

## **Perspectives from Bill White**

*“In a 1998 PBS interview with Bill Moyers, I made what was more a wish than a prediction that a new recovery advocacy movement would rise in America. Today that movement is a vibrant reality in communities across the country, and our presence here today is living proof of that movement’s birth and growing vibrancy.*

*Effective social movements become many movements, and we reflect that truth. We are a policy advocacy movement that is taking on issues of discrimination, social justice and service access. We stand for the proposition that addicted people and their families need to be embraced within systems of compassion and care rather than sequestered within systems of punishment and control. We are a public and professional education movement. We are building anti-stigma campaigns and we are trying to push addiction treatment from an emergency room model of acute intervention to a model of sustained recovery support. We are a recovery research movement. We are a recovery celebration movement. We are an outreach movement delivering messages of hope to the very heart of this country’s cultures of addiction. We are a post-treatment recovery support movement—a housing movement, a jobs movement, a back-to-school movement, a health maintenance movement. We are many movements.*

*What these movements are doing collectively is pushing this country’s response to severe alcohol and other drug problems from a pathology paradigm and a treatment paradigm to a recovery paradigm.”*

- Bill L. White, Author of Slaying the Dragon, The History of Addiction Treatment and Recovery in America at the FAVOR Recovery in Action Summit, September 6, 2005, Washington D.C.

*“In the midst of that process, there has been a North Star, and that North Star in the recovery advocacy movement has been CCAR under Bob & Phil and other’s leadership. What CCAR brought was a number of things, not just the marches, not the incredible videos that Jim and others have worked on that have had such a national impact. But I think also a unique relationship that CCAR began to form with DMHAS in this state; that virtually began to transform the state system, truly, into a recovery orientated system of care. And that partnership, I believe, is the emerging model nationally, that state after state around the country will emulate. I think you need to know what a shining star your work has been, in light of this broader national historical context. I think, also, what you’re doing with the concept of recovery centers is another model that will be replicated widely throughout the United States.”*

- Bill White, at the retirement dinner for Bob Savage, CCAR founding father, January 25, 2005

## **RCSP Grant: Provision of Peer-to-Peer Recovery Support Services**

The Connecticut Community for Addiction Recovery (CCAR)’s purpose is to provide a variety of effective peer-to-peer recovery support services that address the needs of the local recovery community. We aim to build “recovery capital”—the individual, relational and community resources that are brought to bear on the initiation and maintenance of recovery. The main components of our proposal are:

- Draw on our experience and build our capacity delivering an array of peer-to-peer recovery support services,
- Maintain the highly effective Windham Recovery Community Center model, and replicate it in eight other communities while continuing to deliver services in our established Chapter locations; and to
- Honor local recovery cultures and characteristics while developing specific action plans unique to each new center as it develops.

Recovery Community Centers are actual physical locations with hope-filled, nurturing environments where recovery thrives and places from which to effectively deliver peer-to-peer support services. By being visible, a Center helps reduce the stigma associated with addiction and recovery and in turn “softens” the community for those initiating and sustaining recovery. Each Center will be individually tailored culturally to reflect, welcome and become a vital part of the local community. Our goal is to expand the number of Centers in our state over the next 3 years. This is an ambitious project and along with continued CSAT funding, will require a sizable resource investment. CCAR has begun to maximize the connections we have made over the last 6 years to leverage additional funding support for these Centers.

## **Recovery Community Centers**

### **Windham Recovery Community Center (WRCC) “Home of Positive Faces”**



The Windham Recovery Community Center is CCAR’s first Center having been opened in January 2004. CCAR has piloted some innovative peer-to-peer recovery support services out of the Center. These include:

- Telephone Recovery Support (see below)
- All-Recovery Support Groups: These are recovery groups that welcome all forms of recovery support – 12 Step, Christian, faith-based, methadone, medication assisted, co-occurring, family members, etc – that follow a generic meeting format to talk about recovery.
- Family Support Group
- Family/Community Education Series
- Recovery Assets Mapping Project (RAMP)
- Prison Support Group
- Volunteer Management System
- Sober Super Bowl Sunday Party
- Recovery Community Center newsletter – “Recovery Town News”

Foot traffic is heavy, very heavy in the WRCC. Over this last year, 9,910 people signed in the log book as they entered the Center to use the computers, attend a support group, attend the CCAR Windham Chapter meeting, and attend a training event or workshop. Some come in to work on job applications, get help filling out other paperwork or simply to socialize with other people in recovery. The Center is a safe, clean haven for people in recovery.



Senior Peer Services Coordinator Diane Potvin is a very active member of the local community serving on several committees and task forces. She also is the host of the popular recovery cable TV show “Positive Faces” now in its 4<sup>th</sup> year. Some guests this past year include nationally known Chris Chapin who spoke about losing her son to addiction, DMHAS Commissioner Thomas Kirk, and Willimantic Police Chief Lisa Maruzo-Bolduc.

Through Diane’s leadership, members of the WRCC are also involved in many community events. For instance, at Third Thursday (a town event), CCAR won considerable favor by being the only booth selling coffee. The WRCC Advisory Council (made up of members of the local recovery community) consistently evaluates recovery meetings and activities being held at the Center.

