



# Recovery Community Support Program

A PROGRAM OF THE SUBSTANCE ABUSE  
AND MENTAL HEALTH SERVICES ADMINISTRATION'S  
CENTER FOR SUBSTANCE ABUSE TREATMENT

Center for Substance Abuse Treatment  
Recovery Community Support Program

Grantee Accomplishments and Lessons Learned

**June 2001**

## *Overview*

In Federal Fiscal Year 1998, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated the Recovery Community Support Program (RCSP) to foster the participation of persons in recovery, their families, and other allies in the development of substance abuse treatment policies, programs, and quality assurance activities at the State, regional, and local levels.

The RCSP assists in providing the recovery community with a public voice to communicate its unique perspectives and insights to formal delivery systems. Recovery organizations are providing information to States, regions, and local communities to help enhance systems of care, strengthen service systems infrastructure, and improve the availability and quality of substance abuse treatment services.

CSAT expects recovery organizations funded through this program to generate lessons on how the field can improve consumer and family participation in treatment systems.

In Federal Fiscal Year 1998, CSAT made awards to 19 projects with sites in 19 states and across Indian country, in the amount of \$3.6 million.

### Program Goals

Goals delineated in the Guidance For Applicants for the RCSP are summarized as follows:

- # **Build the capacity of recovery organizations** to participate in the planning, delivery, and evaluation of addiction policies, systems, and services so that they become more responsive to the needs of recovering people and their families;
- # **Promote linkages** among persons in recovery and their family members and allies, and facilitate linkages between the recovery community and formal delivery systems;
- # **Reduce stigma** associated with addiction, treatment, and recovery;
- # **Foster financial self-sufficiency** and independence of the projects; and
- # **Document organizational structures and processes** used by RCSP grantees in their organizing and advocacy efforts.

This document represents the grantees distillation of their primary achievements and lessons learned during the grant period.

***Always Working Toward Advancing Recovery Environments (AWARE)***  
***A Project of the California Association of Alcohol and Drug Program Executives (CAADPE)***  
Sacramento, California

The AWARE program is a constituency of persons in treatment and recovery, family members, and significant others who educate policymakers and the community-at-large that treatment works. AWARE is a project of the California Association of Alcohol and Drug Program Executives, Inc. (CAADPE), an education and advocacy association of alcohol and other drug agencies. The AWARE program utilizes a number of communication tools to promote its education goals, including a quarterly newsletter, monthly FACTBlasts, Quarterly Program Evaluations, a Toll-Free Message Center, and an Internet web page. The program also conducts regional self-advocacy conferences and meetings for AWARE participants and State and local service delivery leaders and policymakers. All services are provided in English and Spanish; American Sign Language interpreters are provided for the deaf and hearing impaired.

### Accomplishments

AWARE holds annual conferences in Northern and Southern California during National Alcohol and Drug Abuse Recovery Month. These conferences provide opportunities for recovering persons to meet and talk with policymakers, learn tools for effective community mobilizing and advocacy, network with other program participants, and share and celebrate recovery. In 2000, AWARE convened a Los Angeles County Summit to discuss CSAT's *Changing the Conversation: The National Treatment Plan* and provide input into CSAT's panel discussion.

AWARE has established multiple means of communications and surveying the needs of recovering persons in California: FactBlasts, Quarterly Program Evaluations, Newsletter, Website, e-mails, Toll Free Message Center, and Current Event updates (via fax or mail).

Alliances have been created between the recovery community and County Alcohol and Drug Program administrators and staff, and other County departments (i.e., AIDS, mental health, social services, and criminal justice).

Project staff have developed ongoing workshops and training options for recovering persons, family members, significant others, and treatment providers and staff. An Advocacy Handbook for recovering persons has been created.

### ***Lessons Learned***

AWARE develops and distributes two survey instruments (FactBlasts and Quarterly Program Evaluations). Initially, surveys were intended to inform the public and AOD stakeholders of consumers' and families' perceptions of issues selected by AWARE participants. However, these tools have also proved effective in developing and maintaining issue agendas for advisory boards and providing feedback to providers about how to improve and enhance their treatment services.

When CAADPE first developed the project, AWARE intended to require minimal consumer involvement, so as not to interrupt consumers' treatment plans. Surprisingly, consumers voluntarily accepted participation in AWARE activities as part of their treatment plans because they realized AWARE's work

will benefit them, as well as peers still in active addiction and in recovery.

***Association of Persons Affected by Addiction (APAA)***  
***A Project of Dallas Helps, Inc.***  
***Dallas, Texas***

The Association of Persons Affected by Addiction (APAA) is a membership organization made up of persons in recovery; their families, friends, and significant others; and allies who wish to advocate for comprehensive addiction services in the community. APAA provides a vehicle for its members to influence the quality and direction of addiction services. APAA members participate in educational meetings, celebrations of recovery, educational activities for policy makers, and community service. In addition to providing educational opportunities, APAA is involved in the planning, monitoring, and evaluation of addiction treatment delivery, as it is affected by the Behavioral Health Managed Care Pilot known as NorthSTAR. This is accomplished through comparative surveys of providers and consumers, membership on the Dallas Area NorthSTAR Authority (DANSA) Board and Advisory Council, and informing policymakers of findings on people's ability to access and receive needed services.

***Accomplishments***

APAA, along with the Mental Health Association, successfully advocated for the creation of the DANSA Consumer Advisory Council.

APAA members have been appointed to positions that give them access to decision-makers in order to influence policy and practice. Three members were appointed to the DANSA Advisory Council, one was appointed to the DANSA Board, and others have served on committees for both of the NorthSTAR managed care companies.

APAA has developed compelling data regarding the impact of managed care on addiction treatment services, particularly valuable in light of the lack of information forthcoming from the State. The information compiled is the only addiction-specific data available regarding the impact of NorthSTAR on addiction services.

APAA co-sponsored (with DANSA and the Mental Health Association) a Public Policy Forum.

APAA is increasingly being identified as the consumer advocacy organization for addictions. Members are consistently called upon for input and presentations. Often, their mere presence at an event is a reminder that someone cares about addiction issues and wants them seriously addressed. Prior to APAA's involvement, the focus and information in the behavioral health managed care pilot was exclusively on mental health.

