



CCAR envisions a world where the power, hope and healing of recovery from alcohol and other drug addiction is thoroughly understood and embraced.

Annual Report 2009

“One of the bright organizational stars of the New Recovery Advocacy Movement is Connecticut Community for Addiction Recovery (CCAR). CCAR became an early model for diverse grassroots membership, collaborative influence on state policy, innovative media for recovery education, annual “Recovery Walks!” celebration, a focus on family and their recent development of regional recovery community centers.” – Bill White, December 2006.

198 Wethersfield Ave
Hartford, CT 06114
(860) 244-CCAR (2227)
1-800-708-9145
ccar2005@ccar.us
www.ccar.us

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CCAR Board of Directors as of November 4, 2009*

William “Bill” Leary	President
John Hamilton	Vice President
Mary Painter	Treasurer
Roberto Garcia	Secretary
Gregory Atterberry	
Allan Baker	
Edwin Rivera-Pacheco	
Carmen Roldan	
Judith Stonger	

*if Slate of Candidates as presented at the Annual Meeting on November 4, 2009 is approved

Mission Statement

The Connecticut Community for Addiction Recovery (CCAR) organizes the recovery community (people in recovery, family members, friends and allies) to

- 1) put a face on recovery and
- 2) provide recovery support services.

By promoting recovery from alcohol and other drug addiction through advocacy, education and service, CCAR strives to end discrimination surrounding addiction and recovery, open new doors and remove barriers to recovery, maintain and sustain recovery regardless of the pathway, all the while ensuring that all people in recovery, and people seeking recovery, are treated with dignity and respect.

Executive Director Summary

Hi everyone,

Life is good.

The weather for CCAR was a lot better this year as we sailed through favorable seas, especially compared to the prior year where it was rough going for awhile. The personnel have remained stable and in fact, with open arms, we welcomed Michael Askew and his family back to CCAR and the Bridgeport Recovery Community Center CCAR. We have recuperated from our loss of federal funding in October 2008 by securing a new contract with the Department of Correction - we have been implementing the Re-Entry & Recovery Project since July 2009 out of the Hartford Recovery Community Center. The Department of Mental Health & Addiction Services (DMHAS) continues to be our number one supporter and stepped up to the plate to amend our contract, thus ensuring that we can maintain our four Recovery Community Centers for the foreseeable future.

So, what are some of the highlights?

- Bill Leary has stepped in as the new President of the Board taking over for Tony Taschner. CCAR has been extremely fortunate to have these gentlemen at the helm for the past few years. They are experienced, dedicated and wise. With the addition of new Board members, the CCAR Board is working at a very high level and it shows in the health of the agency.
- The Recovery Technical Assistance Group (RTAG) has begun to blossom generating nearly \$68,000 in revenue. For example, CCAR has helped develop a recovery community organization in Sioux Falls, SD.
- The Recovery Coach Academy was held four times with participants from Connecticut, Maine, Florida, New York, Texas, Indiana, Arizona, Illinois, Virginia, Iowa, Massachusetts, Georgia and Rhode Island.

Please read on and see what a handful of dedicated staff and a whole lot of incredible volunteers can accomplish.

Recovery lives on. Not only does recovery live on, it thrives.

Many blessings,

Phillip Valentine
CCAR Executive Director
In recovery since December 28, 1987

Volunteer Management System

Normajeon Cefarelli - Volunteer Manager, 198 Wethersfield Ave, Hartford, CT (860) 244-CCAR (2227)
Fax: (860) 244-2228 Email normajeon@ccar.us

“As a person in recovery I have benefited immensely from volunteering at the Hartford Recovery Community Center (HRCC). Whether making TRS calls or Recovery Coaching I have been given countless chances to promote and enhance recovery in the lives of others. CCAR has afforded me so many opportunities to give back to the recovery community.” – CCAR Volunteer

“I lost my job just about a year ago and started using the research room at New London Recovery Community Center for job searching. After frequenting the Center for a couple of months, and job searching to no avail, I began to think it was a prime opportunity for me to turn my situation around and give back to the community. I was trained as a TRS caller and started reaching out to others who were in need of support in their recovery. By doing so it has given me back my integrity and purpose in life while maintaining my own sobriety through this rough time. Although I have yet to find a job, once I do, I will continue to give my time and support to others in need because the feeling of knowing that I am helping someone else through their journey in recovery is priceless. Thank you CCAR for being there for me through this rough time in my life. I am forever grateful. God Bless....” – Kathy James, CCAR Volunteer

In 2005, CCAR made a conscious decision to move to an organizational culture that completely embraced volunteerism. We hired a full-time Volunteer Coordinator, Normajeon Cefarelli and she has been instrumental in CCAR’s success. After researching many venues, we modeled our Volunteer Management System (VMS) after large hospitals including applications, interviews, background checks, job descriptions, training, supervision, and celebration. Early on CCAR encountered some resistance to the idea of performing background checks on our volunteers. People argued that most of the people we work with and who were currently helping out with CCAR had a criminal record so they would be disqualified from volunteering. Management assured that this would not be the case. Long criminal histories could be viewed not as liabilities, but as resumes.

In 2008, 276 CCAR volunteers contributed 13,000+ hours of service, with a richness of diversity and lived experience rarely found in non-profit agencies. At staff meetings, public presentations, and in conversations with the recovery community, we emphasize the importance of our volunteers, because an active volunteer force generates more positive results than paid staff can possibly accomplish alone. Recoverees not only gain from the collective wisdom of the CCAR volunteer force, but have the opportunity to become a CCAR volunteer as well, in accord with the time-honored recovery principle, “You can’t keep it unless you give it away.”

Volunteer Hours

- In 2005, 90 CCAR Volunteers contributed 3,450 hours
- In 2006, 204 CCAR Volunteers contributed 5,328 hours
- In 2007, 304 CCAR Volunteers contributed 8,078 hours
- In 2008, 276 CCAR Volunteers contributed 13,080 hours

Using the Connecticut Volunteer Rate, the monetary value contributed in each year

- In 2005: \$74,870
- In 2006: \$155,612
- In 2007: \$175,293
- In 2008: \$336,797



4th Annual
CCAR Volunteer Recognition Fundraising Dinner

Host, WDRC Radio Personality
 Mary Jones 

Friday, April 24, 2009
 6:00pm – 11:00pm


 Sponsored by CT Behavioral Health Partnership

With Guest Speaker Entertainer Mark Lundholm

Mark details his battles with addiction in a clever manner that is sometimes shocking, often heartwarming, and uncasingly honest. Lundholm has had his own Showtime Comedy Special, appeared on Comedy Central and written and starred in three one man shows. He has lectured, presented and appeared at over 300 professionals' conferences.

\$75.00 per person
 Cash Juice Bar

For tickets, call 860-244-2227 or purchase on our website www.ccar.us
 No tickets at door!

Saint Clements Castle
 1831 Portland-Cobalt Road
 Portland, CT 06480
info@saintclementscastle.com

As a result of the untiring efforts that the volunteers put forth, CCAR presented 27 Presidential Awards at our 2009 Volunteer Recognition Dinner. In addition, Attorney General Richard Blumenthal acknowledged the Presidential Award recipients with an Official Citation.

GOLD AWARDS
 (500+ hours)

Rebecca Aubut, James Earl Jones, Helena Krawczynski, Mary Ann Powell, Geraldo Rivera

SILVER AWARDS
 (250-499 hours)

Andrea Gaines, Wendy Jackson, Arleen Jaquish, Amie Morse, Cynthia Schmidt

BRONZE AWARDS
 (100-249 hours)

Aqil Al-Misri, Shelly Butkevich, Ellen Carmichael, David Condit, Lynn DeMarchi, Marta Enriquez, Marcia Faenza, Christy Jalbert, Sandra Kilpatrick, John Lynch, Robert Meehan, Yvette Mohown, Erika Nimro, Todd Rebman, Maria Rivera, Jacqueline Simpson, Tony Taschner

Summary of Volunteer Training Activity October 1, 2008 – September 30, 2009

Date	Training	Location	Attendees	Trainers
10/14/08	Volunteer Orientation	BRCC	6	Normajeon Cefarelli
12/11/08	Volunteer Orientation	HRCC	9	Normajeon Cefarelli
3/13/09	Volunteer Orientation	NLRCC	7	Normajeon Cefarelli
4/01/09	Volunteer Orientation	HRCC	12	Normajeon Cefarelli
5/08/09	Volunteer Orientation	HRCC	12	Normajeon Cefarelli
5/18/09	Volunteer Orientation	WRCC	7	Normajeon Cefarelli
6/25/09	Volunteer Orientation	WRCC	14	Normajeon Cefarelli
7/16/09	Volunteer Orientation	NLRCC	6	Normajeon Cefarelli
7/22/09	Group Facilitation	NLRCC	4	Normajeon Cefarelli
7/29/09	Volunteer Orientation	HRCC	10	Normajeon Cefarelli
Total			87	

Recovery Community Centers (RCCs)

A Recovery Community Center (RCC)....

