



A Program of the Western Mass Training Consortium

How to Build Your Own Peer-To-Peer Recovery Center From The Ground Up!

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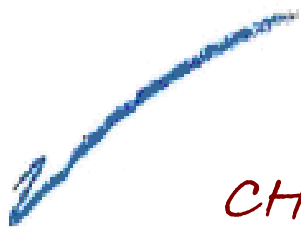
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Table of Contents

<u>Checking In</u>	1
<u>I Introduction</u>	2
<u>II Planning</u>	3
<u>III Staffing</u>	8
<u>IV Space</u>	10
<u>V Volunteers and Members</u>	18
<u>VI Sustaining Your Project</u>	25
<u>VII Policies and Procedures</u>	34
<u>Appendix 1</u>	39



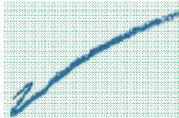


CHECKING IN...

Why do communities need peer-to-peer model recovery projects?

- “Because one day at the lobby of the hospital, treatment center, halfway house or jail, they open the door and let you out.”
- “Because only someone who has been where I was can really understand what I am going through”
- “Communities need peer to peer recovery centers to build a sense of community and provide supports within the recovery community”
- “It is free, cost effective and anyone can go there.”
- “It is a place where recovering addicts and alcoholics can go and feel at home”
- “ we are the last house on the street for many people”
- “It is a place where we can re-engage and get involved with our community and help the next alcoholic or addict get recovery”
- It gave me a place to go and something to do when I had nothing, really it gave me a reason to get up in the morning”
- “It was where I built a new network of friends, who were safer and healthier than the ones I left behind”
- “I learned there that there was life after alcohol, sober dances and other activities helped me to see that life could still be fun”
- “The volunteer position I took here helped me to keep on track when the rest of my life was falling apart”
- “We can feel safe there”
- I was valued and trusted, maybe for the first time, and I was able to help create something larger than myself”

Asked and answered at the RECOVER Project Community Meeting, November 2006.



Whenever you see an aqua shaded box, with the “Checking In” symbol, you’ll be reading something written by someone in recovery, sharing his or her own personal experience or personal opinion, about The RECOVER Project.

Whenever you see the pink-shaded box, with the phrase “From the RP”, you’ll be reading about an experience or lesson from the RECOVER Project. These excerpts will help to illustrate each learning point.

If you are working from the cd-rom version of the manual, you can also download electronic versions of all of The RECOVER Project’s documents, forms, and policies to use as models on which to base your own, saving you lots of re-typing time! Feel free to modify them any way you wish.

Links to downloadable documents will appear in blue and be underlined, such as our:

[CODE of ETHICS](#)
[NEW VOLUNTEER SIGN-UP](#)
[DAILY COMPUTER USE](#)



CHAPTER 1

Introduction to RECOVER Project

What is the RP?

The RECOVER Project is a peer-to-peer recovery support program located in Franklin County, Massachusetts. We are a part of SAMHSA's Recovery Community Support Program (RCSP), which funds 30 sites across the US. ([link to RCSP site](#))

Who is involved and what does peer to peer mean?

"Peer-to-peer" means people in recovery from drug and alcohol addictions helping each other. We define a "peer" as someone who has the experience of addiction and recovery, either directly or as a family member or concerned other.

So, what do we do? As you read on, you'll get a better sense of what we do and how we do it, but here's a quick summary: We do peer-led activities like the art class, sober social events, leadership training, free reiki and yoga, and peer mentoring. We are a volunteer program where people in recovery have the opportunity to plan, create, invent, and make things happen.

How do we do it?

Volunteers are central to the work that we do. Without volunteers, we would not have the extent and breadth of programs that we do. Volunteering is an opportunity for people to fully participate, give back, enhance skills and connect with others. You'll learn more about this in the "now what?" section.

Here's what we are NOT: We are not treatment, medical model, we do not provide therapy or medications, and we are not twelve step. We are not these things, although we acknowledge that these are important, often crucial in people's recovery. We recognize that people exist in the complex context of their lives, and that, in the right conditions, people do recover.

Our Recovery Center:

Most of our activities are located in our recovery center – a 1300 square foot space in an office building in downtown Greenfield, MA. Our center has large open meeting space with couches, a small meeting room, three online resource computers, a library, kid's area, a small kitchen and three staff offices. The center is a warm and welcoming environment, the safe, sober space that allows people from all recovery backgrounds to come together to socialize, work on a volunteer project, attend a workshop, read a book or look for a job online.



From the RP

A snapshot of Franklin County

Franklin County is a rural county located in the north-central portion of Western Massachusetts. Though our center is located in Greenfield (pop. 18,000), which is the county seat, our programs reach the outlying North Quabbin and West County areas. Greenfield has a historic, downtown, host to local merchants, coffee shops, boutiques, and a Community College. Franklin County is one of the poorest, most rural and least populated counties in Massachusetts, with high rates of alcohol and drug use disorders (US Census, 2000). Some of the issues that face folks in the county are high rates of interpersonal violence, isolation, increased rates of heroin use (Mass DPH), recent closing of the county's only detox, and dismantling of outpatient drug and alcohol

NOTE ON CHAPTERS:

The chapters in this manual are ordered based on a general timeline of action steps. These steps don't necessarily happen one right after another however. Many of the steps are happening simultaneously. For example, you might be locating a physical space (Chapter IV) during the planning phase (Chapter I). And you'll probably recruit volunteers (Chapter V) to help out with the planning phase (Chapter I).



CHAPTER 11

The Planning Stage: Developing a Vision

Your planning stage will involve three components:

A) Developing a Vision

This is where you explore your values and come up with guiding principles and a rough structure for your program.

B) Assessing Your Community's Needs

This is where you bring people from your community "on board." You identify the needs and strengths of the community, then invite community members to become involved.

C) Crafting Your Programs

Guided by your vision work, and by the community's needs, this is where you design the specific programs and activities that will address the community's needs.

It is crucial that people in recovery are a part of the planning process on all levels and at all stages. This is called "**participatory process**".

Participatory Process: Inviting people to the table

Being peer-based and community based is more than just a mind set. It means having a process or system to ensure that the voices of those with the lived experience of addiction recovery are heard and respected, and that people in recovery are involved at all levels of decision making about program, policy and strategic planning. This means creating forums and opportunities for people to "be a part of" all stages of your project – from planning to implementation to completion. Rather than two or three staff deciding what happens at RP, it is the recovery community who decides **and** makes it happen. Who is included in this process? As many different types of people as possible. To see our [Participatory Process Chart](#), [click HERE](#). We'll revisit this process later on.

A. Developing a Vision

Before you open your center and get programs started, there are some key questions that need answers. These answers should come from the community. Oftentimes, they'll lead to more questions. That's OK- it's all part of the process. You will want to gather together people concerned with addictions and recovery to do some vision work. Some of the vision sessions might be staff only, but as much as possible, be sure to invite people with first hand addictions and recovery experience, family

From The RP..

In our vision planning, we came up with **4 guiding principles**:

- 1) people move from dependency to interdependency;
- 2) reliance on the community is central to recovery;
- 3) competence and wisdom resides in all people with lived experience of addiction and recovery ; and
- 4) leadership emerges naturally within the community and positive leadership should be fostered and supported.

We also developed a [recovery model](#) that reflected the commonalities among diverse recovery paths. [Click HERE](#)

Oh, and one more thing – we did a rough draft of an [org chart](#) that we refined later on in our community meetings. For our org chart, [click HERE](#)

CHECKING IN...

"We acknowledged that we did not want to "fix" people, but rather create conditions in which people can heal, get connected, learn more about themselves, and ultimately, thrive."

- A recovery community member

members, caregivers, providers, as many different kinds of people as possible. The answers to these questions will help to provide a values framework and perspective for the work you will be doing.

Suggested questions for Early Vision Session(s)

- Who or what is at the center of our work?
- How do people recover?
- What are the greatest strengths of people in recovery?
- What are the barriers or challenges faced by people in recovery?
- What are the key components or bodies? (e.g. staff, volunteers, recovery community, board of directors, greater community), and how do these components interact?

If all goes well, after the vision session, you'll come away with some guiding principles, a map or other visual aid, an organizational chart, a recovery model and hopefully, more questions – questions that you can ask in the next phase, which is **assessing your community's needs**.

But... remember, just because you have fancy charts and documents, doesn't mean it's all "set in stone". This is a PROCESS, and you're never really done asking questions, improving, modifying, going with the flow.

For RP's recovery model click [HERE](#)

For RP's Participatory Org Chart, click [HERE](#)

B. Assessing Your Community's Needs

Needs Assessment

Now that you have some sense of your values and principles, perhaps a recovery model and a budding organizational structure, you will need to find out the needs, gaps and strengths in your community. This will help you to decide what types of supports, activities or services to provide. And who would know best but people in your community?

Who will you ask and how?

You'll want to get input from many different cross sections of your community. There are quite a few different strategies to do this, you'll find ones that suit your community.

The questions that you ask should be appropriate to the size and make up of the group. For example, in a focus group of 10 teenagers, the questions should be in their language. In a small group, have a handful of questions ready, and be prepared to adlib some probing questions and allow time for some open discussion. For a group of 50 adults, don't ask 20 questions, rather ask a few pointed questions, otherwise you'll never get through the session.

From The RP...

Community Engagement

It is important to involve the greater community during all phases of your development, but it is especially critical during your planning phase. This will need to reach out to community members to participate in your vision planning, needs assessment, program design and implementation.

Here are some tips on how to engage your recovery community from the start:

Go out and meet with area social services providers – halfway houses, criminal justice programs, mental health clubhouses, shelters, substance abuse providers, rehabilitation centers, soup kitchens, etc.

Hold an open house - reach out to as many different kinds of people as possible - from different races, creeds, socio economic status, sexual orientation, types of recovery, lengths of recovery. This will ensure representation from diverse groups

Participate in networking meetings of local providers- ask for an opportunity to present your programs at these meetings.

Invite 12 step and other recovery groups to rent your space

You should repeat these strategies periodically- it's a good way to "keep an ear to the ground" and to keep your community engaged.

[Questions we asked in our Needs assessment:](#)

Here are a few needs assessment strategies we recommend:

Open community meetings: invite all concerned with addictions: recovering people, local merchants, healers, employers, service providers, cops, lawyers, ex-cons, and so forth. Ask several basic questions: what are the needs, gaps, strengths and possible solutions. Have someone take notes. If you serve different geographic locations, hold at least one meeting in each area.

Individual interviews:

recruit a team of volunteers to go out into the community and interview neighbors, family, employers, friends, teachers, etc. These interviews should be short – just a few open ended questions. You might want to ask how substance/alcohol addiction affects them, their family and/or the community.

Targeted focus groups:

Hold several focus groups of people who identified as having special needs or concerns, or specific ethnicity/culture, e.g. GLBT-Q, people with HIV/HepC, Latinos, Parents, Youth, trauma survivors, and so forth.

Don't reinvent the wheel

It may be that other social service organizations have done needs assessments already. Call around to find out. If so, you might want to research their results, pull out what is helpful to you, or even summarize their results to help you design your programs.

The results

When you're done, you should end up with four or five key areas of concern, and some idea of how to address these concerns.

The community assessment never ends.

Just because you asked the community what to do in the beginning, doesn't mean you're all set. You should *always* have an "ear to the ground" – continually LISTEN to the community – always adjusting your programs to meet people's ever-changing needs. If you've set up a **participatory process**, this will happen naturally.

C. CRAFTING YOUR PROGRAMS

Now that you have three to five key areas of concern, the next step is to craft your activities and programs. You will need help to do this. Your steering committee can provide this help.

What is a Steering Committee?

This is a group of people that you will bring together to help you design your programs. The key is to invite people who are in recovery, as well as those whose lives are affected by recovery. Invite people from various walks of life – teachers, dentists, lawyers, fundraisers, old-timers, community leaders, firefighters, police officers, landlords, and so forth. Include folks from different geographic locales. Be sure to include at least a few people who have experience in program development.

From The RP...

Let's Revisit Participatory Process
At RP, we continually listen to the community, not only that we engage people – encourage folks to participate in the solution. We created several forums – opportunities for this to happen.

