APPENDIX DOCUMENTS

From the Connecticut Center for Addiction Recovery (CCAR) Site Visit:

- PowerPoints
  - o Recovery Works! Program Overview (p. A1)
  - o CCAR Telephone Recovery Support Overview (p. A5)
  - o So You Want to Open a Recovery House? (p. A8)
  - o CCAR and Connecticut Behavioral Health Partnership: Partners in Recovery and Wellness (p. A19)
- Handouts
  - o CCAR Visit Itinerary (p. A33)
  - o CCAR Fact Sheet (p. A35)
  - o CCAR's Core Elements of a Recovery Center (p. A36)
  - o CCAR Code of Ethics (p. A38)
  - o Overview of CCAR Volunteer Management System (VMS) (p. A40)
  - o CCAR Windham Community Center Calendar (October 2013) (p. A44)
  - o Stay in Your Lane: Distinguishing between a Drop-In Center, 12-Step Clubhouse, Recovery Community Center and Addiction Treatment Agency (p. A45)
  - o Recovery Coaching in Recovery Centers: What the Initial Data Suggest (a brief report from the Vermont Recovery Network) (p. A49)

From the Idaho RCO Workshop:

- PowerPoint
  - o Idaho Recovery Community Organization Development Process (p. A53)
- Handouts
  - o Boise RCO Invitation (p. A77)
  - o Examples of Organizations' Vision and Mission Statements (p. A78)
  - o Idaho Department of Health and Welfare: Defining a Recovery Center (p. A80)
- "Pluses" and "Wishes" for Future Workshops (p. A81)

Recovery Idaho Summary 7/23/14 (p. A82)

CCAR

Connecticut Community for Addiction Recovery

Leading Connecticut in Recovery Innovation

Recovery Works Program

Recovery Works Overview

- CCAR training combines job readiness with recovery principles

Recovery Works Overview

- Recoverees who volunteer for at least 20 hours may receive written references to use in their job search.

Financial Basics & Time Management

- Develop healthy spending practices and budgeting strategies
- Organize training and job search commitments
- Build personal set of goals to include recovery and job search options
- Create a time management plan for juggling recovery, treatment, and employment search requirements

Employment Risks for Early Recovery

- Understand recovery thinking and develop recovery thinking strategies
- Practice overcoming triggers and obstacles that are specific to early employment
- Discover how to transform power to change the shape of a situation

Transferable Skills & Resume Development

- Develop a skills inventory for use in resumes and during an interview
- List responsibilities and skills for each job
- Learn how to build a resume

Cover Letter & Job Search Strategies

- Create personal cover letter template
- Learn strategies for staying positive during a job search
- Learn how to conduct online job searches on job search and posting sites
- Learn how to post resumes online
- Learn a variety of job search techniques
- Learn steps to follow up with employers

Interview Skills

- Articulate issues specific to early recovery during an interview
- Learn how to summarize skills and employment history
- Create a personal study guide
- Practice interviewing skills

Mock Interview Training

- Hand out job announcements.
- Set-up mock interview to allow practice and preparation of responses to questions of an actual job interview.
- Create list of skill sets
- Focus on aligning skill sets with those advertised in job openings.

Recovery Thinking Into Workplace Ethics

- Learn to identify the value in recovery thinking
- Discover how recovery thinking can be used to develop positive work ethics

Common Work Challenges

- Discover Individual Learning Styles
- Create Interpersonal Inventory Assessment
- Develop Communication Skills to assist with recovery while at work.
- Practice Communication Role Plays

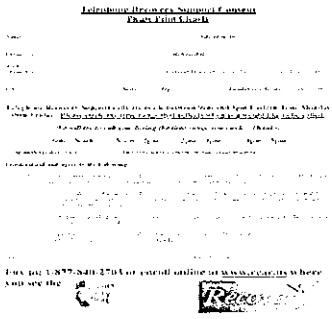
CONNECTICUT COMMUNITY

FOR ADDICTION RECOVERY

Telephone Recovery Support

- A person new in recovery enrolls in TRS and receives a phone call from a trained volunteer (usually another person in recovery) once a week.
- Enrollment is easy and can be done over the internet at www.ccar.us or by fax.
- Trained volunteers make the call
- Calls are made between 9AM and 5PM
- Helps people in recovery *stay* in recovery
- Results, outcomes, evaluations all outstanding

Simple Referral Form



- In 2010, CCAR enrolled 1,218 new recoverees.
- Average length of enrollment is 15 weeks.
- One recoveree has been enrolled for nearly 5 years.
- In 2010, CCAR volunteers placed 27,124 outbound calls.
- In 2010, CCAR volunteers talked to a recoveree 6,823 times.

- Of 483 recoverees who completed 12 weeks, 425 (88%) reported they had stayed clean!
- Of 116 recoverees who completed 12 weeks AND resided in a Recovery Living Center, 91% reported they had stayed clean!
- Of the 58 recoverees who reported a relapse, we continued to call them. 42 of them (72%) indicated that they were back in recovery!

Telephone Recovery Support

"It's a connection to people just like me. I don't feel alone during stressful times. I live out in the boondocks and the conversations help. When I relapsed, just to hear that someone cared made me feel a lot better. I felt ashamed and like a failure. Someone cared and they called me. I didn't feel so alone."

~Cynthia began receiving phone calls in January 2010.

Telephone Recovery Support

"When asked if I find the TRS (Telephone Recovery Support) calls helpful I can't say yes enough. There's something so supportive about knowing that no matter what happens in my life there's someone who genuinely cares about how my recovery is going. My volunteer has shared in every victory I have had in my recovery since the calls began. I hope to continue receiving these calls for a long time to come."

~Constance, a recoveree enrolled in CCAR's TRS program.

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CCAR

PEOPLE ADVOCATING PATH THERAPEUTIC HOMES, INC.

SO, YOU WANT TO OPEN A RECOVERY HOUSE?

Ken Aligata

1

RECOVERY HOUSE DESCRIPTION

- Privately owned
- Recovery house residents come from many sources Treatment center, DOC, psychiatrist, relatives, or others in recovery
- Recovery house revenue comes from the residents payment of rent
- A recovery house is not a half-way house or hospital-based recovery facility
- Usually there are no employees working for the recovery house

2

RECOVERY HOUSE OWNERSHIP
A UNIQUE BUSINESS OPPORTUNITY

Commitment

Successful owners

Generous business people

Truly want to help people in recovery

Takes significant time and effort

Great personal satisfaction

3

RECOVERY HOUSE OWNERSHIP

A UNIQUE BUSINESS OPPORTUNITY

Pre-Admission Criteria

- Telephone or face to face interviews
- Potential residents have a true desire to remain in recovery
- Pre-screening interview allows homeowner to:
  - Recovery values and perspective
  - Set tone for future relationship between candidate and homeowner
- Formal admissions process

4

HOUSE RULES SUPPORT RECOVERY

- Based on homeowner's personal values on maintaining recovery
- Homeowner's reputation directly effected by implementation of house rules
- Minimum Standards
- Resident review & commit to rules
- Rule assessments should be done to ensure effectiveness

5

HOUSE RULES SUPPORT RECOVERY CONT.

- Establish a pattern of personal and financial responsibility
- Creates a supportive peer environment
- Reward system for earning privileges
- Develop family atmosphere and team approach
- Protect safety of residents

6

HOUSE RULE MINIMUMS

- Regular attendance at 12-step, faith-based or other recovery program
- Sponsor within designated timeframe
- Weekly rent payments
- Full time employment
- Sharing of yard and house chores
- Attendance at regularly scheduled house meeting
- Curfew, limitations on overnights or visits
- Probationary period
- Reward system
- Drug or alcohol screen on demand
- Notice of intent to vacate and removal of personal belongings

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PREPARING FOR BUSINESS

- Admissions form
  - Emergency Contact Information
- House Rules
- Contract
  - Rent payments, rules, amenities
- Grievance Policy
- Discharge Policy

8

PREPARING FOR BUSINESS

House Manager

- Volunteer - usually receives free rent and/or private room at discount
- Planning needs to be done to be sure the home continues to operate
- Assists owner in maintaining safe recovery environment
- Usually in recovery multiple years
- Acts as role model, and mentor to residents
- Manager follows all house rules including maintaining full time employment

Democratically Run

- Oxford House Model
- Democratically self-run
- The House membership is responsible for all household expenses
- The House must immediately expel any member who uses alcohol or drugs, which is a requirement to obtain and retain an Oxford House Charter.
- See www.oxfordhouse.org for more details on the Oxford House Model

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NON-COMPLIANCE & EVICTION

- Consequence for breaking house rules
  - Residents learn responsibility for their own behavior
- Consequences are usually on case by case basis
  - Except for severe infractions that may result in immediate eviction
  - Removal of reward or privilege
  - Dollar fines
  - Maintain same chore until done adequately
- Continuous breaking of house rules may result in eviction

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EVICTION

- Break promise to stay clean and sober; resident usually leaves on their own
- May require immediate eviction:
  - Alcohol or drug use on or off premises.
  - Stealing, weapons, disruptive behavior, physical or verbal hostility
- Homeowners often assist resident in getting treatment or alternative housing
  - Range for re-admittance: zero-tolerance to case by case

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DIFFICULT EVICTION

- Changing locks
- Move out all furniture from room
- Homeowner should have strategy in place to deal with difficult evictions

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LOCATION, LOCATION, LOCATION

- Location near recovery support services
  - Parole
  - Relapse prevention program
  - Social services
- Proximity to 12-step or faith-based programs
- Employment opportunities
- On or near bus route
- Adequate parking for registered and insured vehicles

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STRUCTURE & LAYOUT

- Floor plan design important
  - New residents move into double room with roommate to avoid isolation
  - Single rooms available as resident continues in recovery
- Two or three floors to accommodate 10-12 residents
- Three or four single rooms and three or four double rooms
- Common areas
  - Kitchen, living room, dining room

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CONDITION OF HOME

- Renovation dollars will not be available to furnish facility
- Many homeowners do renovations themselves
- Cash flow statements will be covered

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TIMING OF HOME PURCHASE

- Winter months provide the highest occupancy rate
- Optimal time is just prior to start of winter
- Allow time to prepare home for residency

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MARKETING STRATEGY

- Develop community contacts
- Contact nearby rehabilitation facilities, detox units, half-way houses, hospitals, church groups, state agencies that deal with people on parole, incarcerated or homeless.
- Build word of mouth
- List home on CCAR's website and/or create a web site for home

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FEDERAL REGULATIONS

Federal regulations affecting recovery homes
Americans with Disabilities Act
Fair Housing Amendments

Avoiding discrimination issues

Questions asked of one applicant should be asked of all applicants

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ZONING CONSIDERATIONS

- Home has zoning; examples: multi-family, single residence, boarding home, etc.
- Accurate zoning determination should be done prior to purchase
  - Town Clerk's office
  - http://www.ct.gov/, select "Living," then select "Cities and Towns"
  - Zoning regulations, town ordinances, codes section
- May need a zoning variance to operate

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TOWN ORDINANCES AND CODES

- Check town ordinances & codes before purchase - you cannot avoid these
- Does home currently meet specifications
- Are any special restrictions or licenses required?
  - Health & safety housing code specifications, parking regulations, and any other rules that may limit ability to operate

