CCAR

Connecticut Community for Addiction Recovery

Report on Activities

October 1, 2002 – September 30, 2003

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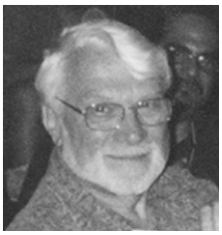
Dear CCAR member,

The following report is a summary of the past year's highlights and accomplishments. We used three sources to compile this report: the advocacy work that we are able to do as result of our funding from the Department of Mental Health and Addiction Services (DMHAS), the quarterly reports we send to the Center for Substance Abuse Treatment (CSAT), one of our two major funding sources and our Case Study, the evaluation requirement from CSAT. I hope this helps you see the tremendous progress we've made over the last fiscal year and given our humble beginnings back in November of 1997, I find these successes even more impressive. It is with great honor and respect for the Board of Directors, CCAR staff, membership, volunteers and all recovery advocates that we offer this report.

Sincerely,



Robert Savage
CCAR Executive Director

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Advocacy Efforts:

We receive funding from the Department of Mental Health and Addiction Services (DMHAS), individual donations, and others to be able to continue our strong advocacy efforts on behalf of the recovery community made up of recovering persons, family members and friends, in educating key Policy Makers, Legislators and the general public. We have also continued our work in implementing the Recovery Core Values into the addiction treatment system in Connecticut. What follows is a summary of some of our more significant advocacy efforts over the past year.

Policy Makers

- We attended monthly meetings of the State Advisory Board to DMHAS which provides us with an ongoing opportunity to learn what is going on at DMHAS and where we can advocate for change in their policies and influence change.

- We also attended a number of meetings called by DMHAS to help influence changes to their development strategies and policies related to the implementation of the Recovery Oriented System of Care.

- We met with other individuals and advocacy groups to determine where we could work together to influence and improve the addiction treatment system.

- CCAR members of our Windham Chapter had a tremendously positive influence on the town polices developed and public reaction as a result of the five Hartford Courant articles labeling Willimantic as "Heroin Town".

Legislative Update

The key issues CCAR addressed in the legislative arena were:

- **Criminal records continue to negatively affect persons in sustained recovery**. On April 3, 2003 eighteen CCAR members testified before a joint Appropriation and Judiciary Committee informational forum and public hearing on prison overcrowding and other related criminal justice issues. These CCAR members told their stories related to the fact that they are now in sustained recovery and are still seriously hampered by their criminal record. They have served their sentence, done their time and are still being punished for an act done a number of years ago. Again on September 24th several CCAR members testified emphasizing the same issues. CCAR offered to the Chairs of the Judiciary and Appropriation committees suggested language that they could use for an expedited pardon process for those in sustained recovery. As a result of these presentations and meetings with individual Legislative Members, we are starting to see some possibilities for change.

- **Recovery support services provided by people in recovery**. We continue to speak to the importance of these services at the legislature, at our meetings with DMHAS as well as other opportunities that present themselves.

- **Closing 40 beds in Merritt Hall, Connecticut Valley Hospital for budget reasons**. Our members attended a number of hearings at the Legislature on this issue, continually called our legislators in our areas as well as keeping in contact with DMHAS to make sure that the beds were not closed. As a result of our work and others, 20 of the 40 beds were saved. This has been structured so the 20 beds that were closed could be brought back at some point in the future when resources are available.

- **Building relationships with individual legislators.** Between April and May legislative breakfasts were held in Windham, New London, New Haven, Hartford, Bridgeport and Norwalk. These breakfasts provided an excellent opportunity for our members to get to know their legislators and to present issues of importance to them with a focus on the subject matter addressed in this legislative update.

- **The New Haven Building Bridges: From Conviction to Employment** is a Community imitative driven by current prison overcrowding and criminal justice reform issues. CCAR Staff and New Haven Chapter members have been working with the City of New Haven Office of Substance Abuse Policy and Prevention to develop the New Haven Building Bridges Model, which is supported by key legislative members, as part of proposed new prison reform legislation. CCAR members and staff helped to plan and also presented at the New Haven Building Bridges Conference held on May 5, 2003.

- **On March 12 several CCAR members and staff testified at the Public Hearing related to the DMHAS Budget**. Our testimonies focused on potential budget reductions affecting State Administered General Assistance (SAGA) and the closure of addiction beds at Merritt Hall. On March 14th CCAR members testified at the Department of Social Services Public Hearing with a focus on the same topics. All the above issues were continually followed using a phone call and E-mail campaign by CCAR members communicating with their elected representatives through the legislative session.