***Lessons Learned***

At the start of this effort, APAA's staff thought recruitment would be relatively easy. They all had contacts and friends in the recovery community, and the membership dues were intentionally low. The staff and initial leaders thought everyone would go out and spread the word, and new members would come. Instead, they found that, with some shining exceptions, members did not recruit others. A common theme heard from members is that it is hard to articulate what APAA, an educational and advocacy initiative, is about.

APAA discovered that asking people to do public policy education is asking them to think differently. It is often difficult for members to make the necessary paradigm shift in their thinking. It is important to clearly and concisely communicate how the actions of recovering people can benefit thousands if, through public education and advocacy, changes are made in the laws and policies that keep people from getting the help they need. How to bring about a paradigm shift? First, there must be the recognition that not everyone is a “big picture” person. For those, public policy education may not be a good fit. However, they may be very effective in one-on-one conversations, as opposed to giving public testimony, with public officials and other decision-makers. Their honesty and example make them very effective as advocates. As APAA members meet individual policymakers or their staff, they find the experience very rewarding, primarily because they find out they can actually do it. Being able to see and demonstrate the fruits of your work is the most powerful persuader in helping people think differently. These kinds of successes do not always happen quickly or often (which can be disillusioning) but when they do, there is a real sense of accomplishment and empowerment.

*Circles of Recovery*  
*A Project of White Bison, Inc.*  
*Colorado Springs, Colorado*

Circles of Recovery is a project of White Bison, Inc. and is based on the teachings of Native American Elders about community recovery and healing. The program trains individuals in recovery, called Firestarters, to serve as community change agents in creating a "wellbriety" movement that promotes personal, family, and community healing throughout Indian Country. The project's culturally specific organizing approach uses the 30 Tribal Colleges as focal points. Circles of Recovery is developing culturally appropriate materials, including a training curriculum for the Firestarters, and a Native American "Big Book." The Program uses its Internet site as a communications link and as a resource for culturally relevant recovery materials and advocacy training.

*Accomplishments*

When White Bison took the Sacred Hoop into communities from coast to coast, the Wellbriety Movement was awakened. Communities made commitments to work on healing, and began to understand that individual change and community change must come from within.

The culturally appropriate materials developed by the Circles of Recovery project have attracted people to recovery. These materials have provided the means for people in local communities to want a change, create the necessary vision, and make the effort and sacrifices to create the change.

Culturally appropriate recovery tools are necessary, needed, and wanted in Native American communities working in the Wellbriety movement, and these have been made available for the Firestarter trainings.

The Firestarter network, created through relationships with the 30 tribal colleges, has produced empowerment and sustainability in Native American communities.

Promoting the Wellbriety Movement has brought the gifts of healing, hope, unity, and forgiving the unforgivable to all races — red, black, white, and yellow.

*Lessons Learned*

Thousands and thousands of Native American people are sober, and among them are thousands of young men and women who have never tasted alcohol or used drugs.

The power of the "give away." Materials were made available in Native American Recovery Lending Libraries. These culturally appropriate materials are free and can be copied and distributed, permitting community members to share White Bison's gifts.

***Connecticut Community for Addiction Recovery (CCAR)***  
***Fiduciary: Lower Fairfield County ACT***  
***Wethersfield, Connecticut***

Connecticut Community for Addiction Recovery (CCAR) is a community-based alcohol and drug addiction recovery organization dedicated to putting a positive face on recovery and educating others about the addiction recovery process. CCAR members are recruited, trained, and given opportunities to provide information on issues of importance to the addiction field at local, State, and regional events.

***Accomplishments***

CCAR has held three successful Legislative Days. The attendance more than tripled from 1999 to 2001. The three days provided the opportunity for CCAR members who participated to tell their stories, specify their areas of concern, and stress the importance of providing community recovery support services and CCAR's concerns regarding the declining numbers of certified alcohol and drug counselors in recovery working in addiction treatment programs.

CCAR held its first annual "Recovery Walks" event on September 17, 2000. Over 700 people marched in view of the Capitol Dome and over 120 CCAR members volunteered to provide support during the day. Fifty-eight sponsors gave their time, space, or money to the event and more than \$16,000 was raised. Best estimates are that the promotion and participation directly touched over 1,500 people in the event.

CCAR joined forces with Advocacy Unlimited, Inc. (AUI), a mental health advocacy organization, to develop and present "Recovery Basic Premises and Recovery Core Values" to The Department of Mental Health and Addiction Services (DMHAS) for inclusion in its treatment reorganization process. This was the first time that we experienced the power of joining forces with a mental health advocacy organization to advocate on a particular issue. According to the DMHAS Commissioner, our effort helped shift the focus of the reorganization effort to developing a "Recovery-Oriented System of Care."

CCAR has completed three recovery posters emphasizing the positive aspects of recovery. Over 12,000 copies of the first two posters have been distributed. The response to the posters has been excellent. CCAR members always refer to them with pride and have actively distributed them. CCAR has also developed a CD-ROM ("Putting a Face on Recovery") and over 1,800 have been distributed in Connecticut and across the country. CCAR has also completed a one-hour documentary video. Clips of the video and the CD-ROM can be viewed at the CCAR website: [www.ccar-recovery.org](http://www.ccar-recovery.org).

CCAR received additional funding from DMHAS to hire three Area Coordinators to organize local CCAR chapters across the State. As a result of this decentralization, the overall CCAR membership has increased, as has the number of persons taking part in our activities. CCAR now has chapters in four cities, in addition to our central statewide meeting, and will continue to organize chapters in other cities.

***Lessons Learned***

It is possible to successfully develop, plan, and organize an alcohol and drug recovering community organization which includes the provision of appropriate training for staff, board, and membership; the organization of a Board of Directors which allows for the retention of power within the membership, and the application for and achieving incorporation and 501C3 status.

There is a strong sense of community among persons in recovery from alcohol and drug addiction, irrespective of their type of addiction, treatment, or support. This sense of community stems from their appreciation of being given a new opportunity to live their lives in a positive way and a willingness to “pay back” on a larger social scale. This appreciation is shown in their hard work, integrity, honesty, respect, and commitment to working together to help the addicted person coming behind them and to change the perceptions of society toward persons with addiction histories. This helps make the recovery community unique in comparison with other groups in our society.