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CONNECTICUT REGULATIONS

Connecticut General Statutes (CGS) applicable to recovery homes

CGS 35-1	Use of fictitious business names
CGS 47a-3a	Rental Agreement; Payment of rent. Written receipt for cash payment
CGS 47a-6	Identification of landlord
CGS 47a-9	Landlord Rules and Regulations
CGS 47a-15a	Nonpayment of rent by tenant: Landlord's remedy
CGS 49-68	Liens of boardinghouse keepers
CGS 47a-21	Security Deposits
CGS 47a-57	Certification of occupancy required for lawful occupation. Penalty for allowing occupancy without certificate
CGS 47a-4(a)	Terms prohibited in rental agreement

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LEGAL STATUS OF BUSINESS IN CONNECTICUT

Business formation and registration

- Sole proprietorships
- Limited Liability Companies (LLCs)
- Corporations
- Non-profit organization

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HIRING PROFESSIONALS

- Certified Public Accountant
  - Tax ownership issues, financial statements, annual tax returns, and tax advice
- Lawyer
  - Specializes in recovery home ownership
    - Type of legal ownership
    - Death and contingency planning; a will may be insufficient
    - Recovery house owners vulnerable to complaints
- Ask other homeowners for referrals to professionals

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FINANCIAL BASICS

- Equity financing
  - Money put into venture by the business owner
- Debt financing
  - Money borrowed to fund venture
  - Commercial sources for debt financing
    - Banks, commercial savings and loan offices, and commercial finance companies
- Creative financing with home seller

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SIMPLE CASH FLOW SCENARIO

- Composite reflection of experienced recovery house owners
- Should be used only as a framework for prospective owners
- Work with accountant to develop accurate projections reflecting personal circumstances
- Working capital should be about 6 months of reserves

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CASH FLOW PROJECTIONS YEAR 1

Startup Phase	Nov.	Dec.
Down payment	$7,500	
Closing costs	750	
Deposits/ supplies	800	
Paint supplies	300	
Appliances/furnishings	1,300	$1,400
Common area furniture	750	780
Maintenance		300
Assistance	2,000	2,000
Miscellaneous items	200	
Professional fees	500	2,500
Total cash per month	$13,800	$6,980
Maximum cash needed for this scenario	$20,850	

Operations Phase	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total
Income											
Rent	$4,400	$4,400	$4,400	$4,400	$4,400	$4,400	$4,400	$4,400	$4,400	$4,400	$38,800
Minus Vacancy	100	-	200	300	400	500	600	600	400	300	3,100
Total Income	$4,300	$4,400	$4,200	$4,100	$4,000	$3,900	$3,800	$3,800	$4,000	$4,100	$35,500
Expenses											
Mortgage/Taxes	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$9,900
Electricity	250	250	250	250	250	250	250	250	250	250	$2,250
Heat/Air	300	300	300	300	300	300	300	300	300	300	$2,700
Water/Sewer	125	125	125	125	125	125	125	125	125	125	$1,125
Cable TV	125	125	125	125	125	125	125	125	125	125	$1,125
Insurance	170	170	170	170	170	170	170	170	170	170	$1,530
Home Line Subsidy	25	25	25	25	25	25	25	25	25	25	$225
	75	75	75	75	75	75	75	75	75	75	$675
Personal Loan	350	350	350	350	350	350	350	350	350	350	$3,150
Homework	800	800	800	800	800	800	800	800	800	800	$7,200
Minus Total Expenses	$3,320	$3,320	$3,320	$3,320	$3,320	$3,320	$3,320	$3,320	$3,320	$3,320	$29,880
Minus Reserve	$332	$332	$332	$332	$332	$332	$332	$332	$332	$332	$2,988
Minus Emergency/Upgrades		$500		$200		$800		$500		$500	$2,000
Minus Rent	$100		$100		$400		$100		$400		$500
Minus Net	$548	$248	$448	($52)	$348	($252)	$48	($52)	$348	($52)	$1,132

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CASH FLOW PROJECTIONS YEAR 2

Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total
$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$4,840	$58,080
200	100	100		200	300	400	500	600	600	400	300	$3,700
$4,640	$4,740	$4,740	$4,840	$4,640	$4,540	$4,440	$4,340	$4,240	$4,240	$4,440	$4,540	$54,380
$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$1,100	$13,200
260	260	260	260	260	260	260	260	260	260	260	260	$3,120
315	315	315	315	315	315	315	315	315	315	315	315	$3,780
125	125	125	125	125	125	125	125	125	125	125	125	$1,500
131	131	131	131	131	131	131	131	131	131	131	131	$1,572
179	179	179	179	179	179	179	179	179	179	179	179	$2,148
26	26	26	26	26	26	26	26	26	26	26	26	$312
79	79	79	79	79	79	79	79	79	79	79	79	$948
360	360	360	360	360	360	360	360	360	360	360	360	$4,320
800	800	800	800	800	800	800	800	800	800	800	800	$9,600
					500							$500
				1,000								$1,000
$3,364	$3,364	$3,364	$3,364	$4,364	$3,864	$3,364	$3,364	$3,364	$3,364	$3,364	$3,364	$40,368
$337	$337	$337	$337	$437	$387	$337	$337	$337	$337	$337	$337	$4,192
	$500		$500		$500		$500		$500		$500	$3,000
$100		$100		$100		$100		$100		$100		$600
$805	$336	$836	$536	($325)	($212)	$936	$136	$436	$36	$836	$336	$4,672

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RECOVERY HOUSING COALITION OF CONNECTICUT

- Established November 2004
- Meets at designated locations within CT
- Developed Minimum Standards
- Provide Technical Assistance

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FINDRECOVERYHOUSING.COM

- Web Site dedicated to Recovery Housing
  - Interviews with owners, managers, clients
  - Future training dates for "So, You want to Open a Recovery House"
    - Online registration and purchase of book
- Owners have access to their houses to update bed availability

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HOW DOES IT WORK ?

- You can search the website by city and state
- The house listings will offer information regarding
  - Rules, criteria, and eligibility
  - Funding available
  - Methadone Maintenance acceptance
  - Faith-based or 12-step based
  - Available beds

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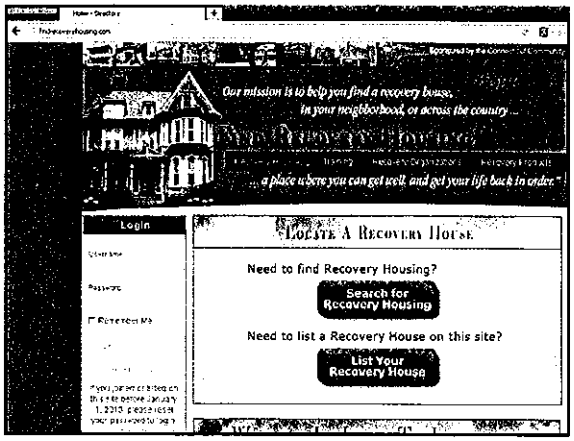

WHAT DOES THE HOUSING WEBSITE OFFER?

- Bed availability (updated by house owners)
- Photo of house
- Admittance criteria/who to contact for admittance
- Rent payments
- Over 20 questions about the house (smoking allowed, cable TV, phone, interview required)
- Recovery Rating

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CONTACT INFORMATION

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"PARTNERS IN RECOVERY AND WELLNESS"

- CCAR is collaborating with the CT Behavioral Health Partnership to provide training and education on recovery from alcohol and other drugs to Enhanced Care Clinics and other providers, i.e. Detoxification Units, Psychiatric Units, Residential Rehabilitation Programs, IOP and OP Programs, etc...

Module 1
Introduction, Objectives, and Overview

Introductions

- Name
- Where you are from
- What role you play working with people in recovery

Working Agreements

- Speak one at a time
- Cell phones – Mute or Vibrate
- There are no silly questions.

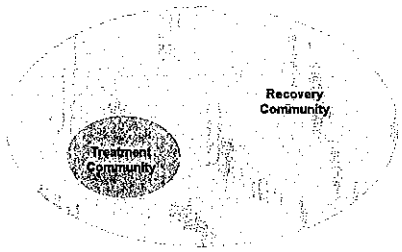
Our Shared Objectives

- To work together to:
  1. Learn more about helping people to sustain recovery from alcohol and other drug addiction
  2. Grow recovery community connections
  3. Promote referrals to non-traditional recovery support services, such as telephone recovery support, recovery housing, sober living activities, and recovery coaching
  4. Build relationships with the recovery community linking people with recovery education and support

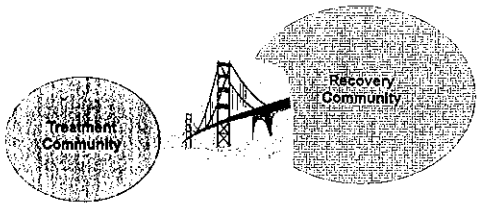
What is Recovery?

- Your Definition
- CT DMHAS Definition
- CCAR Definition
- Components of Recovery, Recovery Core Values and Guiding Principles

Historical Context



CCAR: A Nationally Respected Recovery Community Organization...



Bridges the Gap

CCAR **Connecticut Community for Addiction Recovery (CCAR)**

Organizes the Recovery Community to...

- Tap into the inherent nature to give back

Puts a Face on Recovery

- Advocacy: have a voice on issues of importance to the recovery community
- Offer ourselves as living proof that recovery is a reality in the lives of millions of people

Provides Recovery Support Services

- To maintain and sustain recovery

Funded by Connecticut DMHAS, foundations, fees from products/services and private donations

Module 2
Recovery Community Connections

CCAR Vision and Mission

VISION

- The Connecticut Community for Addiction Recovery (CCAR) envisions a world where the power, hope and healing of recovery from alcohol and other drug addiction is thoroughly understood and embraced.

MISSION

- The Connecticut Community for Addiction Recovery (CCAR) organizes the recovery community (people in recovery, family members, friends and allies) to 1) put a face on recovery and 2) provide recovery support services. By promoting recovery from alcohol and other drug addiction through advocacy, education and service, CCAR strives to end discrimination surrounding addiction and recovery, open new doors and remove barriers to recovery, maintain and sustain recovery regardless of the pathway, all the while ensuring that all people in recovery, and people seeking recovery, are treated with dignity and respect.

Foundational Principals

"You are in recovery if you say you are."

"There are many pathways to recovery."

"Focus is on the recovery potential, not the pathology."

"Err on the side of the recoveree."

"Err on the side of being generous."

Recovery Advocacy

- People in recovery have strong cause to participate in decisions about their recovery services and to have their voices be heard.
- "Advocacy is about turning personal stories into social action; it is about turning recovery outwards". -*William L. White, The Rhetoric of Recovery Advocacy: An Essay on the Power of Language*

Some Advocacy Highlights

- Wrote the Recovery Core Values along with Advocacy Unlimited that became the foundation for the Commissioner's Policy # 83: Promoting a Recovery-Oriented Service System.
- Helped turn "Heroin Town", a negative Hartford Courant newspaper series, into "Recovery Town".
- Educated the legislature about the Pardons Process where significant changes have been made.
- Assisted DMHAS through some NIMBY housing issues associated with Access to Recovery (ATR).
- Involved in Faces & Voices of Recovery – restoration of RCSP funding, HBO Addiction documentary, insurance discrimination, voter registration.