Here they are:

Semi- monthly community meetings where participants and staff get together to discuss the center's activities.

Leadership council of people in recovery, to guide our programs.

Ethics committee of community members and long time RP members who address ethical concerns.

Volunteer committees Where groups that make things happen- social events, the newsletter, wellness activities

This group should be the right size. Fewer than eight and you don't have enough representation. More than twenty and the group can get bogged down. Be sure to invite more than your ideal number, as some folks will opt out.

Brainstorming with your Steering Committee

Before brainstorming solutions with your Steering Committee, review with them the results of the needs assessment, including the three to five key areas of concern, any statistical analysis, as well as specific anecdotes from individuals.

For each area of concern, brainstorm different solutions or strategies. For example, if a key area of concern (from the community assessment) is parenting in early recovery, a solution might be a parenting support group or access to custody resources.

Write it all down on flip chart paper so everyone can see. Once the committee has identified four to five solutions or strategies for each area of concern, ask them to prioritize or "order" each strategy within each area of concern.

Designing a Workplan

Once you've collated the results of your brainstorm session, work with your staff and volunteers to develop a workplan. Decide which activities are feasible to do right away, which ones you'll do down the road, and what your capacity is. Keep in mind that until you get a pool of volunteers, most of your activities will be coordinated and run by staff. Be realistic about your capacity – be careful not to overextend yourself. It's better to do a few things well, than many things poorly.

A workplan can be a simple table with several columns: The activity, the steps involved, the timeframe for each step, and the person responsible. For a [sample workplan, click here](#). As you start your programs, be flexible about your workplan. Remember that it is a work in progress.

Talking Points:

We'll discuss this more in Chapter VI, but it should also be mentioned here. It is important how you talk about your project to new participants. You will use talking points when recruiting volunteers, networking with community organizations, asking for donations, talking with law enforcement and employers, and so forth.

In your planning stage, come up with a few talking points—really brief sentences or phrases that convey what you do, who you are, and why you do it. Challenge yourself and see how few words you can use to describe your project without diluting your message.

We used one version of our talking points on the first page of Chapter One. Here are some other examples:

From The RP...

What is a "brainstorm"?

A "brainstorm" is when a group of people join together to come up with ideas or solutions to a proposed concern, question or problem. In a brainstorm, people's statements might be spontaneous or thoughtful, absurd or sensible. Either way, the facilitator makes sure that all ideas are heard and written down. Then the facilitator asks the group to identify common themes among individual responses.

From The RP...

Why is it so important to have a clear message?

When people walk through our doors, oftentimes, they are referred from a formal treatment program, usually based in the medical model. Some folks asked us, "will I be assigned a case manager?" or "do you guys provide counseling?". Others confuse us with AA.

Right from the start, we had to be very clear that we are "peer to peer", describe what that means, and explain that we are not treatment and not AA. We clarify that we are not these things, but we acknowledge that AA and treatment are instrumental in many people's recovery.



- “The RECOVER Project is a place where people in recovery help each other.
- At our center, volunteers and staff work together to provide sober social activities, peer mentoring, wellness activities and leadership development.
- Addiction and recovery affect us all, so we work with the community to show that while addiction is a problem, people in recovery are part of the solution.

A Note on Community Engagement:

How you interact with community members— from the volunteer who helps implement your programs, to a local merchant who serves on your board of directors, to the “old timer” who helped craft your programs— will determine the success of your project. Involving community members will help to create “buy in” into your project. Keeping an ear to the ground will ensure that your programs are appropriate and making a difference in the lives of people. All of this will help you to sustain your project, and more importantly, to sustain recovery. For more information on community engagement and sustainability, see Chapter VI.



CHAPTER III

STAFFING

But HOW?

Now that you know WHAT, you'll have to figure out HOW. Who will run your center? Who will do outreach? Who will oversee the programs? There are a few potential scenarios.

Volunteers vs. Paid Staff:

A recovery center can be run by paid staff, by a team of volunteers, or a combination of both. This is tied in to how and if you are funded, and your community's commitment to volunteerism. It may be hard to find volunteers who can make a full time commitment, so having at least one full time paid staff person can be a real asset. Either way, the job descriptions below can be filled by paid staff or skilled volunteers.

Evolving Roles:

As your program evolves, staff roles will shift as you go through different phases in your evolution- from planning and assessment to program implementation to building a legacy. For example, in the case of the Volunteer Coordinator, their focus in the early phases would be recruitment and outreach, and in later phases it might be leadership development and coaching. You might find it helpful to consolidate some of these roles into one position (especially if it's paid staff doing the work), or expand them into more positions (this works well in an all volunteer setting).

JOB DESCRIPTIONS:

Project Director:

Responsibilities include project oversight, report and grant writing, budget, policy and procedure, networking with community organizations, providers, state and local entities. Support and liaison with Board of Directors (leadership or steering committee). Oversight of fund development and sustainability work.

Volunteer/Outreach Coordinator

Coordinate peer volunteer program, including outreach, recruitment, retention, coaching, skill development, and incentives. The Volunteer Coordinator should create leadership opportunities, and encourage peer volunteer participation in all aspects of the project. This person creates new positions and volunteer committees for emerging project needs, and works with the program coordinator to ensure follow through on volunteer projects.

For more information on Volunteer Program, see Chapter V.

From The RP...

RECOVER Project hired three paid staff in 2003. These were: an **outreach coordinator** to recruit volunteers, a **program coordinator** to start programs and an **operations/admin coordinator** to start and maintain the office. In the first two years, most of the work was done by staff. Peer volunteers were involved on committees and had job descriptions, but staff spent a lot of time coaching, supervising, and providing emotional support. By the end of our third year, the capacity of our volunteer program had grown to the point where most of the work is done by volunteers. The scale has tipped, so to speak. Granted, peer volunteers will always need support, coaching and incentive – but who says this cant come from other volunteer leaders, rather than paid staff?

Recover Project's Evolution

Phase I: Planning and Assessment

Focus is on planning, needs assessment, outreach/recruitment, and getting the word out about your project.

Phase II: Program Implementation:

Focus is on capacity building, volunteer training, developing a project identity and sustainability planning.

Phase III: Building a Legacy

Implementing sustainability strategies, volunteer leadership training.

Program Coordinator

Responsible for initiating and coordinating regular programs and Activities such as publicity, sign up process, scheduling, etc. This would include regularly scheduled programs, like a weekly support group, or art class, and also less frequent activities like potluck dinners, Wellness Day or a Recovery Month Event. This person makes sure that the objectives (activities, initiatives and programs) set out in your workplan are actually done. The program coordinator makes sure that new initiatives are in line with the project's goals and capacity.

Fund Developer / Marketing Coordinator:

The marketing coordinator is responsible for all stages of marketing your project. This person is responsible for event publicity, event sponsorship, donor solicitation, press releases, developing "branding" or project name recognition. Focus is on raising public awareness and community "buy in".

Operations and Administrative Coordinator

This person makes sure office functions go smoothly, from initial office set up (copiers, computers, phones and such) to daily office use. Responsible for basic bookkeeping*, including petty cash, invoices and income processing, as well as ordering supplies

**How much bookkeeping you do depends on whether you have a parent organization (a 501C3 nonprofit that you receive funding through) that does the accounting. If this is the case, then you will only be concerned with the basic bookkeeping mentioned above. If you are your own fiscal entity, then you will need to have a bookkeeper or accountant on staff.*

Additional **Peer Volunteer Roles** will depend on your program needs, what type of supports you have, and the skill level of your volunteers. There are more sample job descriptions specific to peer volunteers in Chapter VI.

From The RP...

One golden rule: Staff should be accessible. Here are a few tips: Have an open door policy. Join your volunteers and participants for lunch in the main room of your center. Participate in a peer - led discussion group. Sit in on an art class. This will help "flatten" the hierarchy that occurs in so many human service places.

CHAPTER 4

You Are Going to Need a Space

You are going to need a space for your recovery center. There are several points you are going to want to consider, including:

- Location
- Zoning
- Accessibility
- Atmosphere
- Function
- Safety

Let's address these points one at a time.

LOCATION

If you are depending on people being able to find and “use” your center easily, it will be vital that you locate it in a site that is central to the community. People in early recovery often face transportation challenges (they have no money to maintain a car, may have lost their driver's license, may not have fare for the bus.) Locating the center in a place where their friends and neighbors “probably have to go anyway” increases the chance they will be able to get those vital free rides. All of this will probably mean locating your center “downtown” – within a block or two of the main street — in a small community.

In a larger community, you will have to brainstorm what neighborhoods or “sub-downtowns” exist in your area that will meet that vital “someplace people go anyway” criteria. Is it in a mall? Or near a medical facility?

If yours is a community where public transportation is readily available and used by many, you may want to make it a priority to site the center near a bus or metro stop. If there is little public transportation (such as in rural areas, where there may be none at all) then having the site in a place that is easy to find, and offers free public parking, will be essential.

ZONING

Most communities have *rules* about what kinds of activities may take place in what buildings, or on what streets. They are called zoning restrictions, and if your town or city has them, they will impact your location planning.

A member of the local recovery community might decide, for instance, to give you a vacant house he or she owns to use for your project, and that would be very nice – until the day arrived when the town officials arrived

From The RP...

Our own initial grant proposed that we would offer services in one centralized office in the county seat and also offer virtually identical services in smaller ‘annex’ offices in two sister communities, each 20 or so miles in either direction.

Two years into the project, we had to wave the white flag and surrender that ambitious plan. The populations in the three communities were more different than we'd ever anticipated, they were almost different cultures. The programs they needed were different, the times of day they wanted to frequent the sites were different ... In the end, people from the two “peripheral” communities ended up coming into the central offices for classes and activities anyway, much the way they did for other things.

If we had it to do over, I think we would have focused all of our attention on getting the first center up and running, and making it self-sustaining, and then considering the outlying regions, for their own centers, or simply strategizing on how to increase outreach to them.

to close the center down “as an unauthorized use of a building in a residential neighborhood.”

Your center will be considered a “commercial” use – it’s going to be “professional offices” – and thus you must identify properties already zoned for “commercial” or “commercial/residential” or “commercial/industrial” use.

How to Look for a Space

You can contact real estate agents or property managers specializing in commercial rentals, but often there will be fees associated with these businesses. Since you have narrowed down where you want your center to be located, you could walk or drive around that area and look for empty spaces, signs, or likely looking buildings. Word of mouth is probably the most productive and cost effective method for finding your space. Ask people if there are spaces open in buildings they work in. Visit your local Chamber of Commerce, tell them about your space requirements and ask if they have heard of anything open. Directly contact local building owners to see if they have an appropriate space. Ask people in the recovery community if they have seen possible spaces you could rent.

“There goes the neighborhood”

One thing you need to prepare for is what we call the “There Goes the Neighborhood” factor. (Try to remember what you would have thought if someone came up to *you* ten or twenty years ago and announced they were going to build a facility for ex-convicts and drug addicts next door to *your* house).

It is important to “negotiate a warm welcome” from your town, potential landlords and future neighbors. To help with this, we recommend bringing in consultants/technical advisors from other projects. When you go to see town officials, or hold a voluntary public meeting on your plan, having these folks with you —people who have started and successfully operated projects for “scary sounding” populations — can be a wonderful advantage. These allies can help appease people’s fears about what this kind of center will look like, and what they might expect from people who frequent it.

ACCESSIBILITY

Chances are, your project is going to use at least some federal, state or county money to get up and running or to stay operating. **Americans with Disabilities Act (ADA)** compliance is required for federally funded programs (and is just plain desirable in any case.)

The ADA basically says that all persons, regardless of any physical, cognitive or emotional challenge, has the right to have access to all of your programs, and it is up to you to ensure that this access is granted, be it physical access to your site (via an elevator or ramp, for those with



ABOVE:
The RECOVER Project in Greenfield, MA, leases a suite in a downtown office building that offers both free parking and is located just a block from the bus stop.