***El Paso Alliance, Inc.***  
***A Project of Aliviane NO-AD, Inc.***  
***El Paso, Texas***

El Paso Alliance, a project of treatment and prevention service providers in southwest Texas, is a collaboration between the recovery community and agencies providing treatment and related services. The Alliance serves as a vehicle for recovery community participation in the public dialogue on addiction, treatment, and recovery.

***Accomplishments***

The Alliance has put together a strong infrastructure and exceeded its original goals and objectives. The Alliance worked to form the El Paso Recovery Coalition, which currently consists of 31 members who represent substance abuse organizations and other community organizations with an interest in substance abuse.

The El Paso Alliance has been successful in raising public awareness and bringing together all those involved in the recovery and treatment processes and providing encouragement and direction to people in the recovery process.

The El Paso Alliance wrote Articles of Incorporation and was designated a corporation by the Texas Secretary of State on April 12, 2000. The new corporation then wrote the corporate bylaws and was given 501(c)(3) nonprofit status by the Internal Revenue Service in April 2001.

The El Paso Alliance reviews and annually updates a needs assessment that evaluates the service options in El Paso.

The El Paso Alliance has successfully accomplished the goal of organizing the Recovery Community Organization to its current membership of 377.

***Lessons Learned***

A number of factors discourage the recovery community from becoming involved in providing advice or recommendations for implementing and improving treatment services. Particular barriers for the recovery community in El Paso include negative stigma and stereotyping related to people in recovery, language barriers that prohibit communication with treatment providers and planners of service, cultural mores that discourage the questioning of government-sponsored services, lack of basic social and communication skills among those in recovery and/or in treatment, local perceptions of barrio territoriality (individuals prefer not to leave their neighborhood), presence of social isolation associated with dual diagnosis, lack of finances and transportation to participate in an advisory capacity, and a basic lack of trust toward those managing government-sponsored services.

The core values for project design are the recognition of one recovering person interacting with another on a level of mutual understanding and hope in the lifetime journey to change coping skills, self-esteem, perspective, and attitude.

***Missouri Recovery Network (MRN)***  
***A Project of the Missouri Department of Mental Health***  
***Jefferson City, Missouri***

The Missouri Recovery Network (MRN) builds community to have an impact on social policy change throughout the State. The Network is a project of the Missouri Department of Mental Health, the agency that oversees the delivery of the State's mental health and addiction services. The goal of the Missouri Recovery Network is to create a sustainable movement that celebrates, supports, and advocates for recovery. The Network specifically addresses societal denial that surrounds addiction, works to reduce stigma, advocates for those recovering from addiction, and seeks to increase opportunities for recovery.

**Accomplishments**

The grantee (originally a State institution) contracted the project to a not-for-profit organization, ACT Missouri, in the fall of 1999.

ACT Missouri has provided the fiscal and administrative oversight of the project and has been instrumental in hiring and training three different Project Directors and numerous State Council Members. Through it all, the project is now becoming stable and has committed, passionate Council members and staff, who are able to move forward to accomplish the mission and goals of the project.

MRN and ACT Missouri have engaged in extensive "Social Advocacy Training" to develop their message and to inspire MRN's membership to social action.

Five strong MRN chapters are actively working to write letters to local newspapers and magazines, speaking at public conferences and workshops, telling the story of recovery on television and radio programs, and identifying and speaking out about barriers which prevent individuals from moving into stable recovery.

MRN participates in statewide "Alcohol Awareness Month" and "Recovery Month" initiatives by organizing and participating in special events to celebrate and empower recovery, while advocating for needed changes. Included with these events are "Legislative Breakfasts," which offer an opportunity for our MRN members to hand out resource materials and to become acquainted with participating policy makers and their staffers.

MRN publishes a newsletter, which reports results of focus groups and chapter activity. The focus of the publication is to recognize and celebrate the efforts being made in support of recovery throughout the state.

***Lessons Learned***

Don't get into power struggles with those recovery community leaders who feel they need to maintain the status quo. Rather, identify and work with individuals who understand the mission and goals of the project.

Organizing in large geographic areas requires greater energy and resources, not only to identify leaders, but also to develop trust and working relationships with them, while motivating and inspiring them to action. It is difficult for one person, the Project Director, to keep a statewide membership informed and

inspired to act. Applications for future funding should consider the need for enough staff to cover the area adequately. In Missouri, five staff persons are actually required.

***New England Alliance for Addiction Recovery (NEAAR)***  
***A Project of the New England Institute of Addictions Studies (NEIAS)***  
***Augusta, Maine and Manchester, New Hampshire***

The New England Alliance for Addiction Recovery (NEAAR) is an alliance of six community-based alcohol and drug addiction recovery organizations dedicated to educating others about the addiction recovery process. Created by the New England Institute of Addictions Studies (NEIAS) and guided by a Leadership Board with representation from each of the six recovery community organizations, NEAAR is creating a strong regional presence for individuals in recovery, their families, and allies. NEAAR provides training and convening capability to educate the public, affect public policy locally and regionally, and empower volunteers to speak out in support of treatment and recovery.

***Accomplishments***

NEAAR has been successful in achieving the creation of five organizations of persons in recovery, their families, friends, and allies which are having an impact on the public awareness of recovery issues and the design and availability of intervention, treatment, and recovery services.

NEAAR has designed and implemented well-attended New England-wide conferences which have included three policy based events, two 2-day Celebrations of Recovery, and a pilot of the "Recovery Advocates Leadership Academy" in conjunction with the June 2001 New England School of Addiction Studies.

NEAAR's Leadership Board has developed a process that truly promotes local grass-roots governance of the regional effort. This structure has allowed the Board to efficiently and effectively plan the training agenda for the region, identify policy issues of note to address, provide feedback and technical assistance to each of the member state projects, and have representation at all RCSP workshops.

All members of NEAAR were able to reach consensus to go for the next CSAT grant application together.

NEAAR members and staff have a strong connection to the National Recovery Movement Planning process and support the evolution of this endeavor.

The State Office of Alcohol and other Drug Addiction (SSA) in each of the New England States have encouraged the development of the recovery community projects since inception and have provided resources (including financial support). Representatives of the SSAs sit on the NEAAR Leadership Board.

***Lessons Learned***

Organization development takes strategy, time, and resilience. Much of the successful recruitment effort is a person to person activity, which is extremely time intensive. A five-year "start-up" plan would be a more realistic time frame than a three-year plan.