## **New London Recovery Community Center (NLRCC) “Seaport of Recovery”**



On Friday, September 23, 2005 the New London Recovery Community Center (NLRCC) “Seaport of Recovery” held its first Open House that served as a Grand Opening as well. More than 70 people attended including Congressman Rob Simmons, State Senator Andrea Stillman, Representative Ernest Hewett, City of Waterford First Selectman Paul Eccard, New London City Councilor Peg Curtin and DMHAS Commissioner Thomas Kirk. New London Senior Peer Services Coordinator Kim Turner described the event this way, “It was more than an “open house”, it was the beginning of people from various communities coming together; the beginning of relationships that will help nurture and support persons in recovery as well as their family members. That afternoon, if just for that moment, we crossed every socio-economic line, every private/public sector line, every partisan line. We came together as people who care and understand that the disease of addiction affects all of us in one way or another.”

During the course of the afternoon many individuals who work in the field of addiction/treatment revealed their personal recovery and asked how they could volunteer in the Center. The NLRCC opening received front page coverage in the regional section of The Day newspaper and on WFSB – TV3, Connecticut’s CBS affiliate. Since the Grand Opening, more than 10 new volunteers have come on board bringing the total of volunteers in New London to over 30. Some people in attendance were family members and children of alcoholic parents. Here is an excerpt from an email Kim received after the open house: *“The Open House was outstanding! I was proud to be there. As so many that day said, few are not touched by addiction and abuse; both my parents were alcoholics. It was a brutal childhood. There was absolutely no help or support services for the alcoholic or their victims 50 years ago. I truly was choked up to be at the ceremony and am so very proud to live in the town of Waterford and their stepping up to the plate to support this much needed initiative and support service.”*



New London members logged 234.5 hours organizing the Open House. They set up the resource room, hooked up computers/printers, framed posters and prints and coordinated all the decorations ultimately creating a warm and friendly recovery community center. Volunteers also raked, cut and toiled in the back yard, creating what is affectionately known as The “Recovery Garden” a place designed for healing and peace. 21 volunteers have been trained completing 12½ hours of training: a 2-hour CCAR Ambassador workshop, a 6 ½ hour volunteer orientation, as well as a 4-hour group facilitator training. For example: Ray Torres and Michelle Ramos attended the Volunteer Training and since then they have been translating CCAR training materials into Spanish. Members also designed and developed the Open House program, flyer, media-campaign, a Seaport of Recovery Center brochure, and (2) New London Recovery Community Center display boards.

The New London Recovery Community Center is open every afternoon and visitors are always welcome.

### **Volunteer Management System**

*“It’s extremely rewarding being a CCAR ambassador. To get out of myself has helped me become more God-centered and not self-centered. It’s allowed me to be more sympathetic and empathetic to other people needs. I’m more understanding, more forgiving. You should see the hope that is left on their face when we leave. It’s a natural high to give these guys hope. They are more motivated to want to do better and take an in-depth look at themselves to change their behaviors and patterns. Thanks to CCAR for the*

*immense training and knowledge that I have gained to support us, our community and state. On a personal level, it has allowed me to look at myself and how I interact with my sons and wife. How I'm relating to myself, to God and what I can do as a person in recovery for these men. I've come less selfish and more selfless. Finding what God's direction for my life is has really impacted the work I've done in the community."*

–Dwight Davis, CCAR Volunteer, Prison Support Group Facilitator, Norwalk Chapter Member

*"It's rewarding for me to volunteer with people in recovery because when I'm giving and sharing to help others with their problems, it helps me take the focus off me and channel it on people that could benefit from my experience. I've been placed in a position to see just how blessed I am, to look at my problems more clearly, by looking at other people problems."*

- Michael Ross, CCAR Volunteer, Prison Support Group Facilitator

*"CCAR is helping me to become a Certified Alcohol and Drug Counselor (CADC) by allowing me more education through trainings/workshops, more volunteer opportunities in the field and I'm able to interact with others that work in the field. CCAR has been a good resource for me."*

– James Carter, CCAR Volunteer, Prison Support Group Facilitator and Recovery Walks!

The above quotes are a small indication of the impact the Volunteer Management System is having on individuals who serve as CCAR Volunteers. CCAR's primary target is our volunteers. Indeed, they will be the ones that will make a significant difference in bringing the hope and healing of recovery into our communities. Currently, CCAR has 68 volunteers enrolled in the system serving in 19 different positions. This past quarter CCAR volunteers put in 1,540 hours of work, the most hours logged in a quarter yet. At the current volunteer rate in Connecticut of \$21.70 per hour, this calculates to \$33,428. Over the last fiscal year, volunteers have logged 2,993 hours equivalent to \$64,948. CCAR finished a Volunteer Training Guide and Participant's Manual working closely with our training consultant. Our evaluator Marta Moret complimented the manual saying it is "extraordinary".

The focus of CCAR's volunteer training programs are to train CCAR volunteers to help "build recovery capital in the community and organize the recovery communities ability to care." The CCAR volunteer training initiative provides effective training for CCAR volunteers, and paid CCAR staff who work with and manage volunteers. Opportunities are provided for volunteers to learn effective strategies for serving to sustain recovery in the community. CCAR has implemented a "3-level" approach to training volunteers. All are required to take the 2-hour CCAR 101 Ambassador training and the 6.5 hour Volunteer training. The third level consists of getting training for specific volunteer positions. Right now we require this third level for Peer Group Facilitator and Telephone Recovery Support. We are currently working on a training curriculum for a Recovery Coach position.