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

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

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



Diane Potvin – Recovery Community Center Manager

Email diane@ccar.us

Caroline Johnson – Telephone Recovery Support Coordinator

Email caroline@ccar.us

713 Main St, Willimantic, CT 06226

Phone (860) 423-7088 Fax (860) 423-8768

Diane Potvin reports:

Over the past year, there have been wonderful examples of recovery and at other times, some disheartening challenges. I think I’ll start with the “lows”, just to get them out of the way.

I can not say enough about the dedication and commitment of our volunteers here at the Windham Center. This past year we had 49 volunteers. I noticed that many of these volunteers relapsed, which can be discouraging. On the flip side, I also realized that because of their real connection to the Center they were finding their way back to recovery oh so much quicker...sometimes the next day, many of them within a week.

I realized that I had to communicate frequently with Caroline (the Windham Telephone Recovery Support Coordinator) because one volunteer played us against each other. We navigated through some stuff and with the help from Cheryle (CCAR’s Director of Operations) we were able to come up with a solution.

Caroline and I put together a memorial service, including drafting and printing bookmarks, obtaining flowers, arranging for food, etc. to be held at the Center for a young lady that used to be in the area and died from an overdose. While setting up for the service my cell phone was stolen and a young man helped me look for it after the service. A couple days later, someone spotted it in a pawnshop up the street. Sure enough, it was mine. Turns out, the young man, who so graciously offered to help me, was the one who pawned it. He got arrested... sigh.

So now for some of the “good” stuff, the stuff that keeps me coming back...

- Over the past year, “Positive Faces”, CCAR’s local cable television show which I host, produced 20 episodes of people telling their personal stories of recovery. Three guests were from Virginia (in Connecticut attending the Recovery Coach Academy) and they were incredible. People that saw the show told me that it was nice to get a perspective from other states.

Meetings/Events at the Windham Recovery Community Center	Attendance for the Year
All-Recovery	7,280
All-Recovery women only	520
Alcoholics Anonymous	3,640

Alcoholics Anonymous women only	884
Narcotics Anonymous	1,820
Winners Circle	40
Social Committee	364
Dental Services	21
New England Alliance for Addiction Recovery (NEAAR) Conference	8

This is why I love my job.
By Caroline Johnson

Usually 5:00 pm is a very busy time in the Windham Recovery Community Center. Hopefully, I will have inputted all the data from the morning and early afternoon calls so that I won't be overloaded when it comes time to enter the rest. I had scheduled two volunteers for the evening due to the fact that there are so many evening calls to make. On this particular evening, I had a "senior" volunteer named Cindy making calls at station one. She was just about finished with her calls and it was about quarter to six. I had prioritized the folders and there was one that needed to receive a call once again today because he was in a high risk situation. He had relapsed just days before and was considering going into treatment. In the past he had requested a Spanish speaking volunteer whenever possible and unfortunately I wasn't always able to comply. To my delight Marta was downstairs and I knew that she would be willing to make the call because she had called him the day prior and had a special interest in him. Marta came up and set up at station two and reviewed the log. As she got ready to call him, I listened to Cindy on her line talking to a recoveree. Cindy was telling the recoveree how she felt that the meetings had helped her and she suggested trying a NA meeting in her area. The recoveree knew of none so Cindy hung up the phone and got to work. Back to station two, I overheard Marta speaking in Spanish and every now and then I could make out a word or two. She turned to me and asked me for help finding him treatment. He was finally ready and he was willing to let us help him. I brought the list of treatment facilities to Marta and then she just continued on in Spanish, not missing a beat. No sooner did I finish helping Marta but Cindy was sitting back at her desk with her phone to her ear. She found several meetings for the recoveree she had just spoken to. To observe these two dedicated volunteers skillfully helping others simultaneously was almost surreal. I immediately sent both Kevin and Diane a text message saying "This Is Why I Love My Job".

New London Recovery Community Center (NLRCC) "Seaport of Recovery"



Linda Hunter – Telephone Recovery Support Coordinator
Email linda@ccar.us
83 Boston Post Rd, Waterford, CT 06385
Phone (860) 440-3585 Fax (860) 440-3607

- Thames Riverfront Children’s Center asked if we could do a presentation of Understanding Addiction & Recovery as a part of the Adult Education Series they were doing. It went well. After the training many of the attendees shared that they were either in recovery or had family members who were in recovery and some shared they had family members they wished would find recovery.
- Sound Community Services asked if we could arrange to have some of our volunteers speak to a group. One of our volunteers did a wonderful job of telling her story of being in recovery from a co-occurring disorder to the group.
- The ROES Program was expanded to the NLRCC. We have had several people graduate from the program and find jobs.
- Radgowski Correctional Facility had a Resource Fair for soon-to-be released inmates. CCAR was one of twenty-two agencies who provided information and resources for this event.
- Other presentations this year included Mother’s Retreat in Groton, SCADD’s Bank Street House and Southeast Mental Health Authority.
- Five people were assisted into detox this year. At least two of them are known to have maintained their recovery since. One of them has come full circle having maintained recovery for a year and is now a volunteer at the NLRCC.

Bridgeport Recovery Community Center (BRCC) “Recovery on the Sound”



Michael Askew – Bridgeport Recovery Community Center Manager
 Email michael@ccar.us
 49 Cannon St, Bridgeport, CT 06604
 Phone (203) 332-3303 Fax (203) 332-3306

Due to lack of funding and lack of adequate staffing, the Bridgeport Recovery Community Center struggled to just keep the doors open. Because of the efforts of Cheryle Pacapelli, Director of Operations and Kevin Hauschulz, Lead Telephone Recovery Support Coordinator, CCAR was able to keep the doors open on a limited schedule. However, the good news is that Michael Askew returned from a two-year hiatus in North Carolina, to serve again as the Bridgeport Recovery Community Center Manager. Since his return, the Center has been revitalized. Here is a brief report of what Michael has accomplished over the last few months. Welcome back Michael!

- Michael immediately re-established linkages with several local community agencies.
- These agencies began referring recoverees to the Center with many of them becoming volunteers.
- While in North Carolina, Michael worked to establish Double Trouble in Recovery (DTR) groups. He has carried that expertise to Connecticut and the demand for this training is way beyond anything we projected.

- Michael has been asked to serve on several agency Boards.
- Michael also has done numerous presentations throughout the Bridgeport area promoting CCAR and recovery.
- The Center is being used by a variety of community groups including the Bridgeport HIV Care Consortium and Narcotics Anonymous.
- Michael was able to secure a very large donation of men's clothing from the Men's Wearhouse so new recoverees seeking employment will be professionally dressed for interviews.

Hartford Recovery Community Center (HRCC) "Capitol Voices of Recovery"



Laurie Fresher – Re-Entry & Recovery Project Coordinator
 Email laurie@ccar.us
 Andrea Gaines – Hartford Recovery Community Center Assistant
 Email andrea@ccar.us
 198 Wethersfield Ave, Hartford, CT 06114
 Phone (860) 244-3343 Fax (860) 244-3363

Laurie Fresher talks about the last year in the Hartford Recovery Community Center.

The HRCC is a thriving place for recovery. We have seen over 3,500 people walk through the doors in the last year. We are embedded in the Hartford community as a place to go for hope, peer support, services and resources. The Center is opened everyday by Geraldo who has been a volunteer since I joined CCAR in 2004.

The highlights of the Center have been many. Here are a few.