BELOW:
Even a drab office can be converted into warm, welcoming, multi-functional space with the proper choice of furniture and lighting. This is part of the “Great Room” or open living area at The RECOVER Project.



motor challenges) to the use of the rest-rooms (such as providing grab bars, and having toilets and sinks properly positioned to allow use by those using wheelchairs.) The ADA also requires that you ensure communication-related access. This means you will need to consider and address: If you have a calendar of events, how will you make it “accessible” by those who cannot read? Or if you have community meetings or classes, how will you accommodate those who communicate using American Sign Language?

ADA Guidelines

<http://www.access-board.gov/ada-aba/index.htm>

ATMOSPHERE

The *atmosphere* of the building you want to house your project is also something you will want to consider. Questions to ask include:

Will we want it in an existing “social services building” that will allow people easy access to other services they may need? Or will that mean that many people think of us as being for “broken” people? Or would we rather have our site in a building filled with small businesses and agencies serving the general public?

If the former, will members feel any increased stigma if they come looking for your door in the halls of the building? If so, are there any strategies you can use to reduce the stigma?

If the latter, how might we help ease the discomfort of people who might be arriving for the first time from the local shelter, dressed in donated clothing and carrying a trash bag with all their possessions?

Should your site be close to, or further away from, agencies that offer services to people in transition, such as housing authorities, state offices for public assistance, or the community mental health center?

You may or may not end up having many choices when it comes to choosing your neighbors, especially if office space is at a premium in your area. Nevertheless, all of these factors deserve your consideration in your early planning discussions.

From The RP...

After moving into our offices in a downtown professional building, a community mental health services agency moved in directly across the hall. Many of our members are “dual diagnosed” and the proximity of the center, where many saw therapists, etc., was enormously convenient. However, the proximity also resulted in at least a temporary “skewing” our membership. (For many months, nine out of ten new members were folks who were introduced to us by their therapists, who walked them over across the hall.) The proximity also resulted in adding the potential for an additional layering of stigma:

As one new member expressed it, *“If someone sees me coming down this hall, there’s only one possible conclusion to jump to: I’m either an alcoholic, or a drug addict, or I’m crazy. Some choice!”*

As our project now enters its fourth year, we are planning to move our center to less-costly quarters, and the character of the building is being carefully considered. While we plan to remain ‘downtown,’ we are attempting to avoid any human services buildings. We have found that it is nice to be near existing services, but not *too* near.

FUNCTION

What a “viable” or practical space means to you will be based on the desired functions of your center. Basically, you need to ask yourselves how much room, and how many kinds of rooms will you need?

Your **Basics/Must Have List** may look something like this:

- A main gathering, “living room” or “great” room
- Private office(s) for staff and confidential files
- Kitchen facilities
- Conference/meeting room
- Computer Room or area
- Resource Room/Library area
- Child Care Room or area
- Ample storage space

Your **“Would Be Nice” List** might look like this:

- Meeting hall for 100 people
- Dance floor
- Clothing exchange/food pantry for people in need
- Commercial kitchen for community meals
- Meditation room
- Physical Fitness equipment
- Art Studio

Sharing Space:

Space that meets all of your needs can be expensive. One option is to share space or resources with another organization. If you are in close proximity to an organization, you can share kitchen facilities, conference rooms, computer resource rooms, or childcare space. For large events like dances or potluck dinners, you can rent community space, or get “free” space by negotiating a trade, for example: trading free space for free advertising in your newsletter.



From The RP... on Bathrooms!

Bathrooms are important. They are more important than we ever realized up front. Back then, we knew they needed to be handicapped-accessible, clean, and feel safe. In our current space, however, we do not have a restroom or restrooms within our own office suite. Our staff and members must use the building restrooms that are shared by staff from several agencies — and located two halls away from the door to our office.

We would never choose a site with this arrangement again.

Many people feel vulnerable about bodily functions. Having to announce to the world that they “need to go” is thus a big deal. Having to get a key to go? And having to ask directions? Both feel intimidating. Having to walk down the hall with a key — announcing to one and all your intended destination — adds more embarrassment. Having to walk two halls away to go? Overwhelming to someone having a vulnerable day. And, of course, for members and volunteers who have small children in tow, the situation is even more difficult. The kids can't be sent alone to a restroom out of sight and far away. So whatever you were doing, or important conversation you were having, ends the moment nature calls and the little one starts tugging at your sleeve

Furnishing and Equipment:

First impressions are key. You do not want your center to look like the waiting room to a doctor's office, nor do you want it to look like a bunch of college students live there. Everything about the physical site should say: "Useful, self-respecting adults important work here." You also want your space to be welcoming to all different types of people. Having posters or artwork that represent different cultures, body types, and ages and lifestyles can be helpful. Make sure that furnishings are comfortable for different sizes of people.

Recommended furnishings and equipment:

- Couches and armchairs
- Fold up chairs
- Office chairs
- tables (several different sizes-ranging from card table to dining room table)
- magazine racks
- bookcases
- Board games
- ceiling and floor lamps for non-fluorescent lighting
- bulletin boards
- Online computers & printers
- Fax machine/copier
- TV, VCR/DVD player
- CD Player
- Guitar or other musical instruments
- Coffee pot
- Refrigerator
- Microwave oven and toaster
- Water Cooler

This will add up to a chunk of money. Even if you have "start up" money in your budget, you should still ask local business, second hand shops, or individuals for donations of computers, furniture, appliances.

SAFETY

Simply put: people in early recovery are often *afraid*. They have stepped into an unfamiliar world where they feel they do not belong, belonged. Their feelings are raw and overpowering. Help seems remote or nonexistent. Painful memories from the past can be sparked by something as simple as the scent of a certain cologne, or the sound of a baby crying, or that of a car backfiring in a parking lot hundreds of feet away. Therefore, one of the things your planning group members will want to ask, over and over, is: Will this space feel SAFE?

Are there places in your center where people can have emotionally raw conversations without feeling they are making a spectacle of themselves?



ABOVE – Our kitchen area. The kitchen area can be very simple: a sink, a refrigerator, a microwave, the all-important coffee pot ... Stock the shelves with healthy snacks, cereals, dried fruits, soups ... local food pantries will be happy to sell you the food at a discount. Remember to budget for coffee, and tea bags, and many, many, many cups.

BELOW: Our great room. The great room has proven to be invaluable for gatherings as well as for members and volunteers to just hang out in.



Are there places they can just “curl up and watch” until the site itself, and some of the staff and volunteers, begin to feel familiar?

When people enter and leave your offices and building, is there adequate lighting, signage, and the availability of assistance? (If you will be holding meetings/activities at night, will you set up a system where members can be walked out to their cars in the parking lot?)

Do you have signage that expressly states an attitude of welcome to persons of all colors, races, religions and sexual orientation?

Are children safe in your center? Is it baby-proofed, supervised, and free from known pedophiles?

Is the space clean and clutter free? A messy space doesn't look good. Set up a cleaning schedule and a system for keeping your space organized.

Let's all get along

Beyond the physical elements, one big element of safe space is how we conduct ourselves in that space. Newcomers should be greeted by a friendly volunteer when they arrive. Staff should be accessible, and have an open door policy as much as possible. Rules and guidelines can be helpful to ensure smooth daily operations at your center. For example, having a computer sign-up sheet helps to avoid misunderstanding and conflict. Be sure to involve those who use the space (peers) in making the rules. At RP, a peer committee came up with a [Code of Ethics](#), which are guidelines for how we behave in our physical space, and at project events. We identified core values of Safety, Respect, Compassion and Acceptance with clear guidelines and examples. When disputes, concerns, or issues arise, we turn to our [Grievance Policy](#) (also designed by peers).

Becoming “Trauma Informed”

Why focus on Trauma?

Trauma is often the central issue for people with substance abuse issues, mental health problems or co-occurring disorders. Up to two-thirds of both men and women in substance abuse treatment report childhood abuse or neglect. Nearly 90% of alcoholic women were sexually abused as children or suffered severe violence at the hands of a parent. As many as 80% of men and women in psychiatric hospitals have experienced physical or sexual abuse, most of them as children.

Research and experience has taught us that violence changes everything. We know now that interpersonal violence, including physical and sexual assault, is so common for women, in particular, regardless of cultural affiliation and socioeconomic class, as to be described as a “normative” part of the female experience in the United States today.

-Continued on the next page-

CHECKING IN...

“A friend told me about The RECOVER Project, so I stopped in one day to see what it was all about. I knew I needed to be in a safe place where people were in recovery. When I got there, this is what happened:

I was made to feel welcome by staff and peers in recovery, without judgement.

I was given time to feel at home there, never rushed.

I was trusted, for the first time in a long time.

I was listened to, I was asked my opinion about activities and programs.

I was asked to sit on committees.

I was appreciated.”

Laurie B.
RP Volunteer since 2004.

Becoming “Trauma Informed”, continued

Traumatic experiences have a psycho-social-biological impact on us, affecting how we think, react, and feel. Some common experiences linked to trauma are physical pain, addiction, heightened startle response, eating disorders, and self-harming behavior. It is important to know that people can and do recover from the effects of trauma in the right conditions, and with the right support. It is from the margins of poverty, homelessness, substance abuse, and emotional distress that service delivery systems often encounter trauma survivors. Experiences in these systems can be triggering or retraumatizing if the practices within those systems are not trauma informed. Experiences in day-to-day life, like getting a flu shot, applying for public assistance, or a visit to the dentist can be triggering as well. Since trauma is the “norm” for the majority of people in our communities, it is important that those who work in helping roles, whether as peers or professionals, understand the impact of trauma, as well as the complexity of experiences of trauma survivors.

What is trauma informed?

A trauma informed community is one that can provide supports, services, and solace to families and individuals who are living in fear. A trauma informed community creates conditions where every member can achieve a full and satisfying life free of violence and all its consequences. The vision of a trauma informed community is guided by three principles: all supports and resources must be trauma-informed; all persons and families seeking assistance are experts in their lives and in their healing; and individual, family and community safety can best be accomplished through trauma-informed community based services and educated and aware citizens prepared to connect to those in need.

The [Model of Growth and Recovery](#) is based upon the idea that healing from any type of abuse or neglect happens within the context of a safe, supportive, nurturing and empowering environment. It is understood that the basic needs of an individual/family must be met in order to move toward stability and recovery. There is well documented evidence that if basic and physical safety needs are met then movement toward empowering relationships can be attained. It is through these empowering relationships that skill development, attainment of personal value (i.e., adopting new and valued social roles), recontextualization (the ability to redefine one’s experience and create new meaning) and movement toward wellness can emerge.

Information from the above section is from:

The Damaging Consequences of Violence and Trauma, 2004, compiled by Ann Jennings, PhD.

Difficult Conversations: A Workshop for Non-Clinicians to Become Trauma Informed, Denise Elliott

Addiction and Trauma Recovery, Healing the Mind, Body and Spirit, 2001, Dusty Miller and Laurie Guidry, W.W. Norton and Company, Inc., New York, NY.

The National Trauma Consortium Website: www.nationaltraumaconsortium.org

Information on Trauma Informed Practice and the Model of Growth and Recovery is from The Western Mass Training Consortium.



TRAUMA INFORMED TIPS:

**So, how can you make your program trauma informed?
Here are a few “common sense” tips:**

- 1) When someone first comes to your center, make him or her feel welcome. Avoid asking endless questions. People are often asked to do lengthy intakes, answer many questions and fill out lengthy forms in order to get services. Instead, allow people to become involved on their own terms; they will ask you questions when they're ready. Keep paperwork and forms to a minimum.
- 2) Physical and emotional safety is of utmost importance. Always ask before hugging or any other physical contact. For example “is it ok to give you a hug?”
- 3) Respect the sanctity of “no”. That means that when someone says “no”, you honor it, whether it's “no I don't want a hug right now”, or “no I'd rather not come to the community meeting today”.
- 4) Have a place for people to be quiet and sit by themselves, but not too far away from other people.
- 5) Respect people's privacy. Don't ask where someone lives, especially in front of a group of people. If you need contact information, ask “what's the best way to contact you?”
- 6) If someone “over- responds” (i.e. extreme startling after a loud noise, reacting strongly to a comment or suggestion, etc.), understand that this could be a coping mechanism in response to a trigger.