## **Recovery Housing Project**

Last year we received word that we would receive funding from DMHAS to work with the recovery houses in Connecticut. In October 2004, CCAR hired a Cheryle Pacapelli, to coordinate and improve recovery housing in Connecticut. Her tasks associated with this project are to:

- Inventory recovery housing in the state and establish a Recovery Housing database
- Help to organize a group of interested recovery house owners and managers to form a statewide coalition
- Assist in setting minimum standards of requirements to open and operate recovery houses in order that they could help monitor themselves
- Provide technical assistance and training to persons interested in starting up new recovery houses

Under Cheryle's direction this project has thrived beyond our expectations. We presented the following results to the DMHAS Commissioner Thomas Kirk and DMHAS has agreed to fund the project for the next two years!

**Recovery Housing database:** In collaboration with Connecticut Assets network, a prevention organization and their asset mapping software, CCAR developed a product that displays recovery housing listings in an "eBay" format. Users are able to search for a variety of recovery housing aspects like type of house (12 Step, Christian, etc.), location (by town), recovery rating, ATR eligible, men's or women's, etc. Over the last year, CCAR has surveyed 100 houses that translate into an astonishing 1069 beds! These beds have never been organized into a single, user-friendly electronic database before. By word of mouth, CCAR receives about 50 – 60 calls a week from people seeking recovery housing. Infoline (211) refers all recovery housing calls to CCAR.

**Recovery Housing Coalition of Connecticut (RHCC):** This past year the Coalition came into existence and adopted its official name. The RHCC meets on the first Tuesday of the month and has outgrown its meeting space. The RHCC currently has members and states its purpose in the following manner:

At a time when access to affordable, quality recovery options has been significantly diminished, the Recovery House movement is a bright light on the horizon. Across the state individuals in recovery have quietly created a number of dignified, safe recovery environments where people, in early recovery as well as those who have a history of recovery, are given the time needed to rebuild their lives. Recovery Houses not only help to develop the tools necessary to embark on a life of recovery, but also positively impact the quality of that recovery.

One of the most important components of a comprehensive Recovery Support Service system is Recovery Housing. Many people at various stages need a "safe" place to live where they can focus on recovery. Too often alcoholics and addicts are treated and/or are discharged from various levels of care, only to immediately return to their home environment. The environmental triggers are powerful and often times overwhelming, and frequently result in relapse. Counselors and frontline workers acknowledge that this housing problem is one of the most frustrating and disheartening aspects of working in the field. It is a prescription for failure.

Recovery Houses are self-sufficient with rent collected from the housing residents covering operational expenses and providing some income to the individuals who own/operate the house.

#### *Purpose of the Recovery Housing Coalition of Connecticut*

1. To establish minimum standards to open and operate Recovery Houses assuring quality and safe housing for persons in recovery.
2. To protect the integrity and reputation of the Recovery House Industry.
3. Create a resource list of Recovery Houses for use by informational and referral agencies (including Connecticut's Infoline) describing the purpose of each house and the eligibility requirements.
4. To encourage and promote referral linkages between health, correctional and human service agencies, and the Recovery Houses.
5. To come together as a group to take advantage of greater purchasing power.
6. To identify possible funding sources that would help ensure continuity of operations.
7. To develop a presence at applicable state agencies, the legislature and other organizations to influence policies and protect their rights as Recovery House Owners.
8. To share ideas regarding management issues related to the operation of Recovery Houses.

9. To provide and obtain training/technical assistance required for successfully opening and operating a Recovery House.
10. To conduct a study of Recovery Houses to identify the unique role that the Houses play in the overall continuum of care in supporting a person in recovery, preventing their relapse and improving their quality of life.
11. To hold periodic meetings helping managers to network and to share ideas.
12. To help carry out additional initiatives identified by the Recovery House Coalition of Connecticut.

**Standards for Recovery House Programs:** Their first major accomplishment was the development of standards, a first for recovery housing in Connecticut.

Standards for Recovery House programs will help this developing industry set uniform, consistent, guiding principles of performance and operation that are acceptable to the resident and all referral sources. These Standards will address services, programs and operations essential to the effective management of a facility, including administrative, staff and fund controls, staff training and development, physical plant, safety and emergency procedures, sanitation, food service rules and discipline and other subjects that are important business and service practices. These Standards will describe performance criteria that should be achieved and maintained. These practices will be under continued review and will be revised to reflect changing practice, new law, new knowledge, and Recovery House management developing experience.