Recovery Walks!

Three years ago, the Connecticut Community for Addiction Recovery (CCAR), envisioned recruiting 50 people to walk near our state capitol to "put a face on recovery". Amazingly, 700 people showed. The purpose of the walk had struck a chord that resonated with the heart of the recovering community. Two years ago on a picture perfect Sunday only five days after 9/11, Recovery Walks! drew over 2000 people, not only to proclaim their support for recovery but to stand firm as Americans. Last year, more than 3000 individuals showed up to publicly declare their support for recovery from alcohol and other drug addiction. For three consecutive years Recovery Walks! has painted the recovering community in the light of respect using broad strokes of courage, healing, hope and love.

On Sunday, September 21st, 2003 in recognition of SAMHSA's National Recovery Month, CCAR hosted Recovery Walks!, our 4th Annual Walk for Recovery from Alcohol and Other Drug Addiction. Over 3000 individuals came out to Bushnell Park in Hartford. At this year's walk, we had 16 buses from treatment programs across the state (up from 5 in 2002), 43 teams participated (up from 5 in 2002), we had a total of 58 sponsors and raised more than $30,000 an approximate 50% increase from last year. Karen O'Connor received a Dell Personal Computer for her outstanding work in collecting pledges. The event was featured on two major television network evening news programs (last year we had 4). We distributed 2400 t-shirts, 300 sweatshirts and 300 hats. Performances from bands in recovery, personal stories from our members, and a greeting from the DMHAS Commissioner Thomas Kirk highlighted the day. Family entertainment included an inflatable slide, bounce house and playscape along with clowns, face painting and gift bags. CCAR provided fruit and water, while a local restaurant provided a lunch for reasonable prices. By all accounts, the day was an outstanding success.

To give you an idea of our contributors please see the attachment. Thank you to everyone who participated in any way large or small.

Overview of Recovery Promotion Services

In May 2002, CSAT announced a shift from a Recovery Community *Support* Program to a Recovery Community *Services* Program. This shift to services presented CCAR with an opportunity to make a difference in the lives of people in recovery, their family members, friends, allies and those not yet in recovery. The primary purpose of the new initiative was to improve the quality of life and enhance the recovery of our membership. An overview of Recovery Promotion Services follows:

- family support groups,
- a comprehensive training and technical assistance program,
- faith community initiative (Become Part of the Solution) and the
- development of Recovery Community Promotion Centers

To accomplish this shift effectively, we drew on our recovery community organizing experience and held a series of meetings to determine the best approach. The result? The goals and objectives outlined in the original grant application were completely overhauled and a formal Strategic Planning Process has been started. Membership, along with the Board of Directors, has been actively involved in discussing the shift. We have held formal focus groups at our local Chapters and family members to identify specific needs. Our membership has been active in the development of a new, comprehensive, meaningful project that will meet their own needs and the needs of the rest of Connecticut's recovery community.

Our first step in making the shift to peer-driven recovery support services was to look at the definitions of several key phrases and words. The first of these is "recovery support services". While CCAR fully supports all efforts to develop and implement a comprehensive system of recovery support services, we found it necessary to develop services that would reside on a unique "middle" ground. So in order to offer a unique, distinct service that will not be confused

with traditional recovery support services, we are focusing our services on the Recovery Community members who for the most part are not currently served by treatment programs or supported by 12 step and other community groups, i.e. the middle ground.

To help set our services apart from these constituencies, we named our services to be provided within our new paradigm shift focus as **"recovery promotion services"** which will consist of **peer driven, peer-led and peer-operated** components. The word promotion was carefully chosen. The Oxford Thesaurus associates some of the following words with promotion: advance, move up, upgrade, elevate, help, further, assist, support, forward, endorse, sponsor, espouse, commend and push. These words helped our decision to name our services "recovery promotion services".

Using our experience as a leading recovery community organization that has thrived, and will continue to thrive, on peer participation, leadership development, authenticity of voice, primacy of recovery and cultural diversity, we feel the best way to differentiate between peer-driven, peer-led and peer-operated is to base the definition on the degree of influence, contribution and involvement of the "peer". For our purposes, a peer-driven service has a significant degree of influence, contribution and involvement from the recovery community, peer-led has even more and peer-operated has the most.