Above: Volunteers at a RECOVER Project dance



ABOVE: The volunteers working in the reception area are the first contact for other prospective members and volunteers

CHAPTER V

Volunteers, Members, and Other Participants

People will participate in your programs in many different ways; as volunteers, givers of support, receivers of support, occasional visitors, facilitators. Some might just use your resource library and computers. Others might just come to your social events. Your program should be open to these different ways of participation and create a variety of activities and opportunities for people. People who are not ready to commit to a volunteer position can still help out with daily tasks like stuffing envelopes and vacuuming.

For those that **do** volunteer, be sure to recognize and honor them for their commitment and achievements. For the sake of explanation, we'll use the term **member** to describe those who participate but who do not have a volunteer position, and a **volunteer** as those who have committed to a position or who participate on a committee.

RECRUITING MEMBERS

New members can be recruited from a variety of sources: halfway houses, substance abuse or mental health service providers, correctional facilities, civic organizations, wellness and community health centers, community hangouts – in short, wherever people in recovery ARE. People need to know who you are, so you'll need to do some community education as part of your recruitment. Be sure to use the **talking points** you developed in the planning phase.

Here are some specific ways to recruit members:

Hold "information sessions" at these locations – your audience should be people in recovery, as well as provider staff. Staff will refer their participants to your program. Be sure to bring a peer volunteer or two to present with you.

If you are a city or town with an actual "downtown area" walk around town with brochures and flyers.

Work of mouth - ask existing participants to spread the word in the recovery-oriented places they go.

Invite recovery meetings (AA, NA, Smart Recovery, Dual Recovery Anonymous, etc, Trauma Recovery) to rent your space for meetings. This will expose people in recovery to your center.

Note on 12-step recovery – in respect for the traditions of 12-step recovery, we recommend that you NOT use meetings to recruit participants or advertise your programs. However, it might be okay for participants to use the time after the meeting, while people are socializing, to spread the word about your program.

From The RP...

In our first year, all new participants were "volunteers". Someone walked in, we asked them if they wanted to volunteer. Many folks who came to our door were in early recovery, some with just a day or two of sobriety. Others were coming out of incarceration. While some folks were ready to volunteer and jumped right in, others needed time to get a handle on housing or basic needs, or time to get used to the project before jumping into a volunteer role. Sometimes folks in early recovery would jump into a volunteer role – overextend themselves, then burn out.

So, we created a new way for people to be involved - as members. Most new participants choose this option. Some gradually move into a volunteer role. Others decide to remain members. Center activities are open to both volunteers and members. To see the RP member/volunteer protocol, click [here \(link\)](#).



ABOVE: Art With Jude: Volunteers and Members take an art class

RECRUITING VOLUNTEERS

Use the same strategies that you used for new members, plus the ones suggested below. With volunteers, you'll also need to get a sense of their interests, skills, and level of commitment. Research shows that the number one reason people volunteer is because they are asked to do so. (reference) So here are some suggestions on how to recruit volunteers:

Ask current members who have shown an interest or have skills that match a program need.

Invite a skilled recovering person from the community to help out on an event planning committee.

Ask existing volunteers. For example "Wendy, do you know anyone who might be interested in editing our newsletter?" If so, ask the volunteer to invite them in.

Advertise with posters, fliers. Put an announcement in the local newsletter. Buy a help wanted ad.

GETTING VOLUNTEERS/ MEMBERS STARTED

Suggested Application Process:

1) **Welcome and tour** (can be done by a volunteer greeter). Show the prospective person around, offer them coffee or water, find out how they heard about your program.

2) Application Form

For **members**, this form can be short and simple. It would include contact information, how they heard about your project, and maybe a question about what types of support/activities they are interested in being a part of. For a sample member application, click here (link). For **volunteers**, add questions about their interests, skills, and what they bring to the project. For a sample volunteer application, click here (link).

3) Meeting with Volunteer/Member Coordinator

This is a chance to go over more details and to become acquainted with each other. This meeting might involve going over your center's rules and protocol, asking and answering questions, going over volunteer opportunities and expectations, signing additional forms, etc.

4) Group Orientation

You will want a chance to go over the bigger picture – how you fit into the community, your parent organization, rules and regulations, your ethics guidelines, grievance procedure, etc. This is also a chance for new members and volunteers to get to know each other and ask questions.

From The RP...

Recover Project Application Process:

In our first two years, when a prospective participant arrived, we went through the application and initial interview on our first contact with them.

We received feedback that this was overwhelming – that people felt bombarded on their first visit. So we modified our procedure:

1) On someone's first visit, we give them a tour, our brochure, and a calendar of events. We answer any immediate questions they may have. We invite them to return for a welcome meeting with our volunteer coordinator.

2) The welcome meeting is a chance for the new member and the volunteer coordinator to get acquainted. They go over volunteer and member privileges, activities and supports, sign informed consent forms, and review volunteer opportunities, if the person is interested.



Engaging volunteers

It is important to have “things to do”, ranging from tasks like cleaning the kitchen and stuffing envelopes, to facilitating a support group or creating a newsletter. Try to avoid simply “making up tasks” just for the sake of giving folks something to do. Volunteer roles should tie in with your programs.

For example, if the program is Open Mic Night, there are many potential volunteer roles in making an event happen, like a sound person, food organizer, and publicity coordinator. Here’s another example: A quarterly Newsletter requires an editor, reporters, writers, printing coordinator, folders and labelers.

Volunteer Positions

It can be helpful to develop volunteer positions to match your administrative and program needs. Having a job description helps to provide some context and structure to the position. Be sure to include minimum weekly time commitment in the job description. Also include a suggested timeframe (e.g. “6-month position”). This gives the participant a safe way out, should he or she decide to move on. There are many possible jobs for volunteers, so the sky’s the limit. Some examples are:

- Greeter/Receptionist
- Resource Material Organizer
- Library Coordinator
- Maintenance Coordinator
- Social Event Planner
- Audio/Visual Editor
- Newsletter Editor
- Group Facilitator
- Assistant Volunteer Coordinator

So, yes the sky’s the limit, but remember, you’ll need to make sure that the job is getting done, and if not, find out why, and so forth. This could get time consuming if you have a ton of positions. That’s where coaching comes in. (see below).

Volunteer Committees

Volunteer committees can be helpful in getting things done. They provide structure and a process to make things happen. Committees have different roles; there are planning committees, advisory committees, temporary (AKA ad hoc) committees or ongoing committees. Some committees exist to achieve a set goal or outcome, like an event, training curriculum, or a quarterly newsletter. Others serve an ongoing purpose, like advising the project or processing grievances. It is not necessary to have a committee for every single activity or objective; some goals are achieved through other means.

CHECKING IN...

On volunteerism and service

“The 12-step recovery model stresses the idea of service to others as the vehicle to recovery. Providing volunteers with an opportunity to be of service to others in recovery can dovetail nicely with their work in 12-step recovery programs. We have found that the quality of our volunteers recovery has benefited from the time they spend being of service to their peers.”

An RP staff person

From The RP..

Accessibility:
Be prepared to have positions that match all different types of skills, and abilities. Think of roles that would be a good fit for someone in a wheelchair, someone who has trouble seeing or hearing, or someone who cannot read. Make reasonable accommodation for all different abilities.

Here's an example: If one of your goals is to do ongoing Open Mic Nights, you'll probably want to gather a social event planning committee. To do this, you'll need to find volunteers who are team-oriented, interested in event planning, and willing to make a commitment. So recruit from your volunteer and member pool, put up a sign up sheet and announce that you need help at your regular staff-member-volunteer meetings.

RP Committees
 Social Events Committee
 Newsletter Committee
 Ethics Committee
 Leadership Committee

Coaching

We recommend using a coaching model, instead of supervision. Coaching is more hands-on and involves less of a power difference in the relationship. Sometimes it ends up being co-coaching, where both parties share advice, thoughts, suggestions.

A trained volunteer or staff person should be available to coach volunteers, especially those who are facilitating groups, teaching skills, or who have other leadership responsibilities. Significant issues can come up for people in these roles, and it is important that they have someone to vent to and bounce ideas off.

The volunteer coordinator should also routinely check in with volunteers and members to see how they are doing. This can be informal, or you can arrange scheduled meetings to discuss goals, concerns, issues.

Volunteer Training

The type of training you provide for volunteers depends on the types of positions and roles volunteers will fill, as well as the needs and interests of your volunteer pools. Provide a wide range of learning opportunities so that folks can select depending on their skills and interests. Training is a way to build your volunteer capacity, and also a way to give back to volunteers. Here are a few different types of training that you could provide:

Life Skills Training, for example: how to balance a checkbook; how to send an e-mail; basic parenting skills; basic computer skills; literacy workshops; how to organize your schedule.

Communication Skills Training, for example: effective communication; conflict resolution, negotiation; literacy; boundaries.

Leadership Training, for example: public speaking, group facilitation; writing, peer mentoring; co-counseling; event planning; public relations; marketing.

NOTE: Don't reinvent the wheel! Other social service organizations may already provide some of this training. If it's a quality program, and provided for free, you might want to refer your participants to another organization. Also, you can always send volunteers to training conferences in your area. Conferences usually have a registration fee, so budget some money for participants to attend.

From The RP...

The beauty of a volunteer program is that as your volunteer capacity increases, your project capacity increases. Trained volunteers who have been around a while will take on leadership roles. You might have a volunteer Volunteer Coordinator (no that's not a typo), a volunteer Marketing Coordinator, a volunteer Wellness Coordinator, and so forth. Coordinating a volunteer program can require a lot of staff energy, but as time progresses, it becomes easier and volunteers take on more responsibility for your program.

Participatory Process & “buy in”

What? There it is again - that phrase - “participatory process”. We keep mentioning it because it should be present in almost everything you do. When questions come up you should ask your community, rather than using the “three men in a closed room” method. Involve and engage the “recovery experts” that are in your community to work through questions and create solutions.

One of the most important things is to promote “buy in” into your project. If people are a part of the process, they are more likely to have a commitment to the outcome, and ultimately, more likely to “see it through”. This applies to any aspect of your project – individual activities, how the center is organized and run, policies and procedures, how to keep it going for the long run. Participatory process lessens the burden of decision making on staff, and puts it in the hands of the community.

As mentioned before, there are several ways to uphold this process – Community Meetings, Leadership Council, and an Ethics Committee are just a few. The key is to bring questions, issues or tasks to each of these groups and encourage the group to work out a solution. Participants should be allowed to put items on the agenda, and facilitation should be done by members and volunteers, rather than staff. We’ll learn more about community meetings and Ethics Committee in Chapter VI, but here is a quick overview of how you can use the participatory process. Keep in mind that this is the configuration we used at RP, so you should determine what works best for you.

The participatory process IN ACTION...

... at Community Meetings:

Who is involved?

Project Volunteers, Members and Staff, occasional guests

What issues are brought to the table?

All are welcome to bring up issues that concern the center, how it is run, or that concern new activities or supports.

Examples of questions:

Should we have needle cleaning kits (harm reduction) at the center?
Who is in charge of doing the dishes? Do we need a cleaning schedule?
What do we do about the fact that people are not showing up for their Reiki sessions?

... at Leadership Council Meetings:

Who is involved?

People in recovery, community leaders concerned with recovery, old timers, generally participants have one or more year of recovery experience

What issues are brought to the table?

Issues that concern the project as a whole. Questions about new programs, project publications, and project sustainability



ABOVE: Members, Volunteers and Staff at a Community Meeting

From The RP...

An example of participatory process at RP

At one point, folks were concerned about people “hogging” the resource computers. Instead of staff creating a new computer policy, we brought it to the community meeting. A volunteer raised the issue, it was discussed, and the group decided to have a sign-up sheet at each computer. Since the policy was created in a participatory process, people are more likely to honor and enforce the policy, rather than staff doing so.

CHECKING IN...

"I came to the RECOVER Project "straight from jail" after hearing about the center from a friend. When I was released, I faced a choice: either go straight to a local bar, or come to the RP. He decided to come to the RP. I volunteered, helping out in any way I could – folding envelopes, cleaning, and so forth. I became a member of the Social Involvement Committee, helping to plan Open Mic Nights, Sober Dances, and the annual music festival. I have a day job now, but I still participate in whatever way I can. It has been a pleasure to put so much work and time into helping others and bringing recovery to the community."