1. Each Recovery House shall have a Mission Statement.
2. The Recovery House shall have a written description of policies regarding resident admission criteria.
3. The Recovery House shall provide a written description of what is offered to the residents.
4. The Recovery House shall provide sufficient supervision of residents by maintaining a system of accounting for their whereabouts.
5. The Recovery House shall have written visitation, overnight and furlough policies and procedures.
6. The Recovery House shall have a 24-hour system of supervision of the House.
7. The Recovery House shall be in compliance with all federal, state, and local requirements, including, but not limited to zoning, fire, sanitation, and health requirements.
8. The Recovery House shall offer safe and comfortable living accommodations.
9. A Recovery House shall have written fire and emergency procedures that shall be reviewed and signed by a resident upon admission.
10. Upon admission, a statement shall be signed indicating that that a resident is responsible for all Health Care costs.
11. The Recovery House shall have a written drug screening policy that is reviewed and signed by the resident.
12. The Recovery House shall have a resident grievance policy and appeal process.
13. The residents of a Recovery House shall be encouraged and supported in practicing the faith-based activity of their choice.
14. The Recovery House owner will verify before taking any transfer of a resident, that the resident is leaving in good standing. Good standing would include but is not limited to rent, house dues and house violations.

**Training and Technical Assistance:** One of this year's most popular trainings was "*So, You Want to Open a Recovery House*". The training was conducted 4 times reaching 60 people. All trainings were completely full. Because of this training, 4 new houses have opened, providing an additional 42 recovery housing beds in Connecticut! We know of no other agency that has expanded recovery housing capacity by this amount at this level of funding. Currently, 3 more potential housing providers are receiving technical assistance and hope to open their respective houses this fall.

## **Telephone Recovery Support**

A report of the pilot phase of the telephone recovery program in which volunteers make weekly telephone calls to individuals in recovery to encourage their continued recovery, revealed a high level of success (full report available upon request). Since the project began, 89 individuals enrolled to receive a phone call once a week for 12 weeks. Volunteers follow a formatted script that encourages conversations regarding challenges to ongoing recovery and provides referral and other assistance to individuals. Three original volunteers are still with the program six months later, three new ones have been trained and are active and another one has taken the Trainer of Trainers (TOT) course and is ready and eager to train others. One challenge we have discovered is the need to consistently urge providers to offer this program to recoverees leaving their programs. Plans are to make this an ATR funded service. The Executive Director has developed a case rate and negotiations are ongoing with DMHAS and ABH.

## **Family Support**

In Windham, the Family Support Group continues to meet twice a month. Senior Peer Services Coordinator Diane Potvin reports, *"People are real happy to be here. One of the original fellows drops in once in a while just because he likes the group and people. The problem with his son (he used to buy drugs for his son because he couldn't stand to see him sick) has been put in remission. The son graduated automotive school, is on methadone, is working and plans on moving into his own place soon. We have also had a family whose son has relapsed and the group has been great for them to get through this tough time. The ex-husband was attending the group and he suggested that his ex-wife attend to get some assistance on what to do or not do. I know the group has been invaluable to her. I got many calls, at different hours when something terrible had happened and for her it was just hearing a familiar voice that helped her get through. Her son is in treatment now and she still comes to the meetings. We have had another husband and wife attend since their son admitted to using crack. They knew very little about drugs. They came, talked, cried and got a little stronger. The group also supported their son who got into a sober house in Hartford (they wanted him home) and at the last Family/Community Education Forum they brought their son that is now in recovery, his roommate and their other son who does not understand his brother, but it was great!"*

## **Family/Community Education Series**

CCAR rolled out its Family/Community Education Series this quarter at the WRCC open to anyone. It currently is running on the 1<sup>st</sup> Thursday of every month using a 3-part DVD series recommended by Hazelden. The first session "Stages of Family Recovery", attended by 15 people, received excellent feedback. Everyone who filled out an evaluation said they would recommend this training to someone else. Some comments for the first training: *"Excellent and enlightening"; "This should definitely be seen by more people"* and *"I really enjoyed myself, it was my first time coming to a family group"*. The second DVD in the series, "Triggers and Cravings", drew 13 people and the feedback from one family member (a father) was that it was extremely helpful to him to be able to start to understand what his daughter is going through. The third DVD "Stages of Recovery: a Road Map" ran in October. The NLRCC will begin running this same series at the Center during the next quarter. CCAR believes this series has tremendous potential, filling a gap that is desperately needed in local communities.

## Recovery Walks! 2005



As part of the SAMHSA National Alcohol and Drug Addiction Recovery Month, CCAR hosted the 6<sup>th</sup> annual Recovery Walks! event on September 18, 2005 in Bushnell Park in Hartford. As the planning committee anticipated, numbers were down from previous years with about 2500 walkers participating. The focus this year was on long-term recovery and turning the event into a fundraiser. Over the last three years Recovery Walks! has lost money; this year we raised money. In order to accomplish this we had to cut back dramatically by eliminating bus transportation (last year we paid for 25 buses to bring people in from treatment settings) and ordering less Recovery Walks! gear. It worked! We raised approximately \$8,000. We ventured out into the radio market, purchasing (at a considerable discount) 61 spots on WTIC-AM. The spot was produced by Don O'Brien and Howie Hirsch and generated dozens of phone calls to the 1-800 number. The work of the staff and volunteers was seamless, the music and schedule tight, the community "feel" outstanding. Many people voiced that this was the best walk they had attended. The Hartford Courant, the state's major newspaper, wrote an excellent article covering the walk. CCAR also tried something new...