CCAR Puts a Face on Recovery by

- Frequent speaking engagements
- Recovery Poster Series
- Cable public access TV shows
  - Positive Faces, Willimantic
  - Capitol Voices of Recovery, Hartford
- DVDs, Videos
  - Putting a Face on Recovery
  - The Healing Power of Recovery
  - The Legacy of Hope: Recovery Elders Video Project
- Website http://ccar.us
- Recovery Walks!, Rally for Recovery (Faces & Voices of Recovery)

Recovery Community Centers

Field of Dreams

"build it and they will come"

Recovery Community Centers

- are recovery oriented sanctuaries anchored in the hearts of communities
- are physical locations where local communities of recovery can be organized
- places where Recovery Support Services are designed, tailored and delivered by local recovery communities
- are fueled by a comprehensive Volunteer Management System – including people in long-term recovery

Recovery Community Centers

Willimantic, Bridgeport, Hartford

Module 3
Recovery Support Services

Peer-to-Peer Recovery Support Services

- Telephone Recovery Support
- Recovery Works!
- Recovery Housing Project
- All-Recovery Groups
- Recovery Training Series
- Recovery Coaching
- Recovery Social Events
- System Navigation

Telephone Recovery Support

"We call because we care."

In the spirit of KISS, a new recoveree receives a phone call from a trained volunteer (usually another person in recovery) once a week for 12 weeks.

Volunteer follows script.

Win/Win: CCAR – gives new recoveree an opportunity to maintain their recovery and helps the volunteer making the call

Provider – helps their clientele
Online Registration for TRS
www.ccar.us/telephone_recovery_support.htm

Telephone Recovery Support

"When asked if I find the TRS (Telephone Recovery Support) calls helpful I can't say yes enough. There's something so supportive about knowing that no matter what happens in my life there's someone who genuinely cares about how my recovery is going. **My volunteer** has shared in every victory I have had in my recovery since the calls began. I hope to continue receiving these calls for a long time to come."

~ Constance, enrolled for more than a year

Telephone Recovery Support

"It's a connection to people just like me. I don't feel alone during stressful times. I live out in the boondocks and the conversations help. When I relapsed, just to hear that someone cared made me feel a lot better. I felt ashamed and like a failure. Someone cared and they called me. I didn't feel so alone."

~ Cynthia. She began receiving phone calls in January 2010. She reported a relapse in February and June.

Telephone Recovery Support

"When I was using my phone never rang and I wanted it to. I remember just sitting there, staring at the phone wishing someone would call me, talk to me...possibly help me. Now I'm in recovery, for me this is the perfect way of giving back... being the phone call that I never got."

~ Curtiss, TRS Volunteer

Telephone Recovery Support

- In 2012, CCAR enrolled 2,677 new recoverees
- Average length of enrollment is 15 weeks
- One recoveree has been enrolled for nearly 5 years
- In 2012, volunteers placed 34,230 outbound calls
- In 2012, volunteers talked to a recoveree 12,765 times
- Since the beginning of TRS, CCAR has enrolled over 6,000 people and made more than 128,000 calls

Recovery Works!

- Recovery/Vocational Training
  - 8 part continuous curriculum
- Recoverees required to:
  - Enroll in Telephone Recovery Support
  - Contribute 20 hours as a CCAR Volunteer
- Recovery-friendly employer database
- Provide training to employers to become more recovery-friendly
- Work with ADRC, leading clinical treatment provider in Hartford

Recovery Housing Project

- Inventory existing recovery housing (independently owned, privately operated "sober houses")
  - Database **findrecoveryhousing.com**
- Establish the Recovery Housing Coalition of Connecticut
  - Standards
  - Advocacy
  - Monthly meetings
- Deliver "So, You Want to Open a Recovery House?" trainings

Recovery Housing Project

- The website findrecoveryhousing.com is national with 230 houses across nineteen states – AZ, CA, CT, CO, FL GA, MA, MI, NC, NY, OH, PA, RI, SD, TN, TX, UT, WI, WY...
- Working with other states to form a National Association of Recovery Residences.
- The pricing for the website changed so that all searches are free and a house listing is now $29 for one year.
- Implemented a process in June 2010 to track how many times an individual house is viewed. To-date, houses have been viewed 10,500 times.

Recovery Coaching

What is a Recovery Coach?

A Recovery Coach is anyone interested in promoting recovery by removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seeking or already in recovery.

Recovery Coaching

Counselor: Emphasis on formal education (theory and science); vetted by the profession

Recovery Coach: Emphasis on experiential knowledge and training; vetted by the community

Sponsor: Emphasis on experiential knowledge; vetted by reputation within a community of recovery

Recovery Coach Academy

- 5-day experiential training
- Explore your own personal belief system
- Describe the roles and functions of a recovery coach
- List the components, core values and guiding principles of recovery
- Build skills to enhance relationships
- Discuss co-occurring disorders and medicated assisted recovery
- Describe stages of change and their applications
- Address ethical issues
- Experience wellness planning

Recovery Coach Academy

What an awesome experience! An absolute must for anyone who wants to be a Recovery Coach! Very well designed, Insightful and a life changing experience! ~ Connecticut, August 2010

This was just an amazing experience. It was an educational training but simple enough for anyone to understand! The group I trained with and the facilitators were so smart and open-minded, just an emotional and loving experience. The tools I learned, I will take with me for the rest of my life! Unforgettable! Everyone should have this opportunity! ~ New Hampshire, April 2010

What a well-rounded curriculum! This training covered key areas that are so important for Recovery Coaches. I am excited about this model and hope it will take off in every state. Recovery Coaches will help many to change their lives. ~ Maine, 2009

Volunteer Management System

"Volunteering at CCAR gives me back so much more then I could ever put in; it feels good to help others and brings meaning and purpose to my life." ~ Fred, CCAR volunteer

"CCAR has really done a lot for me. It has inspired me to grow and look at things from different points of view while giving me the courage to take risks, like going back to college and use what I am learning to improve my own quality of life and give back to the recovery community." ~ Patti, CCAR volunteer

"Through volunteering at CCAR I have learned to love myself." ~ Tanya, CCAR volunteer

Volunteer Management System

- Modeled after a hospital volunteer system
- Screening, interviews, background checks, training, job descriptions, scheduling, supervision, recognition
- Comprehensive Volunteer Orientation training
- 6 week, 6 month evaluations
- Volunteer Recognition dinner in April

Volunteer Management System

Year	Volunteers	Hours Served	Volunteer Rate
2012	291	23,264	$646,041
2010	319	14,426	$393,397
2009	273	13,449	$347,329
2008	292	11,979	$308,434
2007	189	8,305	$180,229
2006	144	5,144	$110,979
2005	90	3,450	$74,870

Module 4
How CCAR Supports Recovery

Next Steps

- How to connect: Call or email us!
- Have clients call us directly!
- We will respond within one business day
  - www.ccar.us
  - Phone: 860.244.2227

Contact Information

- Ken Aligata
- Community Educator
- Connecticut Community for Addiction Recovery
- 198 Wethersfield Avenue
- Hartford, CT 06114
- (860) 860-967-0508
- ken@ccar.us
- http://ccar.us

CONNECTICUT COMMUNITY
CCAR
FOR ADDICTION RECOVERY

Monday, October 28, 2013

9:00 a.m. – 9:30 a.m.	Welcome Phil Valentine, Executive Director, CCAR Welcome to the Windham Recovery Community Center Kathleen Wyatt
9:30 a.m. – 10:30 a.m.	Overview of CCAR Phil Valentine Thomas Kirk, CCAR Board Member Former Commissioner, CT Department of Mental Health and Addiction Services
10:30 a.m. – 10:45 a.m.	Break
10:45 a.m. – 12:00 noon	Focus on Recovery Centers Deb Dettor, Director of Operations Rebecca Allen, Manager of Telephone Recovery Support, Former Recovery Community Center Manager
12:00 noon – 12:45 p.m.	Lunch at the Center
12:45 p.m.	Return to the hotel
1:15 p.m. – 3:00 p.m.	Recovery Centers Management Deb Dettor Recovery Walks Deb Dettor Recovery Works! Michael Dunne, Recovery Oriented Employment Services Coordinator
3:00 p.m. – 3:15 p.m.	Break

3:15 p.m. – 4:30 p.m.	Telephone Recovery Support, Rebecca Allen
	Recovery Housing Ken Aligata, Recovery Housing Project Coordinator and Community Educator
	Community Outreach Ken Aligata

Tuesday, October 29, 2013

9:00 a.m. – 9:45 a.m.	Volunteer Management Conrad Sienkiewicz, Volunteer Manager
9:45 a.m. – 10:45 a.m.	Recovery Coaching Coaches in Training Stacy Rosay, Recovery Coach Academy Coordinator Arthur Woodard, CCAR Consultant Jim Wuelfing, Recovery Coaching Director
10:45 a.m. – 11:15 a.m.	Break, Check Out and leave for Hartford Community Recovery Center
11:15 a.m. – 11:30 a.m.	Tour of the Hartford Recovery Community Center Virginia Adams, Recovery Community Center Manager
11:30 a.m. – 12:00 noon	Travel to Vitos for Lunch and Closing Questions and Comments
12:30 p.m.	Leave for Bradley Airport

CONNECTICUT COMMUNITY
CCAR
FOR ADDICTION RECOVERY

198 Wethersfield Avenue
Hartford, CT 06114
860-244-2227 860-244-CCAR
860-244-2228 Fax
1-800-708-9145
ccar2005@ccar.us

FACT SHEET

Recovery Community Centers
CCAR offers three centers in Hartford, Willimantic, and Bridgeport that serve as recovery oriented sanctuaries anchored in the heart of those communities. Centers are visible so local communities can actively put a face on recovery and serve as hubs offering a variety of recovery support services. The centers attract people in recovery, family members, friends and allies who serve as CCAR volunteers to provide recovery support services.

Hartford RCC
198 Wethersfield Ave.
Hartford, CT 06114
860.910.4816
Jim Higgins: jim@ccar.us

Windham RCC
713 Main St.
Willimantic, CT 06226
860.423.9843

Bridgeport RCC
49 Cannon St. (rear)
Bridgeport, CT 06604
203.583.4702
Michael Askew: michael@ccar.us

Telephone Recovery Support (TRS) *Contact: Deb Dettor, 860.218.9531, deb@ccar.us*
In collaboration with DMHAS, CCAR is offering weekly telephone recovery support service to people in recovery for a period of twelve weeks to "check in" and see how they are doing. TRS helps reduce relapse and enhances the recovery not only of the recoverees, but of the volunteers as well. Register online at www.ccar.us where you see the ***RED PHONE*** or call 1.877.676.2227.

Recovery Housing Website *Contact: Ken Aligata, 860.967.0508, ken@ccar.us*
www.findrecoveryhousing.com. What does the Recovery Housing Website offer?