- Andrea Gaines joined the team as the HRCC full-time Assistant. She has a deep commitment and desire to help people in recovery.
- The Recovery Coach Academy was also very valuable, for me personally, and for the 11 HRCC volunteers who attended.
- We started a GED program in collaboration with Advocacy Unlimited and have had 2 people receive their diploma. Our GED program is unique in that we have open enrollment and meet folks where they are. The one-on-one attention and environment at the HRCC has also been conducive to learning.
- The Re-Entry & Recovery Project was established at CCAR. My added responsibilities now include coordinating all our peer-based recovery support services for people on parole in the Hartford district.
- For personal development, I had the opportunity to attend the New England Institute of Addiction Studies (NEIAS) Leadership Academy sponsored by the New England Addiction Technology Transfer (NE-ATTC) and DMHAS. This was an intense training to help potential leaders enhance their skills. As a result I helped design and implement a project, "Recovery through a New Lens", to educate the community about co-occurring recovery.
- 153 volunteers entered the system through the HRCC.

- Tyrone J. joined CCAR with an endless enthusiasm to give back. He is a TRS Volunteer and also runs many of the in-house meetings including the Men's All Recovery Meeting every Friday from 6-7 pm. He has now been accepted to speak in the prison system. This was an amazing goal for Tyrone as an ex-offender himself.
- Capitol Voices of Recovery, a live cable access television show produced 20 live shows. It continues to be a good volunteer position for folks who want to give back but also work full-time.
- 73 All-Recovery meetings with 644 in attendance
- 33 Women's All-Recovery meetings with 257 in attendance
- 30 Men's All-Recovery meetings with 203 in attendance
- 18 Grupo de Apoyo (Spanish-speaking support group) meetings with 225 in attendance. This group was started by Geraldo, our most seasoned and dedicated volunteer. He just informed us that he will be starting another group that will focus on introducing CCAR services to Latinos; however the group is open to everyone.
- Smoking Cessation Group - This was a very popular and powerful workshop series. It educated folks about the serious health consequences. It covered the various options available to quit. It also gave insight on ways to change behaviors and patterns to assist in breaking the habit. The class also assisted with purchasing the various nicotine replacement therapies.
- Women in Recovery Group - a Grad Student from the University of Hartford studying women's issues hosted a 5-week group. The women read and discussed a woman's meditation. All the women were given the book "Chicken Soup for the Recovering Soul". All the evaluations were excellent.
- Women in Recovery through Enhanced Design (WIRED) - 9 women from a local program along with CCAR volunteers worked together making cards and cookies to send to U.S. soldiers through the American Red Cross to show our support to the troops. The women completed 30 cards and dozens of cookies.
- Ornament Making Class - 10 people attended. Participants were from Hartford and the Willimantic RCC. The group included staff, volunteers and recoverees (husband's too). They made an array of decorative glass ornaments for the holiday
- Healing Drum Project - Board member Roberto Garcia and graduate students from Springfield College hosted a Healing Drum Project for children of parents with addiction background to come together to use music as a way to re-connect to their feelings and each other.
- Halloween Dance - Bob's Coffee shop donated cake. Other sources donated finger foods. Coffee was donated by Starbucks. The center was decorated by the volunteers. Intercommunity Mental Health brought a lot of consumers. We had 30 people attend, some from as far away as Torrington. We had a raffle and best costume.
- Valentine's Day Dance - 6 programs from the community came together to attend the Dance. Over 50 people attended.
- Recovery & Recreation (R&R) Day - Without any advertising for the first R&R Day, Geraldo had five people come to the HRCC for an afternoon of fun and fellowship. Attendees played dominoes, cards and joked with one another.
- 2nd Annual CCAR Rocks - This is always a success. We had 4 bands in recovery and a cookout. Fun for all!
- 2nd Annual Tree Trimming Party
- Open Mic/Karaoke Night - We had a great time at open mic night. We had over 35 people. The young ladies from Fresh Start participated and also the men from Cheney House. Dale and his band were wonderful

- HRCC Bowling Party - 19 people attended the event including staff (Kevin, Laurie and Andrea). The party was a huge success. Volunteers had been looking forward to doing something fun in recovery. Moses said "my first time bowling in my life"; Jack B. who is 61 out bowled most everyone and never stopped smiling the whole time. Other comments included "nice, clean fun; fantastic, do it again; excellent time, do it more often; great team spirit, fun, fun, fun; awesome".
- York Women's Correctional Facility – 4th Friday of the month. Co-facilitate a CCAR presentation with Diane Potvin to educate the women about CCAR service and inspire hope for continuous recovery. The HRCC receives a lot of requests in writing to provide information about housing.
- Bulkeley High School - I talked to 9th grade "repeat" and "double repeat students". I talked about my struggles with drugs and alcohol and how I found recovery and now work with CCAR. I showed them 2 HBO Addiction films. One was "An Evening in a Dallas ER" and the other was "A Mother's Desperation". This was a very rowdy crowd to say the least and yet I got their attention. The faculty would like me to come back and have the students prepare questions in advance. As always, I hope I was able to reach someone in the audience and I think the films helped bring it closer to reality for the students.
- I had the opportunity to present to a lot of different groups including MOPS (Mothers of Preschoolers), treatment programs, correctional facilities and other community groups.
- Center Plate Concession's New Britain Rock Cats Stadium - this is the 3rd year the HRCC has participated in running the concessions as a fundraiser. We commit to 5 or more games each year. This is a good way for our volunteers to get back into the community. For some it is the first time they have ever worked. It gives them a chance to work in a position for the first time in a long time and or trying a new position such as cashier, handling food, customer service, stock, team work, taking orders, etc.

Recovery Housing Project

Curtiss Kolodney, Recovery Housing Manager, 198 Wethersfield Ave, Hartford, CT
(860) 967-0502 Fax: (860) 244-2228 Email curtiss@ccar.us

The Recovery Housing Project continues to thrive thanks to the dedication and expertise of Curtiss Kolodney, CCAR Recovery Housing Manager. He reports:

The www.findrecoveryhousing.com website continues to get many hits and currently has 72 houses listed. Regional Network of Programs, Wheeler Clinic, the Department of Corrections and Rushford all have subscriptions. Curtiss has been providing training to both Recovery House Owners and providers new to the website. In May 2009, the houses that are listed began to pay a subscription charge to list their house for six months. CCAR continues to give out 100+ referrals a week using www.findrecoveryhousing.com.

The Recovery Housing Coalition of Connecticut (RHCC) continues to meet regularly on the 1st Tuesday of the month at the Hartford Recovery Community Center. The Coalition continues to grow and has been a positive influence in helping new recovery house owners establish their houses. For new house owners the Coalition has been a valuable resource to begin networking and establishing themselves in the unique field of Recovery House ownership. During the year the Coalition had guest speakers in to discuss topics ranging from medication-assisted therapy to the upcoming 2010 Census. The RHCC standards document was amended to include ethical standards for house owners and house managers. The RHCC has designed a recovery rating to be applied to houses listed on the website. The rating is determined by three

surveys; one from recoverees in the house, another from treatment facilities that refer clients to the house and the third evaluates the house itself. This is scheduled to go "live" in the 4th quarter 2009.

Recovery House Training: "So, You Want to Open a Recovery House?" was held four times this year. Curtiss Kolodney receives numerous calls from people asking for information on opening a recovery house. This training is one of the most popular trainings CCAR offers. 77 people attended the trainings this year. CCAR continues to provide one-on-one technical assistance to owners regarding setting up rules and policies, insurance requirements, drug testing kits and marketing for their programs.

CCAR continues to receive donations from the Prison Fellowship and local community churches that support recovery housing. This year we received \$3,065.

Telephone Recovery Support

Kevin Hauschulz, Lead TRS Coordinator,
198 Wethersfield Ave, Hartford, CT (860) 218-9531
Fax: (860) 244-2228 Email kevin@ccar.us



Some statistics

- CCAR enrolled 1,709 new recoverees.
- Average length of enrollment is 20 weeks.
- One recoveree has been enrolled for more than 3 years.
- CCAR volunteers placed 32,830 outbound calls.
- CCAR volunteers talked to recoverees 9,046 times.
- CCAR volunteers call an average of 450 people on a weekly basis.
- CCAR volunteers donated over 3,220 hours of service, an increase of 13% from the previous year.
- Of 751 recoverees who completed 12 weeks, 653, or 87%, reported they were still in recovery.
- Of 279 recoverees who completed 12 weeks AND resided in a Recovery Living Center (i.e., sober house), 96% reported they were still in recovery.