Executive Director Phillip Valentine wrote a Hooked on Recovery essay about the Honor Guard experience. *"The idea was simple really. We wanted to honor the face of long-term recovery, lift it out of the crowd and inspire others. Every person or family member in recovery with 10 or more years was invited to don a purple sash adorned with a large circular sticker with the number of years of recovery printed on it. Some told me the "ceremony" of getting draped brought goose bumps and tears to their eyes. Just before the walk began, 68 people in the Honor Guard representing an astonishing 1207 years of recovery gathered in the front of about 2500 other walkers. My 9-year old daughter Samantha (who willingly chose to miss a soccer game to be at the walk) and my 3-year old son Matthew shared the privilege of cutting the ribbon. Once the ribbon was cut, the Honor Guard led the walk up the hill. At the top of the hill the Honor Guard split to both sides of the path and encouraged the walkers coming up behind them as they passed through. There were hugs, high-fives, knuckles and many, many words of thanks and encouragement. People walked by with tears streaming down their cheeks deeply grateful for the support offered by more than a thousand years of recovery. I stood at the top of the hill, wrapped in a purple sash with the number 17, amazed at the number of walkers streaming by. Standing next to me was my wife Sandy, a 14 on her sash, along with four of my kids and we clapped, cheered and cried as a family. The Honor Guard fell in line after the last of the walkers finally passed and brought up the rear. As we walked slowly and chatted with those around us, I could not help but feel grateful, extremely grateful."*



The following national organizations contacted CCAR looking for assistance in organizing their own Recovery Walks! event. We sent the Recovery Walks! "Good Stuff" CD which has complete organizational information to: *William J. Farley Center* from Williamsburg, VA; *Tarzana Treatment Center* from Tarzana, CA; *Oklahoma Citizen Advocates for Recovery and Treatment Association* from Oklahoma City, OK; *Friends and Voices of Recovery* from Hastings-on-Hudson, NY; *Cattaraugus County Council on Alcoholism and Substance Abuse* from Olean, NY; *PRO-ACT/ Bucks County* from Doylestown, PA; and *Dartmouth-Hitchcock Medical Center* from Lebanon, NH.



## Recovery Training Series

Over the last federal fiscal year, CCAR's Recovery Training Series has been active as denoted by the chart below. We have learned that two and three hour trainings are by far the most popular and well attended. As you can see, we had to cancel full-day trainings due to lack of interest. Even with these minor setbacks, the Series has met with success. More than 358 people CCAR members and volunteers received training and evaluations were consistently excellent. What follows are a few brief summaries pulled from our quarterly reports to CSAT.

Racism of the Well-Intended; a one-day training held on Saturday, February 12 in Meriden was presented by Arthur Woodard Jr. M.S.W. and Jim Wuelfing CPP-R. The main focus of the all-day training was to take an in-depth look at the underlying racial tension that continues to permeate our society today. The training was very well received and attended by 35 people and was approved by the Connecticut Certification Board. Participants examined many issues regarding racism in an environment that allowed active participation and discussion. Participants left with a much clearer understanding of racism today. They moved one step closer toward having the ability to facilitate a positive personal change. The vast majority of participants who responded to the evaluation indicated this was a very good to excellent training. Evaluation comments included:

- *"I have been to many trainings and programs regarding cultural competence and none have been as useful or effective as this training."*
- *"This seminar had me take a look at my belief system, my values, how I live with myself daily. I never new racism for African-Americans was at the level demonstrated."*
- *"I felt the most useful part of the training was the exercise where people of color had to sit in the front of the room and state what they wanted white people to know."*

Training of Trainers Retreat Weekend: On March 2, 2005 volunteers attended a weekend retreat on the shoreline where a Training of Trainers program was conducted to learn skills in facilitating meetings and recruiting members. Seven men and seven women, including three Latinos, five African-Americans, and six Whites participated in the training activities. Evaluator Marta Moret reports, "observations revealed that skills in learning to conduct trainings on the meaning of the project (Being a CCAR Ambassador) and on a key component of recovery (Spirituality as an Integral Part of Recovery) were well learned." Through the months of April, May, June, and July trainees will work with the trainers in the field to present these two trainings to members in the evolving recovery centers and existing Chapters.

Spirituality: An Integral Component of Recovery, New Haven Chapter, March 17, 2005, Jim Wuelfing & Chris Williams. Trainer of trainers graduate Chris Williams put his newly learned skill to the test with outstanding results. The evaluations from the 30 people in attendance were all Very Good to Excellent.

**Chart: Summary of CCAR Recovery Training Series October 2004 – September 2005**

Date	Hours	Training	Location	Attendance	Trainer(s)
10/26/04	4	Staff Volunteer Training	Wethersfield	All Staff	Lynelle Abel & Lynn Cermola
10/29-30/04	9	Strategic Planning	Hamden	Board & Staff	David Carrillo
01/05/05	4	Staff Volunteer Training	Wethersfield	All Staff	Lynelle Abel & Lynn Cermola
02/12/05	6	Racism of the Well-Intended	Meriden	28	Jim Wuelfing
03/02/05	3	Preparing for Substance Abuse Certification	Bridgeport	20	Larry Mens
03/4-03/6	12	Trainer of Trainers (TOT)	Branford	12	Jim Wuelfing & Donna Aligata