Bed availability	Male or Female
Recovery rating	Who to contact for admittance
Photo of house	Methadone/Suboxone (accepted yes or no)
Admittance criteria	City/State
Rent payments	Bilingual status

Recovery Works *Contact: Michael Dunne, 860.967.0490, michaeldunne@ccar.us*
Recovery Works provide comprehensive vocational training infused with recovery principles through CCAR's eight-module curriculum to help recoverees build the skills and attitudes needed to secure employment. Modules include financial basics and time management, employment risks in early recovery, making your cover letter/resume stand-out, internet job searching, work challenges, interviewing skills including how to handle those tough questions, and integrating recovery thinking into workplace ethics.

Recovery Coaching
Recovery Coaches help with obtaining services, resources, peer-to-peer recovery support, while providing positive recovery role modeling. Coaches work with recoverees to develop a Recovery Wellness Plan, and can be found at each of the three Recovery Community Centers.

Recovery Technical Assistance Group *Contact: Deb Dettor, 860.218.9531, deb@ccar.us*
CCAR shares our organizational "experience, strength and hope" through the Recovery Technical Assistance Group (RTAG). RTAG assists organizations to develop recovery-oriented support services to promote recovery, strengthen RCOs and build recovery community capacity. All of CCAR's programming is available through RTAG. Two of our most successful peer support services, Telephone Recovery Support and the Recovery Coach Academy, are considered national models and have been replicated throughout the United States.

For more information, contact CCAR: 860.244.2227 or by visiting our website www.ccar.us

CONNECTICUT COMMUNITY
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FOR ADDICTION RECOVERY

CORE ELEMENTS OF A RECOVERY COMMUNITY CENTER

Overview

A Recovery Community Center (RCC)....

- is a recovery oriented sanctuary anchored in the heart of the community.
- is visible so local communities of recovery can actively put a face on recovery.
- serves as a physical location where CCAR can organize the local recovery community's ability to care, specifically through the provision of a variety of recovery support services.
- provides peer-based recovery support services using a volunteer force to deliver a vast majority of these services.
- attracts people in recovery, family members, friends and allies to serve as CCAR volunteers, who in turn help those coming up behind them.
- fosters the inherent nature of the recovery community (people in recovery, family members, friends and allies) to give back.
- functions as a recovery resource for the local community.
- is a location where, sometimes, people still struggling with addiction will enter and the RCC will help them navigate the system.
- is a place to find workshops, training and educational sessions to enhance one's own recovery.
- maintains a structured schedule of recovery-related workshops, trainings, meetings, services and social events.
- hosts and promotes recovery social events.

It's important to note what an RCC is not. An RCC is not a treatment agency – no clinical services are provided. An RCC is not a 12-Step club. An RCC is not a drop-in center. An RCC is not a place for people to simply hang out, watch TV and play cards/pool. CCAR is not seeking to duplicate existing resources. Recoverees in the Center are actively working on their recovery, or helping another person with theirs.

CCAR developed these Core Elements of a Recovery Community Center based on our vision and experience.

Site

- A Recovery Community Center should be at a minimum 2,500 square feet and have these standard areas
    - Group/Training room that seats a minimum of 50

- An RCC will have at least one large screen TV, DVD player, and VCR for training, workshops and seminars. The TV will not be hooked up to cable, dish or any other connection that allows for multiple channel TV viewing.

- All RCC staff and appropriate Volunteers will be trained to use the on-line databases and the internet to access services for recoverees. Every RCC will have a Community Resource Book with pertinent forms and applications that is updated quarterly.

- An RCC will not be open on Holidays. Holidays are times for paid staff and dedicated Volunteers to take time away for rest and rejuvenation. CCAR understands that Holidays may be a tough time for some individuals and will rely on other natural recovery supports to assist those individuals.

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CCAR Code of Ethics

CONDUCT

- Always strive to put a positive face and voice on recovery from alcohol and other drug addiction.
- Maintain high standards of conduct.
- Treat each other with dignity and respect.
- Report and remove yourself from any real or perceived conflict of interest.
- Do not exploit personal relationships within CCAR for personal gain.
- Do not under any circumstances sexually exploit or harass other individuals.
- Do not act in any way that violates the civil, legal or ethical rights of others.
- Work to resist gossip, hearsay and rumors.
- Remember that in the eyes of the general public, we represent people in recovery at all times and that your actions influence how the community sees the recovery movement.

RESPONSIBILITY TO PEOPLE IN RECOVERY

- The responsibility for personal recovery resides with the individual; understand that personal recovery comes before any CCAR activity.
- Strive to ensure that people in recovery from alcohol and other drug addiction will be treated with dignity and respect in their personal recovery process.
- Make an effort to see that CCAR empowers recovering people in their physical, emotional and spiritual growth and that CCAR provides opportunities for them to make significant contributions to themselves, their families and friends, their communities and our society.
- Work to represent all people in recovery, especially those who feel they have no voice.

RESPONSIBILITY TO THE ORGANIZATION

- Work under the overarching principles outlined in the vision and mission.
- Always build CCAR's reputation and maintain CCAR's integrity.
- Involve recovering people, their families, significant others and friends in educating policy makers, service providers, legislators and the general public about the recovery process.
- See that CCAR takes on a limited number of carefully chosen projects in order to maintain high-quality successful outcomes; participate in, support and improve these projects.
- Respect the cultural diversity of the organization and encourage the expression of diverse points of view.
- Participate in planning and programmatic decision-making processes.

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- Hold existing leadership accountable that future leadership is developed from within the organization.
- Reach out to new people interested in the CCAR organization.
- Contribute to the overall health of the recovery community and the community at large.
- Express your opinion.
- Promote recovery at every opportunity for you, your family and friends, for the community, for society.

CONNECTICUT COMMUNITY CCAR FOR ADDICTION RECOVERY

Overview of CCAR Volunteer Management System (VMS)

I. Defining the Volunteer Management System

A. History

B. Goals

C. What we learned

II. Implementing the VMS

A. Recruitment of volunteers

B. Accessing volunteer opportunities

C. Role of Volunteer Manager

D. Role of Volunteer Coordinator

E. Interaction and support among volunteers

III. Volunteer Management Policy and Procedural Manual

IV. Job Description Manual (see attached list of Volunteer Positions)

V. Core Training Curricula (see attached list of Volunteer Core Trainings)

VI. Volunteer Support and Recognition

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CCAR Volunteer Quotes

"If it wasn't for CCAR, I wouldn't be here today. I was really down – seriously depressed, in and out of the hospital a few times each month – and CCAR helped me. I started by taking GED classes here, then took trainings and volunteered making TRS calls. Now I am a volunteer receptionist at CCAR. I like meeting people everyday at the desk. It's been a great year for me!"

"For me, CCAR is a home away from home. I love the positive and supportive atmosphere, and also meeting different people. I enjoy volunteering as a receptionist and for special events."

"For me, CCAR is an incredibly resourceful place. It has a lot to offer – for folks getting out of jail, for people needing a change – they help you get the help you need. I get enthusiasm and energy for new people coming in; it gives me the incentive to give back, and I have been doing this for three years now. Volunteers *make* CCAR; we are anxious to give back what we didn't have when we started our recovery. Telephone Recovery Support is a key program for anyone who needs someone to talk to."

"CCAR helped me change my life. Honestly, I came here for the wrong reasons, with no intention of volunteering! Every day I came in, it was something different, with different groups and activities in the center. My change came slowly – CCAR was very accepting. Those two months turned me around. I like giving back now. CCAR helped me spiritually – folks here talk the talk *and* they walk the walk. I get a lot from all the different people here. I love giving back to the community."

CCAR Volunteer Statistics

2005: 90 volunteers provided 3,450 hours of service which equals $74, 870 at CT Volunteer rate
The first year we started tracking volunteers and their hours.

2011: 317 volunteers provided 20,438 hours of service which equals $551,417 at CT Volunteer rate
This reflects a real increase in volunteers and hours.

2012: 291 volunteers served even more hours = 23,264 at $646,041 rate
Slightly fewer volunteers but more hours – reflecting increased commitment and possible longevity.

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CCAR Volunteer Position Description Summary

- **Key Volunteer** - Act as a model of recovery for the recovery center. Oversee the Recovery Community Center when Manager and Volunteer Coordinator are away from the Center.

- **Telephone Recovery Support** - Call participants at regular scheduled intervals to provide support, connect people with resources and expedite an intervention when relapse occurs.

- **Recovery Coach** - Interest in promoting recovery by working as a personal guide and mentor for people seeking or in recovery.

- **RCC Receptionist** - Provide customer service by attending to the needs of phone inquiries, requests, center visitors, volunteers and directing them to proper resources or individuals.

- **Administrative Support** - Assist and support CCAR staff in a variety of administrative, clerical, and fill-in duties.

- **Peer Group Volunteer** - Act as a model of recovery for the recovery center. Facilitate CCAR meetings in an organized manner.

- **Vocational Support** - Assist and provide support for recoverees' computerized vocational needs such as e-mails, resumes, cover letters, job search, and online applications.

- **Center Operations & Maintenance** - Perform light custodial & housekeeping duties. Assist in maintaining a clean and orderly center and grounds.

- **Recovery T.V. Show Position** - To assist in the development, maintenance and coordination of a recovery access cable show.

- **Community Relations** - Act as a liaison by promoting CCAR Recovery Community Center programs and activities in the community through one or more of the following: distribute and monitor literature, organize presentations, speak with service providers, provide positive faces of recovery to the public, and participate in state boards or committees. Advocates for the recovery community by putting a face on recovery at the local or state level.

- **CCAR Events Position** - Act as a liaison by promoting CCAR Recovery Community Center programs and activities. Put a face on recovery during local fundraising and community events.

- **Social & Community Committee** - To assist in the development, maintenance, and progress of Recovery Community Center activities.

CONNECTICUT COMMUNITY CCAR FOR ADDICTION RECOVERY

Volunteer Core Training Summary

Information Session - One hour weekly presentation that provides an overview of CCAR's vision, mission, and policy. Acquaints visitors with various volunteer positions and professional development opportunities.

CCAR Ambassador - A one hour training that provides new volunteers with a brief overview of CCAR's history. Coaches new volunteers on how to represent CCAR at the centers, in the community, and in their own words.

Volunteer Orientation Training - Three hour comprehensive training that teaches skills new volunteers can use while volunteering at CCAR. Participants discuss their personal experience with volunteer work and how they can use those experiences to represent CCAR. The training uses activities and PowerPoint slides to practice responses to situations.

Peer Facilitation - A two hour training that teaches volunteers how to facilitate CCAR All Recovery Meetings, workshops, and any other educational groups. Participants will practice proven communication and group techniques using hands on activities.

Telephone Recovery Support (TRS) - Two hour training that provides an overview on telephone recovery support and assistance for individuals in recovery from alcohol and other drugs. The training uses PowerPoint, activities, and role-plays to show volunteers how to provide referral resources, show empathy and praise in the recovery progress, and maintain confidentiality.

Receptionist - A one hour overview that focuses on telephone etiquette and customer service skills. Training includes practice role-plays on how to assist CCAR visitor's with various needs.

Recovery Coach Academy (RCA) - A week long training that teaches volunteers how to become recovery coaches. Admission includes a scholarship process, a minimum of 100 volunteer hours, and a willingness to dedicate an additional 35 recovery coaching hours within a 90 day period following the RCA.