Since its inception, CCAR has operated as a peer-driven recovery community organization. Specifically, our following goal about training and technical assistance is an initiative that we refer to as peer-driven. The goal states:

> *Provide recovery promotion services through training and technical assistance to CCAR members and the recovering community at large to increase recovery capital, sustain recovery and improve quality of life.*

The emphasis of this CCAR training initiative is to provide recovery promotion services through comprehensive training and technical assistance to help people sustain their recovery, improve their quality of life and become better resources for helping others into recovery and the community at large. What is unique about this training is the target audience: the recovery community made up of persons in recovery, family members, friends and allies. This segment is rarely targeted for any kind of service and CCAR is proud to offer this community educational series. Our membership frequently acknowledges that the more they mature in their recovery, the more grateful they become. An intrinsic piece of this gratitude is the desire to give it back or as Dorian Parker, CCAR Board President says, "We pay it forward." By providing this type of recovery promotion service, we believe people will move along in their recovery, will be inclined to give even more and will help more suffering people move into the light of recovery.

After prioritizing, combining and filtering responses from six statewide focus groups conducted within the local CCAR Chapters we were able to come up with an ambitious program over fourteen months that kicked off in May 2003 and will consist of forty-two (42) Chapter trainings covering seven topics. These trainings have been approved by the Connecticut Certification Board, Inc. as Category I trainings. There is also a statewide single day training component and a regional conference component as well slated to begin in 2004.

CCAR's Goal about family support groups is the project we're identifying as peer-led. The goal states:

> *Provide recovery promotion services to families by organizing family support groups.*

Over the last year and a half, CCAR has also been holding focus groups with family members to get an idea of their role within the new recovery movement. Through this work and along with all the other peer-driven information, CCAR has found that families are not getting the support or education on how best to deal with a family member that may still be actively using or in recovery. This notion was also heavily underscored during the focus groups held at the local CCAR Chapters. At one time, treatment providers had family components built into their programs, but because of financial cutbacks over the years there are very few treatment programs that offer support and education to families.

We also found that many family members felt that because of the format of Al-Anon meetings, some of their specific needs were not being met. These include the need to talk about a family member struggling with addiction, how to access resources, the best way to help someone and how the family dynamics have been threatened and/or damaged. CCAR is working provide family support groups that serve as a safe place for family members to come and share their experience, concerns, resources and most importantly, hope. CCAR is in the process of training volunteers to lead these support groups.

CCAR's Goal about working with the faith community is the new project we will refer to as a peer-operated model. The goal states:

> *In alliance with faith-based communities, develop recovery promotion services using the tested and successful Become Part of the Solution (BPS) model.*

Studies have indicated that when a person suffering from addiction to alcohol and/or other drugs makes contact for help, a high percentage of the time a contact will be made with one of two professions, the clergy or a physician. Unfortunately, these two professions are usually not well trained to handle an addiction case. This initiative will bring the recovery perspective into one of these fields, the faith communities, and give them information and the tools needed to assist people with their addiction and help start them on their road to recovery. The concept is simple: using the church as a fiduciary, BPS is set up to raise funds to support a residential treatment stay for individuals who don't have adequate health insurance or can't afford to pay.

CCAR is approaching faith communities to provide technical assistance on how to implement the BPS program. This could include assisting with raising funds, setting up local BPS steering committees, passing along the BPS charter, mission and other administrative details, developing screening criteria, teaching them how to negotiate with treatment providers and working with the faith community staff and congregation on ways to integrate the client back into the community upon return from treatment. Often times, faith communities have resources not typically available for the person returning to the community, specifically in areas of housing,

employment, child-care and transportation. CCAR sees each BPS project as becoming self-sufficient.

In late June 2003, CSAT offered some additional funding if CCAR could develop another program. Returning to the information gained from our focus groups, we decided to go for the establishment of Recovery Community Promotion Centers (RCPC) that would provide a recovery-oriented anchor in a neighborhood where the recovering community could provide services to themselves, those not yet in recovery and the community at large. Some of the services, also identified through our focus groups that could take place at a RCPC, include a location to house our local Chapter meeting, family support groups, local Chapter trainings and life skills trainings. Some other functions could include centralization and organization of local member voluntary activities, projects focused on preventing relapse and promoting long-term recovery, providing support for addicted persons in the hospital emergency rooms, providing support and information for persons entering treatment and returning to the community, providing a mentoring program, and dissemination of addiction treatment and recovery-focused resource information. In addition, we would locate our Area Coordinator's office in the Recovery Community Promotion Center. The lease for an excellent space located on Main Street in Willimantic was signed in early October 2003 and the doors are scheduled to open in December 2003. In addition, we are working with Yale University to establish a long-term evaluation regarding the impact that the activities held at the RCPC on will have on the participating members of the Recovery Community as well as on the community at large.