Kevin Hauschulz reports... The Telephone Recovery Support program continues to grow at a phenomenal pace and has recently drawn some national attention. To date, there have been 3,854 recoverees that have received Telephone Recovery Support calls. Last year alone, CCAR signed up 1,709 new recoverees. CCAR received referrals from 66 different providers throughout the state, a 28% increase from last year. Treatment providers provided 59% of all referrals, Recovery Living Centers provided 24%, 15% were self-referred, and the other 2% came from other sources. CCAR Staff presented at many different treatment providers throughout Connecticut. The program expanded last year by presenting to a pastoral counseling class, Advanced Behavioral Health's GAICM team and enrolled high school students over the age of 18 from Central High School in Bridgeport. We received the most referrals from ADRC, who enrolled 312 clients in the last year. One of the challenges surrounding referrals from treatment providers has been getting the provider to consistently refer their clients to Telephone Recovery Support. Unfortunately, because of staff turnover and other issues, we oftentimes have to present multiple times at the same location to maintain their level of referrals.

Social Networking - CCAR has also been engaged recently in something called "Twitter Recovery Support". CCAR had set up a Twitter account to promote the Recovery Walk, and got a follower who began direct messaging CCAR from the United Kingdom. This woman was really struggling in her

recovery, and with CCAR's help, has managed to stay away from drugs for the past two weeks. She is very grateful for CCAR's assistance and is now on the path to recovery, thanks to a few simple Direct Messages on Twitter. We look forward to expanding this service and begin test runs in the near future.

What It's Like to Work as a Telephone Recovery Support (TRS) Coordinator

By Caroline Johnson

I would have to say that 65% of my day is spent with the TRS program. We have had a very successful year and I pride myself in the fact that the calls always get made. Somehow, even on the craziest of days, we manage to get all of the calls done and if we are in really good shape - I also get all of the data recorded. I have the schedule arranged so that we make one round of "morning" calls - usually starting at about 11:00 and then we start up again in the afternoon according to the times that the recoverees have requested to be called. I have one volunteer scheduled in the mornings and two scheduled each evening. Each of the volunteers need to take part in the CCAR TRS Training which lasts about two hours. I did 15 of these trainings last year.

A good majority of my day is spent managing the volunteers in Willimantic. We have an average of 20 volunteers coming in on a weekly basis. All of the volunteers need to be interviewed, trained and scheduled; then their applications are entered into the VMS database which is all my responsibility. This can be a big job for one person but I really do enjoy working with the volunteers and they respond well to their service responsibilities.

Technical Assistance - During the past year, CCAR's Telephone Recovery Support program had the opportunity to provide Technical Assistance to a number of organizations. We worked with SpiritWorks Foundation in Williamsburg, VA, Face It in Sioux Falls, SD and gave a presentation at the Access to Recovery (ATR) annual grantee meeting in Baltimore, MD. In the near future, we will be traveling to El Paso, TX. Many other organizations have expressed interest.

A few illustrations...

This is an email received from a CCAR volunteer. "I went into the diner expecting a good hot and hearty meal. I was starving and kind of cranky. I had wanted to get something closer to home, but with the promise of some really great food, I reluctantly agreed to the longer trip. I ended up coming out of that diner with something a lot more satisfying than a full meal could ever give me. A very joyful and vibrant hostess greeted us at the door of the diner. She was glowing. I knew (from my diner fan friend) that she had just celebrated four months of sobriety and that this was a new job for her. As soon as we saw each other we hugged because we remembered we had met at a speaking commitment that I had a couple of months before. But she looked different. She had a look of radiant hope on her face. She was so happy to share her successes. Her new job had allowed her to sign a lease on an apartment and she was looking forward to moving out of the homeless shelter she was living in. She quickly attributed her recovery to God. She also attributed it to the weekly call she gets from CCAR. That simple weekly Telephone Recovery Support call does so much for her. She held up her phone like it was an amazing connection to something she never knew existed. CCAR has been there for her on her whole recovery journey. She said they have never missed a week. For a long time that one phone call was one of the only consistent things in her life. She now has a whole new life today and because CCAR showed up to the plate, so did she. She said she has never even been to CCAR and doesn't even know who calls her. But the weekly calls show her that

someone cares and that gives her hope. It was an amazing spiritual moment for me. Sometimes it just hits you right between the eyes when you realize God put you where you were supposed to be for that moment. I was supposed to be in that “out of the way” diner to meet a woman who shared her experience and strength to give me hope for that day. I got to hug her and share the joy of recovery with her. Recovery is front and center in my life today. Every day I live with expectations of guidance and miracles. In other words, the most awesome stuff happens to me every day. Running into that truly inspirational woman at that diner made me remember how truly blessed I am to be part of the CCAR Community. And this miracle was made possible because of a simple phone call that CCAR made to someone else - not even me! Thanks CCAR! Keep up the fantastic work.”

A note from a recoveree receiving calls... “Receiving TRS calls has helped me in my recovery by giving me an opportunity to speak with someone on a regular basis about the issues I'm dealing with. TRS provides me with another resource in addition to my other tools, e.g., sponsor, meetings, treatment, counselor, etc. Linda from New London always seems to time her calls perfectly--I have really opened up to her and this has given me another avenue to share my pain so I don't have to pick up. I look forward to the weekly check in and it helps me to stay sober and clean.”

From a TRS volunteer... “Doing TRS taught me people skills and how to talk to people. I never imagined that I would actually like it but I do. I also volunteer at any time they need me and I like that.”

From a TRS volunteer.... “A few days ago, I received a call on the TRS line. It was Paul. He has called to let me know how grateful he was for the TRS call that he received on Tuesday night. He told me that call, had changed his life. My voice, along with my concern, had made a big difference. As the tears of joy began to build up in my eyes, I started to recall the events of that night. No one knew the personal pain in my heart that night. My relationship with a woman I had planned to spend the rest of my life with was over. I'm into my third call of the night for TR. The person on the other end of the phone is clearly under the influence. After convincing him to even listen to me, I promised that I would call back before I left for the night. He had informed me that he was just released from detox. He had prayed that the liquor stores would be closed upon his release. He had to pass many in order to get home. He spoke of death and made me aware that he may not make it through the night. When I made the return call, he started to cry. He didn't think that I would keep my word and call back. He told me that no one had ever cared about him that much. He also apologized for the difficulties we had experience on the initial call. Then, suddenly he kept repeating that his heart was beating too fast. I asked him to allow me to help. He quickly agreed to relax while I contacted the local emergency unit. I let Paul know that they were on their way. I spoke with him until they arrived. I was doing all that I could to keep him alert and calm. As they carried him off to the hospital, he thanked TRS again. I recall saying a little prayer at that moment, asking for God's help, for Paul's sake. Paul had told me it was a night that changed his life and he would never forget it. Little did he realize that it had an effect on my life also. I asked the medical unit to call me back and keep me informed of Paul's condition I waited for that call as if my life depended on it. When the phone rang I was comforted by the familiar voice that said thanks for your help, he's going to be alright. He was admitted into the hospital before the drug overdose could take his life. It was then that the importance and power of TRS really hit me. No price could be attached to what happened that night. No miracle could have been more meaningful to me. A life was given another chance, and at the same time another life came to realize that some of the things we worry about are nothing compared to the problems of others. It was rewarding to hear Paul's voice a week later. The human bond that we created that night allowed me to mature as a spirit, as a person, and as a man. Paul told me how grateful he was for the TRS program. Now it's my turn to say I am also grateful. Thank you CCAR!”