Resolving Conflict - A two hour training that provides volunteers with basic skills for resolving conflicts that may occur between themselves and other volunteers or while volunteering for CCAR. The training includes hands on activities to practice how to de-escalate or resolve situations that have occurred at the Recovery Community Centers.

Power of Our Stories - A one hour training that includes a video from Faces and Voices of Recovery. The training teaches recoverees how a brief and focused story can be powerful by incorporating talking points to teach others about recovery. Participants practice their story with the group and receive feedback. Participants learn how they can use their own experiences to make an impact when talking with media, legislators and other community leaders.

Professionalism – A two hour a training to define and explore aspects of professionalism in an effort to enhance the culture at RCCs.

713 Main Street
Willimantic, CT 06226

Open M-T-TR-F 9:00am-5:00pm
Wednesdays 9:00am-2:00pm

Windham Recover COMMUNITY CENTER

(860) 423-7088
Rebecca Allen, Manager
Kathy Wyatt, Volunteer Coordinator

October 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 AA-Eye Opener 7:00am-8:30am R.O.E.S. 12:00pm-2:00pm ARM 12:30pm-1:30pm Men's ARM 5:00pm-6:30pm NA Meeting 7:00pm-8:15pm	**2** AA-Eye Opener 7:00am-8:30am Women's ARM 12:30pm-1:30pm Nutritional Recovery 1:30pm-2:30pm **Closed at 2:00pm**	**3** **BAKE SALE** **9:00-5:00** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Family Support Group 5:15pm-6:15pm	**4** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Social Committee 2:00pm-3:00pm	**5** AA Daily Reflections 11:00am-12:00pm
6 AA Meeting 7:00pm-8:30pm	**7** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm NA Meeting 7:00pm-8:00pm	**8** AA-Eye Opener 7:00am-8:30am R.O.E.S. 12:00pm-2:00pm ARM 12:30pm-1:30pm Men's ARM 5:00pm-6:30pm NA Meeting 7:30pm-8:45pm	**9** AA-Eye Opener 7:00am-8:30am Women's ARM 12:30pm-1:30pm Nutritional Recovery 1:30pm-2:30pm **Closed at 2:00pm**	**10** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Family Support Group 5:15pm-6:15pm	**11** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Social Committee 2:00pm-3:00pm	**12** AA Daily Reflections 11:00am-12:00pm
13 AA Meeting 7:00pm-8:30pm	**14** **Columbus Day!** **Recovery Center is Closed!**	**15** AA-Eye Opener 7:00am-8:30am R.O.E.S. 12:00pm-2:00pm ARM 12:30pm – 1:30pm Men's ARM 5:00pm-6:30pm NA Meeting 7:00pm-8:15pm	**16** AA-Eye Opener 7:00am-8:30pm Women's ARM 12:30pm-1:30pm Nutritional Recovery 1:30pm-2:30pm **Closed at 2:00pm**	**17** AA-Eye Opener 7:00am-8:30am ***Volunteer Orientation*** ***9:30am-12:30pm*** ARM 12:30pm-1:30pm Family Support Group 5:15pm-6:15pm	**18** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Social Committee 2:00pm-3:00pm	**19** AA Daily Reflections 11:00am-12:00pm
20 AA Meeting 7:00pm-8:30pm	**21** AA-Eye Opener 7:00am-8:30pm ARM 12:30pm-1:30pm NA Meeting 7:00pm-8:00pm	**22** AA-Eye Opener 7:00am-8:30am R.O.E.S. 12:00pm-2:00pm ARM 12:30pm – 1:30pm Men's ARM 5:00pm-6:30pm NA Meeting 7:00pm-8:15pm	**23** AA-Eye Opener 7:00am-8:30am Women's ARM 12:30pm-1:30pm Nutritional Recovery 1:30pm-2:30pm **Closed at 2:00pm**	**24** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Family Support Group 5:15pm-6:15pm	**25** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm **Halloween Karaoke!** **7:30pm-10:00pm** 	**26** AA Daily Reflections 11:00am-12:00pm
27 AA Meeting 7:00pm-8:30pm	**28** AA-Eye Opener 7:00am-8:30pm ARM 12:30pm-1:30pm NA Meeting 7:00pm-8:00pm	**29** AA-Eye Opener 7:00am-8:30am R.O.E.S. 12:00pm-2:00pm ARM 12:30pm – 1:30pm Men's ARM 5:00pm-6:30pm NA Meeting 7:00pm-8:15pm	**30** AA-Eye Opener 7:00am-8:30am Women's ARM 12:30pm-1:30pm Nutritional Recovery 1:30pm-2:30pm **Closed at 2:00pm**	**31** AA-Eye Opener 7:00am-8:30am ARM 12:30pm-1:30pm Family Support Group 5:15pm-6:15pm		

******ARM – All Recovery Meeting***
******R.O.E.S. – Recovery Oriented Employment Service***

Stay in Your Lane

Distinguishing between a Drop-In Center, 12-Step Clubhouse,
Recovery Community Center and Addiction Treatment Agency

By Phil Valentine with a lot of help from his friends

I have been with the Connecticut Community for Addiction Recovery (CCAR) since January 1999 and have had a role in the evolution of the recovery community center model. In 2006, CCAR had operated a RCC for a couple years and I wanted to clarify what this new entity was and was not. I drafted The Core Elements of a Recovery Community Center. Since then, many organizations have used it to design their own recovery community center.

> A Recovery Community Center (RCC) is a recovery oriented sanctuary anchored in the heart of the community. It exists to put a face on recovery, to build recovery capital and to serve as a physical location where CCAR can organize the local recovery community's ability to care. *A RCC is not a treatment agency; it is not a 12-Step Club and it is not a drop-in center although aspects of all of these are apparent.* A RCC will deliver peer-to-peer recovery support services using its volunteer force as the deliverers of these services. A RCC is not a place for people to simply hang out, watch TV, play cards or pool and attend a daily meeting. We are not seeking to duplicate existing resources. Yet, an RCC will host specific social events. A RCC is not a drop-in center whose primary purpose is to refer and help people get into treatment. Obviously, people in need of help will enter the RCC and we will do everything in our power to assist them.
>
> - A RCC maintains a structured schedule where recovery-related workshops, trainings, meetings, services and social events are consistently delivered.
> - A RCC targets people in recovery, family members and friends to serve as volunteers, who in turn help those coming up behind them.
> - A RCC is a place where a person with long-term recovery can give back.
> - A RCC is also a place to find workshops, training and educational sessions to enhance one's own recovery.
> - A RCC exists as a recovery resource for the local community.

In 2013 having operated RCCs for almost 10 years, CCAR found cause to revisit the Core Elements. One of their RCC's had "drifted" a bit from the Core Elements. It was located in a depressed, urban environment and was visited by people looking for stuff – coffee, clothes, bus passes, money, food, etc. People who were homeless sought sanctuary and warmth. People with mental health issues wanted a place to hang out. The CCAR staff at this RCC have hearts of gold and wanted to help everyone. In their eyes, a bit of help and a kind word might be the impetus to move someone into recovery. And that's a great point! One staff person was able to get hundreds of thousands of dollars of brand new men's suits donated. Soon men from all over the city were showing up for a free suit claiming they were in recovery and needing a suit for a job interview.

However, along with all the kindness came a host of other problems that CCAR was not equipped to negotiate. People not interested in recovery (those pre-contemplative folks) showed up in droves. Gradually, the culture and tone within the RCC deteriorated. It was no longer recovery-friendly or even recovery-oriented. Folks displayed a heightened sense of entitlement; they were looking for a handout and not looking to put a hand up. Interest in volunteering diminished. Frequent shouting matches arose and once in a while police had to be called. People became offended at the odor emanating from someone who hadn't showered in along time. CCAR had some problems, but was willing to look at it and seek a solution.

Under the leadership of CCAR Director of Operations Deb Dettor, CCAR set out to improve the culture and tone in all three of its recovery community centers. They flagged all the issues described plus some others. I revisited the Core Elements of a Recovery Community Center and discovered the line italicized (for our purposes above). It says:

> *A RCC is not a treatment agency, it is not a 12-Step club and it is not a drop-in center although aspects of all of these are apparent.*

It occurred to the CCAR leadership team that it might be able to use these experiences as a learning tool with staff and volunteers. By describing the drift from the primary purpose of a RCC to where we were, we might collectively develop solutions to get back on course. In this process, we realized that our original Core Elements needed more detail to help understand what was unique about a RCC. We drafted Stay in Your Lane: Distinguishing between a Drop-In Center, 12-Step Clubhouse, Recovery Community Center and Addiction Treatment Center. The idea about using the framework of "stay in your lane" to clarify programs came from a CCAR Recovery Coach Academy© participant who used that concept to describe the role of a recovery coach staying in his or her lane to distinguish between a coach, a sponsor and a counselor*. A list of 21 characteristics was developed and charted for each of the four organizational types. Stay in Your Lane added clarity for staff, volunteers and participants and has been very successful.

To refocus on our recovery orientation, RCCs have printed signs that are displayed prominently in each of the centers that read "How can we help you with your recovery today?" (Thank you, PRO-ACT in Philadelphia for this idea.) Together, these steps helped focus all the RCCs on recovery. The chart clarified the primary audience for CCAR RCCs – those in recovery from alcohol and other addictions. Secondary audiences were also defined. Over time, the recovery culture and tone at each RCC improved.

CCAR shares this experience with the hope that you and/or your organization may find it helpful.

Acknowledgement: I would like to thank the following people for their help, feedback and suggestions: Bill White, Pat Taylor, Tom Hill, Deb Dettor, Andre Johnson, Bev Haberle, Gary DeCarolis, Mark Ames, Mary Jo McMillen and Julia Ojeda.

* Bill White originally made this distinction in his paper, Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity. CCAR teaches this concept in the CCAR Recovery Coach Academy©. The paper can be found here http://www.williamwhitepapers.com/pr/2006SponsorRecoveryCoachAddictionCounselor.pdf.