*-Steve S.
RP Volunteer since 2004*

Examples of questions:

- Should we start a leadership training program?
- How can we sustain our programs?
- Should we change the format of our Recovery Month Celebration?
- How can we improve retention of volunteers?

... at Ethics Committee Meetings

Who is involved?

People in recovery, volunteers who are familiar with your programs, people who have demonstrated an understanding of project values, and a willingness to uphold these values. Participants should have at least one year of recovery experience.

What issues are brought to the table?

Questions that concern the Code of Ethics, ethical violations, conflict resolution, day-to-day ethical concerns, new policies regarding ethics.

Examples of questions:

What language should we use when asking someone to leave the project? A staff person intervened when a conflict escalated between two volunteers, how should we follow up? It was suggested that we change the language of the code of ethics to be more culturally competent – what language should we use?

NOTE: for more information on Community Meetings, Ethics Committee and Ethical Guidelines, see Chapter VI. For more on Leadership Council, see Chapter II.

Retention/Recognition

As you can see, participatory process is a great way to motivate and engage participants. But with volunteers who are devoting so much of their time and energy it is a good idea to recognize and reward their hard work.

Here are some suggestions:

- Give the person a simple thank you card with a gift certificate or movie pass stuffed inside.
- Verbally thank them, and MEAN IT. Tell them why you are thankful and how the work they are doing effects people/ project in a positive way.
- Mention their accomplishments in your newsletter or at a community meeting.
- Give them a certificate honoring their contribution.
- Hold a ceremony honoring all volunteers, with special recognition of those who have achieved in key areas.
- Nominate them for leadership awards presented by area organizations.
- Provide training opportunities that match peoples needs, or send a few volunteers to a conference in your region.

One of the keys to retaining volunteers is to work **with** them. Be available, stick with them, and be on time when you meet with them. Complete the tasks that you agreed to do in a timely manner. Consistency and availability are very important. Do your part in the process.



ABOVE: Social Activities are important. Volunteer on fishing trip.

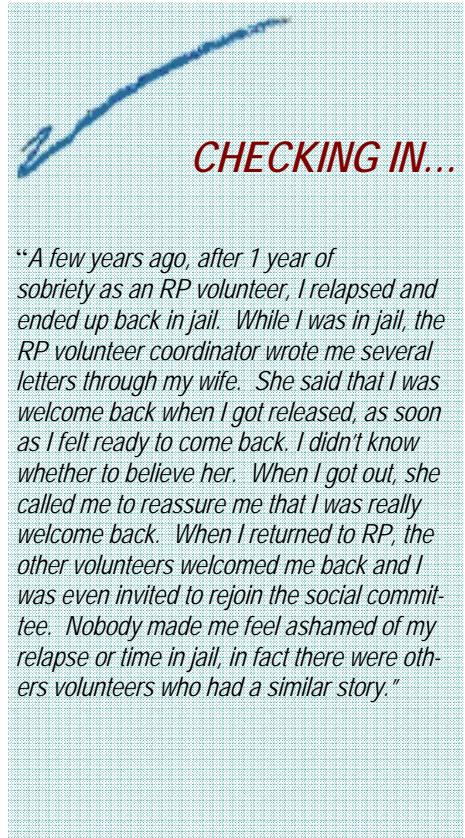
BELOW: Leroy White performs at our Recovery Jam Sober Music Festival.



Relapse Prevention

For most of us, relapse is part of the recovery process. If your programs are informed by the community and executed properly, they will help to prevent relapse. Simply being available – a safe space for people to go can help enormously. You can design programs geared toward relapse prevention, such as support groups, discussion groups, wellness activities (acupuncture can help with cravings). Regardless, your project should have a full range of activities that serve the four key areas mentioned in Chapter II.

One simple thing you can do is to **keep in touch**. Mentally keep track of your participants. New participants are the ones that are more likely to be in early recovery. If you haven't seen someone in a few days or weeks, give them a ring to find out how they're doing. If you hear that someone has relapsed, let them know that they are welcome back whenever they are ready. This is so important because people often feel shame or guilt about "going out", and need to know they are welcome back.



CHAPTER VI

Sustaining your project, Sustaining Recovery.

A RECOVERY-INFORMED COMMUNITY

Before we start giving advice on how to do a fundraiser or marketing or writing a grant, we'd like to share some perspective on this work.

Sustainability is not just about keeping your project going, it's about keeping recovery alive, it's about cultivating a "recovery informed community". What does this mean? People do not recover in a bubble. We are in the community and therefore we recover in the community – at coffee shops, places of worship, at work, at PTA meetings and in doctor's offices. So in order to sustain recovery, you must have a community that understands the challenges of addiction as well as the benefits of recovery.

When should you start thinking about sustainability?

It's easy to get bogged down in running your programs and activities, the day to day struggle of keeping your center going. It's easy to put future planning on the back burner. It's never too early to start working on sustainability strategies. In fact you can start by building relationships - something you need to do in your planning phase anyway!

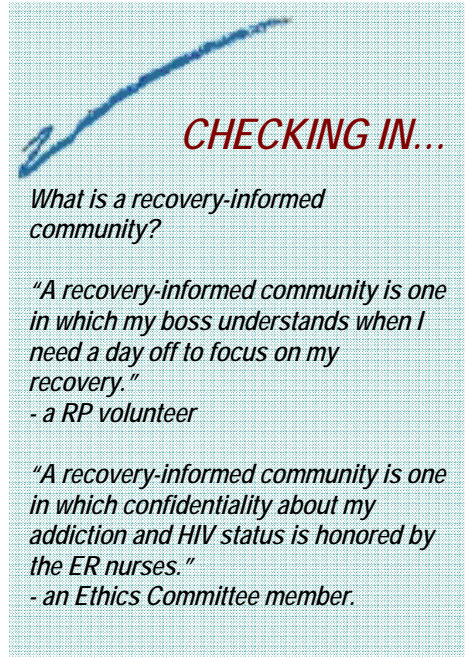
BUILDING MUTUAL RELATIONSHIPS

Keeping recovery alive means more than simply approaching your local businesses and asking for a donation, or applying for a slew of foundation grants (although, these are both effective fund development strategies).

In order to sustain recovery, your community has to "buy into" recovery. This means they have to have a vested interest in recovery, and specifically, your project. You'll need to educate folks that recovery is everyone's business, because all are affected by recovery. When you approach someone, ask the question - "What can you do to support our recovery center?" But also educate them about how a recovery-informed community can benefit them/their business. Remember that there is considerable stigma surrounding addiction, so while they may be aware of the problem of addiction, they are probably not aware of the benefits of recovery, or the positive contributions that recovering people bring to society. You'll read more about community education in a moment.

Building relationships requires time and energy. But it is something you should be doing during your planning phase anyway... right? If you do this outreach and cultivate relationships in a thoughtful way, it will help to sustain your programs and recovery in the long run. Mutually beneficial partnerships and collaboration with a variety of entities and individuals ensures that recovery is in the hands of the community.

Once you've made a connection with an individual or business, you need to nurture that relationship, even if the collaborative phase is over. This means staying in touch with sponsors and donors, sending newsletters



and visiting agencies you've partnered with, etc.

Whom should you reach out to?

You should reach out to all different kinds of people in your community - both individuals and groups of people. These relationships will be mutually beneficial and when appropriate, collaborative.

You'll have to choose whom to reach out to, depending on your program's focus and capacity. How you relate or interact with each entity will vary, depending on what is appropriate.

Here are some suggestions of who you might reach out to:

- "Old timers" (folks in recovery for a long time)
- Social service providers
- Law enforcement, including correctional facilities
- Homeless shelters
- Battered women's shelters.
- Schools and colleges
- Community leaders who are in recovery – "old timers", veterans in recovery, activists, landlords, politicians, business owners
- Elders in your community
- Libraries
- Public officials
- Veterans in recovery
- Chamber of Commerce
- Mothers Against Drunk Driving
- Employers
- Merchants
- Faith leaders
- Sober clubs
- Holistic health providers
- Transportation authorities
- State and local recovery bureaus and coalitions

And the list goes on.....

You will want to pick and choose whom to work with and in what way, depending on your program needs. But don't limit yourself too much. Remember that everyone is affected by addictions and recovery, so referrals can come from anyone, collaboration can happen with anyone, and donations can come from anyone.

How will you collaborate or interact?

Following are some scenarios for how you might collaborate or interact with folks in the community. In each of these there is a natural connection, and the relationship is mutual – each entity gets something out of the interaction. After each interaction, there should always be follow up - do your best to stay connected – if you nurture a relationship, it will grow. What is the nature of these relationships, what do they connect with? Is there a natural connection, for example, the county jail and mentor program? A local celebrity, a music store and an open mic night?

From The RP...

Some examples of relationship building and collaboration at RP

We host our annual Recovery Month event every September – a music festival. Each year, we invite two sober clubs to set up a booth at our event, and we do the same at their sober camping festivals – it's a great way to cross-publicize our event.

The RP collaborated with the Franklin County jail to start a Mentor Program for men who were soon to be released, to help them re-integrate into society. We trained the Peer Mentors, the jail coordinated the meeting schedule. Now, the men in this program write stories for the "Life on the Inside" feature of the RP Newsletter.

The RP partnered with the Turners Falls Woman's Resource Center to provide a series of 12-week peer-led trauma and addiction groups. We provided facilitator training, and the Woman's Resource Center provided space and coordinated the support groups.

Here are some examples of how you might make these connections:

You are planning a gala fundraiser. One of your volunteers knows a recovering addict whose family owns and runs a local factory. You connect with them, invite them to visit your project, take them out to lunch, and ask them to sponsor your fundraising gala. In exchange, you hang their banner at the event, provide a free workshop on “Addiction and Recovery in the Workplace” for their supervisor staff. If you nurture the relationship, perhaps they’ll donate more money at the next event.

Your members express a need to start a peer led, trauma-informed group for recovering addicts. You know another social service organization that already does these groups. You collaborate with this organization to offer the group at your center. In exchange, you offer to provide a wellness activity at their center.

Your volunteers want to start an Art Group, but there is no money budgeted for art supplies. You approach a local art store who agrees to offer supplies at wholesale, in exchange for free advertising in your Newsletter.

COMMUNITY EDUCATION

Community education is central to developing a recovery-informed community and sustaining recovery. As you build relationships, you’ll find that there are folks in your community who “get it”, that is to say, they already understand addictions and recovery. For most folks, however, addicts, and even recovering addicts are seen as a drain on society. These folks might have seen the negative effect of addictions in the workplace, but they are not aware of the benefits and rewards of recovery, let alone the importance of recovery-oriented supports. So, you will want to reach out to the people who get it, and also educate the people who have not yet learned about recovery.

What is the purpose of community education?

To promote awareness of addiction and recovery

To get the community thinking about recovery, to spark interest in recovery

To reduce stigma around addiction and recovery.

Community education can also help to market and publicize your programs. There are some secondary benefits to this process: it can help to “get word out” about your programs and the work that you do, and thereby create interest and “buy in” to your programs, and recovery in general.

So, how do you educate the people about addiction and recovery?

It depends on who you are reaching out to. Some of your collaboration projects can also serve as opportunities for community education – and if you are working with folks who don’t know a lot about recovery, you really should talk to them about the issues surrounding recovery, find out your common goals before you collaborate with them and make sure they’re on the same page.

From The RP..

Some examples of community education at RP:

- We gathered town leaders, volunteers, and old timers together at a local coffee house to do a public service announcement, which was aired on local TV.

-We invited local merchants to an “employer’s breakfast” to learn more about addiction and recovery in the workplace. Peer volunteers spoke about their experiences in the workplace.

-We set up a display at the town library on addiction and recovery, with resource materials.



Here are some suggested community education strategies:

Remember that some of these are also publicity and marketing strategies – so they serve dual purposes.

- Hold an **open-house** at your center. Invite a diverse array of people - recovering people, public officials, social service providers, law enforcement, etc. Ask peer volunteers to be available to talk about the project.
- Plan **information sessions** at other social service organizations, talk about your project
- Bring together a team of peer volunteers to **tell their stories** at public schools.
- Get a booth at a **community fair**, hand out brochures, answer questions, hold a raffle, sell merchandise.
- Gather together a group of peer volunteers to participate in a charitable community project, such as a community clean up, a walk-a-thon, or adopt a family. Everyone wears your project t-shirt.
- Do regular **press releases** highlighting different aspects of addiction and recovery. Piggy back
- Invite local business to an **“employer luncheon”**. Have presenters talk about addiction in the workplace.