From a TRS volunteer... "I have volunteered at CCAR since August 2008 as a Telephone Recovery Support person. I have talked to hundreds of people and have heard as many stories. All the recoveries have been unanimous on two counts about their addiction and CCAR. First, they are in recovery now because they absolutely could NOT live their lives as addicts anymore. They all express the strongest desires to have a quality life that allows them to feel emotions, to care for their children and families, and to lead healthy, productive lives. Second, they look forward to receiving the TRS phone call once a week. Some recoveries have developed special bonds with certain TRS volunteers and others simply like to know that someone out there cares about them. In my experience, TRS is tantamount to the All Recovery Meetings, Recovery Community Centers, and the Social Events because it delivers support to the recovery on an intimate, nonjudgmental level."

Recovery Oriented Employment Services (ROES)

Diana Desnoyers, ROES Coordinator,
198 Wethersfield Ave, Hartford, CT (860)
Fax: (860) Email diana@ccar.us



The Recovery Oriented Employment Services (ROES) Program has completed the first year of the DMHAS funded pilot program. ROES is a three-pronged approach to helping new recoverees find employment. First, CCAR developed a curriculum that infuses recovery principles into vocational training. Second, the recoveree is immediately enrolled into Telephone Recovery Support and asked to contribute 20 hours of volunteer service. Finally, CCAR is working to establish a coalition of recovery-friendly employers and provide training to employers to help them become more recovery-friendly. This report begins by providing a timeline for module development, revisions, and implementation in all three locations. A variety of program statistics have been captured by location to include: total recoverees engaged in the modules, module attendance, ROES Program graduates, recoverees enrolled in Telephone Recovery Support (TRS), and recoverees who volunteer at CCAR. Recoveree evaluations were also documented. The report concludes by discussing strategies for developing a recovery friendly business coalition.

Module research and development took place from June through the end of September. The flow of these trainings is good and the transition from one topic to another continues to work during trainings. The first training module took place on July 31st in Hartford and August 20th in Willimantic. The curriculum was completed at the end of September. Hence trainings and module development was occurring simultaneously during this time. Basic editing on all trainings was completed by the end of December. The first training took place in New London on February 4, 2009.

CCAR asked the recoverees to share their experiences with the trainings. It is interesting to note that the majority of recoverees mentioned the interview training as the one area where they gained the most knowledge. One recoveree said that the *"ROES training helped me understand and discuss the key meaning of having good job interviews. The exercises in the training helped me be relaxed and self confident during the interviews."*

CCAR captured a variety of statistics at each training location for gauging program success.

- ROES engaged a total of 187 recoverees. "Engaged" is defined here as all recoverees referred through ADRC's Employment Specialists to CCAR. It includes recoverees who have never attended trainings and recoverees who have either moved on or referred to other programs after completing one or more trainings. Recoverees engaged by location are Hartford 88; Willimantic 74; and New London 25.

- 117 recoverees attended trainings. Training attendance includes recoverees who attended between one and six trainings and then may have been discharged for not showing up or referred to school or other types of services as well as recoverees who finished all seven trainings. Training attendance by location is Hartford: 59; Willimantic 45; and New London 13.
- ROES Program Graduates = 41. Graduation is based on the following criteria: recoverees who have completed all trainings and are working, recoverees who have completed four through six trainings prior to finding employment, and recoverees who completed all seven trainings and are actively looking for work. Graduates by location are: Hartford 25; Willimantic 14, and New London 2.

ROES recoverees complete evaluation forms after each module. Multiple choice questions informed staff on training content, facilitator knowledge and delivery, and overall training. The following information includes answers to all evaluation questions from all modules in all locations. 87% of recoverees answered *excellent* to their evaluation questions; 37% answer *very good*; 16% answered *good*; and 3% answered *fair*.

The majority of volunteers were already volunteering through CCAR prior to beginning the ROES Program: Hartford 25; Willimantic 21; and New London 2. Yet, many participants use the Recovery Community Centers' services during as well as after their completion of the ROES Program. For example, it is not unusual to find a recoveree who graduated the ROES Program a number of months ago job searching on the internet and attending all-recovery meetings or sober events. One recoveree told CCAR staff that *"The ROES Program has given me a positive way to fill my time while unemployed, like learning how to do a resume. I'm learning how to give back. I want to get more involved with volunteering at CCAR. I receive TRS calls and would like to volunteer making those calls. The program has given me hope that there are employers out there willing to work with and accept people who are in recovery. I'm committed to stick with it while having so much free time – it would be so easy to give up."*

In July, CCAR staff developed two program brochures: one for recoverees and one for businesses. Staff also initiated marketing strategies and verbiage for developing a recovery friendly business campaign. In May, 2009 staff completed a "press kit." This marketing tool will provide a visual basis for educating Connecticut employers on addiction, recovery, and how recoverees can make responsible employees. In November 2008 CCAR convened the first ROES recovery friendly business breakfast meeting. Invitees were gleaned through existing staff contacts and participated in a PowerPoint presentation and discussion. Participant's brainstormed their thoughts and concerns on a variety of questions regarding the needs of business owners when working with individuals in recovery.

Recovery Walks! 2009

On Saturday, September 26th, 2009 CCAR held the 10th Annual Walk for Recovery from Alcohol & Other Drug Addiction! It's hard to believe that ten years ago, we held our first Walk hoping that 50 people might show. That year, 700 people walked to offer their lives as living proof and to publicly proclaim that recovery is real. This year we had three times as many people on a glorious day. The event was successful again with live entertainment, food and speakers. Michael Askew emceed the event, Board President Bill Leary welcomed the crowd, DMHAS Doreen DelBianco stirred up the crowd, Executive Director gave his "I Am Not Ashamed" speech and Monae Haugabook cut the ribbon. Once again, the Honor Guard put their face

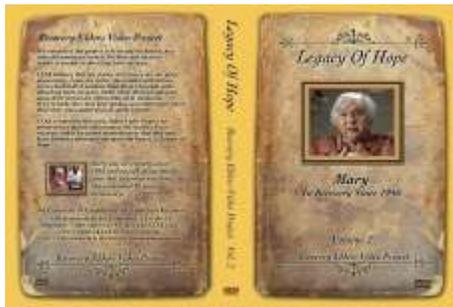
on long-term recovery and led the Walk to the capitol representing over 1,500 years in recovery. The pictures below speak volumes for this event.







Legacy of Hope: Recovery Elders Video Project



The mission of this project is to record for history, in a video documentary format, the lives and recovery stories of people in ultra long-term recovery. CCAR believes that our stories of recovery are our prize possessions. None are richer, more laden with history, more chock full of wisdom, than those of people with ultra-long term recovery. We're talking about people with 20, 30, 40 or more years. Sadly, when these people pass away, their stories are often reduced to memories. If we're lucky they may have spoken at a conference where their story was captured on

an audio cassette. CCAR created the Recovery Elders Video Project to preserve in a digital video format, the stories of our recovery elders for future generations so that they may leave behind a profound and powerful legacy, a "Legacy of Hope." Each 30-minute video consists of an interview with the elder, interviews with family members and friends, photos from the elder's life, supporting documents, B-roll footage of places of interest and more. The first 5 videos were made possible through a grant by the Connecticut Department of Mental Health and Addiction Services (DMHAS) and thanks to another Innovative Recovery Initiative grant from DMHAS in the spring of 2008, CCAR was able to record 8 more stories bringing our total to 13. They have all been reproduced and are currently being distributed to every recovery house in Connecticut free of charge. The elder has also received 25 copies of their video to distribute as they see fit. CCAR will also send copies to archives, museums, treatment agencies and the general public at a nominal fee to help cover production costs.

Recovery Training Series

Over the last year, CCAR's Recovery Training Series has continued to be an integral piece to our recovery support and is summarized in the chart below.