Characteristic	Drop-In Center	12 Step Clubhouse	Recovery Community Center	Addiction Treatment Center
Primary Target Audience	People with mental health issues, people who are homeless	Members of a specific 12-Step fellowship	People in all stages of recovery from alcohol & other addictions	People still actively using or in early stages of recovery
Secondary Target Audience	People with co-occurring addiction & mental health issues	None	People seeking recovery, family members, friends & allies	Family members (in some settings), EAP, drug court particpants
Core Services	Crisis response, focus on immediate basic needs of individual (food, clothing, shelter, etc.), place to hang out	Sober social fellowship, mutual aid meetings, meeting rental space	Peer recovery support services, advocacy and public education opportunities, social activities	Assessment, diagnosis, treatment planning, treatment services, continuing care
Culture/Tone	Variable, often perceived as a place to have immediate needs met, in & out	12-Step environment, signs, slogans, language, meetings; fellowship; sanctuary	Multiple pathways to recovery welcomed, sanctuary, hope, caring, healing; recovery task oriented; fellowship; opportunities promoted	Variable, often perceived as sterile, hospital like
Service/Support Framework	Not recovery oriented	Operates within beliefs and practices of a 12-Step fellowship (see AA Guidelines – Relationship between AA and Clubs for more)	Works across multiple frameworks of recovery via choices of those with whom they work	Works within a particular organizational treatment philosophy; can involve 12-Step
Assessment	None	None	"How can we help you with your recovery today?" Gradual, informal over duration of relationship, may include strengths-based recovery capital needs assessment; could result in recovery plan	Immediate upon arrival, formal, comprehensive, documented, results in diagnosis & treatment plan; pathology-based
Recovery Focus	Limited to none	Maintenance & sustainability	Maintenance & sustainability	Initiation
Role of Community in Recovery	Minimal	Intrapersonal & interpersonal focus; Minimal focus on ecology of recovery; No advocacy	Focus on linking to community resources & building recovery capital; Significant public awareness & advocacy work	Intrapersonal & interpersonal focus; Minimal focus on ecology of recovery; Minimal advocacy
Training on Recovery	None to minimal	12-Step training	Extensive, varied, comprehensive, wide variety of topics, based on community needs	Historically minimal but increasing, majority of training focused on addiction

Characteristic	Drop-In Center	12 Step Clubhouse	Recovery Community Center	Addiction Treatment Center
Knowledge Base	Mix of experiential & professional	Experiential	Experiential (pressure to professionalize)	Professional & scientific knowledge
Corporate Status	Nonprofit	Nonprofit; membership-based	Nonprofit; membership-based	Vary from nonprofit to proprietary/for profit
Service/Support Relationship	Moderate power differential; Moderate external accountability	Minimal power differential; Support is reciprocal; Minimal to no external accountability	Minimal power differential; Ethical guidelines being developed; Moderate external accountability	Significant power differential; Explicit ethical guidelines; High external accountability
Style of Helping	Ranges from formal to informal	Informal, open & spontaneous	Variable by organizational setting but generally personal & informal	Formal, personally guarded and strategic
Use of Self	Self-disclosure usually limited and discouraged	Strategic use of one's own story; Role model expectation	Strategic use of one's own story; Role model expectation	Self-disclosure discouraged, monitored for strategic value or prohibited
Volunteer Opportunities	None to moderate	Yes, informal system, no formal recognition, within specific fellowship; high level	Yes, formal system, formal recognition, multiple opportunities; high level	Minimal, some opportunities with alumni programs; low level
Temporal Orientation	Focus on present, how can we assist you today?	Variable by fellowship & stage of recovery	Focus on present	Considerable focus on past experience and problem solving strategies
Duration of Support/Service Relationship	Variable	Variable but can span years determined by individual	Variable but can span years, determined by individual and/or organization	Short term with beginning, middle & end, based on payment availability and/or clinical guidelines
Documentation	Minimal	None	Minimal (for those providing service) but growing	Extensive
Sources of Funding	Grants, foundations, ministries	Membership dues, donations	Grants, contracts, fee-for-service, insurance, individual giving	Fee-for-service, insurance, grants, self-pay, individual giving
Computer Access	None to minimal	None to minimal	Yes	Usually none and/or may be prohibited from accessing internet during inpatient treatment
Paid Staff	Primarily	Minimally	Variable (mix with paid staff & volunteers)	Primarily

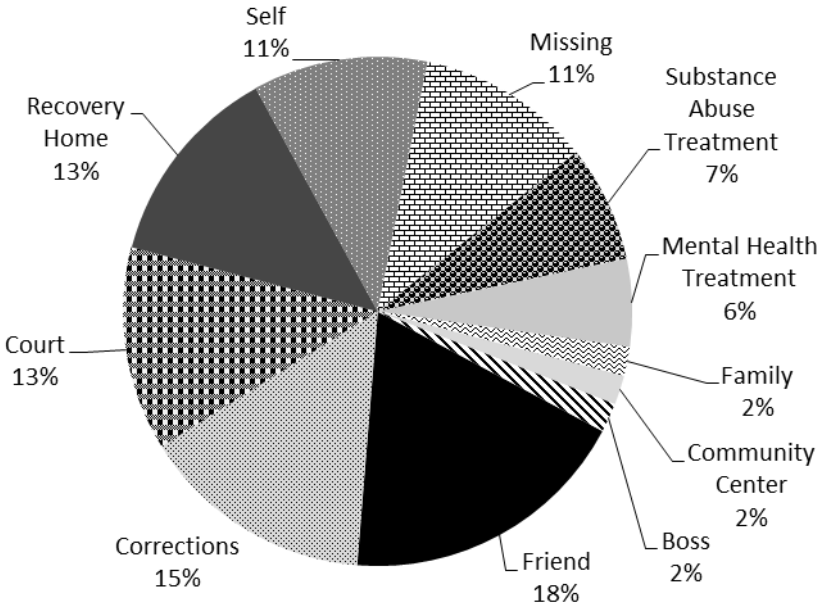
Recovery Coaching in Recovery Centers:
What the initial data suggest.

A brief report from the Vermont Recovery Network

Over the past year, recovery coaching demonstrated the potential for reductions (cost savings) in medical, justice, and social services while helping addicted Vermonter's enter and maintain recovery. These findings warrant a broader implementation and examination of recovery coaching in the near future. This brief report shares initial data on outcomes achieved through recovery coaching in Vermont's community recovery centers. Recovery coaching is a form of peer based recovery support which has been defined as "*the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.*" (White, W., 2009)

The report includes data from 52 individuals seeking recovery coaching at one of the Vermont Recovery Network's Recovery Centers. Participants were 62% male, 38% female and 37.1 years of age (SD = 11.5). Participants provided data at least two times while utilizing the Recovery Center: once at the beginning of their work with the recovery coach and again at a follow up time point. If a person provided data more than two times, we used the last time point available. The average number of days between the two time points was 120 (SD = 76). Because of the small sample size, trends of statistical significance where the p-value ranges between .06 and .08 are included.

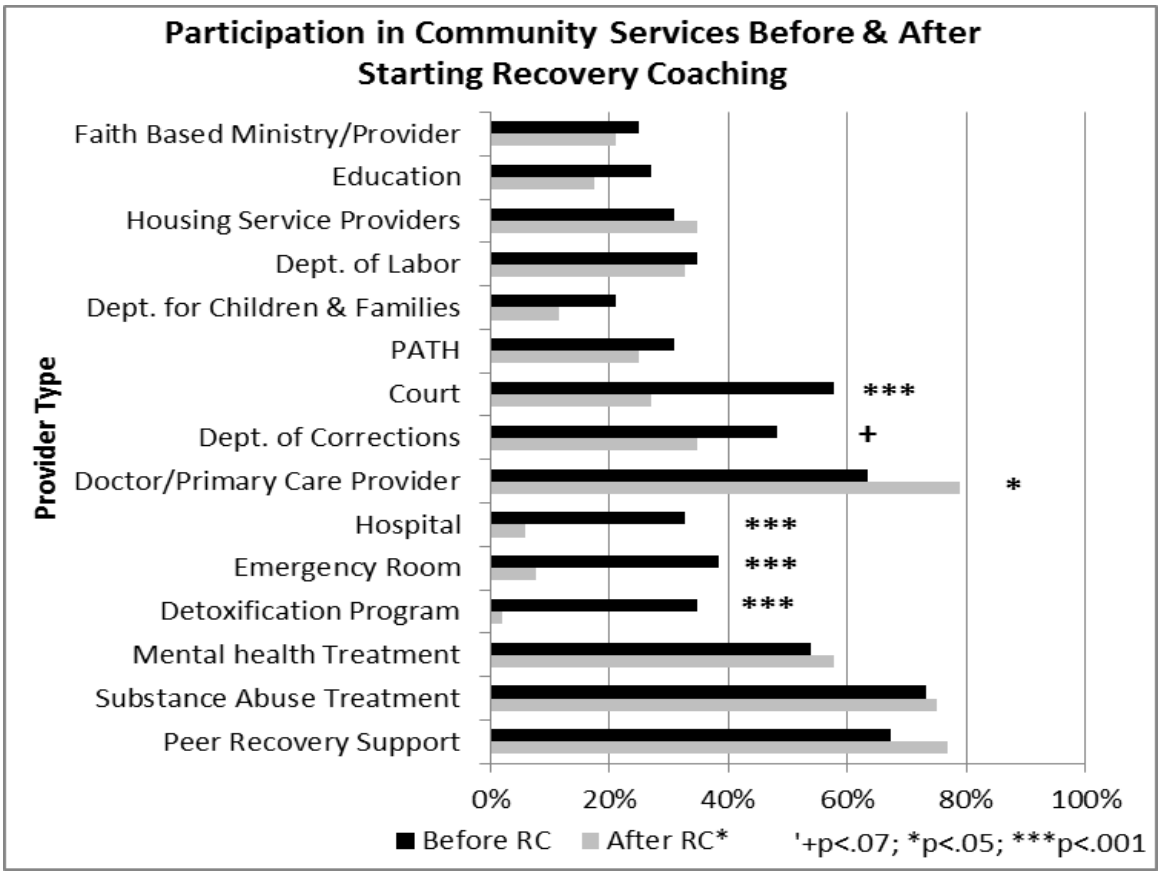
Recovery Coaching Referral Sources



Note: Percentage is greater than 100% as several particpants listed more than 1 referral source.

Participation in Community Services Before and After Receiving Recovery Coaching

Initial findings suggest a potential for recovery coaching to reduce social costs associated with addictive and co-occuring disease. There were significant reductions in detoxification programs, as well as hospital and emergency room use. At the same time, there was a significant increase in the use of primary care providers. The increased use of primary care providers demonstrates the potential for recovery coaching to provide a role in health care reform's efforts to respond to addictive disorders and the concomitant co-occurring disorders as a chronic diseases which, when responded to appropriately, can lead to reduced hospital and emergency room costs. Recovery coach participants also reported a significant decrease in court and corrections involvement. Further evaluation is needed to determine cost savings that can be accrued across the human services spectrum.