Join local **taskforces, committees, and networking groups**. There are often opportunities to present your project to an audience of other community organizations. Invite peer volunteers to join these committees as well.

MARKETING

Branding and naming

Name recognition is key. Project name, logo, and slogan are some tools to convey the essence of your program. Even if your project name is pretty basic, a slogan can help with name recognition. Famous slogans are Wendy’s “Where’s the beef” or Skittles: “Taste the rainbow”, or Nuprin: “Little. Yellow. Different.” Some well-known recovery slogans are “Got Recovery?”, “Recovery is Real” and “Recovery Happens” (these slogans are already being used and may be trademarked). Acronyms can be confusing, unless they are catchy, like one recovery program in New York City whose name is “Project H.I.G.H- How I Got Help”.

Another way to “brand” your programs is to use an image that captures your message. This might be a creative or meaningful symbol that you use in your logo, or perhaps a photo that you use in all of your publicity materials. At RP we use a photo of a toddler wearing a “Got Recovery?” t-shirt.

Packaging your programs

This is about figuring out exactly what about your project will make people want to join in. It’s about knowing your audience. For example, if you are reaching out to a corporate sponsor, you might want to focus on what you’re doing around addiction and recovery in the workplace. If you are looking for an in-kind donation for a sober social event, you might want to talk about how important it is to have sober, safe places for people to party.



Above: Everyone wants recovery.

Below: Volunteers show off their T shirts



If you are reaching out to a general audience, there are some things that just about everyone will respond to – if your program helps children, even indirectly, be sure to highlight this. Tell a compelling story of someone whose life has been positively affected by your project—there should be elements in the story that everyone can relate to in some way.

Packaging your programs will be especially important if you are applying for small grants, as you will be looking for funding for specific programs. (see under Grants, below).

Merchandise

Get some products with your name or slogan on them. Mugs, bumper stickers, key chains, t-shirts, pens, whatever. Merchandise serves three purposes: to help spread the word about your project, to give as “thank you” gifts to volunteers, donors and sponsors, and to sell to the public (see below). Here is a link to our [merchandise page](#).

Getting the word out

There are some tried and true techniques for getting the word out about your project and the great work that you do. Newsletters, brochures, publicity fliers, a website, and media-related publicity are great ways to get the word out. Below are some tips on how to make these work for you.

But let’s not forget word of mouth. One of the best things you can do for your public image is to do what you do well. This means doing your best to meet the needs of recovering people, create conditions for people to thrive and grow, and provide consistent, reliable support. If you do this, people will spread the word about your programs and activities. They’ll tell their friends, employers, probation officers, therapists, and families about your program. This organic process helps to spawn interest and, eventually, involvement in your project.

But don’t rely on this solely. You need to be proactive about getting the word out. Ask volunteers to create “buzz” about upcoming events. Simply asking five people “Hey did you hear about the dance next weekend? Are you going?” can help increase participation.

Ok, so here are those tips we promised:

Develop a **project brochure**. Be sure to include your mission statement, a list of your programs and activities, quotes, your philosophy, statistics about recovery, artwork or photographs. Keep it updated as your project evolves.

Publish a **newsletter** featuring articles, stories, poetry and art from recovering people. Have a peer volunteer committee handle all aspects of publication. When you’re ready, offer advertisement to local businesses and non-profits.

Use the **media** - TV, radio and newspapers. Send out press releases whenever you have a big event, an accomplishment, a new program or initiative.

Create a **website**, and include everything that’s on your brochure. Have links to publicity fliers, important documents, photo galleries, and donation forms. Include links to partner organizations and sponsors.



Above: “Got Recovery?” awareness ribbon. Designed by one of our Volunteers.

Have **publicity fliers** or posters for events –especially those that are open to the public. Hang them in restaurants, shops, public message boards, etc. send them out Email **list-serves**.

FUNDRAISING

There are several ways to ask directly for money. Again, you're not simply asking for money – you are starting a mutually beneficial relationship. In this section we'll talk about three ways to raise funds:

- Fundraising Events
- Appeal for individual donations
- Merchandise Sales

Fundraising Events

This might be a gala ball, a music concert a sober dance, or a walk-a-thon. Recovery month is September, so that's a good time to do an event. You can raise funds through admission and sponsors and raffles. In-kind donations can help offset the cost of supplies and services. If you have a volunteer social committee, they can plan the event and solicit sponsors and in-kind donations.

Sponsors

Sponsors are people or businesses who help to underwrite a fundraising event. You can ask local merchants and manufacturers to sponsor an event. Use your connections - ask your volunteers and staff who they know among potential sponsors. Always offer something in exchange – advertising, free event tickets, project merchandise, or training. Use your solicitation packet when you make the ask, so that you have something concrete to hand to them. Nurture the relationship by keeping them updated, sending them free passes to social events, and making sure they get your newsletter.

Appeal to Individual Donors

This is usually in the form of an “appeal letter”, which you send in the mail. This is a letter asking an individual for a donation. Who should it go to? People with resources, people with an interest in recovery, community leaders. Ask your volunteers and leadership committee to go over the mailing list and add names.

When you craft your letter, remember that people have a short attention span, especially when it comes to mail solicitation. So the letter should be brief, but flashy. Describe your project in a few sentences, feature several project accomplishments and describe why your programs are important. Include a list of different donation levels (\$25-100, friend of recovery, \$100-500.00, etc). Use colorful photographs and quotes from those involved in your project. A great way to drive the message home is to include a story of someone whose life has been profoundly affected by your work.



Above: Volunteers at the gate at RECOVERY JAM

It's up to you how many people you ask. We recommend between 50 and 200 people for your first appeal. Don't get disappointed if you don't get a lot of response to your first appeal. Developing a relationship with donors takes years. Once you've identified a core group of donors, keep asking them each year, and gradually add on names as you go.

When someone gives you money, it is very important that you send them a thank you letter. Keep your donors engaged throughout the year by sending them newsletters, project updates, free tickets to upcoming events and inviting them to open houses and social activities.

Merchandise Sales:

You might be thinking "What? We have to sell our stuff?" No, it's not crucial, but it can help. Your merchandise can do more than just spread your message. Why not sell it too? If you have a catchy slogan on a t-shirt, that makes people think "I gotta have that", then you will have buyers.

There are several ways to sell stuff. You don't necessarily have to open up a store front (although that might be a good idea if you're in a high traffic area). You can sell merchandise at county fairs, sober events (yours and others), health fairs. Again, this requires building a relationship with fair and event organizers. A simple and easy way to sell merchandise is on the web. If you have a website, you can use "PayPal" to set up a payment interface. If not, you can sell it on Ebay. Your volunteers can help process online orders.

GRANT WRITING

No matter what your initial funding source is (state, federal, foundation), you should always keep your eyes open for new funding sources.

State and federal grants are usually larger dollar amounts (hundreds of thousands of dollars), and tend to occur in three to ten year cycles, and have significant reporting and administrative requirements. And the applications for state and federal funding are fairly complex. Sometimes funding streams are cyclic, so, for example, after a three to four year cycle, you may be able to reapply for an additional three to four years of funding. However, this depends largely on the political climate, specifically, the goals and priorities of the current administration.

Foundation grants usually come in smaller dollar amounts (hundreds to thousands of dollars), require less reporting and administration. The applications are usually simpler than state/federal grant applications, but in most cases, you have to reapply each year.

Regardless of funding source, you will have to submit a proposal. The requirements may vary, but the basic elements of a proposal are the same and include a proposal summary or abstract, a problem statement, goals and objectives, methodology, evaluation, sustainability plans (future funding) a budget, and appendices. For more information on how to write a proposal, and for listings of foundations, check out the links in the box to the right.

From The RP...

Tips for "Making the ask"

Whether you are making a pitch in person, or via a letter, here are some tips that might be helpful:

Keep it simple and direct. Use short statements that are "to the point".

Use your talking points that you designed in your planning phase.

Explain how your program makes a difference in people's lives

Put together a solicitation packet with donation levels, your project information, statistics, personal recovery stories, etc.

Customize to your audience, think about what will motivate them to join. Usually this means helping them to recognize how addiction and recovery affects them.

Feature the stories of people in recovery. Include this in your solicitation packet.

Include statistics about addictions and recovery, specific to your town, city, or region.

Involve peer volunteers– ask them to help design your solicitation packet, go out and make solicitations, have a group of volunteers sign your appeal letter.

Let's take a big step back. Before you write your proposal, there are several things you should keep in mind:

Research and Network

- Before you apply, find out what the trends, priorities of the funding body are. Most foundations have a list of programs they've funded in the past available online.
- If you are applying for foundation funding, contact someone from the foundation, have a conversation about their priorities. Is it a good match? You might even get a chance ask them what they think of your ideas — to “test the waters” before you write your proposal.
- If you are planning to apply for state funding, start attending state coalition meetings early on. Network with people who have some influence and knowledge about state funding. Seize opportunities to present your project at taskforces and coalition meetings. And be sure to bring a volunteer who is in recovery with you!

Package your programs

Depending on the scope of your project, you may be able to find a single foundation that funds your entire project. If you decide to apply for multiple grants, you will need to “package your programs”. This means dividing up your programs into fundable portions.

For example, you might package all of your social activities together. Or your peer mentor program. Maybe you'll look for funding to pay for all of your volunteer leadership training. You might have to package your services to match what a specific funder is looking for.

Identify new and innovative practices

Many funders are interested in funding new and innovative practices. This doesn't necessarily mean that you will have to start something brand new and shiny to attract funders! You are probably doing innovative work without even realizing it.

Carefully consider the work you are doing: Are you the only group doing this sort of work in your locale? Are you reaching a unique group or population? Have you developed a new model or protocol? Is there an expressed need to expand or improve any of your programs or activities?

ROLE OF VOLUNTEERS IN SUSTAINABILITY

As with every other part of your project, volunteers who are in recovery should play a key role in sustainability. Volunteers often have valuable connections in the community. Volunteers help to plan, publicize and run fundraising events such as dances and festivals.

Simply having a volunteer program contributes to your project's sustainability; trained volunteers can do tasks that might typically be done by paid staff. Volunteerism increases your project's capacity and decreases the amount of money spent on personnel.

From The RP...

Following are some of the lessons we learned about sustainability at The RECOVER Project.

- It's never too early to start planning for the future. Convene a task force, planning committee or ask your leadership council or board of directors to work on sustainability strategies.
- It can be helpful to “package” your programs into bite-sized, fundable pieces, for example, look for funding for three to four wellness activities, or for a year's worth of family oriented social events.
- Learn how to market your program. Personal stories about how someone's life has been affected are a poignant way to attract potential donors.
- Learn how to ask for money without feeling guilty or weird about it. Carefully craft and practice your “ask”.
- Cultivate relationships within your local community, and on the state and federal level. Reward donors by giving them goodies like tickets to your next event, merchandise, or a program update.
- Encourage volunteers to participate in marketing, solicitation, production, grant writing, etc. A diverse pool of volunteers means a wide range of expertise and connections to draw upon.
- Don't get discouraged! Individual donor appeals start with a small return, then grow year by year as you build and cultivate relationships.

Here are some simple strategies on how to involve peer volunteers in fundraising and sustainability:

- Start a fundraising committee made up of volunteers, staff and leadership council members to work on your fundraising strategies – donor appeal letters, fundraising events, sponsorship solicitation and merchandise sales.
- Train volunteers (and staff) on how to approach sponsors and donors. Work together to craft “talking points” and practice them.
- Ask volunteers to tell their stories- a compelling story can be used in your publicity materials and community education.
- Ask volunteers who they have connections to – individuals or businesses that might have an interest in recovery.
- Invite volunteers to be a part of community education strategies. Ask them to speak at an employee luncheon, join a taskforce or networking group, or recruit a group of volunteers to represent your program at a charitable community event (wearing your project t-shirt, of course).



Above: Volunteers at The RECOVER Project.