It has been an extraordinary experience to learn from each State's issues, struggles, and successes and allow these issues to inform the development of a New England-wide Recovery Movement. Each state

and the regional effort echo what our colleagues in Missouri note, " Organizing in large geographic areas requires greater energy and resources, not only to identify leaders, but also to develop trust and working relationships with them, while motivating and inspiring them to action. It is difficult for one person, the Project Director, to keep a statewide membership informed and inspired to act."

***Massachusetts Organization for Addiction Recovery (MOAR)***  
***A Project of NEAAR/NEIAS***  
***Boston, Massachusetts***

Accomplishments

Recovery Month Celebrations

Five Regional groups

Advocacy resulting in the establishment and funding of the Springfield, Massachusetts, Phoenix Academy (adolescent recovery home)

501(c)(3) status

State Department of Health Certificate of Recognition

***Lessons Learned***

In hindsight, it might have been better to have called a statewide meeting first, then branch out to local communities. Trying to join the regional groups into a statewide whole, after the fact, may be more complicated than doing the reverse.

Learning and relearning that there are many voices to recovery, and that everyone's voice is authentic, leads to the development of consensus-building skills.

***Friends of Recovery — New Hampshire (FOR-NH)***  
***A Project of NEAAR/NEIAS***  
***Manchester, New Hampshire***

***Accomplishments***

Planned and conducted several formal public education events, including two Concerned Citizens' Forums in the Nashua area.

Developed bylaws, elected a Leadership Board, and became incorporated as a 501(3)(c).

Established regional groups that meet monthly in four regions of the State. A monthly statewide meeting is also held.

Was chosen as the lead agency for the Manchester, New Hampshire Demand Treatment! Partnership (one of 16 projects to be named as partners by Join Together).

The FOR-NH Coordinator and three Board members were elected to the newly formed Governor's Commission on Alcohol and Drug Abuse Prevention and Treatment.

### ***Lessons Learned***

It is important to do anything and everything to recruit people to the organization and keep them involved. Recruitment and retention need to become part of the framework of the recovery organization.

There is a need to actively recruit diverse groups of people. It is not enough to simply state that all are welcome.

### ***Rhode Island Community for Addiction Recovery Efforts (RICARES) A Project of NEAAR/NEIAS Providence, Rhode Island***

#### ***Accomplishments***

Legislative Day in honor of Recovery Month

Annual recovery picnic

Completion of Board of Director's manual and bylaws

Inclusion in several statewide organizations and committees

Educational speaking forums

#### ***Lessons Learned***

The importance of patience. It takes time to develop leaders.

Being a group based mostly on volunteers can be a challenge. We have learned that we shouldn't equate "success" with the number of people present or the number of names on the mailing list.

### ***Friends of Recovery — Vermont A Project of NEAAR/NEIAS Montpelier, Vermont***

#### ***Accomplishments***

Annual Legislative Day at the Statehouse

Annual September Celebration of Recovery

Saint Patrick's Day community-building potluck, live music, and regional informational event.

Effective use of brainstorming; keeping the voices authentic, new and visionary.

Workshop; "From the Inside Out," leadership development exercises in naming your "Genius."

***Lessons Learned***

Embracing the many voices of different recovery communities required the creation of a preamble to support our mission:

“Today you will hear many different opinions and ideas from many different people. Friends Of Recovery-Vermont embraces these diverse voices because we believe advocacy starts with one voice — your own. We are pleased to present everyone here with the forum to express their views. But, as an organization whose primary purpose is to advocate for recovery, we do not offer positions on specific bills or proposals.”

Staff have to wear many hats for playing different roles. Hats for some roles fit well from the start. Other roles require a steep learning curve before the new hat fits comfortably.

***Maine Advocates for Addiction Recovery (MAAR)***

***A Project of NEAAR/NEIAS***

***Wenfield, Maine***

**Accomplishments**

MAAR has developed a mailing list of 1,000 people and organizations in Maine who have expressed an interest in the recovering community and its activities and needs.

The State Office of Substance Abuse has provided matching funding during FY 00-01 and committed to doing the same next year. Also, \$10,000 in supplemental project funds were distributed to MAAR to host the statewide Treatment Works Celebration in September 2001.

This additional revenue enabled MAAR to hire a full-time Director.

MAAR now has a Board of Directors that meets monthly to monitor and guide the Director's activities.

MAAR has become active in the local communities statewide. Currently, three local projects assist the recovering community. These partners work with refugee and migrant farm workers, law enforcement, and Indian Nations in Maine.

### *Lessons Learned*

Due to the size of the State, MAAR'S projects and activities need to be conducted locally. Utilizing telecommuters can increase access across the State to provide a more localized presence of staff.

State policymakers respond better and quicker when individuals voice opinions to them as part of a large organization that has no direct stake (other than altruism) in increasing resources to treatment and prevention services. That is, MAAR does not represent people who earn a living providing substance abuse services, but the people who are alive because of them.

***Partners in Recovery Alliance (PIRA)***  
***A Project of Contra Costa County Health Services Department***  
***Martinez, California***

Partners in Recovery Alliance (PIRA), a project of the Contra Costa County Health Services Department, is building an advocacy alliance of alumni and other recovery organizations, as well as reaching out, through networking and mapping strategies, to the broader recovery community. Its slogan is "PIRA: Where people defined as the problem stand up and become the solution."

***Accomplishments***

PIRA recruited and transported 120 recovering people from the County to attend the Recovery Happens Conference in Sacramento. Over 15 youngsters, who have been incarcerated in a juvenile detention facility for more than a year and are now being transitioned into their communities participated and contributed insightful comments at the Conference. Thirty of these youth met with the Board of Supervisors and received the Board's support in proclaiming September as Recovery Month.

Three hundred people attended a Recovery Works Celebration to recognize 25 people in recovery for their contributions. Every single elected official and representative from the cities, school districts, sheriff's offices, health, probation, and police departments attended the event.

PIRA convened three nonpartisan community education forums on Proposition 36. Thirty-five to fifty people attended each of the forums. Presenters included judges, district attorneys, and people opposed to the Proposition, as well as proponents, AOD clients, alumni, staff, and people in recovery. An educational TV program on the same topic was filmed, and video recordings were made of the three forums.

PIRA members serve on County committees and boards, their voices are being heard, and their presence requested. PIRA got the County Substance Abuse Advisory Board to change its name to eliminate the term "substance abuse."