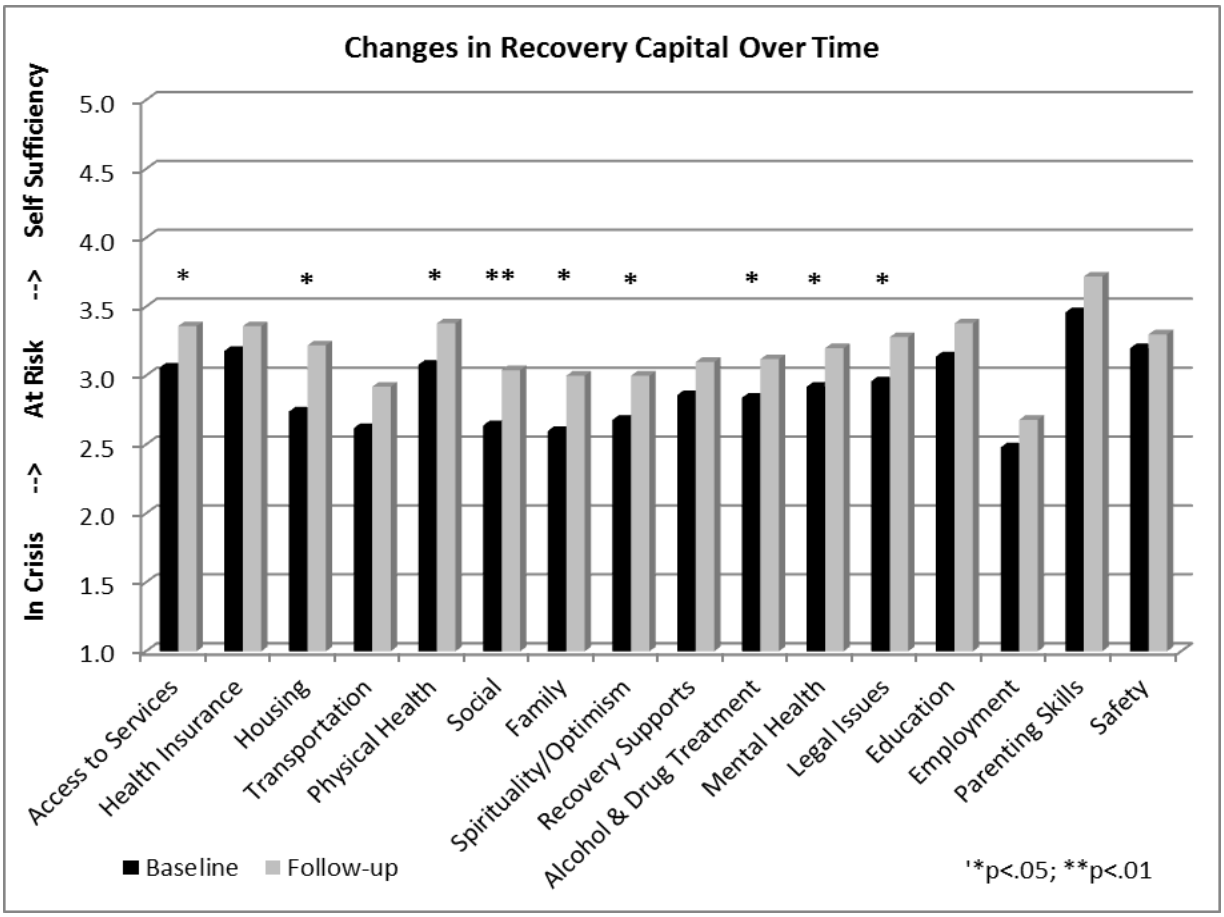
Motivation and Sobriety

Across alcohol, marijuana, other illicit, and prescription drugs, participants' motivation to abstain averaged a score of 8.5 out of 10, indicating that upon beginning Recovery Coaching, individuals are very motivated to become and remain abstinent. At the follow up time point, the average motivation score across all substances including alcohol was 8.6. Thus, over time, Recovery Coaching may have helped to sustain individuals' motivation to be abstinent.

At the start of Recovery Coaching, participants reported an average of 118 days sober from alcohol and other drugs (SD = 217[1]). At the follow up timepoint after starting Recovery Coaching, participants reported an average of 123 days clean from alcohol and other drugs (SD = 164[1]).

Participants involved in Recovery Coaching experience greater improvement in other areas besides addiction, regardless of how long they participate.

The Self Sufficiency Matrix (SSM) was designed to help assist in assessing and building ***community based recovery capital***. Recovery capital refers to the amount and quality of internal and external resources one can bring to bear to initiate and/or sustain recovery from addiction and mental health challenges, and related problems. The SSM is influenced by the principles of Recovery Oriented System of Care (ROSC; IRETA, 2006; White et al., 2003). In general, when completing the Self Sufficiency Matrix, individuals seeking services at Recovery Centers tend to report "At Risk" to



[1] Note: The standard deviation is 217 at the start of Recovery Coaching and 164 at the follow-up period because the maximum number of days sober from alcohol and other drugs was 913 and 810 respectively. The means are lower because most of the individuals had fewer than four months sober.

"Stable/Safe" across many life domains. Over time, individuals' scores continue to improve, moving from "At Risk" towards "Stable/Safe". **These changes were statistically significant for the domains of Access to Services, Housing, Physical Health, Social, Family, Spirituality/Optimism, Alcohol & Other Drug Treatment, Mental Health, and Legal Issues for all participants, *regardless of how long they had participated in recovery coaching*.**

Summary

The initial data demonstrate that recovery coaching helps to foster sustained motivation for abstinence, increased number of days of abstinence the longer a participant's involvement in recovery coaching, and increased overall wellness as evidence by a shift towards greater self sufficiency in other areas of participants' lives aside from addiction. In addition, while indivduals' lives are improving, their use of costly services such as hospitals, emergency rooms, and detoxification programs decreases. The current study is limited by a small sample size from 5 regions of the state. These promising findings reinforce the need to further evaluate the potential of recovery coaching as an effective and cost saving approach to help promote wellness among Vermonters struggling with addiction and co-occurring mental health problems.

Note:
The Vermont Recovery Network (VRN) has developed and adopted a uniform set of guidelines for the provision of recovery coaching in Vermont's peer community recovery support centers. http://www.vtrecoverynetwork.org/ **All coaches are screened to insure that they understand and can communicate the recovery process. All coaches undergo background checks to insure participant safety. All coaches must have certificates from a formal recovery coach academy and participate in ongoing training and regular supervision**. VRN recovery centers all maintain lists of supervised coaches in good standing to insure that participants in the recovery coaching process receive approprite support from qualified coaches.

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Data and report prepared by Evidence Based Solutions (EBS) – Jody Kamon, PhD & Win Turner PhD. At Evidence Based Solutions, LLC we believe families struggling with mental health and substance abuse issues deserve the highest quality care available, from prevention to recovery. We work to collaborate with you to support the use of a range of evidence based interventions in effective efficient ways. We offer state of the art consultation, training (including clinical supervision), and evaluation services. Check out our website: www.metcbtplus.com to learn more.

Idaho Recovery Community Organization Development Process

Jim Wuelfing
CCAR Consultant

Phil Valentine
CCAR Executive Director

Introductions

- Your name?
- From where?
- Doing what?
- Recovery status?
  - *In recovery*
  - *Family member in recovery*
  - *Ally of recovery*
- Motivation for being a part of this process?

Agenda

- Introductions, overview, working agreements
- Brief overview of recovery oriented systems of care, recovery community organizations and recovery support services
- The CCAR Experience
- Visioning Exercise
- Writing a vision statement
- Developing the components of a mission statement
- Naming the recovery community organization
- Developing core values
- Initial ID RCO road maps
- RCO development – components of bylaws and potential board invitees
- Projects, strategies, committees and volunteers
- Next steps
- Closing and celebration!

The Process

- Group drives the process, the agenda and the product
- Process insures authenticity of voice
- Decisions are consensus-based

A Word About Decision Making

- Autocratic
- Autocratic with input
- Democratic
- Consensus
- Unanimity

Working Agreements

- Respect
- Openness
- One person speaks at a time
- Practice good listening skills
- Strive for consensus
- Confidentiality
- “Stretch” rule
- “Ouch” rule
- ?
- ?
- ?

A Brief Overview

- ROSC – Recovery Oriented System of Care
- RCO – Recovery Community Organization
- RSS – Recovery Support Services

What is a Recovery Oriented System of Care?

Recovery oriented systems of care are health and human service organizations that affirm hope for recovery, exemplify a strength-based (as opposed to pathology-focused) orientation, and offer a wide spectrum of services aimed at the support of long-term recovery.

Recovery Community Organization

Is an independent, non-profit organization led and governed by local communities of recovery. The broadly defined recovery community – people in long-term recovery, their families, friends and allies, including recovery-focused addiction and recovery professionals – includes organizations whose members reflect many pathways to recovery.

Defining Peer Recovery Support

Peer-based recovery support is the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

From Peer-based Addiction Recovery Support: History, Theory, Practice and Scientific Evaluation by William L. White

THE CCAR Experience

Phil Valentine
Executive Director

March 2014

CONNECTICUT COMMUNITY CCAR FOR ADDICTION RECOVERY

Visioning Exercise

- On the top half of the easel sheet, please draw (with pictures only) what is the state of the state right now in regard to supporting people in recovery and/or seeking recovery.
- On the bottom half of the easel sheet please draw your vision of what this could look like.

Visioning Statements

Vision statements offer the hope of the future, the end point of the organization's successful outcome. Vision statements should be short and to the point. A vision statement works best when it can be remembered and articulated by all stakeholders.

Writing a Visioning Exercise

- Small group writing of a vision statement
- Report outs
- Consensus seeking exercise
- Narrowing down the options
- Creating a statement

Core Values/Foundational Principles

CCAR Values – CCAR meets people where they are. We don't push any one form of recovery on anyone. Over the years CCAR has develop some foundational principles on which we base our work. They are:

- *You are in recovery if you say you are*
- *There are many pathways to recovery*
- *Focus on the recovery potential, not the pathology*
- *Err on the side of the recoveree*
- *Err on the side of being generous.*

Idaho's RCO Core Values/Foundational Principles

- In your small group, develop a list of 5-6 core values/foundational principles
- Report outs
- Find consensus

Mission Statements

- An organization’s Mission Statement acts as the company's compass. The mission is the path. (The vision is the end point.) The mission directs the company to its vision (dream).
- Mission statements tell us who we serve.
- Mission statements tell us what needs we are trying to satisfy.
- Mission statements tell us how we will get there.

Writing a Mission

- Small group writing of a mission statement
- Report outs
- Consensus seeking exercise
- Narrowing down the options
- Creating a work group

Let’s find a name!

Road Maps

- At the center of your map is the person seeking help in finding and maintaining recovery
- The spokes coming out from the central focus (the person seeking), are the “roads” in Idaho that one might travel down to find help. These can be recovery supports and/or advocacy
- Along the spokes you can note both supports and roadblocks.

RCA Development

Possible by-law input

- Membership
- Board of Directors
  - *Size*
  - *Authenticity of Voice*
  - *Elections*
  - *Meetings*
  - *Terms*
  - *Quorum*
  - *Compensation*
- Officers
  - *How many*
  - *Authenticity of Voice*
  - *Removal*
- Committees
  - *Executive?*
  - *Finance?*
  - *Nominating?*
  - *Personnel?*
  - *Ad Hoc?*

Potential Board Members

- In your small group, develop a list of potential board members.

- You may also list a skills or knowledge set that would be needed if you don't have a specific person in mind.

Next Steps

- Projects
- Strategies
- Committees
- Volunteers

Let’s celebrate!

Recovery Community Organization Workshop

March 17-19, 2014

9:00-4:00 Daily

Holiday Inn, 2970 W. Elder, Boise

You are invited!

Idaho is on a path to support those in our state who are in recovery from behavioral health disorders. We believe the best way to do this is to harness the energy and passion of those in recovery, and advance the efforts community by community. We all know, however, that the toughest part about starting something new is taking the first few steps. We also know that having to do something once is far better than doing it over and over, if indeed we can do it right that first time. So…

The Division of Behavioral Health is sponsoring a workshop for interested people from around our state to build the foundational structure to create a Recovery Community Organization (RCO). This initial organization is being created as an umbrella organization for additional groups we hope will establish themselves around Idaho, community by community.