CHAPTER 7

Policies, Procedures and Guidelines

As your program grows and evolves, you will develop policies and procedures to better meet the needs of your community. Most policies can be developed in your planning phase, and then can be modified at a later date. As much as possible, policies and procedures should be developed, or at least informed, by people in recovery through your participatory process.

Code of Ethics

A Code of Ethics is a set of guidelines to be followed by staff, volunteers and members. This is important in any setting, but even more so where space and resources are shared in a communal setting, and where folks are vulnerable, in early recovery, healing from trauma, managing withdrawal symptoms, and so forth.

In the later stages of your planning process, you should gather a group of people to develop these guidelines. This group (we called it an **Ethics Committee**) will ideally be made up of folks who have more than a year of sobriety, have a commitment to the project, and who have demonstrated common sense in their lives. Here are some suggested steps to designing a Code of Ethics with your Ethics Committee.

- Use “critical incidents”— these are tricky scenarios that might happen in a recovery center – have committee members share how they would respond to each incident. Think of things that might happen inside the recovery center, and of things that happen outside the center.
- Then ask them to identify the values or principles that motivated their response. For example, “I would respond to this incident by doing x y and z, because safety and respect are important to me.”
- Then identify three to five values that are most important to the recovery community. These are the foundation that you will build your code of ethics upon.
- Then ask questions about each of these values, for example, if a value is SAFETY, ask the question, “What constitutes a safe space? and “What makes people feel unsafe?”.
- Using the answers to these questions will help to generate ethical statements about each value.

Your code of ethics will guide you as your programs evolve – it is something you can always refer to when difficult questions come up, or when you are unsure of how to proceed. It will inform everything you do, and will help you develop other policies and procedures.

REMEMBER – The code of ethics is a set of guidelines, not hard and fast rules. Use language like strive, attempt, make an effort, acknowledging that we can only do our best. Be open to your code of ethics being modified or

From The RP...

RP's Ethics Committee identified four values:

SAFETY

RESPECT

COMPASSION

ACCEPTANCE

For a copy of our [Code of Ethics](#), click here

added to, to accommodate the changing needs of your community.

That said, your Ethics Committee should continue to meet regularly to process ethical concerns, grievances and to make policy recommendations.

Grievance Procedure

It is important to have a procedure in place for volunteers and members to raise concerns about other volunteers, staff or policies. Your ethics committee can create this procedure. It should be simple, but not as simple as “all grievances go to the project director”. The responsibility should be shared. Here are some tips.

- Rely on the strengths of individuals. If someone has an issue with a member or volunteer, encourage him or her to work it out with that individual.
- If the person need support to do this, offer them some coaching, maybe some suggestions on what to say, how to use active listening and effective communication.
- Keep safety in mind. If the person does not feel safe approaching the individual of concern, then offer to be present.
- If the grievance is severe, such as someone witnesses physical abuse or assault in your center, then a more serious course of action is needed.
- Always have back up – if you have a parent organization, seek guidance from senior staff. If not, have several people “on call” from your board of directors or ethics committee to provide guidance.

Please click here to see our [Grievance Procedure](#).

Policy on Project Participation:

You will want to have a clear sense of who is welcome at your center. This may be defined by your funding source, or you might have some autonomy to decide. As you determine this, keep in mind that ALL are affected by addiction and recovery in some way, though they might come through different doors and from different backgrounds.

So, we encourage you to be as welcoming as possible to **everyone** who comes through your doors. You may decide that everyone is welcome to participate in your project. On the other hand, you may find it necessary to limit or even disallow membership to certain individuals, either based on their past behavior or issues that come up at the center. This will be for you to determine, depending on the needs of your community.

Keep in mind that individual safety is of utmost importance, so there may be instances where you will NOT want certain people at your center, and others where you might redirect people to other supports. Here are several recommendations:

1) You may decide to have a policy on sex offenders. Consider who uses your center and their safety. Do children come to your center? Are there adults who feel threatened or unsafe around sex offenders? Keep in



Above: Recovery affects the whole family

Below: Volunteers at a gathering



From The RP...

We recommend that you have **all Involved** in your project sign a statement that they have read the code of ethics and the grievance policy. You can do this when they apply to be a member or volunteer.

Also, take time during your orientation to read both documents out loud.

Lastly, display your code of ethics in big writing somewhere in your center, so that people can easily refer to it.

mind that in some states it is illegal to bar registered sex offenders from attending events that are open to the general public.

2) Restraining orders might come up between project participants. If one participant cannot come within a certain distance of another participant, this will effect their ability to come to the center. So, you may want to have a policy to address this. One easy solution is to set up a time schedule so that the two parties are not at the center at the same time.

3) You will also want to consider whether to allow people who are “under the influence” at your center. Sometimes, a member will come to our center intoxicated or high, usually seeking help, and often with a desire to get sober. You should have a policy and procedure on how to address this issue, should it come up.

4) You may want to have a procedure for suspending someone from your project. If someone repeatedly does something that is offensive or violates the code of ethics, we recommend having a conversation with that person, perhaps issuing a warning. Make sure the individual is aware of the rules, make it clear that if they want to continue participating, they must stop whatever offensive thing they’re doing. If the individual continues the offensive behavior, then you may want to suspend their membership. Identify if and when they are allowed to return– after one month, a few months, etc. When they do return, be sure to have a conversation with them to see where they’re at, review the code of ethics, etc.

5) Sometimes, people will want to join who might actually need more intensive support before they are ready to participate in your programs. For others, your program just might not be a good match. In these cases, be prepared to refer folks to the appropriate places.

NOTE: When designing these policies, we recommend that you seek legal council to make sure that your policies are in line with state and federal law. And remember to use your participatory process to inform these policies– ask your Ethics Committee or Leadership Council to provide guidance.

Policy regarding 12 Steps and Traditions

It is important to be clear about your relationship with 12-step groups. A good number of your participants will be members of 12-step groups. You might decide to provide space for 12-step groups. There will be those in your community that have mixed feeling about your program because they see it as threat to 12-step groups.

It is important to remember that while 12-step group members may make up the bulk of your community, there are also other roads to recovery that need to be taken into account. You may find it important to stress to prospective members, and the recovery community at large, that you exist as a recovery support, and are not intended to be, nor affiliated with, any 12-step or any other sort of recovery program.

From The RP...

Who can come to RP?

We welcome people with many different experiences. We acknowledge that everyone is in some way affected by drug and alcohol addiction. We welcome people with a variety of experiences and strengths: people in recovery, parents with kids who are using, people who are struggling with sobriety, healers, people with developmental disabilities, adult children of alcoholics, people with mental health concerns, concerned citizens, helpers, survivors of violence, and people who want to be a part of the solution.

In our first year, our participants decided not to allow Level III sex offenders at the center. Their reasoning was that parents often bring their children to RP, and that some adults might feel unsafe or threatened around sex offenders. Our procedure involves screening each and every prospective member by checking our state’s sexual offenders registry information (SORI) webpage for listings. We routinely check this list to keep updated on newly registered sex offenders.



Above: RECOVER Project Great room

- Collect rent from 12 step groups using your space. Many 12 step programs discourage groups from accepting outside contributions, such as rent for space.
- Ask participants not to announce your events at meetings, but rather afterwards during the social time and outside the venue. Many 12 step programs discourage announcements of any events not directly related to the program at hand within the meetings.
- Respect people's anonymity in recovery. Anonymity is at the foundation of many 12 step programs, and should be respected.



Above: RECOVER Project Community Meeting

Day to day procedures:

It is possible to design procedures for **every little day-to-day thing** that goes on at your center. Don't overdo it. While procedures can be helpful, they can be time-consuming to develop and potentially limiting to the creative flow of the project.

On the other hand, procedures can be helpful, especially if tasks and projects need to be passed onto others. For example, a staff person has been planning a wellness activity for the past two years, and now it's time to train a volunteer to do it. In this case writing a "how to" procedure can be helpful.

Here are some examples of simple procedures and rules you can set up to help things run smoothly:

- A procedure to apply to be a member or volunteer. (see Chapter V)
- A procedure for taking publications out of the lending library.
- A set of rules regarding computer use, including sign up sheets, seniority rights for volunteer projects, and inappropriate use (for example, pornography or sites with hateful or oppressive content).
- Rules and procedures for opening and closing the center.
- Rules and procedures for groups that use your space after hours.
- A procedure for starting new activities, such as an art group, wellness activity, or social outing.

Forms for new volunteers and members to sign

We try to keep our forms to a minimum. Nonetheless, there are several forms that we ask members to fill out in addition to the volunteer or member application. Here's what they are:

Informed Consent – this states what we are and what we are not. It is clear about the peer to peer nature of our supports, and the risks associated with this type of work. (link to informed consent)

Photo Consent – this form asks if it's ok to use the individual's photograph in publicity materials. People have a choice of whether their name appears in the caption. (link to photo release)

Ethic Statement – this form confirms that the individual has read our code of ethics and agrees to adhere to these guidelines as much as possible. (link to Code of Ethics)

From The RP...

RP's procedure for starting new activities:

If a volunteer or member is interested in starting a new activity, they follow a procedure. First they bring the idea to the **community meeting**, to see if there is interest, or if anyone wants to jump on board. Then, if appropriate, they put up a **sign up sheet** to see if enough people are interested. With help from staff and other volunteers, they **publicize** the activity, coordinate the details, and make it happen. If necessary, they pull together a **planning committee**.

Suggested formats for meetings:

Since most meetings will be (should be) peer led, having a set format to follow can be helpful. It is unwise to have a meeting that is merely a long string of updates, without a tangible goal or task updates. We have learned that people need something to “chew” on, that is, a decision to weigh in on, a task to complete, an opportunity to give advice on a new initiative, etc. Setting ground rules is important as well.

We use this general format for **community meetings, ethics committee meetings, planning committee meetings, and Leadership Council/Steering Committee meetings.**

- Post or distribute agenda ahead of time. Invite participants to add agenda items.
- Recruit a volunteer to facilitate ahead of time.
- Facilitator starts meeting by introducing themselves, welcoming the group, and explaining the purpose of the meeting.
- ask members/participants to introduce themselves.
- Facilitator reviews ground rules (e.g., no cross talking, raise hands, etc.)
- Do an icebreaker or inspiring reading if appropriate.
- Follow agenda, starting with updates.
- Reserve enough time for the “meaty” agenda item - this might be a discussion, an chance to propose a new initiative, or a time to get feedback or work through a concern or issue.
- Once the discussion is done, facilitator should sum up any decisions that were made.
- Closing – facilitator reminds when the next meeting is. If the group is comfortable with it, the facilitator ends with a closing meditation, moment of silence, blessing.



Above: View from the stage, Recovery Jam 2005

RECOVER Project Grievance Policy

If any person has a complaint/issue/problem with another person who is either a volunteer/member or participant of the RECOVER Project, he/she may choose one or more of the following procedures in order to resolve such problems:

Procedure A:

- 1) Speak with party involved 1:1 if possible
- 2) If you cannot speak with the party involved, or do not feel comfortable in doing so alone, see a staff member for support.
- 3) If not resolved by procedure A1 or A2, you may choose procedure B or C.

Procedure B: (If you do not feel comfortable addressing this issue with the person in question, or if the problem is not directly related to you, such as you witness another stealing from the project, or acting inappropriately at a RECOVER Project function)

- 1) Speak with a staff person as soon as possible
- 2) Staff will then address the issue with the person in question
- 3) If staff feels that it was not resolved in speaking with the person, he/she will bring it to the ethics committee without using names to be resolved and addressed.

Procedure C: (If previous options are not appropriate)

- 1) Fill out formal grievance form and give to project manager.
- 2) Project Manager will review the grievance, investigate the claim or concern, and respond to the complainant within 30 days. If needed, Project manager will seek outside consultation from upper management at parent organization, The Western Mass. Training Consortium.

3) A copy of the grievance and outcome will be copied and placed in persons file for future reference.

*All decisions are final and will be made available to both parties involved. We will not accept a second complaint regarding an issue that has been resolved in this due process.

Our intentions are to protect every participant of The RECOVER Project and to ensure that each person has fair and adequate hearing. We want to have a safe environment for all involved, but also understand that we may not make decisions that satisfy all parties involved.