03/17/05	2	Spirituality: An Integral Component of Recovery	New Haven	30	Jim Wuelfing, Chris Williams
04/02/05	6	What's Good About Anger	Meriden	Cancelled	
04/04/05	2	Becoming a CCAR Ambassador	Windham	16	Jim Wuelfing
04/13/05	2	Pardons Part 2	Norwalk	18	Donna Aligata
05/09/05	2	Pardons Part 2	New London	15	Donna Aligata
05/10/05	3	So, You Want to Open a Recovery House?	Wethersfield	20	Cheryle Pacapelli, Terri O'Connell
05/24/05	2	Pardons Part 2	Bridgeport	25	Donna Aligata
06/04/05	6	Accessing Community Support Services	Bloomfield	Cancelled	
06/06/05	2	Pardons Part 2	Windham	16	Donna Aligata
06/15/05	2	Spirituality	Norwalk	Postponed	
06/15/05	3	So, You Want to Open a Recovery House?	Hartford	23	Cheryle Pacapelli, Terri O'Connell
06/25/05	6	What's Good About Anger	Meriden	Cancelled	
07/11/05	2	Becoming a CCAR Ambassador	New London	15	Jim Wuelfing
07/19/05	2	Becoming a CCAR Ambassador	Bridgeport	10	Jim Wuelfing
07/19/05	3	So, You Want to Open a Recovery House?	New Haven	19	Cheryle Pacapelli, Terri O'Connell
07/21/05	2	Pardons Part 2	New Haven	10	Donna Aligata
07/23/05	6.5	Volunteer 6.5 Hour Training	New London	13	Donna Aligata
08/06/05	6	Life Skills in Recovery	Bloomfield	Cancelled	
08/10/05	2	Becoming a CCAR Ambassador	Norwalk	12	Jim Wuelfing
08/20/05	6.5	Volunteer 6.5 Hour Training	Windham	9	Donna Aligata
08/31/05	2	Pardons Part 2	Hartford	21	Ken Aligata
09/27/05	2	Spirituality: An Integral Component of Recovery	Bridgeport	16	Jim Wuelfing
09/28/05	2	Becoming a CCAR Ambassador	Hartford	10	Jim Wuelfing

## **Hooked on Recovery**

Executive Director Phillip Valentine wrote 24 essays this past year reflecting on his personal recovery, his family and some of his fishing adventures. All the essays are tied into recovery and have helped shed the disgrace and humiliation that can be associated with recovery from alcohol and other drug addiction. Distributed over the internet to a listserve that tops 2500, Mr. Valentine has received countless emails in appreciation of these reflections. He also has been asked to speak on several occasions and reads these essays using dramatic photos and imagery to enhance the presentation. To read the entire Hooked on Recovery series, go to the CCAR website.

## **CCAR Website**

The CCAR website <http://ccar.us> was given an extreme makeover under the skillful eye of Jim Mattingly and RapidExposure. Please visit the site at your earliest convenience.

## **CCAR Chapters**

### **Bridgeport and Norwalk**

Peer Services Coordinator Michael Askew has maintained both these Chapters over the last year. Membership has been involved in several recovery activities. For example, a Community Garden project transformed an unsightly vacant lot in Bridgeport. Also, Michael is most excited about the involvement of the recovery community in maintaining a Prison Support Group. He reports, "*The Inner Circle in the Bridgeport prison is going well. They are very sincere about being a part of the group and are starting to be*

*like a tight knit family. One of the original members of the group says the warden asks about the group every week and says good things about the group.”*