Date	Training	Location	Attendees	Trainers
09/10/09	Understanding Addiction and Recovery	Branford	12	Kevin Hauschulz
10/14/08	Volunteer Orientation	BRCC	6	Normajean Cefarelli
07/16/09	CCAR 101	HRCC	11	Kevin Hauschulz
08/03/08	CCAR 101	HRCC	4	Kevin Hauschulz
11/06/08	Smoking Cessation	HRCC	11	Geralyn Laut
11/13/08	Smoking Cessation	HRCC	11	Geralyn Laut
11/20/08	Smoking Cessation	HRCC	9	Geralyn Laut
11/25/08	Smoking Cessation	HRCC	6	Geralyn Laut
12/03/09	CCAR 101	HRCC	7	Kevin Hauschulz Cheryle Pacapelli
12/10/08	So You Want to Open a Recovery House	HRCC	5	Curtiss Kolodney
12/11/08	Volunteer Orientation	HRCC	9	Normajean Cefarelli
12/15/08	Women in Recovery	HRCC	8	Gianna Johnson
02/25/09	So, You Want To Open A Recovery House	HRCC	25	Curtiss Kolodney
03/11/09	Pardons Training	HRCC	17	Carmen Claudio
04/01/09	Volunteer Orientation	HRCC	12	Normajean Cefarelli
04/22/09	So, You Want To Open A Recovery House	HRCC	17	Curtiss Kolodney
05/08/09	Volunteer Orientation	HRCC	12	Normajean Cefarelli
07/29/09	Volunteer Orientation	HRCC	10	Normajean Cefarelli
09/10/09	TRS Training	HRCC	10	Kevin Hauschulz
09/28/09	TRS Training	HRCC	9	Laurie Fresher
03/13/09	Volunteer Orientation	NLRCC	7	Normajean Cefarelli
07/16/09	Volunteer Orientation	NLRCC	6	Normajean Cefarelli
07/22/09	Group Facilitation	NLRCC	4	Normajean Cefarelli
10/10/08	Telephone Recovery Support	WRCC	2	Caroline Miclette
10/28/08	Telephone Recovery Support	WRCC	2	Caroline Johnson Caroline Johnson
11/10/08	CCAR 101	WRCC	7	Jackie Simpson
12/08/08	Telephone Recovery Support	WRCC	4	Caroline Johnson
12/23/08	Telephone Recovery Support	WRCC	1	Caroline Johnson
01/15/09	TRS Training	WRCC	2	Caroline Johnson
01/22/09	TRS Training	WRCC	2	Caroline Johnson
02/26/09	TRS Training	WRCC	2	Caroline Johnson
03/11/09	TRS Training	WRCC	2	Caroline Johnson
03/19/09	TRS Training	WRCC	2	Caroline Johnson Caroline Johnson
04/02/09	CCAR 101	WRCC	19	Jackie Simpson
05/08/09	Volunteer Orientation	WRCC	7	Normajean Cefarelli Diane Potvin
05/14/09	Nut & Bolts Training	WRCC	22	Caroline Johnson
05/15/09	TRS Training	WRCC	4	Caroline Johnson Diane Potvin
06/12/09	Language of Recovery	WRCC	12	Caroline Johnson
06/25/09	Volunteer Orientation	WRCC	14	Normajean Cefarelli
07/06/09	TRS Training	WRCC	2	Caroline Johnson
07/14/09	TRS Training	WRCC	1	Caroline Johnson
07/15/09	So, You Want To Open A Recovery House	WRCC	18	Curtiss Kolodney
07/20/09	TRS Training	WRCC	1	Caroline Johnson
08/20/09	TRS Training	WRCC	1	Caroline Johnson
TOTAL			355	

Recovery Technical Assistance Group



For nearly ten years, the Connecticut Community for Addiction Recovery (CCAR) has been a leading, cutting-edge Recovery Community Organization (RCO) dedicated to organizing the recovery community's ability to care; challenging the stigma of addiction by putting a positive face on recovery; and assisting people in recovery to build recovery capital. CCAR has developed a host of innovative recovery support services and assembled four Recovery Community Centers (RCC) which have been instrumental in supporting and promoting recovery across Connecticut while simultaneously influencing the emerging movement of Recovery Support Services (RSS) across the nation by serving as a model RCO. Throughout this period of innovation and advancement, CCAR has developed extensive technical expertise in numerous areas related to RCO and RSS such as RCO infrastructure development; volunteer management systems; telephone recovery support services; RCC management; fundraising; and advocacy both for/by people in recovery and with systems of care. CCAR regularly receives requests for technical assistance to share their organizational "experience, strength and hope" with other interested groups and typically does so to assist other organizations develop recovery-oriented supports.

CCAR developed a venture entitled the Recovery Technical Assistance Group (RTAG) in order to more effectively share the lessons learned by CCAR and to encourage and promote the development of recovery support services and recovery community resources. RTAG provides products and services with interested organizations and groups seeking technical assistance. RTAG will utilize all of the resources from the CCAR community: staff, volunteers, family members, recovery community representatives, expert consultants, educators and others interested in sharing CCAR's expertise and vision. RTAG provides the following:

Services

- Conference Keynotes & Speaking Engagements
- Workshop Presentations
- Technical Assistance
- Organizational Consultation
- Education and Training

Products

- Recovery Coach Academy
- Curricula
- Other "How to" Manuals and RCO materials
- RCO Proprietary Software

The primary purpose of RTAG will be to promote recovery, strengthen RCOs and build recovery community capacity. RTAG is interested in working primarily with other nonprofit and independent RCOs in various stages of development, but offers services to interested organizations such as nonprofit treatment providers, systems of care, local, state and federal governments, international groups and organizations. RTAG will strive to always keep the best interests of recoverees and the global recovery community as the top priority.

CCAR has received consulting and speaking fees in places like South Dakota, Minnesota, Maine, Vermont, New Hampshire and Virginia. RTAG was first launched with the assistance of Marshall Rosier, Executive Director of the Connecticut Certification Board. Currently, Jim Wuelfing of the New England Center is serving as a consultant to RTAG. To date, we have received technical assistance requests on the following topics:

- Recovery Community Organization development
- Recovery Community Center development
- Telephone Recovery Support
- Recovery Housing Project
- Recovery Oriented Employment Services
- Volunteer Management System
- Recovery Coach Academy

Recovery Coach Academy



"What a well-rounded curriculum! This training covered key areas that are so important for Recovery Coaches. I found it to be balanced in both experiential and presentation formats and greatly enjoyed my participation. I am excited about this model and hope it will take off in every state. Recovery Coaches will help many to change their lives." - Deb Dettor (Maine)

"Coming in I didn't know what to expect. Learning I am a changed person. I have been given more tools and knowledge to share and build Chicago with. The staff made it easy to understand and made coaching fun. I look forward to sharing my experiences with others." - Jose Tovar (Illinois)

"This Academy is a must for anyone involved with or interested in developing a Recovery Community Center. It is an incredible and powerful blend of knowledge, skills and experiences. What I take back to New York State will enhance The Turning Point, a rural recovery community center, and other organizations in New York state who seek this training." - Betty Currier (New York)

"Not only did the training exceed my expectations, the wide experience and backgrounds of the other attendees was invaluable." - Frank Watkins (Virginia)

The Recovery Coach Academy has found a niche. CCAR is hosting at least one a quarter in Connecticut. In the last year, 63 Recovery Coaches were trained from 13 different states: CT, ME, FL, NY, TX, IN, AZ, IL, VA, IA, MA, GA, RI. In November 2009, CCAR will take the Recovery Coach Academy "on the road" to Des Moines, Iowa. In 2010, an individual from England will participate. Also organizations from England and South Africa have been inquiring about the RCA.

From a participant...

What did I learn about being a recovery coach? I've learned so much stuff. First I'd like to start with the guiding principles. Which reminds you what's important to the other person you are coaching. You can let them know different options, but don't be judgmental. Listening and being accepted to what they have to say, always allowing them to make their own decision. Not to treat a person as an object. The resources show you have something to offer. Letting a recoveree feel safe, by welcoming, active listening, and understanding. Which lets them feel important. Always remember that the recoveree comes first. There are five stages of changes they go through. Regardless to whatever stage they may be in just deal with the issue. We talked about cultures and religious competency. It didn't matter to me because I feel you just have to accept a person for where they're at, and for who they are because addiction is real and it's in a lot of different cultures. What I learned the most, my self worth, not allowing stigma and labels to continue to hinder me. I'm using my long addiction history for good today to help another recoveree choose a better path for themselves, giving back as a recovery coach.
~ CCAR Volunteer

So what is the Recovery Coach Academy? The Recovery Coach Academy is a five-day training opportunity designed for those interested in becoming actively involved in serving as a recovery coach. A Recovery Coach is *anyone interested in promoting recovery by removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seeking or already in recovery*. The training will provide participants a comprehensive overview of the purpose and tasks of a recovery coach and will explain the various roles played by a recovery coach. The training will provide participants tools and resources useful in providing recovery support services and emphasizes the skills needed to link people in recovery to needed supports within the community that promote recovery.

