
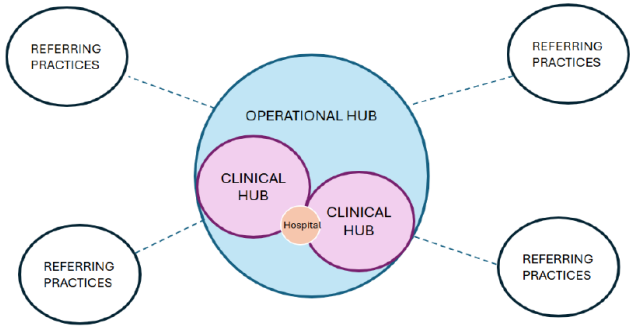
Satellite Program Structure

In the Satellite Program Structure, the Operational Hub is distinct from the Clinical Hub(s). Situations in which this program structure may be the best fit are when the Operational Hub does not provide perinatal or behavioral health clinical services. An example of this could be a county public health department that does not provide clinical services.



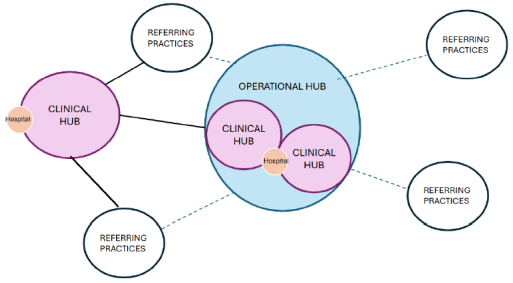
Embedded Program Structure

In the Embedded Program Structure, the Clinical Hub(s) are embedded within the Organizational Hub and operate as a single entity. The situation in which this program structure may be the best fit is that the Operational Hub provides clinical services at a high enough volume to support the employment of a full-time RCD. An example of this could be an academic medical center with multiple clinics that provide behavioral or perinatal care.



Hybrid Program Structure

In the Hybrid Program Structure, the Organizational Hub has a Clinical Hub(s) embedded within the Organizational Hub, operating as a single entity, and in addition partners with external Clinical Hub(s). The situation in which this program structure may be the best fit is that the Operational Hub provides clinical services but not at a high enough volume to support the employment of a full-time RCD and has the capacity and relationships to also partner with Clinical Hub(s) that do not operate within the Organizational Hub. This model is also appropriate for those who establish a program using the Embedded Program Structure successfully and want to expand their program to additional Clinical Hubs with additional RCDs.



QUESTIONS & DISCUSSION

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THANK YOU!

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