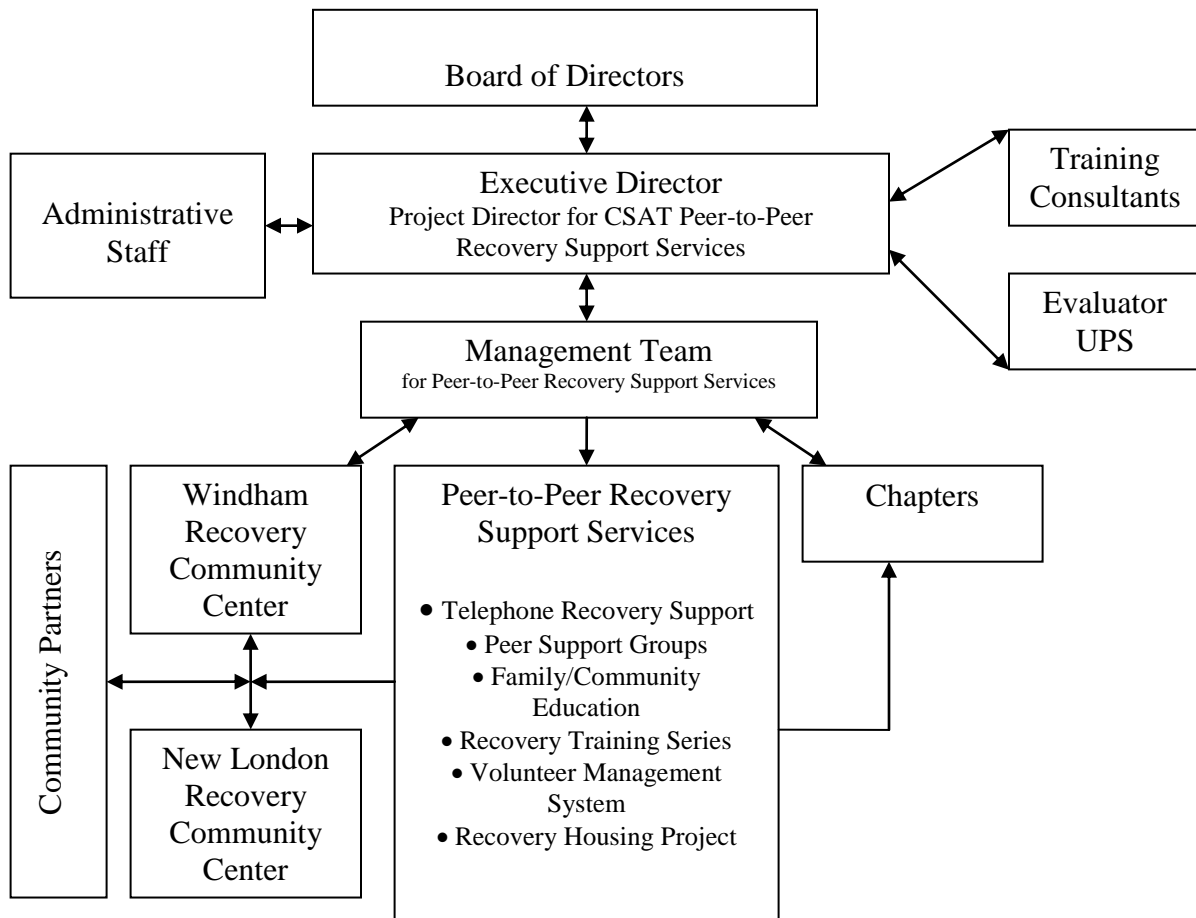
**Hartford Chapter**

This Chapter has begun to flourish under the direction of one of our Office Assistants, Laurie Fresher. Laurie, supervised by Recovery Housing Project Director Cheryle Pacapelli, has succeeded where others have had great difficulty. For example, the Hartford Chapter now has a trained crew to put on the “Capitol Voices of Recovery” cable television show. Over the last three months eight live television shows were aired that included the following guests: members from the Hartford Commission on Alcohol and Drugs, a City of Hartford Councilman, a Pastor and the lead singer of a recovery band. New volunteers are enrolling, the Latino community has taken a strong interest and the prospects look good in Hartford.

**New Haven Chapter**

New Haven has been our most difficult Chapter to maintain, suffering from lack of a full time person. Negotiations are underway to obtain the necessary resources to build the New Haven Chapter. The recovery community in the area has continued to be strongly supportive of CCAR’s vision and mission turning out for training and other events.

**CCAR Organizational Model**



## CCAR Historical Time Line

<b>CCAR's Organizing and Mobilizing Expertise</b>	
<b>1997</b>	CCAR holds Connecticut's first Recovering Community Organization meeting
<b>1998</b>	<ul style="list-style-type: none"> <li>• Connecticut Community for Addiction Recovery officially named</li> <li>• 5 founding members spoke at statewide CT Department of Mental Health and Addiction Services (DMHAS) conference, publicly for the first time putting a face on recovery, resulting in initial funding from DMHAS</li> <li>• Mailing list topped 100</li> <li>• Awarded an original CSAT Recovery Community Support Program (RCSP) grant</li> <li>• Awarded funding from DMHAS</li> </ul>
<b>1999</b>	<ul style="list-style-type: none"> <li>• 60 members attended 1<sup>st</sup> Legislative Day at State Capitol</li> <li>• 1<sup>st</sup> Board of Directors meeting held</li> <li>• 15 members spoke at CSAT Public Hearing in Hartford "Changing Conversation, A National Plan to Improve Substance Abuse Treatment"</li> <li>• 140 attended CCAR Conference "In Celebration of Recovery!"</li> <li>• 1<sup>st</sup> video "Putting a Face on Recovery" released</li> <li>• 5 people in recovery selected to serve on DMHAS State Advisory Board, 2 appointed by Governor</li> <li>• Recovery Support Services Concept Paper submitted to CSAT for conference grant</li> </ul>
<b>2000</b>	<ul style="list-style-type: none"> <li>• Co-presented with Advocacy Unlimited, a mental health advocacy organization, on the "Recovery Basic Premises and Recovery Core Values" (Note: these values ultimately served as the basis for the DMHAS Recovery-Oriented System of Care)</li> <li>• Hosted 2<sup>nd</sup> Legislative Day, over 100 people attended</li> <li>• Started "Legacies" support group for parents who had lost children to addiction</li> <li>• Hosted training – Racism of the Well-Intended, Slaying the Dragon</li> <li>• 700 attended first annual Recovery Walks! at Bushnell Park in Hartford</li> <li>• "Putting a Face on Recovery" video distributed to 700+</li> <li>• 1<sup>st</sup> edition of The Recovery Herald newsletter published and distributed to 6500+</li> <li>• 112 people attended 1<sup>st</sup> Annual Meeting &amp; Awards Dinner</li> </ul>
<b>2001</b>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> of 7 Chapters established giving CCAR local and regional presence</li> <li>• 200+ people attended 3<sup>rd</sup> Legislative Day, 36 legislators sponsored the event with 3 talking about their own recovery</li> <li>• Non-profit 501(c)3 status granted</li> <li>• 10,000+ Recovery Posters distributed nationwide</li> <li>• Website <a href="http://www.ccar-recovery.org">www.ccar-recovery.org</a> goes live</li> <li>• "Putting a Face on Recovery" video updated; 2000+ distributed nationwide</li> <li>• Awarded CSAT Recovery Community Support Program (RCSP) Track II grant</li> <li>• 2000+ participated in 2<sup>nd</sup> Recovery Walks! held 5 days after terrorist attack of 9/11</li> </ul>
<b>2002</b>	<ul style="list-style-type: none"> <li>• 16 members testified at Informational Forum at the invitation by CT Legislature Judiciary Committee issues relating to felony conviction and sustained recovery</li> <li>• 200+ people attended CCAR's trauma/recovery forum "Recovery Speaks in the Shadow of 9/11" in New London</li> <li>• Membership topped 2000</li> <li>• 3000+ participated in 3<sup>rd</sup> annual Recovery Walks! in Hartford</li> </ul>
<b>2003</b>	<ul style="list-style-type: none"> <li>• 200+ attended 2<sup>nd</sup> trauma/recovery forum in Bridgeport</li> <li>• Code of Ethics established</li> <li>• Shifted successfully from Recovery Community Support Program to Recovery Community Services Program</li> <li>• 1<sup>st</sup> of 42 trainings in the "Recovery Training Series" delivered</li> <li>• New video "Healing Power of Recover" completed</li> <li>• 3000+ participated in 4<sup>th</sup> annual Recovery Walks! in Hartford</li> <li>• Staff invited to "Innovator's Meeting: Strategic Planning for Peer Recovery Support Services" SAMHSA/CSAT Access to Recovery (ATR) Program</li> <li>• First audit for year ending June 30, 2003 completed and earned a non-qualified opinion</li> </ul>
<b>2004</b>	<ul style="list-style-type: none"> <li>• CCAR involved in development of state ATR proposal</li> <li>• 200+ people attended Grand Opening of Windham Recovery Community Center</li> </ul>