Unequivocally, recovery coaches do not provide clinical services. They do however sometimes work with people experiencing difficult emotional and physical states. As a result, the training provides participants with a basic understanding of substance use and mental disorders, crisis intervention and how to respond in crisis situations. In addition, skills and tools on effective communication, motivational enhancement strategies, recovery action planning, cultural competency and recovery ethics will be offered.

Learning Objectives for the Recovery Coach Academy. Participants will be able to:

- Describe the roles and functions of a recovery coach
- List the components, core values and guiding principles of recovery
- Build skills to enhance relationships
- Discuss co-occurring disorders and medicated assisted recovery
- Describe stages of change and their applications
- Address ethical issues
- Experience wellness planning
- Practice newly acquired skills

Day 1: The focus on Day One of the Recovery Coach Academy is to create a safe learning environment where new knowledge transfer can occur and basic assumptions and values can be challenged.

Furthermore, participants will get a firm foundation in terminology, role clarification and guiding principles.

Day 2: The focus of Day Two is to examine the optimal ways of working with people. Both knowledge acquisition and skill development in our role as recovery coaches will be accomplished.

Day 3: Day Three has a knowledge acquisition on recovery models and change models as well as a strong focus on skill development in motivating others to change.

Day 4: Day Four has two distinct components: knowledge and skill development on issues of spirituality, cultural competence and ethics; an immersion into the resources in Connecticut and how to access them.

Day 5: Day Five is primarily concerned with the actualization of becoming a recovery coach. An emphasis will also be placed on future professional development needs and responsibilities and appropriately closing a week-long academy.

Training-of-Trainers (TOT)

Those interested in becoming trainers of the Recovery Coach Academy can attend a concurrent Training-of-Trainers which will be offered in an additional two hours following each training day and all day Saturday following the Academy. The TOT is designed to familiarize participants with the full curriculum and to learn optimal methods of delivering the RCA. The TOT is not a training primer, therefore those selecting to attend the TOT need to be seasoned trainers.

Sustainability

- CCAR submitted several proposals to the CT Department of Correction (CTDOC) and earned one award of \$100,000 to provide recovery support services through the Re-Entry & Recovery Project in the Hartford parole district.
- CCAR continues to receive donations from the Prison Fellowship and local community churches that support recovery housing.
- The four Recovery Community Centers have taken the challenge of helping with CCAR's sustainability by doing a number of events. Not only do these functions contribute to the bottom line, they serve to build recovery capital in all the attendees. Center staff and volunteers put on events like tag sales, open mic/karaoke nights, holiday dances, etc.
- United Way: this past year our participation netted \$981.
- Recovery Technical Assistance Group (RTAG): CCAR has provided Technical Assistance to a number of organizations nationally generating approximately \$68,000 in revenue.

CCAR Historical Time Line

A Brief History of CCAR	
1997	<ul style="list-style-type: none"> • CCAR holds Connecticut's first Recovering Community Organization meeting
1998	<ul style="list-style-type: none"> • Connecticut Community for Addiction Recovery officially named • 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 • Mailing list topped 100 • Awarded an original CSAT Recovery Community Support Program (RCSP) grant • Awarded funding from DMHAS
1999	<ul style="list-style-type: none"> • 60 members attended 1st Legislative Day at State Capitol • 1st Board of Directors meeting held • 15 members spoke at CSAT Public Hearing in Hartford "Changing the Conversation, A National Plan to Improve Substance Abuse Treatment" • 140 attended CCAR Conference "In Celebration of Recovery!" • 1st video "Putting a Face on Recovery" released • 5 people in recovery selected to serve on DMHAS State Advisory Board, 2 appointed by Governor • Recovery Support Services Concept Paper submitted to CSAT for conference grant
2000	<ul style="list-style-type: none"> • 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) • Hosted 2nd Legislative Day, over 100 people attended • Started "Legacies" support group for parents who had lost children to addiction • Hosted training – Racism of the Well-Intended, Slaying the Dragon • 700 attended first annual Recovery Walks! at Bushnell Park in Hartford • "Putting a Face on Recovery" video distributed to 700+ • 1st edition of The Recovery Herald newsletter published and distributed to 6500+ • 112 people attended 1st Annual Meeting & Awards Dinner
2001	<ul style="list-style-type: none"> • 1st of 7 Chapters established giving CCAR local and regional presence • 200+ people attended 3rd Legislative Day, 36 legislators sponsored the event with 3 talking about their own recovery • Non-profit 501(c)3 status granted • 10,000+ Recovery Posters distributed nationwide • Website www.ccar-recovery.org goes live • "Putting a Face on Recovery" video updated; 2000+ distributed nationwide • Awarded CSAT Recovery Community Support Program (RCSP) Track II grant • 2000+ participated in 2nd Recovery Walks! held 5 days after terrorist attack of 9/11

A Brief History of CCAR

2002	<ul style="list-style-type: none"> • 16 members testified at Informational Forum at the invitation by CT Legislature Judiciary Committee issues relating to felony conviction and sustained recovery • 200+ people attended CCAR's trauma/recovery forum "Recovery Speaks in the Shadow of 9/11" in New London • Membership topped 2000 • 3000+ participated in 3rd annual Recovery Walks! in Hartford
2003	<ul style="list-style-type: none"> • 200+ attended 2nd trauma/recovery forum in Bridgeport • Code of Ethics established • Shifted successfully from Recovery Community Support Program to Recovery Community Services Program • 1st of 42 trainings in the "Recovery Training Series" delivered • New video "Healing Power of Recover" completed • 3000+ participated in 4th annual Recovery Walks! in Hartford • Staff invited to "Innovator's Meeting: Strategic Planning for Peer Recovery Support Services" SAMHSA/CSAT Access to Recovery (ATR) Program • First audit for year ending June 30, 2003 completed and earned a non-qualified opinion
2004	<ul style="list-style-type: none"> • CCAR involved in development of state ATR proposal • 200+ people attended Grand Opening of Windham Recovery Community Center • First Family Support Group met in Windham Recovery Community Center • Transition of leadership to new Executive Director • Executive Director Co-chairs state team with DMHAS Commissioner at National Policy Academy on Co-Occurring Mental Health and Substance Abuse Disorders • Formal Volunteer Management System implemented • Awarded CSAT Recovery Community Services Program (RCSP) Track III grant • 3000+ participated in 5th annual Recovery Walks! in Hartford
2005	<ul style="list-style-type: none"> • New London Recovery Community Center opened • Recovery Housing Project developed state-of-the-art internet database to include 100 independently owned, privately operated recovery houses covering 1069 beds • Recovery Housing Coalition of Connecticut (RHCC) established • RHCC established standards for independently owned, privately operated recovery housing • Recovery Housing Project training "So... You Want to Open a Recovery House" generated 7 new recovery houses totaling 70 new recovery beds • Prison Support Groups established in Enfield and Bridgeport • Comprehensive Volunteer Management System implemented • An article on Recovery Walks! appeared on the cover of the inaugural edition of Rising Recovery in Action, Faces and Voices of Recovery (FAVOR)'s national magazine • Recovery Walks! model replicated in several other states • Recovery Walks! drew 2000+, Honor Guard established for first time • Executive Director served on CSAT Summit Planning Committee • Established Recovery Capital Tool and Recovery Friendly Tool for evaluation purposes • Hosts recognition dinner in honor of CCAR founder, Bob Savage • The WRCC attracted 10,000 visitors • More than 350 individuals attended Recovery Training Series • CCAR represented at historic Faces and Voices of Recovery summit in Washington, DC • Executive Director presented at CSAT Summit • Begin series of Oldtimer (20+ years of recovery) Retreats and Focus Groups • The 50th 'Hooked on Recovery' article penned
2006	<ul style="list-style-type: none"> • Core Elements of a Recovery Community Center written • Volunteer Coordinator hired • Telephone Recovery Support became CCAR's first "fee-for-service" • Article published on Telephone Recovery Support in Addiction Professional magazine • New London Recovery Community Center held successful comedy night/pasta dinner event • Senior Peer Services Coordinator Diane Potvin received the Dr. Edward Brown Humanitarian Award for her work in support of recovery in Willimantic. • Executive Director traveled to AZ to serve as consultant to a sister Recovery Community Organization