PIRA members have identified two new advocacy issues, treatment on demand and sober housing. They have begun to educate themselves, other people in recovery, elected officials, and the public about the need to educate themselves about what it will take to implement a new initiative on treatment on demand and to develop sober housing for people who have no place to maintain their recovery.

***Lessons Learned***

Because people in recovery have internalized the societal view of addiction as a character flaw, it is difficult for them to see recovery issues as a societal problem. They view addiction as a personal problem. They have to jump a high hurdle to begin to see it as a problem of their society; however, through its CSAT-funded opportunity, PIRA now has evidence that this hurdle can be overcome.

A grassroots recovery organization has to be all-inclusive. PIRA members experienced the challenges inherent in community organizing efforts among oppressed groups, people of color, and poor people. Helping people recognize their oppression and the possibilities for transformation is a critical step in

recovery community development.

***Pennsylvania Recovery Organizations Alliance (PRO-A)***  
***A Project of Gaudenzia Foundation, Inc.***  
***Harrisburg, Pennsylvania***

The Pennsylvania Recovery Organizations Alliance (PRO-A), a project of Gaudenzia, Inc., is a statewide recovery community organizing project. PRO-A is building a network of regional affiliates providing training, helping to place persons in recovery on boards and committees, and helping members participate in advocacy in the areas of treatment, public policy, and public opinion.

***Accomplishments***

A vehicle uniting the recovery community statewide that was not available prior to the CSAT grant.

Grassroots membership of over 2,500 individuals and organizations that believe in our mission and vision.

Coordinated efforts with PRO-ACT, the other CSAT-funded recovery organization in Pennsylvania, and networked with several advocacy organizations currently working in their local communities on various recovery-related activities.

Hosted first annual statewide conference with policymakers and over 250 people in recovery to educate them on the stigma surrounding this disease.

Co-hosted Substance Abuse Awareness Day to educate policy makers that recovery works, resulting in over 500 individuals participating at this event held at the State Capitol.

***Lessons Learned***

Internalized stigma within the recovery community needs to be addressed first.

A clear and focused plan should be in place before the actual mobilization efforts begin, especially in a State as large as Pennsylvania.

***People With Recovery and Disabilities (PWRD)***  
***A Project of Pima Prevention Partnership***  
***Tucson, Arizona***

People With Recovery and Disabilities (PWRD), a project of Pima Prevention partnership, is organizing recovering individuals with disabilities and their families to change the local treatment system, which is seen as unresponsive to the issues of people with addictions and concurrent physical and cognitive disabilities. The project conducts a yearly consumer-driven assessment and publishes an annual report on the state of the treatment system. PWRD conducts a public education campaign based on the report, suggesting systemic improvements, and aims to establish new mechanisms for involving recovery community members in treatment systems planning and improvement.

***Accomplishments***

Integrating people with a variety of disabilities into a group working toward one common goal—Recovery.

Recovery Expo: a first-ever event spearheaded by PWRD; and current work on year three of bringing consumers and providers together in planning this annual event.

Providers can no longer ignore issues presented by PWRD members. The PWRD Annual Report and personalized training and community recognition are just a few events PWRD has provided that have helped to empower members and to educate those providing direct services.

Conducted nonpartisan activities to raise members' awareness of the importance of participating in the electoral process, with 90% of PWRD members voting in the last election and planning to monitor future public policy and legislative initiatives.

PWRD staff allowed (and encouraged) the group to develop within their own time frame, stepping in and out as needed.

***Lessons Learned***

Allow the group to develop its own agenda in spite of what the original project creators envisioned, slowing down process and often repeating areas that needed more development.

Advocacy can be threatening to the community, stakeholders, and the host agency.

Treatment access may not have been as large an issue as was originally thought. A more apparent need developed for nontraditional aftercare and follow-up supports, including home visits, longer duration of care, and creative care modalities.

## ***Project Vox***

### ***A Project of the National Council on Alcoholism and Drug Dependence of Michigan Lansing, Michigan***

Project Vox, a program of the National Council on Alcoholism and Drug Dependence of Michigan, is a statewide advocacy network of people in recovery from alcoholism and other drug addiction, their family members, and significant others. Using the personal experiences of people in recovery, Project Vox strives to reduce the social stigma associated with addiction and to educate policymakers and the public on the subjects of addiction and recovery. Through public speaking, special events, and other planned activities, Project Vox advocates promote the message that recovery is a reality for many who have gone through treatment or who participate in self-help groups.

## ***Accomplishments***

Project Vox established a chapter structure that incorporates local leadership and representation at the State level through the Statewide Advisory Committee.

Project Vox sponsored two legislative breakfasts, with over 200 people in attendance, providing education and information regarding substance abuse and recovery issues.

A statewide telephone survey of attitudes toward addiction, treatment, and recovery was completed, providing a baseline for future surveys.

With advocates in nearly half of Michigan's 83 counties, the project has exceeded its original goal of volunteer representation in 23 counties.

A growing number of requests have been made by policymakers for advocates and staff to participate in hearings, work groups, and committees. This increasing recognition of Project Vox as the leading advocacy group for the recovery community has also led to the nomination of advocates to state level committees on substance abuse and managed care.

Nearly 2,000 people have heard Project Vox advocates speak in a variety of settings, including service group meetings, panel discussions, and classroom presentations.

## ***Lessons Learned***

The success of the project depends heavily on individual volunteers (advocates), because they make events come together, recruit others from the recovery community, and deliver the most effective message. While it is important to hire the best-qualified staff, the project can not succeed if it does not have the buy-in and support of local leaders of the recovery community.

The tradition of anonymity within Alcoholics Anonymous and related groups has proven to be a barrier to participation in some areas. In most cases, resistance can be overcome by explaining that using the terms, "12-step or self help" groups would not violate the anonymity tradition, and by demonstrating the benefits of participating as an advocate. There are individuals, however, who believe that by talking publicly about their addiction and recovery, they would be violating the AA tradition.

Planning a major event, such as Project Vox's statewide Recovery Celebration, has had a profoundly positive effect on enlisting advocates and volunteers. It seems to tap into the wishes of many recovering individuals to declare their recovery experience publicly and challenge the misconceptions about people with addictions.