<b>CCAR's Organizing and Mobilizing Expertise</b>	
	<ul style="list-style-type: none"> <li>• First Family Support Group met in Windham Recovery Community Center</li> <li>• Transition of leadership to new Executive Director</li> <li>• Executive Director Co-chairs state team with DMHAS Commissioner at National Policy Academy on Co-Occurring Mental Health and Substance Abuse Disorders</li> <li>• Formal Volunteer Management System implemented</li> <li>• Awarded CSAT Recovery Community Services Program (RCSP) Track III grant</li> <li>• 3000+ participated in 5<sup>th</sup> annual Recovery Walks! in Hartford</li> </ul>
<b>2005</b>	<ul style="list-style-type: none"> <li>• New London Recovery Community Center opened</li> <li>• Recovery Housing Project developed state-of-the-art internet database to include 100 independently owned, privately operated recovery houses covering 1069 beds</li> <li>• Recovery Housing Coalition of Connecticut (RHCC) established</li> <li>• RHCC established standards for independently owned, privately operated recovery housing</li> <li>• Recovery Housing Project training "So... You Want to Open a Recovery House" generated 4 new recovery houses totaling 42 new recovery beds</li> <li>• Prison Support Groups established in Enfield and Bridgeport</li> <li>• Executive Director wrote an article on Recovery Walks! for the inaugural edition of Rising! Recovery in Action, FAVOR's national magazine</li> <li>• Recovery Walks! model replicated in several other states, CCAR walk info shared on FAVOR website resulting in many, many downloads</li> <li>• Established Recovery Capital Tool and Recovery Friendly Tool for evaluation purposes</li> <li>• Article written on Telephone Recovery Support for Addiction Professional magazine</li> </ul>

### **CCAR Board of Directors as of November 15, 2005\***

<b>Anton "Tony" Taschner</b>	President
<b>Linda Guillorn</b>	Vice President
<b>Melanie Gass</b>	Treasurer
<b>Denise "Dee" Georgette</b>	
<b>Roberto Garcia</b>	
<b>Philip McNally</b>	
<b>Andriana Natale</b>	
<b>Dorian Grey Parker</b>	

\*if Slate of Candidates as presented at the Annual Meeting on November 15, 2005 is approved

### **CCAR Staff**

<b>Phillip Valentine</b>	Executive Director
<b>Cheryle Pacapelli</b>	Director of Operations
<b>Diane Potvin</b>	Senior Peer Services Coordinator, Windham
<b>Kimberly Turner-Haugabook</b>	Senior Peer Services Coordinator, New London
<b>Michael Askew</b>	Peer Services Coordinator, Bridgeport/Norwalk
<b>Pat Howard</b>	Office Manager
<b>Yolibel "Yoly" Lebrón</b>	Administrative Assistant
<b>Renée Anderson</b>	Administrative Assistant P/T, Windham RCC
<b>Laurie Fresher</b>	Office Assistant P/T