[Back](#)

The RECOVER Project Code of Ethics

Ethics statement

The RECOVER Project programs are designed to strengthen recovery from alcohol and drug addiction, foster an environment where natural leadership can emerge, and bring people together within the recovery community to create positive change and overcome the stigma of addiction.

OUR CORE VALUES: Safety, Respect, Compassion & Acceptance.

SAFETY

We believe that all related to the RECOVER Project are seeking to enhance their recovery and wellness.

We will seek to resolve conflicts with others and not to create disturbances by way of the use of profanity, gossip, fighting, choosing sides, outbursts of anger or harming others.

We will respect every member's personal boundaries, physical, social and emotional.

We will honor each other's confidentiality and right to privacy.

We will not bring drugs and/or alcohol on the premises of The RECOVER Project or attend any RECOVER Project activity or meeting under the influence of drugs and/or alcohol.

We will not use relationships made here for personal gain.

When we have concerns for the safety of others, ourselves or the integrity of the project, we will seek staff guidance.

RESPECT

We will strive to treat everyone with dignity and respect, and as a valued individual.

We will show appreciation to our fellow recovery community members.

We will allow others to make their own decisions and choices in regards to their own lives.

We will be ready and willing to speak with anyone we may have inadvertently upset, and we will use listening skills in our communication.

We will be role models within the community, always remembering we are representatives of The RECOVER Project.

We will make every effort to be considerate of each other regarding a tolerable noise level when working, and to honor other's wishes for solitude whenever possible.

We will not take another's belongings or any property of The RECOVER Project without first seeking permission.

We will work together as a group, maintaining the concept at all times of peer-run programs, remembering we are not counselors, therapists or professionals in this capacity, although some members may be in their professional lives.

COMPASSION

For many, relapse is a part of recovery, and we will welcome back those who are struggling.

We will treat each member of the recovery community with care and compassion, as we wish to be treated.

We will work hard to represent all members of the community, especially those who feel they have no voice.

We will take extra care with new people who walk through our door, and try to make certain they feel welcomed and comfortable.

When a member of the recovery community needs to talk, we will do our best to listen with full awareness, without criticism or judgment, and when a member has the need for clinical work with a professional, we will do our best to refer that person to the appropriate support within the community.

ACCEPTANCE

"Recovery by any means" is our standard, declining to be associated with any one model or approach.

We will strive to meet each person "where they're at" in regards to recovery, way of life, emotional stability and health.

We will seek to recognize our own biases and prejudices and attempt not to place them on others.

We will honor each other's culture, race, life experience, belief system, class, age, sexual orientation, gender and appearance.

We will do our best to acknowledge and validate the achievements and feelings of others.

[Back](#)

MEMBERSHIP PROCEDURE AND PRIVILEGES

If you are seeking support rather than ready to volunteer at this time, you may become a RECOVER Project Member, which will allow you certain privileges and the support of the recovery community. You may choose to become a volunteer when you are ready to take on specific jobs responsibilities.

- 1) Fill out membership application.
 - 2) Make appointment with Jess
 - 3) Space orientation, general ground rules of RECOVER Project.
 - 4) Read and sign Code of Ethics
 - 5) Attend next scheduled RECOVER Project orientation
- The new member may attend RECOVER project supports, groups and functions as they choose. They also have rights to computer room, and lending library.
 - Each member will receive quarterly newsletter and new updates about activities and supports.
 - Members are expected to clean up after themselves, are encouraged to take initiative and help out when needed with daily tasks, and to support RECOVER Project volunteers when needed.
 - A benefit of being an RP Member will be a phone call from a volunteer if we don't see you or hear from you for a while. We want to reach out to each other as much as possible, especially to those who have little support within the community.
 - Members are encouraged to take on a volunteer position when ready.

*When you are ready to move into a volunteer position, or join a committee, you may fill out a volunteer application. (See job descriptions and list of committees)

VOLUNTEER PROCEDURE & PRIVILEGES

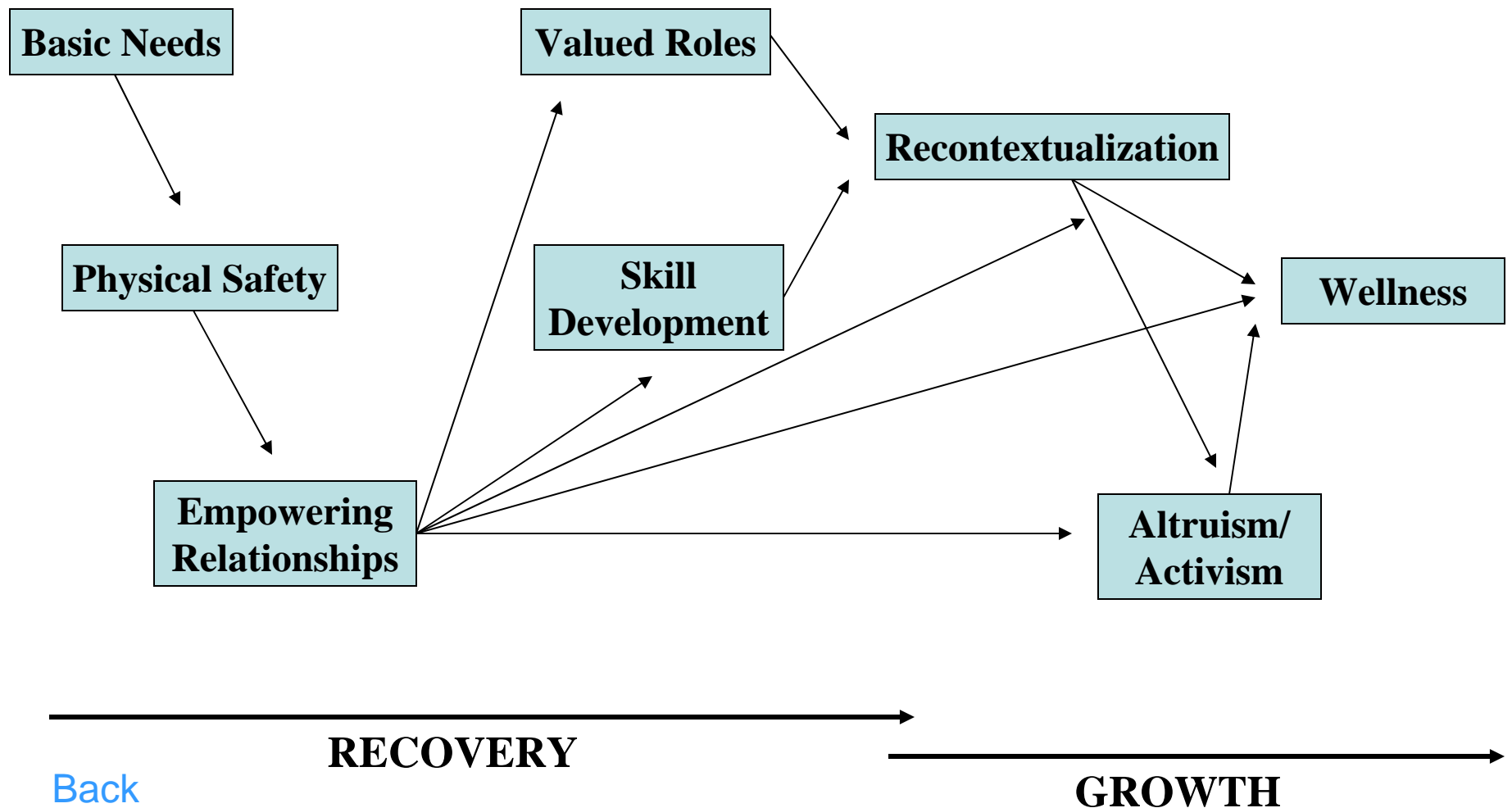
- 1) Fill out volunteer application after deciding what type of position or committee you are interested in.
 - 2) Speak with chairperson of committee or coordinator regarding times and days of committee meetings and/or times to volunteer.
- Volunteers have **all** privileges and benefits that members have.
 - Volunteers are expected to support and guide new members.
 - Volunteers receive a "Got Recovery?" t-shirt after 20 hours of time volunteered.
 - Volunteers can participate in special trainings and workshops designed to enhance skills and leadership capabilities.
 - Volunteers can sit on the Ethics Committee. (See Laurie K. if interested)

**The RECOVER Project is a "work in progress" and we always welcome feedback and suggestions!*

[Back](#)

Model of Peer-centered Growth

Western Mass Training Consortium, Holyoke MA

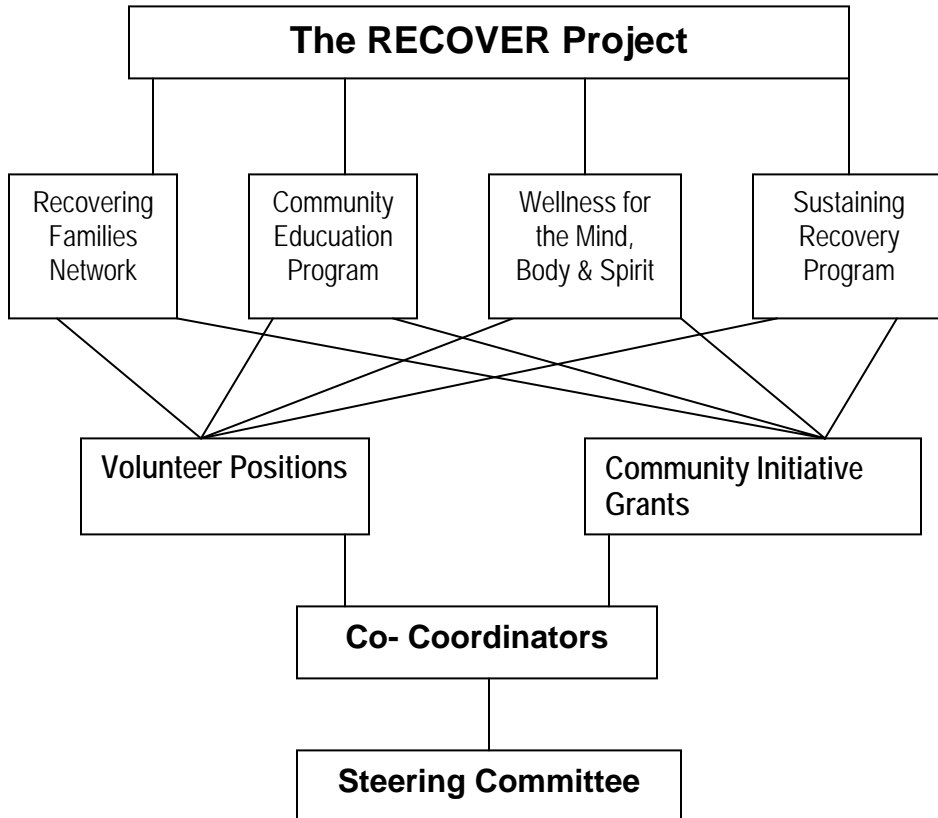


ORGANIZATIONAL CHART

Peer support services designed by participatory process

Programs will be implemented by volunteers and community initiative grantees

Co-coordinators will oversee volunteer and community initiative grant programs



[Back](#)

KEY INFORMANT INTERVIEWS

Introduce yourself.

Thanks for agreeing to be interviewed for the RECOVER Project. WE are interested in knowing what people in Franklin County think about what can be done to support persons with alcohol or substance abuse problems. The interview will take about 5 minutes to complete.

Do you have any questions before we begin?

1) How would you identify yourself? *(If more than one, ask which one best represents them)*

- a) Person in recovery
- b) Person still actively struggling with alcohol and drugs
- c) Family member of someone with alcohol or drug problems.
- d) Neighbor, friend, employer or concerned other
- e) Teacher/educator

2) Can you name three strengths or resources that people in recovery bring to the community?

3) What are the three most important things you think people in recovery need to be successful in the community?

4) Can you name three obstacles to recovery?

5) How can the strengths of the recovery community be used to overcome those obstacles?

The next three questions (6, 7, and 8) are optional:

6) Age _____

7) Sex: Male Female

8) Race/Ethnicity: White Black Hispanic Other _____