We believe we are going about this effort in a way that will provide the best opportunity to be successful. Using grant funding, we have contracted with Connecticut Community for Addiction Recovery (CCAR) to guide us through the process for developing an RCO. CCAR is an RCO and has helped numerous others get there as well. We have also contracted, under the same grant, with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to clearly document the process we are going through so other communities have the roadmap needed to create their own organizations and recovery centers. We have approached this effort in this manner because we recognize that at a community level, most of this work will be done by volunteers who have families, jobs and commitments. Providing as much foundational help as possible will hopefully make the load easier to carry.

What will be covered?

The goal of this three-day process is to use a consensus-seeking process to lay the foundation for the formation of a statewide Recovery Community Organization in Idaho.

These are the topics that will be addressed:

- Introductions, working agreements, overview of the process
- Discussion on the decision-making process
- Brief overview of recovery oriented systems of care, recovery community organizations and recovery support services
- Presentation by Phil Valentine about the Connecticut Community for Addiction Recovery (CCAR)
- Visioning exercise
- Writing a vision statement
- Developing components of a mission statement
- Naming the recovery community organization
- Developing the recovery community organization's core values
- Initial ID RCO road maps
- RCO development – bylaws and board invitees
- Projects, strategies, committees and volunteers
- Next steps
- Closing and celebration!

Vision Statements

Vision statements offer the hope of the future, the end point of the organization's successful outcome. Vision statements should be short and to the point. A vision statement works best when it can be remembered and articulated by all stakeholders.

Sample Vision Statements

Here are some sample vision statements. Some are from non-profits working in the recovery movement. Many are from other efforts that are not about recovery but offer a sense of how one might be written.

NON-RCO Vision Statements

We envision a Maryland where residents experience homelessness rarely and only for brief periods of time.

Preventing and ending homelessness in Arizona is everyone's responsibility.

Guam will have a seamless, comprehensive, and coordinated system of care in place to end homelessness.

Together, Louisiana will end chronic homelessness.

Homelessness will not be an Ohio experience.

RCO Vision Statements

The Connecticut Community for Addiction Recovery (CCAR) envisions a world where the power, hope and healing of recovery from alcohol and other drug addiction is thoroughly understood and embraced.

MOAR envisions a society where addiction is treated as a significant public health issue and recovery is recognized as valuable to all our communities.

SAARA maximizes the power of the people to advocate for treatment and recovery in order to prevent the harmful effects of substance abuse upon individuals, families, businesses, and the community.

What Is a Mission Statement?

Every nonprofit organization must have a mission statement. It describes the purpose for which your organization exists. Without a clear mission statement, you may drift off course. With one, you can measure every activity against it. It will keep you clear-headed and out of trouble.

A company's Mission Statement acts as the company's compass. The mission is the path. (The vision is the end point.) The mission directs the company to its vision (dream). With it, anyone in

the organization can always judge the direction the company is moving in relation to its stated purpose. With it, one can easily make adjustments to keep the company moving in the direction intended.

A mission statement generally states what we do and how.

Sample Mission Statements

CCAR Mission

Along with organizing the recovery community (people in recovery, family members, friends and allies) to 1) put a face on recovery and 2) provide recovery support services, we also promote recovery from alcohol and other drug addiction through advocacy, education and service. CCAR strives to end discrimination surrounding addiction and recovery, open new doors and remove barriers to recovery, maintain and sustain recovery regardless of the pathway, all while ensuring that all people in recovery, and people seeking recovery are treated with dignity and respect.

Groundspring

Groundspring.org's mission is to improve the effectiveness of the nonprofit sector by providing information technology solutions that facilitate and enhance communication and engagement between nonprofit organizations and their stakeholders.

We do this by

- offering software tools and services,
- training, and consulting
- helping nonprofit organizations raise funds and communicate with their stakeholders online,
- and nonprofit organizations manage their operations more effectively.

IDAHO DEPARTMENT OF HEALTH & WELFARE

Defining Behavioral Health Crisis Centers vs. Recovery Community Centers

What is a Behavioral Health Crisis Center?

Behavioral Health Crisis Centers are an unrealized component of the Idaho Behavioral Health System. Once established, these centers will be accessible to all citizens on a voluntary basis. Established as a brick and mortar facility, these centers operate 24/7/365 and are available to provide evaluation, intervention and referral for individuals experiencing a crisis due to serious mental illness or a co-occurring substance use disorder.

Key Points:

- An episode of care at a behavioral health crisis center is no more than 23 hours and 59 minutes.
- Crisis centers are voluntary. Working with law enforcement, these centers will be a resource for individuals who are willing to seek services but lack the essential resources. These centers will help individuals in crisis get the assistance they need without going to the emergency room or being taken to jail.
- Proposed eligibility for the centers: a) be at least eighteen (18) years of age, b) demonstrated impairment and or symptom(s) consistent with a DSM-V diagnosable condition, c) be medically stable, and d) be in need of frequent observation on an ongoing basis.
- The staff of the center will be comprised of three levels of behavioral health professionals: a) Certified Peer Specialists, b) Clinicians, & c) Nurses
- Capacity: The estimated need is approximately 1 bed for every 10,000 Idahoans in the community. As pilot sites launch we will be evaluating the need, capacity and outcomes achieved to help inform additional project outcomes.
- Initially, three centers will be established, one in each hub, with plans to expand to the entire state in subsequent years.
- We anticipate local centers leveraging local partnerships once established to assist in the ongoing operation and service needs of those served (for example: donated meals, laundry service).

The Department of Health and Welfare has promulgated rule (New Chapter 16.07.30) in addition to a budget request to fund these centers in the coming fiscal year.

What Is a Recovery Community Center?

Recovery Community Centers provide a meeting place for those in recovery from alcohol or drug addiction and act as a face for recovery to the community as a whole. Building meaningful and healthy relationships is key to successful recovery and these centers offer the venue for that to happen. Ideally, the centers are located as close to the heart of a community as possible, and are very visible. The center doesn't need to be large to have a huge impact on those who use it.

A variety of activities can originate at the Recovery Community Center:

- A center is a welcoming meeting place where others can be counted on to provide support when an individual's recovery is feeling shaky.
- Reliable information is made available on services needed by those new to recovery, such as housing and transportation assistance.
- Computers with internet services are made available to enhance recoverees' computer skills as well as to provide them with the connectivity that may be needed to do job searches or to stay in touch with family and friends.
- Classes are provided to enhance recoverees' ability to live their lives clean and sober and can cover areas such as job skills and how to socialize with others without getting high.
- Phone banks are provided for volunteers to make requested check-in calls to people in recovery. Knowing someone is going to call every week to see how they are doing may be what it takes to keep an individual in recovery.
- It is a place to give back. These centers rely heavily on volunteers to function. Experience tells us that giving back is as powerful to the person volunteering as it is to the recoveree receiving the help.
- It can become an information source for those who are seeking help for themselves or those they care about.

A Recovery Community Center should not be confused with a 12-step clubhouse, and it is not a drop-in center. It isn't meant to be a place to hang out, but is meant to be a place where a person can go to work on improving their life and that of those around them. It could also be expected to take on the personality of the people who use it and the community that is its home.

“Pluses” and “Wishes” for Future Workshops

At the end of the RCO workshop, CCAR staff asked participants to quickly develop a list of “pluses” and “wishes” to keep in mind for future workshops:

- Pluses (what worked well)
  - Consensus process (worked well, painless)
  - Diversity of participants and experiences
  - Opportunity for the Idaho recovery community to convene and take action
  - Active listening
  - Willingness to learn
  - Workshop activities
  - Learning opportunity
- Wishes (things to improve)
  - More consideration toward facility staff
  - More coffee

July 23, 2014

TO: Recovery Idaho Members

FROM: Recovery Idaho Board Member Jon Meyer

SUBJECT: Monthly Recovery Idaho Update

The following is an update on some of the activities of the Recovery Idaho board over the past month:

1. At the July 9 meeting, the Recovery Idaho board voted to add a new board member from Region 1. Please welcome Nancy Irvin as the eleventh member of the Recovery Idaho board.

A little bit more about Nancy:

> Nancy Irvin graduated from Eastern Washington University with a Masters in Social Work. She also has a Bachelor's degree in Interdisciplinary Studies from Lewis and Clark State College as well as 2 year certificates from North Idaho College in drafting and commercial art. Nancy is a LMSW as well as certified as an ACADC from the Idaho Board of Alcohol and Drug Certification. Nancy has worked for Business Psychology Associates for 11 years this month as a Regional Coordinator. She is GAIN certified and a Trainer as well as a Clinical Supervisor trainer of the Idaho Model of the NFATTC model. Nancy worked as a counselor and a clinical coordinator for a local provider for 11 years and also worked for Kootenai Medical Center where she helped develop a residential program. She also worked for Road to Recovery as the Region 1 Coordinator when they had the contract before going to work for BPA.
>
> Nancy has been in recovery for 33 years (March 1, 1981). She has completed the Recovery Coach training and Training of Trainers (TOT) as well as the Recovery Coach Ethics training and TOT.
>
> Nancy writes, "My heart is with those who want recovery and are striving for recovery but have so many barriers they cannot succeed. My hope in the future is to be able to give time to members of the community who need a Recovery Coach to help them with those barriers and hopefully succeed in recovery. I was lucky to have several people who supported me in my recovery and helped me through barriers. I hope to do the same for others. I was excited about recovery coaching the very first time I heard Phillip Valentine at ICADD. I am excited about the

amount of effort DHW and others have contributed to Recovery Coaching and developing Recovery Idaho and I am proud to be a part of that process."

Just for fun – Nancy enjoys gardening, her grandchildren and family as well as flea markets/antique shows and collecting items from them. She enjoys the beautiful outdoors in North Idaho.

2. The Bylaw & Local Chapter Subcommittee developed the roles and responsibilities for Recovery Idaho officers. The board will start with an executive committee consisting of four officers: President, Vice-President, Secretary and Treasurer. The Recovery Idaho board members have submitted their nominations for officers. The board will now elect which of the nominees will serve in each officer role.

3. The Bylaw & Local Chapter Subcommittee has continued its work on the Board of Directors section of bylaws. They have completed draft versions of several sections – including officers and duties, election procedures, signature authority, and terms - that will be presented for approval of the full Recovery Idaho board. Additional articles required by the State of Idaho and the Federal Government regarding 501(c)3 status are drafted and awaiting board approval.

4. After filing the Recovery Idaho Articles of Incorporation with the Secretary of State's office on June 20, the Recovery Idaho board now has an Employer Identification Number. The next step is to set up a Recovery Idaho bank account.

5. The board is working to draft a survey to gather input from all Recovery Idaho members. The survey is still in development.

6. On June 28, board members Price Worrell and Jon Meyer traveled to Twin Falls for a meeting of a group working to revitalize the Magic Valley Fellowship Hall's services for people in recovery. The meeting was an open discussion on the needs of the recovery community, and how the fellowship hall can support people in their recovery and present the face of recovery. Price and Jon were able to talk with the group about Recovery Idaho and its similar goals, and provide an update on where the Recovery Idaho board is in its development process. The Magic Valley Fellowship Hall will hold an update meeting in September and Price and Jon indicated that a member of the Recovery Idaho board would attend.

5. Reminder: You are invited to follow Recovery Idaho on Facebook by searching for the "Idaho Voices in Recovery" page and liking the page.