***Promoting Recovery Organizations – Achieving Community Togetherness (PRO-ACT)***  
***A Project of the Bucks County Council on Alcoholism and Drug Dependence***  
***Doylestown, Pennsylvania***

Promoting Recovery Organizations – Achieving Community Together (PRO-ACT) is a project of the Bucks County Council on Alcoholism and Drug Dependence. PRO-ACT utilizes a community development model to mobilize and educate members, train leaders, and organize the recovery community, fostering a public consumer voice around addiction advocacy issues. Through the work of its four committees (Public Policy/Consumer Issues, Educating the Community, Amends In Action, and Celebration/Recreation), PRO-ACT aims to reduce stigma, educate the community, and show the positive side of recovery.

***Accomplishments***

PRO-ACT has increased the visibility of the grassroots recovery community. Before PRO-ACT, there was no recovery voice at consumer and family meetings or decision-making boards. PRO-ACT staff and members have been asked to participate on these boards, Pennsylvania Department of Health focus groups, OMHSAS cross-licensing committees, and Health Choice planning.

PRO-ACT has recruited more than 2,100 members, 5,000 participants, and 186 volunteers over the duration of the grant. The volunteers have then been able to organize a picnic for 1,000 people, hold a New Year's eve fundraiser for 500 people, provide 50 volunteers to Habitat for Humanity, collect 750 suitcases for kids in foster care, and provide 13 people to testify at the CSAT National Treatment Plan hearings in Connecticut.

PRO-ACT developed a stigma-buster project called the TREE of HOPE that has been replicated throughout the country.

PRO-ACT developed and implemented a Family Advocacy program that has a mentoring support component.

A Leadership Training Program was developed to provide a firm foundation for the membership to gain the skills necessary to develop strong chapters.

***Lessons Learned***

The mobilized PRO-ACT membership has an incredible amount of insight, talent, resources, and energy, and is a powerful resource to help reduce this country's AOD problems. But they need support and training in order to do so.

This work takes a great deal of time and planning. Everything seems to take longer and require more detailed planning than anticipated.

***Recovery Association Project (RAP)***  
***A Project of Central City Concern***  
***Portland, Oregon***

The Recovery Association Project (RAP), a program of Central City Concern, seeks to educate and develop leadership among people in recovery; represent the needs, aspirations, and ideas of persons in recovery; communicate to the public the need for access to quality services; and educate the community. RAP uses a community organizing model that draws on the skills and talents of people in recovery. RAP is a member of a broader-based organizing effort in the Portland area, bringing recovery into the public planning arena.

***Accomplishments***

***Leadership Training:*** Over 140 leaders have completed RAP-designed leadership institutes. Fifty RAP leaders have completed community organizing leadership institutes conducted by the local Metropolitan Broad-Base Organization (MBBO), an organization of 31 faith-based and other community organizations. Experienced RAP leaders and staff now serve as teachers and small- group leaders in these institutes. Seven RAP leaders have completed the intensive 10-Day Industrial Areas Foundation community organizing training.

***Leadership Development:*** RAP leaders have organized and led four successful public actions, including logistics, presentations, media relations, and negotiations with public officials. RAP leaders participate in MBBO decision-making bodies and a RAP Co-Chair also serves as a Co-Chair of the MBBO. The RAP organizing methodology centers on the gift development of leaders.

***Building Allies:*** RAP has developed strong and deep relationships with leaders and members of the 31 institutions that belong to the MBBO. This strategic relationship has resulted in concrete support for RAP in public actions and negotiation on issues with public officials. RAP also has created an awareness of the presence of chemical dependency inside these institutions, along with a message of hope in recovery.

***Concrete Results:*** RAP public actions are organized in a highly purposeful manner. Story sharing is conducted through one-to-one meetings and in reflection groups at monthly core team meetings and trainings. Leaders discern common themes, and concerns are transformed into public issues through research. The research is transformed into changes in public policies and recovery service practices through public action and negotiation. RAP public actions have involved 20 to 300 leaders and supporters.

RAP has successfully negotiated for \$450,000 in new services for Hepatitis C issues and the heroin overdose epidemic. RAP also proposed and secured \$150,000 in funding for an innovative mentor program for heroin addicts which has resulted in a 278 percent increase in the number of heroin clients completing outpatient treatment. RAP also secured \$400,000 in funding to increase the availability of Alcohol and Drug Free housing units and worked successfully with a coalition to secure an additional \$4.8 million for low-income housing in the City of Portland. RAP was credited with a 40 percent reduction in heroin overdose following the implementation of negotiated items with the Multnomah County Public Health Department. The Department has since declared RAP a "Public Health Hero" in an award ceremony.

RAP became *Metro RAP* on March 24, 2001 at a public action involving 300 leaders and supporters,

including delegations from the three surrounding counties that comprise the Portland metropolitan area. RAP is now positioned to fully develop a metropolitan organization over the next three years.

### *Lessons Learned*

Adopt a community-organizing model that is centered on leadership development and responsibility and is consistent with the experience of people in recovery. Treatment providers and administrators rarely know anything about this and should access community-organizing expertise.

Having a host agency that provides competent fiduciary and administrative support is critical, but management must maintain boundaries and allow for the authentic development of an independent and empowered recovery leadership.

***Recovery Communities United (RCU)***  
***A Chicago affiliate of NCADD***  
***Chicago, Illinois***

Recovery Communities United, Inc. (RCU), the Illinois affiliate of the National Council on Alcoholism and Drug Dependence has been developed into a statewide membership organization for members of the recovery community. RCU plans to expand to a minimum of 10 chapters throughout Illinois to provide a voice for individuals in recovery through community outreach, advocacy, and education. The organization's three major program goals are to: strengthen the unity of people in recovery, convey the power of recovery to reduce stigma and improve opportunities for people seeking recovery, and convey the facts about recovery in a public dialogue. Included among its list of prominent board members are President Andrea G. Barthwell, M.D., president of the American Society for Addiction Medicine, and Vice-Chair William L. White (renowned author of *Slaying the Dragon*).

***Accomplishments***

Sponsored “Chicagoland’s Greatest Recovery Event” in September 2000. More than 200 RCU members and supporters attended this event.

Collaborated with GLATTC to develop *Understanding and Healing the Stigma of Addiction: A Self-Study Guide for Treatment Professionals*.

Developed a Certificate of Membership and accompanying brochure for distribution by treatment centers. RCU hopes this will create a new generation of supporters from within the treatment arena.