A Brief History of CCAR

	<ul style="list-style-type: none"> • Hosts 1st Annual Volunteer Recognition dinner with comedian Mark Lundholm, 144 registered CCAR volunteers invited, Keith Sawyer earns Presidential Award with over 1200 hours • Legacy of Hope: Recovery Elders Video Project launched • CCAR staff ran workshops, served on panels and introduced speakers in statewide DMHAS Recovery Conference: <i>Vision to Outcomes</i> • Bridgeport Recovery Community Center opened (#3) • Purchased a 3-story Victorian on 198 Wethersfield Avenue in Hartford to house the Hartford Recovery Community Center and the administrative offices • Individual Giving campaign launched • Recovery Walks! held for the 7th consecutive year, a lead event for Rally for Recovery, banner for 46 other events held nationally on same day • Executive Director Phillip Valentine received America Honors Recovery award from The Johnson Institute at the National Press Club, Washington DC • Executive Director presented on CCAR, recovery support services and promotes the RCSP at congressional briefing in Washington, DC • WRCC attracted more than 15,000 visitors • Hartford Recovery Community Center opened (#4) • Technology grant received from Hartford Foundation for Public Giving
2007	<ul style="list-style-type: none"> • Hosted HBO "Addiction" premier at St. Francis Hospital Chawla Auditorium for 125 persons • Hosted 2nd Annual Volunteer Recognition dinner with comedian Mark Lundholm, more than 200 registered CCAR volunteers invited, 17 Presidential Awards given • The CCAR experience highlighted in interviews published on Faces &Voices of Recovery website, Great Lakes Addiction Technology Transfer Center (GLATTC) website, Recovery Solutions magazine • Hartford Recovery Community Center launched with Grand Opening for more than 200 people • CCAR leased space to Columbus House "Road to Recovery" program on 3rd floor of the HRCC • New author Richard Anthony (his pen name) began new recovery column that goes out on CCAR website and list serve, "Reflections of a 10th Leper" • Senior Peer Services Coordinator Diane Potvin celebrated 20 years of recovery • Legislative breakfasts held in each of the Recovery Community Centers • NLRCC held 2nd successful Comedy Night • CCAR presents at CCB conference on co-occurring disorders • Executive Director presents at NASADAD (National Association of State Alcohol and Drug Abuse Directors) on the CCAR experience in Burlington, VT • Senior Peer Services Coordinator Michael Askew retires and moves to North Carolina • Executive Director is lead author on a paper titled, "The Recovery Community Organization: Toward A Working Definition and Description" with Bill White and Pat Taylor • CCAR won \$270,000 DMHAS grant to provide Telephone Recovery Support to 2500 recoverees • Staff expanded from 10 to 15. • Recovery Walks! held for the 8th consecutive year, Songwriter/vocalist Paul Williams keynotes, first time weather bad, yet sun breaks out during Honor Guard • Senior Peer Services Coordinator Kim Haugabook represented CCAR at a Whitehouse Roundtable in Washington, DC • Senior Peer Services Coordinator Diane Potvin presented at New England Association of Drug Court Professionals in Boston, MA • Executive Director represented CCAR at CSAT Regional Recovery Summit state planning meeting • Executive Director served on a consensus panel for a Center for Substance Abuse Treatment (CSAT) TIP (Treatment Improvement Protocol) on Relapse Prevention • Volunteer Manager Normajeon Cefarelli presented on the CCAR Volunteer Management System in Kentucky • Long time Office Manager Pat Howard retires • CCAR completed a strategic planning process • Executive Director Phillip Valentine celebrated 20 years of recovery • Volunteer hours served topped 10,000
2008	<ul style="list-style-type: none"> • CCAR formed the Recovery Technical Assistance Group (RTAG) to provide consulting, technical assistance to recovery community organizations and other entities

A Brief History of CCAR

	<ul style="list-style-type: none"> ● Held the 3rd annual Volunteer Recognition and Celebration dinner with Mark Lundholm. 221 people attended, 123 of them volunteers and 21 Presidential awards were given. The CT Attorney General also signed certificates for each of the Presidential Award recipients ● CCAR won 4 DMHAS Innovative Recovery Initiative one-time grants totaling \$139,000 – Oldtimers Conference, Legacy of Hope 2, Women In Recovery through Enhanced Designed (WIRED) and Recovery Coaching ● DMHAS Commissioner Thomas Kirk attended a CCAR Board meeting and the discussion focused on sustainability ● CCAR collaborated with a treatment provider, ADRC (Alcohol & Drug Recovery Center) and won a state grant to provide Recovery Oriented Employment Services (ROES) ● With the CT Certification Board (CCB), CCAR assisted with the Recovery Support Services Conference: Promoting Recovery with Recovery Support Services. Several CCAR volunteers and staff presented. ● Diane Potvin WRCC Manager was voted in as a co-chair of the DMHAS State Advisory Board ● United Way contributions to CCAR topped \$1,000 ● The 1st Recovery Coach Academy was held, a 7-day training that drew 30 participants in a “learning laboratory” model ● The number of recoverees reached through Telephone Recovery Support tops 1,000 ● CCAR hosted the 1st Oldtimers Conference: Celebrating a Legacy of Hope drew 200 people and featured Liz B, a woman with 55 years of recovery ● New London Recovery Community Center Manager Kim Turner-Haugabook accepts a significant promotion and leaves CCAR ● CCAR won the 1st Joel Hernandez Voice of the Recovery Community award presented by Faces & Voices of Recovery as the nation’s outstanding recovery community organization. ● Board President Tony Taschner steps down; Bill Leary voted in as President.
2009	<ul style="list-style-type: none"> ● Held the 4th annual Volunteer Recognition and Celebration dinner with Mark Lundholm. 209 people attended, 108 of them volunteers and 27 Presidential awards were given. The CT Attorney General also signed certificates for each of the Presidential Award recipients. ● CCAR earned a \$100,000 contract form the CT Department of Correction for the Re-Entry & Recovery Project for people in the Hartford parole district. ● Michael Askew returned from North Carolina to serve once again as the Manager of the Bridgeport Recovery Community Center. ● DMHAS Commissioner Thomas Kirk retired. The CCAR Executive Director served on the committee to interview candidates for the position. Pat Rehmer appointed new Commissioner. ● The Recovery Coach Academy was held 4 times, a 5-day training that drew participants from 13 different states. ● The Recovery Technical Assistant Group expands – a recovery community organization development contract in Sioux Falls, SD; a Recovery Coach Academy in Des Moines, IA; Telephone Recovery Support TA in VA, TX; numerous speaking engagements (MN, VT, ME, NH) ● CCAR had visits from several states interested in our model – Texas, New Jersey, South Dakota, Massachusetts and Vermont. Also, a gentleman from England visited the HRCC. ● The number of recoverees reached through Telephone Recovery Support tops 2,000 ● Recovery Walks! celebrated its 10th anniversary. ● Hartford Business Journal selects CCAR Executive Director Phillip Valentine as Non-Profit Executive of the Year. ● Findrecoveryhousing.com became an official e-commerce site.

CCAR Staff

Michael Askew	Recovery Community Center Manager, Bridgeport
Normajeon Cefarelli	Volunteer Manager
Diana Desnoyers	Recovery Oriented Employment Services Coordinator
Laurie Fresher	Recovery Community Center Manager, Hartford
Andrea Gaines	Recovery Community Center Assistant, Hartford
Kevin Hauschulz	Telephone Recovery Support Lead Coordinator, Hartford
Linda Hunter	Telephone Recovery Support Coordinator, New London
Caroline Johnson	Telephone Recovery Support Coordinator, Windham
Curtiss Kolodney	Recovery Housing Project Manager
Yolibel Lebron	Office Manager
Cheryle Pacapelli	Director of Operations
Diane Potvin	Recovery Community Center Manager, Windham
Dina Repinecz	Director of Development
Kim Sylvester	Office Assistant
Phillip Valentine	Executive Director
<vacant>	Recovery Community Center Manager, New London
<vacant>	Telephone Recovery Support Coordinator, Bridgeport