Complied a team of key leaders (not necessarily previous supporters of RCU) from within Chicago and Cook County to participate in Join Together’s Demand Treatment! Initiative.

RCU has built significant relationships that have resulted in the appointment of RCU’s Director as Chairman of the Chicagoland Chamber of Commerce Drug Free Workplace Committee, as a member of the State of Illinois Office of Alcohol and Substance Abuse Budget Committee, and as a member of the GLATTC Training Advisory Committee.

Two new RCU Chapters have been formed.

***Lessons Learned***

The recovery community does not exist! Instead, what exists are multiple communities of people in recovery that are separate and diverse.

People in recovery do not understand the reasons to support the Recovery Community Support Program and must be educated. Once educated, they can become not only strong supporters, but also strong leaders to promote the message.

***Sacred Circle Project***  
***A Project of Native Family Resource Center***  
***Sioux City, Iowa***

The Sacred Circle Project is developing an advocacy organization and support system for Native Americans in Sioux City, Iowa and on the Winnebago Reservation in Northeast Nebraska who are in various stages of recovery. Its advocacy efforts are focused primarily on issues of Native American women in recovery who have lost their children to foster care, the need for skill development for employability among Native Americans in recovery, and increasing culturally competent treatment options for the Native American population.

***Accomplishments***

Building a recovery program around cultural considerations has been successful in bringing Native people together.

Because child welfare policies have an extreme and far-reaching effect on families in recovery or those who are still grappling with addiction, the Sacred Circle Program has built cohesion among members around these issues.

The project has relied on collaboration with all parts of the community, and is experiencing increasing success as a result, especially through the formation of an Advisory Council on community planning composed of recovering persons.

Exploration of ways to bring about collaboration between tribal organizations and urban populations.

Contact with Iowa's only federally recognized tribe has occurred, and tentative collaborative activities have begun

***Lessons Learned***

One issue is developing guidelines for decision-making that include explanations and boundaries for volunteer groups defining their inclusion and their parameters.

Staffing issues affect community perceptions. Huge amounts of energy are necessary to establish credibility in the community.

***Santa Barbara Community Recovery Network***  
***A Project of Santa Barbara Council on Alcoholism and Drug Abuse***  
***Santa Barbara, California***

The Santa Barbara Community Recovery Network (CRN) provides ongoing leadership in comprehensive, integrated, and effective responses to alcohol and other drug problems in Santa Barbara County, California and surrounding regions. CRN is a program of the Council on Alcoholism and Drug Abuse (CADA). CRN membership is open to any person with a history of alcohol and/or drug (AOD) problems who is in or seeking recovery, the family members and significant others of persons who have had AOD problems, and other recovery community supporters and allies. The purposes of the CRN are to (1) enhance and improve the quality, appropriateness, accessibility, and availability of AOD treatment, intervention, prevention, and recovery support services through fostering the formal and independent participation of the recovery community in the conception, planning, design, development, implementation, delivery, and evaluation of AOD services in Santa Barbara County, and in AOD policies, planning, and quality assurance activities in California, and (2) foster advocacy and diminish barriers to recovery through activities and initiatives that reduce the stigma associated with AOD problems.

**Accomplishments**

Successful alliances (1) with Fighting Back (a community program supported by the Robert Wood Johnson Foundation) resulted in the formation of a new “Corporate Advisory Committee” and “Policy Committee,” comprised of the top 10 CEOs in Santa Barbara; (2) with the Mental Health Association resulted in its support of State legislation favorable to the recovery community, and in the development of a model blueprint for comprehensive and integrated services for mentally ill substance abusers.

CRN produced a “Community Treatment Scorecard” measuring substance use prevalence against treatment capacity in Santa Barbara.

Recovery community advocacy resulted in a new, 6-bed public detoxification program targeting homeless persons in Santa Barbara.

CRN moved the County to launch a formal Alcohol and Drug Strategic Plan and successfully advocated for the creation of Town Hall meetings to accommodate public input to this plan.

The recovery community achieved formal representation on the County Strategic Planning initiative, Proposition 36 planning, and the County Alcohol and Drug Advisory Board.

CRN has an active membership who are easily mobilized when necessary as evidenced by the large turnout at the CRN March and Rally in September 2000, the huge turn out at CRN’s annual dinner in 2001, and at a standing-room-only Board of Supervisors meeting in March 2001.

**Lessons Learned**

The recovery community organizational infrastructure needs to be large enough to accommodate growth, and flexible enough to change as new members and allies arrive and as opportunities present themselves.

Elected officials and policymakers should be viewed as “neutral” rather than “opposed,” and alliances

need to be cultivated with those already among their constituencies.

Never underestimate the resources within your membership and your community.

***SpeakOUT: LGBT Voices for Recovery***  
***A Project of the Lesbian, Gay, Bisexual and Transgender Community Center***  
***New York, New York***

SpeakOUT: LGBT Voices for Recovery is a community organizing project of the Lesbian, Gay, Bisexual and Transgender Community Center, bringing together LGBT people in recovery (along with their friends, partners, and family members) to develop a community action network. The goal of the project is to nurture community voices and create dialogue with treatment professionals, policymakers, researchers, the greater community, and the public. The organization's activities include public policy training, a speakers bureau, a quarterly newsletter, and educational activities.

***Accomplishments***

SpeakOUT has educated the community and allowed the community to educate SpeakOUT. (Community forums, speakers, speak outs, and other events)

SpeakOUT has created conduits of communication. (Quarterly Newsletter, Speakers Bureau)

SpeakOUT has organized LGBT people in recovery in New York State. (Regional presentations and Statewide Gathering and Policy Conference)

Relationships have been forged with policymakers in the Single State Agency, state and local policy makers, LGBT health organizations, and other recovery community organizations.

SpeakOUT has designed and conducted workshops in advocacy skills building, youth prevention, and leadership development for local, State, and national conferences.

***Lessons Learned***

SpeakOUT has learned to utilize the primacy of personal storytelling as an advocacy tool.

Subtexts:

- # Usage and context of language
- # Authenticity of voice
- # Face, voice, and visibility of recovering person

SpeakOUT has learned to use a broader and more diverse definition of recovery (expanded from our original assumptions).

Subtexts:

- # Recovery is self-determined and self-defined.
- # 12-Step culture and cultural references are not universal.
- # Meeting people where they are (especially in reference to anonymity).
- # All points of view are valid.

***STAR Project***  
***A Project of the University of Wisconsin, Madison***  
***Madison, Wisconsin***

The STAR Project, an initiative of the University of Wisconsin in Madison, responds to Wisconsin's need for women-specific treatment and ancillary services to support women's continued recovery. This project operates through Regional Points-of-Contact in strategic catchment areas around the State. The overall goals of the STAR Project are to bring together local women in recovery and other interested persons to develop strategies and implement activities that create changes in cultural attitudes toward women with addictions, to facilitate the development and enhancement of women's recovery networks, and to improve women-specific treatment around the State.

**Accomplishments**

There was a two-year collaborative effort between STAR and the State Bureau of Substance Abuse Services to discuss the lack of women-specific treatment slots available around the State, especially rural areas. As a result of this dialogue the State has funded eight new women-specific programs in both urban and rural areas. Over \$10 million in funds was allocated to eight new initiatives. As a part of this program, the Bureau of Substance Abuse Services has contracted with STAR to pilot a project of volunteer mentors for women who have completed treatment. This program establishes a natural support system within their communities.

STAR established eight advocacy groups consisting of over 450 women from predominantly rural areas.

STAR has a successful collaboration with the Wisconsin Women's Education Network on Addiction and Recovery and co-produced three yearly women and addiction conferences with the Network. The attendance rose from 95 to 250 over three years.

The STAR statewide Point of Contact model allowed the project to contract with various County agencies and successfully recruit eight points-of-contact representing 21 counties and 450 members across the State.

The goal of Project VOTE (Voices Out to Enlighten) is to increase awareness of the importance of voting. STAR developed an information packet that included materials on how to register, a list of websites that have legislative information, and addresses for local and national officials. Project VOTE is a nonpartisan effort aimed at educating people about the importance of taking part in the electoral process.

**Lessons Learned**

STAR discovered that there are two levels to recovery advocacy involving women. In order for women to become successful grassroots advocates, they needed to form personal relationships with each other. Only then are they able to step forward in their recovery advocacy efforts.

Time is an enormous factor. It took longer than anticipated to find willing County agencies and women to dedicate their time and energy. Once committed, however, they were successful in organizing advocacy groups.

***Substance Abuse and Addiction Recovery Alliance (SAARA)  
Falls Church, Virginia***

The Substance Abuse and Addiction Recovery Alliance (SAARA) is an independent, grassroots membership organization of the recovery community whose principal mission is to celebrate, support, and advocate for recovery. With over 500 members, SAARA is expanding its strategies for organizing and empowering consumers and families. Some of these strategies include communicating through a newsletter and website, providing workshops built around recovery needs identified by the membership, and replicating SAARA's organizing strategies elsewhere in Virginia. SAARA's Statewide Organizing Committee, comprised of recovery community representatives from throughout the Commonwealth, has finalized the details to make "SAARA of Virginia" a reality by October 1, 2001.

***Accomplishments***

SAARA has grown from a small group of dedicated members in Northern Virginia (primarily Fairfax County) in 1998, to over 500 members spread across the Commonwealth in thirteen loosely tied affiliates/chapters.

SAARA has made major strides in launching a statewide organization ("SAARA of Virginia") to better coordinate the activities of these affiliates, and facilitate the development of new ones. Beginning with an initial conceptual meeting in October 1999, and followed by numerous visits throughout the State by now retired Walter Kloetzli, these organizational efforts began to take shape. Since December 2000, SAARA's Statewide Organizing Committee has met four times. This committee, comprised of consumer representatives from nine of the most mature affiliates and staff support from SAARA's Executive Director, has developed bylaws, submitted articles of incorporation to the State, and written two grant requests to bring "SAARA of Virginia" to life, complete with staff and Board of Directors (consisting of consumers from each affiliate). These efforts have solidified the relationships of the members spread throughout the State, and developed strong organizational bonding among the affiliates.

SAARA has become a well-recognized force for consumer-based substance addiction advocacy in Virginia. Working in concert with other advocacy groups and without using Federal funds, SAARA helped to secure parity for mental health and substance abuse treatment coverage by insurance companies. SAARA members participated in several work groups and hearings in the Virginia General Assembly that eventually resulted in the expansion of Medicaid coverage. Now, anyone that is Medicaid-eligible and requires addiction treatment is entitled to it. Together with the Governor of Virginia's Operation Sabre, this effort brought over \$25 million of new money into Virginia's treatment arena. SAARA participated in the re-establishment of the Governor's Council on Substance Abuse Services, which had been moribund for many years. SAARA helped create the Virginia Consortium of Substance Addiction Organizations, which brings together all of the professional and advocacy groups in our field. One affiliate of SAARA took the lead in helping to launch two new recovery homes in its County. Another adopted a recovery family that needed financial and other assistance on its road to recovery. Dozens of SAARA members have testified at budget hearings at all levels of government. SAARA has consistently been requested to appear at a wide range of local legislative committee meetings and hearings.

SAARA has improved communication among its members and the community at large by improving its newsletter's content, regulating its publication to a bimonthly schedule, and expanding its distribution to

over 800 copies. It has also expanded, improved, and updated its web site to make it more user-friendly and informative to its members and supporters.

In summary – SAARA is firmly on the radar screen – and addiction is no longer the "silent disability." SAARA has been recognized through awards to its leadership. The Virginia Association of Community Service Boards presented its 2000 Advocate of the Year Award to SAARA's past President, Walter Kloetzli, and the Virginia Association of Alcoholism and Drug Abuse Counselors established an Annual Leadership Award in his honor.

### ***Lessons Learned***

Take things at a slower pace in the beginning – allow the organization to develop over time as the result of proactive planning. Take the time early to recruit and retain enthusiastic, skilled leaders and qualified staff for the organization. Then build and engage a membership base from which continuing leadership can be developed and elected. SAARA experienced a large turnover of its staff and Board of Directors in its early history. These issues may have resulted from the best-intentioned but sometimes impatient and reactive moves of over-eager Board members attempting to do too much, with too little, too early.

Membership recruitment and engagement are equally important. For much of its existence, SAARA has recruited members by word-of-mouth and friend-to-friend contact. The synergistic efforts of a community organizer, consultants to reach special populations, and an active consumer membership committee to immediately engage members might broaden the focus and empower more of the "silent voices" of the recovering community to find their expression through SAARA and other recovery community organizations throughout the country.